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

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

(1) 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.
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;
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 individuals 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.
HUD defines Chronic Homelessness as:

1. 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.
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.
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.
People experiencing Chronic Homelessness has increased by 20% from 2016.
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
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
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.

<table>
<thead>
<tr>
<th>Gender</th>
<th>2016</th>
<th>2017</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>(31%) 17,882</td>
<td>(33%) 15,431</td>
<td>+16%</td>
</tr>
<tr>
<td>Male</td>
<td>(68%) 39,268</td>
<td>(66%) 30,955</td>
<td>+27%</td>
</tr>
<tr>
<td>Transgender</td>
<td>(1%) 484</td>
<td>(1%) 488</td>
<td>-1%</td>
</tr>
<tr>
<td>Does not identify as male, female, or transgender</td>
<td>N/A (0.3%) 160</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Total:** 46,874  **Total:** 57,794

“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.
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.
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

- Implementation of Strategies: Began April 2016
- Measure H Passed: Mar. 6, 2017
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

JUNE 2017
Spending recommendations will be submitted to the Board of Supervisors

MAY
FINAL PLANNING MEETING MAY 10

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

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

Ongoing Accountability

To learn more, go to homeless.lacounty.gov
$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)
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.
Coordinated Entry System

- Families
- Single Adults
- Transition Age Youth

CES for All Populations

- CES for families
- CES for Single Adults
- CES for Youth

CES: Essential Components
- Reunifying Families
- Young Families
- Youth Adults
**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.
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

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CES SYSTEM
- Orange: Homeless Families Solution System
- Red: Single Adults CES
- Blue: Youth CES
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 Service Prioritization Decision Assistance Tool, 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)
Scoring

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

<table>
<thead>
<tr>
<th>Acuity Score</th>
<th>Priority Score</th>
<th>Likely a Candidate For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>1</td>
<td>No intervention</td>
</tr>
<tr>
<td>4-7</td>
<td>2</td>
<td>Rapid Rehousing*</td>
</tr>
<tr>
<td>8-17</td>
<td>3</td>
<td>Permanent Supportive Housing</td>
</tr>
</tbody>
</table>
Resources through CES
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

**ENGAGEMENT/ASSESSMENT**

- CES Triaging Tools
- SINGLE ADULTS
  - CES Survey Assessment
- YOUTH
  - Age: 16-24
  - Next Step Tool Assessment
- FAMILIES SPECIFIC
  - Crisis & Bridge Housing/Transitional
- FAMILIES VI-FSPDAT Assessment
- Document Collection
- Linkage to Referrals and Resources

**INTERIM HOUSING**

- SINGLE ADULTS
  - Winter Shelter (Seasonal)/Crisis & Bridge Housing/Transitional
- YOUTH/TAY SPECIFIC
  - TAY Winter Shelter (Seasonal)/Crisis & Bridge Housing/Transitional/Independent Living Program (ILP)
- FAMILIES SPECIFIC
  - Crisis & Bridge Housing/Transitional
- VETERAN SPECIFIC
  - Grant for Dwell (GFD) & Veteran Bridge Housing
- HIV/AIDS SPECIFIC
  - Emergency Housing/Transitional
- DEPT. OF MENTAL HEALTH (DMH) Temporary Shelter
- DEPT. OF HEALTH SERVICES (DHS) Interim Housing/Recoverative Care Program

**PERMANENT HOUSING**

- Shared Housing
- Permanent Supportive Housing (PSH)
- Department of Mental Health (DMH) Housing Programs
- Department of Health Services (DHS) Programs
- Housing for Health Program
- HJC Rapid Rehousing Program
- Veteran Permanent Housing
- Supportive Services for Veterans Families (SSVF)
- HUD-VASH Program
- Housing Opportunities for Persons with AIDS (HOPWA) Program
- Tenants Based Rental Assistance Program
- STRMU Assistance Program
- LAHSA Rapid Rehousing Program
- Reunification

**HOUSING NAVIGATION/CASE MANAGEMENT**
Crisis & Bridge Resources

<table>
<thead>
<tr>
<th>CRISIS HOUSING</th>
<th>BRIDGE HOUSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Homeless Single Adult or Homeless Youth</td>
<td>High Acuity, Matched to Housing</td>
</tr>
<tr>
<td>Any Single Adult or Youth At Imminent Risk of Homelessness</td>
<td>Mid-Acuity, Matched to Housing</td>
</tr>
<tr>
<td>Intake on First Come-First Serve Basis, Upon Bed Availability</td>
<td>High Acuity, Unmatched</td>
</tr>
<tr>
<td>Exiting an Institution</td>
<td>Exiting an Institution</td>
</tr>
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</table>
### Specialized Bridge Resources

<table>
<thead>
<tr>
<th>EXITING INSTITUTIONS (&quot;HPI&quot;)</th>
<th>AB 109</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting HUD Homeless Criteria 1 or 4</td>
<td>Meeting HUD Homeless Criteria 1 or 4</td>
</tr>
<tr>
<td>Exiting any institution in the last 2 months (health, justice, foster)</td>
<td>Exiting any institution in the last 2 months (health, justice, foster)</td>
</tr>
<tr>
<td>AND, AB 109 eligible* within the 5 years</td>
<td></td>
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</table>
Crisis & Bridge Resources

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

<table>
<thead>
<tr>
<th>Housing Resource</th>
<th>Chronic Homeless</th>
<th>Veteran</th>
<th>Mental Health Disability</th>
<th>HIV</th>
<th>Substance Use Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>HACLA Shelter+Care</td>
<td>Must Be</td>
<td>Can Be</td>
<td>Can Be</td>
<td>Can Be</td>
<td>Can Be</td>
</tr>
<tr>
<td>DMH Shelter+Care</td>
<td>Must Be</td>
<td>Can Be</td>
<td>Must Be a DMH participant</td>
<td>Can Be</td>
<td>Can Be</td>
</tr>
<tr>
<td>VASH</td>
<td>Can Be</td>
<td>Must Be</td>
<td>Can Be</td>
<td>Can Be</td>
<td>Can Be</td>
</tr>
<tr>
<td>Homeless Section 8</td>
<td>Can Be</td>
<td>Can Be</td>
<td>Can Be</td>
<td>Can Be</td>
<td>Can Be</td>
</tr>
<tr>
<td>HACLA Mod Rehab</td>
<td>Can Be</td>
<td>Can Be</td>
<td>Can Be</td>
<td>Can Be</td>
<td>Can Be</td>
</tr>
</tbody>
</table>
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 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

- Assessed
- Housed through Matcher

Acuity Score vs. Percentage of Assessed and Housed Participants for Each Acuity Score.
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

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).

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 is created or last changed.
- You may revoke your consent at any time, but your revocation must be provided 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

[Signature]

[Date]

I consent to sharing my photograph. (Check here)

Client Name: ___________________________ DOB: ________ Last 4 digits of SS: __________

[Signature]

[Date]

I am the Head of Household. (Check here)

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]

[Signature of Organization Staff]

[Date]
### Client Profile

- **Social Security Number**
- **Quality of SSN**
  - Full SSN reported
  - Approximate or partial SSN reported
  - Client doesn't know
  - Data not collected
- **Last Name**
- **First Name**
- **Quality of Name**
  - Full Name Reported
  - Partial, street name, or code name reported
  - Client doesn't know
  - Data not collected
- **Quality of DOB**
  - Full DOB reported
  - Approximate or partial DOB reported
  - Client refused
  - Data not collected
- **Date of Birth**

### Basic Information (1\textsuperscript{st} Domain)

- **Middle Name**
- **Maiden Name**
- **Alias**
- **Gender**
  - Female
  - Male
  - Transgender Male to Female
  - Transgender Female to Male
- **Ethnicity**
  - Non-Hispanic
  - Hispanic
- **Race**
  - White
  - Black or African-American
  - Native Hawaiian or Other Pacific Islander
  - Asian
  - American Indian or Alaskan Native
- **Primary Language**
- **TB Clearance Date**
- **Have you ever served in the U.S. Military? (Veteran Status)**
  - Yes
  - No
  - Client doesn't know
  - Data not collected
- **If the client identifies as Yes to veteran status, then the following questions are required.**

### Dates of military service (Year Only)

- **Branch of Military**
  - Army
  - Navy
  - Air Force
  - Marines
- **Discharge Status**
  - Honorable
  - General under honorable conditions
  - Dishonorable
  - Under other than honorable conditions (OTH)
- **Theater of Operations**
  - World War II
  - Korean War
  - Vietnam War
  - Persian Gulf War
  - Iraq (Enduring Freedom)
  - Iraq (Iraq Freedom)
  - Iraq (New Dawn)
  - Other Operations
### 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?
   - □ No
   - □ Yes
   - □ Client doesn’t know
   - □ Client refused

2. If you experienced domestic or intimate partner violence, was this within the past month?
   - □ No
   - □ Yes
   - □ N/A
   - □ Client doesn’t know
   - □ Client refused

3. Are you currently fleeing because you are in danger?
   - □ No
   - □ Yes
   - □ N/A
   - □ Client doesn’t know
   - □ Client refused

If question #2 and #3 were both answered as “Yes”, then refer the client to the LA County Domestic Violence Hotline: 1-800-572-3600

### History of Housing and Homelessness (2nd Domain)

#### 4. Where do you sleep most frequently?
- □ Shelters
- □ Transitional Housing
- □ Safe Haven
- □ Outdoors
- □ Other (please specify)

*If the person answers anything other than “Shelters”, “Transitional Housing”, or “Safe Haven”, then score 1.*

#### 5. How long has it been since you lived in permanent stable housing?
- □ Less than a week
- □ 1 week – 3 months
- □ 3 – 6 months
- □ 6 months to 1 year
- □ 1 – 2 years
- □ 2 years or more
- □ Client doesn’t know
- □ Client refused

#### 6. In the last three years, how many times have you been homeless?
- □ 0 times
- □ 1 time
- □ 2 times
- □ 3 times
- □ 4 times
- □ 5 or more times
- □ Client doesn’t know
- □ Client refused

*If the person has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1.*
### B. Risk (3rd Domain)

<table>
<thead>
<tr>
<th>7a. Received health care at an emergency department/room?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 0 times □ 1 time □ 2 times □ 3 times □ 4 times □ 5 or more times □ Client doesn’t know □ Client refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7b. Taken an ambulance to the hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 0 times □ 1 time □ 2 times □ 3 times □ 4 times □ 5 or more times □ Client doesn’t know □ Client refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7c. Been hospitalized as an in-patient?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 0 times □ 1 time □ 2 times □ 3 times □ 4 times □ 5 or more times □ Client doesn’t know □ Client refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotline?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 0 times □ 1 time □ 2 times □ 3 times □ 4 times □ 5 or more times □ Client doesn’t know □ Client refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 0 times □ 1 time □ 2 times □ 3 times □ 4 times □ 5 or more times □ Client doesn’t know □ Client refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 0 times □ 1 time □ 2 times □ 3 times □ 4 times □ 5 or more times □ Client doesn’t know □ Client refused</td>
</tr>
</tbody>
</table>

If the total number of interactions equals 4 or more, then score 1 for Emergency Service Use.

<table>
<thead>
<tr>
<th>8. Have you been attacked or beaten up since you’ve become homeless?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No □ Yes □ Client doesn’t know □ Client refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Have you threatened to or tried to harm yourself or anyone else in the last year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No □ Yes □ Client doesn’t know □ Client refused</td>
</tr>
</tbody>
</table>

If “Yes” to any of the above, then score 1 for Risk of Harm.

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No □ Yes □ Client doesn’t know □ Client refused</td>
</tr>
</tbody>
</table>

If “Yes”, then score 1 for Legal Issues.

<table>
<thead>
<tr>
<th>11. Does anybody force or trick you to do things that you do not want to do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No □ Yes □ Client doesn’t know □ Client refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No □ Yes □ Client doesn’t know □ Client refused</td>
</tr>
</tbody>
</table>

If “Yes” to any of the above, then score 1 for Risk of Exploitation.
### CES Survey Part 1: Basic Intake, VI-SPDAT

#### C. Socialization and Daily Functioning (4th Domain)

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>14. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

If “Yes” to question 13 or “No” to question 14, then score 1 for Money Management.

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

If “No”, then score 1 for Meaningful Daily Activity.

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

If “No”, then score 1 for Self-Care.

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

If “Yes”, then score 1 for Social Relationships.
**D. Wellness**
(5th Domain)

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. When you are sick or not feeling well, do you avoid getting help?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Are you currently pregnant?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If “Yes” to any of the above, then score 1 for Physical Health.**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Will drinking or drug use make it difficult for you to stay housed or afford your housing?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If “Yes” to any of the above, then score 1 for Substance Use.**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>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:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26a. A mental health issue or concern?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26b. A past head injury?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26c. A learning disability, developmental disability, or other impairment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If “Yes” to any of the above, then score 1 for Mental Health.**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Client doesn’t know</th>
<th>Client refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the respondent scored 1 for Physical Health and 1 for Substance Use and 1 for Mental Health, score 1 for Tri-Morbidity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
 CES Survey Part 1: Basic Intake, VI-SPDAT

- Scoring

<table>
<thead>
<tr>
<th>Domain</th>
<th>Subtotal</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Survey</td>
<td>1</td>
<td>Score:</td>
</tr>
<tr>
<td>A. History of Housing &amp; Homelessness</td>
<td>2</td>
<td>0-3</td>
</tr>
<tr>
<td>B. Risks</td>
<td>4</td>
<td>4-7</td>
</tr>
<tr>
<td>C. Socialization &amp; Daily Functions</td>
<td>4</td>
<td>8+</td>
</tr>
<tr>
<td>D. Wellness</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total:</strong></td>
<td><strong>17</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>

- 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?
   - No
   - Yes

- Residency & Preferences

34. What city within the County of Los Angeles do you live in?
   *SURVEYOR NOTE: Please choose a city from the Location of Survey list on page 10-12
   - 34a. If you reside within the City of Los Angeles, in which community do you live in?
   *SURVEYOR NOTE: Please choose a community from the Location of Survey list on page 10-12

35. What other cities have you called home within the last year (last 12 months)?
   *SURVEYOR NOTE: Please choose a city/cities from the Location of Survey list on page 10-12
   - 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?
   *SURVEYOR NOTE: Location may be different from answer to Q35a
   - Yes
   - No, I have another community in mind**
Will direct you to complete **US Department of Veteran Affairs (VA)** Supplemental forms

- Important to understand the location where an individual is currently getting their 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
<table>
<thead>
<tr>
<th>9. What was the situation you were living in immediately prior to project entry? (Type of residence)</th>
<th>10. How long was the client staying in that place? (Length of stay in prior living situation)</th>
<th>10b. Did the client stay less than...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literally Homeless Situations:</td>
<td>For literally homeless situations:</td>
<td>Not Applicable Go to question 10c</td>
</tr>
<tr>
<td>○ Place not meant for habitation</td>
<td>○ One night or less</td>
<td></td>
</tr>
<tr>
<td>○ Emergency shelter, including hotel or motel paid for with emergency shelter</td>
<td>○ Two to six nights</td>
<td></td>
</tr>
<tr>
<td>○ Safe Haven</td>
<td>○ One week or more, but less than one month</td>
<td></td>
</tr>
<tr>
<td>○ Interim Housing</td>
<td>○ One month or more, but less than 90 days</td>
<td></td>
</tr>
<tr>
<td>Institutional Situations:</td>
<td>○ 90 days or more, but less than one year</td>
<td></td>
</tr>
<tr>
<td>○ Foster care home or foster care group home</td>
<td>○ Client doesn’t know</td>
<td></td>
</tr>
<tr>
<td>○ Hospital or other residential non-psychiatric medical facility</td>
<td>○ Client refused</td>
<td></td>
</tr>
<tr>
<td>○ Jail, prison or juvenile detention facility</td>
<td>○ Data not collected</td>
<td></td>
</tr>
<tr>
<td>○ Long-term care facility or nursing home</td>
<td>For institutional situations:</td>
<td></td>
</tr>
<tr>
<td>○ Psychiatric hospital or other psychiatric facility</td>
<td>○ One night or less</td>
<td>10a: 90 days:</td>
</tr>
<tr>
<td>○ Substance abuse treatment facility or detox center</td>
<td>○ Two to six nights</td>
<td></td>
</tr>
<tr>
<td>○ 90 days or more, but less than one year</td>
<td>○ One month or more, but less than 90 days</td>
<td></td>
</tr>
<tr>
<td>○ Client doesn’t know</td>
<td>○ 90 days or more, but less than one year</td>
<td></td>
</tr>
<tr>
<td>○ Client refused</td>
<td>○ One year or longer</td>
<td></td>
</tr>
<tr>
<td>○ Data not collected</td>
<td>○ Client doesn’t know</td>
<td></td>
</tr>
<tr>
<td>Transitional &amp; Permanent Housing Situations:</td>
<td>○ Client refused</td>
<td></td>
</tr>
<tr>
<td>○ Hotel or motel paid for without emergency shelter voucher</td>
<td>○ Data not collected</td>
<td></td>
</tr>
<tr>
<td>○ Owned by client, no ongoing housing subsidy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Owned by client, with ongoing housing subsidy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Permanent housing for formerly homeless persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Rented by client, no ongoing housing subsidy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Rented by client, with VASH subsidy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Rented by client, with COPD TIP subsidy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Rented by client, with other ongoing housing subsidy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Rented by client, with other housing subsidy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Residential project or halfway house with no homelessness criteria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Staying or living in a friend’s room, apartment or house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Staying or living in a family member’s room, apartment or house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Transitional housing for homeless persons (including homeless youth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Client doesn’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Client refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ Data not collected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 questions are asked:

10c. On the night before your current housing situation, did you stay on the streets, in an emergency shelter, or at a safe haven? | No | Yes | Client doesn’t know | Client refused | Data not collected |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Go to question 10c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

11. What approximate date did you start living on the streets, emergency shelter, or safe haven? | [ ] | [ ] |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Approximate date homelessness started)</td>
<td></td>
</tr>
</tbody>
</table>

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) |
| One Time | Two Times | Three Times | Four or more times | No | Yes | Client doesn’t know | Client refused | Data not collected |
CES Survey Part 2: Program Intake

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?
   - One Month (this year) [ ] 7 [ ] Client doesn't know
   - Time (if a month) [ ] 8 [ ] Client refused
   - 2 [ ] 9 [ ] Client refused
   - 3 [ ] 10 [ ] Data not collected
   - 4 [ ] 11 [ ] Client doesn't know
   - 5 [ ] 12 [ ] Client refused
   - 6 [ ] More than 12 months

Continue for all clients:

20. Have you ever been admitted to a hospital or detox center in the past five years?
   - Psychiatric hospital or other psychiatric facility [ ] Yes [ ] No
   - Hospital or other non-psychiatric medical facility [ ] Yes [ ] No
   - Jail, prison, or juvenile detention facility [ ] Yes [ ] No
   - Long-term care facility or nursing home [ ] Yes [ ] No

25. PATH Only: How was the client's mental health status confirmed?
   - Unconfirmed, presumptive, or self-report [ ] Yes [ ] No
   - Confirmed through assessment and clinical evaluation [ ] Yes [ ] No
   - Confirmed by prior evaluation or clinical records [ ] Yes [ ] No
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
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
Questions?

Contact:
Marina Flores
mflores@lahsa.org
Hafsa Kaka
hkaka@lahsa.org
Monica Quezada
mquezada@lahsa.org