

# An Introduction to the Coordinated Entry System & How to Conduct the CES Triage Tools

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# Overview

- Introduction to LAHSA
- Introduction to Homelessness in Los Angeles
  - Homeless Count Statistics
  - Measure H
- Overview of the Coordinated Entry System
  - History
  - Core System Components
  - Resources through CES
- How to Access the System
  - How to Conduct the CES Survey Packet and/or Next Step Tool for Youth
  - CES Local Resources & Connections
- Q & A



# Goals of the Training

- Gain a better understanding of:
  - ✓ The Los Angeles Homeless Service Authority
  - ✓ Homelessness in Los Angeles
  - ✓ The Coordinated Entry System (CES)
  - ✓ How to connect Adults to CES using the CES Survey Packet
  - ✓ How to connect Youth to CES using the Next Step Tool
  - ✓ CES resources in your area



# The Los Angeles Homeless Service Authority (LAHSA)



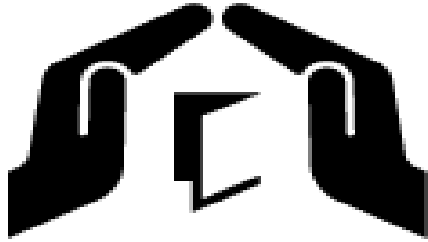
- The Los Angeles Homeless Services Authority (LAHSA) was created in 1993 as an independent, Joint Powers Authority between Los Angeles City and County.
- Our Mission Statement is: *“To support, create and sustain solutions to homelessness in Los Angeles County by providing leadership, advocacy, planning and management of program funding.”*



# LAHSA

- LAHSA, is the lead agency in the Los Angeles Continuum of Care, coordinating and managing over \$132 million annually in Federal, State, County and City funds for programs that provide shelter, housing and services to homeless persons in Los Angeles City and County.
- We partner with over 100 non-profit agencies to provide a continuum of programs including outreach, access centers, emergency shelters, safe havens, permanent housing, and homelessness prevention, along with the necessary supportive services.
- LAHSA works in conjunction with other city and county agencies to help plan and implement the Homeless Initiative Strategies.





## **Greater Los Angeles Homeless Count**

### **Los Angeles Homeless Count:**

- Conducted annually
- Nearly 5,000 volunteers mobilized to count during three nights
- Census of everyone experiencing homelessness in the Los Angeles Continuum of Care (LA CoC)
- Data collected via street count, shelter count, demographic surveys, and youth count
- Goal is to find out the scope and demographics of those experiencing homelessness
- Largest homeless count in the nation

# Homelessness in Los Angeles

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# Homeless Definition

U.S. Department of Housing and Urban Development (HUD) defines Homelessness as an individual who belongs to one of the following categories:

Category I: An individual who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) An individual with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) An individual living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

# Homeless Definition

HUD defines Homelessness as an individual who belongs to one of the following categories:

Category 2: An individual who will imminently lose their primary nighttime residence, provided that:

- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; and
- (iii) The individual lacks the resources or support networks, e.g. family, friends, faith-based or other social networks, needed to obtain other permanent housing;

# Homeless Definition

HUD defines Homelessness as an individual who belongs to one of the following categories:

Category 4: Any individual who:

- (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual that has either taken place within the individual's primary nighttime residence or has made the individual afraid to return to their primary nighttime residence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks, e.g. family, friends, faith-based or other social networks, to obtain other permanent housing.

# Chronic Homeless Definition

HUD defines Chronic Homelessness as:

I. An individual who:

- a. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, AND
- b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years **where those occasions cumulatively total at 12 months** AND
- c. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

# Chronic Homelessness Definition

HUD defines Chronic Homelessness as:

2. An individual who has been residing in an *institutional care facility*, including a jail, substance abuse, or mental health treatment facility, hospital, or other similar facility, *for fewer than 90 days* and *met all the criteria in paragraph (1)* of this definition, before entering that facility; or

3. A family with an adult head of household (or if there is no adult in the family, a minor head of household who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

- *Please note, clients enrolled in SAPC residential treatment programs who are chronically homeless upon program entry AND have stayed longer than 90 days, WILL LOSE THEIR CHRONIC HOMELESSNESS STATUS, which can impact eligibility for certain Permanent Supportive Housing resources that require chronic homelessness status.*
- *However, as Recovery Bridge Housing is considered a shelter program, a client cannot lose homeless status or chronic status if staying in RBH for longer than 90 days.*

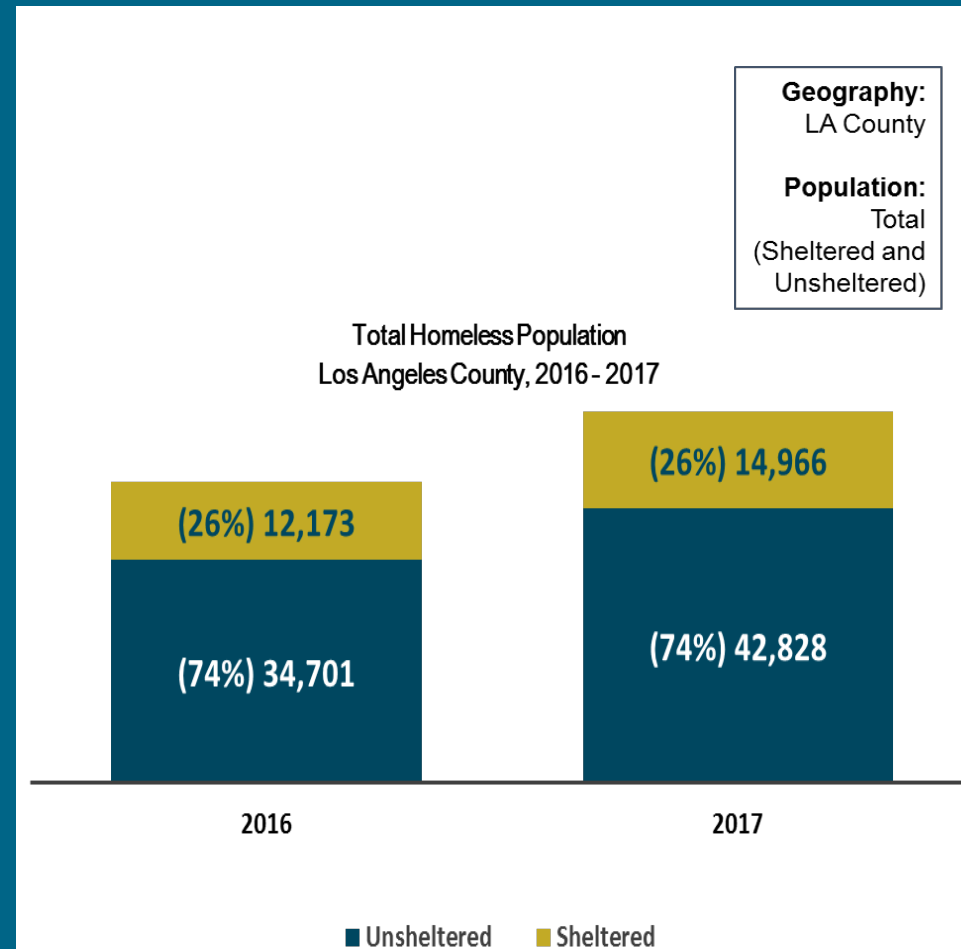
# 2017 Homeless Count Results

The total estimated number of people experiencing homelessness in Los Angeles County on any given night is:

**57,794**

An overall increase of **23%** from 2016

*Total includes all four Continuums of Care in LA County: LA, Glendale, Long Beach, and Pasadena*



**Greater Los Angeles  
Homeless Count**

# Chronic Homelessness

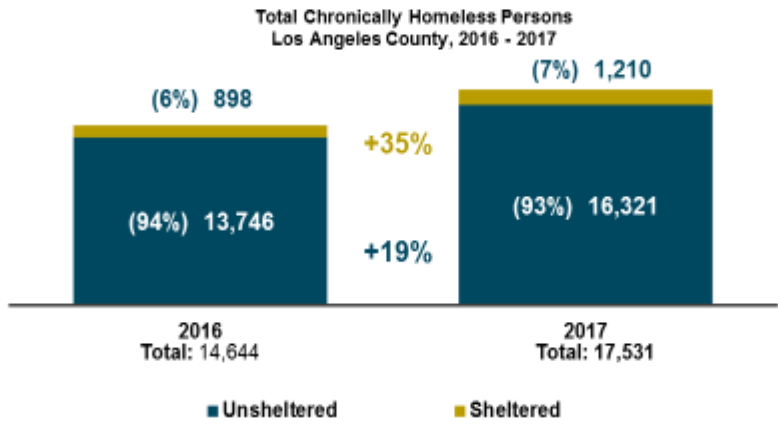
The number of people experiencing **Chronic Homelessness** has increased by **20%** from 2016.

## Chronic Homelessness

**Geography:**  
LA County  
**Population:**  
Chronically Homeless

17,531 Chronically homeless persons experience homelessness on a given night

20% Increase from 2016 total of 14,644



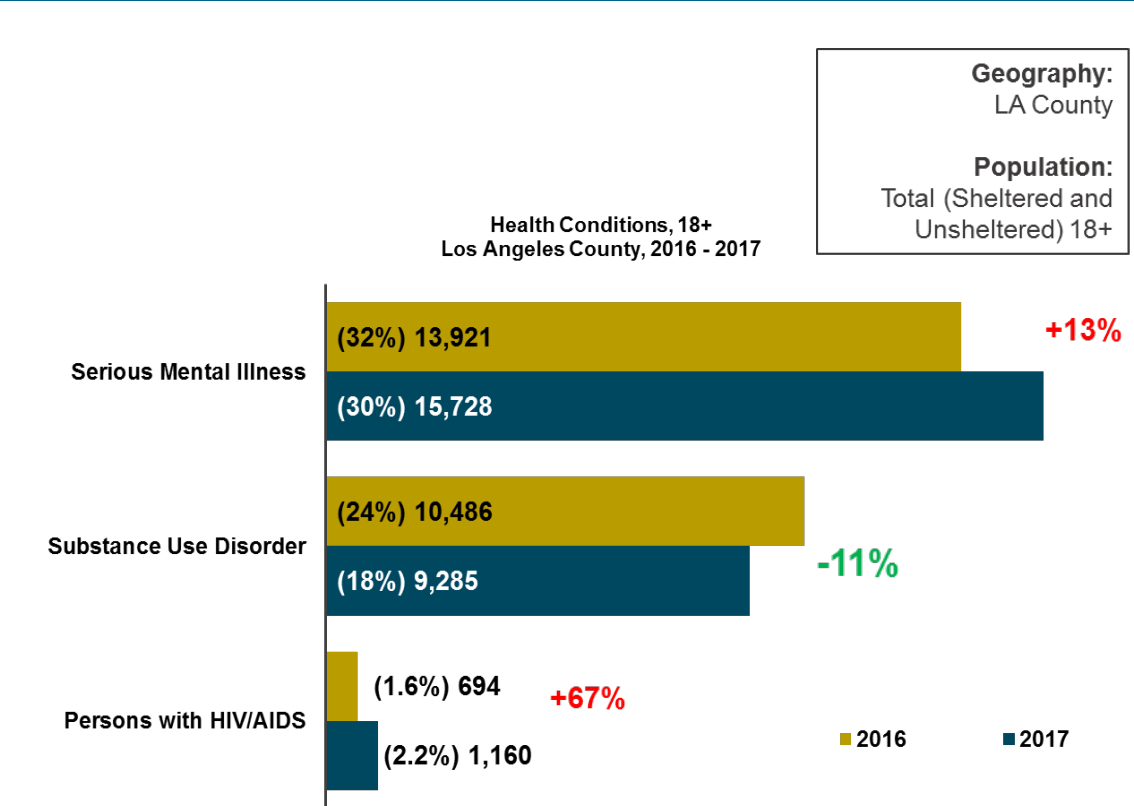
- Sheltered Chronically Homeless Persons excludes Transitional Housing
- Los Angeles County includes Glendale, Pasadena, and Long Beach CoCs

# Demographic Characteristics

People with:

- Serious Mental Illness
- Substance Use Disorder
- HIV/AIDS

represent a large share of the homeless population



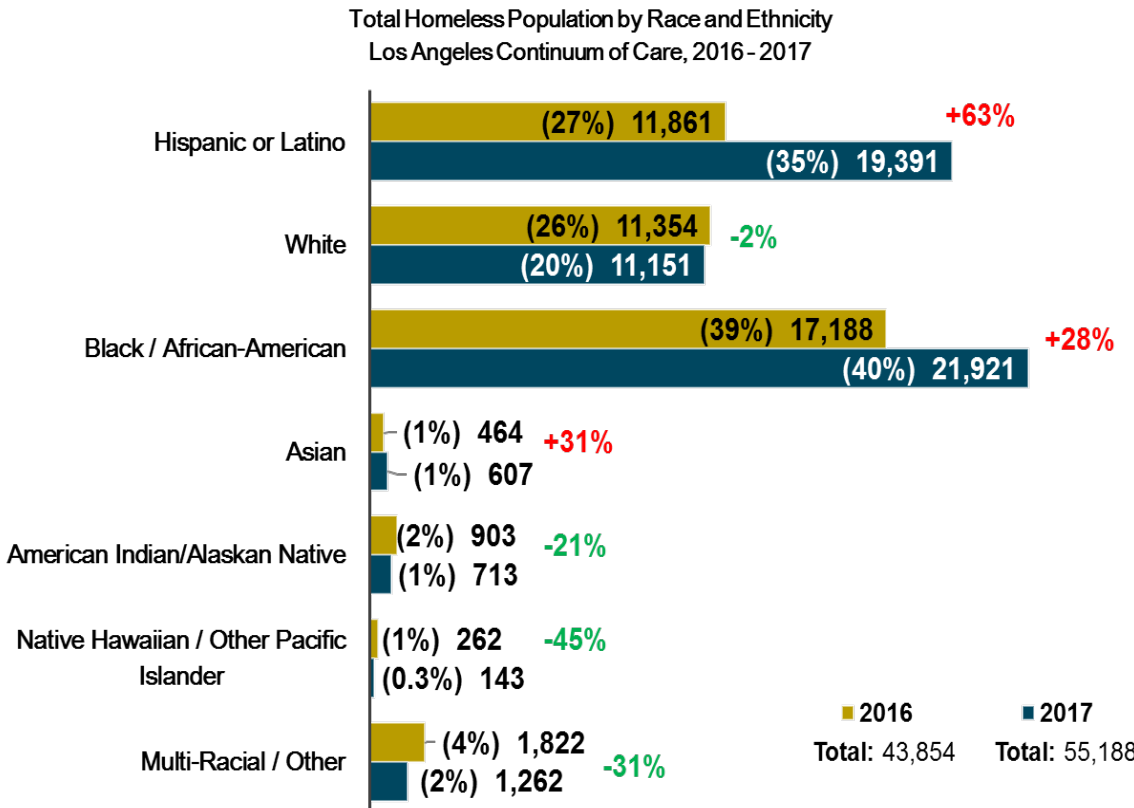
*People can have multiple characteristics  
Totals for each condition include persons 18 years and older only  
Los Angeles County includes Glendale, Pasadena, and Long Beach CoCs*



# Homeless Persons by Race and Ethnicity

Hispanic or Latino Americans experiencing homelessness increased by **63%** from 2016.

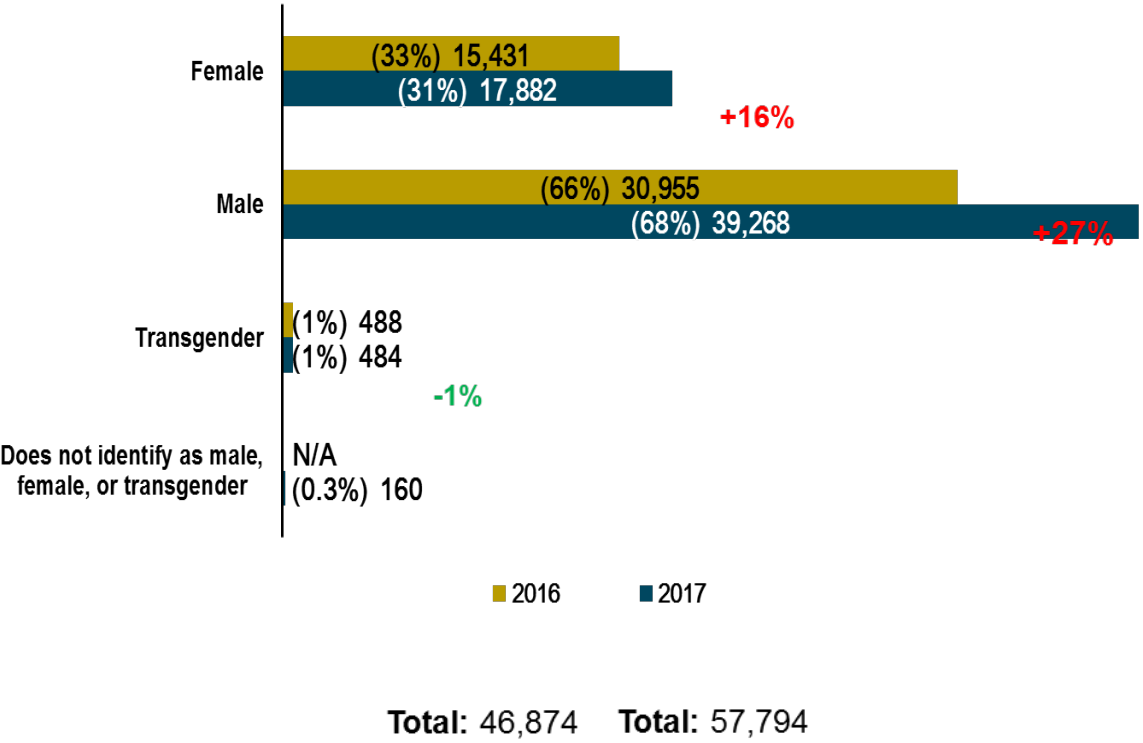
African Americans experiencing homelessness increased by **28%** from 2016.



LA CoC excludes Glendale, Pasadena, and Long Beach CoCs

# Homeless Persons by Gender

Total Homeless Population by Gender  
Los Angeles County, 2016 - 2017



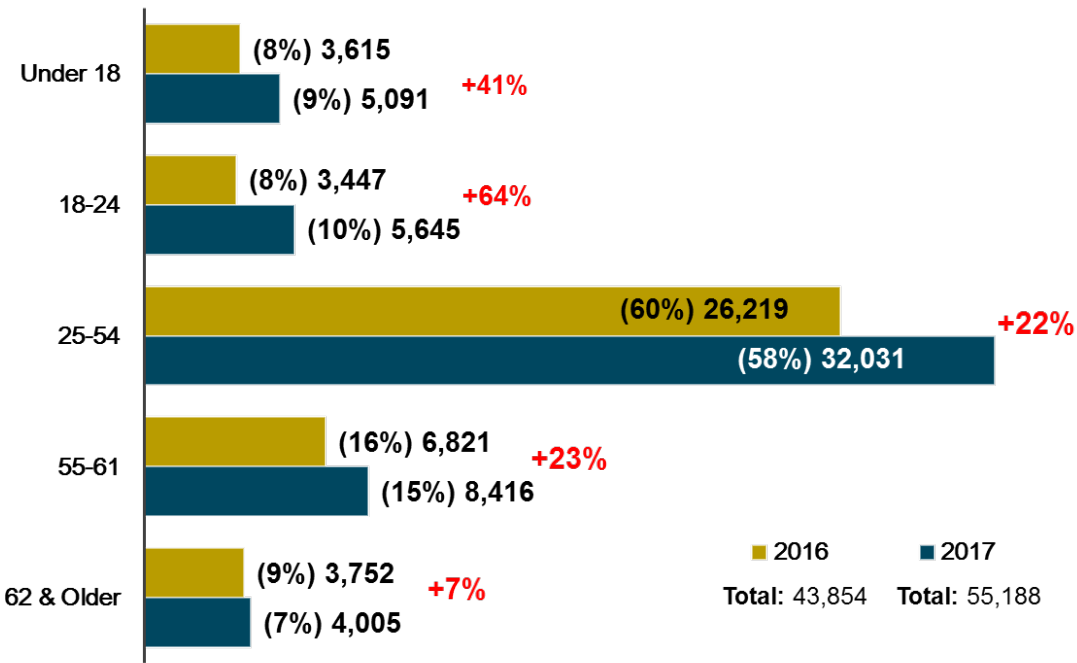
Since 2016 there has been an increase of **16%** in the number of females experiencing homelessness

Since 2016 there has been an increase of **27%** of males experiencing homelessness.

“Does not identify as male, female, or transgender” category was introduced to the Demographic Survey for the first time in 2017  
Los Angeles County includes Glendale, Pasadena, and Long Beach CoCs

# Homeless Persons by Age

Total Homeless Population by Age  
Los Angeles Continuum of Care, 2016 - 2017



Since 2016 there has been an increase of **64%** in the number of Transitional Age Youth experiencing homelessness

Since 2016 there has been an increase of **7%** of Seniors experiencing homelessness.

*“Does not identify as male, female, or transgender” category was introduced to the Demographic Survey for the first time in 2017*  
Los Angeles County includes Glendale, Pasadena, and Long Beach CoCs

# Leading Causes of Homelessness

- Insufficient income and lack of affordable housing are the leading causes of homelessness (National Law Center on Homelessness & Poverty)
- California Housing Partnership Corporation found an affordable housing gap in Los Angeles County of 527,000 units in 2015 Study.
- According to the National Law Center on Homelessness & Poverty, the top 5 causes among homelessness among individuals include:
  1. Lack of Affordable Housing
  2. Unemployment
  3. Poverty
  4. Mental Illness & lack of needed services
  5. Substance Abuse and lack of needed services
- In addition to these causes, homelessness among youth frequently stems from family conflict, neglect and/or abuse from parents, and experiences with child welfare and juvenile justice

# Local Strategies to Combat Homelessness in Los Angeles



# LA County Homeless Initiative

**Homeless Initiative Launch**

*Aug. 17, 2015*

**18 Policy Summits on 9 Topics**

*Oct. 1 – Dec. 3, 2015*

**48 Strategies Passed by BOS**

*Feb. 5, 2016*

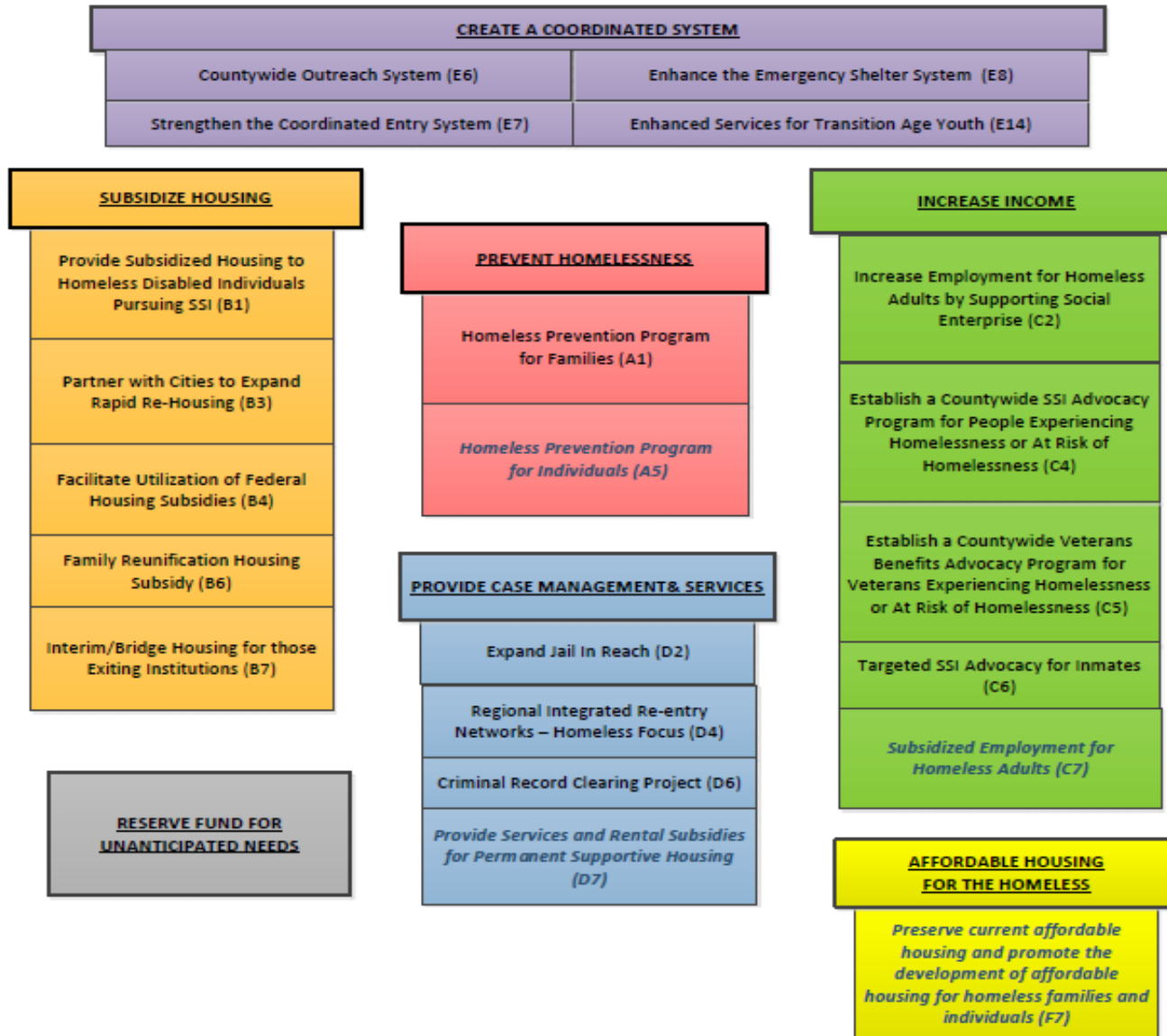
**Implementation of Strategies**

*Began April 2016*

**Measure H Passed**

*Mar. 6, 2017*

# Utilization by LA County of Annual Revenue to Combat Homelessness



# Requested Amounts for Measure H Strategies

<b>Strategy</b>	<b>Name</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>
A1	Homelessness Prevention for Families	\$3.000	\$6.000	\$6.000
A5	Homelessness Prevention for Individuals	\$5.500	\$11.000	\$11.000
B3	Expand Rapid Rehousing	\$57.000	\$73.000	\$86.000
B7	Interim/Bridge Housing for Those Exiting Institutions	\$13.000	\$25.342	\$29.458
E6	Expand Countywide Outreach System	\$19.000	\$27.000	\$27.000
E7	Strengthen the Coordinated Entry System	\$26.000	\$35.500	\$35.500
E8	Enhance the Emergency Shelter System	\$56.000	\$69.885	\$82.693
E14	Enhance Services for Transition Age Youth	\$5.000	\$19.000	\$19.200

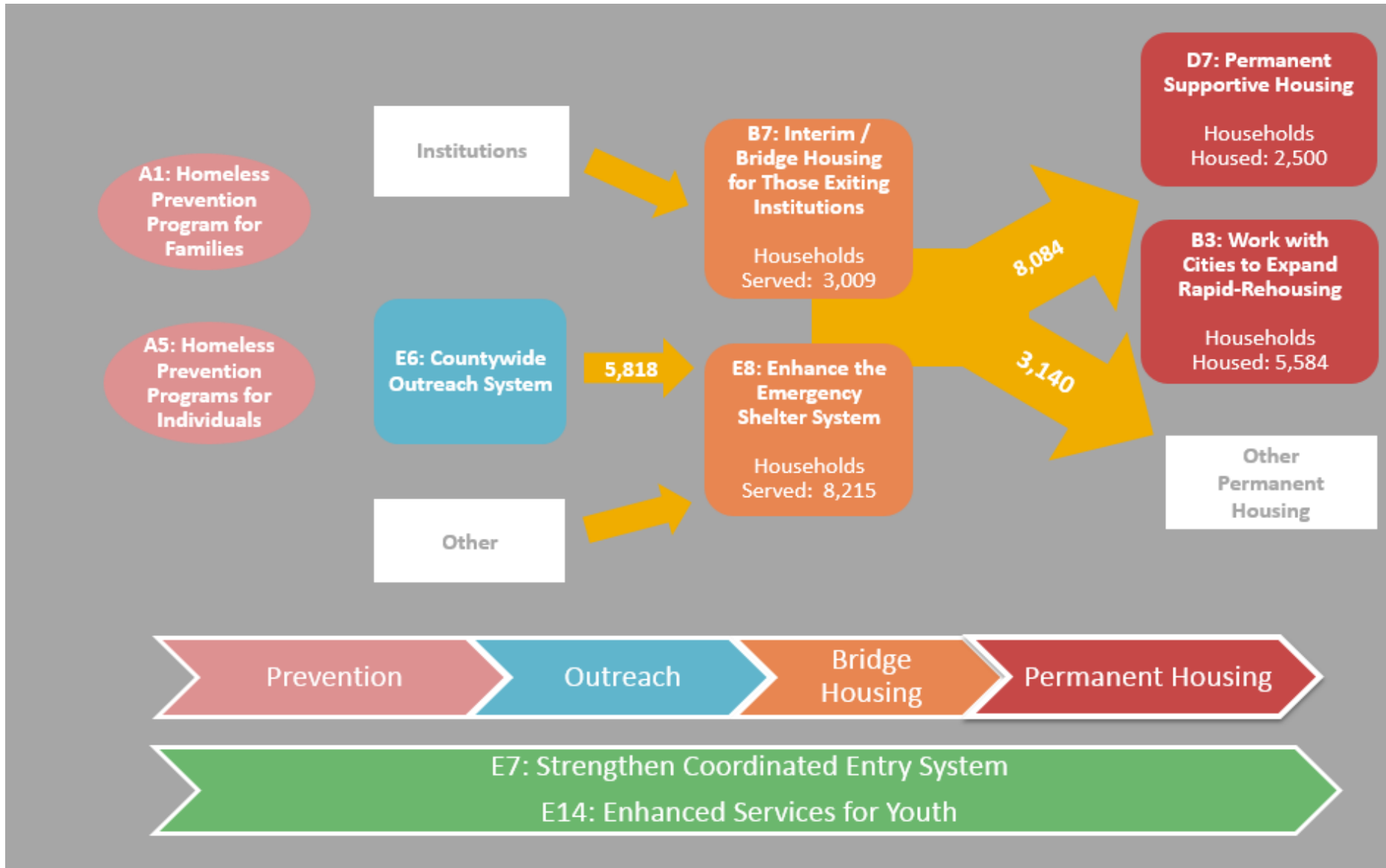


# Measure H Funding for Programs

- Programs Currently Funded
  - CES Regional Coordination
  - Access Centers
  - Outreach
  - Crisis Housing
  - Bridge Housing
  - Housing Navigation
  - Rapid Rehousing

- Programs Coming Soon
  - Housing Location
  - Prevention
  - Shallow Subsidy
  - Legal Services
  - Representative Payee Program

# Core Measure H Strategies, Year One Model



# The Coordinated Entry System (CES)

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# What is CES?

The Coordinated Entry System (CES) is a countywide system that brings together new and existing programs and resources in order to connect people experiencing homelessness to the most appropriate housing and services to end their homelessness.



# What is CES?

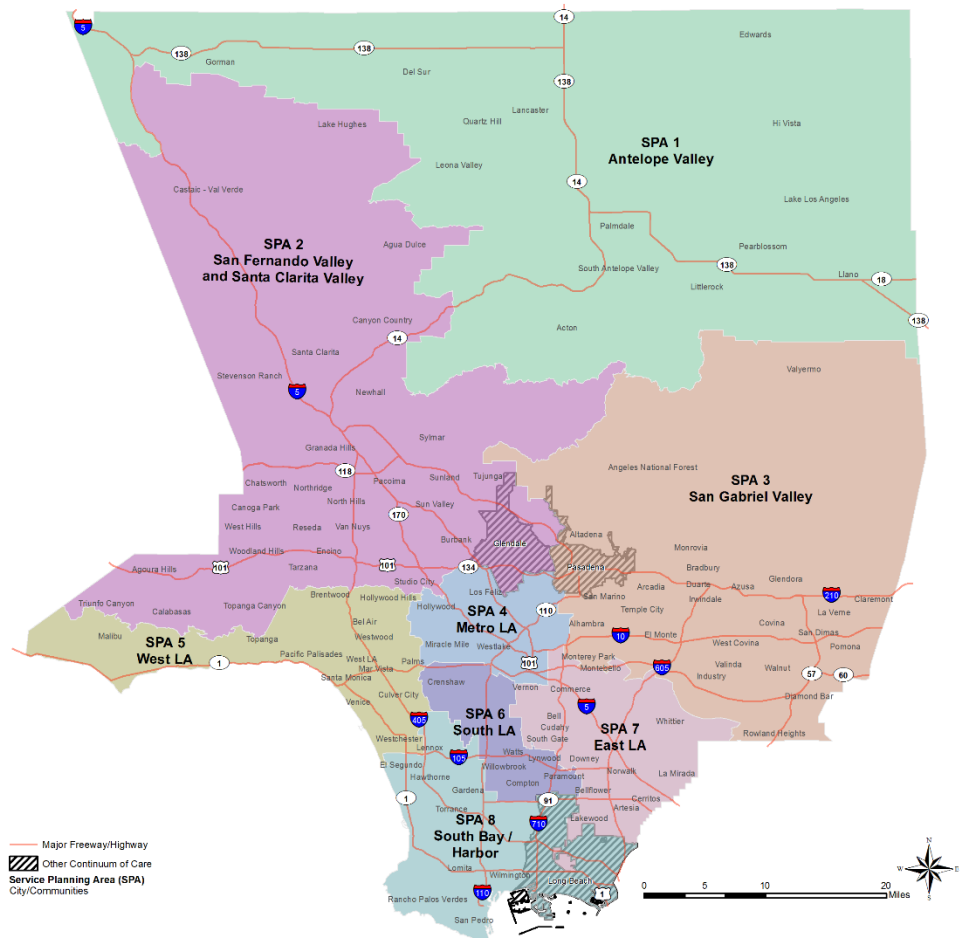
- CES lays the groundwork for a more efficient and effective use of resources and creates a system that is easier for people experiencing homelessness to access and navigate.
- The goal is to create a system that is more **Effective, Efficient, and Fair** for everyone experiencing homelessness.

# Why CES?



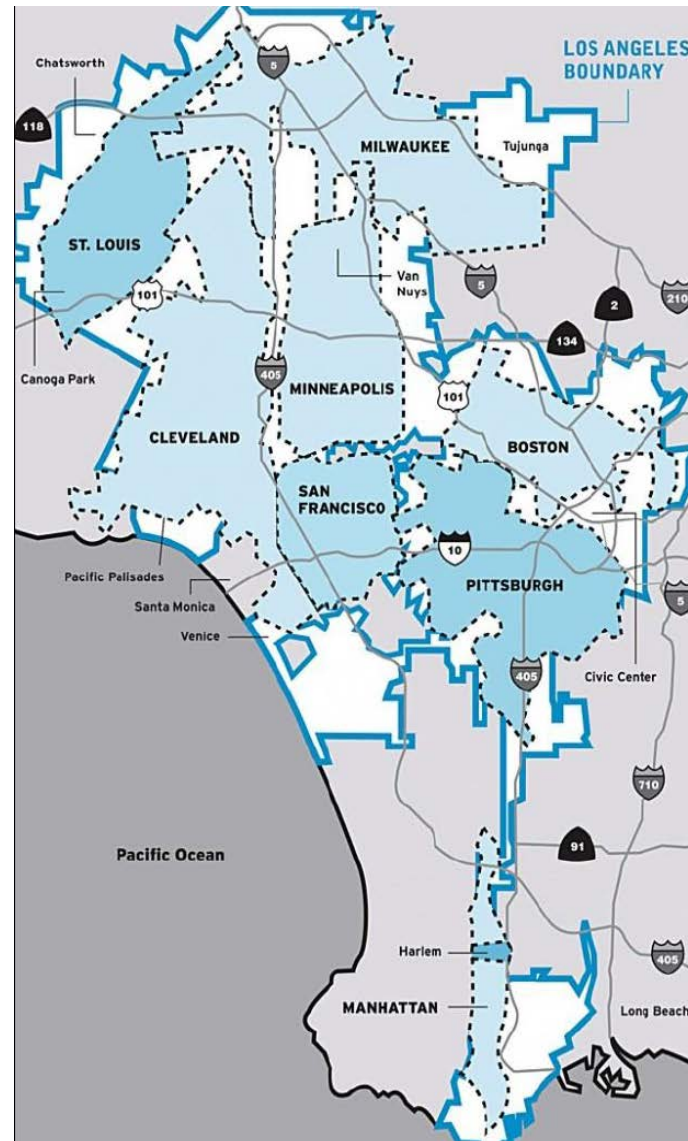
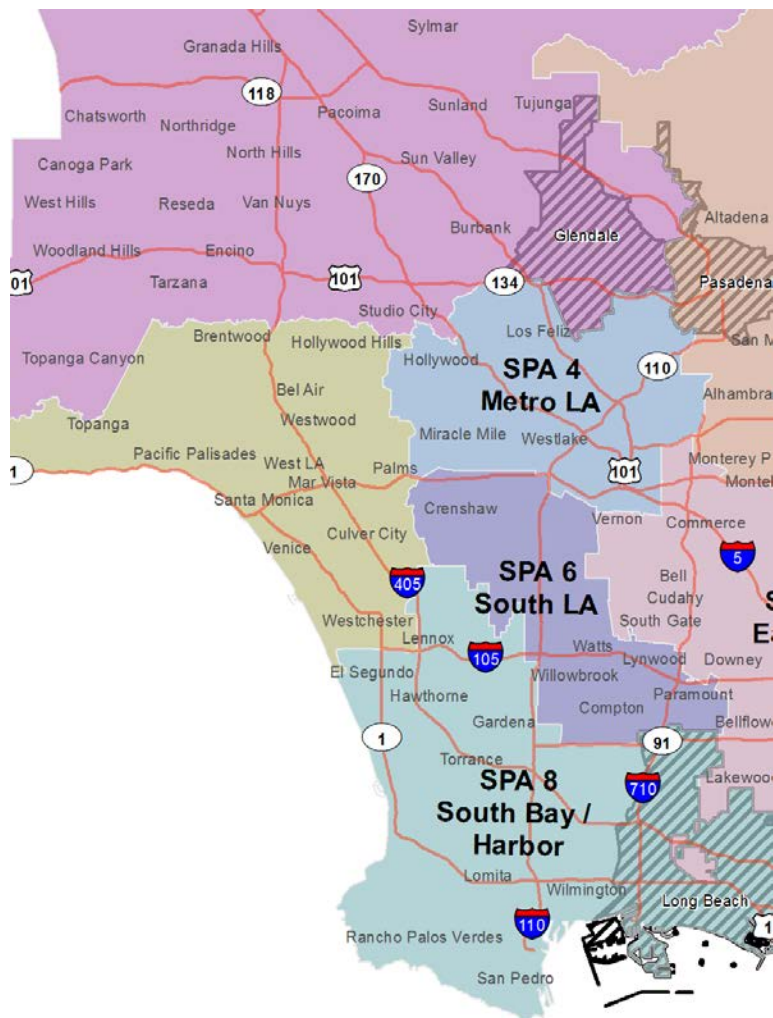


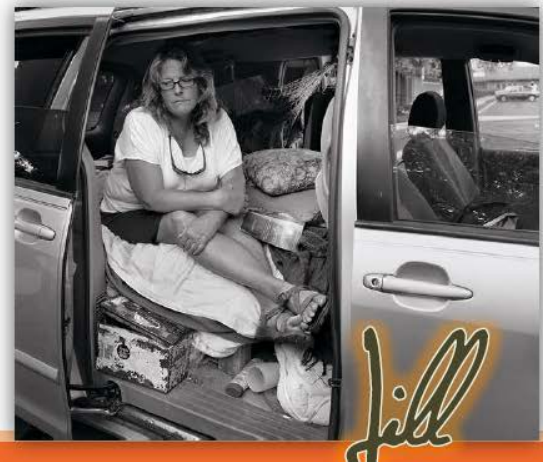
# Los Angeles County





# Los Angeles City





- Mother of 2
- Home-Maker
- Recently Separated
- No Income
- Relatives in LA



- Recently discharged veteran
- Early signs of PTSD
- Cook in the military, but unable to find work



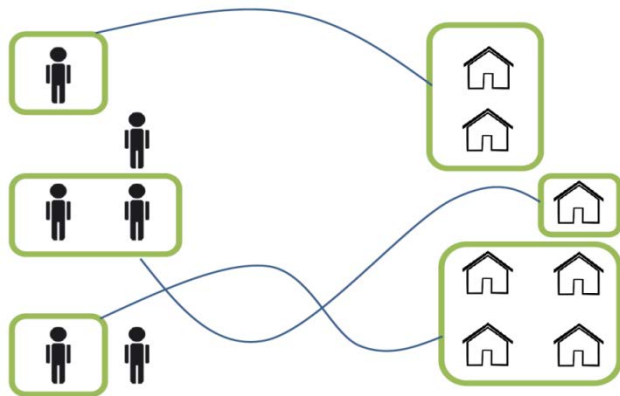
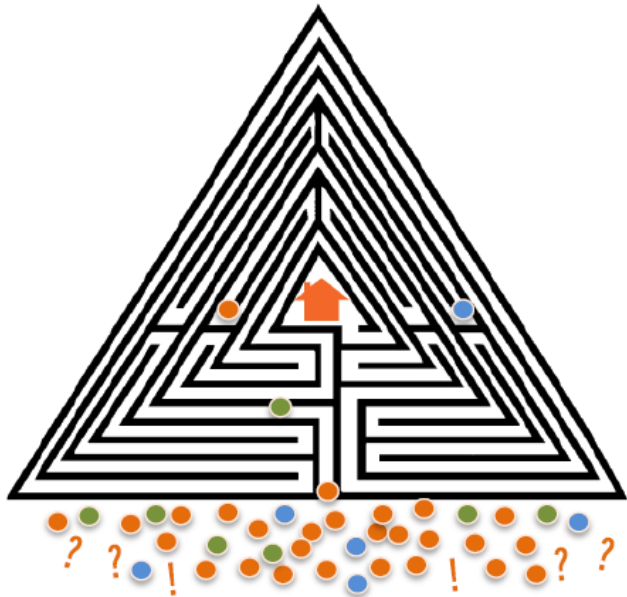
- Paranoid Schizophrenia
- 67 years old
- Chronic Bronchitis
- Active Alcoholic
- Combative



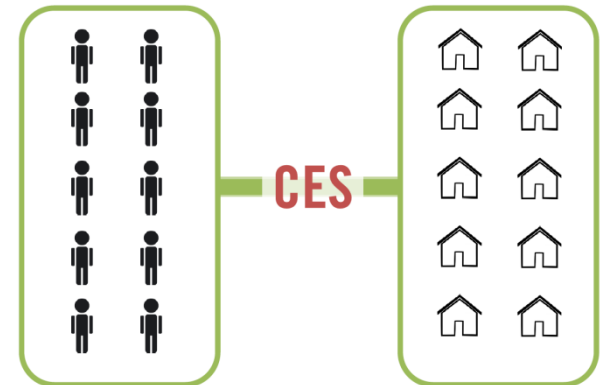
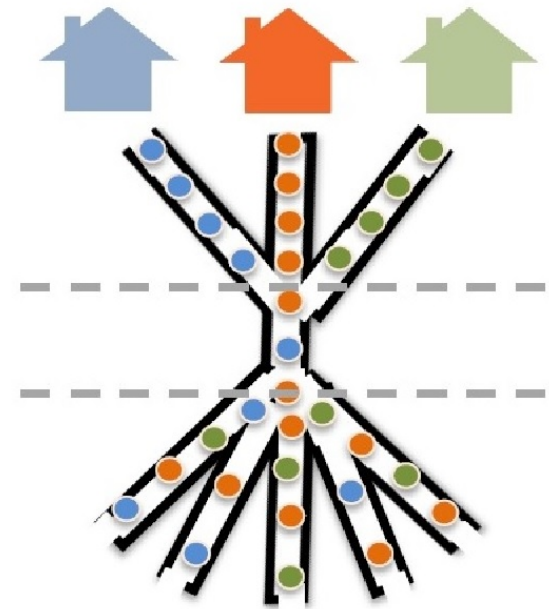
- Single woman
- Bouts of depression
- Several episodes of homelessness
- Works intermittently in events



# Without CES



# With CES



# Why CES?

- 2012: HUD encourages CES
- 2014: HUD requires all Continuum of Care funds to use CES
- 2014: HALCA issues memo for use of CES
- 2015: HCID's consolidated plan guides on use of CES
- 2015: HUD Issues 2<sup>nd</sup> memo providing further guidance on use of CES
- 2016: HUD Issues notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing
- 2017: HUD issues Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System

# The History of CES in Los Angeles



# Family CES – 2012

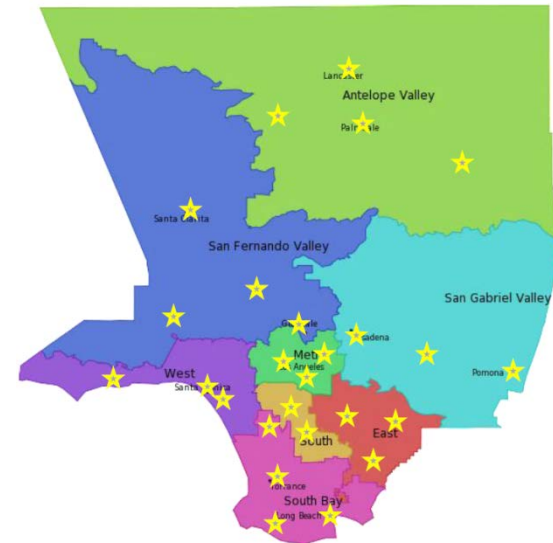
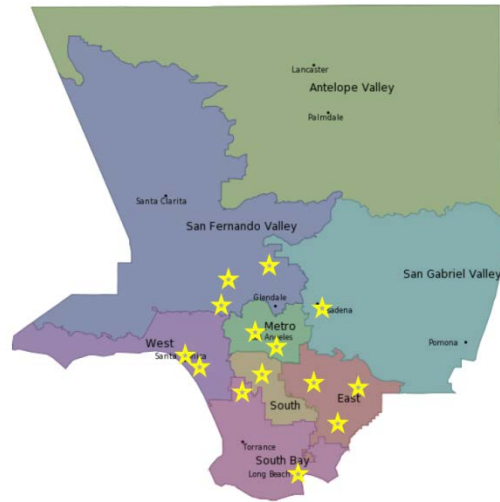


# Adult CES Skid Row Pilot - 2013





# CES Expansion – 2013 to Present

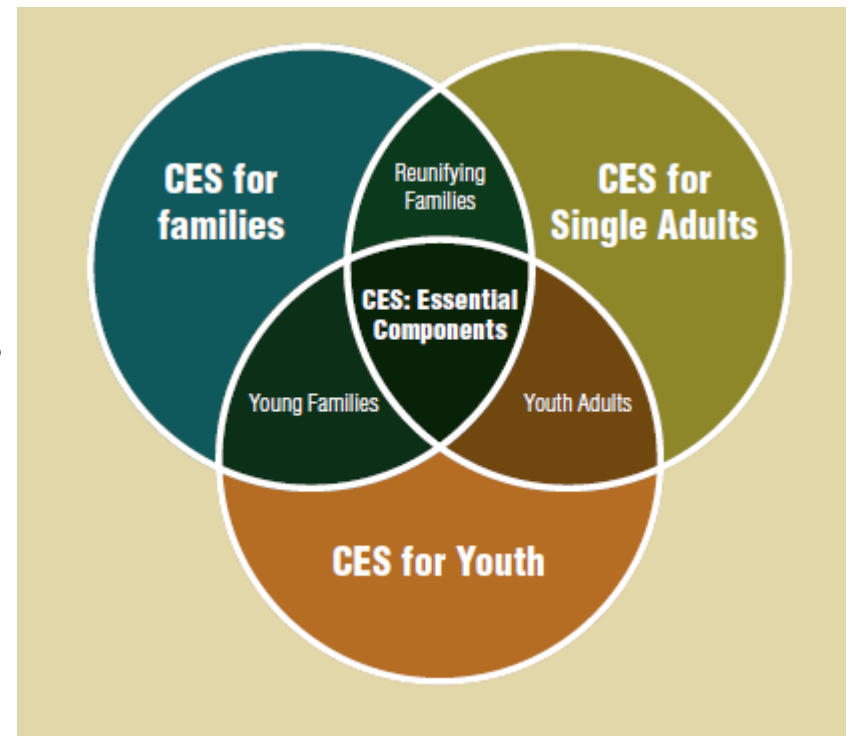
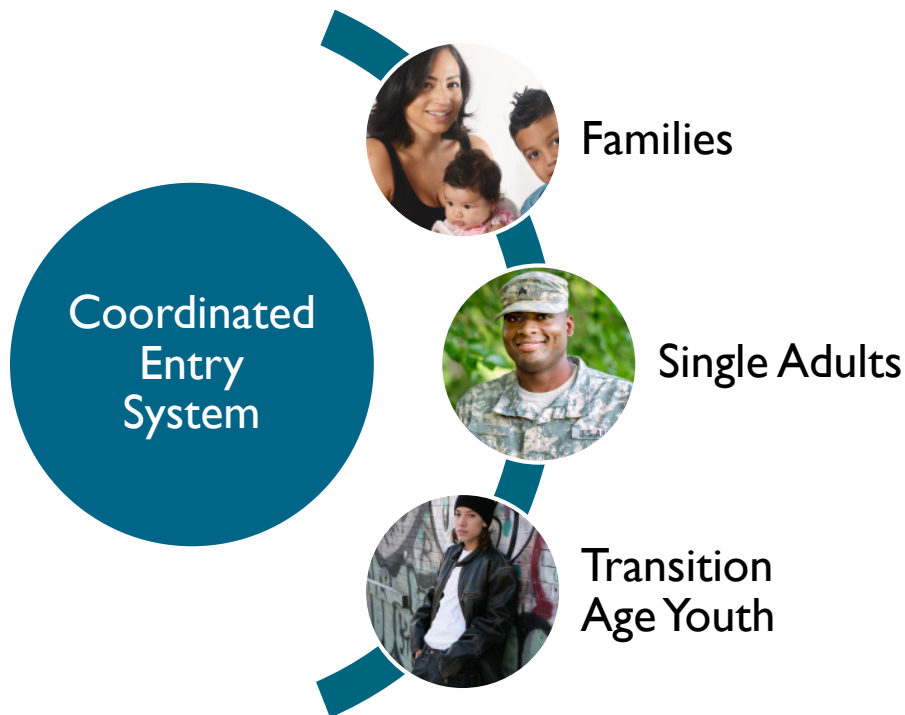


# Youth CES Pilot & Expansion – 2015 to Present

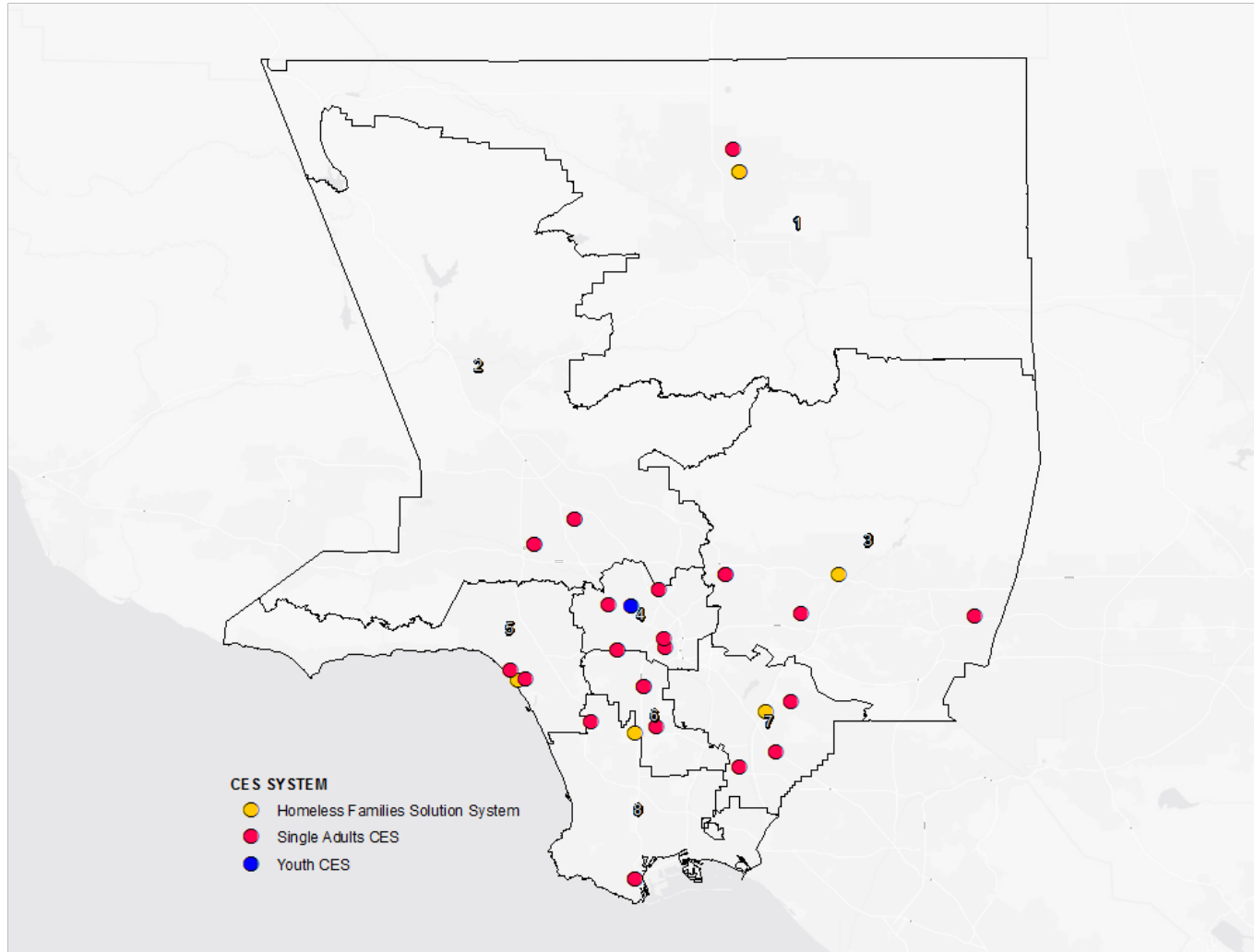
- Pilot in Hollywood in 2015
- 100 Day Challenge and Countywide expansion in 2016



# CES for All Populations



# CES for All Populations in the County



# CES Essential Components

**Coordination:** Through regional and county-wide collaboration, CES maximizes the efficiency and effectiveness of resources, creating an integrated and sustainable response to homelessness.

**Common Approach:** Providers utilize Housing First, Harm Reduction, and client centered service delivery.

**Information Sharing:** LAHSA's Homeless Management Information System (HMIS) database and regional collaborative meetings are used to eliminate duplication of services and coordinate resources.

# CES Essential Components

**Entry Point:** There is “No Wrong Door” to the system regardless of population or point of entry. The “No Wrong Door” approach means that no matter where a person enters the system he/she can access any services that are needed. Outreach teams, crisis housing, and access centers can all serve as entry points to the system.

**Triage:** Population-appropriate questionnaires are used to triage a person’s needs in order to identify the services and housing that may be the best fit.

**Prioritization:** When housing resources are limited, individuals/participants with the most severe needs are prioritized for the services and housing.

# CES Essential Components

**Housing Navigation:** Ongoing engagement, resource linkage/referral, and document collection are all housing focused, in order to facilitate a linkage to an appropriate housing resource.

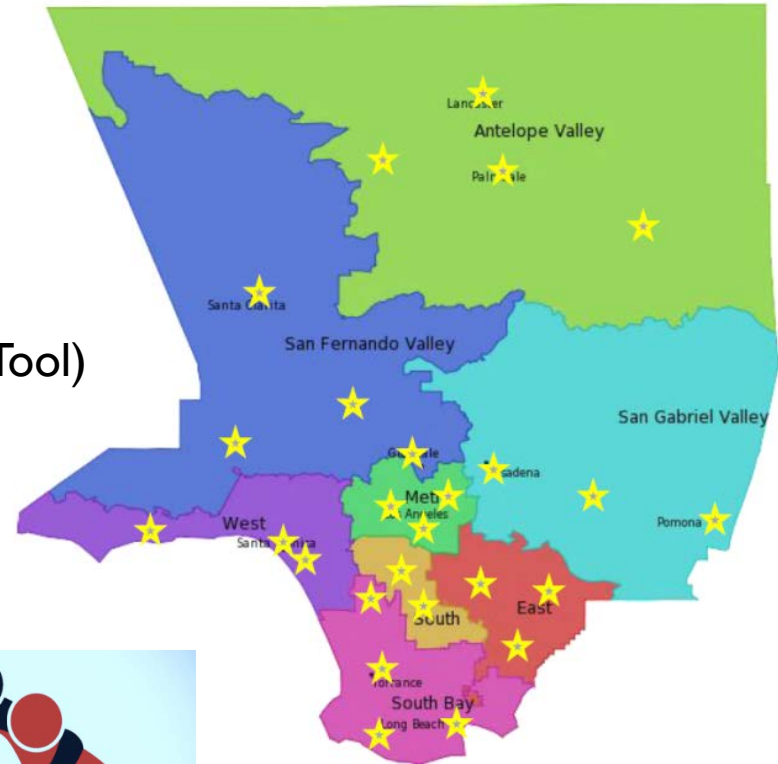
**Matching:** Individuals/participants are linked, or, “matched” to the best suited services and housing to address their unique needs.

**Housing Stabilization & Retention:** Individuals/participants receive short term or indefinite supportive services to ensure experiences of homelessness are rare, brief, and non-reoccurring.

# Where does someone access CES?

Main ways to access CES:

- “No Wrong Door” approach
- Outreach
- CES Access Sites or Drop in Centers
- Partner locations i.e. community colleges
- You! (using the CES Survey Packet or Next Step Tool)





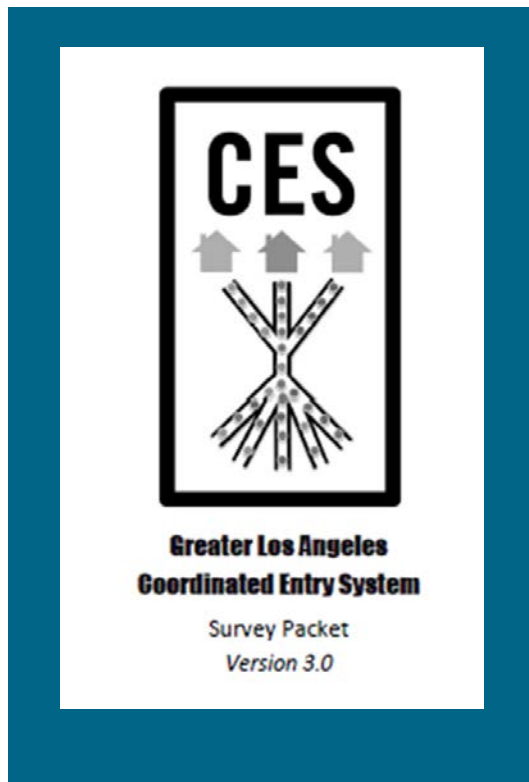
# CES Triage Tools

- CES utilizes a common needs assessment tool to connect people the right interventions AND prioritize limited resources.
- All tools based on the **S**ervice **P**rioritization **D**ecision **A**ssistance **T**ool, or **SPDAT**

CES Survey Packet for Adults

Next Step Tool for Youth


VI-FSPDAT for Families




# CES Triage Tools

- Each CES Assessment has a Scoring component
- 5 Domains for Single Adults and Youth
- 6 Domains for Families
- Domains:
  1. Basic Information
  2. History of Housing & Homelessness
  3. Risks
  4. Socialization & Daily Functioning
  5. Wellness
  6. Family Unit (Families)


## VI-SPDAT for Single Adults

Domain	Subtotal	Results	
Pre-Survey	/ 1	Score:	Recommendation:
A. History of Housing & Homelessness	/ 2		
B. Risks	/ 4	4 - 7	An assessment for Rapid Re-Housing
C. Socialization & Daily Functions	/ 4		
D. Wellness	/ 6	8 +	An assessment for Permanent Supportive Housing/Housing First
 Grand Total:	/ 17		

## Next Step Tool for Youth

Domain	Subtotal	Results	
A. Basic Information	/ 1	Score:	Recommendation:
C. History of Housing & Homelessness	/ 2		
D. Risks	/ 4	4 - 7	Short-term housing with support services
E. Socialization & Daily Functions	/ 5		
F. Wellness	/ 5	8 +	Long-term housing with support services
 Grand Total:	/ 17		

## VI-FSPDAT for Families

Domain	Subtotal	Results	
Pre-Survey	/ 2	Score Result Recommendations:	
A. History of Housing & Homelessness	/ 2		
B. Risks	/ 4	0-3: No housing intervention. Provide referrals to other resources.	
C. Socialization & Daily Functioning	/ 4		
D. Wellness	/ 6	4-8: Referral for rapid rehousing program	
E. Family Unit	/ 4		
 Total Score	/ 22	9+: Referral for permanent supportive housing	

# Scoring

- Provides a score which helps to “triage” a person’s need and determine next steps

Acuity Score	Priority Score	Likely a Candidate For:
0-3	1	No intervention
4-7	2	Rapid Rehousing*
8-17	3	Permanent Supportive Housing

- Would they like shelter?
- Is the person connected to benefits?
- Is the person a Veteran?
- Do they have unaddressed health or mental health issues?
- Are they a candidate for family reunification?
- Do they need ongoing case management services until housing?



# Resources through CES

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# Resources

- Outreach

- Outreach aims to locate, identify, and build relationships with individuals experiencing homelessness who are unsheltered/street based to engage them for providing immediate support, linkages to services, and connections with housing navigation resources aimed at ending homelessness.

- Housing Navigation

- Housing Navigation is housing focused case management and supportive services that are all provided in the service of the ultimate goal of permanent housing. Housing Navigation provides participants experiencing homelessness the following assistance: assistance with obtaining documentation required to obtain housing; linkage and referrals to services; case management; linkage to permanent housing; housing search and location; and time-limited housing stabilization services upon housing placement.

# Temporary Housing Resources

- **Crisis Housing**
  - An emergency shelter in the homeless coordinated entry system. Crisis Housing means any facility, the primary purpose of which is to provide temporary shelter for the homeless.
- **Bridge Housing**
  - Safe, reserved, 24-hour emergency shelter to be utilized by eligible homeless individuals, identified through the Coordinated Entry System. The intention of this emergency housing is to provide individuals with some stability, so that they can more easily maintain contact with their Housing Navigator, as they are assisted in their efforts to housing.
- **Transitional Housing**
  - A project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living within 24 or 36 months.

# Permanent Housing Resources

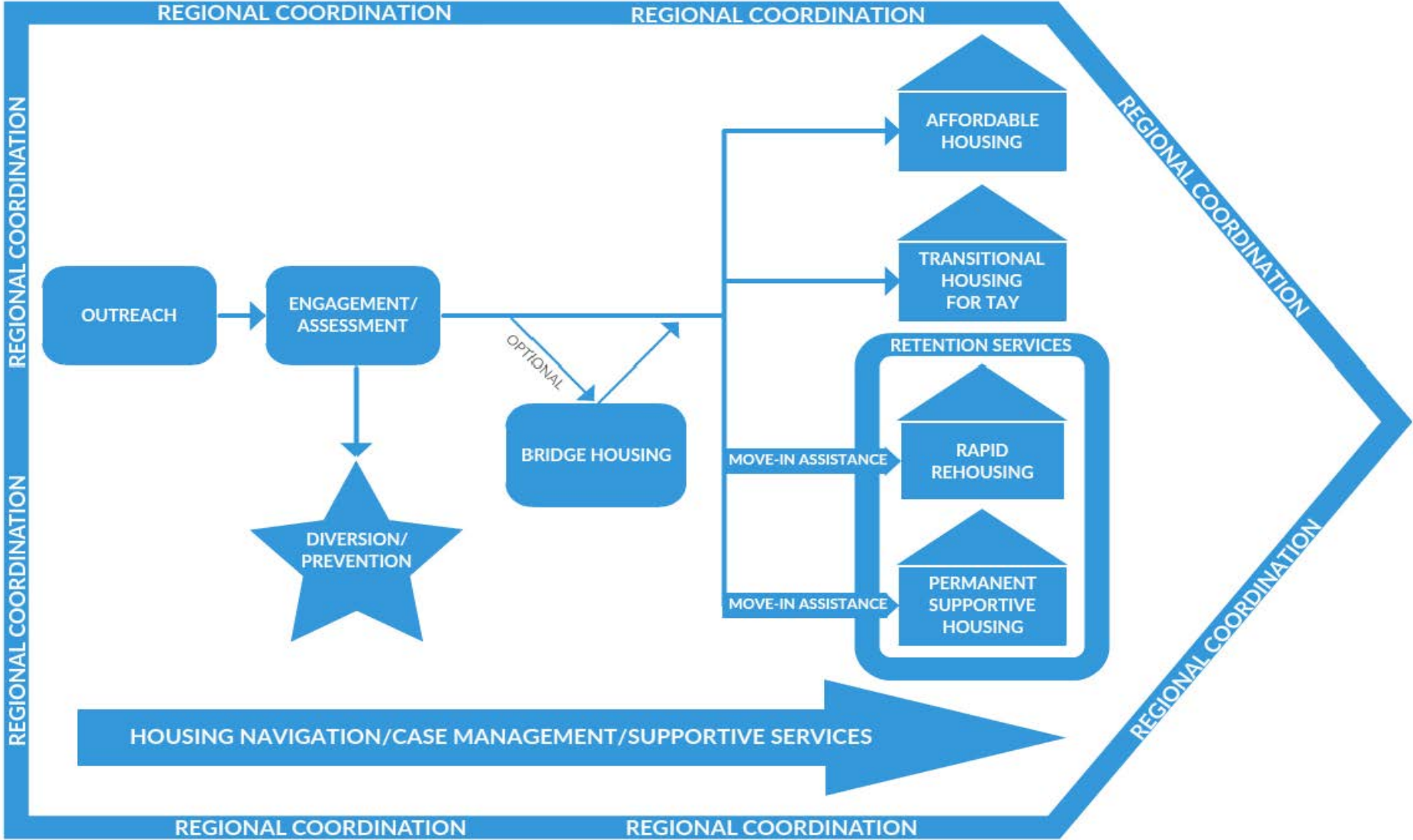
- **Rapid Rehousing**

A support intervention that uses a combination of case management, housing navigation, and short to medium term financial assistance to assist mid-range acuity homeless households identify and stabilize in tenant-based scattered site, permanent housing.

- **Permanent Supportive Housing**

- Long term, community based housing that has supportive services for homeless persons with disabilities. Permanent housing can be provided in one structure or in several structures at one site or in multiple structures in scattered sites.

# LAHSA Funded CES Programs





# Referrals and Matching

- Referrals:
    - County benefits and mainstream resource connections
    - Interim Housing: Crisis Housing
    - Interim Housing: Bridge Housing\*
    - Housing Navigation\*
  - Resources connected via centralized CES “Matching”:
    - Permanent Supportive Housing (Adults and Youth)
    - Transition Housing (Youth)
    - Rapid Rehousing (Adults)
    - Rapid Rehousing (Youth)
- \* May be matched via centralized CES Matching in the future

# Interim Housing: Crisis & Bridge Resources

<b>CRISIS HOUSING</b>	<b>BRIDGE HOUSING</b>
Any Homeless Adult or Homeless Youth	High Acuity, Matched to Housing
Any Adult or Youth At Imminent Risk of Homelessness	Mid-Acuity, Matched to Housing
Intake on First Come-First Serve Basis, Upon Bed Availability	High Acuity, Unmatched
	Exiting an Institution

# Specialized Interim Housing Resources

<b>EXITING INSTITUTIONS ("HPI")</b>	<b>AB 109</b>
Meeting HUD Homeless Criteria 1 or 4	Meeting HUD Homeless Criteria 1 or 4
Exiting any institution in the last 2 months (health, justice, foster)	Exiting any institution in the last 2 months (health, justice, foster)
	<i>AND</i> , AB 109 eligible* within the 5 years

# Interim Housing: Crisis & Bridge Resources

- Providers throughout the majority of Los Angeles county
- See Crisis & Bridge Housing reference sheet

## Services & Hotlines

Help is near you.

### Emergency and Other Service Centers

### Emergency Housing and Shelters

**Angels Flight (Youth)**  
(800) 833-2499

**Long Beach Rescue Mission**  
1335 Pacific Ave LB  
(562) 591-1292

**Bell Shelter**  
5600 Rickenbacker Road, Bell 90201  
(323) 263-1206

**Los Angeles Mission**  
303 E. 5th Street Los Angeles  
(213) 629-1227

**Cardinal Manning Ctr.**  
231 Winston St. Los Angeles  
(213) 229-9963

**Midnight Mission**  
601 S. San Pedro St. Los Angeles  
(213) 624-9258

**Dolores Mission**  
171 S. Gless Street Los Angeles  
(323) 881-0032

**San Fernando Rescue Mission**  
13422 Saticoy, N. Hollywood,  
(818)785-4476

**Jovenes, Inc.**  
1208 Pleasant Ave. Los Angeles  
(323) 260-8035

**Samoshel**  
505 Olympic, Santa Monica  
(310) 450-4050 or(310) 581-9825

**Filipino American Svcs. Group**  
135 N. Park View St., LA  
(213) 487-9804

**Shawl House**  
936 S. Centre St., San Pedro  
(310) 521-9310

**YR Shelter Program**  
3804 Broadway Pl. Los Angeles  
(323) 231-1711

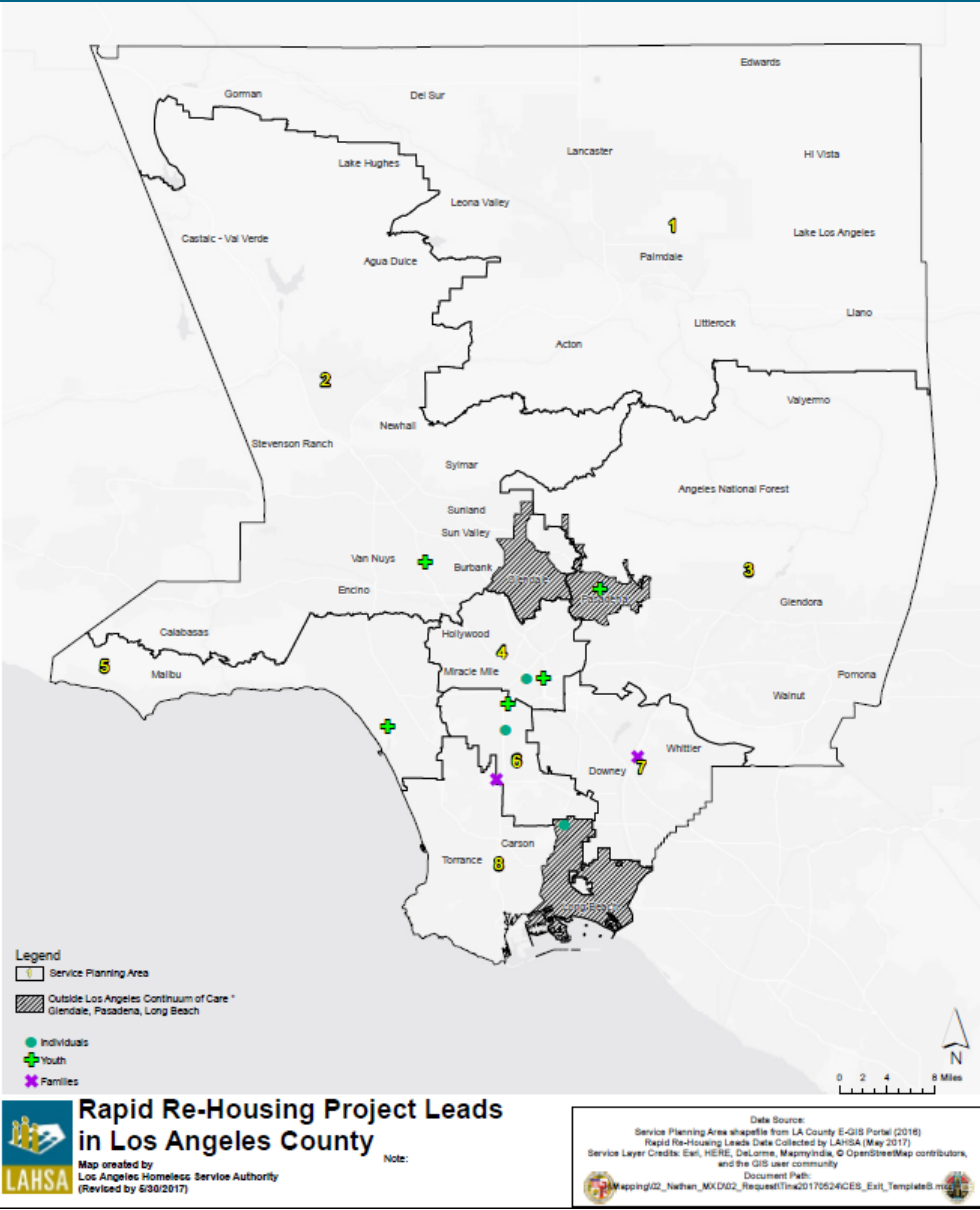
**Union Rescue Mission**  
545 S. San Pedro St. Los Angeles  
(213) 347-6300

**Lancaster Community Homeless Shelter**  
44611 Yucca Ave.  
(661) 945-7524

**Union Station**  
412 S. Raymond Ave, Pasadena  
(626) 240-4550

# Rapid Rehousing Resources

- Currently 54 lead Rapid Rehousing providers contracted throughout Los Angeles county
- See Rapid Rehousing reference sheet



# CES Matching



# How does CES matching work?

- A Housing Provider enters a housing resource(s) in CES
  - Could be a project based unit, a tenant based voucher, a rapid rehousing slot, or a transitional housing slot
- The housing provider includes the eligibility criteria that is required for the available resource
- A CES Matcher is notified of the housing resource
- The CES Matcher finds an individual that is *prioritized* and *eligible* for the resource
- The CES Matcher “matches” the person to the resource



# Housing Resource Criteria Example

Housing Resource	Chronic Homeless	Veteran	Mental Health Disability	HIV	Substance Use Disability
HACLA Shelter+Care	Must Be	Can Be	Can Be	Can Be	Can Be
DMH Shelter+Care	Must Be	Can Be	Must Be a DMH participant	Can Be	Can Be
VASH	Can Be	Must Be	Can Be	Can Be	Can Be
Homeless Section 8	Can Be	Can Be	Can Be	Can Be	Can Be
HACLA Mod Rehab	Can Be	Can Be	Can Be	Can Be	Can Be



# CES Matching Example

- Lucille Ball
  - ✓ Veteran
  - ✓ Disabled
  - ✓ VA Healthcare Eligible
  - ✓ Chronically Homeless
- HMIS calculates that the client is potentially eligible for housing resources such as:
  - Veterans Administration Supportive Housing
  - Supportive Services for Veteran Families
  - Shelter Plus Care



# CES Matching Example

- Ms. Ball is:
  - ✓ Eligible for the housing resource
  - ✓ AND, she has a high acuity score
  - ✓ AND, she wants the housing resource

- Then she's a →



# Housing Navigation

Housing Navigation is a critical component while a person awaits a housing “match”

- Refers to housing-focused street-capable case management services
- LAHSA funds Housing Navigation
- Other programs may provide housing navigation as well
- Helps a CES Participant connect to shelter and other resources
- Helps collect necessary documents
  - Identification
  - Social Security Card
  - Income Verification
- Helps keep track of someone while they are waiting for a housing “match”

Recall: housing takes time!





**Greater Los Angeles  
Coordinated Entry System**

Survey Packet  
Version 3.0



# Administering the CES Triage Tools

# Introduction: Format

1. Instructions
2. Checklist
3. Instructions for Respondent
4. Consent
5. CES Survey Part 1: Basic Intake, VI-SPDAT/Next Step Tool
6. CES Survey Part 2: Program Intake (HUD Intake Questions)
7. Supplemental Assessment - Veterans Administration
8. Supplemental Assessment - ILP Verification (Next Step Tool only)
9. Contact Sheet
10. Additional Consents (if needed)

# Checklist

## CES Survey: Introduction

### CHECKLIST

#### Prepare

- Review:** Instructions for the Surveyor
- Read Aloud:** Instructions for the Respondent
- Request Signature:** Consent Form

#### Survey (portions may be completed together or at separate times)

- Verbally Administer:** Survey Part 1 (VI-SPDAT v2, basic intake, initial eligibility questions)
- Verbally Administer:** Survey Part 2 (Program Intake)
- Verbally Administer\*:** VA Release of Information; Supplemental: VA (if applicable; can be referred to VA staff)
- Verbally Administer:** DHS Authorization for Use and Disclosure; Supplemental: DHS (Housing for Health Referral Form) (if applicable)
- Verbally Administer:** Supplemental: Housing Preferences
- Take picture:** Client may decline. Ask if you can take a picture of their ID instead or take a picture with them.
- Provide:** Contact sheet if you or your coordinator are willing to be available for follow-up contact

#### Follow-Up

- File Consent:** Keep record of consent and/or distribute to appropriate party in your SPA
- Data Entry:** Enter survey responses into HMIS
- Upload:** client picture, copies of documents, additional signed consents, to HMIS  
=====The following steps may be taken over by a Housing Navigator=====
- Obtain Documents (\*if not already in possession):** Birth Certificate, ID & Social Security. Although not immediately required, please be prepared to quickly prepare income verification documents as well.  
*Possessing documents required for housing is the final step in becoming "match-ready" for most housing in CES.*
- Data Entry:** Note receipt of documents and upload scanned copy of documents into HMIS if possible.

# CES Introduction - Do's and Don't

- ✓ Consent must be completed and signed
- ✓ Follow a Model of Progressive Engagement
- ✓ Referrals and Next Steps
- ✓ Reserve judgement
- ✓ Do not be disappointed if respondent does not want to be surveyed
- ✓ Do not promise housing or services
- ✓ Do not manipulate responses
- ✓ Do not volunteer the score or the scoring process
- ✓ Yes and No answers are ideal
- ✓ Count backwards and pause
- ✓ Be prepared to explain length or questions
- ✓ Practice

# CES Introduction Script

- Optional script as instructions for respondent
- Introduction of self and organization and the purpose of survey
- Time line of survey (20-30 minutes)
- Please specify this is not a housing application
- Some questions are personal to best assess needs and eligibility
- If respondent is uncomfortable in answering, they can skip the question
- Important to have accurate contact information on respondent to assist in documents needed to access resources
- No need to take the survey twice
- Respondent may request a contact sheet and refer to it if you have questions



# CES Consent

## CES Survey: Consent

GREATER LOS ANGELES & ORANGE COUNTY

HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)

CONSENT TO SHARE PROTECTED PERSONAL INFORMATION

The LA/OC HMIS is a local electronic database that securely record information (data) about clients accessing housing and homeless services within the Greater Los Angeles and Orange Counties. This organization participates in the HMIS database and shares information with other organizations that use this database. This information is utilized to provide supportive services to you and your household members.

### What information is shared in the HMIS database?

We share both Protected Personal Information (PPI) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your self-reported medical history, including any mental health and substance abuse issues
- Your case notes and services
- Your case manager's contact information
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Your emergency contact information
- Any history of domestic violence
- Your photo (optional)

### How do you benefit from providing your information?

The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your 'story.' Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in your local area.

### Who can have access to your information?

Organizations that participate in the HMIS database can have access to your data. These organizations may include homeless service providers, housing groups, healthcare providers, and other appropriate service providers.

### How is your personal information protected?

Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

## CES Survey: Consent

By signing below, you understand and agree that:

- You have the right to receive services, even if you do not sign this consent form.
- You have the right to receive a copy of this consent form.
- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form.
- This consent is valid for seven (7) years from the date the PPI was created or last changed.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the *Revocation of Consent* form. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.
- The Privacy Notice for the LA/OC HMIS contains more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request.
- No later than five (5) business days of your written request, we will provide you with:
  - A correction of inaccurate or incomplete PPI
  - A copy of your consent form
  - A copy of your HMIS records; and
  - A current list of participating organizations that have access to your HMIS data.
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent.
- You are not waiving any rights protected under Federal and/or California law.

### SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

I consent to sharing my photograph. (Check here)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_

Signature  \_\_\_\_\_ Date \_\_\_\_\_

Head of Household (Check here)

### Minor Children (if any):

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

\_\_\_\_\_  
Print Name of Organization Staff

\_\_\_\_\_  
Print Name of Organization

\_\_\_\_\_  
Signature of Organization Staff

\_\_\_\_\_  
Date

# CES Survey Part 1: Basic Intake, VI-SPDAT

- Client Profile
- Basic Information (1<sup>st</sup> Domain)

**CES Survey Part 1: Basic Intake, VI-SPDAT** Client Name / HMIS ID: \_\_\_\_\_

**Client Profile** (required questions are shaded)

HMIS Consent signed (Release of Information Permission):  No  Yes Date consented (Start Date): \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Social Security Number</b>	_____ - _____ - _____		
<b>Quality of SSN</b>	<input type="checkbox"/> Full SSN reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client refused	
<b>Last Name</b>	_____		
<b>First Name</b>	_____		
<b>Quality of Name</b>	<input type="checkbox"/> Full Name Reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Client refused	
<b>Quality of DOB</b>	<input type="checkbox"/> Full DOB reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client refused	
<b>Date of Birth</b>	____/____/____		
	<b>If the person is 60 years of age or older, then score 1.</b>		<b>Score:</b>
<b>Middle Name</b>			<b>Suffix:</b>
<b>Maiden Name</b>	_____		
<b>Alias</b>	_____		
<b>Gender</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Doesn't identify as male, female, or transgender	
	<input type="checkbox"/> Male	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> Transgender Male to Female	<input type="checkbox"/> Client refused	
	<input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Data not collected	
<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Client refused	
<b>Race</b>	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> Asian	<input type="checkbox"/> Client refused	
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Data not collected	
<b>Primary Language</b>	_____		
<b>TB Clearance Date</b>	____/____/____		<b>Clinic:</b>
<b>Have you ever served in the U.S. Military? (Veteran Status)</b>	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	
If the client identifies as Yes to veteran status, then the following questions are required:			
<b>Dates of military service (Year Only)</b>	_____ to _____		
<b>Branch of Military</b>	<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Coast Guard
	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> Client doesn't know
<b>Discharge Status</b>	<input type="checkbox"/> Honorable	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Under other than honorable conditions (OTH)	<input type="checkbox"/> Uncharacterized	<input type="checkbox"/> Data not collected
<b>Theater of Operations</b>	<b>World War II</b>	<b>Korean War</b>	<b>Vietnam War</b>
	<input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Don't know
	<input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> Refused
	<b>Afghanistan (Enduring Freedom)</b>	<b>Iraq (Iraqi Freedom)</b>	<b>Iraq (New Dawn)</b>
<input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> No <input type="checkbox"/> Don't know	<b>Other Operations</b>
<input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Don't know
			<input type="checkbox"/> Yes <input type="checkbox"/> Refused

# CES Survey Part 1: Basic Intake, VI-SPDAT

- Immediate Safety Assessment

**Immediate Safety Assessment**

**Instructions for surveyor (DO NOT READ ALOUD):** Due to the confidential nature of the following questions, we ask that you try to secure a private space where the **respondent is unaccompanied**. Regardless of the outcome, please remain neutral in your response and reserve judgment and unsolicited advice.

1. Are you seeking services today because you are concerned about your immediate safety related to abuse?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
2. If you experienced domestic or intimate partner violence, was this within the past month?	<input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
3. Are you currently fleeing because you are in danger?	<input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

**If question #2 and #3 were both answered as "Yes", then refer the client to the LA County Domestic Violence Hotline: 1-800-978-3600**

## A. History of Housing and Homelessness (2<sup>nd</sup> Domain)

**A. History of Housing and Homelessness**

4. Where do you sleep most frequently?	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> <b>Outdoors</b> <input type="checkbox"/> <b>Other</b> (please specify: _____)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If the person answers anything other than "Shelters", "Transitional Housing", or "Safe Haven", then score 1.</b>		<b>Score:</b> <input type="text"/>
5. How long has it been since you lived in permanent stable housing?	<input type="checkbox"/> Less than a week <input type="checkbox"/> 1 week – 3 months <input type="checkbox"/> 3 – 6 months	<input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 – 2 years <input type="checkbox"/> 2 years or more
6. In the last three years, how many times have you been homeless?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If the person has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1.</b>		<b>Score:</b> <input type="text"/>

# CES Survey Part 1: Basic Intake, VI-SPDAT

## B. Risk (3<sup>rd</sup> Domain)

<b>B. Risks</b>		
<b>7. In the past six months, how many times have you...</b>		
<b>7a.</b> Received health care at an emergency department / room?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>7b.</b> Taken an ambulance to the hospital?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>7c.</b> Been hospitalized as an in-patient?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>7d.</b> Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>7e.</b> Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>7f.</b> Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If the total number of interactions equals 4 or more, then score 1 for Emergency Service Use.</b>		<b>Score:</b> <input type="checkbox"/>
<b>8.</b> Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>9.</b> Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If "Yes" to any of the above, then score 1 for Risk of Harm.</b>		<b>Score:</b> <input type="checkbox"/>
<b>10.</b> Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If "Yes", then score 1 for Legal Issues.</b>		<b>Score:</b> <input type="checkbox"/>
<b>11.</b> Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>12.</b> Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If "Yes" to any of the above, then score 1 for Risk of Exploitation.</b>		<b>Score:</b> <input type="checkbox"/>

# CES Survey Part 1: Basic Intake, VI-SPDAT

## C. Socialization and Daily Functioning (4<sup>th</sup> Domain)

<b>C. Socialization &amp; Daily Functioning</b>		
<b>13.</b> Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	<input type="checkbox"/> No <input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>14.</b> Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If "Yes" to question 13 or "No" to question 14, then score 1 for <i>Money Management</i>.</b>		<b>Score:</b> <input type="text"/>
<b>15.</b> Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If "No", then score 1 for <i>Meaningful Daily Activity</i>.</b>		<b>Score:</b> <input type="text"/>
<b>16.</b> Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If "No", then score 1 for <i>Self-Care</i>.</b>		<b>Score:</b> <input type="text"/>
<b>17.</b> Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	<input type="checkbox"/> No <input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>If "Yes", then score 1 for <i>Social Relationships</i>.</b>		<b>Score:</b> <input type="text"/>

# CES Survey Part 1: Basic Intake, VI-SPDAT

## D. Wellness (5<sup>th</sup> Domain)

<b>D. Wellness</b>		
18. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
19. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
20. If there was space available in a program, housing, or resources that specifically assists people that live with HIV or AIDS, would that be of interest to you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
21. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
22. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
23. Are you currently pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes" to any of the above, then score 1 for <i>Physical Health</i> .		Score: <input type="text"/>
24. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
25. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes" to any of the above, then score 1 for <i>Substance Use</i> .		Score: <input type="text"/>
26. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:		
26a. A mental health issue or concern?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
26b. A past head injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
26c. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
27. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes" to any of the above, then score 1 for <i>Mental Health</i> .		Score: <input type="text"/>
If the respondent scored 1 for <i>Physical Health</i> and 1 for <i>Substance Use</i> and 1 for <i>Mental Health</i> , score 1 for <i>Tri-Morbidity</i> .		Score: <input type="text"/>

# CES Survey Part 1: Basic Intake, VI-SPDAT

- Scoring

Domain	Subtotal	Results	
Pre-Survey	/ 1	<b>Score:</b> 0 – 3	<b>Recommendation:</b> No housing intervention
A. History of Housing & Homelessness	/ 2		
B. Risks	/ 4	4 – 7	An assessment for Rapid Re-Housing
C. Socialization & Daily Functions	/ 4		
D. Wellness	/ 6	8 +	An assessment for Permanent Supportive Housing/Housing First
Grand Total:	/ 17		

- Follow Up

<b>Follow-Up</b>	
<b>31. On a regular day...</b>	
<b>31a.</b> Where is it easiest to find you?	
<b>31b.</b> What time of day is easiest to do so?	
<b>32. So that someone can safely get in touch with you or leave you a message...</b>	
<b>32a.</b> Is there a phone number?	
<b>32b.</b> Is there an email address?	
<b>33.</b> Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> No <input type="checkbox"/> Yes

- Residency & Preferences

<b>Residency &amp; Preferences</b>	
<b>34.</b> What city within the County of Los Angeles do you live in? <i>*SURVEYOR NOTE: Please choose a city from the Location of Survey list on page 10-12</i>	
If question #34 was answered as Los Angeles, then the following question is <b>required</b> :	
<b>34a.</b> If you reside within the City of Los Angeles, in which community do you live in? <i>*SURVEYOR NOTE: Please choose a community from the Location of Survey list on page 10-12</i>	
<b>35.</b> What other cities have you called home within the last year (last 12 months)? <i>*SURVEYOR NOTE: Please choose a city / cities from the Location of Survey list on page 10-12</i>	
If either question #34 or #35 was answered as Long Beach or Santa Monica, then the following question is <b>required</b> :	
<b>35a.</b> How many months have you stayed in that city/community?	
<b>36.</b> Is the region where you're currently residing where you're looking to be housed? <i>*SURVEYOR NOTE: location may be different from answer to Q35/35a</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, I have another community in mind**

# CES Survey Part I: Basic Intake, VI-SPDAT

## CES Survey Part 1: Basic Intake, VI-SPDAT Client Name / HMIS ID: \_\_\_\_\_

If question #36 was answered as No (\*\*), then the following question is **required**.

**36a.** What is the community you are looking to be housed in?  
*\*SURVEYOR NOTE: Please check ONLY ONE SPA.*

SPA 1 – Antelope Valley  
 SPA 2 – San Fernando Valley  
 SPA 3 – San Gabriel Valley  
 SPA 4 – Metro/Central LA  
 SPA 5 – West LA  
 SPA 6 – South LA  
 SPA 7 – Southeast / East LA  
 SPA 8 – South Bay  
 Outside of LA County

**37.** Would you be interested in housing options such as shared housing, a room for rent, or sober living?  
 Yes  Client doesn't know  
 No  Client refused

**US Department of Veterans Affairs (VA), Department of Mental Health (DMH), and Department of Health Services (DHS)**

**38.** To the best of your knowledge, do you think you are VA Healthcare eligible?  
 Yes  Client doesn't know  
 No  Client refused

**If "Yes" to Veteran, administer VA release of information and refer to a veteran service provider to perform the "Supplemental – VA" assessment. Optional: complete the "Supplement – VA" assessment.**

**39.** Are you currently receiving or have you ever received treatment at a mental health program/clinic?  
 Yes  Client doesn't know  
 No  Client refused

**39a.** If yes, what is the name of the program/clinic?

**40.** Have you been a patient at any of the following county\* hospitals, clinics, or health centers in the past 12 months? (\*County refers to LA County Department of Health Services. If other, please state the name of the specific DHS Health Center.)  
*Please check all that apply*

Does not receive care at any DHS hospital or clinic

**Hospitals**  
 LAC + USC Med Center  
 Harbor UCLA Med Center  
 Olive View Med Center  
 Rancho Los Amigos

**Health Centers**  
 Antelope Valley Health Center  
 Bellflower Health Center  
 Dollarhide Health Center  
 Glendale Health Center  
 La Puente Health Center  
 Lake Los Angeles Health Center  
 Little Rock Health Center  
 San Fernando Health Center  
 South Antelope Valley Health Center  
 Wilmington Health Center

**Multi-Service Ambulatory Care Centers**  
 Martin Luther King, Jr. Outpatient Center  
 High Desert Regional Health Center

**Comprehensive Health Centers**  
 El Monte Comprehensive Health Center  
 Edward R. Roybal Comprehensive Health Center  
 H. Claude Hudson Comprehensive Health Center  
 Hubert H. Humphrey Comprehensive Health Center  
 Long Beach Comprehensive Health Center  
 Mid-Valley Comprehensive Health Center

**Other**  
 Other DHS clinic (Specify): \_\_\_\_\_

If any hospital or center was answered for question #40, then the following question is **required**.

**40a.** How many times have you accessed services at the DHS site(s) in the last 12 months?  
 1  5  Client doesn't know  
 2  6  Client refused  
 3  7  
 4  More than 7

**If 2 or more to question 40a, perform the "Supplemental – DHS (Housing for Health Referral)" assessment**

**Disabling Condition**

**41.** Do you think you might have any of the following conditions?  
 Substance abuse disorder  Developmental disability  None of the above  
 Physical disability  Chronic physical illness  Client doesn't know  
 Mental health disability  HIV / AIDS  Client refused

Will direct you to complete **US Department of Veteran Affairs (VA)** Supplemental forms

- Important to understand the location where an individual is currently getting there mental health treatment.
- **Department of Mental Health(DMH)** enters housing opportunities into the CES system.
- Eligible for DMH Housing Opportunities are individuals that are currently receiving services with a Directly Operated or Contracted DMH facility.

Will direct you to complete the **Department of Health Services(DHS)** Housing for Health Referral



# Youth Next Step Tool

- Basic Information (1<sup>st</sup> Domain)



## Youth CES Next Step Tool

Client Name / HMIS ID: \_\_\_\_\_

### Client Profile (required questions are shaded)

HMIS Consent signed (Release of Information Permission):  No  Yes Date consented (Start Date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number	_____		
Quality of SSN	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Last Name	_____		
First Name	_____		
Quality of Name	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Quality of DOB	<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Date of Birth	____/____/____		
	<b>If the youth is 17 years of age or less, then score 1.</b> This point will automatically compute in HMIS if youth is 17 or younger		Score: _____
Middle Name	Suffix: _____		
Maiden Name	_____		
Alias	_____		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male)	<input type="checkbox"/> Gender Non-Conforming;not exclusively male or female <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Ethnicity	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Race	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Primary Language	_____		
TB Clearance Date	____/____/____		Clinic: _____
Have you ever served in the U.S. Military? (Veteran Status)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
If the client identifies as Yes to veteran status, then the following questions are required:			
Dates of military service (Year Only)	_____ to _____		
Branch of Military	<input type="checkbox"/> Army <input type="checkbox"/> Air Force	<input type="checkbox"/> Navy <input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Discharge Status	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under other than honorable conditions (OTH)		
Theater of Operations	World War II <input type="checkbox"/> No <input type="checkbox"/> Yes	Korean War <input type="checkbox"/> No <input type="checkbox"/> Yes	Vietnam War <input type="checkbox"/> No <input type="checkbox"/> Yes
	Alghanistan (Enduring Freedom) <input type="checkbox"/> No <input type="checkbox"/> Yes	Iraq (Iraqi Freedom) <input type="checkbox"/> No <input type="checkbox"/> Yes	Iraq (New Dawn) <input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused
	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused
	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused

# Youth Next Step Tool

## A. History of Housing and Homelessness (2<sup>nd</sup> Domain)

### Youth CES Next Step Tool

Client Name / HMIS ID: \_\_\_\_\_

#### A. ADMINISTRATION

Interviewer's Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Assessment Date: \_\_\_/\_\_\_/\_\_\_

#### B. ILP Eligibility Screening

Question	Check One Answer	Comments
1. Have you ever lived outside of your home? By outside of your home, I mean a foster home, group home, or the home of a relative that you were placed by the court?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	
2. Do you or Did you have a social worker, probation officer, or both?	<input type="checkbox"/> Social Worker <input type="checkbox"/> N/A <input type="checkbox"/> Probation Officer <input type="checkbox"/> Both	
3. Would you be willing to sign off on a form to help us confirm if you're eligible for additional services, housing and resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If question # 3 was answered "Yes", please have the youth complete the ILP Eligibility form in the Supplemental Assessments section of the Next Step Tool.

#### C. History of Homelessness

Question	Answer (Check One)	Comment
4. Where do you sleep most frequently?	<input type="checkbox"/> Shelters <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Client Refused <input type="checkbox"/> Safe Haven <input type="checkbox"/> Couch Surfing <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (please specify: _____)	



If the youth answers anything other than "Shelters", "Transitional Housing", or "Safe Haven", then score 1. Score:

5. How long has it been since you lived in permanent stable housing?	_____ Months	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
6. In the last three years, how many times (episodes) have you been homeless?	_____ Episodes	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	



If the youth has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1. Score:

**Subtotal for Section C:**

# Youth Next Step Tool

## B. Risks (3<sup>rd</sup> Domain)

D. Risks		
Question	Answer (Check One)	Comment
In the past six months, how many times have you...		
7. Received health care at an emergency department / room?	_____ Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
8. Taken an ambulance to the hospital?	_____ Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
9. Been hospitalized as an inpatient?	_____ Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
10. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
11. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
12. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____ Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
If the total number of interactions equals 4 or more, then score 1 for Emergency Service Use.		Score: <input type="text"/>
13. Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	
14. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	
If "Yes" to any of the above, then score 1 for Risk of Harm.		Score: <input type="text"/>
15. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	
16. Were you ever incarcerated when younger than age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	
If "Yes" to any of the above, then score 1 for Legal Issues.		Score: <input type="text"/>
17. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	
18. Do you ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused	
If "Yes" to any of the above, then score 1 for Risk of Exploitation.		Score: <input type="text"/>
Subtotal for Section D:		<input type="text"/>

# Youth Next Step Tool

## C. Socialization and Daily Functioning (4<sup>th</sup> Domain)

E. Socialization & Daily Functioning			
Question	Answer (Check One)		Comment
19. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that <i>thinks</i> you owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
20. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
If "Yes" to question 19 or "No" to question 20, then score 1 for <i>Money Management</i> .			Score: <input type="text"/>
21. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
If "No", then score 1 for <i>Meaningful Daily Activity</i> .			Score: <input type="text"/>
22. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
If "No", then score 1 for <i>Self-Care</i> .			Score: <input type="text"/>
Is your current lack of stable housing...			
23. Because you ran away from your family home, a group home or a foster home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
24. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
25. Because your family or friends caused you to become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
26. Because of conflicts around gender identity or sexual orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
If "Yes" to any of the above, then score 1 for <i>Social Relationships</i> .			Score: <input type="text"/>
27. Because of violence at home between family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
28. Because of an unhealthy or abusive relationship, either at home or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
29. Are you seeking services today because you are concerned about your immediate safety?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
If "Yes" to question #29, at the end of the Next Step Tool, please have a conversation with the youth to explore their safety needs and what resources interest them.			
If "Yes" to question #27 or #28, then score 1 for <i>Abuse/Trauma</i> .			Score: <input type="text"/>
Subtotal for Section E:			<input type="text"/>

# Youth Next Step Tool

F. Wellness			
Question	Answer (Check One)		Comment
30. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
31. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
32. If there were resources or housing available that specifically assists people that live with HIV or AIDS, would that be of interest to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
33. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
34. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
35. Are you currently pregnant, have ever been pregnant, or have gotten someone pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
36. If currently pregnant, what is your due date?			

If "Yes" to any of the above, then score 1 for Physical Health. Score:

37. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
38. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
39. If you've ever used marijuana, did you ever try it at age 12 or younger?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

If "Yes" to any of the above, then score 1 for Substance Use. Score:

Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or another place you were staying, because of:			
40. A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
41. A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
42. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
43. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	

If "Yes" to any of the above, then score 1 for Mental Health. Score:

## D. Wellness (5<sup>th</sup> Domain)

If the respondent scored 1 for Physical Health and 1 for Substance Use and 1 for Mental Health, score 1 for Tri-Morbidity. Score:

44. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
45. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
46. Are you currently receiving or have you ever received treatment at a mental health program/clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
47. If yes, what is the name of the program/clinic?	<input type="text"/>		

If "Yes" to question # 44 or # 45, then score 1 for Medications. Score:

**Subtotal for Section F:**

# Youth Next Step Tool

- Scoring

## H. Scoring Summary

Domain	Subtotal	Results	
A. Basic Information	/ 1	Score:	Recommendation:
C. History of Housing & Homelessness	/ 2	0 – 3	Diversion and support services
D. Risks	/ 4	4 – 7	Short-term housing with support services
E. Socialization & Daily Functions	/ 5		
F. Wellness	/ 5	8 +	Long-term housing with support services
<b>Grand Total:</b>	<b>/ 17</b>		

- Residency & Preferences

## J. Residency & Preferences

Question	Answer (Check One)
53. What city within the County of Los Angeles do you frequently stay in at night? <i>*SURVEYOR NOTE: Please choose a city from the Location of Survey list on page 10-12 or if City of LA, list City of Los Angeles</i>	_____
<i>If question #53 was answered Los Angeles, then the following question is required:</i>	
54. If you reside within the City of Los Angeles, in which community do you live in? <i>*SURVEYOR NOTE: Please choose a community from the Location of Survey list on page 10-12</i>	_____
55. Have you lived in Long Beach or Santa Monica for a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> No <input type="checkbox"/> Client Refused
56. Is there anywhere you would not be able to live?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
57. If yes, where?	_____
<i>If the youth answers "Yes" to question #56, please have a conversation with the youth to understand their response better. For example, is it a safety issue, etc.?</i>	
58. <b>Question for Participant:</b> Some housing units have disability-related features that make it easier for people with certain disabilities to live in that housing. If you or anyone in your household are to be placed in housing, would you need:	<input type="checkbox"/> Yes: a mobility unit <input type="checkbox"/> Yes: a hearing/vision unit <input type="checkbox"/> Yes: a mobility and hearing/vision unit <input type="checkbox"/> No
59. <b>Question for Staff:</b> Based on your observation, does this person/a person in this household appear to have:	<input type="checkbox"/> A mobility disability (uses a wheelchair, walker, or has difficulty walking) <input type="checkbox"/> A hearing disability (deaf or hard of hearing) <input type="checkbox"/> A visual disability (blind or low vision) <input type="checkbox"/> None of the above
60. <b>Question for Staff:</b> Based on your observation, might this person/a person in this household need assistance to communicate as effectively as someone without a disability (i.e. sign-language interpreter, large print or braille documents, hearing assistance device)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No.
<i>If question #60 was answered as Yes (*), then the following question is required:</i>	
60a. Ask: Which assistance aides do they need?	_____

# Youth Next Step Tool

## CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: \_\_\_\_\_

If question #36 was answered as No (\*\*), then the following question is **required**.

**36a.** What is the community you are looking to be housed in?  
\*SURVEYOR NOTE: Please check **ONLY ONE** SPA.

- SPA 1 – Antelope Valley
- SPA 2 – San Fernando Valley
- SPA 3 – San Gabriel Valley
- SPA 4 – Metro/Central LA
- SPA 5 – West LA
- SPA 6 – South LA
- SPA 7 – Southeast / East LA
- SPA 8 – South Bay
- Outside of LA County

**37.** Would you be interested in housing options such as shared housing, a room for rent, or sober living?  
 Yes  Client doesn't know  
 No  Client refused

### US Department of Veterans Affairs (VA), Department of Mental Health (DMH), and Department of Health Services (DHS)

**38.** To the best of your knowledge, do you think you are VA Healthcare eligible?  
 Yes  Client doesn't know  
 No  Client refused

**If "Yes" to Veteran, administer VA release of information and refer to a veteran service provider to perform the "Supplemental – VA" assessment. Optional: complete the "Supplement – VA" assessment.**

**39.** Are you currently receiving or have you ever received treatment at a mental health program/clinic?  
 Yes  Client doesn't know  
 No  Client refused

**39a.** If yes, what is the name of the program/clinic?

**40.** Have you been a patient at any of the following county\* hospitals, clinics, or health centers in the past 12 months? (\*County refers to LA County Department of Health Services. If other, please state the name of the specific DHS Health Center.)  
*Please check all that apply*

Does not receive care at any DHS hospital or clinic

**Hospitals**

- LAC + USC Med Center
- Harbor UCLA Med Center
- Olive View Med Center
- Rancho Los Amigos

**Health Centers**

- Antelope Valley Health Center
- Bellflower Health Center
- Dollarhide Health Center
- Glendale Health Center
- La Puente Health Center
- Lake Los Angeles Health Center
- Little Rock Health Center
- San Fernando Health Center
- South Antelope Valley Health Center
- Wilmington Health Center

**Multi-Service Ambulatory Care Centers**

- Martin Luther King, Jr. Outpatient Center
- High Desert Regional Health Center

**Comprehensive Health Centers**

- El Monte Comprehensive Health Center
- Edward R. Roybal Comprehensive Health Center
- H. Claude Hudson Comprehensive Health Center
- Hubert H. Humphrey Comprehensive Health Center
- Long Beach Comprehensive Health Center
- Mid-Valley Comprehensive Health Center

**Other**

- Other DHS clinic (Specify): \_\_\_\_\_

If any hospital or center was answered for question #40, then the following question is **required**.

**40a.** How many times have you accessed services at the DHS site(s) in the last 12 months?  
 1  5  Client doesn't know  
 2  6  Client refused  
 3  7  
 4  More than 7

**If 2 or more to question 40a, perform the "Supplemental – DHS (Housing for Health Referral)" assessment**

### Disabling Condition

**41.** Do you think you might have any of the following conditions?  
 Substance abuse disorder  Developmental disability  None of the above  
 Physical disability  Chronic physical illness  Client doesn't know  
 Mental health disability  HIV / AIDS  Client refused

Will direct you to complete **US Department of Veteran Affairs (VA)** Supplemental forms

- Important to understand the location where an individual is currently getting there mental health treatment.
- **Department of Mental Health(DMH)** enters housing opportunities into the CES system.
- Eligible for DMH Housing Opportunities are individuals that are currently receiving services with a Directly Operated or Contracted DMH facility.

Will direct you to complete the **Department of Health Services(DHS)** Housing for Health Referral

# Scoring Reminders!

- Not intended to be shared with the client
- Scores do not **define** what intervention is appropriate
- “Recommended for further assessment”
- Responses are to be based solely on the client’s self-report
- Important to not manipulate scoring



# Updating Surveys

- Always check HMIS first to make sure someone does not already have a triage tool entered!
- Surveys do not need to be updated frequently
- Update a tool is only necessary upon a major life change
  - New episodes of homelessness
  - Changes to homeless status
  - Significant changes in a health or mental health condition
- If someone has a score in CES that does not match what you observe, you also have the option of submitting a Score Revision Worksheet to the CES SPA Matcher
- If someone is too unwell to engage in completing the tool, you may request a Full SPDAT (Full Assessment). Please contact your CES SPA Matcher for more information.

# HMIS Participation



# CES Triage Tool in LAHSA's New HMIS



**CLARITY**  
HUMAN SERVICES

Username

Password

[Sign In](#)

[Forgot Password?](#)

VI-SPDAT PRESCREEN FOR SINGLE ADULTS [V2]

Assessment Date

Primary Language

**A. History of Housing & Homelessness**

Where do you sleep most frequently?

How long has it been since you lived in permanent stable housing?

In the last three years, how many times have you been homeless?

**B. Risks**

In the past six months, received health care at an emergency department/room?

In the past six months, how many times have you taken an ambulance to the hospital?

In the past six months, how many times have you been hospitalized as an in-patient?

In the past six months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

In the past six months, how many times have you talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?

In the past six months, how many times have you stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

Have you been attacked or beaten up since you've become homeless?

# HMIS Participation

- All surveys need to be entered into HMIS
- Point persons at own agency or at a partner agency can be responsible for data entry
- LAHSA & SAPC are coordinating to provide additional access to HMIS
- Three options for entering surveys into HMIS:
  1. Your agency may already be on HMIS
  2. Your agency may be directed to have one person sign up for HMIS training to do data entry
  3. Your agency may be directed send CES Triage Tools to be entered by a partner SAPC funded agency

# Partnerships: CES Local Resources & Connections

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# How can we work together?

- Make sure your clients have had a CES Triage Tool completed
- Make relevant linkages to other resource
- Serve as a primary point of contact for a CES Participant as they await a match



# How can we work together?

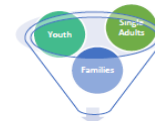
- Know when to link someone to another system:
  - Veterans
- Know how to refer someone to a CES resource:
  - Interim Housing: Crisis Housing
  - Interim Housing: Bridge Housing
  - Rapid Rehousing
- Know the CES Leads in your area
  - Know the CES Leads for each system in your area
  - Attend Case Conferencing/Care Coordination meetings

# Countywide CES Leadership Contact List

For CES Contact Sheet, please visit LAHSA's online Document Library and search: CES Countywide Leadership Contact



## COORDINATED ENTRY SYSTEM(CES) LEADERSHIP CONTACT LIST



Coordinated Entry System

Service Planning Area 1 Antelope Valley CES Leadership Team			
Title	Name	Agency	Email Address
SPA Lead Coordinator for all CES systems	Pamela Griffin	Valley Oasis	<a href="mailto:pgriffin@avdvc.org">pgriffin@avdvc.org</a>
Single Adults SPA Lead Coordinator	Diane Grooms	Valley Oasis	<a href="mailto:dvgrooms@gmail.com">dvgrooms@gmail.com</a>
Single Adults Matcher	Nicholas Matthews	Valley Oasis	<a href="mailto:nmatthews@avdvc.org">nmatthews@avdvc.org</a>
Outreach Coordinator	Vacant (refer to Single Adult Coordinator)	Valley Oasis	
Youth Coordinator	Monica Teruya	Valley Oasis	<a href="mailto:mteruya@avdvc.org">mteruya@avdvc.org</a>
Family Coordinator	Nicholas Matthews	Valley Oasis	<a href="mailto:nmatthews@avdvc.org">nmatthews@avdvc.org</a>
Service Planning Area 2 San Fernando Valley CES Leadership Team			
Title	Name	Agency	Email Address
Single Adults SPA Lead Coordinator/ San Fernando Valley Regional Coordinator	John Horn	LA Family Housing	<a href="mailto:jhorn@lafh.org">jhorn@lafh.org</a>
Single Adults Northern Regional Coordinator- Santa Clarita Valley	Silvia Gutierrez	Bridge to Home	<a href="mailto:silvia.m.gutierrez@btohome.com">silvia.m.gutierrez@btohome.com</a>
Single Adults Eastern Regional Coordinator- Glendale/Burbank	Natalis Ng	Ascencia	<a href="mailto:nng@ascencia.org">nng@ascencia.org</a>
Single Adults Matcher	David Dang	LA Family Housing	<a href="mailto:ddang@lafh.org">ddang@lafh.org</a>
Outreach Coordinator	Alexandra "Sasha" Morozov	LA Family Housing	<a href="mailto:amorozov@lafh.org">amorozov@lafh.org</a>
Outreach Coordinator	Patrick Justice	LA Family Housing	<a href="mailto:pjustice@lafh.org">pjustice@lafh.org</a>
Youth Coordinator	Olga Flores	The Village Family Services	<a href="mailto:oflores@thevillagefs.org">oflores@thevillagefs.org</a>
Family Coordinator	Dan Parziale	LA Family Housing	<a href="mailto:DParziale@lafh.org">DParziale@lafh.org</a>



# Questions?

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