



# Bridge Housing Eligibility and Prioritization System (BHEPS)

This form is used to refer individuals to Sacramento County's Behavioral Health Bridge Housing program, which provides temporary housing and supportive services for individuals experiencing homelessness and behavioral health challenges. Learn more: [Behavioral Health Bridge Housing](#)



**Bridge Housing Eligibility and Prioritization System (BHEPS)**

**Client Information**

**Client Name:** \_\_\_\_\_ **Client Birth Name and prior names (if different):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Referral Type:**  New  Update  Renewal after 120+ days of absence

**SmartCare and HMIS IUD if available:** \_\_\_\_\_ **Screening Date:** \_\_\_\_\_

**Current Location:**

- Literally Homeless, such as: Streets, parks, vehicles, abandoned buildings, tents or encampments, bus or train stations
- Jail – will exit to literal homelessness regardless of pre-institutionalization housing status
- Hospital – will exit to literal homelessness regardless of pre-institutionalization housing status
- Client is housed, Sheltered, or Sleeping on someone’s couch/floor **and IS a CARE court designee**
- Client is housed, Sheltered, or Sleeping on someone’s couch/floor **and NOT a CARE court designee- STOP client is ineligible**

**Client’s last known location (cross streets or facility name):** \_\_\_\_\_

**Client must meet all factors below**

- Client in agreement to receive behavioral health treatment services  Client can complete Activities of Daily Living (ADL)
- Client does NOT have nursing level medical needs  Client can manage their own medications

**Is client a CARE Court Referral?**  Yes  No  Unknown

**History of mental health and/or substance use treatment in last 3 years:**

<input type="checkbox"/> Unknown or no recent history of services	<input type="checkbox"/> History (Hx) of High Intensity outpatient services (OP), Full Service Partnership or currently enrolled or history of Alta Regional services within the past year	<input type="checkbox"/> Hx of moderate intensity OP services/CORE	<input type="checkbox"/> Currently receiving services by Managed Care Plan mental health or substance use services (Kaiser, Molina, Anthem, etc.)	<input type="checkbox"/> Currently or history of attending self-help or anonymous groups
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**Referring Party Information**

**Referrer’s Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **May we contact you?**  Yes  No

Please select the most appropriate score for each factor in all four sections below. If a factor does not apply, leave it unscored.

**A. Homeless Status**

Factors	4 points each	3 points each	2 points each	1 point each	Ineligible
<b>Homelessness Type:</b>	<input type="checkbox"/> Chronic-12 or more consecutive months or 4 separate occasions totaling 12 months over the past 3 years  <input type="checkbox"/> CARE Court referral/participant	<input type="checkbox"/> Fleeing domestic violence, sexual assault, stalking, or other life-threatening conditions, w/no alternative residence and no access to resources  or <input type="checkbox"/> Homeless for 9–12 months  or <input type="checkbox"/> Recently released from jail/prison (within last 6 months)	<input type="checkbox"/> Homeless 3–9 months	<input type="checkbox"/> Homeless less than 3 months	<input type="checkbox"/> Living in a Shelter, couch surfing or in a home environment. <b>STOP</b> client is ineligible.
<b>Homeless episodes in last 5 years:</b>	<input type="checkbox"/> 6+ times homeless	<input type="checkbox"/> 4-5 times homeless	<input type="checkbox"/> 2-3 times homeless	<input type="checkbox"/> 1st time homeless	<input type="checkbox"/> Not Homeless or not unsheltered homeless <b>STOP</b> client is ineligible.

*Section A continued on next page*

Total per column					
<b>Total score for section A:</b>					

**Section B. Vulnerabilities**

Factors	4 points each	3 points each	2 points each	1 point each
<b>Psychiatric hospitalization:</b>	<input type="checkbox"/> 2+ in the past 1 year	<input type="checkbox"/> One within last year	<input type="checkbox"/> Over one year ago	<input type="checkbox"/> None
<b>Abuse/Domestic Violence (DV)/Community Violence:</b>	<input type="checkbox"/> Escaping abuse or domestic violence such as: self-reported with consistent narrative, referred from DV agency/Adult Protective Services (APS), active protective orders, injuries/medical records etc.	<input type="checkbox"/> Escaped DV or abuse within last three months (recent incidents, healing injuries, using DV services, etc.)	<input type="checkbox"/> History of DV or abuse within 4-12 months.	<input type="checkbox"/> No history
<b>Justice Involved:</b>	<input type="checkbox"/> Multiple felonies or violent offenses or registered as 290 (sex offender)	<input type="checkbox"/> Multiple misdemeanors or minor charges	<input type="checkbox"/> One-time or less severe legal involvement, probation	<input type="checkbox"/> No legal Involvement
<b>Substance Use:</b>	<input type="checkbox"/> Current, severe (daily and would likely experience withdrawal if they stopped use, moderate to severe impact on functioning and or legal issues)	<input type="checkbox"/> Current, moderate, at least 3-4 days a week use, recent relapse, mild to moderate impact on functioning	<input type="checkbox"/> Occasional, minimal impact on functioning, but may have interpersonal difficulties or distress	<input type="checkbox"/> None or recreational marijuana or alcohol use
<b>Psychiatric Medication:</b>	<input type="checkbox"/> Current or recent psychotropic prescription medication but does not follow prescriber orders, resulting in detrimental effects	<input type="checkbox"/> Current or recent prescription but meds have been lost, stolen, unfilled	<input type="checkbox"/> previously had a prescription but has not seen prescriber in 6+ months	<input type="checkbox"/> Currently stable on Rx or no Rx given
<b>Danger to Self/Suicide History:</b>	<input type="checkbox"/> Within 3 months, Hx of suicide attempt(S/A) and/or suicidal ideation (S/I) with plan, means and intent. If client has current S/I with means, plan and intent, immediately provide crisis intervention (Mental Health Urgent Care Clinic, 988, 911, etc.)	<input type="checkbox"/> Within 6 months: S/I (current or Hx) with 2 of three elements: plan, means or intent	<input type="checkbox"/> Within 1 year: Hx of S/I within the last year and at least 1 of the following: plan, means or intent	<input type="checkbox"/> No current SI or Hx of S/I and or S/A more than 1 year ago

Section B continued on next page

**Section B. Vulnerabilities Continued**

Factors	4 points each	3 points each	2 points each	1 point each
<p><b>Daily Functioning:</b></p> <p><i>Including:</i></p> <ol style="list-style-type: none"> <li>1. <b>Emotional:</b> frequent outbursts, anger, crying, struggles with anxiety and depression, significant risk taking</li> <li>2. <b>Cognitive:</b> Difficulty concentrating, memory, understanding info, problem solving</li> <li>3. <b>Self-Care:</b> hygiene, nutrition, medical needs</li> <li>4. <b>Relationships:</b> Isolation, inability to maintain employment/school, difficulty communicating productively</li> <li>5. <b>Struggled to</b> maintain housing in recent past</li> </ol>	<input type="checkbox"/> Abundant evidence of impaired functioning due to serious mental illness (SMI) and or substance use disorder (SUD) symptoms or distress. 4-5 or more impairments.	<input type="checkbox"/> Moderate evidence of impaired functioning due to SMI/SUD symptoms or distress. 3- 4 impairments.	<input type="checkbox"/> Mild evidence of impaired functioning due to SMI/SUD symptoms or distress. 1 or 2 impairments.	<input type="checkbox"/> No evidence of impaired functioning
<p><b>Support system:</b></p> <p><i>A support system of people and resources that provide emotional, psychological, and practical support for the individual.</i></p>	<input type="checkbox"/> None identified/None accepted	<input type="checkbox"/> Limited supports	<input type="checkbox"/> Minimal supports	<input type="checkbox"/> Highly supported
<p><b>Medical co-morbidity:</b></p> <p><i>Medical co-morbidity refers to the presence of one or more additional diseases or conditions occurring simultaneously with SMI and or SUD</i></p>	<input type="checkbox"/> Serious medical needs requiring regular care, such as high blood pressure, diabetes, asthma, cancer, liver disease, or critical daily medications.	<input type="checkbox"/> Medical needs requiring periodic care, occasional visits, testing, or daily medication with long-term consequences if untreated.	<input type="checkbox"/> Medical needs exist but do not impact daily functioning	<input type="checkbox"/> No medical needs.

Section B continued on next page

**Section B. Vulnerabilities Continued**

Factors	4 points each	3 points each	2 points each	1 point each
<b>Medical equipment:</b>	<input type="checkbox"/> Needs electric medical equipment (e.g. wound vac, CPAP, etc.) or medication that needs to be refrigerated (insulin).	<input type="checkbox"/> Needs medical equipment for or with medical monitoring (wound care, testing supplies, etc.)	<input type="checkbox"/> Needs medical for American Disability Act (ADA) needs (wheelchair, etc.)	<input type="checkbox"/> No medical equipment needs
<b>Danger to Others (DTO):</b>	<input type="checkbox"/> Threats of violence with means or acts of violence toward others within past month	<input type="checkbox"/> Hx of threats with means or acts of violence toward others in last 12 months	<input type="checkbox"/> Hx of threats without means or acts	<input type="checkbox"/> No Hx of DTO
<b>Total per column:</b>				
<b>Total score for Section B:</b>				

**Section C. Barriers and Risk Factors**

Factors	4 points	3 points	2 points	1 point
<b>Income:</b>	<input type="checkbox"/> No income	<input type="checkbox"/> Cash Aid or Social Security income but cannot afford rent or move in costs	<input type="checkbox"/> Regular income but cannot afford rent or move in costs	<input type="checkbox"/> Regular income
<b>Evictions:</b>	<input type="checkbox"/> 2+ evictions	<input type="checkbox"/> 1 eviction	<input type="checkbox"/> Poor rental history	<input type="checkbox"/> Fair rental history
<b>Current or past history with Child Protective Services (CPS) or Adult Protective Services (APS)</b>	<input type="checkbox"/> Current/recent CPS or APS involvement	<input type="checkbox"/> CPS or APS involvement 1-2 years ago	<input type="checkbox"/> Involvement over 2 years ago	<input type="checkbox"/> None
<b>Employment:</b>	<input type="checkbox"/> 12+ months unemployed	<input type="checkbox"/> 6-12 months unemployed	<input type="checkbox"/> 0-6 months unemployed or underemployed	<input type="checkbox"/> Fully employed
<b>Total per column:</b>				
<b>Total score for Section C:</b>				

**D. Special Populations (you may check all that apply) 1 point each**

<input type="checkbox"/> LGBTQ+	<input type="checkbox"/> Older Adult (55+)	<input type="checkbox"/> Fleeing domestic violence	<input type="checkbox"/> Family with 3+ minor children
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Justice Involved	<input type="checkbox"/> System involved (APS/CPS)	<input type="checkbox"/> Foster Youth aging out or non-minor dependents
			<b>Total score for Section D:</b>
<b>Additional Information or details on client to help determine eligibility:</b>			

**Total Score for Sections A + B + C + D:** \_\_\_\_\_

**Section E. To help determine the most appropriate placement, indicate if any of the following apply:**

<input type="checkbox"/> <b>ADA Needs</b> (i.e. wheelchair, walker, etc.) Please describe:	<input type="checkbox"/> <b>Vehicle</b>	<b>Felony Conviction</b>	
	<input type="checkbox"/> Operational (Registered and insured, current driver's license) <input type="checkbox"/> Non-operational	<input type="checkbox"/> Drug felony	<input type="checkbox"/> Arson
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:	Total Pets:	Preferred Spoken Language:	

**Has client had previous shelter stays?:**

A BHBH clinician will review referrals and may reach out to the referring party for more information to determine eligibility for a BHBH Interim Shelter 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 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.