

City Outreach Quarterly Report

Name: Bert Nash Community Mental Health Center

Please circle quarter

1 st Jan-March 01/01-03/31 Due 04/07	2nd April-June 04/01-06/30 Due 07/08	3 rd July-Sept 07/01-09/30 Due 10/07	4 th Oct-Dec 10/01-12/31 Due 1/07
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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	76.75
2	Number of <u>service contacts</u> for assertive outreach (Individuals may also receive Outreach Support)	167
3	Number of hours of outreach support	943.07
4	Number of <u>service contacts</u> for outreach support (Individuals may also receive Assertive Outreach Support)	1113
5	Number of <u>service contacts</u> for households receiving Outreach	224
6	Number of <u>service contacts</u> household members receiving Outreach	629
7	Number of individuals/households who were discharged	1
8	Declined services	1

** **Unduplicated Numbers**

9	Number received outreach 3 or more times	100
10	Number received outreach services (received service less than 3 times)	81
11	Number of new <u>unduplicated</u> individuals receiving services this quarter	76
12	Number of new <u>unduplicated</u> households/members receiving services this quarter	10
13	Number of existing carried over from previous quarter	105
14	Number who received outreach	181

- Assertive Outreach: seeking individuals/households out, relationship building, i.e. 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	11
2	Number of referrals to SRS, Social Security, Legal	126
3	Number of CMHC Services intakes/assessments	22
4	Number of Alcohol or Drug Treatment Services/referrals	5
5	Number of referrals to Voc Rehab/Employment	40
6	Number of Referrals for Health Care Services	31
7	Number of Referrals for Dental Care Services	9
8	Number of referrals to LDCHA	16
9	Number Technical Assistance in Applying for Housing Assistance	46
10	Number Received Planning/obtaining Housing	2
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	18
2	Funds for ID, birth certificates	9	1
3	Bus Pass	78	0
4	Temporary Shelter	3	5
5	Security Deposit	7	7
6	Utility Assistance	3	8
7	One Time Rental Assistance	5	8
8	Other emergency assistance	2	5
	Total	108	52

- 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	11 / 7
b. Other Serious Mental Illness	35 / 28
c. Undiagnosed Mental Illness	5 / 0
d. Unknown/No mental illness	48 / 45
c. MR/DD	1 / 1
TOTAL	100 / 81

* 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) 	21 / 14
b. Substance Use Disorder	12 / 16
c. No Substance Use Disorder	26 / 7
d. Unknown If Substance Use Disorder	41 / 44
TOTAL	100 / 81

* 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)	3 / 13
b. Emergency Shelter	46 / 30
c. Apartment, Room, House (Someone Else's or Own)	37 / 25
d. Hotel, SRO, Boarding House	7 / 2
e. Halfway House, Residential Treatment Program	1 / 1
f. Institution (Hospital, Nursing Facility)	2 / 3
g. Jail or Correctional Facility	3 / 1
h. Other	0 / 0
i. Unknown	1 / 6
TOTAL	100 / 81

• Numbers refer to identified individual/ head of household

8. TIME LENGTH HOMELESS/PRECARIOUSLY HOUSED (Only those enrolled)	TOTAL
a. Less than 2 days	1 / 2
b. 2-30 days	18 / 6
c. 31-90 days	26 / 21
d. 91 days to 1 yr	17 / 15
e. Over than 1 yr	17 / 10
f. Unknown/Not Currently Homeless	21 / 27
TOTAL	100 / 81

- 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.	61 / 53

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	35 / 23

OTHER	TOTAL
Any individuals who do not qualify as homeless or precariously housed should still be accounted for. 4 / 5	100 / 81

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 / 0
c. 18-34 yrs	38 / 15
d. 35-49 yrs	41 / 45
e. 50-64 yrs	21 / 13
f. 65-74 yrs	0 / 1
g. 75 and older	/ 1
h. Unknown	0 / 6
TOTAL	100 / 81

2. GENDER	Total
a. Male	54 / 48
b. Female	46 / 33
c. Unknown	0 / 0
Total	100 / 81

3. RACE	Total
a. American Indian or Alaska Native	5 / 2
b. Asian	0 / 0
c. Black or African American	16 / 9
d. Hispanic or Latino	5 / 0
e. Native Hawaiian or Other Pacific Islander	1 / 1
f. White	72 / 65
g. Other	1 / 0
h. Unknown	0 / 4
TOTAL	100 / 81

6. VETERAN STATUS	TOTAL
a. Veteran	7 / 1
b. Non-Veteran	80 / 63
c. Unknown	13 / 17
TOTAL	100 / 81

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	/	18 / 6	/	/
Number of Households upgraded to Permanent Housing/number in household	/	8 / 2	/	/
Number of Individuals Upgraded Into Transitional Housing	/	4 / 1	/	/
Number of Households Upgraded into Transitional Housing/number in household	/	1 / 0	/	/
Number Homeless	/	31 / 32	/	/
Number Incarcerated	/	4 / 1	/	/
Number Hospitalized/Placed In Nursing Facility	/	1 / 1	/	/
Number Lost Contact/Status Unknown	/	17 / 29	/	/
Number On Waiting List For subsidized housing	/	10 / 1	/	/
Receiving Housing Assistance/Number housed	/	8 / 0	/	/
Number Employed/Increased Employment/improved income	/	14 / 1	/	/
Number Receiving Mental Health Treatment	/	28 / 5	/	/

Number Received Alcohol/ Drug Services	/	7 / 1	/	/
Number Who decrease/no Drug/Alcohol Use	/	6 / 0	/	/
Number of individuals discharged into homelessness from jail/hospital	/	6 / 2	/	/
Number of individuals discharged from jail/hospital not from Douglas Co	/	0 / 0	/	/
Number individuals returned to homelessness despite outreach support services	/	0 / 1	/	/

- Individual client could experience situations more than once per quarter

EXECUTIVE SUMMARY:

City Homeless Outreach Team 2nd Quarter April through June 2008

- **943** hours of direct service provided to
- **181** (unduplicated) individuals received either assertive outreach, outreach and/or ongoing supportive services.
- **1113** hours of service contacts including assertive outreach, outreach and ongoing supportive services.
- **1** individual declined services which continue to indicate a significant decrease in individuals declining services.

This quarter we have served more clients than the previous quarter due to the fact that we have been fully staffed and have had a significant increase in the number of referrals. We have had a significant increase in the number of referrals to SRS, Social Security office, CMHC intakes, Vocational Rehabilitation and Employment, Health Care Services, and LDCHA and Food Pantry. We have also provided a significant number of buss passes to individuals and funds for IDs and birth certificates (see table B/Referral activities). Number of individuals upgraded into permanent housing has risen quite significantly as well.

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 loads or other appropriate community providers. The team continues to be motivated and enthusiastic about their work and is engaged in daily acts of advocacy and commitment to the population they are serving.

In addition, during this quarter, the team has accessed community resources, rather than City Outreach funds, for clients' financial needs at a significantly higher rate than last quarter. Valerie Miller-Coleman, one of the outreach workers has done an outstanding job in encouraging and outreaching the Lawrence downtown faith community to create emergency funds, in addition to the already existing City Outreach Funds, which would become available to the population served.

The Outreach Team attended a 2 day Strengths based Case Management training provided by KU School of Social Welfare, in April.

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