

# Supported Housing Need and Choice Survey



DBHDD

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# DBHDD's statewide housing survey

- Comprehensive assessment of housing needs and preferences
- Standardized process
- Operationalized by Adult Mental Health Community Providers of ICM, CM, CST, ACT, CRR, CSU, BHCC, CRA and State Hospitals
- Tool development
- Advisory committee
- Implementation
  - Training, policy development, Information Technology

- Overview
- Process Workflow
- Survey Screens
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  - Login
  - Search Survey
  - Section 1: Demographics / Provider Information
  - Section 2: Target Population
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  - Section 8: Housing Plan

# Welcome screen



## Need Supported Housing Survey

DBHDD

Welcome

[Login](#)


### Welcome to Need for Supported Housing Survey (NSH)

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is committed to providing choices for housing, based on complete information, including the individual's needs, preferences, and the appropriate, available housing options. DBHDD values housing as essential to recovery and independence, informed choice must anchor the selection of any housing option, access to a full range of housing options is fundamental to informed choice and successful living arrangements are integrated in local communities. Please refer to DBHDD Policy, 01-120, Supported Housing Need and Choice Evaluation.

[CLICK HERE FOR ADDITIONAL INFORMATION](#)

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# Log In screen



DBHDD

## Need Supported Housing Survey

Welcome

[Login](#)

User Name

Password

[Need Help OR forgot Password ?](#)

[Log In](#)

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# Search Survey



Need Supported Housing Survey

DBHDD

Welcome Home Help

ibrown: Intake Search Logout

## Search Survey

Must search either by Name or CID.

<b>Name:</b>	<b>CID:</b>	<b>AVATAR:</b>
<input type="text" value="Enter name here"/>	<input type="text" value="Enter CID here"/>	<input type="text" value="Enter AVATAR# here"/>

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Need Supported Housing Survey

DBHDD

Welcome Home Reports Help

ibrown: Provider Search Logout

## Search Survey

[Ready-For-Provider outstanding Surveys](#)

Must search either by Name or CID.

<b>Name:</b>	<b>CID:</b>	<b>AVATAR:</b>
<input type="text" value="Enter name here"/>	<input type="text" value="Enter CID here"/>	<input type="text" value="Enter AVATAR# here"/>

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# Demographics / Provider Information



## Section 1: Demographics / Provider Information

This section will capture general data related to the individual and the Provider agency. See [Survey Instructions](#)

First Name:

Middle Name:

Last Name:

DOB:

CID #:

AVATAR #:

Agency Name:

Service Type:

Number of People in the Household:

Current residential County:

Initial Survey Date:

Do you wish to participate in this housing assessment?

Yes  No

Initial Survey Completed By: lbrownp

Initial Survey Completed at: 6/14/2016

### For Providers ONLY

Wish to do:

Individual Status:

 No Show  Opt Out

Provider Comments:

(200 chars remaining)

# Target Population

## Section 2: Target Population



<b>1. Does this person have a Serious and Persistent Mental Illness (defined in policy #01-121) that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria (Schizophrenia, Bipolar Disorder, Schizoaffective Disorder and severe forms of Depression) that has occurred within the last year, has resulted in functional impairment which substantially interferes with or limits one or more major life activities, and has episodic, recurrent, or persistent features.</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>2. Does this person meet any of the following criteria (check all that apply)</b>	
<b>a. Is this person currently being served in a State hospital</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>b. Is this person frequently admitted to a psychiatric inpatient facility (i.e. 3 or more times within past 12 months, or 10 life time admissions) or crisis stabilization unit for psychiatric stabilization</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>c. Is this person chronically homeless (i.e. continuously homeless for a year or more, or 4 episodes of homelessness within past 3 years).</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>d. Is this person in a jail or prison or recently released from jail or prison (i.e. within past 30 days).</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>e. Is this person frequently seen in the emergency room (i.e. 3 or more times within past 12 months) for behavioral health needs</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>3. This person is part of the target population (must answer yes to # 1 and at least one in # 2)</b>	<input type="radio"/> Yes <input type="radio"/> No



# Housing Features Preference




## Section 4: Housing Features Preference






### 1. Composition

- |                                                             |                                                                                                |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| a. Living by myself                                         | Select One  |
| b. Living with Family Members                               | Select One  |
| c. Living with Legal Dependents                             | Select One  |
| d. Shared housing with roommate(s) that I choose            | Select One  |
| e. Shared housing with others that I may not know or choose | Select One  |


### 2. Type of Setting

- |                                                                                             |                                                                                                |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| a. Apartment complex                                                                        | Select One  |
| b. Group home/personal care home (shared with others that have a similar lived experiences) | Select One  |
| c. Clustered housing (shared with others that have a similar lived experiences)             | Select One  |

### 3. Support Services

- |                                                                                                       |                                                                                                  |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| a. Support service staff located off site and visit as often as needed and agreed upon                | Select One   |
| b. Support service staff are located on site, and scheduled for a designated number of hours each day | Select One  |
| c. Support Service staff is located on site 24 hours per day 7 days per week                          | Select One  |

### 4. Location – County Preference

Select Preferred Residential County 

# Supported Housing Resources and Services

## Section 5: Supported Housing Resources and Services



- |                                                                                                                             |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. Do you want assistance with your Activities for Daily Living (i.e., cooking, housekeeping, grooming)                     | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Do you want assistance with managing your finances and/or benefits? (obtaining SSI, need food stamps, paying your bills) | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Do you want assistance with social connections in your community (i.e. making friends, finding a peer support group)?    | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Do you want assistance with your mental health/physical needs? (getting to your doctor appointments, taking medications) | <input type="radio"/> Yes <input type="radio"/> No |
| 5. Do you want assistance with employment options?                                                                          | <input type="radio"/> Yes <input type="radio"/> No |

# Current Living Situation

## Section 3: Current Living Situation

### 1. Where does this individual live now

- Private residence
- Friend or relative
- Group Home/Personal Care Home/Boarding Home/Nursing Home
- DBHDD Residential Rehabilitation Program (Intensive, Semi-Independent, Independent)
- Homeless Shelter
- Homeless Other (not in Shelter)
- Jail/Correctional Facility
- Psychiatric Hospital
- Crisis Stabilization Unit/Crisis Residence/BHCC
- Clustered Housing

### 2. Does the individual get help with rent and or utilities

- Yes  No

#### if yes,

- Public Housing Authority
- Georgia Housing Voucher Program
- Service Provider
- Family/Friends
- Other

### 3. This Individual Lives With

- Alone
- Head of Household with Dependent Children
- Family members
- Peers with similar conditions or lived experiences
- Friends/roommates (Peers without the same condition or lived experiences)

# Risk Assessment

## Section 6: Risk Assessment



- |                                                                                                                                                                                                                                                                                                                                                                      |                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. <b><u>Life Domain Functioning</u></b> : Does the individual's current assessment of functioning meet the standard of "severe" in any of the following areas: Physical/medical, Intellectual? Developmental, Independent Living Skills, Residential stability, Self-Care, or Decision-making.                                                                      | <input type="radio"/> Yes <input type="radio"/> No |
| 2. <b><u>Behavioral Health Needs</u></b> : Does the individual's current assessment of behavioral health needs meet the standard of "causing severe/dangerous problems" in any of the following areas: Psychosis, impulse control, depression, anxiety, interpersonal problems, antisocial behavior, and adjustment to trauma, anger control, or eating disturbance? | <input type="radio"/> Yes <input type="radio"/> No |
| 3. <b><u>Risk Behaviors</u></b> : Does the individual's current assessment of risk behaviors meet the standard of "acute, act immediately" in any of the following: Suicide Risk, Danger to Others, Self-Injurious Behavior, Other Self Harm, Exploitation, Sexual Aggression, or Criminal Behavior.                                                                 | <input type="radio"/> Yes <input type="radio"/> No |

Survey Completed By: lbrownp

Survey Completed Date: 6/14/2016

# Need for Supported Housing

## Section 7: Need for 'Supported Housing'



<p>1. Individual needs and prefers support services and housing assistance (To answer any element in #1, the individual must be a part of the target population and meet element a or b)</p>	
<p>a. Homeless defined as living in a shelter, on the streets, or unfit for human habitation.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>b. Discharge from institution (hospital, jail or prison) or CSU/BHCC that but for support service and housing assistance the individual would become homeless or remain in the institution and unable to maintain housing.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>2. The individual prefers or needs only housing assistance. If Yes, steps are outlined in the Housing Plan to achieve housing assistance goal.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>3. The individual prefers or needs only support services. If yes, referrals or engagement in appropriate services is made.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>4. The individual does not want to move from their current residential setting.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>5. The individual does not meet the criteria in #1, but wishes to move from their current housing location. If yes, steps are outlined in the Housing Plan to achieve housing goal.</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>6. Based solely upon the risk assessment the individual needs Supervised Housing. (Must also answer "yes" to at least one of the three elements in Section 6) If yes, a referral to appropriate Supervised Housing setting is made and if another preferred setting is expressed that preference is identified in the Housing Plan.</p>	<input type="radio"/> Yes <input type="radio"/> No

# Housing Plan

## Section 8: Housing Plan



1. Are the individual's housing goal integrated into the Individual Recovery Plan (IRP) that is strengths-based to inform home and community based services including type, frequency and intensity with the housing support necessary to live within the individual's means (housing/utility payments), and accurately reflects the individual's preferences.

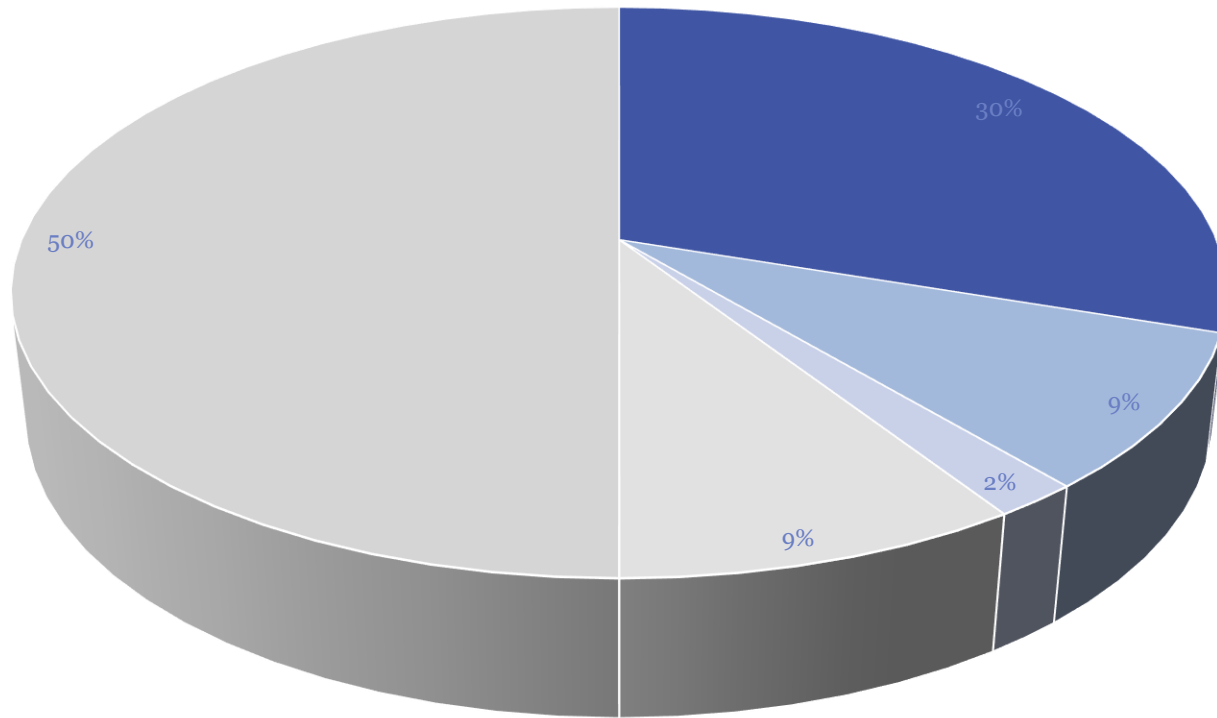
Yes  No

If No, date of expected completion

[Sample Housing Plan](#)

Acknowledge Survey Completed

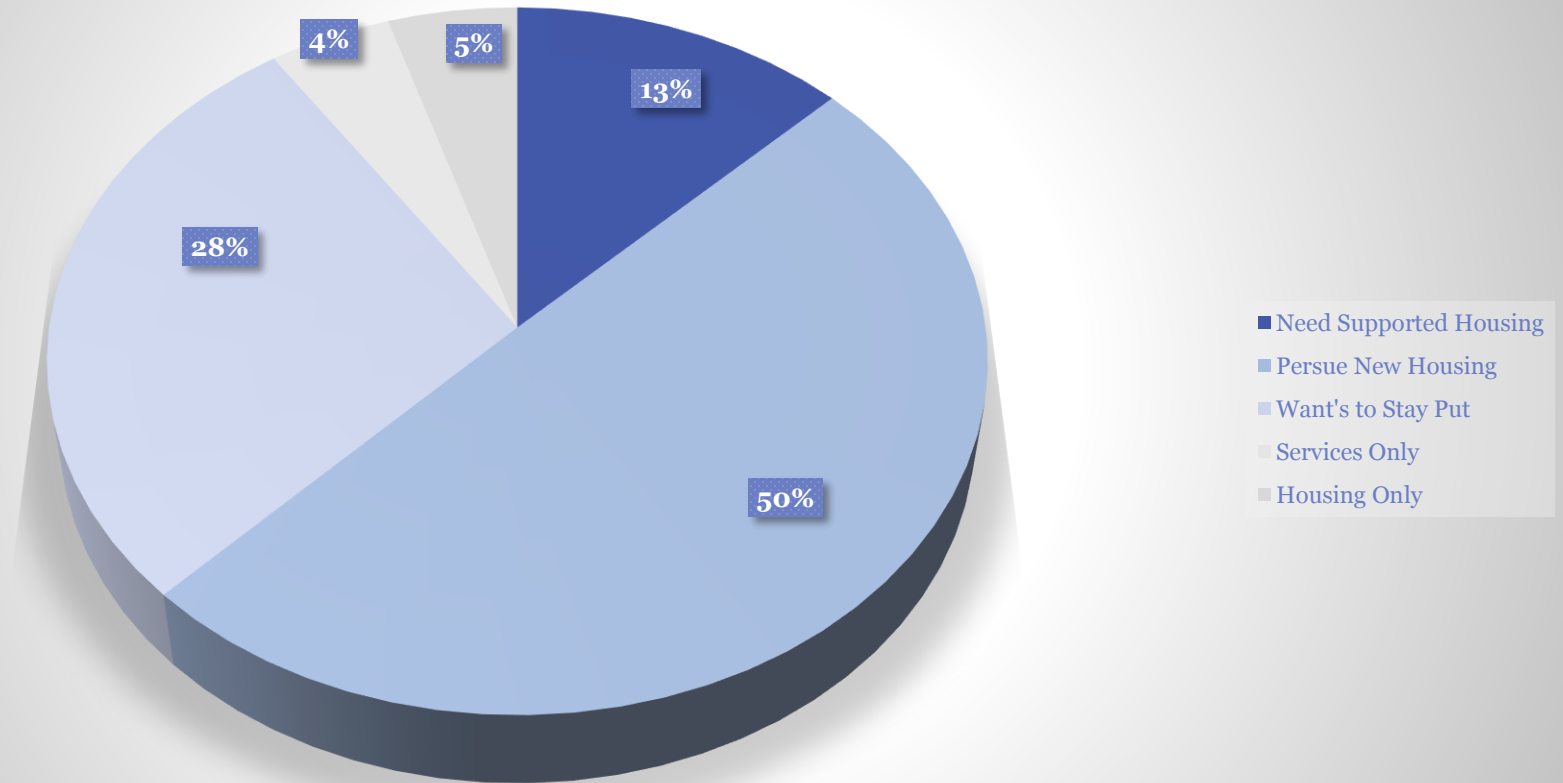
# Jail/Prison Need for Supported Housing



- Need Supported Housing
- Support Services Only
- Housing Only
- No Identified Need for Housing

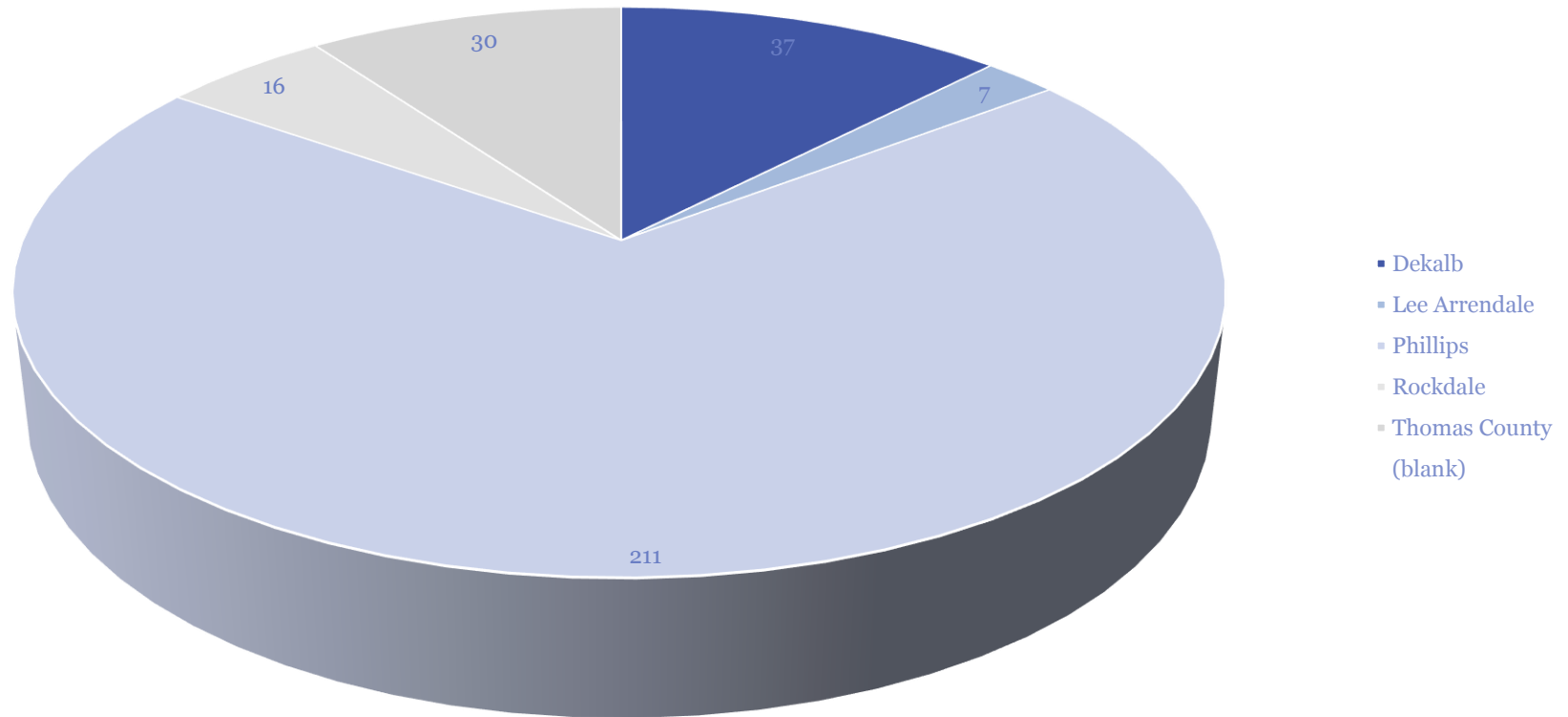
# Community Need for Supported Housing

Need For Supported Housing

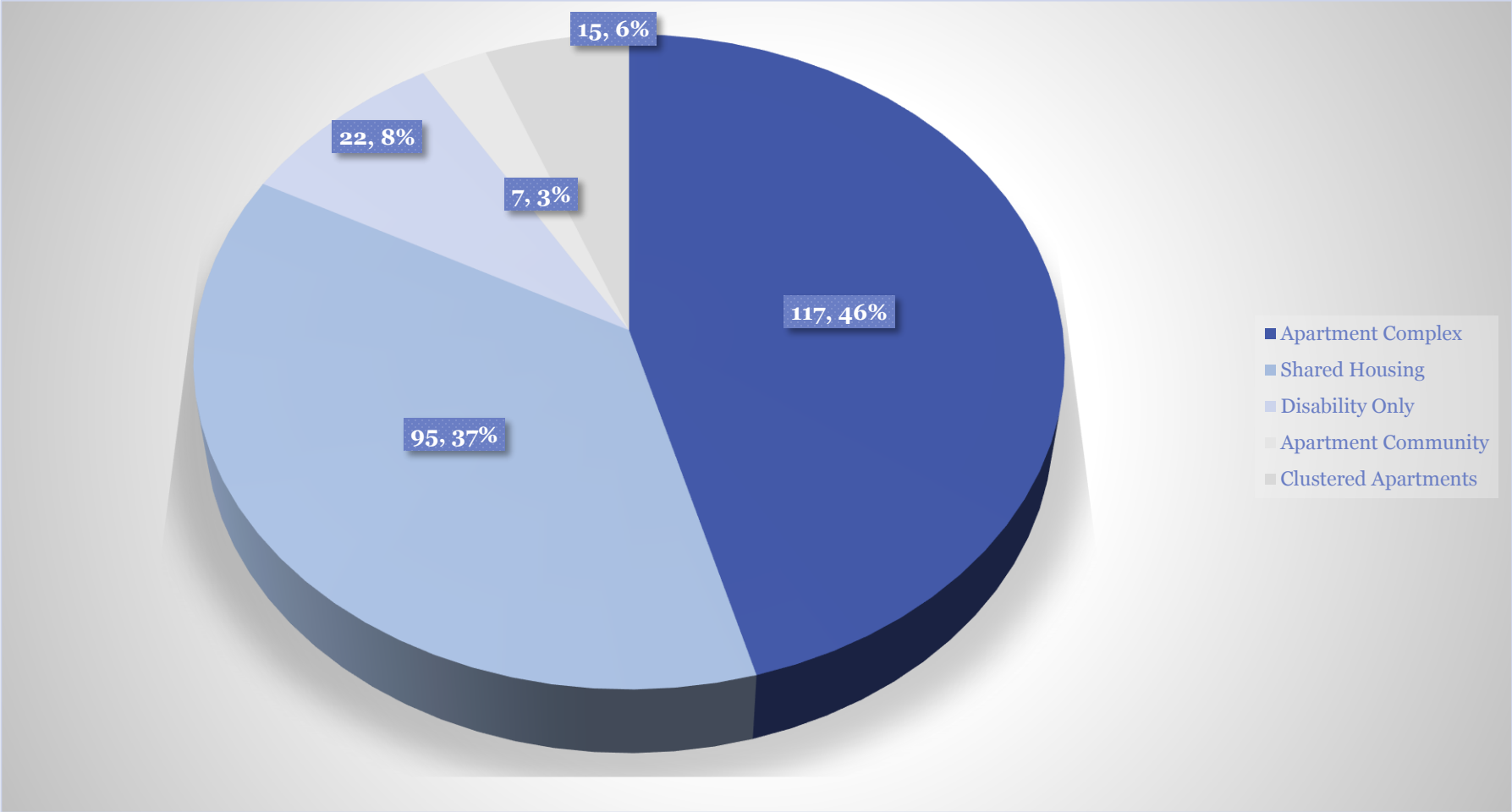




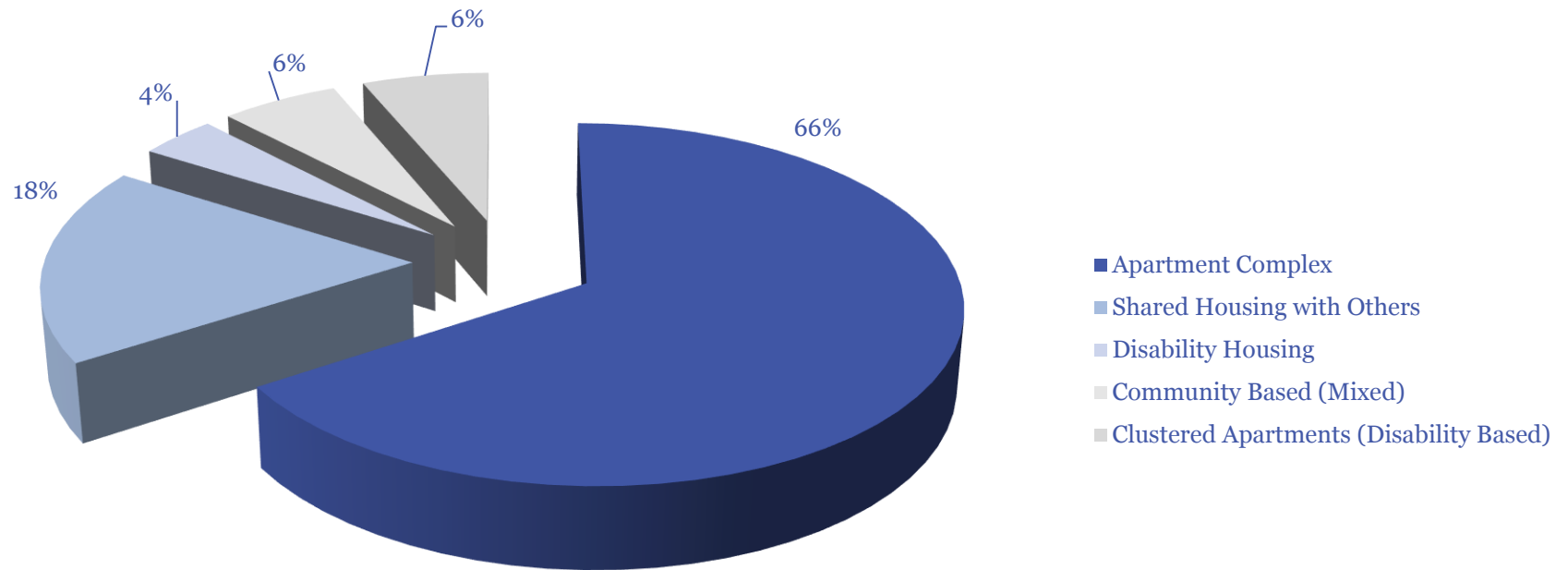
# Jail/Prison Location



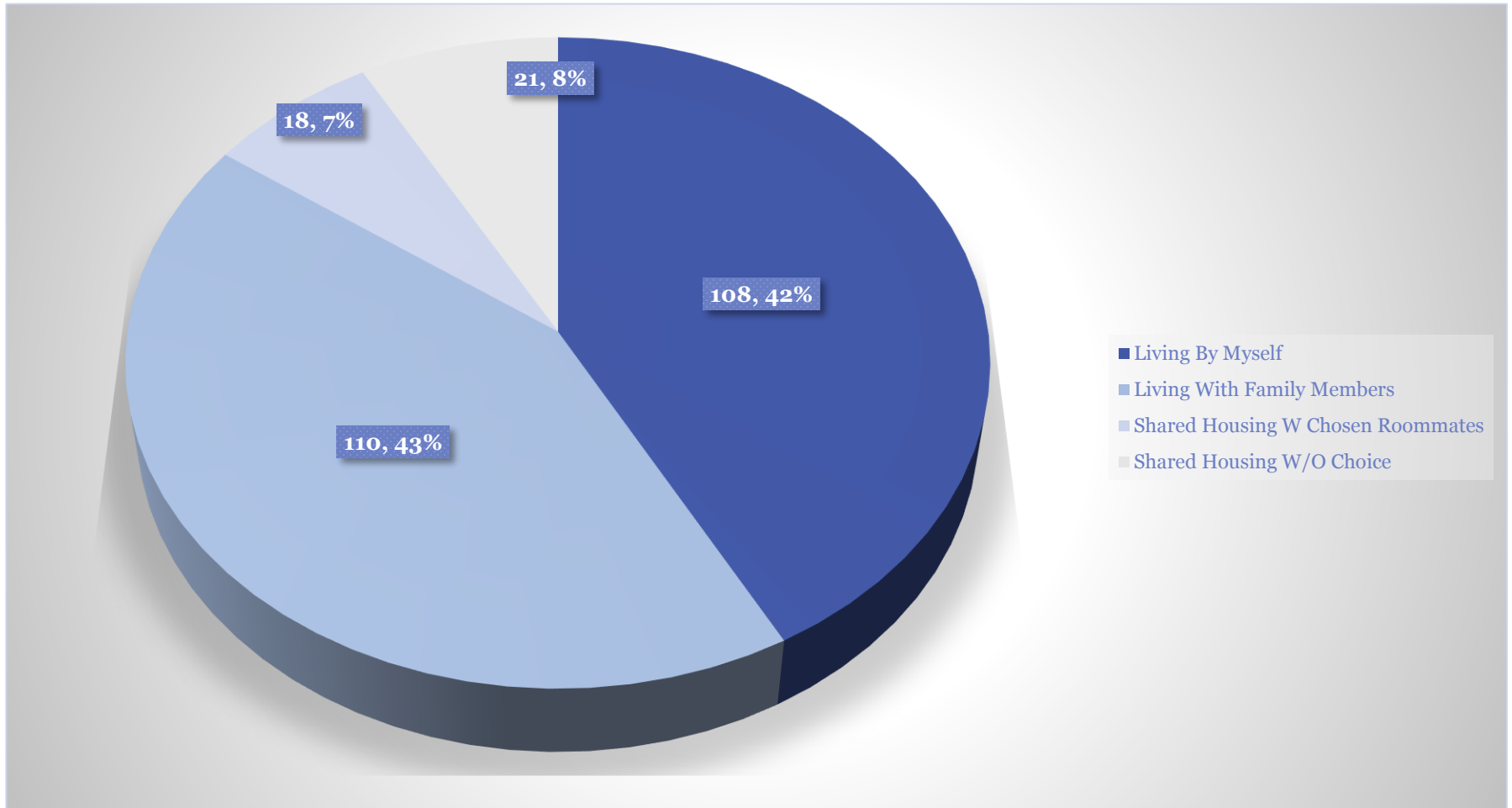
# Jail/Prison Preferred Living Situation



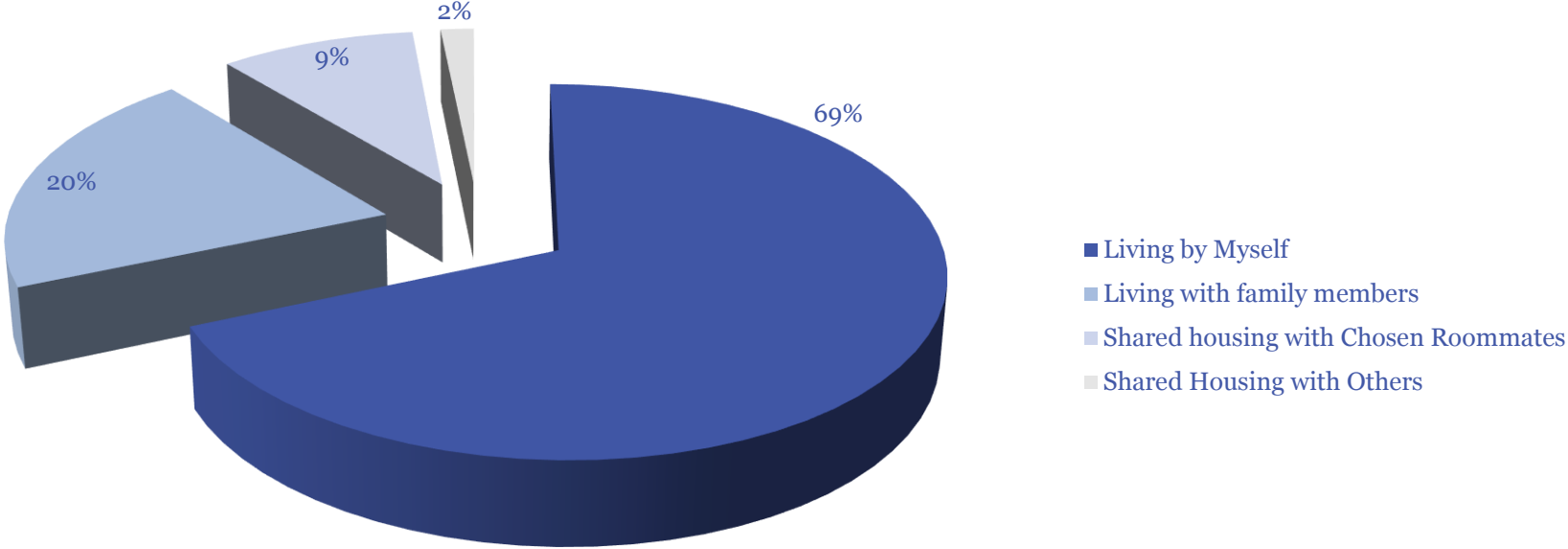
# Community Preferred Living Situation



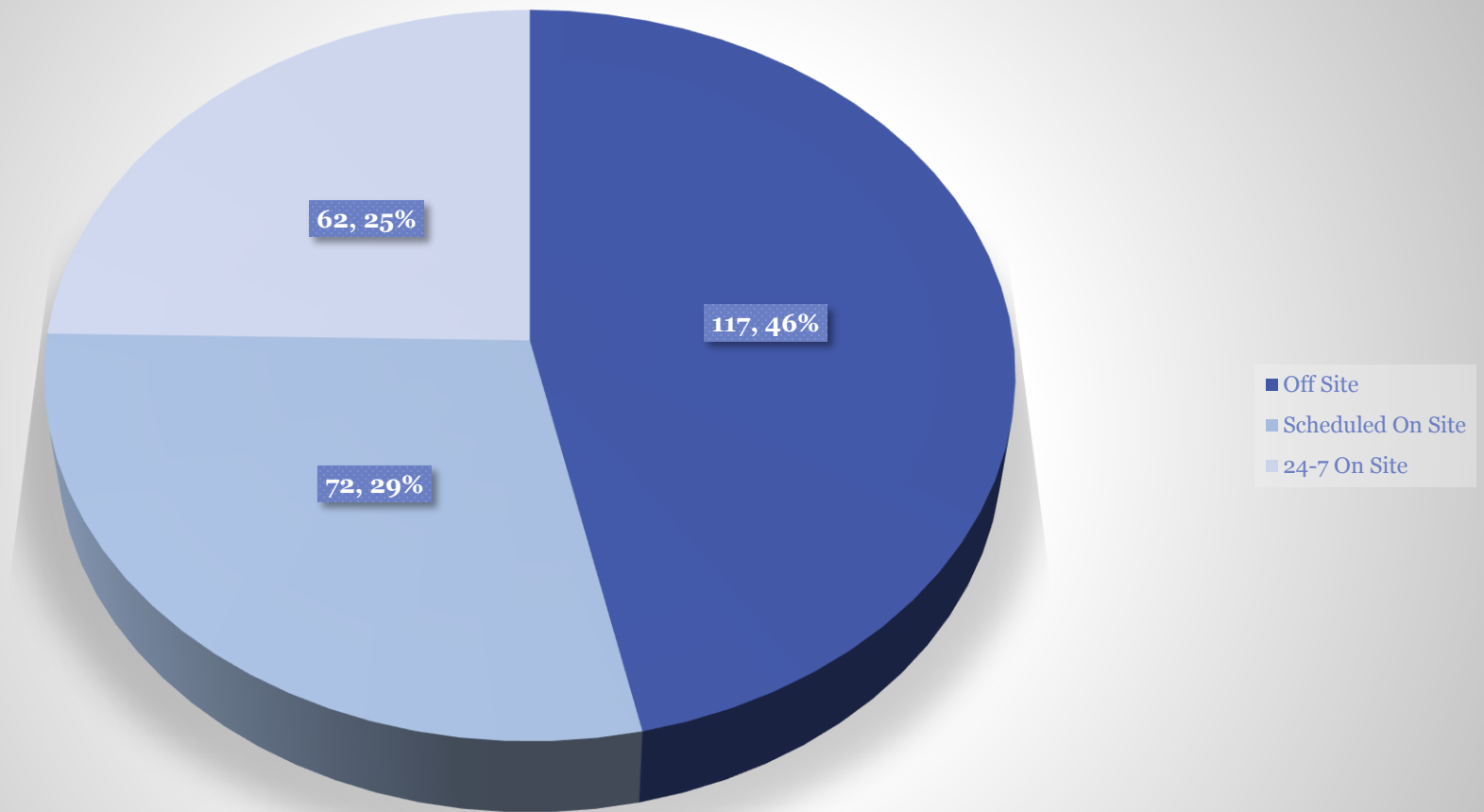
# Jail/Prison Living Preference



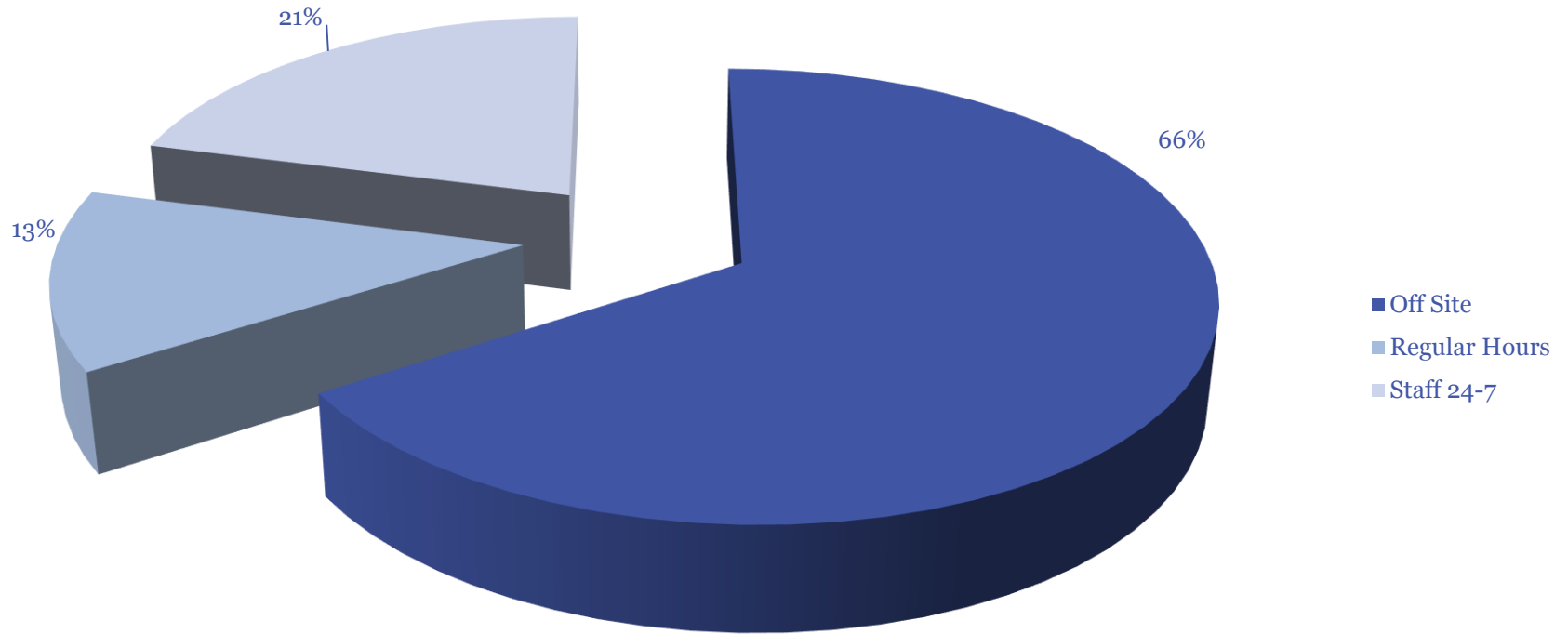
# Community Living Preference



# Jail/Prison Preferred Service Delivery



# Community Service Delivery Preference



# DBHDD

- Additional Information

[www.dbhdd.ga.gov](http://www.dbhdd.ga.gov)

- Georgia Crisis and Access Line (GCAL)

- 24/7 crisis line
- (800) 715-4225
- [mygcal.com](http://mygcal.com)

- Adult Mental Health Resource Directory

- <http://dbhdd.georgia.gov/adult-mental-health>