

HPE Grantee Report # 5 Question Outline - FOR REFERENCE

To complete the report, please use the Survey Monkey Link: <https://www.surveymonkey.com/r/FZBC5S6>

Due: EOD July 12, 2021

Please have only a single member of your staff complete the report. This question outline is intended to help you gather all the necessary data points prior to starting the report. Once you begin the report, you cannot save your progress and you cannot look ahead to other sections without first answering all required questions.

Q#	Medical Providers	Q#	Mental Health & Substance Use Disorder Providers
	General Questions Questions #1-3		
1	1. Grantee Organization Name	1	Same
2	2. Provide the primary staff contact for this report a. Full Name b. Title/Position c. Email Address d. Phone Number	2	Same
3	3. Report data provided for this report are for services rendered during which months (mark all that apply) a. March b. April c. May d. June	3	Same
4	4. Please list the sites you served and the last day services were provided (For example: "Airtel PRK, 10/10/20")	4	Same
5	5. Or, upload a list of sites and last service dates	5	Same

6	<p>6. Since your last report , (but prior to your grant end date) has there been a change in the sites you are providing services to under this grant? For example, have your sites closed, are you serving additional sites than those previously reported, or have you shifted services to other sites?</p> <p>a. Yes b. No</p>	6	Same
<p>SKIP LOGIC:</p> <p>- Yes: “Site Transitions” Section-Questions #7-12</p> <p>- No: Skips to “Process Questions” Section-Questions #13-15</p>			
<p>Site Transitions Questions #7-12</p>			
7	<p>7. Please indicate the type of service site changes below (mark all that apply):</p> <p>a. Site(s) closed b. New site(s) were added c. Services have shifted to other site(s) since your last report d. Other (please specify)</p>	7	Same
8	<p>8. List closed, newly added, and/or new service sites have been shifted to:</p> <p>a. Site(s) Closed & Service End Date b. Site(s) Added & Service Start Date c. Site(s) Services have been shifted to & Service Start Date</p>	8	Same

9	<p>9. As you ended services under this grant, what types of supports and/or referrals have you provided for patients in efforts to maintain service connections with them in the long-term?</p> <p>a. LONG ANSWER RESPONSE</p>	9	Same
10	<p>10. Do you currently plan to continue the work done under this grant past your grant term?</p> <p>a. Yes b. No c. Unsure d. Other (please specify)</p>	10	Same
11	<p>11. Please submit a final budget report using the HPE Budget Template</p>	11	Same
12	<p>12. Budget Narrative: Referencing uploaded budget line-items, provide an explanation for major budget items and how they supported the project plan and outcomes you described in your application. Which projects/line-items do you believe were most critical in supporting your project plan and proposed outcomes?</p> <p>a. LONG ANSWER RESPONSE</p>	12	Same
Process Questions Questions #13-15			
13	<p>13. Since your last report, have you experienced and/or made changes to your services processes?</p> <p>a. Yes [Skip to Q. 14] b. No [Skip to Q. 16]</p>	13	Same

14	<p>14. Please indicate what kind of changes were made (check all that apply)</p> <ul style="list-style-type: none"> a. Data collection b. Data access (HMIS, VI-SPDAT etc.) c. Charting location d. Pre-work e. Relationships with homeless service providers/health care providers f. Go RN Assessment access g. Other 	14	Same
15	<p>15. Please briefly describe the process changes that were made and why.</p>	15	Same
Data Questions Questions #16 and #17-33			Questions #16 and #34-49
16	<p>16. Please select the option that most closely matches the type of services that your organization is primarily providing under this grant.</p> <ul style="list-style-type: none"> a. Primary medical care b. Mental health & substance use disorder services c. Mental health services only d. Substance use disorder services only 	16	Same
<p>SKIP LOGIC:</p> <ul style="list-style-type: none"> - a: "Data Questions-Medical"-Questions #17-33 - b/c/d: Skips to "Data Questions-MH & SUD"-Questions #34-49 			

17	17. Number of individuals served that were current or previously enrolled patients a. # b. Comment (if any)	34	Same
18	18. Number of first-time individuals served (unduplicated contacts and visits) a. # b. Comment (if any)	35	Same
19	19. Number of first-time visits a. # b. Comment (if any)	36	Same
20	20. Number of total visits (includes first-time visits, and subsequent follow-up visits) a. # b. Comment (if any)	37	Same
21	21. Number of individuals connected to a medical home a. # b. Comment (if any)	38	38. Number of behavioral health risk assessments completed a. # b. Comment (if any)
22	22. Number of enrollments to Medi-Cal, My Health LA, or other insurance coverage a. # b. Comment (if any)	39	Same
23	23. Number of individuals served with heart disease a. #	40	40. Number of individuals served with severe mental illness a. #

	b. Comment (if any)		b. Comment (if any)
24	24. Number of individuals served with diabetes a. # b. Comment (if any)	41	41. Number of individuals served with a diagnosis of schizophrenia a. # b. Comment (if any)
25	25. Number of individuals served with COPD a. # b. Comment (if any)	42	42. Number of individuals served with a diagnosis of bipolar disorder a. # b. Comment (if any)
26	26. Number of individuals served with severe venous stasis a. # b. Comment (if any)	43	43. Number of individuals served with a diagnosis of severe depression a. # b. Comment (if any)
27	27. Number of individuals served with co-occurring disorders a. # b. Comment (if any)	44	44. Number of individuals served experiencing a. Alcohol dependence: b. Prescription drug dependence: c. Other drug dependence:
28	28. Optional: Number of individuals served with the following a. Pain (e.g. back pain, unspecified pain etc.): b. Oral health issues: c. Injuries that required wound care: d. Head/brain trauma: e. Mental health/psychiatric issues: f. Comment on availability of this data (if any):		N/A
29	29. Optional: Number of connections/referrals to a. Mental health services: b. Substance use disorder services:	45	45. Optional: Number of connections/referrals to a. Health centers b. Nutrition and/or other/lifestyle change resources:

	<ul style="list-style-type: none"> c. Nutrition and/or lifestyle change resources: d. Dental/oral health services: e. Specialty care: f. Comment on availability of this data (if any): 		<ul style="list-style-type: none"> c. In-patient psychiatric facilities: d. Sober living homes/rehabilitation centers: e. Comment on availability of this data (if any):
30	<p>30. # of prescriptions made</p> <ul style="list-style-type: none"> a. # b. Comment (if any) 	46	Same
31	<p>31. # of individuals in need of a “higher level of care” (i.e. skilled nursing, board and care, other inpatient care etc.)</p> <ul style="list-style-type: none"> a. # b. Comment (if any) 	47	Same
32	<p>32. Optional: What are other common health conditions that you have observed during your service?</p>	48	48. Optional: What are other common mental health and/or substance use disorders you have observed during your service?
33	<p>33. What are some major challenges to providing care on site? How has providing on site services improved or enhanced care delivery for this population?</p>	49	Same
<p>SKIP LOGIC: Once questions #33 or #49 are completed, respondents will be directed to “Demographic Questions” section</p>			
Demographic Questions Questions #50-51			
50	<p>50. Provide a count of individuals served in the following age groups:</p>	50	Same

	<ul style="list-style-type: none"> ○ 18-40 ○ 41-54 ○ 55-64 ○ 65+ ○ No data 		
51	<p>51. Provide a count of individuals served in the following race/ethnic groups:</p> <ul style="list-style-type: none"> ○ Asian/Pacific Islander ○ Black/African American, non-Hispanic ○ Latinx/Hispanic ○ Native American ○ White, non-Hispanic ○ Two-races or more ○ Other ○ No data 	51	Same
Reflection Questions Questions #52-58			
52	<p>52. Beyond the goals of this grant, what other goals or outcomes were you interested in achieving for your organization, staff, and/or patients experiencing homelessness? LONG ANSWER RESPONSE</p>	52	Same
53	<p>53. In what ways did you work under this grant facilitate lessons, improvements, and strengthen new partnerships? How has this changed how you think about and/or service people experiencing homelessness now and in the future? LONG ANSWER RESPONSE</p>	53	Same

54	<p>54. What staffing model did you use to carry out your work? If you proposed using your funding on staffing/personnel expenses--were you able to hire the staff you had initially anticipated hiring?</p> <p>LONG ANSWER RESPONSE</p>	54	Same
55	<p>55. Do you anticipate keeping the staff hired and/or in similar roles after the conclusion of your work under this grant?</p> <p>a. Yes b. No c. Other (please specify)</p>	55	Same
56	<p>56. What were some of the major challenges confronted throughout the course of your work under this grant? Please rank from most impactful challenges to least--bureaucratic (i.e. insurance, billing rules etc.), logistical (i.e. transportation, scheduling appt. etc.), coordination (i.e. site visit dates, data sharing etc.), or staffing?</p> <p>RANK ORDER</p>	56	Same
57	<p>57. Please describe in further detail the top challenges your team encountered. What would you change if you could do it all over again?</p> <p>LONG ANSWER RESPONSE</p>	57	Same
58	<p>58. Optional: Patient or staff success story that exemplifies the importance of the work you did under this grant. [Short paragraph and picture if you have one]</p> <p>UPLOAD</p>	58	Same