

City Outreach Quarterly Report

Name: Bert Nash Community Mental Health Center

Please circle quarter

1 st Jan-March	2 nd April-June	3 rd July-Sept	4 th Oct-Dec
01/01-03/31	04/01-06/30	07/01-09/30	10/01-12/31
Due 04/15	Due 07/15	Due 10/15	Due 1/15

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	43
2	Number of <u>service contacts</u> for assertive outreach (Individuals may also receive Outreach Support)	130
3	Number of hours of outreach support	982.6
4	Number of <u>service contacts</u> for outreach support (Individuals may also receive Assertive Outreach Support)	1385
5	Number of <u>service contacts</u> for households receiving Outreach	59
6	Number of <u>service contacts</u> household members receiving Outreach	89
7	Number of individuals/households who were discharged	0
8	Declined services	4

** **Unduplicated Numbers**

9	Number received outreach 3 or more times	106
10	Number received outreach services (received service less than 3 times)	122
11	Number of new <u>unduplicated</u> individuals receiving services this quarter	132
12	Number of new <u>unduplicated</u> households/members receiving services this quarter	64
13	Number of existing carried over from previous quarter	114
14	Number who received outreach	162

- 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	9
2	Number of referrals to SRS, Social Security, Legal	123
3	Number of CMHC Services intakes/assessments	24
4	Number of Alcohol or Drug Treatment Services/referrals	8
5	Number of referrals to Voc Rehab/Employment	31
6	Number of Referrals for Health Care Services	38
7	Number of Referrals for Dental Care Services	4
8	Number of referrals to LDCHA	21
9	Number Technical Assistance in Applying for Housing Assistance	48
10	Number Received Planning/obtaining Housing	17
11	Number of One-Time Rental Payments to Prevent Eviction	4

* 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	14	16
2	Funds for ID, birth certificates	10	2
3	Bus Pass	180	0
4	Temporary Shelter	13	4
5	Security Deposit	0	3
6	Utility Assistance	0	4
7	One Time Rental Assistance	2	14
8	Other emergency assistance	26	7
	Total	245	50

- 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	5/14
b. Other Serious Mental Illness	45/34
c. Undiagnosed Mental Illness	1 ½/1
d. Unknown/No mental illness	51/68
c. MR/DD	3/3
TOTAL	105 1/2/120

* 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) 	21/15
b. Substance Use Disorder	10/8
c. No Substance Use Disorder	35/27
d. Unknown If Substance Use Disorder	40/72
TOTAL	106/122

* 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)	4/11
b. Emergency Shelter	38/45
c. Apartment, Room, House (Someone Else's or Own)	49/43
d. Hotel, SRO, Boarding House	7/5
e. Halfway House, Residential Treatment Program	1/0
f. Institution (Hospital, Nursing Facility)	0/3
g. Jail or Correctional Facility	4/1
h. Other	1/2
i. Unknown	2/12
TOTAL	106/122

• Numbers refer to identified individual/ head of household

8. TIME LENGTH HOMELESS/PRECARIOUSLY HOUSED (Only those enrolled)	TOTAL
a. Less than 2 days	1/0
b. 2-30 days	9/10
c. 31-90 days	16/17
d. 91 days to 1 yr	19/15
e. Over than 1 yr	43/34
f. Unknown/Not Currently Homeless	18/46
TOTAL	106/122

- 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.	51/71

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	52/43

OTHER	TOTAL
Any individuals who do not qualify as homeless or precariously housed should still be accounted for. 2 /9	106/122

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	35/34
d. 35-49 yrs	49/51
e. 50-64 yrs	19/9
f. 65-74 yrs	0/3
g. 75 and older	0/0
h. Unknown	3/25
TOTAL	106/122

2. GENDER	Total
a. Male	58/65
b. Female	48/57
c. Unknown	0/0
Total	106/122

3. RACE	Total
a. American Indian or Alaska Native	7/2
b. Asian	0/0
c. Black or African American	15/20
d. Hispanic or Latino	4/2
e. Native Hawaiian or Other Pacific Islander	0/1
f. White	56/85
g. Other	0/0
h. Unknown	4/12
TOTAL	86/122

6. VETERAN STATUS	TOTAL
a. Veteran	6/2
b. Non-Veteran	90/89
c. Unknown	10/31
TOTAL	106/122

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	/	/	/	16/14
Number of Households upgraded to Permanent Housing/number in household	/	/	/	10/8
Number of Individuals Upgraded Into Transitional Housing	/	/	/	5/4
Number of Households Upgraded into Transitional Housing/number in household	/	/	/	0/0
Number Homeless	/	/	/	40/38
Number Incarcerated	/	/	/	4/1
Number Hospitalized/Placed In Nursing Facility	/	/	/	0/0
Number Lost Contact/Status Unknown	/	/	/	7/41
Number On Waiting List For subsidized housing	/	/	/	7/3
Receiving Housing Assistance/Number housed	/	/	/	6/5
Number Employed/Increased Employment/improved income	/	/	/	25/9
Number Receiving Mental Health Treatment	/	/	/	46/26

Number Received Alcohol/ Drug Services	/	/	/	3/0
Number Who decrease/no Drug/Alcohol Use	/	/	/	9/0
Number of individuals discharged into homelessness from jail/hospital	/	/	/	2/0
Number of individuals discharged from jail/hospital not from Douglas Co	/	/	/	0/1
Number individuals returned to homelessness despite outreach support services	/	/	/	5/3

* Individual client could experience situations more than once per quarter

EXECUTIVE SUMMARY:

City Homeless Outreach Team 4th Quarter September through December 2008

- **982.6** hours of direct service provided to
- **162** (unduplicated) individuals received either assertive outreach, outreach and/or ongoing supportive services
- **1385** hours of service contracts including assertive outreach, outreach and ongoing supportive services
- **4** individuals declined services

Due to the holiday season, we have served slightly less clients than during the previous quarter due to the reduction in outreach opportunities, however referrals remain consistent. The number of referrals for Vocational Rehabilitation/Employment and Technical Assistance with applying for housing as well as those receiving CMHC Services has increased during this period. The number of referrals for Health Care services and Food Pantries remain significant for this quarter. We have continued to provide bus passes to individuals and provided funds for IDs, birth certificates, temporary shelters and emergency assistance (see table B/Referral activities). The number of individuals upgraded into permanent housing remains consistent again this quarter.

Other Highlights

Ongoing collaboration with local agencies, improving communication to provide a reduction in the duplication of agency services, prompt services delivery, increased referrals of clients who are Severe and Persistently Mentally Ill to BNC case management services or other appropriate community providers. The team continues to be motivated and enthusiastic about their work as demonstrated by their advocacy efforts and their commitment to the population they are serving.

Budget Report: Budget is depleted during the fourth quarter.