

City Outreach Quarterly Report

Name: Bert Nash Community Mental Health Center

Please circle quarter

1st Jan-March 01/01-03/31 Due 04/08	2nd April-June 04/01-06/30 Due 07/08	3rd July-Sept 07/01-09/30 Due 10/08	4th Oct-Dec 10/01-12/31 Due 1/08
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A: PERSONS SERVED

This table indicates **all** contacts provided for the quarter, (can include multiple contacts with same individual)

1	Number of hours of assertive outreach	37
2	Number of <u>service contacts</u> for assertive outreach (Individuals may also receive Outreach Support)	57
3	Number of hours of outreach support	807.16
4	Number of <u>service contacts</u> for outreach (Individuals may also receive Assertive Outreach Support)	821
5	Number of <u>service contacts</u> for households receiving Outreach	159
6	Number of <u>service contacts</u> household members receiving Outreach	442
7	Number of individuals/households who were discharged	2
8	Declined services	1

** **Unduplicated Numbers**

9	Number received outreach 3 or more times	63
10	Number received outreach services (received service less than 3 times)	57
11	Number of new <u>unduplicated</u> individuals receiving services this quarter	47
12	Number of new <u>unduplicated</u> households/members receiving services this quarter	13/38
13	Number of existing carried over from previous quarter	58
14	Number who received outreach	120

- Assertive Outreach: seeking individuals/households out, relationship building, ie. Campsites, library, LINK, street canvassing
- Outreach Support: Facilitating access to services, ongoing interactions, technical assistance with applications
- Individual or head of household will be the identified recipient of services

B: REFERRAL ACTIVITIES

* This section is to be completed regarding the number of individuals/ head of household who received service during the past quarter including new or existing. (can include multiple contacts with same individual)

1	Number required emergency room visit and / or crisis screening	2
2	Number of referrals to SRS, Social Security, Legal	48
3	Number of CMHC Services intakes/assessments	5
4	Number of Alcohol or Drug Treatment Services/referrals	6
5	Number of referrals to Voc Rehab/Employment	7
6	Number of Referrals for Health Care Services	21
7	Number of Referrals for Dental Care Services	4
8	Number of referrals to LDCHA	5
9	Number Technical Assistance in Applying for Housing Assistance	40
10	Number Received Planning/obtaining Housing	0
11	Number of One-Time Rental Payments to Prevent Eviction	0

* Numbers indicate services to identified individual/ head of household,

	Referral Assistance from other community partners: ESC, Churches, Private Donation.	City Outreach Funds	ESC, Churches, Private Donation
1	Food Pantry	1	5
2	Funds for ID, birth certificates	3	0
3	Bus Pass	3	0
4	Temporary Shelter	3	0
5	Security Deposit	5	1
6	Utility Assistance	2	1
7	One Time Rental Assistance	4	1
8	Other emergency assistance	7	1
	Total	28	9

- Numbers indicate services to identified individual/ head of household

These qualifiers apply through duration of report.
 Left hand column represents those receiving services 3 or more times.
 Right hand column represents those receiving services less than 3 times.
 Numbers are unduplicated.

4. PRINCIPAL MENTAL ILLNESS DIAGNOSIS (By consumer report or observation)	TOTAL
a. Schizophrenia and other Psychotic Disorders	13 / 8
b. Other Serious Mental Illness	22 / 14
c. Undiagnosed Mental Illness	5 / 0
d. Unknown/No mental illness	23 / 33
c. MR/DD	0 / 2
TOTAL	63 / 57

* Numbers refer to identified individual/ head of household

5. SUBSTANCE USE DISORDER	TOTAL
<ul style="list-style-type: none"> • Co-Occurring Substance Use Disorder (Mental Health and Substance Abuse) 	19 / 10
b. Substance Use Disorder	5 / 8
c. No Substance Use Disorder	13 / 10
d. Unknown If Substance Use Disorder	26 / 29
TOTAL	63 / 57

* Numbers refer to identified individual/ head of household

7. HOUSING STATUS @ FIRST CONTACT (only those enrolled)	TOTAL
a. Outdoors (e.g., street, abandoned building, car)	2 / 3
b. Emergency Shelter	29 / 24
c. Apartment, Room, House (Someone Else's or Own)	21 / 23
d. Hotel, SRO, Boarding House	6 / 2
e. Halfway House, Residential Treatment Program	2 / 1
f. Institution (Hospital, Nursing Facility)	0 / 2
g. Jail or Correctional Facility	3 / 0
h. Other	0 / 0
i. Unknown	0 / 2
TOTAL	63 / 57

• Numbers refer to identified individual/ head of household

8. TIME LENGTH HOMELESS/PRECARIOUSLY HOUSED (Only those enrolled)	TOTAL
a. Less than 2 days	0 / 1
b. 2-30 days	6 / 7
c. 31-90 days	5 / 6
d. 91 days to 1 yr	12 / 8
e. Over than 1 yr	25 / 14
f. Unknown/Not Currently Homeless	15 / 21
TOTAL	63 / 57

- Numbers refer to identified individual/ head of household

CHRONIC HOMELESS	TOTAL
HUD defines a chronically homeless person as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.” To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.	43 / 35

PRECARIOUSLY HOUSED	TOTAL
Includes people sleeping in conventional dwelling units but their housing situation must have arisen from an inability to pay for one’s own housing due to an emergency, and must be of short anticipated duration, and the person has no immediate plans or prospects for stable housing, and insufficient financial resources to obtain housing	20 / 17

OTHER	TOTAL
Any individuals who do not qualify as homeless or precariously housed should still be accounted for. 0/5	63 / 57

C: DEMOGRAPHICS*

* This section is to be completed using the information of those **new and existing individuals/household members** during the past quarter

* Demographics include all household members including children/family

1. AGE	Total
a. Less than 13	0 / 0
b. 13-17 yrs	0 / 1
c. 18-34 yrs	22 / 14
d. 35-49 yrs	25 / 26
e. 50-64 yrs	16 / 11
f. 65-74 yrs	0 / 0
g. 75 and older	0 / 0
h. Unknown	0 / 5
TOTAL	63 / 57

2. GENDER	Total
a. Male	36 / 34
b. Female	27 / 23
c. Unknown	0 / 0
Total	63 / 57

3. RACE	Total
a. American Indian or Alaska Native	2 / 3
b. Asian	0 / 0
c. Black or African American	11 / 7
d. Hispanic or Latino	2 / 0
e. Native Hawaiian or Other Pacific Islander	0 / 0
f. White	47 / 42
g. Other	0 / 0
h. Unknown	1 / 5
TOTAL	63 / 57

6. VETERAN STATUS	TOTAL
a. Veteran	4 / 0
b. Non-Veteran	47 / 40
c. Unknown	12 / 17
TOTAL	63 / 57

D: SERVICE PROVISION OUTCOMES*

- This section is to be completed regarding all individuals receiving services within the past quarter. .

	3 mos	6 mos	9 mos	12 mos
Number of Individuals upgraded Into Permanent Housing	7 / 6	/	/	/
Number of Households upgraded to Permanent Housing/number in household	8 / 2	/	/	/
Number of Individuals Upgraded Into Transitional Housing	3 / 1	/	/	/
Number of Households Upgraded into Transitional Housing/number in household	0 / 0	/	/	/
Number Homeless	14 / 12	/	/	/
Number Incarcerated	4 / 0	/	/	/
Number Hospitalized/Placed In Nursing Facility	3 / 0	/	/	/
Number Lost Contact/Status Unknown	4 / 23	/	/	/
Number On Waiting List For subsidized housing	7 / 0	/	/	/
Receiving Housing Assistance/Number housed	11 / 1	/	/	/
Number Employed/Increased Employment/improved income	10 / 11	/	/	/

Number Receiving Mental Health Treatment	27 / 4	/	/	/
Number Received Alcohol/ Drug Services	7 / 0	/	/	/
Number Who decrease/no Drug/Alcohol Use	2 / 1	/	/	/
Number of individuals discharged into homelessness from jail/hospital	3 / 1	/	/	/
Number of individuals discharged from jail/hospital not from Douglas Co	0 / 0	/	/	/
Number individuals returned to homelessness despite outreach support services	3 / 2	/	/	/

* Individual client could experience situations more than once per quarter

Executive Summary

City Homeless Outreach Team 1st Quarter January through March 2008

Summary 1st quarter

- **844** hours of direct service provided to
- **120** (unduplicated) individuals received either assertive outreach, outreach and/or on going supportive services.
- **878** hours of service contacts including assertive outreach, outreach and on going supportive services
- **1** individual declined services which indicates a significant decrease in individuals declining services

This quarter, we have served fewer clients than the previous quarter due to the fact that we had been one staff shorter. One of our Outreach Team Specialists left the agency in the middle of January and we have replaced him at the end of March. Currently, the team is full staffed.

Other Highlights

Ongoing collaboration with co-located agencies, improving communication, decrease duplication of services, improved service delivery; increase in referrals of clients who are Severely and Persistently Mentally Ill (who have achieved certain level of sufficiency and have been successfully housed more than 3 months) to BNC regular case management case loads or other appropriate community providers. Compared to the last quarter of 2007, we have had a significant decrease in number of emergency room visits. This would indicate that we are making significant progress in working with clients on preventative measures and acquisition of adequate coping skills to handle daily environmental stressors frequently associated with being homeless. Other highlights, in comparison to the previous quarter include an increase in number of people who have been employed, received housing assistance or housed, as well as those who have received alcohol/drug related services/treatment. The team is very motivated and enthusiastic about their work and is engaged in daily acts of advocacy and commitment to the population they are serving.

The new Outreach Team supervisor, Zina Petrovic, has successfully transitioned into her new role from her previous position within the agency over the last 3 months and will be giving her full attention to the program in the months to come.

Budget Report: Budget remains on track for the first quarter.