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BHCS ANNUAL ASSESSMENT HOUSING / LIVING SITUATION AND CO-OCCURRING INFORMED PRACTICE

UPDATED FOR 2012-13

NOTE TO CONTRACT PROVIDERS:

FY 2012/2013 contract language requires BHCS providers to "operationalize at least one activity that promotes housing/living situation and at least one activity that promotes co-occurring practice" in programs funded by BHCS. Contract providers report on how they fulfilled this contract requirement by completing an Annual Assessment.

This document is a preview of the questions you will find on the FY2012-13 Annual Assessment.

Providers are asked to complete a 'survey-monkey' electronic version of the Annual Assessment by **July 10, 2013**. A 'live' link to the Annual Assessment will be posted on the BHCS provider website in early June (<u>http://www.acbhcs.org/providers/network/docs.htm</u>.) Descriptions of this contract requirement are also found in the each provider's Exhibit A-1.

The attached preview-copy of the Annual Assessment includes the full list of activities that satisfy the BHCS requirement. Please use this document as a tool to help your organization prepare to meet the BHCS FY 2012/13 reporting requirement for Housing/Living Situation and Co-Occurring Informed Practice.

INTRODUCTION

Welcome to the 2012-2013 BHCS Annual Assessment

Each provider that contracts with Alameda County Behavioral Health Care Services (BHCS) must submit an Annual Assessment regarding Housing/Living Situation and Co-Occurring Informed Practice to BHCS by the close of business on **July 10, 2013.** Completion of this Annual Assessment fulfills the requirement, listed in each contract provider's Exhibit A-1, to "operationalize at least one activity to promote housing/living situation *and* at least one activity to promote co-occurring informed practice" in programs that are funded by BHCS.

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INSTRUCTIONS

Each contract provider is expected to submit only one assessment. Please submit one Annual Assessment to report on practices implemented in all of your organization's BHCS funded programs. If your organization has more than one BHCS funded program, distribute this "preview" document to staff, and use their answers in June/July when you complete the Annual Assessment.

Please answer each question on this survey. The information you report in this survey will be used by BHCS to help our provider network increase the quality of housing/living situation assistance and co-occurring services offered to consumers/clients and family members. With this in mind, you will be asked to answer each question on this survey.

Please define the word "client" broadly as you answer questions about practices that impact the people you serve. This Annual Assessment uses the word "client" to mean consumers and clients of all ages who receive services in your programs. This word also includes family members, caretakers and members of social support networks who might receive services from providers in your program.

Need Help Answering the Questions?

| For Questions about "How to Use Survey Monkey" | For questions about the Housing/Living Situation section of this assessment | For questions about the Co-Occurring Informed Practice section of this assessment. |
|---------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| BHCS Network Office | BHCS Housing Services Office | BHCS Quality Improvement Unit: |
| Contact your | (HSO): 510.777.2122 | (Margaret Walkover) 510.383.1781 |
| Program Contract Manager | everyonehome@acbhcs.org | QI Info@acbhcs.org |

ORGANIZATION INFORMATION

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Q1: Please fill out the following boxes:

Text boxes Organization: Name of person answering questions on this Annual Assessment : Title: Email Address: Phone Number:

INTRODUCTION: HOUSING / LIVING SITUATION

Housing/Living Situation is Quality Improvement priority and reflects a BHCS commitment to support wellness and recovery by offering services that help consumers find and keep a home. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Initiative on Recovery Support has also identified a "Home" as one of four dimensions that support a life-in-recovery. Source: http://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/)

The Housing/Living Situation portion of this Annual Assessment asks contractors to review their BHCS funded programs and *identify at least one activity*, implemented during FY12/13 (July 1, 2012 – Jun 30, 2013) that promotes improvement in the Housing/Living Situation of clients..

The survey covers six kinds of housing activities: data collection; helping clients get affordable housing; information and referral resources; providing updates about community living facilities to BHCS; using BHCS sponsored crisis resources; and housing/living situation assessment methods. Although you will meet the contract requirement by checking just one activity, this survey asks you to report on all practices your organization used in BHCS funded programs to improve the housing status of clients. The BHCS Housing Services Office will analyze system-wide results and, using that information, will be better able to support your efforts to the improve housing/living situations of your clients.



DATA COLLECTION

Q2: Please identify the activities your organization undertook in FY 12/13 to accurately report Housing/Living Situation data on your clients in INSYST.

Check boxes

- Distributed and discussed data definitions for housing/living situation with staff
- Established an internal data quality process to ensure accurate reporting of this data
- Obtained current living situation data on open clients and updated this information within INSYST
- Developed and implemented a plan to reduce the number of clients with housing/living situation data checked as unknown or other
- Other (please specify which data collection activities) Text box
- Does not apply to our organization we do not use INSYST
- None of the above

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HELPING CLIENTS GET AFFORDABLE HOUSING

Q3. Please select the types of affordable housing your staff helped clients to access in FY 12/13. *Check boxes*

- MHSA Housing Units
- Shelter Plus Care
- Public Housing
- Section 8
- Other affordable housing units
- Other affordable housing subsidies
- Other (please specify type) text box
- None of the above

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INFORMATION & REFERRAL RESOURCES

Q4: Please select which of the following housing information and referral resources your staff used in FY 12/13.

Check boxes

- "2-1-1" Housing services information and referral phone line
- BHCS Housing Services Office website: <u>www.acbhcs.org/housing</u>
- CHOICES Housing website: <u>www.achousingchoices.org</u>
- Other (please specify type) text box
- None of the above

New page - only appears if an activity in Q4 was checked (except for "none of the above")

SUGGESTIONS - INFORMATION / REFERRAL

Q5: Please share suggestions on how BHCS can make the following housing information & referral resources more useful for you and your clients: 2-1-1 Housing Services Information and Referral Phone Line; BHCS Housing Services Office website; and Housing CHOICES Website. *(text box)*

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PROVIDING UPDATES ABOUT AVAILABLITY OF COMMUNITY LIVING FACILITIES TO BHCS

Q6: Select the type of updates your staff provided to the BHCS Housing Services Office about community living facilities in FY 12/13. Community living facilities include "shared/group housing situations often utilized by low-income people (licensed board and cares, alcohol/drug free housing or sober living, room and board, transitional housing, single room occupancy hotels, and others) Check boxes

- a new community living facility housing opportunity
- a potential legal or other licensing violations
- a current legal or licensing investigation
- an imminent closure and/or large scale displacement of residents
- Other (please specify) text box
- None of the above

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USING BHCS SPONSORED HOUSING CRISIS RESOURCES

Q7: Which of the following resources did your staff use to help clients in a housing crisis in FY 12/13? *Check boxes*

- BHCS Everyone Home Fund
- Dedicated BHCS Emergency/Crisis Shelter Beds
- Other housing financial assistance programs
- Other emergency shelters
- Other (please specify) text box
- None of the above



HOUSING/LIVING SITUATION ASSESSMENT METHODS

Q8: Please select which of the following Housing/Living Situation assessment method(s) your organization used in FY 12/13.

Check boxes

- Inquired about Housing/Living Situation at intake and documented answers on assessment forms
- Regularly reviewed Housing/Living Situation during service/treatment planning meetings
- Regularly used data to track clients' Housing/Living Situation
- Communicated affordable housing opportunities to clients
- Included Housing/Living Situation goals in treatment plans
- Other (please specify the assessment method) text box
- None of the above

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FEEDBACK FOR BHCS HOUSING SERVICES OFFICE

Q9: What can the BHCS Housing Services Office do to help your organization better meet the housing/living situation needs of your clients? *Text box*

Q10: What can the BHCS Housing Services Office do to help you more accurately report the housing/living situation status of your clients in the INSYST database. *Text box*

NEW PAGE / NEW SECTION--

INTRODUCTION: CO-OCCURRING INFORMED PRACTICE

Increasing the prevalence of Co-Occurring Informed Practice is a Quality Improvement priority and reflects a BHCS commitment to offer services that address the mental health and substance use needs of clients. The BHCS *Co-Occurring Conditions Initiative* supports our provider network in delivering services to people of all ages who have co-occurring conditions (mental health and substance use). BHCS aims to increase the co-occurring capability of our provider network and supports the development of practices that are welcoming, hopeful, recovery-oriented, trauma-informed and culturally-resonant.

The Co-Occurring Informed Practice portion of this Annual Assessment asks contractors to review their BHCS funded programs and describe at least one activity, implemented during FY 12/13 (July 1, 2012 – June 30, 2013), that promotes Co-Occurring Informed Practices.

This survey covers two categories of co-occurring activities: improving accuracy in identifying people with cooccurring conditions; and improving co-occurring practices throughout your organization. Although you will meet the contract requirement by checking just one activity, the survey asks you to report on all practices (used in BHCS funded programs) to improve co-occurring services provided to clients. The BHCS Quality Improvement Unit will analyze system-wide results and use that information to provide technical assistance that better supports your efforts to increase co-occurring capability.

IMPROVING ACCURACY IN IDENTIFYING PEOPLE WITH CO-OCCURRING CONDITIONS

Q11: Please check the practices your organization used in FY 12/13 to more accurately identify clients living with Co-Occurring Conditions.

Check boxes

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- Built in more time for intake or assessment interviews to determine co-occurring diagnoses
- Increased use of case conferences to determine co-occurring diagnoses
- Used a new assessment tool to address substance use and mental health issues
- Modified an existing assessment tool in a mental health program to also address substance use issues
- Modified an existing assessment tool in an alcohol and drug program to also address mental health issues
- Psychiatrists attended a training on Medication Assisted Treatment of Patients with Co-Occurring Conditions <u>and</u> have applied new protocols during treatment sessions
- Other (text box)
- None of the above



Q12: Select which of the following activities, if any, your organization implemented during FY 12-13 that are in Section 1 of the Welcoming Toolkit, "My Experience When I Come Into the Program:"

check boxes

- A greeter is present, engaging and authentic. The greeter may be a provider or client.
- Lobby or hallways have short photo essays of clients who have transitioned from this program back into the community. Photo essays are written by clients and displayed with the client's approval.
- Décor reflects the colors, textiles, and images of cultural/ethnic populations served by program.
- If people have to wait for appointments, the greeter lets them know when they will see their provider.
- Program security is unobtrusive (i.e. physical barriers only as necessary, no bullet-proof glass or metal detectors)
- Lobby is welcoming to clients, family members and friends.
- Lobby or hallways highlight stories shared by former clients in recovery, displayed with their approval.
- The program has a place for children to play with appropriate, sanitary toys.
- Seating is comfortable (chairs and couches) with inviting colors and in good condition.
- Plants are watered and healthy.
- Easy access to clean restrooms (in waiting area or close by) that are not locked.
- Lobby has a water fountain or hot/cold water dispenser with cups & tea bags.
- Inexpensive and healthy snacks available from a vending machine.
- Magazines are current and reflect the interests, culture and language of clients and their families.
- Brochures and fact sheets are available in lobby and throughout the program site
- Brochures and fact sheets are easy-to-understand and translated into the languages of people who come to the program.
- None of the above

New page - only appears if "brochure and fact sheet" item was checked

You let us know that your program offers brochures and/or fact sheets to clients.

Q13: To complete your answer, please let us know what kind(s) of "brochure and fact sheet(s)" your organization provided during FY 12/13:

Check boxes

- Classes, workshops or groups that help people manage their mental health or substance use
- challenges (located on-site or in the community ;) Free or low-cost.
- Classes or workshops that support general health and wellness (i.e. meditation, yoga, cooking, drumming). Free or low-cost.
- Calendar of free community events (i.e., music festivals, health fairs, library book sales)
- Resource list "Where to get basic needs met": health; food; clothing; and shelter
- Volunteer and paid work opportunities
- "I want to go back to school"
- "I want to work again"
- Fact sheets for families about maintaining resilience and hope when facing mental health challenges
- Fact sheets about psychiatric symptoms/diagnoses
- Facts sheets about Co-occurring challenges (mental health & substance use)

- Tips on managing physical health when taking psychiatric medications
- Fact sheets about tobacco-use and tobacco dependence treatment
- Other (text box)

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Q14: Select which of the following activities, if any, your organization implemented in FY 12/13 from Section 2 of the Welcoming Toolkit: "How Staff Makes Me Feel Welcome." *Implemented* means practiced by staff *and* reinforced through training and/or supervision.

Check boxes

- Staff personally acknowledge people who come to your program (eye contact/smile/name, an offer of a seat or a drink of water)
- Some staff "look like me" and speak my language
- Staff knows how to effectively share stories of "lived experience" to validate the recovery experiences of clients/consumers and family members.
- Staff uses the framework and language of motivational interviewing to build relationships with clients.
- Staff is skillful in recognizing and responding to needs of clients from cultures, linguistic backgrounds, and gender/sexual orientation different from their own.
- Staff is skillful in providing supports to family and share brochures that describe useful community resources.
- Staff skillfully communicates with clients about their spiritual beliefs and is comfortable connecting clients with spiritual resources (if requested).
- Staff is my ally (not my caretaker)
- None of the above

New page - only appears if "staff is my ally, not my caretaker" item- was checked

You let us know that your staff acts as allies and not caretakers with clients.

Q15: To complete this question, please check one or more of the following activities were practiced by staff, *and* reinforced through training and/or supervision, during FY 12/13:

Check boxes

- Staff communicates that they are here to listen, support clients in learning how to manage challenges, respect client choices, and support clients in connecting with people who are traveling the same path.
- Staff is skillful in encouraging clients to take on new challenges and offer support when people try new things that seem out of their reach.
- Staff asks "You have developed skills that have helped you get to where you are today tell me about them."
- Staff makes space for clients to explain gifts and strengths and figure out how to use them to work through my challenges.
- Staff welcomes clients no matter what shape they are in when they show up.
- Staff welcomes individuals and families with co-occurring issues and don't turn them away if they are using.
- Staff partners with clients on treatment/wellness planning.

New page - only appears if " staff partners with clients on treatment/wellness planning" item- was checked

You let us know that your staff partners with clients to develop treatment/wellness plans.

Q16: To complete this question, please check one or more of the following activities were practiced by staff, *and* reinforced through training and/or supervision, during FY 12/13:

Check boxes

- Staff begins with a strength-based conversation designed to get to know the client.
- Staff uses intake and assessment procedures that are respectful and supportive while gathering required Medi-Cal information on mental health issues (including trauma), substance use issues, medical issues, basic social needs.
- Staff develops Wellness Plans that are written using client's language to describe their goals, successes, strengths and challenges.
- Staff assists clients to explore options and set their own life goals and strategies.
- Staff supports clients to work with their doctors to understand and manage their own psychiatric treatment.
- Staff offers enough information about risks and benefits of treatment options so that clients can give informed consent, when required.
- Staff is skillful in acknowledging how family members and/or friends are part of the support system and knows how to explore their involvement.

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Q17: Select which of the following activities, if any, your organization implemented in FY 12/13 from Section 3 of the Welcoming Toolkit, "Paperwork and Procedures Support My Wellness:" Check boxes

- Procedures are in place to avoid "bombarding' clients with paperwork.
- If rights are violated, a clearly written grievance policy is given to clients.
- Procedures are in place to help clients access any combination of housing, benefits, primary health care and self-help groups.
- Staff are offered stress reduction skills to use between sessions with clients, after completing paperwork, or implementing procedures.
- None of the above

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Q18: Has your organization used the COMPASS-EZ in FY 12/13 to self-assess the Co-Occurring capability of your BHCS-funded programs?

- Yes
- No

Q19: Has your organization used NIATx Process Improvement Strategies in FY 12/13 in any of your BHCS-funded programs?

- Yes
- · No

Prepared for BHCS Provider Network Annual Assessment Information Sessions – Winter 2013 New page - only appears if Q 18 - Implemented COMPASS-EZ was checked.

You told us that your organization used the COMPASS-EZ to assess the co-occurring capability of one or more programs during FY 12/13.

Q20: Please list the names of your organization's BHCS funded programs that used the COMPASS- EZ (*text box*)

New page - only appears if Q 19 - Implemented NIATx Strategies was checked.

You told us that your organization used Niatx Process Improvement Strategies during FY 12/13.

Q21: Please describe the performance improvement area that was the subject of the NIATx strategy within your BHCS-funded programs (i.e., improving the efficiency of appointment scheduling; improving how your organization uses assessments for co-occurring conditions). *(text box)*

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HOW CAN BHCS HELP YOUR PROGRAM BETTER SERVE PEOPLE WITH CO-OCCURRING CAPABILITY?

Q22: BHCS would like to support your efforts to increase COC practice in your organization. Please tell us about successes, challenges and/or need for additional technical assistance or training. *(text box)*

RESOURCES FOR YOUR ORGANIZATION

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Before submitting the Assessment consider marking the websites below as "favorites" in your web browser.

| BHCS | BHCS Quality Improvement Unit: | |
|-------------------------|-----------------------------------------|--|
| Housing Services Office | Co-Occurring Informed Practice Webpage | |
| www.acbhcs.org/Housing | www.acbhcs.org/providers/QI/CoOccurring | |

THANK YOU

Thank you for completing the required FY12/13 Annual Assessment on your organization's implementation of activities to improve Housing/Living Situations and increase the Co-Occurring Capability of the services your organization provides to clients.

Please click 'Done' to submit your answers to the FY 12/13 Annual Assessment.