

**Alameda County Behavioral Health Care Services
Fiscal Year 2010/2011
Housing & Co-Occurring Provider Report
Summary
July 2011**

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I. INTRODUCTION & BACKGROUND

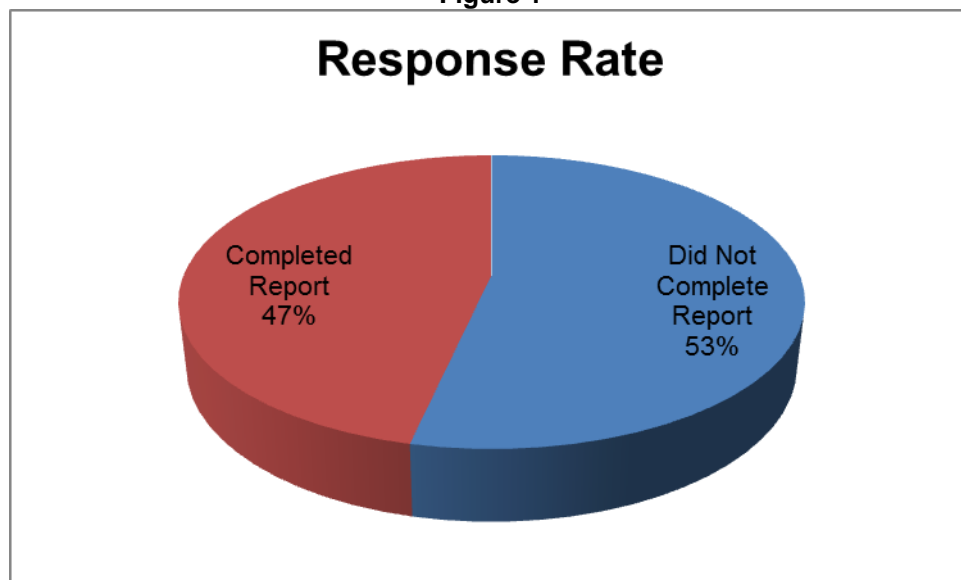
In fiscal year 2010-2011 Behavioral Health Care Services (BHCS) added new contract language to reflect two system-wide initiatives; the Co-Occurring Conditions Initiative and Housing.

II. RESPONSE RATE

BHCS Network Office staff sent a link to an online report template to eighty-six contracted mental health contractors. The report was 'open', meaning it was available for contractors to fill in, from July 5, 2011 until July 25, 2011.

Forty or 47% of contractors submitted a response to the report.

Figure 1



III. CONTRACTOR HOUSING RELATED WORK

A. Collecting and/or Updating Client Housing/Living Situation Data

One goal of the Housing Office is to ensure that data is accurately collected and recorded.

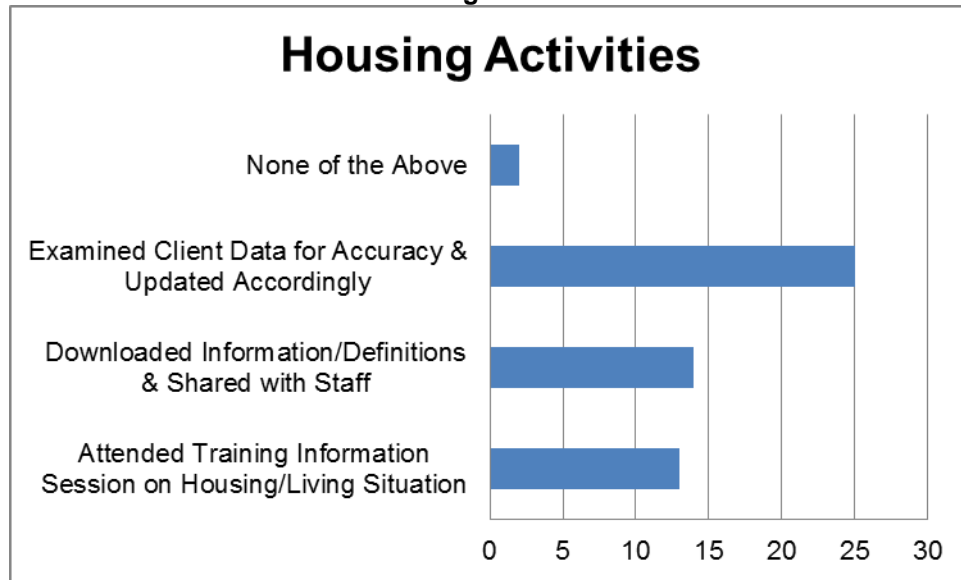
- Thirty-four or 85% of contractors responded that their organization had done work to ensure that staff were collecting and/or updating client housing/living situation data.
- Thirteen or 33% reported that they did not engage in ensuring that data was collected in fiscal year 10/11.
- Contractors reported on sixty-three distinct programs or categories of programs that conducted similar work.
 - Some contractors input specific program names, while others input program modalities, which may contain several distinct program sites, such 'school programs'.

B. Activities Conducted to Ensure Accurate Data Collection

Contractors that answered 'Yes' to ensuring accurate data collection had to report on the types of activities in which they engaged. Contractors were able to input more than one answer. Of the thirty-four (34) contractors that collected data:

- Twenty-five or 74% 'Examined client data for accuracy and updated accordingly'
- Fourteen or 41% 'Downloaded information/definitions and shared with their staff'
- Thirteen or 38% 'Attended training information sessions on housing/living situation'
- Two or 1% did 'None of the above'

Figure 2



- Eleven or 32% also provided 'Other comments'. Some comments were not relevant to the question. Relevant responses are included below:
 - Staff updates all data when participant's living situation changes via data collection. Housing tracking is done during weekly staff meetings to maintain current data. However, INSYST is cumbersome and reports for review are not available. Data is also entered into the County HMIS system. -St. Mary's Center*
 - Mental health staff regularly discuss housing/living situations with clients/families. These changes are reflected in progress reports and episode updates. -Tiburcio Vasquez*
 - Data has been analyzed with Robert Ratner, Housing Director and measured by staff. Training on housing choices, housing first model and improving outcomes has been conducted. -BACS*
 - New business manager attended training course and ensures billing information is entered correctly- Medical Hill*
 - Staff trainings on filling out and understanding the PSP have been provided. -H.A.A.R.T.*
 - Client data is regularly updated. Client intake forms were revised to include more housing information. - Bonita House*
 - The supervisor and support services administrator review all KET FSP forms before entering into INSYST. -Recovery Innovations*
 - Disparities are tracked on a weekly basis in an excel spreadsheet, which includes housing. -G.O.A.L.S. For Women*
 - Housing information is updated, as necessary in Caminar. -Bonita House*
 - The data manager provided a training to direct service staff on the importance of accurately collecting and updating data. -Brighter Beginnings*

C. Types of Housing/Living Situation Trainings, Information or Support to Staff

Contractors that answered 'Yes' to ensuring accurate data collection were also asked about the specific names/types of housing/living trainings, information or support that contractors provided to staff. Contractors were able to input up to six responses.

- Twenty-two or 65% provided a response to this portion of the report.
- A list of the organized and synthesized activities are below.

Table 1

Category	Specific Activities
Internal Information Dissemination	<ul style="list-style-type: none"> Shared new housing codes/information with staff Emailed staff new housing/living situation definitions Downloaded information from website
In-House Trainings	<ul style="list-style-type: none"> Incorporated information into eligibility training Provider program orientation
ACBHCS Trainings	<ul style="list-style-type: none"> System of Care (SOC) information presentation Support staff attended the ACBHCS INSYST/housing information update

Category	Specific Activities
	<ul style="list-style-type: none"> training Alameda County Housing Office meetings
Modification of Paperwork/Process	<ul style="list-style-type: none"> Incorporated new housing/living situation definition into annual CQRT paperwork Independent living plan Weekly group and individual supervision with program administration Hired new Housing Coordinator Outcome measures CANS
Specific Trainings	<ul style="list-style-type: none"> Housing Workshops Hoarding/Cluttering Workshops Home Safety Training Housing Assistance Trainings Healthcare for Homeless HCH Conference Housing First Training Housing Choice Training Shelter Plus Care Housing First Model Trainings Affordable Housing Opportunities
Collaborations	<ul style="list-style-type: none"> Housing Collaboration in Oakland Clinic Service Team Meetings with CHOICES Program Motivational Interviewing Training provided by Bonita House Domain Partner

IV. CONTRACTOR CO-OCCURRING RELATED WORK

A. Work Related to Co-Occurring Informed Practice

One of the goals of the Co-Occurring Initiative was to improve BHCS' contractor capability to work with individuals living with mental health and substance use disorders. Contractors had to report on whether they worked on issues related to co-occurring informed practice in fiscal year 10/11.

- Thirty-four or 85% responded 'Yes'.
- Eleven or 28% did not work on co-occurring informed practice in fiscal year 10-11.
- Contractors reported on twenty-seven programs or categories of programs that conducted similar work.
 - Some contractors input specific program names, while others input program modalities, which may contain several distinct program sites, such 'community based'.

B. Commitment Statement

Contractors reported on whether any of their programs developed a statement that committed to the implementation of co-occurring informed practices. Of the thirty-four contractors:

- Twenty or 59% responded 'No'
- Thirteen or 38% responded 'Yes'.

Contractors inserted their statements into the report. All thirteen respondents that answered 'Yes' also provided their statement, which is available in the appendices of this report.

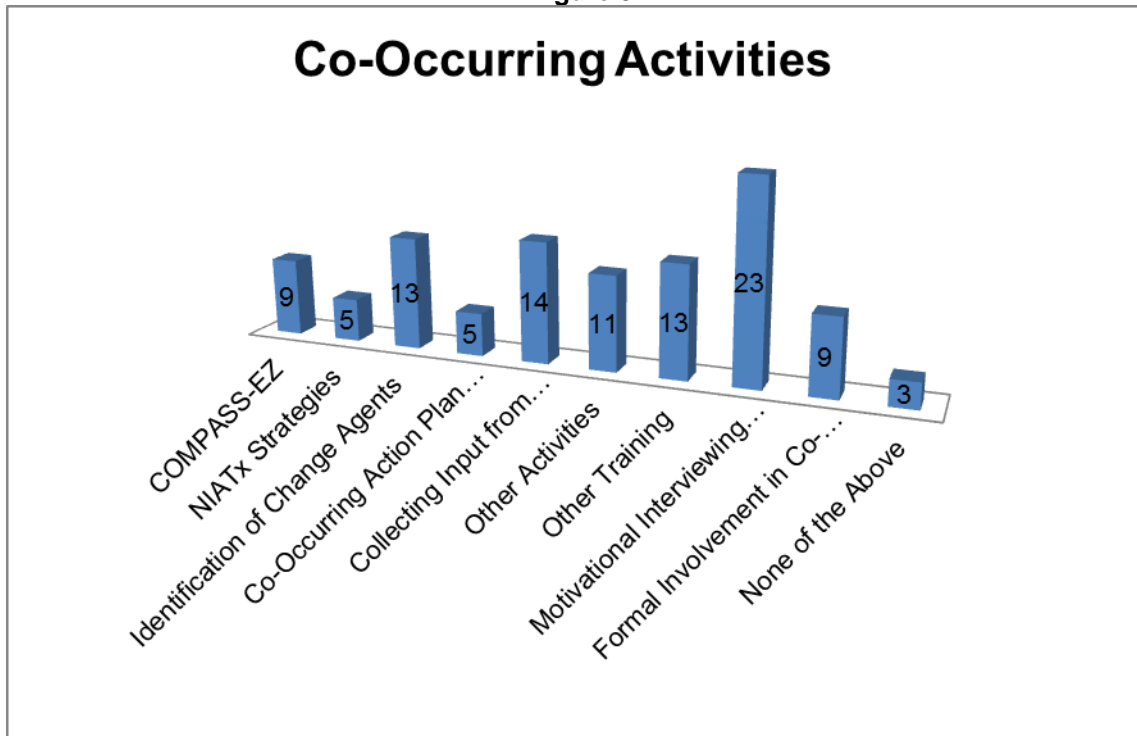
C. Activities Used to Improve Co-Occurring Informed Services

Contractors reported on specific co-occurring related work activities used to inform services. Contractors were able to select as many answers that applied.

- Twenty-three or 58% attended Motivational Interviewing Trainings
- Fourteen or 35% leveraged Collecting Input from Consumers/Family Members
- Thirteen 33% identified Change Agents
- Thirteen 33% engaged in Other Trainings
- Eleven or 32% engaged in Other Activities
- Nine or 23% used the COMPASS-EZ
- Nine or 23% were Formally involved in the Co-Occurring Initiative
- Five or 13% used NIATx Strategies

- Five or 13% had a Co-Occurring Action Plan

Figure 3



- Nine or 23% provided 'Other comments':
 - *Screening and appropriate referral*-Ann Martin Center
 - *adopted Integrated Longitudinal Strength-based Assessment Outline for staff to present during the monthly case conference.*-Asian Community Mental Health
 - *Met with Minkoff and Cline*-Family Paths, Inc.
 - *Continuing awareness of and ongoing training re: the impact of co-occurring disorders in the lives of the people our program serves.*-Bonita House
 - *Discussing a strategic plan that focuses on integration of all of our services*-Alameda Family Services
 - *Co-occurring conditions technical assistance by Chris Kline, MD, Zia Partners*-G.O.A.L.S. for Women
 - *TSP attends change agent meetings*-ACNMHC
 - *Prevention and wellness activities*-HHREC
 - *Motivational Interviewing Performance Improvement Project*-Bonita House

D. Change Agents

Contractors reported on their participation in the Co-Occurring Initiative Change Agent Group. Of the forty organizations that reported work in co-occurring related activities, seventeen reported that they had Change Agents, which is a discrepancy from the above answer of thirteen. The number of Change Agents in the organizations ranged from one to fifteen. The seventeen agencies reported having fifty-three Change Agents combined.

Contractors reported on the top three reasons that staff attended change agent meetings. Nineteen (19) contractors responded.

- Seventeen or 89% wanted to Improve Services to Consumers
- Eleven or 58% attended to Increase their Skill Set
- Nine or 47% attended for the Content
- Seven or 37% attended for Networking
- Seven or 37% attended to Change Organizational Culture
- Three or 16% wanted to Generate Hope
- Two or 11% used the meetings to contribute to their Continuing Education Units (CEUs)

E. Methods to Accurately Identify Clients Living with Co-Occurring Conditions

Contractors reported on the methods they have utilized to more accurately identify clients living with co-occurring conditions. Twenty contractors responded to this question. A synthesized list of methods are captured below.

Table 2

Assessments/Intakes	Data Collection	Techniques/Treatment Plans	Other
<ul style="list-style-type: none"> Form 4 UNCOPE Revised Initial Assessment Bio-Social-Spiritual Intakes Psycho-Social Assessment Community Functioning Evaluation ASSIST Functionality BCIC Intake 	<ul style="list-style-type: none"> CIL Suite Pre-Post Screening Data Match State Of Change Data And Assess At Regular Intervals Racial/Ethnic Disparities Tracking In Excel Collect Baseline Data At Services Initiation Mental Health And Substance Use Histories Hospitalization History Drug Use Scale Alcohol Use Scale 	<ul style="list-style-type: none"> Motivational Interviewing Harm Reduction Case Consultation Improved Articulation Of Medical Necessity Plans Client Centered Treatment Plans Master Life Plan Supportive Recovery Plans 	<ul style="list-style-type: none"> In House Training External Training Weekly Staff Meetings Mutual Trainings Between Mental Health and Substance Abuse Follow Up Calls Staff Brainstorming Increased Staff Supervision Develop Continuous Quality Improvement (CQI) Committee

F. Impact on Clients/Family Members & Staff

Eighteen contractors reported on the improvement in staff. Overall, contractors stated positive results of the co-occurring initiative, while one said it was now more difficult to assess clients living with co-occurring disorders. The below table contains the categorized and synthesized responses.

Table 3

Reported Improvements	
Staff Skill	<ul style="list-style-type: none"> Increased education to partners, such as school staff, child welfare workers, and probation staff Improved facilitation Better clinical documentation; for example, adding co-occurring language and stages of change to assessment and plan templates Easier to target solutions/interventions addressing both disorders
Staff Awareness	<ul style="list-style-type: none"> Easier to identify co-occurring needs More sensitive to client needs Increased confidence Increased patience Increased empathy Better rapport with clients Utilizing the “right door/welcoming” policy
Tools Utilized	<ul style="list-style-type: none"> Motivational Interviewing Psychiatric Advance Directives General trainings for staff Welcoming training Specific language to describe activities focused on wellness and prevention, integrated mental health concepts into a previous focus on AOD
Data Collection Methods	<ul style="list-style-type: none"> Review stage of change for each client as part of treatment planning

Contractors reported that clients have experienced:

- Increased resources;
- Decreased stigma;
- More trust and openness with treatment providers; and
- Increased confidence and self-esteem.

V. APPENDIX

Table 4

Statement ¹	Organization
Bay Area Community Services is an agency that welcomes all individuals working towards wellness and recovery and recognizes each individual for their unique strengths, hopes, dreams, and complexities. Bay Area Community Services programs are designed to meet each person where they are at within their recovery from mental health and substance use issues. Our services are aimed at working with each person individually and when we are not able to meet any particular need, we have a vast network of partner agencies to link to so that everyone who comes to BACS is connected with the supports they need, when, where, and how they need them.	BACS
We follow policies of our agency, Bonita House, Inc. Please see the Bonita House Inc. extensive history, policies, and statements related to co-occurring informed practices.	Bonita House
Building community, dignity and hope with people recovering from psychiatric and substance use disorders	Bonita House
BHI Mission Statement: Building community, dignity and hope with people recovering from psychiatric and substance use disorders. BHI Agency brochure: Founded in 1971 as a non-profit corporation to serve people with serious and persistent psychiatric disabilities. Specializing since 1991 in dual diagnosis treatment, providing fully integrated services to adults diagnosed with both mental health and substance use disorders. Supported Independent Living Program brochure: The Bonita House Supported Independent Living Program (SIL) provides a continuum of voluntary rehabilitative services for adults who are dually diagnosed. People who are recovering from co-occurring psychiatric and substance use disorders utilize the SIL Program as they transition from intensive levels of support to more independent living.	Bonita House
As part of Family Paths 2009-2014 Strategic Plan we included specific goals addressing improving our competency surrounding the co-occurring initiative. The Strategic Plan, which was disseminated to all staff and all Board members states: "[Family Paths will] address the needs of clients with co-occurring conditions. [We will] identify gaps in assessment and treatment and establish protocols."	Family Paths, Inc.
Welcome to Fred Finch Youth Center, where people from all backgrounds are invited to address life challenges in a safe and compassionate environment. We are devoted to building relationships with people who have complex lives that may include drug and alcohol use. We are passionate and thoroughly committed to helping you and your family lead happier and healthier lives.	Fred Finch Youth Center
La Familia Counseling Service is an inclusive Latino community-based, multi-cultural organization committed to strengthening the emotional wellness of individuals and the preservation of families. Our vision is a vibrant multi-cultural community where children play safely, families learn collectively and individuals reach their fullest potential.	La Familia
R House Day Rehabilitative Treatment Program is designed to provide services in a therapeutic, organized and structured setting by highly trained treatment team professionals to prevent the necessity of hospitalization, avoid placement in a more restrictive setting, and to help individuals stay in their current residential setting with the goal of transitioning to a less restrictive setting. Clients have co-occurring disorders. Interventions will be attempted to significantly diminish impairments, prevent significant deterioration in an important area of life functioning, or assist eligible clients in their developmental progress as individually appropriate. Professional development in the area of co-occurring informed practice is on-going for all staff working with clients. Implementation of co-occurring informed practices occurs through out all levels of treatment. Each client is assigned a Case Counselor who is responsible for	R. House

¹ Statements have not been edited, as they were cut and pasted by the contractor.

Statement ¹	Organization
managing the case and the file, ensuring implementation of the treatment plan and coordinating all case management activities. These processes are supported by input from the client and his or her family. The practice of Motivational Interviewing and NIATx strategies are utilized as well as other techniques acquired from other trainings on co-occurring disorders. Treatment plans and client progress are reviewed regularly at Case Conference for interdisciplinary team feedback and to ensure quality of care.	
addressing Co-Occurring Disorders: EBCRP uses Integrated Dual Disorder Treatment Model (IDDT), a SAMHSA-recognized evidence-based practice for working with clients with SMI and those with co-occurring substance abuse and severe mental illness diagnoses. All EBCRP clinicians and case managers are trained in this multidisciplinary approach that integrates pharmacological, psychological, educational, and social interventions to address the needs of consumers and their family members. In addition, EBCRP staff are actively involved in the ACBHCS Co-Occurring Conditions Initiative. Joan Zweben, Executive Director, serves on the Steering Committee, and other counseling and management staff, including Anna Talamo, who will oversee IDDT implementation for this project, serve as Change Agents as for integrating co-occurring services in Alameda County. EBCRP's operations reflect the principles of integrated care including a welcoming environment, a no wrong door approach to treatment and individualized services.	UCSF
Co-Occurring Informed Practice To meet the needs of consumers, clients and families with complex mental health, alcohol and/or drug issues, all contractors are encouraged to participate in collaborative efforts with BHCS and other contractors to ensure the integration of co-occurring informed practices in each and every program.	UCSF Deaf Community Counseling Services
Women on the Way(WOTW) has been committed to meeting the needs of women in Alameda County. WOTW utilizes the latest curriculum from Hazelton. We also provide garden therapy and pet therapy along with regular psychiatrist, and therapy visits. WOTW recovery plans are supportive rather than directive, WOTW understands that Motivational Interviewing is a strong tool to encourage clients to stay connected to a support team, WOTW works as a recovery team with the Client, Psychiatrist, Therapist, RAS Counselor, and any other individuals that the client wants to include. WOTW has proudly provided employment to graduates with Co-Occurring conditions as to have a well-rounded staff to provide quality services to our clients.	Women on the Way Recovery Center