

An Introduction to the Coordinated Entry System & How to Conduct the CES Survey Packet

June 16, 2017

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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
 - 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 Single Adults to CES using the CES Survey Packet
 - ✓ CES resources in your area



The Los Angeles Homeless Service Authority (LAHSA)



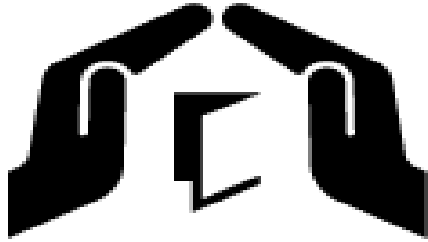
- The Los Angeles Homeless Services Authority (LAHSA) was created in 1993 as an independent, Joint Powers Authority between Los Angeles City and County.
- Our Mission Statement is: *“To support, create and sustain solutions to homelessness in Los Angeles County by providing leadership, advocacy, planning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



Homeless Definition

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

(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) (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) (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:

(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:

(3) 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 Homeless 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 that are chronically homeless upon program entry AND have stay longer than 90 days, WILL LOSE CHRONIC HOMELESS STATUS, which can impact eligibility for certain Permanent Supportive Housing resources which require chronic homeless status.*
- *Conversely, Recovery Bridge Housing is equivalent to a shelter program, thus a client cannot lose chronic status if staying in RBH for longer than 90 days.*

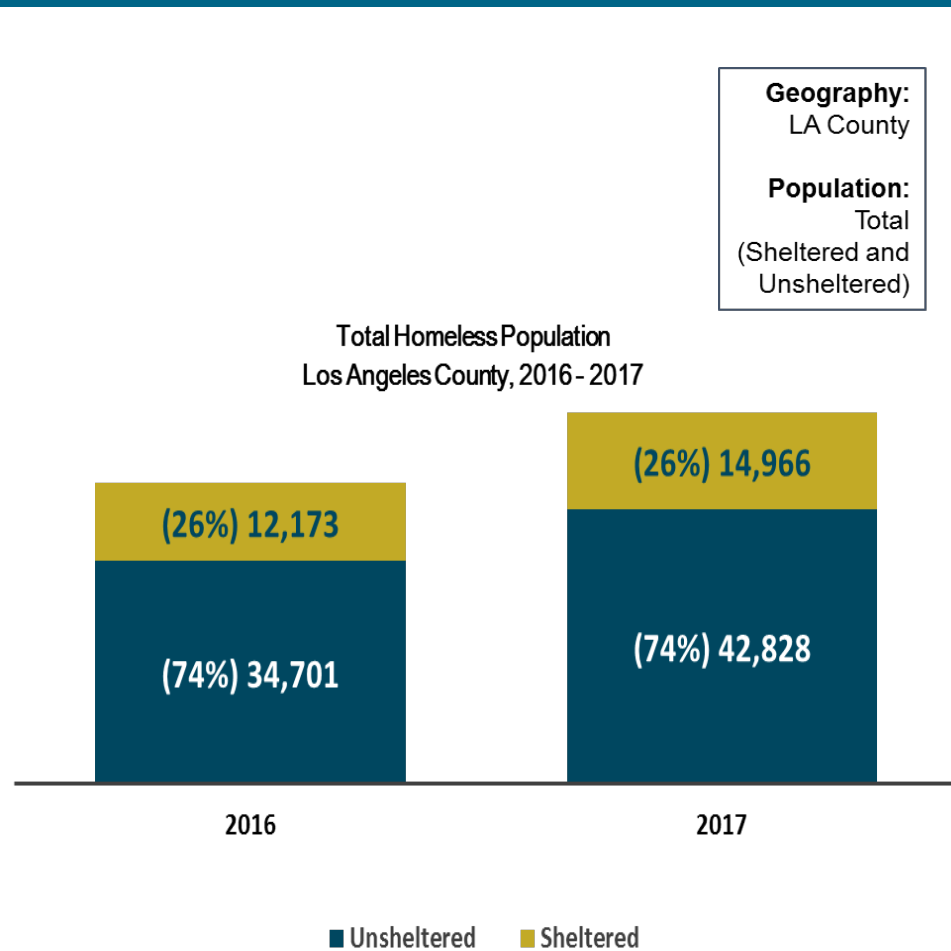
2017 Los Angeles County Results

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

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



Chronic Homelessness

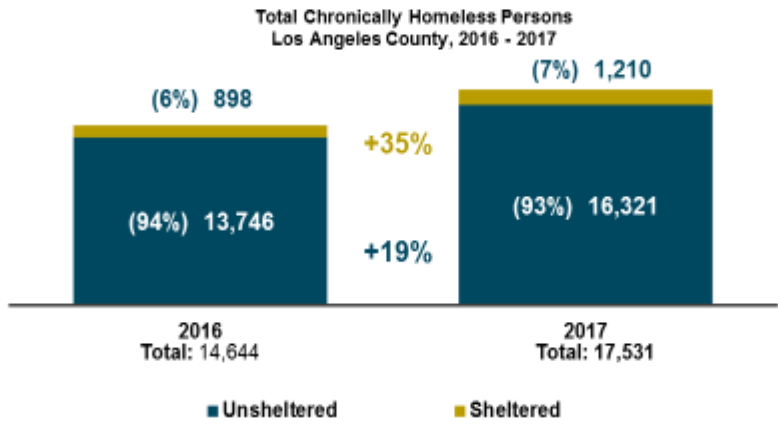
People experiencing **Chronic Homelessness** has increased by **20%** from 2016.

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



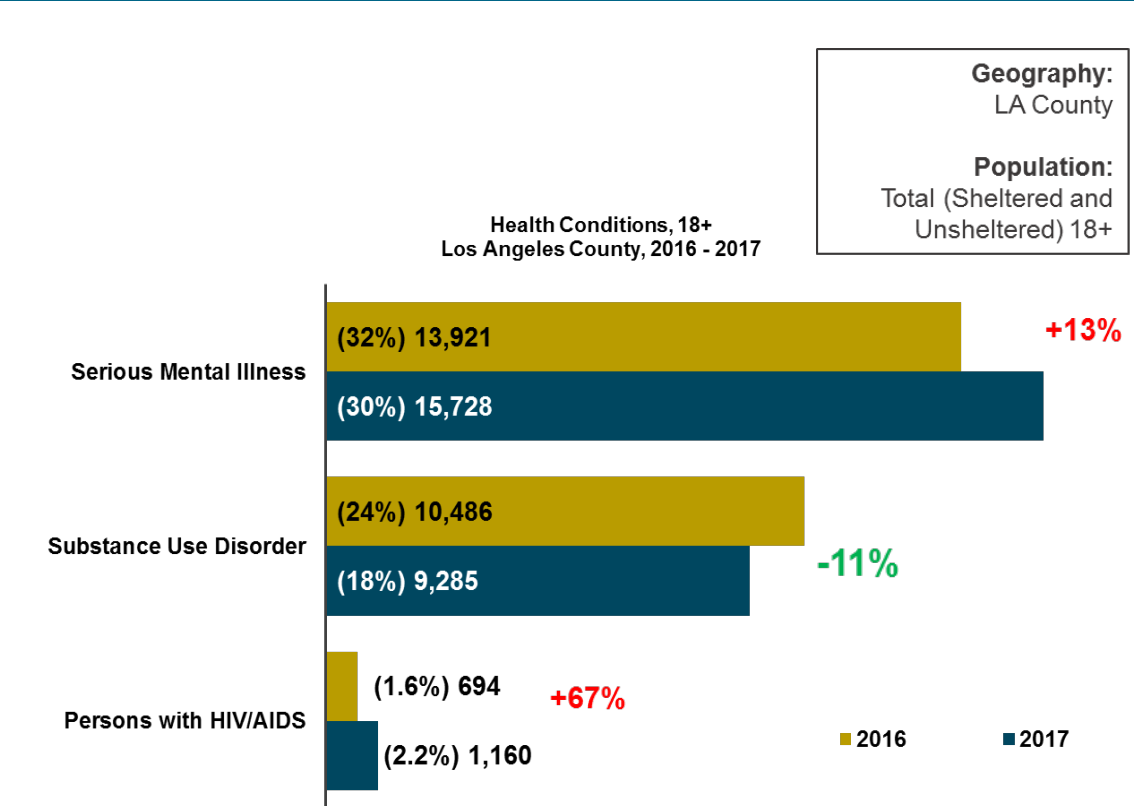
- Sheltered Chronically Homeless Persons excludes Transitional Housing
- Los Angeles County includes Glendale, Pasadena, and Long Beach CoCs

Demographic Characteristics

People experiencing:

- chronic homelessness
- mental illness
- substance abuse

represent a large share of the homeless population

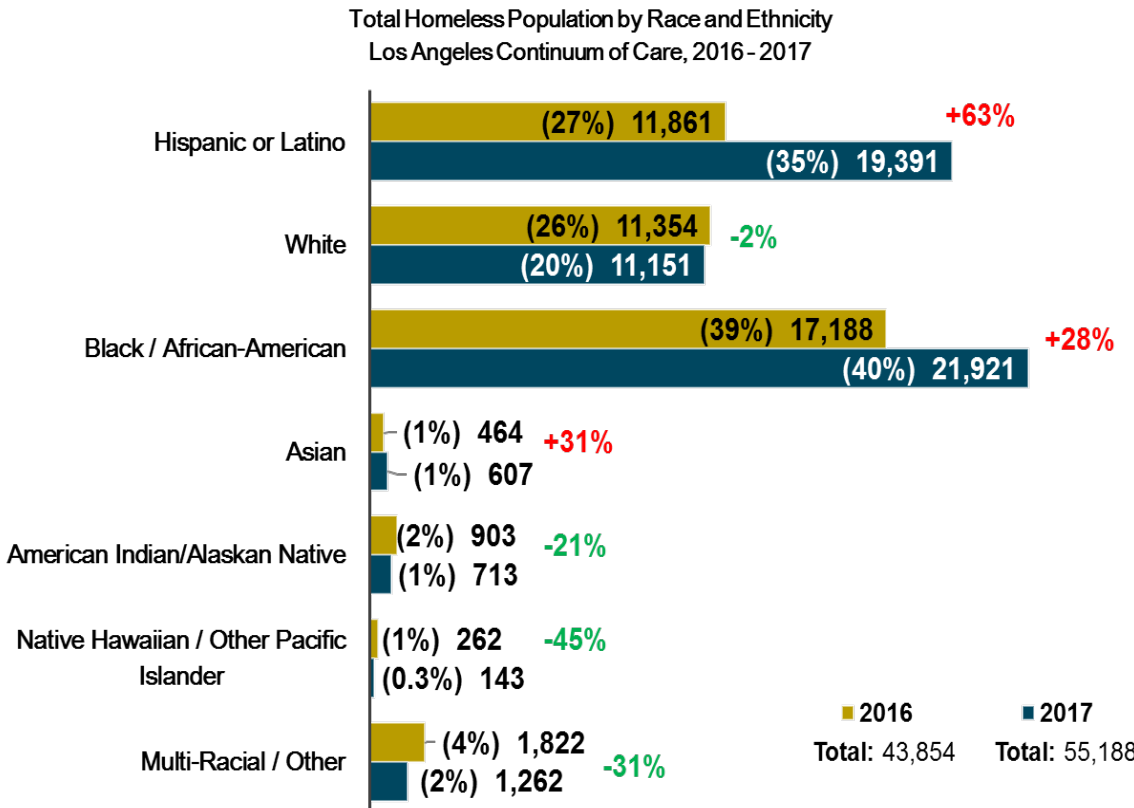


*People can have multiple characteristics
Totals for each condition include persons 18 years and older only
Los Angeles County includes Glendale, Pasadena, and Long Beach CoCs*

Homeless Persons by Race and Ethnicity

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

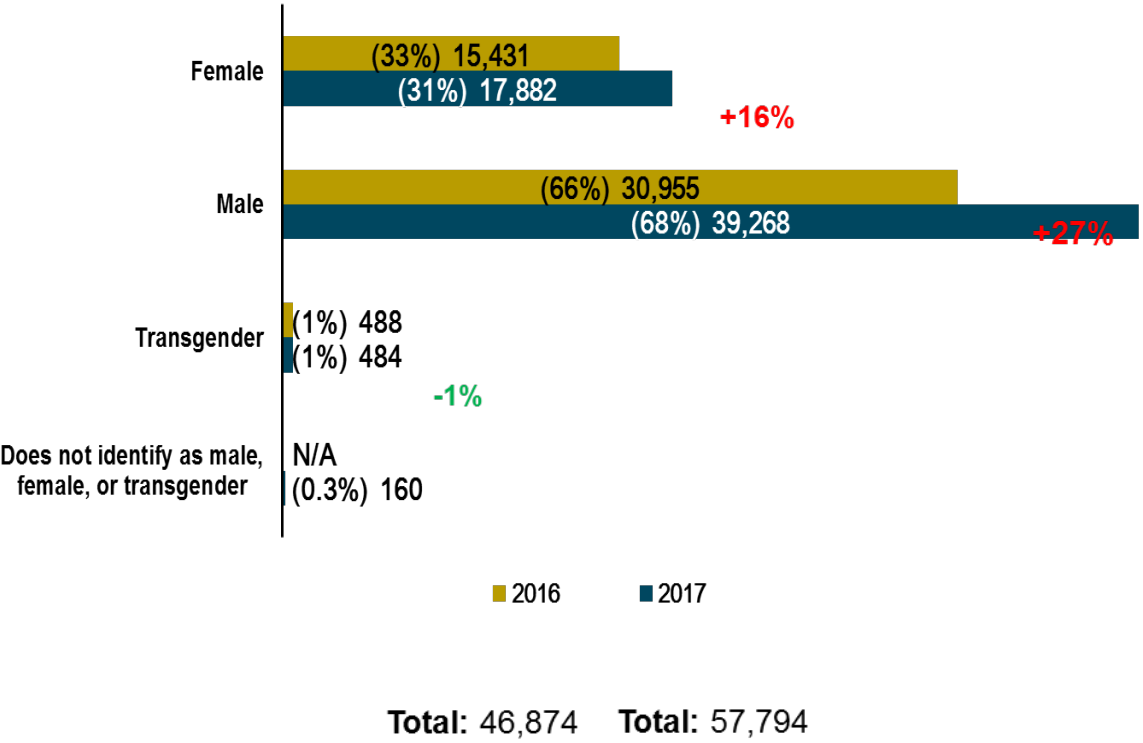
African Americans experiencing homelessness increased by **28%** from 2016.



LA CoC excludes Glendale, Pasadena, and Long Beach CoCs

Homeless Persons by Gender

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



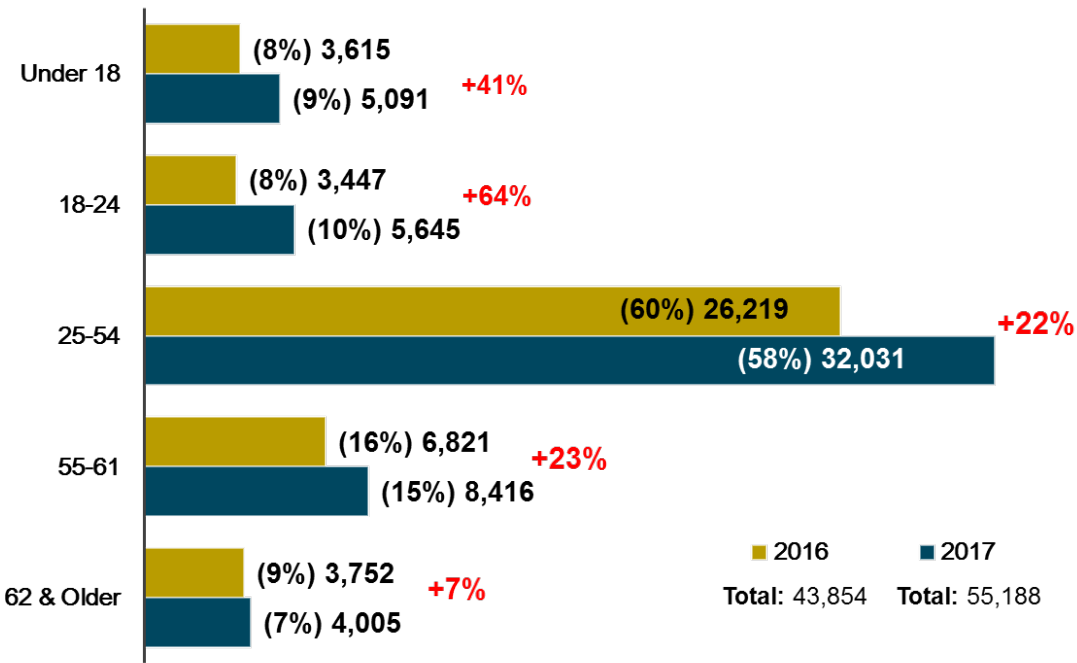
Since 2016 there has been an increase of **16%** in the number of females experiencing homelessness

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 individual 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

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

NEXT FOR MEASURE H

ROADMAP TO REAL HELP, LASTING CHANGE

2016
Board of Supervisors adopted 47-strategy action plan to combat homelessness



MARCH 2017

69.34% of L.A. County voters approved Measure H

- 10-year commitment
- ¼-cent County sales tax
- \$355 million annually
- Helps 45,000 escape homelessness and prevents 30,000 others from becoming homeless in first five years

MARCH



50-member planning team

will develop funding recommendations for Measure H's first three years

INITIAL PLANNING MEETING
MARCH 23

APRIL

JUNE 2017

Spending recommendations will be submitted to the Board of Supervisors



FINAL PLANNING MEETING
MAY 10

MAY



Community webinar is scheduled for April 25 to discuss draft funding recommendations

3RD PLANNING MEETING
APRIL 13

2ND PLANNING MEETING
APRIL 6

JULY-SEPTEMBER 2017

County ramps up existing and new contracts with community-based organizations to expand services, including mental health, substance abuse, housing support, jobs



JULY

Sales tax projected to take effect
Most revenue will be allocated geographically for use in communities countywide



SEPTEMBER



A Citizens' Homeless Initiative Oversight Advisory Board will review all expenditures, and an independent auditor will report annually

ONGOING ACCOUNTABILITY



Measure H Funding for Programs

- \$355 billion annually for:
 - Outreach
 - Housing Navigation
 - Housing Location
 - Crisis Housing
 - Bridge Housing
 - Rapid Rehousing
 - Legal Services
 - Access Centers
 - CES System Infrastructure

The Coordinated Entry System (CES)

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What is CES?

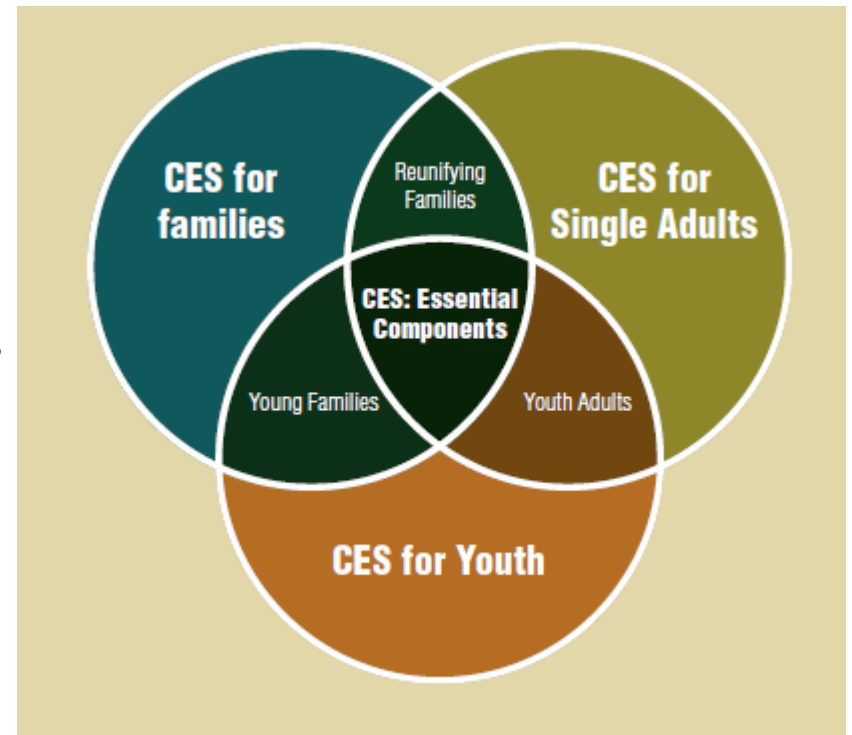
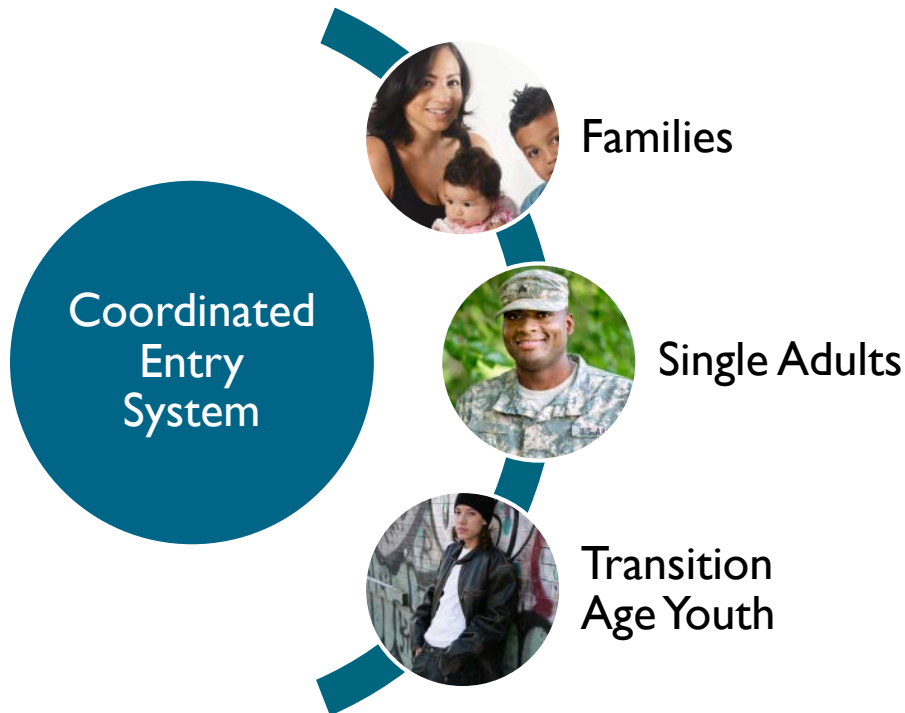
The Coordinated Entry System (CES) is a countywide system that brings together new and existing programs and resources in order to connect people experiencing homelessness to the most appropriate housing and services to end their homelessness.



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.

CES for All Populations



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.

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.

CES Essential Components

Assessment: 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.

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.

Linkage: Individuals/participants are linked, or, "matched" to the best suited services and housing to address their unique needs.

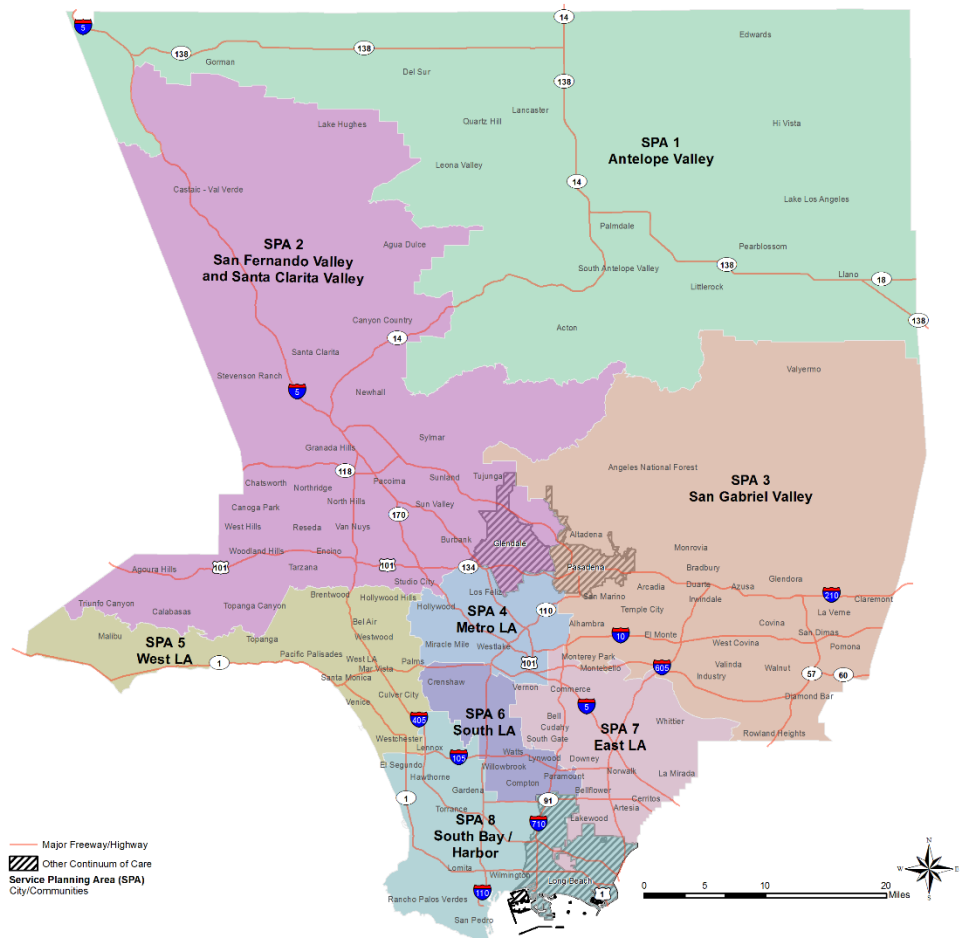
Housing Stabilization & Retention: Individuals/participants receive short term or indefinite supportive services to ensure experiences of homelessness are rare, brief, and non-reoccurring.

Why CES?

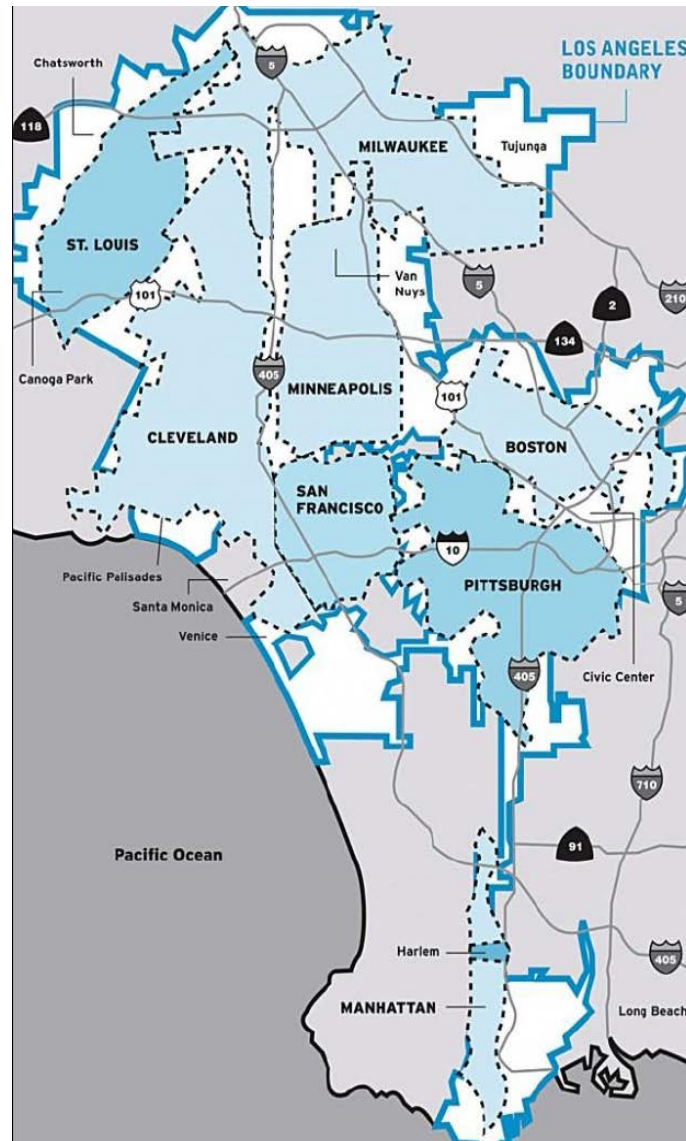
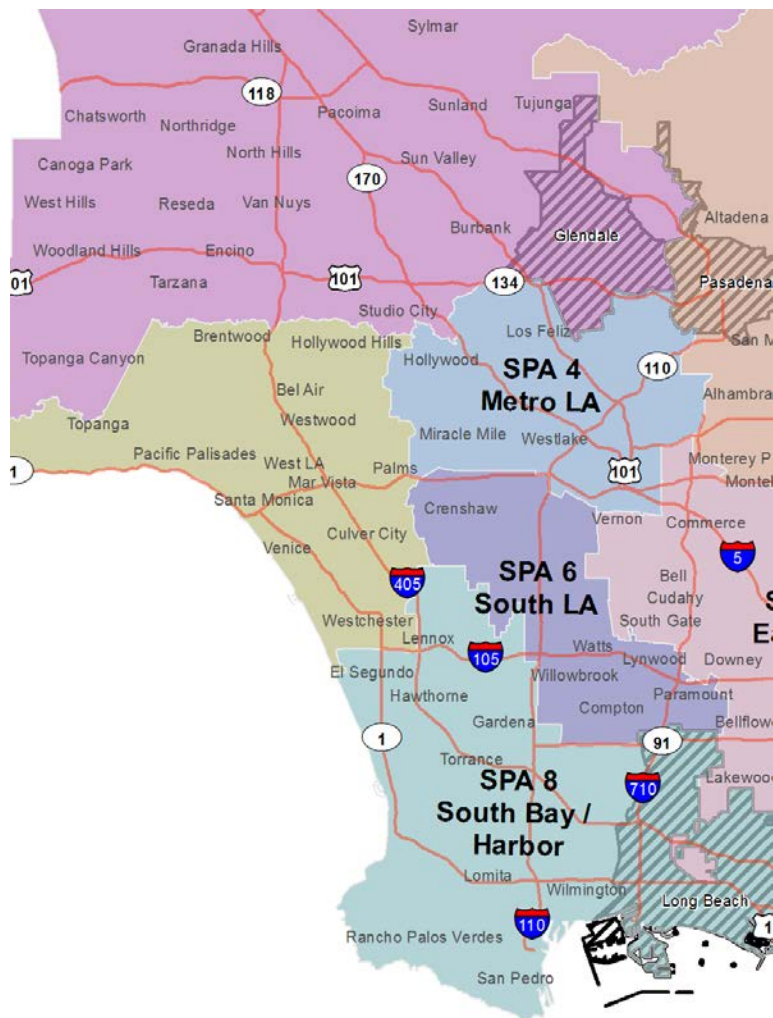




Los Angeles County



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



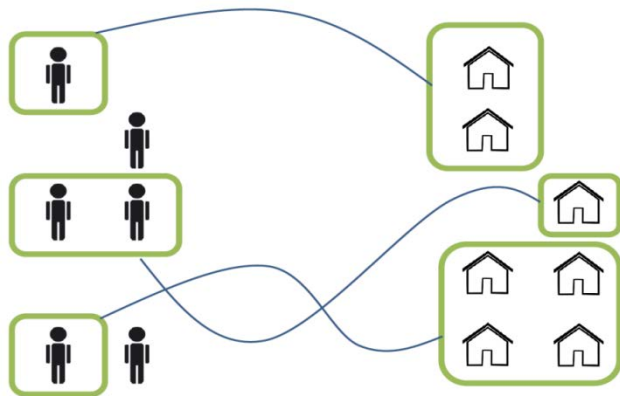
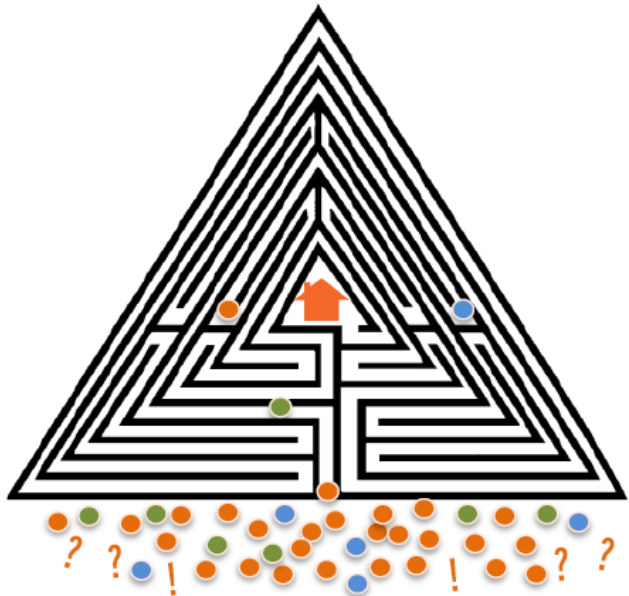
- Paranoid Schizophrenia
- 67 years old
- Chronic Bronchitis
- Active Alcoholic
- Combative



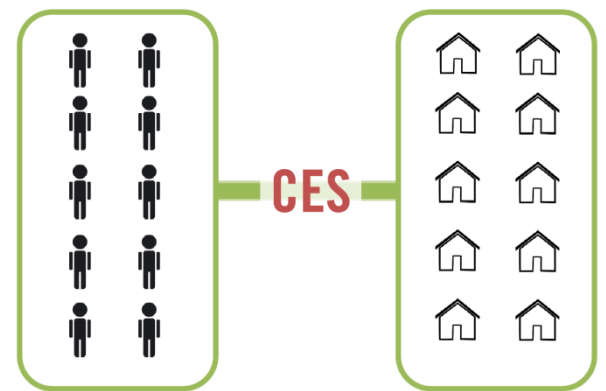
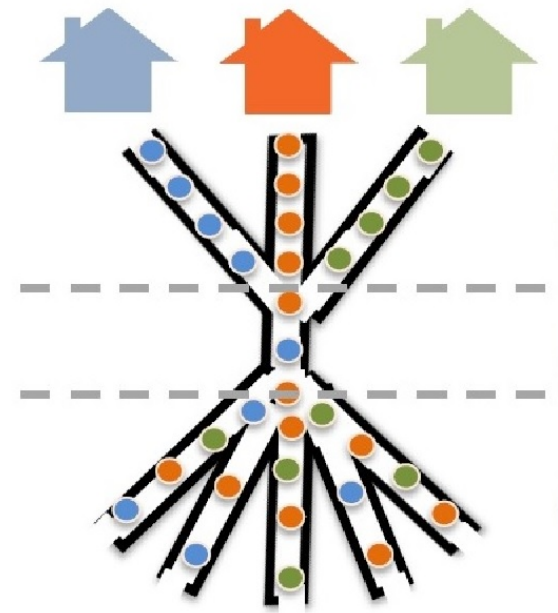
- Single woman
- Bouts of depression
- Several episodes of homelessness
- Works intermittently in events



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 2nd 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

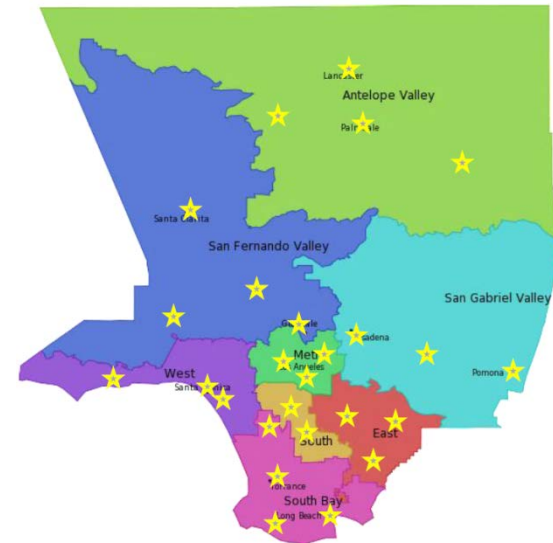
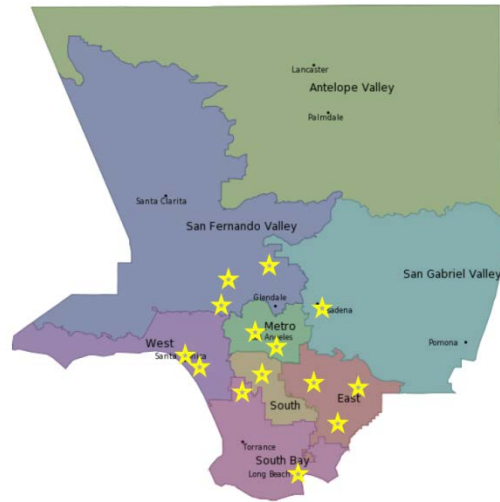
The History of CES in Los Angeles



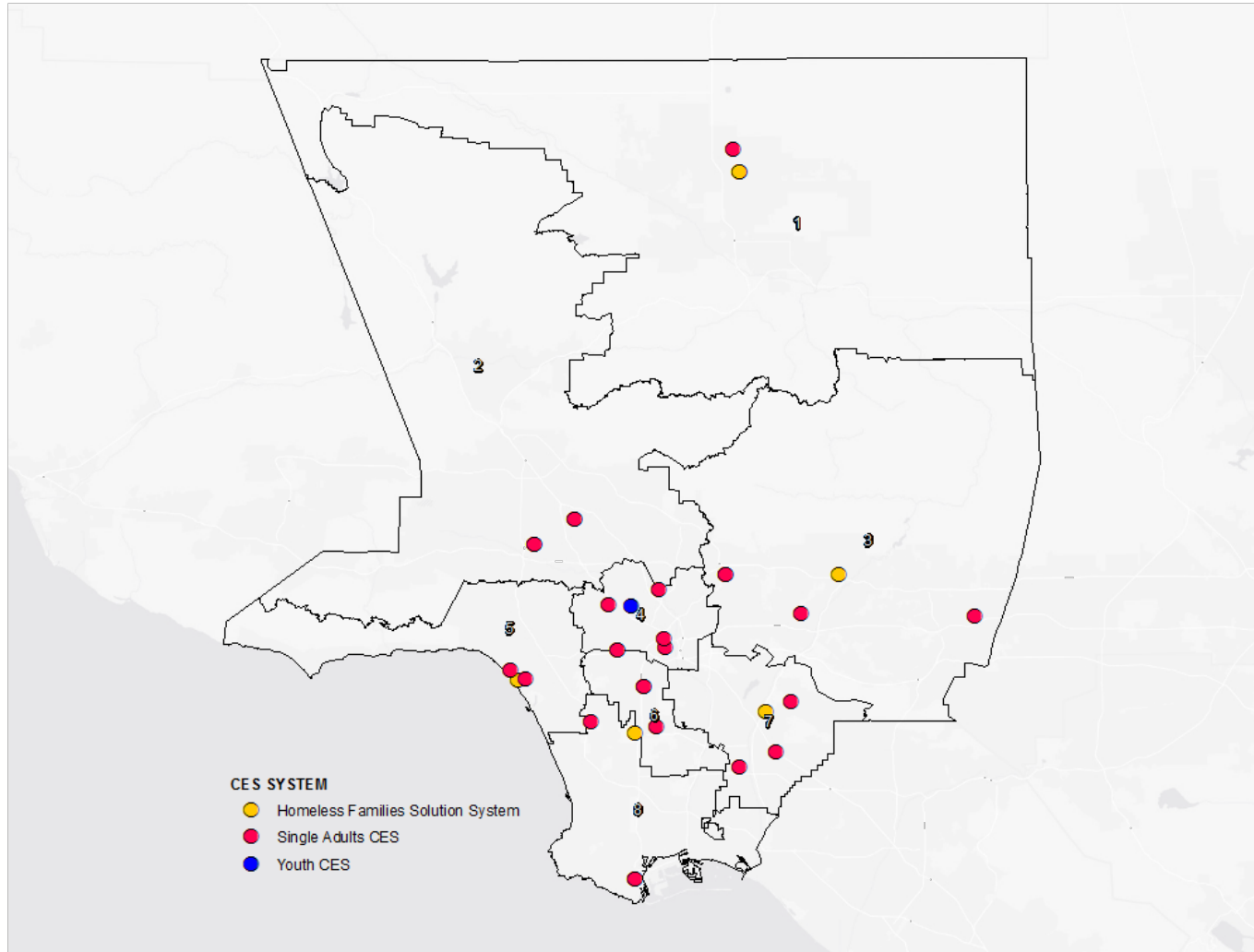
CES in the Beginning - 2013



CES Expansion – 2013 to Present



CES for All Populations in the County



CES for Single Adults



Where does someone access CES?

Three main ways to access CES:

- Outreach
- CES Access Sites
- You! (via the CES Survey Packet)



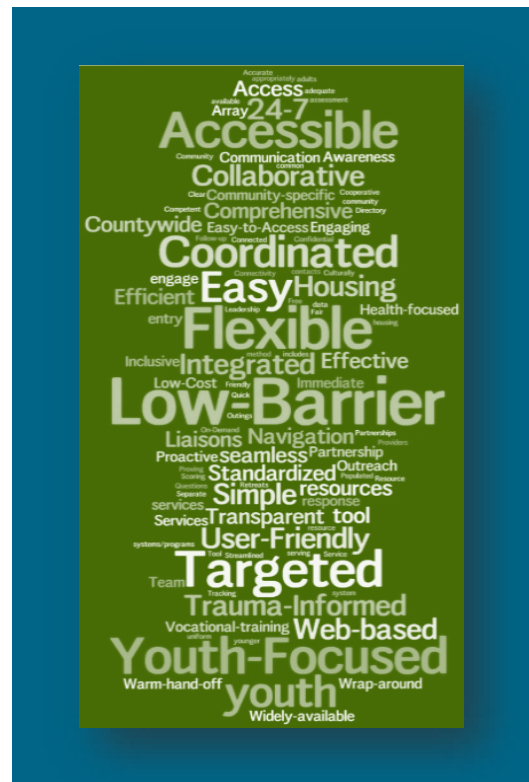
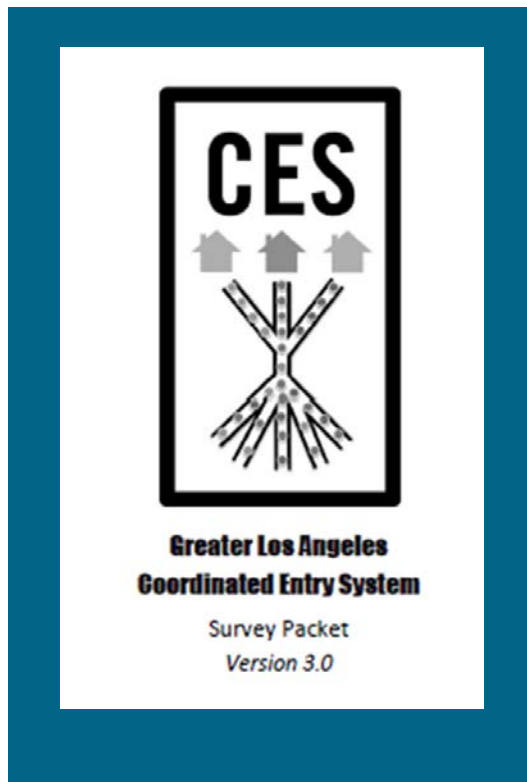
CES: The Essential Components

- 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**

VI-SPDAT for Single Adults

Next Step Tool for Youth


VI-FSPDAT for Families




CES: The Essential Components

- 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

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.

Permanent Housing Resources

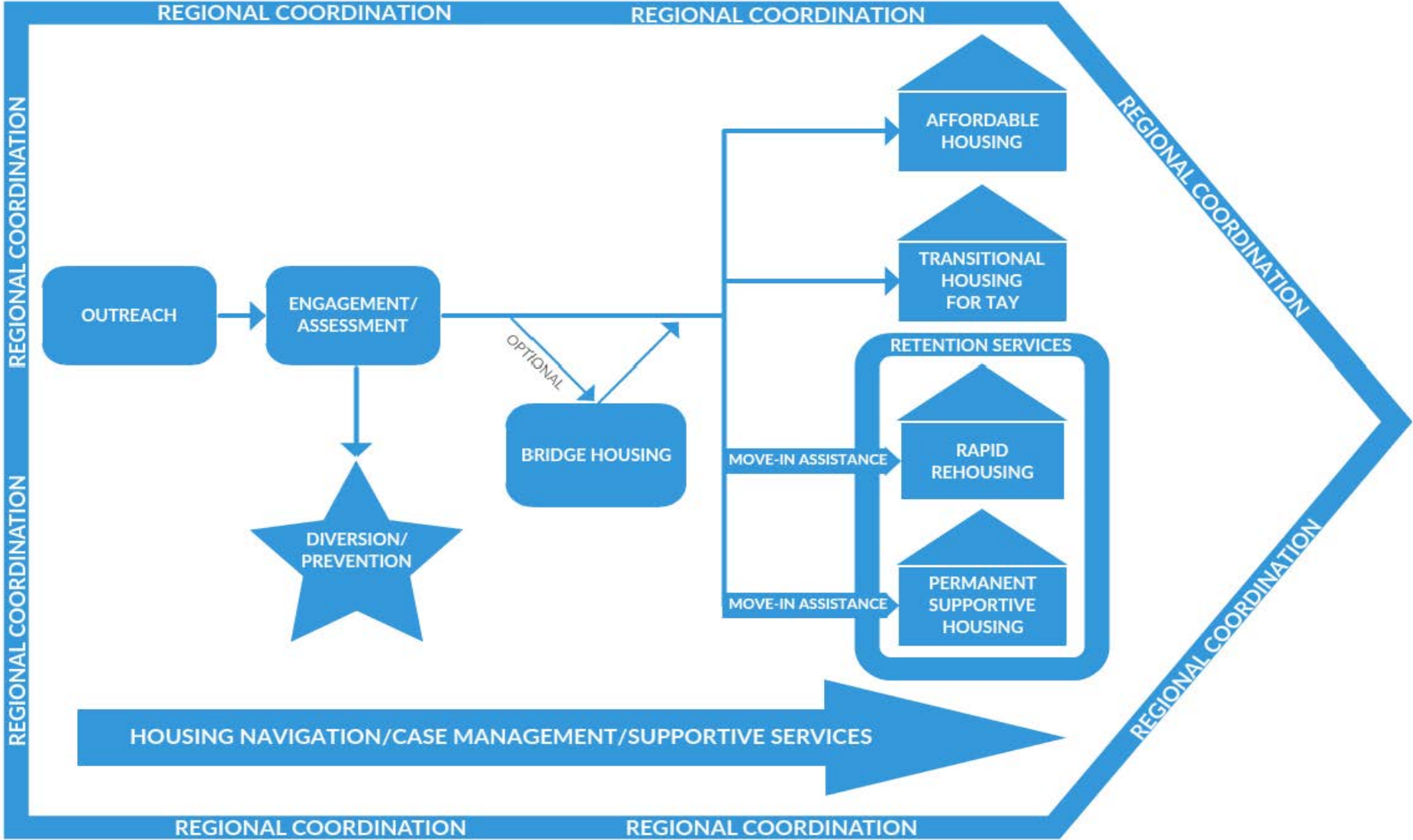
- **Rapid Rehousing**

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.

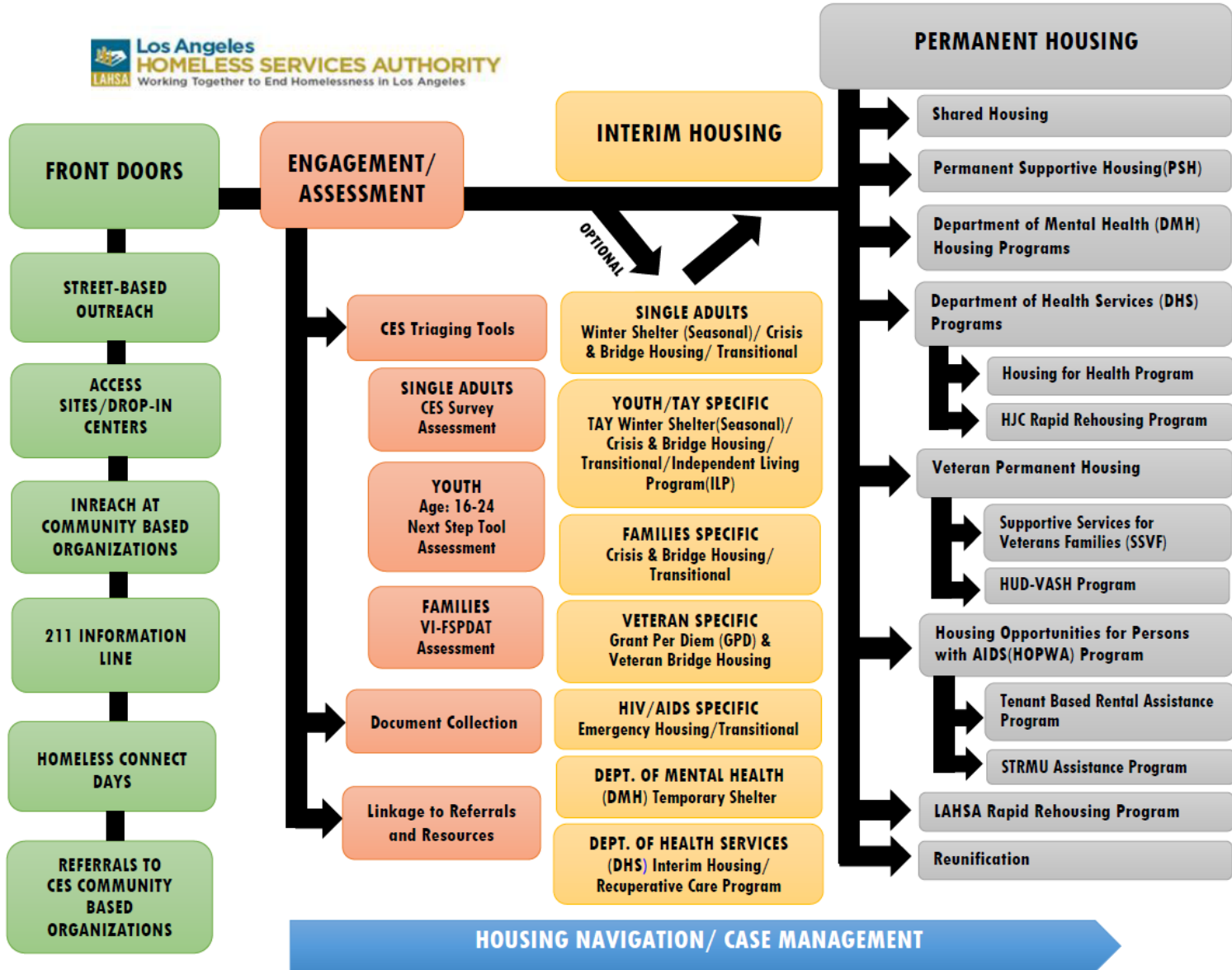
- **Permanent Supportive Housing**

- 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



Pathways to Permanent Housing



Crisis & Bridge Resources

CRISIS HOUSING	BRIDGE HOUSING aka Reserved Crisis Housing
Any Homeless Single Adult or Homeless Youth	High Acuity, Matched to Housing
Any Single 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 Bridge Resources

EXITING INSTITUTIONS ("HPI")	AB 109
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

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

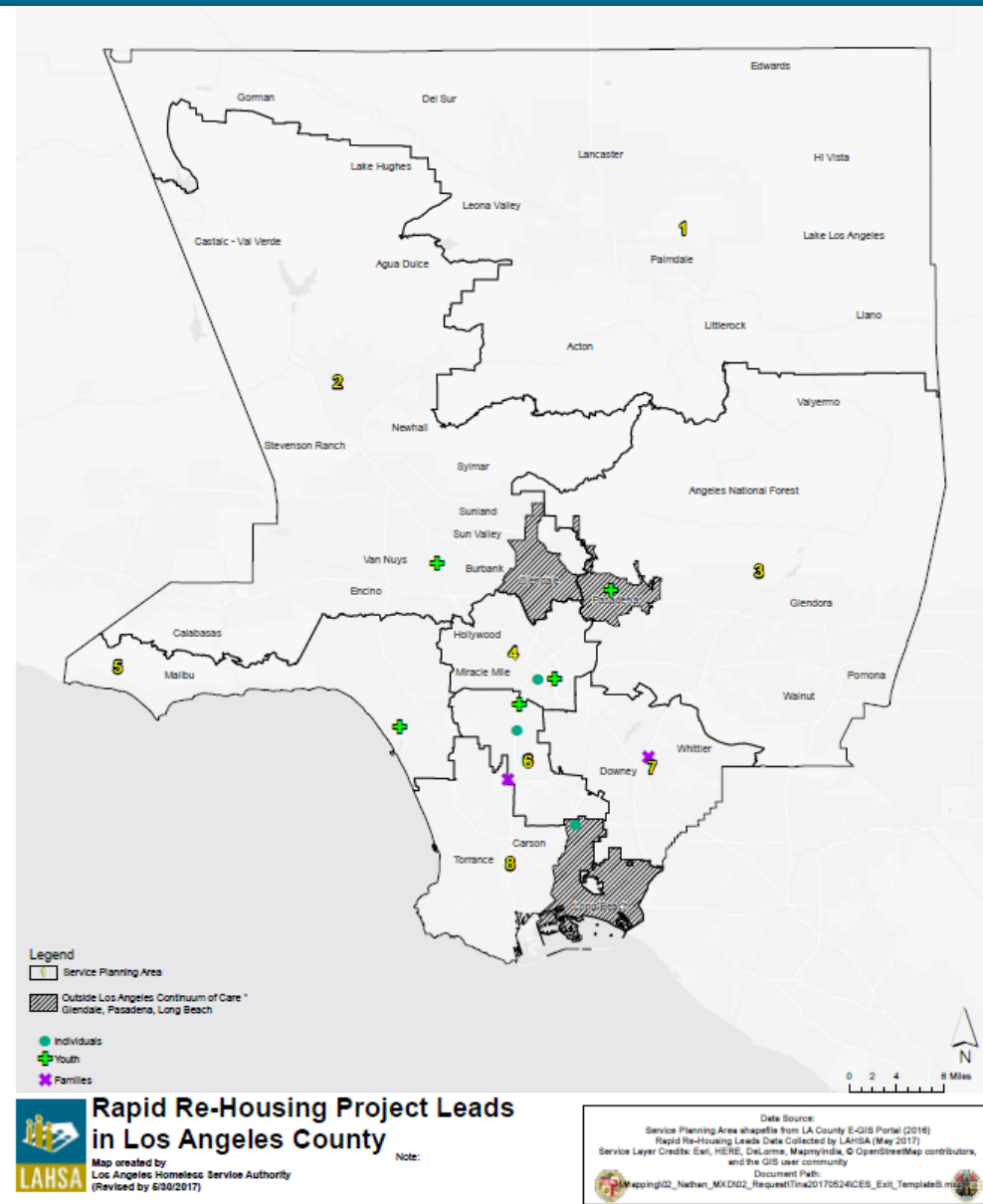
Union Rescue Mission
545 S. San Pedro St. Los Angeles
(213) 347-6300

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 Permanent Housing Provider enters a housing resource(s) in the HMIS system*
- The housing provider enters the eligibility criteria that is required for the available unit.
- CES Matcher is notified of the housing resource and finds the individual that is a match for the unit

*Currently only PSH is matched through a centralized matching process in CES, however Rapid Rehousing and Bridge Housing may soon be matched through centralized matching as well.



Housing Resource - Criteria

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

How does CES Matching work?

- 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



How does CES matching work?

- 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”.

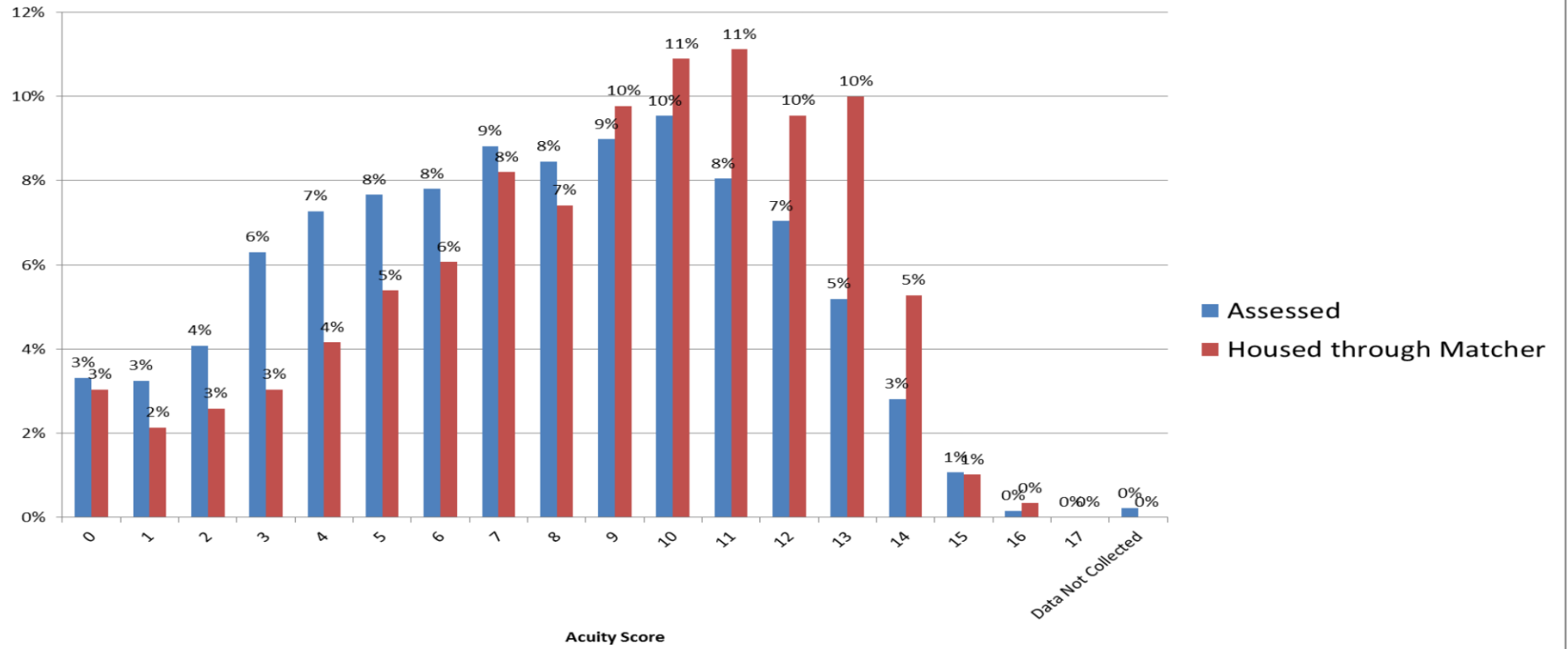
- Housing-focused Case Management
- Helps connect to shelter and other resources
- Helps collect necessary documents
 - Identification
 - Social Security Card
 - Income Verification
- Helps keep track of someone while they are waiting for a housing “match”

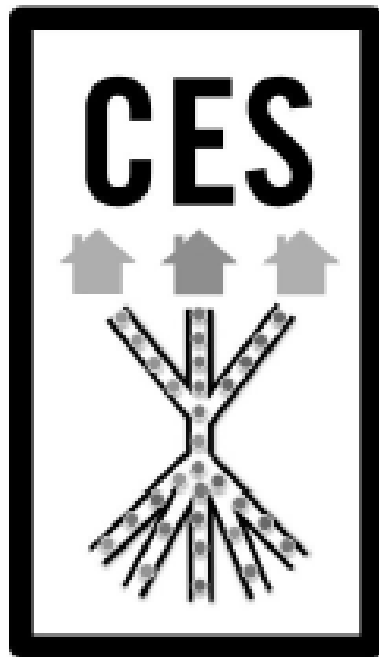
Recall: housing takes time!



Successes

Assessments and Housing Matches by Acuity Score





**Greater Los Angeles
Coordinated Entry System**

Survey Packet
Version 3.0

Administering the Survey

Introduction: CES Packet Format

1. Instructions
2. Checklist
3. Instructions for Respondent
4. Consent
5. CES Survey Part 1: Basic Intake, VI-SPDAT
6. CES Survey Part 2: Program Intake (HUD Intake Questions)
7. Supplemental Assessment - Veterans Administration
8. Supplemental Assessment - DHS (Housing for Health Form)
9. Supplemental Assessment - Housing Preferences
10. Contact Sheet
11. Additional Consents (if needed)

CES Survey 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 Survey 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 (1st 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): ____/____/____

Social Security Number	_____ - _____ - _____		
Quality of SSN	<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	
Last Name			
First Name			
Quality of Name	<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	
Quality of DOB	<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	
Date of Birth	____/____/____		
	If the person is 60 years of age or older, then score 1.		Score:
Middle Name			Suffix:
Maiden Name			
Alias			
Gender	<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	
Ethnicity	<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	
Race	<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	
Primary Language			
TB Clearance Date	____/____/____		Clinic:
Have you ever served in the U.S. Military? (Veteran Status)	<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:			
Dates of military service (Year Only)	_____ to _____		
Branch of Military	<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
	<input type="checkbox"/> Client refused		
Discharge Status	<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
Theater of Operations	World War II	Korean War	Vietnam War
	<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
	Afghanistan (Enduring Freedom)	Iraq (Iraqi Freedom)	Iraq (New Dawn)
<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	Other Operations
<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"/> Yes <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"/> Yes <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 (2nd 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"/> Outdoors <input type="checkbox"/> Other (please specify: _____)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If the person answers anything other than "Shelters", "Transitional Housing", or "Safe Haven", then score 1.		Score: <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 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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"/> 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
If the person has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1.		Score: <input type="text"/>

CES Survey Part 1: Basic Intake, VI-SPDAT

B. Risk (3rd Domain)

B. Risks		
7. In the past six months, how many times have you...		
7a. 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
7b. 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
7c. 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
7d. 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
7e. 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
7f. 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
If the total number of interactions equals 4 or more, then score 1 for Emergency Service Use.		Score: <input type="checkbox"/>
8. 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
9. 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
If "Yes" to any of the above, then score 1 for Risk of Harm.		Score: <input type="checkbox"/>
10. 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
If "Yes", then score 1 for Legal Issues.		Score: <input type="checkbox"/>
11. 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
12. 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
If "Yes" to any of the above, then score 1 for Risk of Exploitation.		Score: <input type="checkbox"/>

CES Survey Part 1: Basic Intake, VI-SPDAT

C. Socialization and Daily Functioning (4th Domain)

C. Socialization & Daily Functioning		
13. 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"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
14. 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"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes" to question 13 or "No" to question 14, then score 1 for <i>Money Management</i>.		Score: <input type="text"/>
15. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<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"/>
16. 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"/> No <input type="checkbox"/> Yes	<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"/>
17. 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"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
If "Yes", then score 1 for <i>Social Relationships</i>.		Score: <input type="text"/>

CES Survey Part 1: Basic Intake, VI-SPDAT

D. Wellness (5th Domain)

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

- Follow Up

Follow-Up	
31. On a regular day...	
31a. Where is it easiest to find you?	
31b. What time of day is easiest to do so?	
32. So that someone can safely get in touch with you or leave you a message...	
32a. Is there a phone number?	
32b. Is there an email address?	
33. 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

Residency & Preferences	
34. 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 required :	
34a. 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>	
35. 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 required :	
35a. How many months have you stayed in that city/community?	
36. 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

CES Survey Part 2: Program Intake

1. Documentation
2. Contact Information
3. Program Entry
4. Rapid Rehousing (SKIP)
5. Outreach (SKIP)
6. PATH (SKIP)
7. Homelessness
8. Crisis & Bridge Housing
9. Disabling Conditions & Barriers
10. Tuberculosis
11. Employment
12. CA Income for Individual
13. Non Cash Benefits
14. Health Insurance
15. Youth & TAY
16. Health & Education

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

Program Entry – All clients, all fields required unless otherwise noted

Program Name: _____ Case Manager: _____

1. Program Entry Date	____/____/____	
2. Relationship to Head of Household	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of Household's spouse or partner	<input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member
3. Housing Status at Entry	<input type="checkbox"/> Category 1 - Homeless <input type="checkbox"/> Category 2 - At imminent risk of losing housing <input type="checkbox"/> Category 3 - Homeless only under other federal statutes <input type="checkbox"/> Category 4 - Fleeing domestic violence	<input type="checkbox"/> At-risk of homelessness <input type="checkbox"/> Stably housed <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
4. Client Location (CoC)	<input type="checkbox"/> CA-600 - Los Angeles <input type="checkbox"/> CA-602 - Orange County <input type="checkbox"/> CA-606 - Long Beach	<input type="checkbox"/> CA-607 - Pasadena <input type="checkbox"/> CA-612 - Glendale

Rapid Re-housing – Rapid Re-housing projects only, all fields required unless otherwise noted

6. Has the client been moved-in to permanent housing? No Yes

If question #6 was answered as "Yes", then the following questions are required:

6a. Residential move-in date	____/____/____	
6b. Destination at move-in	<input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH) <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Outreach – Outreach projects only, all fields required unless otherwise noted

7. Has the client been engaged?
Engagement means an interactive client relationship results in a deliberate client assessment. No Yes: Engagement Date: ____/____/____

PATH (Projects for Assistance in Transition from Homelessness) – PATH projects only, all fields required unless otherwise noted

8. PATH status determination completed? No Yes Date of determination: ____/____/____

If question #8 was answered as "Yes", then the following questions are required:

8a. Was the client determined to be eligible for PATH funded services and enrolled in PATH? No Yes

If question #8a was answered as "No", then the following question is required:

8b. If not eligible to be enrolled, what is the reason?
 Client was found ineligible for PATH
 Client was not enrolled for other reason(s)

8c. Is the client connected with SOAR? No Yes Client doesn't know Client refused Data not collected

CES Survey Part 2: Program Intake

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

Homelessness – Adults aged 18 and older and Head of Household < 18 years old, required questions are shaded

FOR ALL PROJECTS EXCEPT EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH:

9. What was the situation you were living in immediately prior to project entry? (Type of residence)	10. How long was the client staying in that place? (Length of stay in prior living situation)	10a/b Did the client stay less than...
<p>Literally Homeless Situations</p> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing	<p>For literally homeless situations:</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<p>Not Applicable Go to question 10c</p>
<p>Institutional Situations</p> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<p>For institutional situations:</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<p>10a: 90 days:</p> <input type="checkbox"/> Yes Go to question 10c <input type="checkbox"/> No Go to question 20
<p>Transitional & Permanent Housing Situations</p> <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<p>For transitional & permanent housing situations:</p> <input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<p>10b: 7 nights:</p> <input type="checkbox"/> Yes Go to question 10c <input type="checkbox"/> No Go to question 20
<p>Other</p> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

FOR EMERGENCY SHELTER, SAFE HAVEN, AND STREET OUTREACH PROJECTS:

<p>9. What was the situation you were living in immediately prior to project entry? (Type of residence)</p>	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless persons <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<p>10. How long was the client staying in that place? (Length of stay in prior living situation)</p>	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

After answering question 10, go to question 11

If the client is coming from an institution after having stayed less than 90 days or if the client is coming from a transitional, permanent, or other situation after having stayed less than 7 nights, then the following question is required:

<p>10c. On the night before your current housing situation, did you stay on the streets, in an emergency shelter, or at a safe haven?</p>	<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
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If the project being entered is an emergency shelter, safe haven, or street outreach, or if the client answered questions #4 and #5, then the following questions are required:

<p>11. What approximate date did you start living on the streets, emergency shelter, or safe haven? (Approximate date homelessness started)</p>	<p>____/____/____</p>
<p>12. In the past three years, how many times have you returned to the streets, an emergency shelter, or a safe haven after being housed? (Number of times on the streets, in ES, or Safe Haven in the past three years including today)</p>	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

CES Survey Part 2: Program Intake

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

13. In those three years, what is the total number of months spent homeless on the streets, in an emergency shelter, or in a safe haven? <i>(Total number of months homeless on the street, in ES, or SH in the past three years)</i>	<input type="checkbox"/> One Month (this time is the first month)	<input type="checkbox"/> 7	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> 2	<input type="checkbox"/> 8	<input type="checkbox"/> Client refused
	<input type="checkbox"/> 3	<input type="checkbox"/> 9	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> 4	<input type="checkbox"/> 10	
	<input type="checkbox"/> 5	<input type="checkbox"/> 11	
	<input type="checkbox"/> 6	<input type="checkbox"/> 12	
		<input type="checkbox"/> More than 12 months	

Continue for all clients:

Crisis and Bridge Housing - CES Crisis and Bridge Housing projects only, all fields required unless otherwise noted

20. Have you entered and been released from any of the following facilities in the past two months? (Choose any that apply)	<input type="checkbox"/> No, has not exited from any of these facilities in the past five years.	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
	<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Substance abuse treatment facility or detox center
	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Long-term care facility or nursing home	

If question #20 was answered as anything except No and Don't Know/Refused, then the following questions are required:

20a. If so, which one have you most recently been released from? (Choose one)	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
20b. And approximately when did you leave that institution? (Date)	_____ / _____ / _____	

Disabling Conditions and Barriers - All fields required unless otherwise noted

21. Do you have a physical disability?	<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 question #21 was answered as "Yes" (**), then the following questions are required:		
21a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<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
21b. Are you currently receiving services or treatment for this condition?	<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
21c. Do you have documentation of the disability and severity on file?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
22. Have you ever been told you have a learning disability or developmental disability?	<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 question #22 was answered as "Yes" (**), then the following questions are required:		
22a. Do you expect this to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<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

CES Survey Part 2: Program Intake

Client Name / HMIS ID: _____

22b. Are you currently receiving services or treatment for this condition?	<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
22c. Do you have documentation of the disability and severity on file?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
23. Do you have a chronic health condition? <small>A Chronic Health Condition is defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease), severe asthma, diabetes, arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia), adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions), severe headache/migraine, cancer, chronic bronchitis, liver condition, stroke, or emphysema.</small>	<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 question #23 was answered as "Yes" (**), then the following questions are required:		
23a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<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
23b. Are you currently receiving services or treatment for this condition?	<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
23c. Do you have documentation of the disability and severity on file?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
24. Have you been diagnosed with AIDS or have you tested positive for HIV?	<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 question #24 was answered as "Yes" (**), then the following questions are required:		
24a. Do you expect this to substantially impair your ability to live independently?	<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
24b. Are you currently receiving services or treatment for this condition?	<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
24c. Do you have documentation of the disability and severity on file?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
25. Do you feel you currently have a mental health problem?	<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 question #25 was answered as "Yes" (**), then the following questions are required:		
25a. Do you expect this condition to be of long-continued and indefinite duration AND substantially impair your ability to live independently?	<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
25b. Are you currently receiving services or treatment for this condition?	<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
25c. Do you have documentation of the disability and severity on file?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
25d. PATH Only: How was the client's mental health status confirmed?	<input type="checkbox"/> Unconfirmed; presumptive or self-report <input type="checkbox"/> Confirmed through assessment and clinical evaluation <input type="checkbox"/> Confirmed by prior evaluation or clinical records	

Scoring

- 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 first to make sure someone does not already have a survey!
- Surveys do not need to be updated frequently
- Update only necessary upon a major life change
 - New episodes of homelessness
 - Changes to homeless status
 - Significant changes in a health or mental health condition

HMIS Participation



CES Survey 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 partner agency can be responsible for entering
- LAHSA & SAPC still working to determine ideal configuration of SAPC funded staff to have HMIS access
- 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 Survey Packets to be entered by a partner SAPC funded agency

HMIS Participation Procedures & Training

If your agency is selected to join HMIS:

- Sign copy of LAHSA's Participating Organization Agreement
- Send scanned copy to LAHSA at HMISsupport@lahsa.org
- Request system configuration at HMISsupport@lahsa.org

- Attend HMIS training
 - ✓ Survey Administration – You're done!
 - HMIS 10 – Policies and Procedures
 - HMIS 100 - Basic Navigation
 - Online Interactive Video, or,
 - Instructor led class at LAHSA

- Sign HMIS User Agreement and Policies and Procedures Acknowledgement (both signed online)

For any questions, please contact HMISsupport@lahsa.org

Partnerships: CES Local Resources & Connections



How can we work together?

- Make sure your clients has had a CES Survey Packet completed
- Make sure all relevant supplemental packets or linkages have been completed
- Serve as a primary point person for a client as they await a match



How can we work together?

- Know when to link someone to another system:
 - Department of Health Services
 - Veterans
- Know when to refer someone to a CES resource:
 - Crisis Housing or 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

- Know how to connect Transition Age Youth and Families with Minors to the appropriate CES
- For CES Contact Sheet, please visit LAHSA's online Document Library and search: CES Countywide Leadership Contact



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	pgriffin@avdvc.org
Single Adults SPA Lead Coordinator	Diane Grooms	Valley Oasis	dvgrooms@gmail.com
Single Adults Matcher	Nicholas Matthews	Valley Oasis	nmatthews@avdvc.org
Outreach Coordinator	Vacant (refer to Single Adult Coordinator)	Valley Oasis	
Youth Coordinator	Monica Teruya	Valley Oasis	mteruya@avdvc.org
Family Coordinator	Nicholas Matthews	Valley Oasis	nmatthews@avdvc.org
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	jhorn@lafh.org
Single Adults Northern Regional Coordinator- Santa Clarita Valley	Silvia Gutierrez	Bridge to Home	silvia.m.gutierrez@btohome.com
Single Adults Eastern Regional Coordinator- Glendale/Burbank	Natalis Ng	Ascencia	ng@ascencia.org
Single Adults Matcher	David Dang	LA Family Housing	ddang@lafh.org
Outreach Coordinator	Alexandra "Sasha" Morozov	LA Family Housing	amorozov@lafh.org
Outreach Coordinator	Patrick Justice	LA Family Housing	pjustice@lafh.org
Youth Coordinator	Olga Flores	The Village Family Services	oflores@thevillagefs.org
Family Coordinator	Dan Parziale	LA Family Housing	DParziale@lafh.org

Questions?

Contact:

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Hafsa Kaka

hkaka@lahsa.org

Monica Quezada

mquezada@lahsa.org