

**ORANGE COUNTY CONTINUUM OF CARE
POLICIES, PROCEDURES AND STANDARDS COMMITTEE**

Tuesday, January 14, 2025

3:30 p.m. – 5:00 p.m.

Location:

County Administration South (CAS)

Multipurpose Rooms 103/105

425 West Santa Ana Blvd.

Santa Ana, CA 92701-4599

[Click Here](#) for parking information.

Virtual Meeting Option*:

Zoom Meeting Link: [Click here for meeting link](#)

Join by phone: +1 669 444 9171

Webinar ID: 999 5994 4290

****Listen-in option only***

Committee Chair: Nishtha Mohendra, Families Forward

Committee Members:

Judson Brown, City of Santa Ana

Andrew Crowe, Scholarship Prep

Becks Heyhoe-Khalil, Orange County United Way

Melanie McQueen, PATH

Robert "Santa Bob" Morse, Individual

Maricela Rios-Faust, Human Options

AGENDA

Welcome and Introductions – Judson Brown, Acting Chair

Public Comments – Members of the public may address the Policies, Procedures and Standards (PPS) Committee on items listed within this agenda or matters not appearing on the agenda so long as the subject matter is within the jurisdiction of the PPS Committee. Public comments will be limited to three minutes. If there are more than five public speakers, this time will be reduced to two minutes.

To address the PPS Committee during the Public Comment period, members of the public are to complete a Request to Address the Committee form prior to the beginning of each agenda item and submit it to Continuum of Care (CoC) staff. Staff will call your name in the order received.

Members of the public may also submit public comment by emailing CareCoordination@ocgov.com. All comments submitted via email at least 24 hours before the start of the meeting will be distributed to the PPS Committee members and all comments will be added to the administrative records of the meeting. Please include “PPS Committee Meeting Comment” in the email subject line.

CONSENT CALENDAR

1. Approve the PPS Committee Meeting Minutes from December 17, 2024.
2. Approve the 2025 PPS Committee Meeting Calendar.

BUSINESS CALENDAR

1. **Coordinated Entry System (CES) for Survivors Assessment Tools Recommendation** – Sarah Jones, CoC Manager, Office of Care Coordination and Daniel Garcia, CES Administrator
 - a. Recommend the revised CES Pre-Assessment Screening and CES Survivor Assessment tools for approval by the CoC Board, as recommended by the Domestic Violence Committee.
2. **CoC Updates** – Felicia Boehringer, CoC Administrator, Office of Care Coordination

Adjournment to: Regular meeting on February 11, 2025, from 3:30 p.m. to 5:00 p.m., location to be determined.

**ORANGE COUNTY CONTINUUM OF CARE
POLICIES, PROCEDURES AND STANDARDS COMMITTEE**

Tuesday, December 10, 2024
3:30 p.m. – 5:00 p.m.

Location:
County Administration South (CAS)
County Conference Center
425 West Santa Ana Blvd. Room 104/106
Santa Ana, CA 92701-4599
[Click Here](#) for parking information.

Virtual Meeting Option*:
Zoom Meeting Link: [Click here for meeting link](#)
Join by phone: +1 669 444 9171
Webinar ID: 920 8899 4328

****Listen-in option only***

Committee Chair: Nishtha Mohendra, Families Forward

Committee Members:

Judson Brown, City of Santa Ana
Andrew Crowe, Scholarship Prep
Becks Heyhoe-Khalil, Orange County United Way
Melanie McQueen, PATH
Robert “Santa Bob” Morse, Individual
Maricela Rios-Faust, Human Options
Ami Rowland, Covenant House California

MINUTES

Welcome and Introductions – Nishtha Mohendra, Chair

- Meeting Start Time: 3:43 p.m. (Call to Order)
 - Present: Becks Heyhoe-Khalil, Melanie McQueen, Nishtha Mohendra, Robert “Santa Bob” Morse, Maricela Rios-Faust, Ami Rowland
 - Absent Excused: Judson Brown, Andrew Crowe

Ami Rowland requested to enact AB 2449 for “Just Cause” to participate remotely. Maricela Rios-Faust motioned to approve Ami Rowland request to participate virtually. Becks Heyhoe-Khalil seconded the motion. Chair, Nishtha called for a voice vote, hearing no nay or abstentions the motion passed.

Public Comments – Members of the public may address the Policies, Procedures and Standards (PPS) Committee on items listed within this agenda or matters not appearing on the agenda so long as the subject matter is within the jurisdiction of the PPS Committee. Public comments will be limited to three minutes. If there are more than five public speakers, this time will be reduced to two minutes.

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Public Comment:

- No Public Comment

CONSENT CALENDAR

1. Approve the PPS Committee Meeting Minutes from November 12, 2024.

Committee Discussion:

- No Committee Discussion

Robert “Santa Bob” Morse motioned to approve Consent Calendar 1. Melanie McQueen seconded the motion. Chair, Nishtha called for a voice vote, hearing no nay, no abstention the motion passed.

BUSINESS CALENDAR

1. **PPS Committee Membership Recommendation** – Nishtha Mohendra, Chair and Sarah Jones, Continuum of Care (CoC) Manager, Office of Care Coordination
 - a. Approve recommended changes to the PPS Committee Charter, specifically Section 6 detailing Membership, to allow for a CoC Committee representative to be appointed as a PPS Committee member should a CoC Committee Chair be unable to participate, for approval by the CoC Board.
 - b. Approve CoC Committee representatives appointed to the PPS Committee to be selected by the respective CoC Committee Chair and/or in partnership with the CoC Committee membership.

Sarah Jones, CoC Manager, provided background on the PPS Committee membership which included previously approved changes such as removing the CoC Board Vice Chair requirement to serve as PPS Chair and expanding membership to include CoC Board and General Members. Also touching on the proposed revisions, prioritizing CoC Committee Chairs but allowing appointed representatives if Chairs cannot participate, maintain one to two at-large Board members, and clarify term lengths. A process for appointing representatives was also recommended, with support as needed.

Public Comment:

- No Public Comment

Maricela Rios-Faust motioned to start committee discussion on the recommended action. Becks Heyhoe-Khalil seconded the motion.

Committee Discussion:

- Becks Heyhoe-Khalil began by thanking staff for incorporating previous PPS feedback into the recommendations and turned attention to Section 6: Membership in the redlined PPS Charter. Becks Heyhoe-Khalil sought clarification on whether “CoC General Member” referred to any general member or specifically designated representatives of an agency/provider. Becks Heyhoe-Khalil also identified outdated language referencing the CoC Board Vice Chair, as that role no longer chairs the PPS Committee. To strengthen the process, Becks Heyhoe-Khalil suggested tying alternate representatives to the current Committee Chair rather than term lengths and advocated for requiring at least two CoC Board Members per committee to ensure Chairs have the option to appoint alternates.
- Maricela Rios-Faust requested clarification regarding the alternate selection process for PPS participation, specifically asking if CoC Board approval would be required when a Chair is unavailable. Maricela Rios-Faust noted that the selection process itself would likely address conflicts with meeting dates and times and emphasized the importance of sharing the Committee Calendar with CoC Board Members in advance. Maricela Rios-Faust further proposed that CoC Board Members be considered as alternates to mentor them for future leadership roles, encouraging Committee Chairs to proactively engage with Board Members who sit on their committees.
- Melanie McQueen raised questions about term lengths for alternate representatives, seeking clarity on whether these terms would align with the CoC Board Member who initiated the alternate selection. Melanie McQueen stressed the need for consistency and continuity, expressing concerns that PPS could end up comprised entirely of alternates with no CoC Board Members if the recommendations were adopted and questioned whether all CoC Committees are sufficiently structured to implement this process effectively while urging that committees are fully prepared before moving forward.
- Chair, Nishtha Mohendra clarified that the process would be “all in or not,” as PPS cannot allow proxy voting. However, noting that this could be revisited in the future. Nishtha Mohendra highlighted that Committee Calendars are released at the start of the calendar year and acknowledged PPS’s leadership in setting a model for other committees to follow. Nishtha Mohendra emphasized that Committee Chairs must remain engaged to ensure alternates do not replace the valuable insights Chairs provide. Offering the LEAC example, Nishtha Mohendra underscored the importance of trusting committees to select the most capable alternates while balancing new voices with experienced perspectives and concluded by suggesting revisiting PPS’s purpose in 2025 to evaluate whether the current direction remains appropriate.

Maricela Rios-Faust amended the motion to approve the recommendation, directing the Office of Care Coordination to incorporate changes based on the PPS Committee’s discussion. Becks Heyhoe-Khalil seconded the motion. Becks Heyhoe-Khalil, Melanie McQueen, Nishtha Mohendra, Robert “Santa Bob” Morse, Maricela Rios-Faust, and Ami Rowland voted yes. No nay, no abstentions. Motion passed.

- 2. Homeless Management Information System (HMIS) Policies and Procedures** – Erin DeRycke, Director, Data Analytics, 2-1-1 Orange County (211OC), Orange County United Way and Sarah Jones, CoC Manager, Office of Care Coordination

- a. Update on the proposed revisions to the HMIS Policies and Procedures, inclusive of the Client Record Requests, Data Integration, Data Release, Client Consent Form, Grievance Form and HMIS User Agreement policies.

Erin DeRycke, Director of Data Analytics at 211OC, Orange County United Way, shared that HMIS Policy & Procedures were updated following discussions with the HMIS Working Group, LEAC, and a user feedback period. The updates address client record requests, focusing on streamlining processes and addressing liability concerns. LEAC feedback emphasized full client access, streamlined processes, and improved provider training. Updates will include allowing clients to customize data requests with identity verification and provider coordination requirements but noted the time-intensive nature of requests and training needs. The proposed updates are open for input from the committee.

Committee Discussion:

- Maricela Rios-Faust asked Erin DeRycke, that since 211OC does not own the data, any data release must first be approved by the provider. Meaning the request must be approved by providers before it is released to the client?
- Melanie McQueen emphasized the importance of Maricela’s point regarding the data request process. Further explaining that at PATH, when participants request records, the requests are processed internally and reviewed by PATH’s legal compliance team. While PATH has contacted 211OC for data requests, most are handled in-house since client dashboards display all PATH programs, and PATH ensures the process is clear to clients. Providers act as data owners, while 211OC serves as the data controller. Melanie McQueen highlighted the need to safeguard client rights, enforce redactions of third-party information, and clarify agency responsibilities for fulfilling requests noting that if the intent is for all client record requests to go through 211OC, existing processes at agencies like PATH must also be considered.

Erin DeRycke continued presenting updates on data use, disclosure, and integration policies, including the need for Board approval for data integration requests and updated consent and grievance forms. Recommendations include aligning agencies with HMIS policies and improving client data protection.

Continued Committee Discussion:

- Chair, Nishtha Mohendra thanked Erin for her hard work and dedication to the updates and emphasized the importance of the responses from LEAC regarding the HMIS updates.
- Robert “Santa Bob” Morse thanked Sarah for providing a thorough overview of the LEAC meeting discussions on the HMIS Policy and Procedures, noting that the meeting covered referrals comprehensively and suggested that agencies should proactively offer information rather than waiting for requests from clients.
- Maricela Rios-Faust expressed appreciation for the lead time provided to review the updates, acknowledging the comprehensive nature of the overhaul, and raised concerns about the backend implications and potential costs, while also emphasizing the importance of training on case notes and tracking referrals.
- Becks Heyhoe-Khalil questioned whether case notes training would become mandatory and suggested incorporating sharing practices and system improvements into the process and inquired about data sharing specifics, asking if there’s any tracking of agency-specific data submissions.
- Melanie McQueen followed up on Becks Heyhoe-Khalil statement, stressing the need to review policies and procedures for consistency with implementation and emphasized that legal

compliance teams should be involved in the discussion, as they may need to address gaps in understanding regarding data requests.

Public Comment:

- Sammie Martinez, Lived Experience Professional, who is very familiar with HMIS, asked when the last audit of HMIS inputted data was conducted. Specifically, inquiring about duplicate entries and situations where clients are not receiving services that are being inputted, and asked if 211OC has ever followed up with providers during a compliance audit to ensure that services were actually being delivered.

3. CoC Update – Sarah Jones, CoC Manager, and Felicia Boehringer, CoC Administrator, Office of Care Coordination

Sarah Jones, CoC Manager, outlined the upcoming Shelter Point in Time Count (HIC) on January 27, 2025. OCUW will lead required training, while 211OC handles office hours and distribution of letters, also mentioning upcoming CoC Committee meetings, the ongoing Coordinated Entry System (CES) Team’s hiring process for an Extra Help Staff position, and the CoC Board election timeline.

Public Comment

- Alan Achterberg stated appreciation for the opportunity to learn about the process and see’s the potential for the County to meet its regulatory obligations, while commending the improvements and increased engagement from providers to reduce system congestion. Alan A. suggested that over the holidays, it might be helpful to educate and engage providers in finding solutions, as navigating the system can often feel like a maze with many nuances.

Committee Discussion:

- No Committee Comments

Adjournment to: Next meeting to be determined, pending approval of the 2025 CoC Board and Committee calendar.

2025 Policies, Procedures & Standards (PPS) Committee

Meetings are held the 2nd Tuesday of every Month 3:30 P.M. - 5:00 P.M.,
except for the November 2025 meeting which will be held the 2nd Thursday of the month from 3:30 P.M. – 5:00 P.M.

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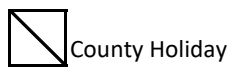
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County Holiday



Regular Meeting

Visit the CoC Webpage for meeting materials. Go to <https://ceo.ocgov.com/continuum-care>

and click on "Homeless Services" to navigate to the CoC webpage.

Date: January 14, 2025

Subject: Coordinated Entry System (CES) for Survivors Assessment Tools Recommendation

Recommended Action:

- a. Recommend the revised CES Pre-Assessment Screening and CES for Survivors Assessment tools for approval by the Continuum of Care (CoC) Board, as recommended by the Domestic Violence Committee.

Background and Analysis

The Office of Care Coordination, as the CES Lead for the Orange County CoC, received feedback from several CES partners and the CES Administrators recommending adding eligibility requirements to the CES Pre-Assessment tool and adding additional assessment and accessibility questions to the Survivor Assessment tool. In response to the feedback received, the CES Lead reviewed and revised both CES Assessment tools. At the September 4, 2024, CES Steering Committee meeting, the CES Lead presented the revised tools and received feedback on proposed edits to both the CES Pre-Assessment and Survivor Assessment. The CES Steering Committee took action to approve the recommended revisions, providing feedback to editing the language of the eligibility requirement questions to be easier to determine eligibility for CES for Survivors, mirroring the language to match that of the language used by the Department of Housing and Urban Development (HUD), as well as including a reference page of definitions as defined by HUD.

To ensure involvement of CoC and CES partners in the design of the revised assessment, the CES Lead established a timeline for sharing the revised CES Pre-Assessment and CES Survivor Assessment tools with the CoC and members of the public. A public feedback period was held from September 26, 2024, through October 9, 2024, requesting written feedback be sent via email to CoordinatedEntry@ocgov.com. The invitation to provide feedback was sent via the CES and CoC email distribution lists, to the CoC Board membership and to members of the following CoC committees: Policies, Procedures and Standards (PPS) Committee, Domestic Violence (DV) Committee and Lived Experience Advisory Committee.

On October 15, 2024, the updated CES Pre-Assessment and Survivor Assessment tools were presented to the DV Committee for review and feedback. The DV Committee membership discussed the importance of referencing mandated reporting information within the script for the CES Pre-Assessment, updating consent forms to ensure Survivors are aware of mandated reporting requirements, and exploring mandated reporting trainings that could be paired with the assessments for all CES Access Points. Because quorum was not reached at the October 2024 DV Committee meeting, the Office of Care Coordination committed to review feedback and bring proposed revisions to each assessment tool to the next DV Committee meeting. At the December 17, 2024, DV Committee meeting, the revised CES Pre-Assessment tool (**Attachment A**) and CES Survivor Assessment tool (**Attachment C**) were reviewed and approved. Significant changes being proposed are highlighted below.

Pre-Assessment

- Section added to include three Yes/No questions to determine CES for Survivors Eligibility; questions were arranged to reflect HUD definitions of determining if someone is fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking.
- Question 1: “Are you fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking (as defined by HUD, see definition on page 3)? *If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.*”
- Question 2: “Do you have no other safe place to stay? *If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.*”
- Question 3: “Do you have any resources to obtain a safe place to stay? *If No, you are eligible to be enrolled in CES for Survivors and can be referred to a partnering victim service provider. If YES, you are not eligible for CES for Survivors.*”
- Added *Definition of Emotional, Verbal, and Psychological Abuse* as defined by HUD on page 3.
- Removed *Laura’s House* and phone number and added *Waymakers* and phone number under the “24-hour Domestic Violence hotlines” section on page 2.

Survivor Assessment Tool

- Updated the three eligibility requirement questions to reflect the questions as stated in the CES Pre-Assessment
- Added a question to determine *Assessment Type* (Phone, Virtual, or In-Person)
- Added check box options for Gender and Race/Ethnicity under the *Client Intake* section on page 3.
- Revised the *Veteran* question to *Have you or anyone in your household served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or ever called into active duty as a member of the National Guard or as a Reservist?*
- Added two follow-up questions to the question of *Are you in the process of reunifying with any minor children? “If YES, how many?”* and *“Total number of minor children (17 or younger) in household?”*
- Removed *“Of the housing opportunities the household is eligible for, which of the following housing types is the household interested in?”*
Removed question *“Is there anything else we should know about you or your needs?”* on page 4.
- Added the *Accessibility Needs* section to determine potential Americans with Disability Act (ADA) compliance for housing opportunities.

The feedback received throughout the collaborative process of review of the revised tools can be referenced in **Attachment E**. The PPS Committee is being asked to review and approve the revised CES Pre-Assessment and Survivor Assessment tools, as recommended by the DV Committee, for approval by the CoC Board.

Attachments

Attachment A – CES Pre-Assessment – Redlined Version

Attachment B – CES Pre-Assessment – Clean Version

Attachment C – CES Survivor Assessment – Redlined Version

Attachment D – CES Survivor Assessment – Clean Version

Attachment E – CES Pre-Assessment and Survivor Assessment Tools Feedback Received

Pre-Assessment Screening

The goal of the Pre-Assessment Screening is to help the CES Virtual Front Door and access points identify whether the individual or family **may be or may have been** a victim or survivor of domestic violence (as defined by HUD) so that staff can offer a referral to victim service providers and/or CES for survivors.

- These questions are intended for adults over age 18.
- Questions should be asked in a private one-on-one setting.

Introduction

If any urgent safety needs are identified prior to beginning the Pre-Assessment Screening, immediately offer a connection to the local police or a Domestic Violence Hotline. Prior to beginning the Pre-Assessment Screening, provide a brief explanation of the Pre-Assessment Screening.

Sample Script

To learn more about your housing situation, I want to ask you some questions about whether you feel safe or are in danger right now. These are questions that I ask everyone because these issues are very common, and I want to ensure that you are connected to services that best fit your individual needs. Based on your answers, I may offer you referrals to specific resources. It is always your choice where you accept a referral to work with another program or continue talking to me about your housing situation. Your answers will not affect your eligibility for housing assistance. You will have the same ability to access housing as anyone else regardless of how you answer these questions.

*Anything you share today remains confidential. I will not call the police or do anything with this information that you don't want me to do. **DISCLOSE ANY MANDATED REPORTER EXCEPTIONS***

Do you have any questions for me?

Pre-Assessment Screening

Some people find themselves feeling unsafe at home or the place they are currently staying. Do any of the following apply to you or anyone in your household?

- Currently staying with, trying to leave, or used to stay with someone who threatens you or another family member; OR
- Anyone you stay with or used to stay with has hit, choked, or physically hurt you or a family member; OR
- **Anyone you stay with or used to stay with has emotionally, psychologically, or verbally abused you or family member (see page 3); OR**
- Anyone you stay with or used to stay with has forced you or a family member to do something sexually that you did not want to do; OR
- Anyone you stay with or used to stay with controls your access to money; OR
- Anyone you stay with or used to stay with controls, monitors, or harms you using any form of technology (social media, text message, email, location monitoring, etc.)

Yes No Client refused Client doesn't know Data not collected

If yes, offer help calling one of the 24 hour Domestic Violence hotlines below:

Human Options (877)854-3594

Laura's House (866)498-1511

Interval House (714)891-8121

Radiant Futures (877)531-5522

Tenant Self - Assessment

Some people are being forced by others to trade sex in exchange for money, shelter, or other items. Is this something **that is** happening to you?

Yes No Client refused Client doesn't know Data not collected

If yes, offer help calling one of the 24 hour Domestic Violence hotlines below:

Human Options	(877)854-3594	Laura's House	(866)498-1511
Interval House	(714)891-8121	Waymakers	(949) 250-0488
		Radiant Futures	(877)531-5522

Some people are being forced by others to trade work in exchange for shelter or other items. Is this something **that is** happening to you?

Yes No Client refused Client doesn't know Data not collected

If yes, offer help calling one of the 24 hour Domestic Violence hotlines below:

Human Options	(877)854-3594	Laura's House	(866)498-1511
Interval House	(714)891-8121	Waymakers	(949) 250-0488
		Radiant Futures	(877)531-5522

ATTENTION

Before proceeding, CES for Survivors is only for transitional/permanent housing. If the survivor is interested in getting resources for emergency shelter or other crisis support resources, offer help calling one of the 24 hour Domestic Violence hotlines referenced above.

CES for Survivors Eligibility

CES for Survivors is a program that provides potential transitional and/or permanent housing resources to the most vulnerable survivors who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. Any information shared will be deidentified and only shared with consent.

1. Are you fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking (as defined by HUD, see definition on page 3)? Yes No
If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.

2. Do you have no other safe place to stay? Yes No
If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.

3. Do you have any resources to obtain a safe place to stay? Yes No
If No, you are eligible to be enrolled in CES for Survivors and can be referred to a partnering victim service provider. If YES, you not eligible for CES for Survivors.

Is there anything else you would like to share about your safety at home or the place where you're currently staying?

For responses to the eligibility questions that did not meet the requirements for CES for Survivors, please end the assessment and provide a warm hand-off to another CES partnering agency.

CES for Survivors Victim Service Provider Partners include:

WISEPlace
(714) 542-3577 ext 200

Human Options
(877) 854-3594

Interval House
(714) 891-8121 ext 300

For Reference: HUD DEFINITIONS

Definition of Homelessness: Category 4

Any individual or family who is fleeing, or attempting to flee, domestic violence; has no other residency; and lacks the resources or support networks to obtain permanent housing.

Definition of Domestic Violence

“Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or they are afraid to return to, their primary nighttime residency (including human trafficking).

VAWA's 2022 Reauthorization expanded the definition of “domestic violence” to include any felony or misdemeanor crimes committed by a current or former spouse or intimate partner pursuant to domestic violence laws in jurisdiction receiving grant funding; or the use or attempted use of physical/sexual abuse, or any other coercive behavior used to maintain verbal, psychological, economic, or technological abuse. The abuser can be anyone who is a current or former spouse, intimate partner of the survivor, or a person in the position of a spouse/intimate partner of the survivor; is living with or who has lived with the survivor as a spouse or intimate partner; or commits acts against youth or adult survivor who is protected from acts defined by the jurisdiction's family or domestic violence laws.

Economic abuse is behavior that is coercive, deceptive, or unreasonably controls/restrains a person's ability to acquire, use, or maintain economic resources; restricting a person's access to money, assets, credit, or financial information; unfairly using a person's personal economic resources for one's own advantage; or exerting undue influence over a person's financial economic behavioral or decisions, including exploiting powers of attorney, guardianship, or conservatorship.

Technological abuse is an act or pattern of behavior that occurs within domestic violence, sexual assault, dating violence, or stalking, and is intended to harm, threaten, intimidate, control, stalk, harass, impersonate, exploit, or monitor another person using any form of technology (i.e. social media, “revenge porn,” emails, WhatsApp messages/texts, location trackers).

Definition of Emotional, Verbal, and Psychological Abuse

Emotional, psychological, and verbal abuse include mostly non-physical behaviors that the abuser uses to control, isolate, or frighten a person. Often, the abuser uses it to break down a person's self-esteem and self-worth in order to create a psychological dependency on the abuser.

Pre-Assessment Screening

The goal of the Pre-Assessment Screening is to help the CES Virtual Front Door and access points identify whether the individual or family **may be or may have been** a victim or survivor of domestic violence (as defined by HUD) so that staff can offer a referral to victim service providers and/or CES for survivors.

- These questions are intended for adults over age 18.
- Questions should be asked in a private one-on-one setting.

Introduction

If any urgent safety needs are identified prior to beginning the Pre-Assessment Screening, immediately offer a connection to the local police or a Domestic Violence Hotline. Prior to beginning the Pre-Assessment Screening, provide a brief explanation of the Pre-Assessment Screening.

Sample Script

To learn more about your housing situation, I want to ask you some questions about whether you feel safe or are in danger right now. These are questions that I ask everyone because these issues are very common, and I want to ensure that you are connected to services that best fit your individual needs. Based on your answers, I may offer you referrals to specific resources. It is always your choice where you accept a referral to work with another program or continue talking to me about your housing situation. Your answers will not affect your eligibility for housing assistance. You will have the same ability to access housing as anyone else regardless of how you answer these questions.

*Anything you share today remains confidential. I will not call the police or do anything with this information that you don't want me to do. **DISCLOSE ANY MANDATED REPORTER EXCEPTIONS***

Do you have any questions for me?

Pre-Assessment Screening

Some people find themselves feeling unsafe at home or the place they are currently staying. Do any of the following apply to you or anyone in your household?

- Currently staying with, trying to leave, or used to stay with someone who threatens you or another family member; OR
- Anyone you stay with or used to stay with has hit, choked, or physically hurt you or a family member; OR
- Anyone you stay with or used to stay with has emotionally, psychologically, or verbally abused you or family member (see page 3); OR
- Anyone you stay with or used to stay with has forced you or a family member to do something sexually that you did not want to do; OR
- Anyone you stay with or used to stay with controls your access to money; OR
- Anyone you stay with or used to stay with controls, monitors, or harms you using any form of technology (social media, text message, email, location monitoring, etc.)

Yes No Client refused Client doesn't know Data not collected

If yes, offer help calling one of the 24 hour Domestic Violence hotlines below:

Human Options (877)854-3594

Laura's House (866)498-1511

Interval House (714)891-8121

Radiant Futures (877)531-5522

Tenant Self - Assessment

Some people are being forced by others to trade sex in exchange for money, shelter, or other items. Is this something that is happening to you?

Yes No Client refused Client doesn't know Data not collected

If yes, offer help calling one of the 24 hour Domestic Violence hotlines below:

Human Options	(877)854-3594	Waymakers	(949) 250-0488
Interval House	(714)891-8121	Radiant Futures	(877)531-5522

Some people are being forced by others to trade work in exchange for shelter or other items. Is this something that is happening to you?

Yes No Client refused Client doesn't know Data not collected

If yes, offer help calling one of the 24 hour Domestic Violence hotlines below:

Human Options	(877)854-3594	Waymakers	(949) 250-0488
Interval House	(714)891-8121	Radiant Futures	(877)531-5522

ATTENTION

Before proceeding, CES for Survivors is only for transitional/permanent housing. If the survivor is interested in getting resources for emergency shelter or other crisis support resources, offer help calling one of the 24 hour Domestic Violence hotlines referenced above.

CES for Survivors Eligibility

CES for Survivors is a program that provides potential transitional and/or permanent housing resources to the most vulnerable survivors who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. Any information shared will be deidentified and only shared with consent.

1. Are you fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking (as defined by HUD, see definition on page 3)? Yes No
If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.
2. Do you have no other safe place to stay? Yes No
If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.
3. Do you have any resources to obtain a safe place to stay? Yes No
If No, you are eligible to be enrolled in CES for Survivors and can be referred to a partnering victim service provider. If YES, you not eligible for CES for Survivors.

Is there anything else you would like to share about your safety at home or the place where you're currently staying?

For responses to the eligibility questions that did not meet the requirements for CES for Survivors, please end the assessment and provide a warm hand-off to another CES partnering agency.

CES for Survivors Victim Service Provider Partners include:

WISEPlace (714) 542-3577 ext 200	Human Options (877) 854-3594	Interval House (714) 891-8121 ext 300
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For Reference: HUD DEFINITIONS

Definition of Homelessness: Category 4

Any individual or family who is fleeing, or attempting to flee, domestic violence; has no other residency; and lacks the resources or support networks to obtain permanent housing.

Definition of Domestic Violence

“Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or they are afraid to return to, their primary nighttime residency (including human trafficking).

VAWA’s 2022 Reauthorization expanded the definition of “domestic violence” to include any felony or misdemeanor crimes committed by a current or former spouse or intimate partner pursuant to domestic violence laws in jurisdiction receiving grant funding; or the use or attempted use of physical/sexual abuse, or any other coercive behavior used to maintain verbal, psychological, economic, or technological abuse. The abuser can be anyone who is a current or former spouse, intimate partner of the survivor, or a person in the position of a spouse/intimate partner of the survivor; is living with or who has lived with the survivor as a spouse or intimate partner; or commits acts against youth or adult survivor who is protected from acts defined by the jurisdiction’s family or domestic violence laws.

Economic abuse is behavior that is coercive, deceptive, or unreasonably controls/restrains a person’s ability to acquire, use, or maintain economic resources; restricting a person’s access to money, assets, credit, or financial information; unfairly using a person’s personal economic resources for one’s own advantage; or exerting undue influence over a person’s financial economic behavioral or decisions, including exploiting powers of attorney, guardianship, or conservatorship.

Technological abuse is an act or pattern of behavior that occurs within domestic violence, sexual assault, dating violence, or stalking, and is intended to harm, threaten, intimidate, control, stalk, harass, impersonate, exploit, or monitor another person using any form of technology (i.e. social media, “revenge porn,” emails, WhatsApp messages/texts, location trackers).

Definition of Emotional, Verbal, and Psychological Abuse

Emotional, psychological, and verbal abuse include mostly non-physical behaviors that the abuser uses to control, isolate, or frighten a person. Often, the abuser uses it to break down a person’s self-esteem and self-worth in order to create a psychological dependency on the abuser.

SURVIVOR ASSESSMENT TOOL

This tool will help determine risk and prioritize resources to the most vulnerable survivors. When used for prioritization, information shared in this assessment tool will be de-identified and only shared with **written** consent.

1

SURVIVOR INFORMATION

FULL NAME: _____ UNIQUE ID: _____

VICTIM SERVICE PROVIDER INFORMATION

STAFF NAME: _____ PHONE NUMBER: _____

AGENCY NAME: _____ EMAIL: _____

ELIGIBILITY REQUIREMENT

Y / N ~~Is survivor~~ **Are you** fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking as defined by HUD?

If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.

Y / N ~~Does survivor~~ **Do you** ~~not have any other safe residence~~ **have no other safe place to stay?**

If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.

Y / N ~~Does survivor~~ **Do you** ~~lack the~~ **have any** resources to obtain ~~other safe permanent housing a~~ **safe place to stay?**

If NO, continue to the Tenant Self-Assessment section. If YES, you are not eligible for CES for Survivors.

If all eligibility questions are "Y", please complete the assessment below. For responses to the eligibility questions that did not meet requirements, please end the assessment and provide a warm hand-off to another CES partnering agency.

2

TENANT SELF - ASSESSMENT

	1	2	3	SCORE
Current Housing Situation	Stably housed	Unstable/Temporary housing	Homeless or currently in a shelter-based program	
Other Barriers	0-1 additional barriers	2 additional barriers	3 or more additional barriers	
Support System	Substantial support system	Moderate support system	Low/non-existent support system	
TOTAL				

Description of other barriers and extenuating circumstances that make this referral a high priority per the staff's professional recommendation: _____

ASSESSMENT COMPLETED BY: _____ ASSESSMENT DATE: _____

ASSESSMENT TYPE: Phone Virtual In-Person

CLIENT INTAKE

Age 18-24 yrs old 25-54 yrs old 55-61 yrs old 62+ yrs Client doesn't know Client refused

Gender Woman Non-Binary Questioning Culturally Specific Identity Client Refused
 Man Transgender Different Identity Client doesn't know Data Not Collected

Race/Ethnicity

American Indian, Alaska Native, or Indigenous Black, African American, or African Middle Eastern or North African Client doesn't know
 Asian or Asian American Hispanic/Latin/e/o Native Hawaiian or Pacific Islander Client Refused
 White Data Not Collected

Date of Birth ____ - ____ - ____ Client Refused

Social Security Number ____ - ____ - ____ Client Refused

Veteran

Have you or anyone in your household served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or ever called into active duty as a member of the National Guard or as a Reservist? No Yes Client doesn't know Client refused

Does your household include any minor children? Yes No Client doesn't know Client Refused

Is anyone in the household currently pregnant? Yes No Client doesn't know Client Refused

Are you in the process of reunifying with any minor children? Yes No

If YES, how many? _____

Total Number of minor children (17 or younger) in household? _____

Total Household Size (Including yourself, how many people are in your household?) _____

PRIOR LIVING SITUATION

Type of Residence 3.917A (Type of living arrangement on the night before entering this project)

HOMELESS SITUATION

- Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

INSTITUTIONAL SITUATION

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

TRANSITIONAL & PERMANENT HOUSING SITUATION

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including Homeless Youth)
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment, or house
- Rental by client, with GPD TIP subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Client doesn't know
- Client refused
- Data not collected

PRIOR LIVING SITUATION (continued)

Length of Stay in Prior Living Situation <i>(How long ago did the client start staying in that Type of Residence)</i>		
<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than a year	<input type="checkbox"/> Client refused
<input type="checkbox"/> One week or more, but less than a month	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Data not collected

If Client's Type of Residence is any of the *Institutional Situation* options:

Length of Stay Less than 90 days? <i>(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If 'Length of Stay Less than 90 days' is YES:

On the night before - stayed on streets, ES, or Safe Haven? <i>(On the night before the client's stay of less than 90 days in an institutional setting, were they on the streets, in an Emergency Shelter or in a Safe Haven?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Approximate Date Homelessness Started <i>(Approximate date the client's current episode of homelessness began)</i>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today <i>(Regardless of where they stayed last night)</i>
<input type="checkbox"/> One time <input type="checkbox"/> Three times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Two times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client refused

Total number of months homeless on the streets, in ES, or Safe Haven in the past three years
<input type="checkbox"/> One month <input type="checkbox"/> Five months <input type="checkbox"/> Nine months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Two months <input type="checkbox"/> Six months <input type="checkbox"/> Ten months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Three months <input type="checkbox"/> Seven months <input type="checkbox"/> Eleven months <input type="checkbox"/> Client refused <input type="checkbox"/> Four months <input type="checkbox"/> Eight months <input type="checkbox"/> Twelve months <input type="checkbox"/> Data not collected

DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Do you have a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Physical Disability,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Do you have a developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Do you have a chronic health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Chronic Health Condition,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

DISABLING CONDITIONS AND BARRIERS (CONTINUED)

Have you been diagnosed with AIDS or have you tested positive for HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Do you have a mental health problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<i>If yes for Mental Health Problem,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Do you have a substance abuse problem?					
<input type="checkbox"/> No	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected		
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Both Alcohol and Drug	<input type="checkbox"/> Client refused			
<i>If you have any Substance Abuse Problem,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?			<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	
			<input type="checkbox"/> No	<input type="checkbox"/> Client refused	
			<input type="checkbox"/> Data not collected		

PRIOR CITY

The last city in which the client was permanently housed prior to entry into this project _____

What city were you in immediately prior to entry into this project?			
<i>The city in which the client spent the night prior to entry into this project</i>			
<input type="checkbox"/> Aliso Viejo	<input type="checkbox"/> Huntington Beach	<input type="checkbox"/> Newport Beach	<input type="checkbox"/> Westminster
<input type="checkbox"/> Anaheim	<input type="checkbox"/> Irvine	<input type="checkbox"/> Orange	<input type="checkbox"/> Yorba Linda
<input type="checkbox"/> Brea	<input type="checkbox"/> La Habra	<input type="checkbox"/> Placentia	<input type="checkbox"/> Unincorporated Orange County
<input type="checkbox"/> Buena Park	<input type="checkbox"/> La Palma	<input type="checkbox"/> Rancho Santa Margarita	<input type="checkbox"/> Outside Orange County, but in California
<input type="checkbox"/> Costa Mesa	<input type="checkbox"/> Laguna Beach	<input type="checkbox"/> San Clemente	<input type="checkbox"/> Outside of California
<input type="checkbox"/> Cypress	<input type="checkbox"/> Laguna Hills	<input type="checkbox"/> San Juan Capistrano	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Dana Point	<input type="checkbox"/> Laguna Niguel	<input type="checkbox"/> Santa Ana	<input type="checkbox"/> Client refused
<input type="checkbox"/> El Modena	<input type="checkbox"/> Laguna Woods	<input type="checkbox"/> Seal Beach	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Fountain Valley	<input type="checkbox"/> Lake Forest	<input type="checkbox"/> Stanton	
<input type="checkbox"/> Fullerton	<input type="checkbox"/> Los Alamitos	<input type="checkbox"/> Tustin	
<input type="checkbox"/> Garden Grove	<input type="checkbox"/> Mission Viejo	<input type="checkbox"/> Villa Park	
Which access point is serving this household?			
<input type="checkbox"/> Human Options	<input type="checkbox"/> Radiant Futures		
<input type="checkbox"/> Interval House	<input type="checkbox"/> WisePlace		

HOUSING INTERESTS

Of the housing opportunities the household is eligible for, which of the following housing types is the household interested in?

Transitional Housing-Rapid Re-Housing (TH-RRH) provides transitional housing operated by a victim service provider agency and/or time-limited rental assistance paired with time-limited supportive services. There is no minimum income requirement for participating in TH-RRH. The goal of TH-RRH is to increase or maintain income to be able to keep paying rent after the rental assistance ends. *This is the only survivor specific housing resource available through CES.*

~~Transitional Housing-Rapid Re-Housing~~ Yes No

Rapid Re-Housing (RRH) provides time-limited rental assistance paired with time-limited supportive services. There is no minimum income requirement for participating in RRH. The goal of RRH is to increase or maintain income to be able to keep paying rent after the rental assistance ends.

~~Rapid Re-Housing~~ Yes No

Other Permanent Housing (OPH) includes ongoing rental assistance with tenant paying 30% of their income towards housing. This housing assistance comes with limited to no supportive services.

~~Other Permanent Housing~~ Yes No

Permanent Supportive Housing provides ongoing rental assistance with intensive ongoing supportive services. Participation in supportive services is voluntary. Household experiencing chronic homelessness are primarily prioritized for PSH.

~~Permanent Supportive Housing~~ Yes No

Is there anything else we should know about you or your needs? _____

ACCESSIBILITY NEEDS

If you, or anyone in your household, have a disability, you may need accessible housing. This may mean you need ramps or wider entrances, space for medical equipment or a wheelchair, or special light switches, electrical outlets, and other fixtures.

These questions are about some common needs. If you have needs not covered by these questions, please list them at the end of the assessment.

1. Do you require a mobility accessible unit due to a physical disability? Yes No

2. Do you require a sensory accessible unit due to loss of hearing or sight? Yes No

3. Do you require some accommodations but not all the features of an accessible unit? Yes No

Please indicate your needs below:

a. no stairs Yes No

b. grab bars Yes No

c. seat in tub or shower Yes No

d. other Yes No If other, please specify _____

4. Is there anything else about you or your accessibility needs that we should know?

Please submit the completed assessment information to this form to <https://forms.office.com/g/4hXx6LwLFB>.

Please email coordinatedentry@ocgov.com with any questions.

SURVIVOR ASSESSMENT TOOL

This tool will help determine risk and prioritize resources to the most vulnerable survivors. When used for prioritization, information shared in this assessment tool will be de-identified and only shared with written consent.

1

SURVIVOR INFORMATION

FULL NAME: _____ UNIQUE ID: _____

VICTIM SERVICE PROVIDER INFORMATION

STAFF NAME: _____ PHONE NUMBER: _____

AGENCY NAME: _____ EMAIL: _____

ELIGIBILITY REQUIREMENT

Y / N Are you fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking as defined by HUD?

If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.

Y / N Do you have no other safe place to stay?

If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.

Y / N Do you have any resources to obtain a safe place to stay?

If NO, continue to the Tenant Self-Assessment section. If YES, you are not eligible for CES for Survivors.

For responses to the eligibility questions that did not meet requirements, please end the assessment and provide a warm hand-off to another CES partnering agency.

2

TENANT SELF - ASSESSMENT

	1	2	3	SCORE
Current Housing Situation	Stably housed	Unstable/Temporary housing	Homeless or currently in a shelter-based program	
Other Barriers	0-1 additional barriers	2 additional barriers	3 or more additional barriers	
Support System	Substantial support system	Moderate support system	Low/non-existent support system	
TOTAL				

Description of other barriers and extenuating circumstances that make this referral a high priority per the staff's professional recommendation: _____

ASSESSMENT COMPLETED BY: _____ ASSESSMENT DATE: _____

ASSESSMENT TYPE: Phone Virtual In-Person

CLIENT INTAKE

Age 18-24 yrs old 25-54 yrs old 55-61 yrs old 62+ yrs Client doesn't know Client refused

Gender Woman Non-Binary Questioning Culturally Specific Identity Client Refused
 Man Transgender Different Identity Client doesn't know Data Not Collected

Race/Ethnicity

American Indian, Alaska Native, or Indigenous Black, African American, or African Middle Eastern or North African Client doesn't know
 Asian or Asian American Hispanic/Latin/e/o Native Hawaiian or Pacific Islander Client Refused
 White Data Not Collected

Date of Birth ____-____-____ Client Refused
Social Security Number ____-____-____ Client Refused

Have you or anyone in your household served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or ever called into active duty as a member of the National Guard or as a Reservist? No Yes Client doesn't know Client refused

Does your household include any minor children? Yes No Client doesn't know Client Refused

Is anyone in the household currently pregnant? Yes No Client doesn't know Client Refused

Are you in the process of reunifying with any minor children? Yes No

If YES, how many? _____

Total Number of minor children (17 or younger) in household? _____

Total Household Size (Including yourself, how many people are in your household?) _____

PRIOR LIVING SITUATION

Type of Residence 3.917A (Type of living arrangement on the night before entering this project)	
HOMELESS SITUATION	
<input type="checkbox"/> Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	
<input type="checkbox"/> Safe Haven	
INSTITUTIONAL SITUATION	
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center
TRANSITIONAL & PERMANENT HOUSING SITUATION	
<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)
<input type="checkbox"/> Transitional housing for homeless persons (including Homeless Youth)	<input type="checkbox"/> Rental by client in a public housing unit
<input type="checkbox"/> Host Home (non-crisis)	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Rental by client, with GPD TIP subsidy	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client, with VASH housing subsidy	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

PRIOR LIVING SITUATION (continued)

Length of Stay in Prior Living Situation <i>(How long ago did the client start staying in that Type of Residence)</i>		
<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than a year	<input type="checkbox"/> Client refused
<input type="checkbox"/> One week or more, but less than a month	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Data not collected

If Client's Type of Residence is any of the *Institutional Situation* options:

Length of Stay Less than 90 days? <i>(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If 'Length of Stay Less than 90 days' is YES:

On the night before - stayed on streets, ES, or Safe Haven? <i>(On the night before the client's stay of less than 90 days in an institutional setting, were they on the streets, in an Emergency Shelter or in a Safe Haven?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Approximate Date Homelessness Started <i>(Approximate date the client's current episode of homelessness began)</i>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today <i>(Regardless of where they stayed last night)</i>
<input type="checkbox"/> One time <input type="checkbox"/> Three times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Two times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client refused

Total number of months homeless on the streets, in ES, or Safe Haven in the past three years
<input type="checkbox"/> One month <input type="checkbox"/> Five months <input type="checkbox"/> Nine months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Two months <input type="checkbox"/> Six months <input type="checkbox"/> Ten months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Three months <input type="checkbox"/> Seven months <input type="checkbox"/> Eleven months <input type="checkbox"/> Client refused <input type="checkbox"/> Four months <input type="checkbox"/> Eight months <input type="checkbox"/> Twelve months <input type="checkbox"/> Data not collected

DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Do you have a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Physical Disability,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Do you have a developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Do you have a chronic health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Chronic Health Condition,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

DISABLING CONDITIONS AND BARRIERS (CONTINUED)

Have you been diagnosed with AIDS or have you tested positive for HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Do you have a mental health problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<i>If yes for Mental Health Problem,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
Do you have a substance abuse problem?					
<input type="checkbox"/> No	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected		
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Both Alcohol and Drug	<input type="checkbox"/> Client refused			
<i>If you have any Substance Abuse Problem,</i> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?			<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	
			<input type="checkbox"/> No	<input type="checkbox"/> Client refused	
			<input type="checkbox"/> Data not collected		

PRIOR CITY

The last city in which the client was permanently housed prior to entry into this project

What city were you in immediately prior to entry into this project?			
<i>The city in which the client spent the night prior to entry into this project</i>			
<input type="checkbox"/> Aliso Viejo	<input type="checkbox"/> Huntington Beach	<input type="checkbox"/> Newport Beach	<input type="checkbox"/> Westminster
<input type="checkbox"/> Anaheim	<input type="checkbox"/> Irvine	<input type="checkbox"/> Orange	<input type="checkbox"/> Yorba Linda
<input type="checkbox"/> Brea	<input type="checkbox"/> La Habra	<input type="checkbox"/> Placentia	<input type="checkbox"/> Unincorporated Orange County
<input type="checkbox"/> Buena Park	<input type="checkbox"/> La Palma	<input type="checkbox"/> Rancho Santa Margarita	<input type="checkbox"/> Outside Orange County, but in California
<input type="checkbox"/> Costa Mesa	<input type="checkbox"/> Laguna Beach	<input type="checkbox"/> San Clemente	<input type="checkbox"/> Outside of California
<input type="checkbox"/> Cypress	<input type="checkbox"/> Laguna Hills	<input type="checkbox"/> San Juan Capistrano	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Dana Point	<input type="checkbox"/> Laguna Niguel	<input type="checkbox"/> Santa Ana	<input type="checkbox"/> Client refused
<input type="checkbox"/> El Modena	<input type="checkbox"/> Laguna Woods	<input type="checkbox"/> Seal Beach	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Fountain Valley	<input type="checkbox"/> Lake Forest	<input type="checkbox"/> Stanton	
<input type="checkbox"/> Fullerton	<input type="checkbox"/> Los Alamitos	<input type="checkbox"/> Tustin	
<input type="checkbox"/> Garden Grove	<input type="checkbox"/> Mission Viejo	<input type="checkbox"/> Villa Park	
Which access point is serving this household?			
<input type="checkbox"/> Human Options	<input type="checkbox"/> WisePlace		
<input type="checkbox"/> Interval House	<input type="checkbox"/>		

HOUSING INTERESTS

Transitional Housing-Rapid Re-Housing (TH-RRH) provides transitional housing operated by a victim service provider agency and/or time-limited rental assistance paired with time-limited supportive services. There is no minimum income requirement for participating in TH-RRH. The goal of TH-RRH is to increase or maintain income to be able to keep paying rent after the rental assistance ends. *This is the only survivor specific housing resource available through CES.*

Yes No

Rapid Re-Housing (RRH) provides time-limited rental assistance paired with time-limited supportive services. There is no minimum income requirement for participating in RRH. The goal of RRH is to increase or maintain income to be able to keep paying rent after the rental assistance ends.

Yes No

Other Permanent Housing (OPH) includes ongoing rental assistance with tenant paying 30% of their income towards housing. This housing assistance comes with limited to no supportive services.

Yes No

Permanent Supportive Housing provides ongoing rental assistance with intensive ongoing supportive services. Participation in supportive services is voluntary. Household experiencing chronic homelessness are primarily prioritized for PSH.

Yes No

ACCESSIBILITY NEEDS

If you, or anyone in your household, have a disability, you may need accessible housing. This may mean you need ramps or wider entrances, space for medical equipment or a wheelchair, or special light switches, electrical outlets, and other fixtures.

These questions are about some common needs. If you have needs not covered by these questions, please list them at the end of the assessment.

- 1. Do you require a mobility accessible unit due to a physical disability? Yes No
- 2. Do you require a sensory accessible unit due to loss of hearing or sight? Yes No
- 3. Do you require some accommodations but not all the features of an accessible unit? Yes No

Please indicate your needs below:

- a. no stairs Yes No
- b. grab bars Yes No
- c. seat in tub or shower Yes No
- d. other Yes No If other, please specify _____

4. Is there anything else about you or your accessibility needs that we should know?

Please submit the completed assessment information to this form to <https://forms.office.com/g/4hXx6LwLfB>. Please email coordinatedentry@ocgov.com with any questions.

**COORDINATED ENTRY SYSTEM ASSESSMENT TOOLS
FEEDBACK & QUESTIONS RECEIVED**

The revised Coordinated Entry System (CES) Pre-Assessment and Survivor Assessment tools were available for public review and feedback from September 26, 2024, through October 9, 2024. The feedback below was received in writing and/or during committee discussion.

Feedback received from the CES Steering Committee on September 4, 2024, and the DV Committee on October 15, 2024, has been added in blue text. Additional feedback from victim service providers (VSPs) was received on November 26, 2024, and has been added in green text. Feedback received via Coordinated Entry email inbox from local partners has been added in black text.

PRE-ASSESSMENT SCREENING TOOL

Change the language in the second eligibility question to say, “safe place to stay”, instead of “safe residence.”

Change the language in the third eligibility question to say, “Do you have any resources to obtain a safe place to stay?” instead of, “Do you lack the resources to obtain other permanent housing?”

After each eligibility question, include an “if yes/no” directional statement.

Add a statement to the Survivor Assessment Tool Guide about mandated reporting.

In the Pre-Assessment Screening Section, add another bullet point to include emotional/verbal abuse.

Please match the Survivors Eligibility on the Pre-Assessment Screening to be the same as the Survivor Assessment Tool to lessen the confusion on repeat questions (if this is needed). These should not be different unless they serve a different purpose.

We think it would be very important to specify that Survivor CES assessments are currently utilized for DV Specific TH/RRH and CoC funded RRH and PSH programs ONLY. This clarification is still missing from the Pre-Assessment Screening and caused many housing providers and 211 to refer survivors to Survivor CES for emergency shelter and other crisis support services not addressed within the Survivor CES. This has cause frustration and challenges in linking survivors to appropriate resources.

Please match the Survivors Eligibility on the Pre-Assessment Screening to be the same as the Survivor Assessment Tool to lessen the confusion on repeat questions (if this is needed). These should not be different unless they serve a different purpose.

Please add a statement to say that if a survivor is needing crisis support or emergency shelter resources that calling the 24-hour DV hotlines is the best option.

Option to add a fourth question to both documents: Do you need emergency shelter/crisis services (warm handoff to SH). Other option to add language at the very top of SAT to say this tool is only for TH-RRH, RRH, and PSH (not for ES). If you need ES or crisis support, please call a hotline.

Tenant Self-Assessment on Prescreening: This is getting at human trafficking but then referring to DV agencies? What is the purpose of this section? Two out of three of these agencies do not provide services to human trafficking victims who don’t also ID as DV survivors. Add in Waymakers and Human Trafficking Task Force to the emergency numbers listed.

Include a sentence or two describing what the DV agencies do (24-hour hotline, ES, TH).

Add in the definition of verbal psychological abuse.

You don't need to be 18 to experience DV or HT, consider moving that to the SCES section.

SURVIVOR ASSESSMENT TOOL

If answers to the eligibility questions indicate the client is ineligible for the SCES program, include an instruction for VSPs to redirect the client to other CES partnering agencies.

Revise opening statement to mention that information shared in the assessment tool will be de-identified and only share with "written" consent.

For the Client Intake portion of the assessment, be sure to include, "Client doesn't know/Client Refused" responses.

Section 3: Shouldn't we add the number of adults in household as well as minor children in order to get the total household size (as well as options for client doesn't know/refused)? This may be helpful while gathering the information.

There seemed to be other Data Quality elements required for CE APR (ie. Gender, race/ethnicity, etc.) that we are not collecting on the assessment that may be needed for CE reporting to HUD.

Under Eligibility Requirement section on the Survivor Assessment Tool: reword the second question to say, "Does the Survivor have a safe place to stay?"

OTHER

One of the most significant barriers is having a participant who is experiencing DV explain and retell her stories several times when contacting these VSP partners and hotlines for help. Another difficult situation we encountered recently was having to leave an individual experiencing DV, and our only plan was to follow up with them daily until a shelter bed became available.

Are there any housing opportunities for clients who are victims of domestic violence who is currently fleeing? Do you know when the HMIS intake packet will be updated to reflect the updated survivor assessment tools?

If we connect the client to a VSP can they still be enrolled in our CalAIM program?

My program is an Individual CES Access Point, are we able to match our clients who are survivors of DV to the TH-RRH housing opportunities?

What are the requirements for [agency] to be a Survivor CES Access Point?

Will any of the updated proposed assessments be available in other languages? For example, in Spanish or Vietnamese? We are just wondering as we always want to accommodate all our participants.
