

**Department of Health and Social Services/Division of Behavioral Health**  
**FY22 Quarterly Narrative Report**  
**Club House - Polaris House**

**Date:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Grant Number:** \_\_\_\_\_

**Quarter:** \_\_\_\_\_

**Person Completing:** \_\_\_\_\_

1. Describe quarterly efforts to assist members secure, improve or stabilize housing. Include interactions with local organizations, resources, individuals and businesses.

1st Quarter:

2nd Quarter: Note any added or deleted contacts this quarter.

3rd Quarter: Note any added or deleted contacts this quarter.

4th Quarter: Note any added or deleted contacts this quarter.

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2. Describe quarterly efforts to assist members in securing or improving employment. Include internal activities as well as interactions with local organizations, resources, individuals and businesses.

1st Quarter:

2nd Quarter: Note any added or deleted contacts this quarter.

3rd Quarter: Note any added or deleted contacts this quarter.

4th Quarter: Note any added or deleted contacts this quarter.

3. How many clients have you served in the following areas?

<b>SUPPORTED EMPLOYMENT / TRANSITIONAL</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Number receiving job readiness training				
Number receiving assistance completing resumes/applications				
Number receiving transportation to interviews				
Number receiving coaching for job interviews				
Number participating in transitional employment				

4. How many clients have you served in the following areas?				
<b>SUPPORTED EMPLOYMENT / IPS</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Total # of individuals enrolled in supported employment				
Number of new enrollees or referrals this quarter				
Total # of individuals employed				
Number of individuals obtaining employment this quarter				
Number of individuals with cases jointly being served by DBH grantee and DVR currently				
Number of individuals successfully discharged from grantee supported employment services this quarter due to gainful				
Average earnings per participant that is employed (earnings/number of people employed):				

5. How many clients have you served in the following areas?				
<b>HOUSING</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Number homeless at the beginning of the quarter?				
Number homeless at the end of the quarter?				
Number in improved housing situations				
Number receiving advocacy supports with landlords				

6. How many clients have you served in the following areas?				
<b>HOUSING</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Number receiving assistance with moving				
Number assisted in rental applications				

7. How many clients have you served in the following areas?				
<b>EDUCATION</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Number assisted to enroll in GED programs				
Number assisted to enroll in certification programs				
Number assisted to enroll in college classes				
Number participating in literacy efforts in the clubhouse				

8. How many clients have you served in the following areas?				
<b>COMMUNITY SUPPORTS/SERVICES</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Number assisted applying for entitlement programs				
Number participating in 'Member's Needs' transportation				
Number receiving transportation to health care				
Number receiving transportation to behavioral health				
Number assisted accessing food banks				
Number assisted accessing clothing banks				
Number assisted accessing other community resources (Love Inc., Faith Benevolent Society, etc)				
Number receiving assistance applying for Trust Mini Grant				
Number of outreach efforts to members				
Number of members hospitalized for acute mental health needs.				
Number of members with police contact as noted by self report, monitoring police contacts in newspaper and				
Number of clubhouse meetings				

Costs	Q1	Q2	Q3	Q4
Program cost per participant this quarter:				
Program cost per participant(from start of the grant to end of this quarter)				

8. Briefly describe your organizations efforts during the past quarter to provide support to members experiencing a behavioral health crisis and efforts to assist in stabilization.

1st Quarter:

2nd Quarter: Note any updates on efforts this quarter.

3rd Quarter: Note any updates on efforts this quarter.

4th Quarter: Note any updates on efforts this quarter.

9. Please advise if there are any technical assistance needs.

1st Quarter:

2nd Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.



3rd Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

4th Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.