# Bridge Housing Eligibility and Prioritization System (BHEPS)


## Who should use this form?

This form is to refer individuals who are experiencing homelessness and have behavioral health needs.

## What to do:

- ✓ Ensure the client meets eligibility criteria, prior to submitting form.
- ✓ Fill out all required fields (marked with a *)
- ✓ Ensure all areas of the form have been completed. Incomplete forms will be rejected.
- ✓ Ensure all fields have been totaled, accurately.
- ✓ Submit completed form via secure email to: DHS-BHS-BHBHreferral@saccounty.gov

## Definitions:

**Literally Homeless – Chronic**

- ✓ The individual has a disability AND
- ✓ Individuals have been homeless for 12+ consecutive months, OR
- ✓ Individuals have had 4+ episodes of homelessness totaling 12 months over the last 3 years

**Literally Homeless – Non-Chronic**

- ✓ The individual is currently unsheltered (e.g., street, car, tent, etc.),
- ✓ ***But*** does not meet the chronic duration requirement
- ✓ Fleeing Violence or Danger
- ✓ Escaping domestic violence, human trafficking, or another dangerous situation
- ✓ Has no safe alternative housing and lacks resources/support to obtain it

## Bridge Housing Eligibility and Prioritization System (BHEPS)

**Referring Party Information**

| | | |
|---|---|---|
| **Referrer's Name*:** | **Agency:** | **Program:** |
| **Phone Number:** | **Email:** | **Referral Type*:** ☐New ☐Update ☐Renewal *(120+ days of absence)*<br>**Preferred Contact Method**? ☐Phone ☐Email |

**Client Information**

| | | |
|---|---|---|
| **Client Legal Name*:** | **Preferred/Alias/Nickname:** | **Screening Date*:** |
| **Date of Birth*:** | **Phone:** | **May we contact client?** ☐ Yes ☐No |
| **HMIS ID *(if available):*** | **SmartCare Number (*if available):*** | **Preferred Language*:** |

**Condition of referral*(Select all that apply):**

☐ Literally Homeless - Chronic: living on the street, in a park, car, tent, etc.
☐ Literally Homeless – Non-Chronic: living on the street, in park, car, tent, etc.
☐ **CARE Court** Referral
☐ Jail – will exit into homelessness
☐ Hospital – will exit into homelessness
☐ Client is housed, sheltered, staying in a hotel, or sleeping on someone's couch/floor - **STOP CLIENT IS INELIGIBL**

**Client's last known location (cross streets or facility name):**

***Required**

**Client MUST meet all 4 factors below to be eligible for this independent living environment*(Check ALL that apply):**

☐Client does NOT require nursing level medical needs
☐Client can manage their own medications
☐Client agrees to participate in behavioral health treatment - **IF NO, STOP CLIENT IS INELIGIBLE**
☐Client can perform Activities of Daily Living (ADLs)**

**Client is independent with mobility, hygiene, housekeeping, laundry, and basic meals.

*All boxes must be checked, if not, **STOP** client is ineligible

| 1. History of Mental Health/SUD | 4 points | 3 points | 2 points | 1 point |
|---|---|---|---|---|
| **a. Highest Intensity of Mental Health and/or Substance Use Disorder (SUD) Treatment Outpatient Services Received (within last 10 years)**<br>☐ No History of outpatient services | ☐ High-Intensity Services *(Received or receiving Full-Service Partnership, SUD Intensive Outpatient Services or Alta Regional services in the past year.)* | ☐ Moderate Services *(Received or receiving moderate intensity- level CORE mental health services or Outpatient SUD Treatment.)* | ☐ Managed Care Plan *(Received or receiving mental health or SUD treatment services through a managed care plan. (Kaiser, Anthem, Molina, etc.)* | ☐ Peer- driven groups or self-help group *(e.g., Alcoholics Anonymous, Narcotics Anonymous)* |

**** Required field – This field must be completed. Incomplete forms will not be accepted.***

| 2. Chronicity Status | 4 points | 3 points | 2 points | 1 point |
|---|---|---|---|---|
| **a. Homeless History and Urgent Safety Needs**<br>***Homeless:***<br>• *A person or family is considered homeless if they don't have a safe, stable place to sleep at night. This can include:*<br>  • *Sleeping outside, in a car, or in a place not meant for people to live (does not include couch surfing)*<br>  • *Staying in an emergency shelter or transitional housing*<br>  • *Escaping domestic violence and having no safe housing options* | ☐ Chronic-12 or more consecutive months in a row<br>OR<br>☐ 4 separate occasions totaling 12 months over the past 3 years | ☐ Literally Homeless 9-12 months<br>OR<br>☐Fleeing violence or danger, with no safe housing or resources available. | ☐ Homeless 3–9 months | ☐ Homeless less than 3 months |
| **b. Number of Episodes of Literal Homelessness in Last 3 Years** | ☐ 6 or more episodes<br>OR<br>☐ Homeless 1+ year in one episode | ☐ 4-5 episodes | ☐ 2-3 episodes | ☐ 1st episode |

***Choose only one box in each subsection.***

**Total Score for Section:**

| 3. Risk Factors | 4 points | 3 points | 2 points | 1 point |
|---|---|---|---|---|
| **a. Psychiatric Hospitalizations:**<br><br>☐ No History | ☐ Currently hospitalized or 2+ times in past year | ☐ Once within last year | ☐ Over a year ago | ☐ Over 3-5 years ago |
| **b. Abuse: Community Violence, Domestic Violence (DV), Abuse, or Commercial Sexual Exploitation without access to natural resources**<br><br>☐ No History | ☐ Currently escaping abuse<br>*(e.g., DV agency referral, protective order, injuries, etc.)* | ☐ History of DV or abuse within the last 3 months<br>*(recent incidents, healing injuries, using DV services, etc.)* | ☐ History of DV or abuse within 4-12 months. | ☐ History of DV or abuse over 1+ years |
| **c. Danger to Others (DTO):**<br>*(Including stalking and intent)*<br><br>☐ Not Applicable | ☐ Threats or acts of violence with means in the past month | ☐ Threats or acts of violence with means within the past 3 months | ☐ Threats or acts of violence with means within the past 6 months | ☐ Threats or acts of violence with means within the past 12 months |
| **d. Justice Involved:**<br>☐ No History | ☐ Released from Jail/Prison within the last 30 days or awaiting sentencing | ☐ CURRENTLY on Probation or Parole | ☐ Released from Jail/Prison *(within the last 365 days)* | ☐ 1+ years ago<br>*(not on probation or parole)* |
| e. **Substance Use:**<br><br>☐ No History | ☐ Current, severe<br>*(Daily symptoms with moderate to severe impact on functioning and/or involvement with legal issues, life threatening withdrawal symptoms, etc.)* | ☐ Current, moderate<br>*(Uses 3–4 days per week or recently relapsed, with mild to moderate impact on functioning)* | ☐ Current, minimal<br>*(Recreational/minimal impact on functioning, though may experience personal challenges)* | ☐ In recovery<br>*(past use, not currently using)* |
| f. **Psychiatric Medication:**<br><br>☐ No History | ☐ Does not take medications as directed leading to negative effects<br>*(Currently/recently prescribed medications)* | ☐ Current or recent prescription<br>*(Medications have been lost, stolen, or unfilled)* | ☐ Previously prescribed<br>*(Has not seen the doctor in 6+ months)* | ☐ Currently stable on prescription |
| **g. Danger to Self/Suicide History:**<br>☐ No History | ☐ Within 3 months<br>*(History of Suicide attempt and/or suicidal ideation with plan, method, and intent. Or recent discharge from psychiatric hospital.)* | ☐ Within 6 months<br>*(With 2 of 3 elements: plan, method or intent)* | ☐ Within 1 year<br>*(with 1 of 3 elements: plan, method, or intent)* | ☐ More than 1 year *(With history of suicide attempt/suicidal ideation)* |
| ***Alert: If client has current S/I with means, plan and intent, immediately provide crisis intervention (Mental Health Urgent Care Clinic, 988, 911, etc.)*** | | | | |

| 3. Risk Factors (Cont.) | 4 points | 3 points | 2 points | 1 point |
|---|---|---|---|---|
| **h. Daily Functioning:**<br><br>☐ No History<br><br>*This may include:*<br>***1. Emotional:*** *frequent outbursts, anger, crying, struggles with anxiety and depression affecting employment/education, significant risk taking*<br>***2. Cognitive:*** *Difficulty concentrating, poor memory, difficulty understanding info, problem solving, hallucinations*<br>***3. Self-Care that regularly requires medical intervention or exacerbates a medical condition:*** *poor hygiene, poor nutrition, high medical needs*<br>***4. Relationships:*** *Isolation, alienates natural support system, difficulty communicating*<br>***5. Struggled*** *to maintain housing in recent past or has been homeless* | ☐ Significant impairment<br>*(4-5+ areas affected)* | ☐ Moderate impairment<br>*(3-4 areas affected)* | ☐ Mild impairment<br>*(2+ areas affected)* | ☐ Potential impairment<br>*(1 area affected)* |
| **i. Support system:**<br><br>☐ No Needs<br><br>*Accesses a support system that provide emotional, psychological, and practical help for the individual. Includes service agencies.* | ☐ Support potentially needed | ☐ Limited supports | ☐ Minimal supports | ☐ Highly supported |
| **j. Medical co-morbidity:**<br><br>☐ No Needs<br><br>*The presence of one or more additional diseases or conditions occurring at the same time as SMI/SUD* | ☐ Serious medical needs requiring regular care<br>*(e.g., diabetes, cancer, daily life saving meds)* | ☐ Occasional care or meds needed<br>*(Long-term impact if left untreated)* | ☐ Medical needs present but has no impact on daily function | ☐ Has not seen a doctor to assess nee |
| **k. Medical equipment:**<br><br>☐ Not Applicable | ☐ Requires electric equipment or refrigerated medication<br>*(e.g., CPAP, insulin)* | ☐ Needs equipment for medical monitoring<br>*(e.g., wound care, testing supplies)* | ☐ Needs ADA-related equipment<br>*(e.g., wheelchair/walker)* | ☐ Other<br>*(Please explain):*<br>_____<br>_____<br>_____<br>_____ |
| | | ***Choose only one box in each subsection.** | **Total Score for Section:** | |

| 4. Barriers | 4 points | 3 points | 2 points | 1 point |
|---|---|---|---|---|
| **a. Income:** | ☐ No Income | ☐ Cash Aid or Social Security<br>*(Cannot afford rent, rent subsidized or needs additional support)* | ☐ Regular income<br>*(Cannot afford rent, rent subsidized or needs additional support)* | ☐ Other<br>*(Please explain):*<br>_____<br>_____<br>_____<br>_____ |
| **b. Rental History in the last 7 years:**<br><br>☐ Fair/Good rental history | ☐ 2+ evictions | ☐ 1 eviction | ☐ Poor rental history | ☐ No rental history |

| 4.Barriers (Cont.) | 4 points | 3 points | 2 points | 1 point |
|---|---|---|---|---|
| **c. Protective System involvement History**<br><br>☐ No Involvement | ☐ Current/recent Child Protective Services (CPS) or Adult Protective Services (APS) involvement | ☐ CPS or APS involvement 1- 2 years ago | ☐ Involvement over 2 years ago | ☐ Involvement 5+ years ago |
| **d. Employment:**<br><br>☐ Full-Time Employment | ☐ Unemployed 12months or more | ☐ Unemployed 6-12 months | ☐ Unemployed 0-6 months | ☐ Part-time or underemployed<br>*(Less than 32 hours a week)* |

**Total Score for Section:**

***Choose only one box in each subsection.***

**5. Special Populations**

***(Check all applicable boxes) 1 point each***

| | |
|---|---|
| ☐ Older adults (55+) | ☐ Pregnant |
| ☐ System involved (APS/CPS) | ☐ Foster Youth aging out or non-minor dependents |

**Total Score for` Section:**

***Choose only one box in each subsection.***

**Additional Information or details on client to help determine eligibility:**

_____
_____
_____

**Total Score for Sections 1–5:**

***Please total the score from each section (1 through 5) and enter the combined total above.***

**6. Additional Information (these will not affect scoring and will be used for matching to appropriate options)**

***(Check all applicable boxes)***

☐ **Not Applicable**
☐ **ADA Needs** (i.e. wheelchair, walker, etc.) Please Describe:
☐ **Single cabin**
☐ **Double cabin** (is the partner BHBH Eligible: list name *required: _____), or HMIS number of partner if known (_____)
- ☐ – Willing to room in Double with another BHBH resident.

**Vehicle**
☐ Operational (Registered and insured, current driver's license)
☐ Non-operational
☐ No vehicle

**Felony Conviction:**
☐ Not Applicable
☐ Drug felony
☐ Arson
☐ 290 Registrant
☐ Violent
☐ Other *(Please explain):*
_____

**Other Important Information:**
☐ Not Applicable
☐ Chronic health issues. Please Describe:
_____
_____

**Pets:**
☐None
☐Dog ☐ Cat ☐ Other (describe):_____
Total number of pets: _____

*Pet Policy: Up to 2 pets total allowed — either 1 dog (maximum 25 lbs.) or 2 small pets with a combined weight under 25 lbs.*

**Has the client had any previous Sacramento County or out-of-county shelter stays?**
*If yes, please list the location(s):*_____
_____

**Completed BHEPS can be sent via SECURE email to: DHS-BHS-BHBHreferral@saccounty.gov**

A BHBH clinician will review referrals and may reach out to the referring party for more information to determine eligibility for a BHBH bed based on the score and other criteria. The team will then communicate the decision. Submitting this referral form does not guarantee a BHBH bed or placement on the waitlist if eligibility criteria are not met.

Please be aware that each shelter has its own set of program rules. These may include but are not limited to: prohibitions on illicit substances, availability of amnesty lockers, and requirements for background checks.

This screener is for the BHBH program only. For immediate shelter openings in other areas at other community shelters, contact Sacramento 211 by dialing 2-1-1.