



# **Coordinated Entry System For Youth**

**The Next Step Tool**

*Version 5.0*

*This page  
intentionally  
left blank*

# Youth CES Next Step Tool: Introduction

*Thank you for taking time to know the name and needs of our homeless youth and young adults. The 20-30 minutes you will spend are invaluable to helping us understand the unique needs of our homeless youth and also the broader region in which he/she resides. Your engagement with the young person and effective application of the following survey is a critical first step to ending homelessness in Greater Los Angeles. Thank you!*

## CONTENTS

- 1. Instructions (for Surveyor):** Brief guidelines for best application of this initial assessment - further instructions are available at [www.lahsa.org/hmis](http://www.lahsa.org/hmis), under Provider Tools: Document Library and Video Library, and on the CES Website at [ceslosangeles.weebly.com](http://ceslosangeles.weebly.com) (Forms & Resources)
- 2. Checklist:** A list of the steps involved in making the young person eligible for referrals through Youth CES.
- 3. Instructions (for Youth):** A script of instructions to be read aloud to the youth.
- 4. The Next Step Tool**

The Youth CES Initial Assessment builds on the Next Step Tool for Homeless Youth. The Next Step Tool is a triage tool designed to recommend the type of housing solution that may best meet the needs of the young person experiencing homelessness or housing instability. It is a holistic survey developed by OrgCode Consulting, Community Solutions, CSH, and Dr. Eric Rice from the University of Southern California, School of Social Work, and is written in a manner designed to be understood more easily by youth. This initial assessment also includes a set of basic intake and eligibility questions to help begin identifying resources and supports that the youth may qualify for immediately.
- 5. Supplemental Assessments (based on eligibility)**
  - a. ILP Eligibility Verification Form**

This form is utilized to confirm eligibility status for Independent Living Programs, a component of interim housing designated for young people with prior involvement with DCFS or Department of Probation.
  - b. Youth Family Reconnection Referral Form**

This form is utilized for referrals in the Youth Family Reconnection Program (also known as Connect LA), which provides therapeutic, case management, and financial support for participants seeking to reconnect or reunify with biological or non-biological family.

**Additional Consents (\*If Provided):** Additional authorization, release and consent forms may be provided by your agency or coordinator to allow for seamless coordination with other supports or resources.

# Youth CES Next Step Tool: Introduction

## INSTRUCTIONS FOR THE SURVEYOR **\*\*Please do not read aloud\*\***

- **FOLLOW A MODEL OF PROGRESSIVE ENGAGEMENT.**  
The various sections of the survey (Questions, and Supplemental sections) may be completed at one time or over various engagements, based on the comfort and preference of the youth. Allow youth to go at a pace that is comfortable for them. This may mean doing multiple sections, one section, or even just portion of a section.
- **REFERRALS AND NEXT STEPS.**  
Initial eligibility questions for specific resources are located throughout the survey. Next steps are listed for these questions in the body of survey as well as in the *“Wrapping Up the Initial Assessment”* section. Complete the next step (either a supplemental assessment or a referral) based on the comfortability and preference of the youth.
- **RESERVE JUDGEMENT.**  
Regardless of the outcome of the survey responses, please remain neutral in your response and reserve judgment and unsolicited advice.
- **DO NOT BE DISAPPOINTED IF THE YOUTH DOESN'T WANT TO PARTICIPATE IN THIS INITIAL ASSESSMENT.**  
Negative experiences with past services may cause the youth to be distrustful. Reversing course on that is a process, and your positive interaction and respect of their boundaries will help future engagements.
- **DO NOT PROMISE HOUSING OR SERVICES.**  
Though you may be trying to be helpful, false promises will only add to their distrust and disinterest with future engagements.
- **DO NOT MANIPULATE RESPONSES.**  
Major eligibility criteria are officially verified later so it does not benefit the youth to be dishonest.
- **DO NOT SHARE THE SCORE OR THE SCORING PROCESS.**  
You may share the general housing recommendation, but we do not want people being referred to as numbers.
- **YES AND NO ANSWERS ARE FINE, IDEAL EVEN. AVOID FOLLOW UP QUESTIONS.**  
Youth do not need to explain themselves. Explain questions if further clarification is needed, but try to keep the conversation short and clear to respect their time. Make note of items you may want to come back to, but allow case management to happen separate from the survey itself.
- **COUNT BACKWARDS AND PAUSE.**  
For any question that asks a date range, count backward to the first date – so if today is January 1, 2015 and the questions asks “in the last 6 months,” say in “in the last 6 months...December, November, October, September, August, July. So, since July 2014 ...” Also, for any question that states “anything like that,” add an intentional pause between “or anything (pause) like (pause) that” to help emphasize that you have read a list.
- **BE PREPARED TO EXPLAIN LENGTH OR QUESTIONS**  
If a youth finds a question offensive or is frustrated by the length, please explain that each question will help to avoid some inappropriate referrals and hopefully save them time in the long run. For other questions with more obvious answers, you may explain that you wanted to give them the ability to speak for themselves.
- **PRACTICE.**  
As you become more comfortable with the survey, you should notice a gradual reduction in the amount of time it takes to complete.

# Youth CES Next Step Tool: Introduction

## CHECKLIST

### Prepare

- Review:** Instructions for the person delivering the initial assessment (“Surveyor”)
- Read Aloud:** Instructions for the Youth

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

- Verbally Administer:** The Next Step Tool
- Verbally Administer:** The ILP Eligibility Form *(if applicable)*

### Follow-Up

- Data Entry:** Enter survey responses into HMIS as soon as possible.
- Upload:** Client picture, copies of documents, additional signed consents, to HMIS ***(Optional)***  
=====The following steps may be taken over by a Housing Navigator=====
- Obtain Documents (\*if not already in possession):** Birth Certificate, ID & Social Security. Most housing resources require these documents. Although not immediately required, please be prepared to quickly prepare income verification documents as well, as there are some housing resources that require income verification.
- Data Entry:** Note receipt of documents and upload scanned copy of documents into HMIS if possible.

# Youth CES Next Step Tool: Introduction

## EXPLAINING THE PROCESS

Start by introducing yourself to the youth. They may or may not already know you. In explaining the process, **do NOT discuss the scores that are associated with the tool, and do NOT share the youth's score with them. You may talk about the general housing recommendation, but we do not want people referred to as numbers.**

### Instructions to the Youth:

- In order to figure out what kinds of housing resources may best fit your needs, I'd like to get to know you a little bit more, using this initial assessment. This should take us about 10 - 15 minutes to get through, and we will talk about next steps from there.
- Most questions only require a "yes," "no" or other one-word answers.
- While this is not a housing application, the answers will help us understand your health and housing needs to help us identify housing and service supports.
- All that to say, I'm not using the answers you give to make any personal judgments about you. I understand that you may not want to answer all the questions honestly, and I get that. If you decide not to be honest about some of the questions, that will limit our ability to identify housing and support services that meet your needs.
- Some questions are personal in nature, but every question is designed to help us help you. You can skip or refuse any question that you don't feel comfortable answering, but the more questions you're willing to answer, the better.
- Someone may follow up with you to assist in getting documents together needed to access housing resources, so it's important that we have accurate contact information for you.
- There is no need to take this assessment twice, but from time to time we may want to update it with you, to make sure the information is accurate.

# Youth CES Next Step Tool

**Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a \* or \*\* that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.**

## A. ADMINISTRATION

Surveyor's Name: \_\_\_\_\_ Surveyor's Organization: \_\_\_\_\_

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

Assessment Location: \_\_\_\_\_ Assessment Type (circle): Phone / Virtual / In Person

Assessment Level (circle): Crisis needs assessment / Housing needs assessment

## B. ILP Eligibility Screening

1. Have you ever lived outside of your home? By outside of your home, I mean a foster home, group home, or the home of a relative that you were placed by the court?	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
2. Do you or Did you have a social worker, probation officer, or both?	<input type="checkbox"/> Social Worker	<input type="checkbox"/> N/A
	<input type="checkbox"/> Probation Officer	<input type="checkbox"/> Both
3. Would you be willing to sign off on a form to help us confirm if you're eligible for additional services, housing and resources?	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes**	
<b>If a youth answers affirmatively to question #1 or #2 and answers "Yes"(**) to question #3, complete ILP Eligibility Form in the Supplemental Assessments section of the Next Step Tool.</b>		

## C. History of Homelessness

4. (continued) Based on the answer above, indicate which spa the participant frequently stays at night:	<input type="checkbox"/> SPA 1	<input type="checkbox"/> SPA 5	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> SPA 2	<input type="checkbox"/> SPA 6	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> SPA 3	<input type="checkbox"/> SPA 7	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> SPA 4	<input type="checkbox"/> SPA 8	
5. Where do you sleep most frequently?	<input type="checkbox"/> Shelters	<input type="checkbox"/> Other	
	<input type="checkbox"/> Transitional Housing	(specify: _____)**	
	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Client doesn't know**	
	<input type="checkbox"/> Couch Surfing**	<input type="checkbox"/> Client prefers not to answer**	
	<input type="checkbox"/> Outdoors**		
<b>If the youth answers anything other than "Shelters", "Transitional Housing", or "Safe Haven", then score 1</b>			<b>Score:</b>
6. How long has it been since you lived in permanent stable housing?	<input type="checkbox"/> Less than a week	<input type="checkbox"/> 1 to 2 years	
	<input type="checkbox"/> 1 week to 3 months	<input type="checkbox"/> 2 years or more	
	<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> Client prefers not to answer	
7. In the last three years, how many times (episodes) have you been homeless?	<input type="checkbox"/> 0 times	<input type="checkbox"/> 4 times	
	<input type="checkbox"/> 1 time	<input type="checkbox"/> 5 or more times	
	<input type="checkbox"/> 2 times	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> 3 times	<input type="checkbox"/> Client prefers not to answer	
8. In the last three years, how many total months have you experienced homelessness?	<input type="checkbox"/> Less than a week	<input type="checkbox"/> 1 to 2 years	
	<input type="checkbox"/> 1 week to 3 months	<input type="checkbox"/> 2 years or more	
	<input type="checkbox"/> 3 to 6 months	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> Client prefers not to answer	

# Youth CES Next Step Tool

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

## D. Risks

In the past six months, how many times have you...		
9. Received health care at an emergency department/ room?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times	<input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
10. Taken an ambulance to the hospital?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times	<input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
11. Been hospitalized as an inpatient?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times	<input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
12. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times	<input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
13. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times	<input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
14. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times	<input type="checkbox"/> 4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If the total number of interactions equals 4 or more, then score 1 for <b>Emergency Service Use</b>		Score:
15. Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
16. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If "Yes" (**) to any of the above, then score 1 for <b>Risk of Harm</b>		Score:
17. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
18. Were you ever incarcerated when younger than age 18?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If "Yes" (**) to any of the above, then score 1 for <b>Legal Issues</b>		Score:



# Youth CES Next Step Tool

19. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
20. Do you ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If "Yes" (**) to any of the above, then score 1 for <i>Risk of Exploitation</i> .		Score:
Subtotal for Section D:		

## E. Socialization & Daily Functioning

21. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that <i>thinks</i> you owe them money?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
22. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If "Yes" to question 21 or "No" to question 22, then score 1 for <i>Money Management</i> .		Score:
23. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If "No", then score 1 for <i>Meaningful Daily Activity</i> .		Score:
24. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If "No", then score 1 for <i>Self-Care</i> .		Score:

Is your current lack of stable housing...		
25. Because you ran away from your family home, a group home or a foster home?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
26. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
27. Because your family or friends caused you to become homeless?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
28. Because of conflicts around gender identity or sexual orientation?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
If "Yes" to any of the above, then score 1 for <i>Social Relationships</i> .		Score:
29. Because of violence at home between family members?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
30. Because of an unhealthy or abusive relationship, either at home or elsewhere?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

# Youth CES Next Step Tool

31. Are you seeking services today because you are concerned about your immediate safety?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>If "Yes" to question #31, at the end of the Next Step Tool, please have a conversation with the youth to explore their safety needs and what resources interest them.</b>		
<b>If "Yes" to question #29 or #30, then score 1 for Use/Trauma.</b>		<b>Score:</b>
<b>Subtotal for Section E:</b>		

## F. Wellness

32. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
33. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
34. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
35. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
36. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
37. Are you currently pregnant, have ever been pregnant, or have gotten someone pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
38. If currently pregnant, what is your due date?	_____ / _____ / _____	
<b>If "Yes" to any of the above, then score 1 for Physical Health.</b>		<b>Score:</b>
39. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
40. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
41. If you've ever used marijuana, did you ever try it at age 12 or younger?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>If "Yes" to any of the above, then score 1 for Substance Use.</b>		<b>Score:</b>
Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or another place you were staying, because of:		
42. A mental health disorder or concern?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
43. A past head injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
44. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

# Youth CES Next Step Tool

<b>45.</b> Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
If "Yes" to any of the above, then score 1 for <i>Mental Health</i> .			<b>Score:</b>
If the respondent scored 1 for <i>Physical Health</i> and 1 for <i>Substance Use</i> and 1 for <i>Mental Health</i> , score 1 for <i>Tri-Morbidity</i> .			<b>Score:</b>
<b>46.</b> Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>47.</b> Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>48.</b> Are you currently receiving, or have you ever received treatment at a mental health program/clinic?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>49.</b> If yes, what is the name of the program/clinic?	_____		
If "Yes" to question # 46 or # 47, then score 1 for <i>Medications</i> .			<b>Score:</b>
<b>Subtotal for Section F:</b>			

## G. Veterans Services Eligibility

<b>50.</b> To the best of your knowledge, do you think you are VA Healthcare eligible?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
If "Yes" (**) to Veteran, offer linkage to SSVF SPA lead agency at the end of the Next Step Tool.			
<b>51.</b> Are you interested in seeing if you are able to receive services through a Veteran Services Provider?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
Note for Surveyor: If Participant answers "Yes" (**) to question #51, contact Veteran Service Provider (SSVF SPA Lead Agency or Veteran Administration) to see if participant is eligible for Veteran Services.			

## Scoring Summary

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

# Youth CES Next Step Tool

## H. Child Welfare Agency/Department of Probation Involvement

**Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a \* or \*\* that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.**

<b>52.</b> Have you ever been in foster care? (This question is asking for experience in foster care through a public child welfare agency, such as DCFS, or through juvenile Probation.)	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>53.</b> Have you ever lived in a foster home or group home?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>54.</b> Have you ever been approved or told by a court or child welfare agency to live with a relative?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>55.</b> Have you ever been approved or told by a court or child welfare agency to live with a guardian or adult to whom you were not related?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>56.</b> Are you currently in foster care or extended foster care (sometimes referred to as AB12)?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>57.</b> Were you in foster care, a group home, or out-of-home care at or after the age of 16?	<input type="checkbox"/> No <input type="checkbox"/> Yes**	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>58.</b> In what county and state were you in foster care? [if multiple, indicate most recent]	_____	

**If participant answers "Yes" (\*\*) to any of the above, complete ILP Eligibility Form in the Supplemental Assessment Section of the Next Step Tool.**

## I. Youth Choice

**Note for surveyor: Family is defined as biological or non-biological. Please also explain that supportive services are available to build relationships and reunify with chosen family.**

<b>59.</b> Are you interested in receiving support to build or strengthen your relationship with family? Please note that "family" refers to both biological and non-biological.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
--	---	---

## J. Housing Preference

**60.** What type of housing resources would you be open to accessing temporarily while we work together so you can obtain stable housing of your own? (Select as many as you want.)

<input type="checkbox"/> Interim housing (short-term crisis/bridge housing also known as emergency shelter in a congregate setting)	<input type="checkbox"/> Temporarily staying in a host home with a community member who has a rent-free room I can stay in while working with a case manager
<input type="checkbox"/> Transitional housing (temporary housing program, generally in congregate settings with roommates in room and staff support)	<input type="checkbox"/> A program with mental health services provided
<input type="checkbox"/> Independent living program (a type of transitional housing program specifically for youth who were formerly in the foster care system)	<input type="checkbox"/> Sober living housing or a sober living program
<input type="checkbox"/> Temporarily stay with family, but I need financial assistance to do so	<input type="checkbox"/> A job training program that also provides housing, like Job Corps or Conservation Corps
<input type="checkbox"/> Temporarily stay with friends, but I need financial assistance to do so	<input type="checkbox"/> Prefer to stay in car or RV, and would like a place that is safe and secure to park at night
<input type="checkbox"/> Temporarily stay with family, but I need help strengthening my relationship with them first	<input type="checkbox"/> Outdoors, in tent, or in abandoned building
	<input type="checkbox"/> Prefer not to share
	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Other (please specify other housing preference): _____

# Youth CES Next Step Tool

## ***K. Residency & Preferences***

**61.** There are different types of housing that exist in the community. Which of the following housing types would you be **willing** to live? (*Select as many as you want*) (*Please select at least one housing option*)

- Shared housing w/ a shared room
- Shared housing w/ separate rooms
- Housing up to 2 years w/ support services
- Long-term housing w/ support services
- Moving with family\*
- Moving with friends, not in a program

- Program with substance use treatment supports
- Program with mental health services
- Apartment in the community
- Apartment in a building with on-site services
- Other. Please explain:

---



---



---

**62.** Which of the following housing types would you prefer to live? (*Select your top three choices*) (*Please select at least one housing option*)

- Shared housing w/ a shared room
- Shared housing w/ separate rooms
- Housing up to 2 years w/ support services
- Long-term housing w/ support services
- Moving with family\*
- Moving with friends, not in a program

- Program with substance use treatment supports
- Program with mental health services
- Apartment in the community
- Apartment in a building with on-site services
- Other. Please explain:

---



---

If #59 is answered as "Yes" (\*\*), or option "Moving with family" is chosen for question #61 or #62, please fill out the YFR form.

**63.** Where do you currently reside?

Street 1	
Street 2	
City	
State	
Zip	

**65.** Have you lived in Long Beach or Santa Monica for a year or more?

- Yes
- No
- Client doesn't know
- Client prefers not to answer

**66.** Is there anywhere you would not be able to live?

- No
- Yes

**67.** If yes, where?

---

If the youth answers "Yes" to question #65, please have a conversation with the youth to understand their response better. For example, is it a safety issue, etc.?

## ***L. Factors impacting Housing Type/Location Possibilities***

**68.** Some housing units have disability-related features that make it easier for certain disabilities to live in that housing. If you or anyone in your household are to be placed in housing, would you need:

- Yes: A mobility unit
- Yes, a hearing/vision
- Yes, a mobility and hearing/vision unit
- No

**69.** Do you think you might have any of the following conditions?

- Substance use disorder
- Physical disability
- Mental health disorder
- Developmental disability
- Chronic physical illness
- HIV / AIDS
- None of the above
- Client doesn't know
- Client prefers not to answer

# Youth CES Next Step Tool

<b>70. Question for Surveyor:</b> Based on your observation, does this person/a person in this household appear to have ( <b>required</b> ):	<input type="checkbox"/> A mobility disability (uses a wheelchair, walker, or has difficulty walking) <input type="checkbox"/> A hearing disability (deaf or hard of hearing) <input type="checkbox"/> A visual disability (blind or low vision) <input type="checkbox"/> None of the above
<b>71. Question for Staff:</b> Based on your observation, might this person/a person in this household need assistance to communicate as effectively as someone without a disability (i.e. sign-language interpreter, large print or braille documents, hearing assistance device)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (which assistance aides do they need?): _____

## M. Housing History

<b>72.</b> Have you been evicted from a Public Housing Authority Unit? By evicted, I mean has a landlord ever requested you to leave the property? Have you ever received a 3-day notice to quit or vacate the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>73.</b> Have you ever been convicted of manufacturing or producing methamphetamine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>74.</b> Are you required to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<b>75.</b> Have you ever been convicted of arson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

## N. Contact Info

As housing resources become available, we will need to get in contact with you for the next step in the process.

On a regular day, where is it easiest to find you? What time of day is easiest to do so?	Place: _____ Time: _____ AM / PM ( <i>circle one</i> )
Is there a phone number and/or email where someone can safely get in touch with you?	Phone: _____ Email: _____

Who is the best person to contact if we can't reach you?

First Name	
Last Name	
Relationship	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Family <input type="checkbox"/> Social service contact <input type="checkbox"/> Friend <input type="checkbox"/> Case manager contact
Contact Phone	
Contact Phone Type	<input type="checkbox"/> Home phone <input type="checkbox"/> Messenger center <input type="checkbox"/> Cell phone <input type="checkbox"/> Pager <input type="checkbox"/> Work phone
Contact Email	

# Youth CES Next Step Tool

## **Q. Location of Survey**

Location of Survey (*\*Please update later if respondent is later attached to Housing Navigator in a different Region*)

Street 1	
Street 2	
City	
State	
Zip	

## **Wrapping Up the Initial Assessment**

**Complete necessary supplemental assessments / provision of resources as indicated by responses:**

**a. ILP Eligibility Verification Form**

Refer to Section B (ILP Eligibility Screening): If a youth answers affirmatively to questions #1 or #2 and answers "Yes" to question #3, complete ILP Eligibility Form and submit to YCES Lead Agency with NST.

**b. Youth Family Reconnection**

Refer to Section I (Youth Choice): If a youth answers "Yes" to question #59, or selects moving with family to question #61 or #62, complete Youth Family Reconnection Referral Form and submit to YCES Lead Agency with NST.

**c. Referral for DV Resources**

Refer to Section E (Socialization & Daily Functioning): If a youth answers "Yes" to question #31, have a conversation with participant to explore their safety needs and to offer resources that are of interest.

**d. Referral for Veteran Resources**

Refer to Section G (US Department of Veterans Affairs, Department of Health Services): If a youth answers "Yes" to question #50, offer linkage to the SSVF SPA lead agency.

# **Supplemental Assessments**



# Youth CES Next Step Tool: Supplemental Assessments

*This page  
intentionally  
left blank*

# Youth CES Next Step Tool: Supplemental Assessments

## INSTRUCTIONS FOR ASSESSOR WHO IS COMPLETING NST PACKET WITH PARTICIPANT

### Independent Living Program (ILP) Verification of Emancipation Status / Consent for Release of Information Form

#### 1. Determine eligibility for form completion:

- a. Refer to Next Step Tool Section B (ILP Eligibility Screening).
- b. If a participant answers affirmatively to questions #1 or #2 and answers “Yes” to question #3, an ILP Verification/ROI Form should be completed.

#### 2. If participant is eligible:

- a. Complete Identified SPA box and Section A (Client Information) of ILP Verification/ROI Form with participant.
- b. Request participant signature, as indicated in Section A, so information about eligibility status can be obtained from DCFS and/or Probation.
- c. Do **not** complete Sections B or C, as those sections will be completed by other parties.
- d. Submit Form to YCES Lead Agency Matcher with NST packet.
- e. YCES Lead Agency Matcher will send form to appropriate points of contact at DCFS and/or Probation for verification of eligibility status.

**ILP Verification of Emancipation Status/Consent For Release of Information**  
**LA County Department of Children & Family Services/ Department of Probation**

**IDENTIFIED SPA:**

**CLIENT'S INFORMATION (Please Print- to be filled out by client only)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the Los Angeles County Department of Children and Family Services (DCFS) and/or Department of Probation (Probation) to release my foster care status and case information to the agency listed below. I also authorize the agency listed below to release my case information to DCFS and/or Probation. This information is to be used solely for the purpose of securing emergency, transitional or permanent housing, statistical purposes, ensuring delivery of service, and program goal compliance.

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SERVICE AGENCY INFORMATION (Please Print)**

Agency Name: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Title: \_\_\_\_\_

I, \_\_\_\_\_, an employee of \_\_\_\_\_, hereby agree to solely utilize the information obtained from the Los Angeles County Department of Children and Family Services (DCFS), Youth Development Services Staff and/or Department of Probation for the purpose of assisting the aforementioned youth/client in securing emergency, transitional or permanent housing and for agency program monitoring, statistics, and delivery of service compliance.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SERVICE AGENCY TO SEND COMPLETED FORM:**

**DCFS Youth:** to Greg Breuer at (213) 637-0035 fax or email [breugr@dcfs.lacounty.gov](mailto:breugr@dcfs.lacounty.gov)

**Probation Youth:** to John Thompson at (213) 637-0036 fax or [john.thompson@probation.lacounty.gov](mailto:john.thompson@probation.lacounty.gov)

**TO BE COMPLETED BY LA COUNTY DCFS YDSD OR DEPT. OF PROBATION STAFF ONLY**

**LAHSA ILP Housing (For youth, ages 18 up to 21)**

**TLP/ CoC Housing (For youth, ages 18 up to 24)**

The above mentioned client is/was a current/former foster youth or received services from either the L.A. or \_\_\_\_\_ County Department of Children and Family Services or the Department of Probation. Yes: \_\_\_\_\_ No: \_\_\_\_\_

**THP+ Housing (For youth, ages 18 up to 24)**

The above mentioned client *aged-out* of foster care from either the L. A. or \_\_\_\_\_ County Department of Children and Family Services or the Department of Probation. Yes: \_\_\_\_\_ No: \_\_\_\_\_

Youth is eligible for \_\_\_\_\_ months in the THP-Plus program.

Previous THP+ Start Date: \_\_\_\_\_

**The client's court case is closed. Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **Projected Term Date if known:** \_\_\_\_\_

**Case Termination Date:** \_\_\_\_\_ **ILP Eligible: Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

\_\_\_\_\_  
**DCFS/PROBATION HOUSING SPECIALIST NAME**

\_\_\_\_\_  
**DCFS/PROBATION HOUSING SPECIALIST SIGNATURE** Title Date

# Youth Family Reconnection Program Referral Form

Directions: A referral must be completed and emailed to the appropriate Youth CES Matcher for the SPA in which the referring participant is currently residing. See Youth CES Matcher list below to submit a YFR referral.

## REFERRING AGENCY

Referral Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Title: \_\_\_\_\_

Staff Phone Number: \_\_\_\_\_

Staff Email: \_\_\_\_\_

Referring Agency Name: \_\_\_\_\_

Referring Address: \_\_\_\_\_

Service Planning Area (SPA):  1  2  3  4  5  6  7  8

## REFERRING PARTICIPANT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Pronoun(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

HMIS #: \_\_\_\_\_ NST Acuity Score: \_\_\_\_\_ (0-17)

Preferred Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Permission to leave a message:  Yes  No

Best Time to Call Phone Number listed:  Morning  Afternoon  Evening  Anytime  Specific Time: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permission to leave an email message:  Yes  No

*Optional:* Alternative Phone Number: \_\_\_\_\_

Permission to leave a message:  Yes  No

Best Time to Call Alternative Phone Number:  Morning  Afternoon  Evening  Anytime  Specific Time: \_\_\_\_\_

Best Mode of Communication:  Mobile  Email  Alternative  Other: \_\_\_\_\_

Geographic Location/Neighborhood of Current Housing Status (Describe): \_\_\_\_\_

SPA where the referring participant is currently residing:  1  2  3  4  5  6  7  8

## THIS SECTION ONLY TO BE COMPLETED BY THE YOUTH CES MATCHER

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>SPA 1: Antelope Valley</b><br>Antelope Valley<br>Youth Matcher: Cristina Merino<br>Email: <a href="mailto:cmerino@avdvc.org">cmerino@avdvc.org</a>             | <input type="checkbox"/> <b>SPA 2: San Fernando Valley</b><br>Village Family Services<br>Youth Matcher: Karen Rios<br>Email: <a href="mailto:krios@thevillagefs.org">krios@thevillagefs.org</a>                   | <input type="checkbox"/> <b>SPA 3: San Gabriel Valley</b><br>Hathaway-Sycamores<br>Youth Matcher: Rebekah Heckler<br>Email: <a href="mailto:youthreferral@hscfs.org">youthreferral@hscfs.org</a>                             |
| <input type="checkbox"/> <b>SPA 4: Metro Los Angeles</b><br>LA LGBT Center<br>Youth Matcher: Telma Acosta<br>Email: <a href="mailto:tacosta@lalgbtcenter.org">tacosta@lalgbtcenter.org</a> | <input type="checkbox"/> <b>SPA 5: West Los Angeles</b><br>Safe Place for Youth<br>Youth Matcher: Maria Rodriguez<br>Email: <a href="mailto:mariar@safeplaceforyouth.org">mariar@safeplaceforyouth.org</a>        | <input type="checkbox"/> <b>SPA 6: South Los Angeles</b><br>Coalition for Resp. Comm. Dvpmnt.<br>Youth Matcher: Alejandra Chagollan<br>Email: <a href="mailto:achagollan@coalitionrccd.org">achagollan@coalitionrccd.org</a> |
| <input type="checkbox"/> <b>SPA 7: East Los Angeles</b><br>Jovenes, Inc.<br>Youth Matcher: Norma Olvera<br>Email: <a href="mailto:nolvera@jovenesinc.org">nolvera@jovenesinc.org</a>       | <input type="checkbox"/> <b>SPA 8: South Bay/ Harbor Cities</b><br>Hathaway-Sycamores<br>Youth Matcher: Cederrick Ashley<br>Email: <a href="mailto:cashley@harborinterfaith.org">cashley@harborinterfaith.org</a> |  |