

FY 11/12 Version  
**ANNUAL ASSESSMENT REGARDING HOUSING/LIVING SITUATION AND CO-OCCURRING  
CONDITIONS**

**PLEASE NOTE:**

**THIS DOCUMENT IS A TEMPLATE. CONTRACTED PROVIDERS SHOULD USE THIS TO PREPARE FOR THE ELECTRONIC SUBMITTAL OF THE ANNUAL ASSESSMENT. A LINK TO THE ELECTRONIC TEMPLATE WILL BE POSTED ON THE BHCS WEBSITE WITH AN ACCOMPANYING FAQ PAGE AND SENT TO PROVIDERS.**

Each contracted provider with Alameda County Behavioral Health Care Services (BHCS) must submit an Annual Assessment regarding Housing/Living Situation and Co-Occurring Conditions to BHCS no later than **July 10, 2012**. Contracted providers must describe progress made in each of BHCS funded programs in the areas of:

- Housing/Living Situation
- Co-Occurring Conditions (COC)

Please submit only **one Assessment per organization**.

For technical assistance and/or content information, contact the appropriate resource listed below:

Technical Assistance	Housing/Living Situation	Co-Occurring Conditions
Contact your Program Contract Manager (Program Liaison)	BHCS Housing Services Office (HSO): 510.777.2122; <a href="mailto:everyonehome@acbhcs.org">everyonehome@acbhcs.org</a>	Quality Improvement (QI) Unit: 510.383.1776; <a href="mailto:QI_Info@acbhcs.org">QI_Info@acbhcs.org</a>

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## ORGANIZATION INFORMATION

**Q1:** \*Please fill out the following boxes:

*Text boxes*

Name:

Title:

Organization:

Email Address:

Phone Number:

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## INTRODUCTION: HOUSING/LIVING SITUATION

The focus of BHCS Quality Improvement (QI) on **Housing/Living Situation** reflects a commitment to assist BHCS consumers with finding and keeping a home that supports their wellness and recovery. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) Recovery Support Strategic Initiative has also identified a “home” as one of four major dimensions that supports a life in recovery.

The Housing/Living Situation portion of this Assessment asks contractors to describe, which, if any, Housing/Living Situation activities were implemented in BHCS-funded programs in fiscal year (FY) 11/12.

**Q2:** \*If applicable, please select the activities your organization implemented in FY 11/12 to accurately collect and update Housing/Living Situation data.

You may check all that apply.

*Check boxes*

- Attended Housing/Living Situation training information session
- Downloaded information/definitions and shared with staff
- Examined client data & updated accordingly
- None of the above
- Other (please specify which **activities**) *Text box*

*New page-ONLY APPEARS IF ONE OF THE ABOVE ACTIVITIES WERE CHOSEN*

**ACTIVITIES: CONDUCTED**

You indicated that your organization conducted activities to ensure accurate client Housing/Living Situation data collection and updates.

**Q3:** Please list the name(s) of the program(s) for which the activities were conducted.

You may list up to twelve program names.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10
- 11.
- 12.

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**TRAINING, INFORMATION, SUPPORT: HOUSING/LIVING SITUATION**

**Q4:** If applicable, select the types of Housing/Living Situation trainings, information and/or support that your organization utilized and/or conducted in FY 11/12.

You may select all that apply.

*Check boxes*

- Attended BHCS HSO presentation at a staff or other group meeting
- Attended CHOICES housing education presentation by Bonita House Inc.
- Attended BHCS facilitated Provider Technical Assistance Session in March 2012 on Housing/Living Situation and Co-Occurring Conditions Annual Assessment
- Attended Mental Health Services Act (MHSA) opportunity open house session
- Other (please describe **training, information, support**) *text box*

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## **AFFORDABLE HOUSING: HOUSING/LIVING SITUATION**

**Q5:** If applicable, please select the types of housing resources that your staff helped consumers obtain in FY 11/12.

You may select all that apply.

*Check boxes*

- MHSA Housing Units
- BHCS EveryOne Home Fund
- BHCS dedicated emergency/crisis shelter beds
- Other affordable housing units
- Other affordable housing subsidies
- None of the above
- Other (please specify type) *text box*

*New page-ONLY APPEARS IF ONE OF THE ABOVE ACTIVITIES WERE CHOSEN*

## **AFFORDABLE HOUSING: UTILIZED**

You indicated that your staff helped consumers obtain housing resources.

**Q6:** Please provide suggestions on how to improve housing resources to better meet consumers' needs.

*Comment box*

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## **INFORMATION/REFERRAL: HOUSING/LIVING SITUATION**

**Q7:** \* Please select which of the following housing information and referral resources that your staff utilized in FY 11/12.

You may select all that apply.

*Check boxes*

- 2-1-1 Housing services information and referral line
- BHCS Housing Services website: [www.acbhcs.org/Housing](http://www.acbhcs.org/Housing)
- Housing CHOICES website: [www.achousingchoices.org](http://www.achousingchoices.org)
- None of the above

*New page-ONLY APPEARS IF ONE OF THE ABOVE ACTIVITIES WERE CHOSEN*

## **INFORMATION/REFERRAL: UTILIZED**

You indicated that your staff utilized housing information & referral sources.

**Q8:** Please provide suggestions on how to improve information & referrals to better meet consumers' needs.

*Text box*

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## **UPDATED ASSESSMENT: HOUSING/LIVING SITUATION**

*\*Required field*

**Q9:** If applicable, please select which of the following client Housing/Living Situation assessment approaches your organization implemented in FY 11/12.

You may select all that apply.

*Check boxes*

- Inquire about & document Housing/Living Situation at intake
- Systematically & regularly discuss Housing/Living Situation during staff meetings
- Regularly use data to track consumers' Housing/Living Situation
- Communicate affordable housing opportunities to consumers
- Include Housing/Living Situation goals in treatment plans
- None of the above
- Other (please specify the **approach**)

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#### **COMMUNITY LIVING FACILITY UPDATE INFORMATION: HOUSING/LIVING SITUATION**

*A community living facility is a shared housing/group living situation often utilized by extremely low-income people, e.g., single room occupancy hotels, room and boards, board and cares, sober living, information transitional housing, etc.*

**Q10:** If applicable, select the types of community living facility updates/information that your staff provided to the BHCS HSO in FY 11/12.

You may select all that apply.

My organization provided information to the BHCS HSO about...

*Check boxes*

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

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#### **FEEDBACK REGARDING HOUSING/LIVING SITUATION**

**Q11:** Please provide feedback related to Housing/Living Situation that you would like to share with BHCS.

*Comment box*

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#### **CO-OCCURRING CONDITIONS**

The BHCS Quality Improvement (QI) on **Co-Occurring Conditions (COC)** reflects a commitment to assist BHCS consumers by providing services that address mental health and substance abuse issues.

The COC Initiative supports activities that build on and increase providers' welcoming, hopeful recovery-oriented and culturally informed capability to serve individuals of all ages living with co-occurring conditions.

*\*Required field*

The COC portion of this Assessment asks contractors to describe what, if any, COC activities were implemented in FY 11/12 within BHCS-funded programs.

**Q12: If applicable, please select which of the following activities your organization utilized in FY 11/12 to improve COC informed practices.**

You may select all that apply.

*Check boxes*

- Implemented Welcoming Toolkit Strategy 1: Improved experience of walking into our program
- Implemented Welcoming Toolkit Strategy 2: Improved staff practices in engaging and welcoming clients and family members
- Implemented Welcoming Toolkit Strategy 3: Improved how paperwork and procedures engage clients and family members
- Utilized the COMPASS-EZ
- Implemented NIATx Strategies
- Identified Change Agents who participated in Change Agent quarterly meetings
- Developed Co-Occurring Conditions Action Plan Statement
- Collected client/family member input related to Co-Occurring Conditions Informed Practice
- Attended a Motivational Interviewing Training
- Attended a BHCS-sponsored training related to COC practices, i.e. Tobacco Cessation and/or Substance Use Disorders (SUD)
- Attended BHCS facilitated Provider Technical Assistance Session in March 2012 on Housing/Living Situation and Co-Occurring Conditions Annual Assessment
- Served as a member of the COC QI Subcommittee and/or Change Agent Planning Team
- None of the above
- Other (please specify **activity or related training**) *text box*

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**TOOLS & ACTIVITIES: UTILIZED**

You indicated that your organization utilized activities to improve COC informed practices.

**Q13: Please list the name(s) of the programs(s) for which the activities apply.**

You may list up to twelve program names.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10
- 11.
- 12.

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#### DATA METHODS: CO-OCCURRING INFORMED PRACTICE

**Q14:** If applicable, please select the methods that your organization developed in FY 11/12 to more accurately identify consumers living with COC.

You may select all that apply.

[Multiple choices boxes](#)

- Used a new assessment tool(s)
- Modified existing assessment tool to include Substance Use Disorders (SUD)
- Modified existing assessment tool to include mental health issues
- Provided specific training to staff on how to use the tool
- Utilized case conferences to further determine diagnosis
- Built in more time for intake and/or assessment interviews
- Attended a BHCS facilitated Provider Technical Assistance Session in March 2012 on the Annual Assessment regarding Housing/Living Situation & Co-Occurring Informed Practice
- Attended a BHCS facilitated physician training on Medication assisted treatment of Patients with Co-Occurring Conditions *Opioid Addiction & Psychiatric Problems*
- Other (please specify **methods**) [text box](#)

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#### CHANGE AGENTS: CO-OCCURRING INFORMED PRACTICE

**Q15:** If applicable, how many Change Agents attended quarterly Change Agent meetings in FY 11/12?

[Numerical box](#)

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#### CHANGE AGENTS: CO-OCCURRING INFORMED PRACTICE CONT.

**Q16:** If applicable, select the top three reasons staff attended quarterly Change Agent meetings in FY 11/12.

Please rank the three top reasons.

[Matrix table](#)

	First	Second	Third
Learn new content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Network with other providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborate with other organizations/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhance skill set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change organizational structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve services to clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generate hope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <a href="#">text box</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[New page- ONLY APPEARS IF 'YES' WAS CHOSEN ABOVE](#)

#### STATEMENT OF COMMITMENT: CO-OCCURRING INFORMED PRACTICE

**Q17:** \*Did any of your organization's BHCS-funded program(s) develop a Statement of Commitment in FY 11/12 that commits to the implementation of COC informed practices?

*Check one only*

- Yes
- Not in FY 11/12

*New page- ONLY APPEARS IF 'YES' WAS CHOSEN ABOVE*

**ORGANIZATION'S STATEMENT: CO-OCCURRING INFORMED PRACTICE**

You indicated that your organization utilized/implemented a Statement of Commitment.

**Q18:** Type or copy & paste the Statement into the below area.

You have up to 2,000 characters, including spaces.

If you require additional space, please synthesize the Statement of Commitment

*New page*

**STATEMENT & PROGRAMS: CO-OCCURRING INFORMED PRACTICE**

**Q19:** Please list the name(s) of the program(s) for which the Statement of Commitment applies.

You may list up to twelve program names.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10
- 11.
- 12.

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**FEEDBACK REGARDING CO-OCCURRING INFORMED PRACTICE**

**Q20:** Please provide feedback related to COC that you would like to share with BHCS (i.e. successes, challenges, technical assistance needed to increase COC practice in your organization).

*Comment box*

*New page*

**RESOURCES TO IMPROVE SERVICES**

Before submitting the Assessment consider marking the websites below as favorites in your web browser to stay updated:

*\*Required field*

Co-Occurring Informed; Housing/Living Situation & other trainings	Quality Improvement (QI) and Co- Occurring Informed Practices	Housing/Living Situation visit the Housing Services Office
<a href="http://www.acbhcs.org/Training">www.acbhcs.org/Training</a>	<a href="http://www.acbhcs.org/providers/QI/CoOccurring">www.acbhcs.org/providers/QI/CoOccurring</a>	<a href="http://www.acbhcs.org/Housing">www.acbhcs.org/Housing</a>

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## THANK YOU

**Thank you** for completing the required Annual Assessment regarding Housing/Living Situation & Co-Occurring Conditions.

On behalf of BHCS, we look forward to supporting your organization's continued efforts to assist BHCS consumers in finding and keeping a home that supports their wellness and recovery and provide services that address and support their co-occurring mental health and substance abuse issues

**Please click 'Done' to submit this Assessment.**

NOT FOR SUBMITTAL