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

UPDATED FOR FY 2014-15

NOTE TO CONTRACT PROVIDERS:

FY 2014-15 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 FY2014-15 Annual Assessment.

Providers are asked to complete a ‘survey-monkey’ electronic version of the Annual Assessment by **July 10, 2015**. A ‘live’ link to the Annual Assessment will be [sent out to each provider in early June 2015 by their BHCS Program Contract Manager](#). 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 2014/15 reporting requirement for Housing/Living Situation and Co-Occurring Informed Practice.



INTRODUCTION

Welcome to the 2014-2015 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, 2015**. Completion of this Annual Assessment will document how each provider 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. If your organization has more than one BHCS funded program, distribute this "preview" document to staff in these programs, and use their answers to 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.

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 Contact your Program Contract Manager	BHCS Housing Services Office (HSO): 510.777.2112 everyonehome@acbhcs.org	BHCS Quality Management: (Margaret Walkover) 510.383.1781 QI_Info@acbhcs.org

ORGANIZATION INFORMATION

Q1: Please fill out the following boxes:

Text boxes

Organization:

Name of person answering questions on this Annual Assessment:

Title:

Email Address:

Phone Number:

NEW PAGE / NEW SECTION

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/defintion-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 FY14/15 (July 1, 2014 – Jun 30, 2015) 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 housing 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 the housing/living situations of your clients.

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DATA COLLECTION

Q2: Please identify the activities your organization undertook in FY 14/15 to accurately report Housing/Living Situation and address data on your clients in INSYST.

Check boxes

- Does not apply to our organization - we do not use INSYST (*if this is marked skip to next question*)
- 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
- Developed a process to confirm the accuracy of clients' addresses on a routine basis
- None of the above

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Q3: What estimated percentages of the clients currently open to your programs have accurate and up-to-date address data recorded in INSYST?

Check boxes

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%

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HELPING CLIENTS GET AFFORDABLE HOUSING

Q4. Please enter the estimated number of clients your staff helped to obtain the following affordable housing resources in FY 14/15.

Numerical Fill-In Boxes for each category

- MHSA Housing Units
- Shelter Plus Care
- Public Housing
- Section 8
- Other affordable housing units
- Other affordable housing subsidies
- None of the above

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INFORMATION & REFERRAL RESOURCES

Q5: Which ONE of the following housing information and referral resources did your staff use most frequently in FY 14/15. Check boxes (ONE Only)

- “2-1-1” Housing services information and referral phone line
- BHCS Housing Services Office website: www.acbhcs.org/housing
- CHOICES Housing website: www.achousingchoices.org
- Go Section 8.com website: www.goSection8.com
- East Bay Housing Organizations website: <http://www.ebho.org/resources/looking-for-housing>
- Other (please specify) [Text Box]
- None of the above

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

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PROVIDING UPDATES ABOUT AVAILABILITY OF COMMUNITY LIVING FACILITIES TO BHCS

Q6: Enter the estimated number of times your staff provided updates to the BHCS Housing Services Office about community living facilities in FY 14/15 for the following situations. 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)

- *Numerical Fill-In Boxes for each category*
- 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 displacement of residents

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USING BHCS SPONSORED HOUSING RESOURCES

Q7: Which ONE of the following BHCS housing resources did your staff most frequently use to help clients with their housing in FY 14/15?

Check boxes (ONE Only)

- BHCS Everyone Home Housing Assistance Fund
- Dedicated BHCS Emergency/Crisis Shelter Beds
- General Assistance (GA) Housing Subsidy Pilot Program
- Supplemental Rate Program (SRP)
- BHCS-sponsored transitional housing programs
- BHCS-sponsored residential treatment
- 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 14/15.

Check boxes

- Regularly reviewed Housing/Living Situation during service/treatment planning meetings
- Developed a routine for checking and updating client addresses on a regular basis
- Included Housing/Living Situation goals in treatment plans
- None of the above

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

INTRODUCTION: CO-OCCURRING INFORMED PRACTICE

Increasing the use of Co-Occurring Informed Practices is a Quality Management priority and reflects a BHCS commitment to offer services that address the mental health, substance use and primary care needs of clients.

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 14/15 (July 1, 2014 – June 30, 2015), that promotes Co-Occurring Informed Practice.

This survey covers two categories of co-occurring activities:

- Improving accuracy in identifying people with co-occurring 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 Management 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.

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IMPROVING ACCURACY IN IDENTIFYING PEOPLE WITH CO-OCCURRING CONDITIONS

Q10: During FY 14/15, has your organization taken steps with one or more primary care providers to set up a process for care coordination?

- No
- Yes, employees in my organization responsible for care-coordination include Physicians
- Yes, employees in my organization responsible for care-coordination include Case Managers
- Yes, employees in my organization responsible for care-coordination include Nurses
- Yes, employees in my organization responsible for care-coordination include the following kinds of personnel (fill in text box)

Q11: During FY 14/15 did one or more primary care providers contact your program about a shared patient?

- Yes
- no

Q12: Please check the practices your organization used in FY 14/15 to more accurately identify clients living with Co-Occurring Conditions (physical health, substance use, mental health).

- Built in more time for intake or assessment interviews to determine co-occurring diagnoses or need for referral to primary care
- Increased use of case conferences to determine co-occurring diagnoses or need for referral to primary care
- 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 and have applied new protocols during treatment sessions
- Other (*text box*)
- *None of the above*

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Q13: Select which of the following activities, if any, your organization implemented during FY 13-14 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*

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Q14: Select which of the following activities, if any, your organization implemented in FY 13/14 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*

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Q15: Select which of the following activities, if any, your organization implemented in FY 13/14 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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Q16: Has your organization used the COMPASS-EZ in FY 13/14 to self-assess the Co-Occurring capability of your BHCS-funded programs?

- Yes
- No

Q17: Has your organization used NIATx Process Improvement Strategies in FY 13/14 in any of your BHCS-funded programs?

- Yes
- No

New page - only appears if Q 18 - Implemented COMPASS-EZ was checked.

Q18: You told us that your organization used the COMPASS-EZ to assess the co-occurring capability of one or more programs during FY 13/14. 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.

Q19: You told us that your organization used Niatx Process Improvement Strategies during FY 13/14. 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?

Q20: 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)

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RESOURCES FOR YOUR ORGANIZATION

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

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

Thank you for completing the required FY14/15 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 14/15 Annual Assessment.

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