

DDAP SUPPORTIVE HOUSING ASSESSMENT GUIDE

DMHAS Information Systems Division



DECEMBER 2011

TABLE OF CONTENTS

OVERVIEW	.3
REQUIRED ASSESSMENT REPORT	.4
ADDING A SUPPORTIVE HOUSING ASSESSMENT- INTAKE TYPE: ADMISSION	.5
SUPPORTIVE HOUSING FIELDS AND REQUIREMENTS	. 8
EDITING OR DELETING A SUPPORTIVE HOUSING ASSESSMENT	1
SUPPORTIVE HOUSING ASSESSMENT - INTAKE TYPE: FOLLOWUP	12
SUPPORTIVE HOUSING ASSESSMENT- INTAKE TYPE: DISCHARGE	14

SUPPORTIVE HOUSING ASSESSMENT

OVERVIEW

The Supportive Housing program provides DMHAS clients with housing to assist them in their recovery. This type of housing allows clients to live on their own, with housing based case management support. DMHAS clients *must have an open admission in a DMHAS program to be eligible for Supportive Housing*. However, a client being discharged from a DMHAS program may continue with the Supportive Housing program.

If a client in the Supportive Housing program has a relapse and needs a more-intense level of care, i.e. needs to go to detox, they will be allowed to remain in the program for up to 90 days. After 90 days, the client will be discharged from the Supportive Housing program, and must reapply. Supportive Housing data can only be entered into DDaP through the front end.

FORMS

The following forms are used when admitting a client to a **Supportive Housing Program**:

- DDaP Admission Form
- DDaP Supportive Housing Assessment Form

These forms are located on the **DMHAS website** in the **New Data Collection System Updates** section under <u>DDaP User Documentation</u> found at the following link: <u>http://www.ct.gov/dmhas/cwp/view.asp?a=2900&q=334736</u>

Refer to the **DDaP Training Guide**, for instructions on admitting a new client, admitting an existing client, entering and updating Services and Assessments and Discharging clients.

The DDaP Training Guide can be found at the following location:

• The DDaP Application on the Sidebar under 'Tools' in the 'Documentation' link

Refer to the **Required Assessment** report in the DMHAS Data Warehouse in the Data Quality folder to see a listing of clients who require the Supportive Housing Assessment. This report can be run at any time to see if an Admission, Followup or Discharge Supportive Housing Assessment is required.

REQUIRED ASSESSMENT REPORT

This report is in DMHAS Data Warehouse in the <u>Data Quality</u> folder and displays a listing of required assessment counts (or optional assessments, or both), as well as a listing of clients who require an Assessment based on a date range, Program Type, level of care and the **Provider** and **Program** selected.



	DMHAS - Data Warehouse Reporting	Home My Subs	criptions <u>Help</u>
E s	Home >	Search for:	÷
Contents	Properties		
			Show Details
🔝 АСТ (CSP RP Location Code Report	Data Quality Admissions and Discharges Report	
📓 Activ	e Clients Without Services	Monthly Service Data Submission Report	
📓 Avata	ar Rejected Assessments	Periodic Assessment 6-Month Tickler Report	
Client	ts no DOB	Required Assessment	
Client	ts with Missing SSN		

- 1. Select the **Data Quality** folder and select the **Required Assessment** report.
- 2. The report will display with criteria to be selected.
- 3. Enter a Start and End Date in the correct MM/DD/YYYY date format, or use the calendar.
- 4. Select the Providers. (one or more or 'All')
- 5. Select the Program Type, (one or more or 'All').
- 6. Select the LOC Type, (one or more or 'All')
- 7. Select the LOC Mode, (one or more or 'All')
- 8. Select the desired **Program** or Programs, or select 'All' for all Programs.
- 9. Select the Requirement from the droplist. (Required, Optional or Both)
- 10. Select the View Report button

11. The report will display based on the criteria selected.

DMHAS - Data Warehouse Report	ng				<u>Home</u>	My Subscriptio	ns <u>Help</u>
Home > Data Quality >					Search for:		→
View Properties History Subscriptions							
							*
Start Date 9/1/2011	End Date	11/15/2011				View F	Report
Provider United Services Inc.	Program Type	Addiction, Mental Hea	lth 💌				
Level of Care Type Case Management	Level of Care Mod	de Supportive Housing -	Developn 💙				
Program Brick Row 412-253, Next Step	Requirement	Required 💌					
I 4 1 of 1 ▷ ▷ I 100% ▼	Find Next	Select a format	Export	2 🔒			*
State Of Connecticut Department Of Mental Health and Addiction Services Required Assessment(Required) Time Frame: 9/1/2011 through: 11/15/2011							
Provider Name	Program Name	Assess	ment	Active Clients	Clients with Assessment	Clients without Assessment	
United Services Inc.	Brick Row 412-253	Suppor	tive Housing	25	<u>0</u>	2 <u>5</u>	
	Next Step Supportive Hsg4	12551 Suppor	tive Housing	10	<u>0</u>	10	

12. Select the 'Client with Assessments' or 'Clients without Assessment' links to view the list of clients who have completed assessments or need to have assessment data entered in DDaP.

SUPPORTIVE HOUSING ASSESSMENT- INTAKE TYPE: ADMISSION

1. If adding the **Supportive Housing Assessment** immediately following a new admission, select the <u>Assessments for New Admission</u> link on the **Admission Complete** screen.

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	TATE OF CONNEC	TICUT		DMHA	S Data Peri	ormanc	e system							
Tools *	<u>Home</u>	Client P	rofile		Admission		Diagno	is		Services	A:	ssessmen	ts	
Supportive		Client \rightarrow	Admissio	n →	Diagnosis	\rightarrow	Periodic Asse	ssment	\rightarrow	Co-Occurring Scr	eening	\rightarrow	Admission	Complete
SSN: 999999678 Provider: United Services Inc. Version Training 1.4	8	A nev progr Proce	w admission ram. eed To:	Assessm Services Diagnose Client Inl Create A	een created ents For New A For New Admi is For New Adri fo For New Adri nother Admiss	for Sup Admis ssion nission nission ion For S	pportive Housin S	in the 'Ne	ext Step : SSESSI	Supportive Hsg41 ments for Ne	^{2551'} w Adm	ission	1	

- 2. The ASSESSMENTS screen will display.
- 3. Select 'Supportive Housing' from the REQUIRED ASSESSMENTS drop list.
- 4. Select the CREATE button.

	CI.go	V Me	Department o NTAL HEALTH AND ADDIO	DF CTION SERVICES		dmhas
	STATE OF CONNE	стісит	DMHAS Data Performan	ce System		
Tools 🔻	Home	Client Profile	Admission	Diagnosis	Services	Assessments
Supportive Housing * SSN: 999999 Provider: Uni Services Inc. Bookmarks REQUIRED OPTIONAL HISTORY	678 ted	REQUIRED ASSESSME Assessments OPTIONAL ASSESSME Assessments	NTS Select One Supportive Housing Select One	CREATE	Select 'Supportiv and select the CF	e Housing' REATE button
Version		ASSESSMENT HISTOR	Υ			
Training 1.4		Assessment Date 10/01/2010	Assessment Periodic	🍾 🖻		

5. The SUPPORTIVE HOUSING ASSESSMENT screen will display.

		DEPARTMENT OF TAL HEALTH AND ADDICT DMHAS Data Performance	ION SERVICES System		dmh	ăS
Tools Tools	Client Profile	Admission	Diagnosis	Services	Assessments	
Supportive Housing ▼ SSN: 999999678 Provider: United Services Inc. Bookmarks ADMINISTRATIVE HOMELESS	ADMINISTRATIVE Date Form Completed Intake Type					
SERVICES WORK/INCOME		~				

OR

6. If adding a Supportive Housing Assessment by CLIENT SEARCH, search on the client's Last Name, SSN or Advanced (First / Last / DOB) and select <u>Find Admissions</u> in the CLIENT(S) FOUND grid and then <u>Details</u> next to the ADMISSIONS FOUND FOR... client grid.

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Tools 🔻	<u>Home</u>	Client Managemer	nt Roster M	lanagement	File Managen	nent				
		CLIENT SEARCH							Search on the clier	nt
Version Test 1.8		Search By: ©	each Inc. Last Name (O _{SSN} O	Advanced	Last Nam	✓ e: housing			
		CLIENT(S) FOUN	D							
		Last Name Housing	First Name Supportive	SSN 9999999678	DOB 03/02/1961	~	Create New	<u>Admission</u>		
									Select Details	
		Program(s):	ALL	PURTI¥E HUU	ISING BY ADMIT	V			, <u> </u>	
		Provider United Services Inc.	Program Next Step Supportive Hsg412551	Stat Ope	us <u>Admit Dt</u> n 10/01/2010	Discha	arge Dt Details	Discharge		

7. The Client Profile screen will display.

8. Select the Assessments tab in the Navigator Bar.

CI.go	Menta	DEPARTMENT OF L HEALTH AND ADDICT	TON SERVICES	Select the Assessments tab		
	стісит D	MHAS Data Performance	System			
Tools * Home	Client Profile	Admission	Diagnosis	Services	Assessments	
Supportive	DEMOGRAPHICS					
Housing SSN: 999999678	First Name: Supportive	Mid Initial	Last Name: Housing		Suffix:	
Provider: United Services Inc.	SSN: 999999678	SSN U	Inavailable Reason:	▼ F	Religion: Protestant	
Bookmarks	DOB: 03/02/1961	DOB	Inavailable Reason:	V Marital	Status: Divorced/Annulled	
DEMOGRAPHICS ADDRESS	Ethnicity: Non-Hispanic	*	Primary Language: English	Secor	nd Lang:	
INSURANCE	Veteran Status: No	*	Military Start Date:	Military Er	nd Date:	
Version Training 1.4	Gender: Male	~	Provider Client ID:			
	Race: White/Caucas	an				
	ADDRESS					
	Address 1: 100 River Run					
	Address 2:					
	City: Hartford		State: Connecticu	ut 🗸	Zip: 06103	
	INSURANCE					
	Insurance: Type Medicare	Policy Number	Start Date	End Date		
		CLIENT MGT	ROSTER MGT EDIT		Client Profile	

- 9. The Assessments screen will display with 'Supportive Housing' listed in REQUIRED ASSESSMENTS.
- 10. Select 'Supportive Housing' in the REQUIRED ASSESSMENTS drop list.

11.Select the **CREATE** button.

C.go	Men	DEPARTMENT OF TAL HEALTH AND ADDIC	F TION SERVICES		dmhas
STATE OF CONNEC	стісит	DMHAS Data Performance	e System		
Tools Home	Client Profile	Admission	Diagnosis	Services	Assessments
Supportive	REQUIRED ASSESSMEN	ITS			
Housing SSN: 99999678	Assessments:	Select One Select One	CREATE	Select 'Supportive	e Housing' and
Services Inc.		Supportive Housing		select the GREAT	E button
Bookmarks REQUIRED	OPTIONAL ASSESSMEN Assessments:	ITS Select One	CREATE		
OPTIONAL HISTORY					
Version	ASSESSMENT HISTORY				
Training 1.4	Assessment Date 10/01/2010	Assessment Periodic	8		

12. The SUPPORTIVE HOUSING ASSESSMENT screen will display.

STATE OF CONNER		DEPARTMENT OF TAL HEALTH AND ADDIC DMHAS Data Performance	r TION SERVICES e System		dmh	ăS
Tools Tools	Client Profile	Admission	Diagnosis	Services	Assessments	
Supportive Housing ▼ SSN: 999999678 Provider: United Services Inc. Bookmarks ADMINISTRATIVE HOMELESS SERVICES WORK/INCOME	ADMINISTRATIVE Date Form Completed Intake Type	v				

- **13.** Complete the fields as noted on the following pages.
- 14. Select the SAVE & EXIT button once all required fields are completed.
- **15.** The Supportive Housing Assessment will display in the **ASSESSMENT HISTORY** grid.



The Supportive Housing Assessment and the Periodic Assessment are required at Admission, every six months and at time of Discharge.

SUPPORTIVE HOUSING FIELDS AND REQUIREMENTS

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STATE OF C	ONNECTICUT	DMHAS Data Pe	rformance Syste	em			
Tools • Home	Client Pro	file Admission	n	Diagnosis	Services	Assessme	nts
Supportive Housing V SSN: 999999678 Provider: United Services Inc. Bookmarks ADMINISTRATIVE HOMELESS SERVICES WORK/INCOME CRISIS SERVICES CHILDREN DISCHARGE Version Training 1.4	ADMINISTRA	TIVE ompleted	Past 6 Months	Substance Abus Educational Ser Health/Medical	se Treatment rvices I Services		

1. Complete the data fields as noted below:

DATE FORM COMPLETED	REQUIRED FIELD. Enter the date that the application forms for Supportive Housing were completed in the correct MM/DD/YYYY date format. The Date Form Completed cannot be greater than the current date.
INTAKE TYPE	REQUIRED FIELD. Select 'Admission', 'Followup' or 'Discharge' from the drop list. Intake Type describes when the Intake occurred- at the point of the client admission to a DMHAS program, at the point of a client discharge from a DMHAS program, or during the episode of care.
PERCENT HOMELESS PAST 3 YEARS	Required only if the Intake Type is Admission. Enter the percentage of time a client was homeless in the past three years, according to the client. (Enter 0-100, Ex. 1 year = 33%, enter 33)
CONNECTION COMMUNITY BASED SERVICES (Past 6 months)	Select services to indicate whether or not the client is involved in a given type of community-based service for treatment in the past 6 months. (Check all that apply.)

SUPPORTIVE HOUSING FIELDS AND REQUIREMENTS (cont)

Clgo	Me.	Department o ntal Health and Addic	F TION SERVICES		dmhas
STATE OF CONN	ECTICUT	DMHAS Data Performance	e System		
Tools Tools	Client Profile	Admission	Diagnosis	Services	Assessments
	WORK/INCOME				
Supportive Housing♥ SSN: 999999678 Provider: United Services Inc.	Percent Time Worked	l Past 6 Months			
Bookmarks ADMINISTRATIVE HOMELESS	Current Household In	come			
WORK/INCOME	CRISIS SERVICES				
CRISIS SERVICES CHILDREN DISCHARGE	Number Days Jail/Pri	ison in Past Six Months			
Version Training 1.4	Number days Resider	ntial/Inpatient in past six mo	nths		
	Number of Emergenc	y Room visits in the past six i	nonths		
	CHILDREN				
	How Many Children D	oes the Tenant Have?			
	Number children und	er age 18 living with tenant			

Complete the data fields as noted below (cont):

I	
PERCENT TIME WORKED PAST 6 MONTHS	REQUIRED FIELD. Enter the percentage of time a client has worked in the past 6 months, according to the client. Work can include full time employment, part time employment, under the table employment or voluntary employment activities. Percentage of time means the amount of time a person has held a job or volunteer activity, not the number of hours worked. There is no minimum number of hours worked to qualify as employed. (Enter 0-100, Ex. 3 months = 50%, enter 50. 97 = Unknown)
CURRENT HOUSEHOLD	REQUIRED FIELD. Enter the client's current <u>annual</u> household income, in dollars. (Ex. \$20,000 = 20000. 97 = Unknown)
NUMBER DAYS JAIL/PRISON IN PAST SIX MONTHS	REQUIRED FIELD. Enter the count of days a client spent in jail or prison in the last six months. (0-183, 97 = Unknown)
NUMBER DAYS RESIDENTIAL/INPATIENT IN PAST SIX MONTHS	REQUIRED FIELD. Enter the count of days a client spent in a Residential or Inpatient program in the last six months. (0-183, 97 = Unknown)
NUMBER OF EMERGENCY ROOM VISITS IN THE PAST SIX MONTHS	REQUIRED FIELD. Enter the total number of times a client visited an emergency room in the last six months. (0-183, 97 = Unknown)
NUMBER OF PARTICIPANT CHILDREN	Enter the client's total number of children, adult and juvenile, living with the client or not.
NUMBER CHILDREN UNDER AGE 18 LIVING WITH TENANT	REQUIRED FIELD. Enter the client's total number of children under the age of 18 that live with the client.

Discharge Reason is only selected if Intake Type is 'Discharge'.

DI	SCHARGE			
	ischarge_Reason - Select One		v	
		SAVE SAVE & EXIT CANCEL		Supportive Housing Assessment
Sele	ct to save the			
Sup	for the mousing mistory	Select to save and exit ba	ack	

to the Assessments screen.

- 2. Select the SAVE & EXIT button to save the Supportive Housing Assessment and return to the Assessments screen.
- 3. When the SAVE & EXIT button is selected, the Assessments screen will display and the Supportive Housing Assessment will display in the ASSESSMENT HISTORY grid.

C	gov	Ment	Department of al Health and Addict	ION SERVICES		dmhas	
	CONNECTICUT		DMHAS Data Performance	System			
Tools Tools		Client Profile	Admission	Diagnosis	Services	Assessments	
Supportive Housing▼	REC	UIRED ASSESSMENT	- Select One	CREATE			
Provider: United Services Inc.							
Bookmarks REQUIRED OPTIONAL HISTORY	OPT	IIONAL ASSESSMENT	rS Select One	CREATE			
Version	ASS	SESSMENT HISTORY					
Training 1.4	Asse	essment Date A	ssessment				
	10/0	1/2010 S	upportive Housing	× 🗃			
	10/0	1/2010 P	eriodic				

EDITING OR DELETING A SUPPORTIVE HOUSING ASSESSMENT

Tools * Home Client Profile Admission Diagnosis Services Assessments Supportive Housing * REQUIRED ASSESSMENTS Assessments: Select One CREATE Solver to the colsest of the col	C	gov	Men	DEPARTMENT OF	TION SERVICES		dmhas
Tools ▼ Home Client Profile Admission Diagnosis Services Assessments Supportive Housing ♥ REQUIRED ASSESSMENTS Assessments: Select One ··· CREATE Provider: United Services Inc. OPTIONAL ASSESSMENTS CREATE Supportive Housing' displays in Assessments: Bookmarks REQUIRED OPTIONAL HISTORY Assessments: Select One ··· CREATE 'Supportive Housing' displays in Assessment History grid Version Training 1.4 ASSESSMENT HISTORY Assessment 10/01/2010 Supportive Housing Image: Create Comparison	STATE C	OF CONNECTICUT	r	DMHAS Data Performance	e System		
Supportive Housing × REQUIRED ASSESSMENTS SSN: 99999578 Assessments: Select One Provider: United Services Inc. OPTIONAL ASSESSMENTS Bookmarks REQUIRED OPTIONAL HISTORY OPTIONAL ASSESSMENTS Version Training 1.4 Assessment Date Assessment Date Assessment Supportive Housing Image: Create Supportive Housing' displays in Assessment History grid	Tools	<u>ne</u>	Client Profile	Admission	Diagnosis	Services	Assessments
Services Inc. Bookmarks REQUIRED OPTIONAL HISTORY Version Training 1.4 OPTIONAL ASSESSMENT HISTORY Assessment Date Assessment Supportive Housing Assessment Assessmen	Supportive Housing▼ SSN: 999999678 Provider: United	RE	QUIRED ASSESSMEN Assessments:	ITS Select One	CREATE		
Version ASSESSMENT HISTORY Training 1.4 Assessment Date Assessment 10/01/2010 Supportive Housing	Services Inc. Bookmarks REQUIRED OPTIONAL HISTORY	OF	PTIONAL ASSESSMEN Assessments:	JTS Select One	CREATE	'Supportive Hous Assessment Hist	ing' displays in ory grid
10/01/2010 Periodic Select to delete the 'Supportive Select to delete the 'Supportive Housing' Assessment	Version Training 1.4	AS 10/ 10/	SESSMENT HISTORY sessment Date (01/2010 01/2010 Select to (Assessment Supportive Housing Periodic delete the 'Supportiv	e × ×	 Select to edit the Housing' Asses 	ne 'Supportive ssment

- **1.** Select the open in the **ASSESSMENT HISTORY** grid to view or edit the assessment.
- 2. Select the delete icon in the grid to delete the assessment. If the assessment is deleted, it will display in the **REQUIRED ASSESSMENTS** grid and needs to be completed again.
- 3. Select the CLIENT MGT button at the bottom of the screen to return to Client Search.
- 4. Select the **ROSTER MGT** button at the bottom of the screen to return to **Roster Search**.
- 5. Select any of the tabs in the Navigator Bar to go to another screen to view or update data.



The Supportive Housing Assessment will now display in the Optional Assessments drop list once the Required Supportive Housing Assessment has been completed. Every 6 months, a Follow-up Supportive Housing Assessment should be completed for active clients. Select the assessment from the Optional Assessment drop list.

C.gov		ov	DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES			dmhas
M2200	TATE OF COM	NECTICUT	DMHAS Data Perit	Simance System		
Tools *	Home	Client Profile	Admission	Diagnosis	Services	Assessments
Supportive Housing SSN: 999999671 Provider: United Services Inc.	8	REQUIRED ASSESS	MENTS	CREATE		
Bookmarks		OPTIONAL ASSESS	MENTS			
REQUIRED OPTIONAL HISTORY		Assessments	Select One Select One Co-Occurring	CREATE		
Version		ASSESSMENT HIST	Education			
Test 2.2		Assessment Date 10/01/2010 10/01/2010	Employment Services Hospital Emergency Room Hospitalization Supportive Housing		1	

SUPPORTIVE HOUSING ASSESSMENT - INTAKE TYPE: FOLLOWUP:

1. Log into DDaP and search on the client that needs the 6 month **Followup** assessment.

If you are completing 'Followup' Supportive Housing Assessments for several clients in your program, do a Roster Search and complete the assessment for each client.

- 2. Select the Assessments tab in the navigator bar and select **Supportive Housing** from the **OPTIONAL ASSESSMENTS** drop list.
- 3. Select the CREATE button.

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Supportive Housing SSN: 999999678 Provider: United Services Inc.		REQUIRED ASSESS	MENTS	CREATE		
Bookmarks REQUIRED OPTIONAL HISTORY Version Test 2.2		ASSESSMENT HIST Assessment Date 10/01/2010	SMENTS Select One Co-Occurring Ceducation Employment Services Hospital Emergency Room Hospitalization Supportive Housing	CREATE	3	

- 4. The Supportive Housing Assessment will display.
- 5. Enter the 'Date Form Completed' date based on when the Follow up was done.
- 6. Select 'Followup' for the Intake Type.
- 7. Complete the remaining fields accordingly.

STATE OF CON		DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES			dmhas
Tools Home	Client Profile	Admission	Diagnosis	Services	Assessments
Supportive Housing ¥ SSN: 99999678 Provider: United Services Inc. Bookmarks REQUIRED OPTIONAL HISTORY Version Training 1.4	ADMINISTRATIVE Date Form Complete 11/1/2011 Intake Type Select One Select One Select One H Admission Followup Discharge SERVICES SERVICES Connection Commun Mental Health Employment Se Volunteer Organ	d ars ity Based Services (Past reatment ervices nization	t 6 Months Substance Abuse T Educational Service Health/Medical Ser	reatment es rvices	

8. Select SAVE & EXIT at the bottom of the screen.

9. The Supportive Housing Assessment will display in the **ASSESSMENT HISTORY** grid.

			DEPARTM MENTAL HEALTH AND	ENT OF ADDICTION SERVICES		dmhas
Tools T	Home	ch i p Ol				
10015	<u>monne</u>	Client Profile	Admission	Diagnosis	Services	Assessments
Supportive		REQUIRED ASSESS	MENTS			
Housing -		Assessments:	Select One	CREATE		
Provider: United Services Inc.						
Bookmarks		OPTIONAL ASSESS	MENTS			
REQUIRED		Assessments:	Select One	CREATE		
HISTORY				CALIFIC		
Test 2.2		ASSESSMENT HISTO	ORY			
		Assessment Date	Assessment			
		11/01/2011	Supportive Housing	\times 🖻		
		11/01/2011	Periodic	🍾 🖻		
		11/19/2010	Supportive Housing	× 🖻		
		08/13/2010	Periodic	🍾 🖻		
			Roster: Housing Suppo		ROSTER MGT	Assessments

The Periodic Assessment is required at the time of Followup, as well.

- **10.** Select another client from the Roster listing who requires the **Supportive Housing Assessment** to be completed.
- 11. Select the CLIENT MGT or ROSTER MGT button to return to Client or Roster Search.
- **12.** Select any of the tabs in the **Navigator Bar** to go to another screen to view or update data.

SUPPORTIVE HOUSING ASSESSMENT- INTAKE TYPE: DISCHARGE.



If a client in the Supportive Housing program has a relapse and needs a moreintense level of care, i.e. needs to go to detox, they will be allowed to remain in the program for up to 90 days. After 90 days, the client will be discharged from the Supportive Housing program, and must reapply.

1. Log into DDaP and search on the client that needs the 6 month Follow up assessment.

?

¹If you are completing 'Discharge' Supportive Housing Assessments for several clients in your program, do a Roster Search and complete the assessment for each client.

- 2. Select the Assessments tab in the navigator bar and select Supportive Housing from the **OPTIONAL ASSESSMENTS** drop list.
- 3. Select the CREATE button.
- 4. The Supportive Housing Assessment will display.

STATE OF CONNECTICUT			DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES DMHAS Data Performance System			dmhas
Tools 🔻	<u>Home</u>	Client Profile	Admission	Diagnosis	Services	Assessments
Supportive Housing ▼ SSN: 9999967 Provider: Unite Services Inc. Bookmarks REQUIRED OPTIONAL HISTORY	8	ADMINISTRATIVE Date Form Complete 11/15/2011 Intake Type Select One Select One Admission				
Version Training 1.4		H Followup Discharge	ars			

- 5. Enter the date that the Supportive Housing assessment form was completed for the discharge.
- 6. Select 'Discharge' for the Intake Type.
- 7. Complete the remaining fields, including **Discharge Reason**.

DISCHARGE		
Discharge_Reason Moved in with family or friends	~	
SAVE SAVE & EXIT CANCEL		Supportive Housing Assessment

- 8. Select SAVE & EXIT at the bottom of the screen.
- 9. The Supportive Housing Assessment will display in the ASSESSMENT HISTORY grid.
- **10.** Select the **CLIENT MGT** button at the bottom of the screen to return to **Client Search**.
- **11.** Select the **ROSTER MGT** button at the bottom of the screen to return to **Roster Search**.
- 12. Select any of the tabs in the Navigator Bar to go to another screen to view or update data.