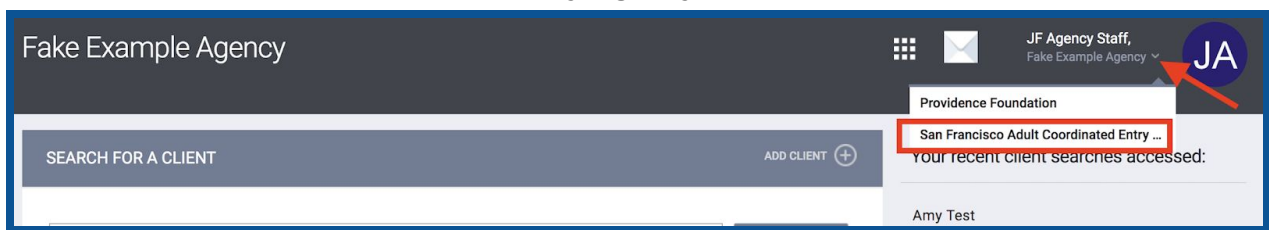


How to Record the Adult CE Primary Assessment

This workflow reflects the necessary steps needed to create a client profile, enroll the client in an Adult Coordinated Entry Program, and administer the Adult CE Primary Assessment. The purpose of recording an Adult CE Primary Assessment is to record an adult's self-reported homelessness history when entering the San Francisco Homeless Response system at a Coordinated Entry Access Point.

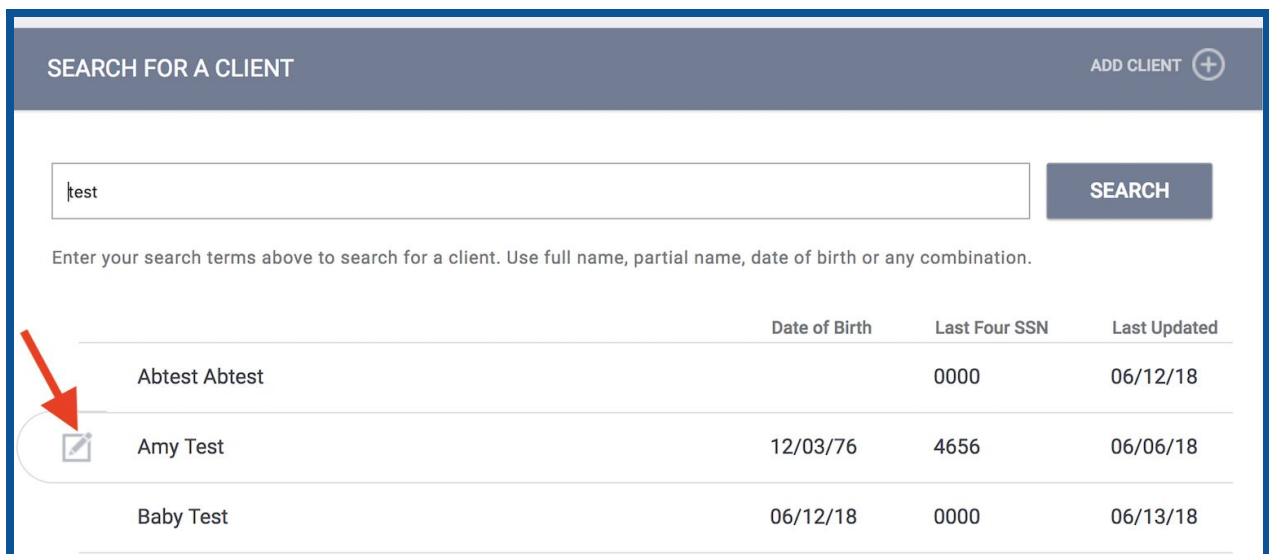
Search or add new profiles

- 1) Log in to the ONE System and click on the dropdown arrow to change to the "San Francisco Adult Coordinated Entry Agency".



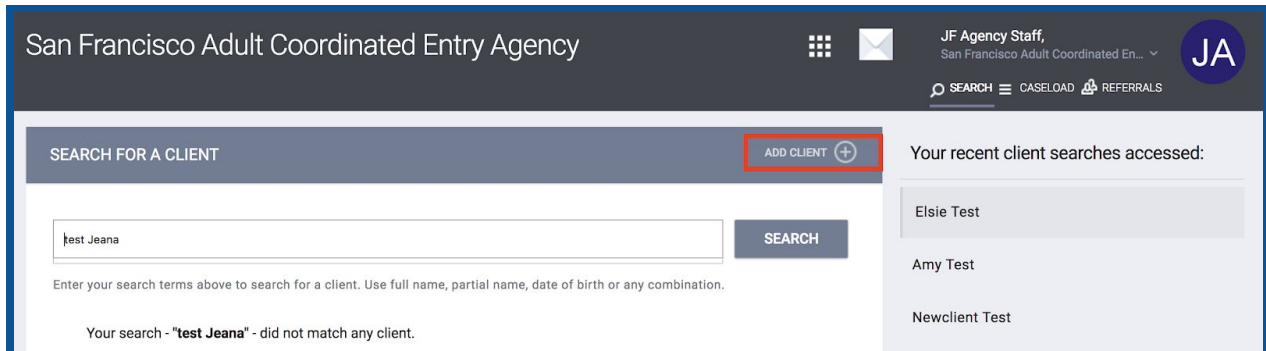
- 2) Next, search for the person in the search box. Search can be conducted by entering a partial first name, partial last name, Date of Birth, or Social Security number. Search for the person before creating a new profile to avoid creating duplicate profiles in the ONE System.

If you find the person in search, click edit to the left of the person's name to open the profile screen. Go to step 8.



How to Record the Adult CE Primary Assessment

- 3) If the client does not appear, click “ADD CLIENT” and complete the profile screen for this person.



San Francisco Adult Coordinated Entry Agency

JF Agency Staff, San Francisco Adult Coordinated En...

SEARCH CASELOAD REFERRALS

SEARCH FOR A CLIENT

ADD CLIENT +

test Jeana

SEARCH

Your recent client searches accessed:

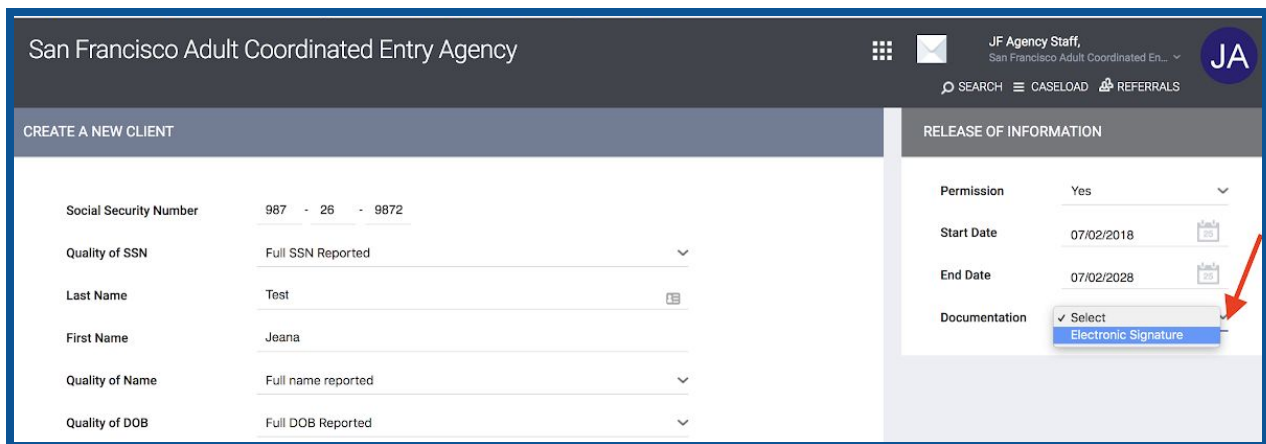
Elsie Test

Amy Test

Newclient Test

Your search - "test Jeana" - did not match any client.

- 4) Enter the profile information and change the Release of Information. Change the Documentation dropdown to “Electronic Signature”. Next, click “E-Sign Document”.



San Francisco Adult Coordinated Entry Agency

JF Agency Staff, San Francisco Adult Coordinated En...

SEARCH CASELOAD REFERRALS

CREATE A NEW CLIENT

RELEASE OF INFORMATION

Permission Yes

Start Date 07/02/2018

End Date 07/02/2028

Documentation Select

Electronic Signature

Social Security Number 987 - 26 - 9872

Quality of SSN Full SSN Reported

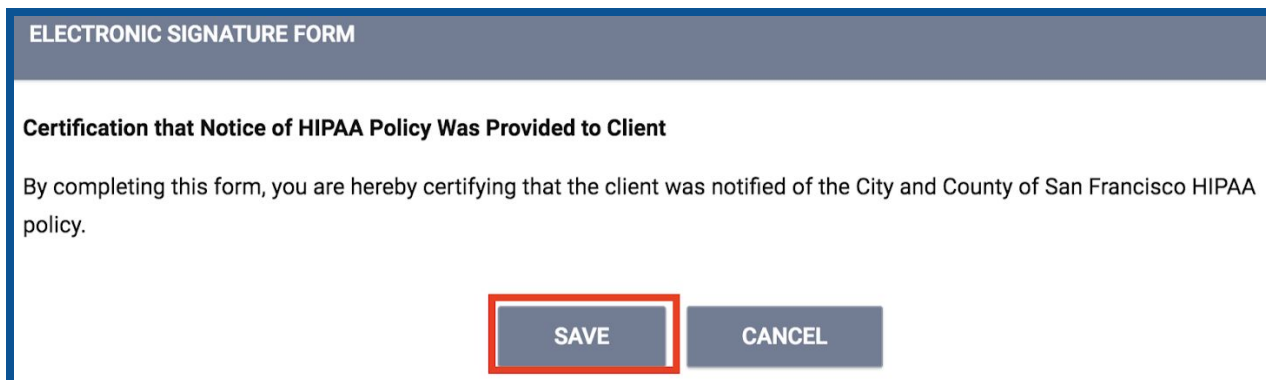
Last Name Test

First Name Jeana

Quality of Name Full name reported

Quality of DOB Full DOB Reported

- 5) The Electronic Signature Form will appear. Click “Save”.



ELECTRONIC SIGNATURE FORM

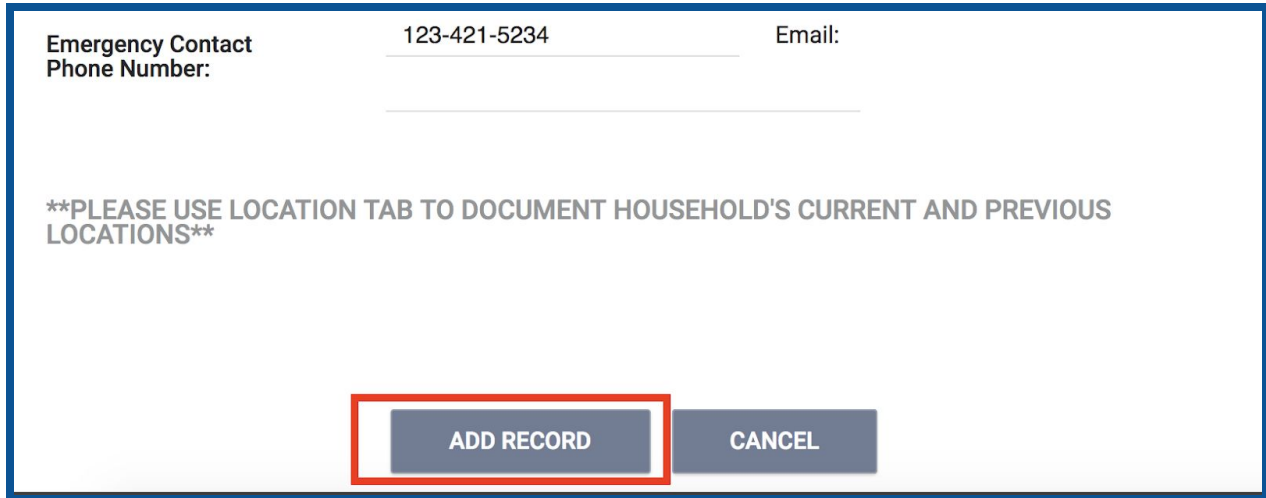
Certification that Notice of HIPAA Policy Was Provided to Client

By completing this form, you are hereby certifying that the client was notified of the City and County of San Francisco HIPAA policy.

SAVE CANCEL

How to Record the Adult CE Primary Assessment

6) Scroll down to the bottom of the profile screen and select Add Record.

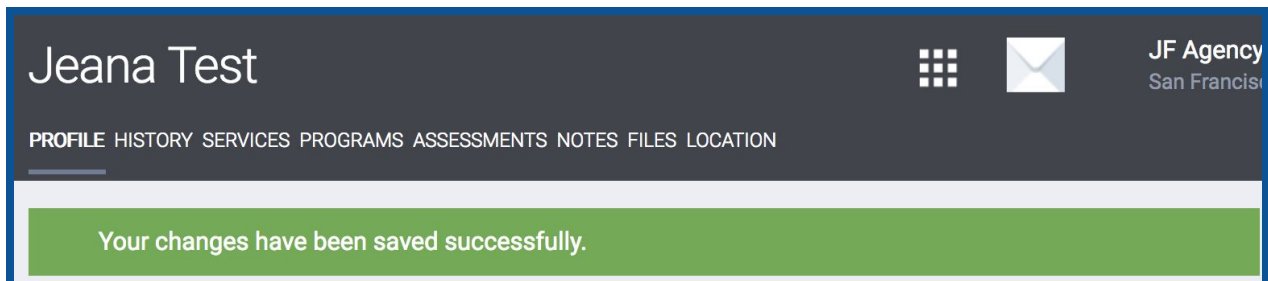


Emergency Contact Phone Number: 123-421-5234 Email:

****PLEASE USE LOCATION TAB TO DOCUMENT HOUSEHOLD'S CURRENT AND PREVIOUS LOCATIONS****

ADD RECORD **CANCEL**

7) A message will appear to confirm that the profile was created.



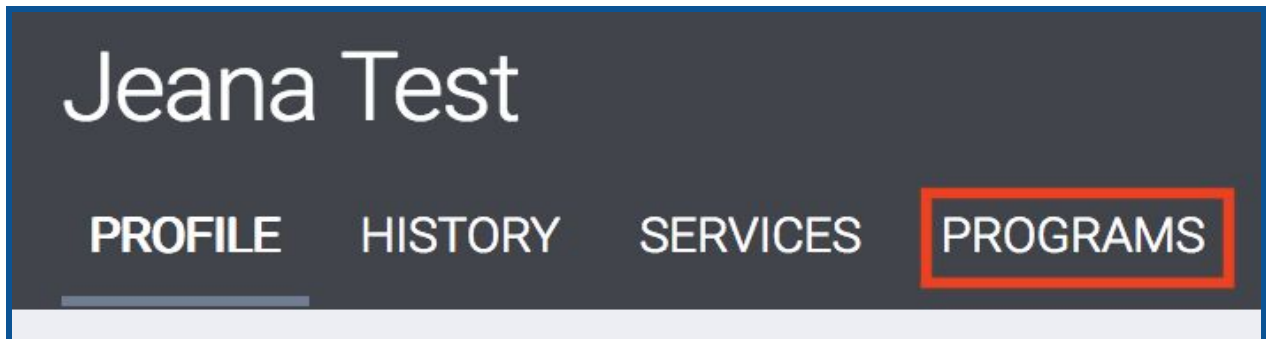
Jeana Test

PROFILE HISTORY SERVICES PROGRAMS ASSESSMENTS NOTES FILES LOCATION

Your changes have been saved successfully.

Enroll Client in Adult Coordinated Entry Program

8) At the top of the profile screen, select "PROGRAMS".



Jeana Test

PROFILE **HISTORY** **SERVICES** **PROGRAMS**

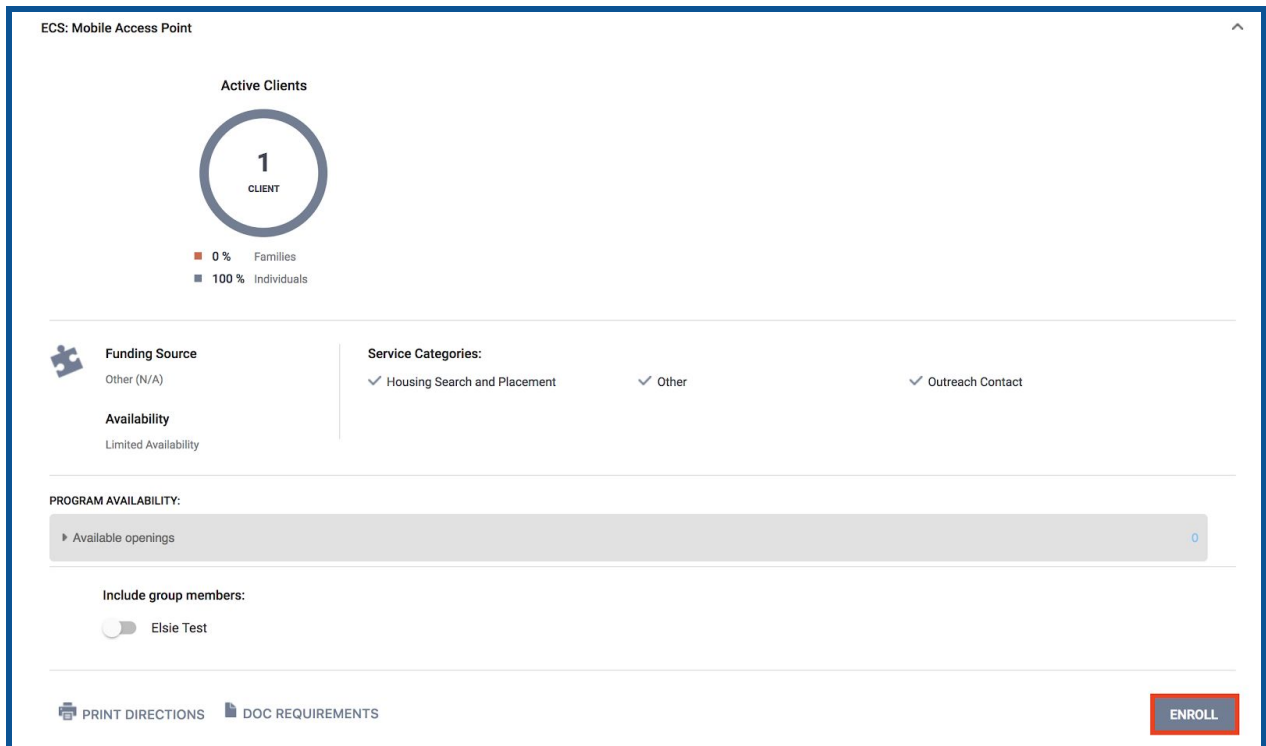
How to Record the Adult CE Primary Assessment

- 9) Click on the down caret next to the Adult Coordinated Entry Access Point program with which you are associated. If you are not sure which program to choose, contact your program manager.



PROGRAMS: AVAILABLE	
ECS Partner – SFHOT	▼
ECS Partner – Swords to Plowshares	▼
ECS Partner – UCSF	▼
ECS: Bayview Access Point	▼
ECS: Mobile Access Point	▼
ECS: SOMA Access Point	▼

- 10) Next, click on the “ENROLL” button to begin the client’s program enrollment.



ECS: Mobile Access Point

Active Clients

1
CLIENT

0 % Families
100 % Individuals

Funding Source
Other (N/A)

Availability
Limited Availability

Service Categories:
☒ Housing Search and Placement
 ☒ Other
 ☒ Outreach Contact

PROGRAM AVAILABILITY:

Available openings: 0


Include group members:
☐ Elsie Test

[PRINT DIRECTIONS](#)
[DOC REQUIREMENTS](#)
[ENROLL](#)


How to Record the Adult CE Primary Assessment


11) Complete the program enrollment questions and select “SAVE & CLOSE”. The ‘Project Start Date’ is the date that the client visits and engages the Access Point.


Enroll Program for client Jeana Test


Project Start Date 


DISABLING CONDITIONS AND BARRIERS


Disabling Condition 


Physical Disability 


Developmental Disability 

Chronic Health Condition 


HIV - AIDS 

Mental Health Problem 


Substance Abuse Problem 

Domestic Violence Victim/Survivor 


CASH INCOME FOR INDIVIDUAL

Income from Any Source 

NON-CASH BENEFITS

Receiving Non-Cash Benefits 

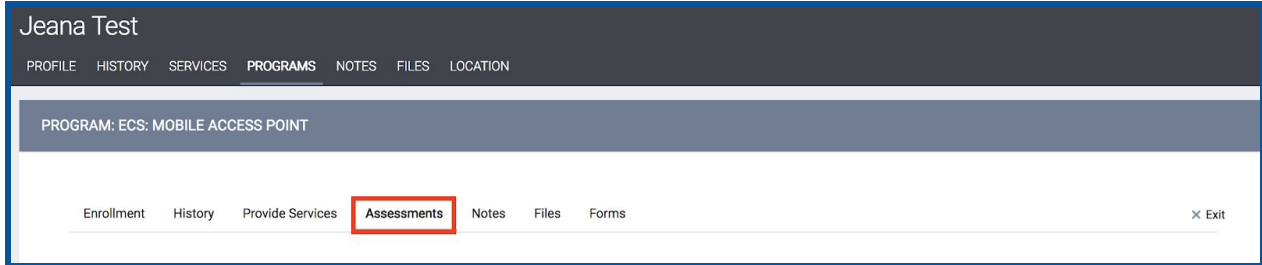
HEALTH INSURANCE

Covered by Health Insurance 

How to Record the Adult CE Primary Assessment

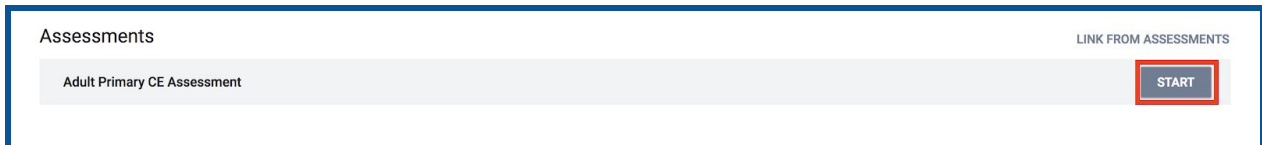
Record the Adult Primary Assessment

12) After enrolling the client in the CE program, click on the program level “Assessments” tab.



The screenshot shows the client profile for 'Jeana Test'. The top navigation bar includes links for PROFILE, HISTORY, SERVICES, PROGRAMS, NOTES, FILES, and LOCATION. Below this, a header indicates the program is 'ECS: MOBILE ACCESS POINT'. A secondary navigation bar contains links for Enrollment, History, Provide Services, Assessments, Notes, Files, and Forms. The 'Assessments' link is highlighted with a red box. An 'Exit' button is located on the far right.

13) Select “START” to begin recording the ‘Adult CE Primary Assessment’.



The screenshot shows the 'Assessments' page. The title 'Assessments' is at the top left, and a 'LINK FROM ASSESSMENTS' button is at the top right. Below the title, there is a list item 'Adult Primary CE Assessment'. To the right of this item is a 'START' button, which is highlighted with a red box.

How to Record the Adult CE Primary Assessment

14) Complete the assessment questions and “SAVE”.

ADULT HOUSING ASSESSMENT

1) Where did you stay last night? (Living situation, not geography) Select

2) In the place you are staying, are you experiencing physical or sexual violence? Select

3) How long have you been homeless this time? Select

4) Have you resided in a shelter, safe haven, or place not meant for human habitation for more than 12 months over the last 3 years (Does not need to be consecutive)? Select

5) How long in total have you lived in an emergency shelter or place not meant for people to sleep, including today? (Over lifetime) Select

6) How many times in the past three years have you lived in a shelter, outdoors, in a vehicle, or other place not meant for people to live? (each break in homelessness has to span at least 7 consecutive nights) Select

7) How old were you when you first experienced homelessness (living in shelter, outdoors, in a vehicle or other place not meant for people to live)? Select

8) Do you have one of the following disabling conditions, or been told you have one of the following by a healthcare provider: Physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, substance abuse? Select

9) Do you have any challenges that cause you to need help with daily activities or help with maintaining housing (e.g. a serious medical condition, mental health problem, substance problem, other issue)? Select

10) How many times have you used crisis services in the past year (for example, mental health crisis services, hospital, detox, suicide prevention hotline)? Select

11) In the past five years, how many times have you been arrested by a police officer? This can include being arrested and going to jail, or just being arrested then released. Select

12) How frequently have you experienced violence or felt you were in danger from other people since you have been living outside or in shelter? Select

13) Considering all sources of income, what is your total monthly income? (including all forms of cash income)

14) Are you pregnant? Select

15) BASED ON INTERVIEWER'S OBSERVATION: Does the client demonstrate significant functional impairment (e.g. due to active substance use, mental health or health condition)? Select

Vat score?

THE REMAINING FIELDS ARE USED FOR STATISTICAL PURPOSES (NO INPUT NECESSARY)

Private

SAVE **CANCEL**