

# Housing/Living Situation & Co-Occurring Informed Practice Contract Expectations

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**PROVIDER NETWORK  
INFORMATION SESSIONS  
FEBRUARY/MARCH 2014**

# Today's Agenda

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1. Welcome & Introductions
2. Why the Focus on Housing/Living Situation & Co-Occurring Informed Practice?
3. From Initiatives to Operations: FY 13/14 Provider Contract Requirement
4. Housing/Living Situation Activities
5. Co-Occurring Informed Practice Activities
6. Useful Tips
7. Contact Information

# Why Housing & Co-Occurring Informed Practice?

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- In 09/10, BHCS identified Housing/Living Situation & Co-Occurring Conditions as operational priorities
- MHSA funding was used to develop system capacity in both areas.
  - i.e., Drs. Ken Minkoff and Christie Cline provided COC consultation to administration, providers and staff.
  - Housing Assistance: First and last month rent, etc.

# Why Housing & Co-Occurring Informed Practice?

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- Improving client outcomes by offering services that increase wellness, maintain recovery, and build resiliency is a **BHCS Quality Improvement priority**.
- Clients “do better” when they have housing and their providers have the capacity to address complex conditions - substance use, mental health issues & physical health.

# Why Housing & Co-Occurring Informed Practice?

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- The BHCS Annual Assessment is designed to encourage (and require) providers to increase their capacity to offer Housing resources and Co-Occurring Informed practices.
- BHCS offers technical assistance throughout the year to support your capacity building (more info about this at end of info session).

# Why Housing & Co-Occurring Informed Practice?

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## **Focus on Improving Housing/Living Situation**

reflects a BHCS

*commitment to helping clients/consumers/family members with finding and keeping a home that supports their wellness and recovery.*

# Why Housing & Co-Occurring Informed Practice?

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- The federal Substance Abuse and Mental Health Services Administration (SAMHSA) Recovery Support Strategic Initiative has also identified a “Home” as of one four major dimensions that support a life in recovery.
- SAMHSA’s four major dimensions that support recovery are: 1) Health; 2) Home; 3) Purpose; and 4) Community.

Source: <http://www.samhsa.gov/recovery/>

# Why Housing & Co-Occurring Informed Practice?

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## **Focus on Increasing Co-Occurring Informed Practices**

reflects a BHCS *commitment to address the needs of clients and families with complex mental health, alcohol and/or drug issues by building the co-occurring capability of our provider network.*

# FY 13/14 Provider Contract Requirement: From Initiatives to Operations

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- FY 10/11 – BHCS developed contract language that supports Housing & COC as operational priorities, with a requirement to complete a year-end survey.
- The FY 13/14 requirement emphasizes implementing practices into day-to-day operations.
- BHCS uses data from the Annual Assessment to support your efforts in offering Housing/Living Situation and Co-Occurring Informed Practices.

# Provider Contract Requirement

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## **Contract Exhibit A-1:**

- “Contractor shall operationalize at least one activity to promote improved housing/living situation..(and)...at least one activity to promote co-occurring informed practice.”
- Contractor is required to submit the Annual Assessment to BHCS, based on prior year’s work, by July 10 each year.

Contract Expectations &  
Provider Activities related to  
**Housing/Living Situation**

Robert Ratner, Director  
BHCS Housing Services Office

# Key Findings from FY 12-13

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- INSYST makes it difficult to keep housing data up-to-date
- More publicity about resources available
- More training for providers needed on housing-related topics
- 2-1-1 phone number mostly commonly used referral and resource for housing needs
- Housing crisis resources used: 80% non-BHCS shelters, 56% non-BHCS financial assistance, 32% BHCS shelters, 28% BHCS EveryOne Home fund
- Housing CHOICES website not frequently used

# Key Findings from FY 12-13

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- Sober living listings would be useful
- Forms and webpages in other languages
- Increase clarity about eligibility for programs on the front-end
- Maintain a central listing of shelter bed availability
- Increase access to up-to-date information on a 24/7 basis

# Changes from Prior Fiscal Year

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- Focus on client addresses – “hot spotting”, insurance paperwork and communications, facility alerts
- Home Stretch and General Assistance housing pilot programs
- New BHCS EveryOne Home fund forms
- Casa Maria – new emergency housing resource

# FY 14-15 Plans

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- Centralize waiting list for permanent supportive housing (Home Stretch) – building on work from other communities like Chicago
- Centralize information about community living facilities building on San Diego’s Independent Living Association model
- Establish regular “housing navigator” networking and training sessions for providers
- Work to improve publicity, communications, and websites
- Establish regular data reporting and data quality feedback loops with providers
- Advocacy for more high quality, affordable housing resources

Contract Expectations &  
Provider Activities related to  
**Co-Occurring Informed Practice**

Margaret Walkover MPH,  
Director, Wellness Recovery and Resiliency  
BHCS Quality Improvement Unit

# Co-Occurring Informed Practice

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## **Two Categories of Co-Occurring Informed Practices**

**Category #1:** Improve accuracy in identifying people with co-occurring conditions

# THE BASICS OF CO-OCCURRING PRACTICE

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- Welcoming
- Screening
- **Assessment**
- Treatment
- Discharge

# Co-Occurring Informed Practice

## Category 1

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### **Improve your accuracy to identify people with co-occurring conditions by...**

- Building in more time for intake or assessment interviews to determine co-occurring diagnoses
- Increasing use of case conferences to determine co-occurring diagnoses
- Using a new assessment tool to address substance use and mental health issues

# Co-Occurring Informed Practice

## Category 1

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### **Improve accuracy in identifying people with co-occurring conditions by...(continued)**

- Modifying an existing assessment tool in a mental health program to also address substance use
- Modifying an existing assessment tool in an substance use program to also address mental health
- Psychiatrists attend a training on Medication Assisted Treatment of Patients with Co-Occurring Conditions *and* apply new protocols during treatment sessions

# QUESTION

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WHAT PRACTICES HAS YOUR PROGRAM USED TO BETTER IDENTIFY PEOPLE WITH CO-OCCURRING CONDITIONS?

- Mental Health
- Substance Use
- Physical Health

# Co-Occurring Conditions

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## **Category #2:**

Increase the use of co-occurring practices “everywhere” in your organization

# Co-Occurring Conditions

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Implement practices from the  
BHCS Welcoming Toolkit

[http://www.acbhcs.org/providers/QI/docs  
/Welcoming\\_Toolkit.pdf](http://www.acbhcs.org/providers/QI/docs/Welcoming_Toolkit.pdf)

# THE BASICS OF CO-OCCURRING PRACTICE

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- **Welcoming**
- **Screening**
- **Assessment**
- **Treatment**
- **Discharge**

# Welcoming Toolkit- Three Sections

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**What I experience when I come  
into the program  
(15 practices)**

**How staff makes me feel welcome  
(9 practices)**

**How paperwork and procedures  
support my wellness  
(4 practices)**

# Welcoming Toolkit – Three Sections

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- **Physical Environment:** lobbies and offices are welcoming, are decorated to reflect the cultures of the clients who seek services, have comfortable furniture. Access to water and bathrooms.
- **Staff** reflect the ethnicities and backgrounds of the clients seeking services. Staff are encouraged to attend workshops on ‘vicarious trauma.’
- **Policies/Procedures, including assessments** are designed to engage clients in ways that feel safe, collaborative and comfortable.

# WHY WELCOMING?

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## ANSWER:

- It's the first step in engaging clients

## ANOTHER QUESTION:

- Why Is This Important?

# Prevalence of Trauma Among Medicaid Beneficiaries

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## **90% Of Public Mental Health Clients Have Had Multiple Experiences Of Trauma Exposure**

(Mueser et al., in press; Mueser et al., 1998)

**75% Substance use treatment. 95% Homelessness. 43% of people with a "SMI" diagnosis have symptoms of PTSD. 80% Children in public systems including foster care, jail, residential**

Hodas, 2004; Frueh et al., 2005; Mueser et al., 1998; Lipschitz et al., 1999; NASMHPD, 1998, Hopper, Bassuk and Olivet 2010

## Some Sources of Trauma Experienced by Our Public Mental Health Clients

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- Homelessness
- Community Violence
- Domestic Violence
- Early Childhood Trauma and Neglect
- Natural Disasters
- Physical Abuse, including Sexual Abuse
- Refugee and War Zone Trauma
- Historical Trauma
- Incarceration and Hospitalization
- Severe mental health symptoms and/or substance use

# Welcoming = Trauma Informed Care

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## **EVIDENCE SUGGESTS:**

Programs That Integrate Trauma-Informed Care Practices Into Day-to-day Operations Improve Their Capacity To Help Trauma Survivors.

# Welcoming = Trauma Informed Care

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*Specifically.....*

- **Improve** client engagement with services.
- Demonstrate **better outcomes** than “services as usual” for people with mental health and substance use issues
- May have an **improved and positive effect** on **housing stability** (early research).
- **Decrease cyclical use** of crisis services and inpatient care.
- **Combines cost-effectiveness with compassion**

(Hopper et.al 2010)

# How Providers Support Therapeutic Change

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## **“COMMON FACTORS META- ANALYSIS” Lambert 1992**

- **15% technique**  
(therapeutic modality – CBT, DBT, MI, MST, Seeking Safety, Sanctuary)
- **15% client’s sense of hope and expectancy**
- **30% relationship with the provider**
- **40% extra-therapeutic variables**  
(client’s temperament and innate resilience, socioeconomic status, recent life events, health status)

# Trauma Informed Care supports **45%** of what impacts therapeutic change...

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- By integrating the five principles of Trauma Informed Care into practice, client /provider relationship is improved **30%**
- Which in turn influences the **15%** for raising hope (placebo effect, based on client's perception that the intervention will help)

*(Lambert, M. J. 1992)*

# Five Principles Common Across Trauma Informed Care Approaches

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1. **SAFETY:** physical and emotional
2. **TRUSTWORTHINESS:** being accountable. clear boundaries.
3. **CHOICE:** prioritizing client/family choice, supporting learning that comes from taking risks
4. **EMPOWERMENT:** prioritizing empowerment, supporting self-determination
5. **COLLABORATION:** sharing power between helper and the person experiencing trauma

(Fallot and Harris 2006)

# Welcoming Toolkit Sections

## *crosswalk with Trauma Informed Care*

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WELCOMING TOOLKIT SECTIONS	SAFETY	TRUST	CHOICE	EMPOWERMENT	COLLABORATION
<b>What I experience when I come into the program (15 practices)</b>	X	X	X	X	X
<b>How staff makes me feel welcome (9 practices)</b>	X	X	X	X	X
<b>How paperwork and procedures support my wellness (4 practices)</b>	X	X	X	X	X

# Using the Welcoming Toolkit in FY 13/14

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**This year, review the Welcoming Toolkit with your staff - reward yourselves for the practices you are already doing and pick a new one to implement for FY 13/14.**

# Co-Occurring Conditions

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Use the **COMPASS-EZ**

To get a handle on what co-occurring capability means.

# Co-Occurring Conditions

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## NIATx Process Improvement Toolkit

<http://www.niatx.net/Content/ContentPage.aspx?PNID=2&NID=18>

Your ticket to rewarding, easy,  
'rapid cycle' operational change.

# COC ANNUAL ASSESSMENT FINDINGS

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**58%** OF PROGRAMS ANSWERING THE  
ASSESSMENT ASKED FOR  
**SKILL-BASED TRAINING**  
TO INCREASE THEIR  
CO-OCCURRING CAPABILITY

## FINAL QUESTION

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# What Kind of COC Training Does Your Program Need to Increase Its Co-occurring Practice?

- ✓ WELCOMING
- ✓ SCREENING
- ✓ ASSESSMENT
- ✓ TREATMENT
- ✓ DISCHARGE

# USEFUL TIPS

## BHCS Annual Assessment

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- “Preview” version available online (soon).
- “Live” Survey Monkey link available in early June 2014.
- Questions about “How to Use the Survey Monkey?”  
Contact your program’s Contract Manager at the  
BHCS Network Office

# Useful Tips

## BHCS Annual Assessment

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- Each provider submits one Assessment for their organization by July 10, 2014.
  
- Does your organization has more than one BHCS funded program?
  - distribute the “preview” document to staff,
  - use their answers to complete the Annual Assessment

# Useful Tips

## BHCS Annual Assessment

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### **Need help answering the Annual Assessment questions?**

- BHCS Housing Services Office (HSO)  
510.777.2122 [everyonehome@acbhcs.org](mailto:everyonehome@acbhcs.org)
- BHCS Quality Improvement Unit:  
Margaret Walkover 510.383.1781  
[QI\\_Info@acbhcs.org](mailto:QI_Info@acbhcs.org)

# Technical Assistance Contact Info

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- Housing/Living Situation:  
[everyonehome@acbhcs.org](mailto:everyonehome@acbhcs.org)  
510. 777-2112
- Co-Occurring Informed Practice:  
Attend Quarterly COC Change Agent Meetings.  
Margaret Walkover 510. 383.1781  
[QI\\_Info@acbhcs.org](mailto:QI_Info@acbhcs.org)
- “How to Use Survey Monkey”  
Network Office - Your program contract manager