



**Community Information Exchange**

**San Ysidro Health  
User Guide**

## Consent Process: When & how do clients consent to CIE?

- During San Ysidro Health Clinic intake. CIE Consents are included within the **Intake Packet**.
- A Patient Navigator at the front desk will collect the CIE Authorization form, scan the document and upload it to CIE.


### How to Consent:

1. Look up the Patient by clicking “Search Client,” then enter the patient’s name (example pictured below) and click “Search”

*Note: Patients may already have consented to be in CIE with another CIE Partner.*

Search Client

First Name	Last Name
<input type="text" value="Sam"/>	<input type="text" value="Wise"/>
Social Security Number	Last 4 of SSN or PIN
<input type="text"/>	<input type="text" value="####"/>
Phone Number	Email
<input type="text"/>	<input type="text"/>



- 2a. If the patient’s name appears under Results with a matching DOB and last 4 of SSN/Pin, they have already consented. Click on their name and skip remaining steps for how to consent.

Results

NAME	PHONE	BIRTH MONTH/YEAR	LAST 4 OF SSN OR PIN	EMAIL
Samual Wisely	858-000-0000	01/1950	1111	SWisely@demo.com

### How to Consent (continued)

- 2b. If the patient did not appear under “Results,” then begin creating their CIE profile by filling out the following information:

- First Name

- Last Name
- Last 4 of SSN/Pin
- Birthdate
- Email and/or Phone Number (if applicable)

3. For those that are uploading paper consents:

- For Privacy Method, select “Paper” and then select the Language
- Click “Choose File” and select the correct Authorization form for the patient
- Optional: Select “Yes” for “Enroll in Care Team?” to receive patient alerts.
- Click “Create Client”

### Search Client

First Name <input style="width: 95%;" type="text" value="Sam"/>	Last Name <input style="width: 95%;" type="text" value="Wise"/>
Social Security Number <input style="width: 95%;" type="text"/>	Last 4 of SSN or PIN <input style="width: 95%;" type="text" value="1111"/>
Birthdate <input style="width: 95%;" type="text" value="1980-02-13"/>	Birth Month/Year <input style="width: 95%;" type="text" value="MM/YYYY"/>
Phone Number <input style="width: 95%;" type="text" value="858 000 0000"/>	Email <input style="width: 95%;" type="text"/>

Privacy Method <input style="width: 95%;" type="text" value="Paper"/>	Language <input style="width: 95%;" type="text" value="English"/>
<input type="button" value="Choose File"/> English Auth...n wcheck.pdf  English Authorization wcheck.pdf	
Please confirm that you have attached the correct document. After clicking "Create Client", the individual will be shared with the CIE network.	
Enroll in Care Team? <input style="width: 95%;" type="text" value="Yes"/>	

Note:

Authorizations are currently available in English and Spanish

Authorization forms will now be included within the standard packet of consent forms for San Ysidro Health

## Social Determinants of Health Screening Tool

Background: Many hospitals and clinics regularly screen for social needs, recognizing that these impact a person’s health, often referred to as the “social determinants of health.” This screening tool is a set of common questions used to identify ways to support someone in all areas of their life.

Use This Tool To:

- Screen for the areas of need where someone could use support
- If a client’s answers match any one of the highlighted responses, use CIE to direct them to resources and/or support for that area of need (see page 10)
- At a later point, reference the last completed SDoH screening tool to follow up on whether needs have been met since the last interaction
- Remember that patient’s responses will be captured on their CIE profile and that other providers with access to the CIE can also provide better informed care as a result of the responses already collected

Question	Available Responses													
<p><b>Housing</b> “What is your current living situation?”</p>	<table border="1"> <tr><td>Homeless (street, car, tent)</td></tr> <tr><td>Emergency shelter</td></tr> <tr><td>Couch surfing (no designated room to stay)</td></tr> <tr><td>Motel/Hotel (paid by local, state or federal resources)</td></tr> <tr><td>Motel/Hotel (paid by individual)</td></tr> <tr><td>Staying with family or friends (temporary, less than 6 months)</td></tr> <tr><td>Staying with family or friends (permanent, more than 6 months)</td></tr> <tr><td>Safe Parking Program</td></tr> <tr><td>Transitional housing</td></tr> <tr><td>Rent (house, mobile home, apartment, room)</td></tr> <tr><td>Own (house, mobile home, apartment)</td></tr> <tr><td>Supportive housing (PSH, disability-related, assisted living, ILA, residential board &amp; care)</td></tr> <tr><td>Other</td></tr> </table>	Homeless (street, car, tent)	Emergency shelter	Couch surfing (no designated room to stay)	Motel/Hotel (paid by local, state or federal resources)	Motel/Hotel (paid by individual)	Staying with family or friends (temporary, less than 6 months)	Staying with family or friends (permanent, more than 6 months)	Safe Parking Program	Transitional housing	Rent (house, mobile home, apartment, room)	Own (house, mobile home, apartment)	Supportive housing (PSH, disability-related, assisted living, ILA, residential board & care)	Other
Homeless (street, car, tent)														
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Rent (house, mobile home, apartment, room)														
Own (house, mobile home, apartment)														
Supportive housing (PSH, disability-related, assisted living, ILA, residential board & care)														
Other														
<p><b>Housing</b> “Are you at risk of losing your housing, if so when?”</p>	<table border="1"> <tr><td>Cannot stay anymore</td></tr> <tr><td>Less than one week</td></tr> <tr><td>Less than one month</td></tr> <tr><td>Less than 6 months</td></tr> <tr><td>6 months or longer</td></tr> <tr><td>Not at risk</td></tr> </table>	Cannot stay anymore	Less than one week	Less than one month	Less than 6 months	6 months or longer	Not at risk							
Cannot stay anymore														
Less than one week														
Less than one month														
Less than 6 months														
6 months or longer														
Not at risk														

<p><b>Nutrition</b>          “In the last 30 days, how often were you worried that your food would run out before you had money to buy more?”</p>	<table border="1"> <tr><td>Often true</td></tr> <tr><td>Sometimes true</td></tr> <tr><td>Never true</td></tr> </table>	Often true	Sometimes true	Never true						
Often true										
Sometimes true										
Never true										
<p><b>Nutrition</b>          “Do you have access to healthy/nutritious foods such as fresh produce or are you able to get to places that have fresh produce options?”</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No							
Yes										
No										
<p><b>Primary Care</b>          “Where do you usually go for healthcare or when you are experiencing a new health problem?”</p>	<table border="1"> <tr><td>Community Clinic</td></tr> <tr><td>Emergency services (ER)</td></tr> <tr><td>Mexico</td></tr> <tr><td>Primary Care Provider (Doctor)</td></tr> <tr><td>Specialist or other physician</td></tr> <tr><td>Urgent care</td></tr> <tr><td>Veterans Administration (VA) or military hospitals</td></tr> <tr><td>Not seeking care</td></tr> <tr><td>Other</td></tr> </table>	Community Clinic	Emergency services (ER)	Mexico	Primary Care Provider (Doctor)	Specialist or other physician	Urgent care	Veterans Administration (VA) or military hospitals	Not seeking care	Other
Community Clinic										
Emergency services (ER)										
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Primary Care Provider (Doctor)										
Specialist or other physician										
Urgent care										
Veterans Administration (VA) or military hospitals										
Not seeking care										
Other										
<p><b>Primary Care</b>          “Do you have health insurance?”</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No							
Yes										
No										
<p><b>Primary Care</b>          “Do you have any difficulties accessing healthcare services?”</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No							
Yes										
No										
<p><b>Health Management</b>          “Do you have any of the following health concerns or conditions?”</p>	<table border="1"> <tr><td>Physical</td></tr> <tr><td>Mental/Behavioral</td></tr> <tr><td>Developmental</td></tr> <tr><td>Substance Use</td></tr> <tr><td>Dental</td></tr> </table>	Physical	Mental/Behavioral	Developmental	Substance Use	Dental				
Physical										
Mental/Behavioral										
Developmental										
Substance Use										
Dental										

<p><b>Social &amp; Community Connections</b>  “How frequently do you communicate with family, friends, neighbors or other social supports?”</p>	<table border="1"> <tr><td>Daily</td></tr> <tr><td>Weekly</td></tr> <tr><td>Every few weeks</td></tr> <tr><td><b>Monthly</b></td></tr> <tr><td><b>Every few months</b></td></tr> <tr><td><b>Yearly</b></td></tr> <tr><td><b>Rarely (every few years)</b></td></tr> <tr><td><b>No support network</b></td></tr> </table>	Daily	Weekly	Every few weeks	<b>Monthly</b>	<b>Every few months</b>	<b>Yearly</b>	<b>Rarely (every few years)</b>	<b>No support network</b>				
Daily													
Weekly													
Every few weeks													
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<b>Every few months</b>													
<b>Yearly</b>													
<b>Rarely (every few years)</b>													
<b>No support network</b>													
<p><b>Social &amp; Community Connections</b>  “Would you say that you feel isolated from others?”</p>	<table border="1"> <tr><td><b>Yes</b></td></tr> <tr><td>No</td></tr> </table>	<b>Yes</b>	No										
<b>Yes</b>													
No													
<p><b>Activities of Daily Living</b>  “Do you have difficulty with completing daily activities such as walking, eating, bathing, preparing meals, etc.?”</p>	<table border="1"> <tr><td><b>Yes</b></td></tr> <tr><td>No</td></tr> </table>	<b>Yes</b>	No										
<b>Yes</b>													
No													
<p><b>Criminal/Legal Justice</b>  “Do you have any legal issues going on right now that you need assistance with?”</p>	<table border="1"> <tr><td><b>Yes</b></td></tr> <tr><td>No</td></tr> </table>	<b>Yes</b>	No										
<b>Yes</b>													
No													
<p><b>Financial Wellness</b>  “In the last 30 days, how difficult has it been for you to pay for basics like food, housing, medical care, or heating? Would you say it is:</p>	<table border="1"> <tr><td>Not difficult</td></tr> <tr><td><b>Somewhat difficult</b></td></tr> <tr><td><b>Very difficult</b></td></tr> </table>	Not difficult	<b>Somewhat difficult</b>	<b>Very difficult</b>									
Not difficult													
<b>Somewhat difficult</b>													
<b>Very difficult</b>													
<p><b>Financial Wellness</b>  “What are the sources of your household’s income?”</p>	<table border="1"> <tr><td><b>No Income</b></td></tr> <tr><td>Wages or Salaries</td></tr> <tr><td>Unemployment Compensation</td></tr> <tr><td>Supplemental Security Income (SSI)</td></tr> <tr><td>Social Security Disability Insurance (SSDI)</td></tr> <tr><td><b>State Disability Insurance (SDI)</b></td></tr> <tr><td>Private Disability Insurance</td></tr> <tr><td><b>Workers Compensation</b></td></tr> <tr><td><b>CalWORKS</b></td></tr> <tr><td><b>General Relief</b></td></tr> <tr><td><b>Cash Assistance Program for Immigrants (CAPI)</b></td></tr> <tr><td>Social Security Retirement (SSA)</td></tr> </table>	<b>No Income</b>	Wages or Salaries	Unemployment Compensation	Supplemental Security Income (SSI)	Social Security Disability Insurance (SSDI)	<b>State Disability Insurance (SDI)</b>	Private Disability Insurance	<b>Workers Compensation</b>	<b>CalWORKS</b>	<b>General Relief</b>	<b>Cash Assistance Program for Immigrants (CAPI)</b>	Social Security Retirement (SSA)
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<b>General Relief</b>													
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Social Security Retirement (SSA)													

<p><b>Transportation</b>  “Has lack of transportation kept you from medical appointments, work, or from obtaining things needed for daily living (food, medicine, etc.)?”</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No								
Yes											
No											
<p><b>Personal Hygiene &amp; Household Goods</b>  “Are the hygiene and household goods you’re currently accessing sufficient to help you live safely and comfortably?”</p>	<table border="1"> <tr><td>Very sufficient</td></tr> <tr><td>Sufficient</td></tr> <tr><td>Not sufficient</td></tr> </table>	Very sufficient	Sufficient	Not sufficient							
Very sufficient											
Sufficient											
Not sufficient											
<p><b>Utility &amp; Technology</b>  “Do you have any payment concerns regarding one of your utility or technology bills?”</p>	<table border="1"> <tr><td>Gas/Electric</td></tr> <tr><td>Water/Wastewater</td></tr> <tr><td>Propane/Fuel</td></tr> <tr><td>Internet (broadband)</td></tr> <tr><td>Residential/Wireless Phone Services</td></tr> <tr><td>Trash/Recycling</td></tr> <tr><td>Mobile Phone</td></tr> <tr><td>Computer</td></tr> <tr><td>Other</td></tr> <tr><td>No Concerns</td></tr> </table>	Gas/Electric	Water/Wastewater	Propane/Fuel	Internet (broadband)	Residential/Wireless Phone Services	Trash/Recycling	Mobile Phone	Computer	Other	No Concerns
Gas/Electric											
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Propane/Fuel											
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Residential/Wireless Phone Services											
Trash/Recycling											
Mobile Phone											
Computer											
Other											
No Concerns											
<p><b>Utility &amp; Technology</b>  “Are there technology such as internet or a home computer that you do not have access to? If so, which ones?”</p>	<table border="1"> <tr><td>Internet (broadband)</td></tr> <tr><td>Mobile Phone</td></tr> <tr><td>Home Computer</td></tr> <tr><td>Other</td></tr> <tr><td>Already has access to all of these</td></tr> <tr><td>No access to technology</td></tr> </table>	Internet (broadband)	Mobile Phone	Home Computer	Other	Already has access to all of these	No access to technology				
Internet (broadband)											
Mobile Phone											
Home Computer											
Other											
Already has access to all of these											
No access to technology											
<p><b>Safety &amp; Disaster</b>  “Are there areas of your life where you are concerned for your safety?”</p>	<table border="1"> <tr><td>Financial</td></tr> <tr><td>Home safety/Accessibility</td></tr> <tr><td>Neighborhood safety/Environmental hazards</td></tr> <tr><td>Relationship safety</td></tr> <tr><td>Self-neglect/Personal safety</td></tr> <tr><td>Workplace safety</td></tr> <tr><td>No</td></tr> <tr><td>Other</td></tr> </table>	Financial	Home safety/Accessibility	Neighborhood safety/Environmental hazards	Relationship safety	Self-neglect/Personal safety	Workplace safety	No	Other		
Financial											
Home safety/Accessibility											
Neighborhood safety/Environmental hazards											
Relationship safety											
Self-neglect/Personal safety											
Workplace safety											
No											
Other											

<p><b>Education</b>          “What is the highest level of school you have completed?”</p>	<table border="1"> <tr><td>Less than high school</td></tr> <tr><td>High School Degree</td></tr> <tr><td>GED or alternative credential</td></tr> <tr><td>Some College, No Degree</td></tr> <tr><td>Associate Degree</td></tr> <tr><td>Bachelor's Degree</td></tr> <tr><td>Master's Degree</td></tr> <tr><td>Professional Degree</td></tr> <tr><td>Doctoral Degree</td></tr> </table>	Less than high school	High School Degree	GED or alternative credential	Some College, No Degree	Associate Degree	Bachelor's Degree	Master's Degree	Professional Degree	Doctoral Degree				
Less than high school														
High School Degree														
GED or alternative credential														
Some College, No Degree														
Associate Degree														
Bachelor's Degree														
Master's Degree														
Professional Degree														
Doctoral Degree														
<p><b>Education</b>          “Do you feel like you need additional educational support? (i.e. parenting, school, language, prenatal)”</p>	<table border="1"> <tr><td>Yes</td></tr> <tr><td>No</td></tr> </table>	Yes	No											
Yes														
No														
<p><b>Employment</b>          “What is your current employment status”</p>	<table border="1"> <tr><td>Full-Time</td></tr> <tr><td>Part-Time</td></tr> <tr><td>Seasonal / Sporadic</td></tr> <tr><td>Temporary</td></tr> <tr><td>Unemployed</td></tr> <tr><td>Underemployed</td></tr> <tr><td>Not in the Labor Force</td></tr> <tr><td>Retired</td></tr> <tr><td>Disabled</td></tr> <tr><td>Other</td></tr> <tr><td>Unable to work</td></tr> <tr><td>Self-employed</td></tr> <tr><td>In School</td></tr> </table>	Full-Time	Part-Time	Seasonal / Sporadic	Temporary	Unemployed	Underemployed	Not in the Labor Force	Retired	Disabled	Other	Unable to work	Self-employed	In School
Full-Time														
Part-Time														
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Not in the Labor Force														
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Disabled														
Other														
Unable to work														
Self-employed														
In School														
<p><b>Employment</b>          “Do you have any barriers to obtaining employment?”</p>	<table border="1"> <tr><td>Background check</td></tr> <tr><td>Disability or health concern</td></tr> <tr><td>Ex-offender</td></tr> <tr><td>Homelessness</td></tr> <tr><td>Lack appropriate documentation</td></tr> <tr><td>Lack necessary education</td></tr> <tr><td>Lack of childcare</td></tr> <tr><td>Transportation</td></tr> <tr><td>Other</td></tr> </table>	Background check	Disability or health concern	Ex-offender	Homelessness	Lack appropriate documentation	Lack necessary education	Lack of childcare	Transportation	Other				
Background check														
Disability or health concern														
Ex-offender														
Homelessness														
Lack appropriate documentation														
Lack necessary education														
Lack of childcare														
Transportation														
Other														

Note: This tool is not a complete assessment in any one area and is only meant to get an overall view of areas where further assessment is warranted. The CIE also captures more in-depth Assessment summaries and can be found within the Domains in the patient’s profile



**Antecedentes:** Varios hospitales y clínicas evalúan regularmente las necesidades sociales, reconociendo que afectan la salud de una persona, a menudo denominadas "determinantes sociales de la salud". Esta herramienta de evaluación es un conjunto de preguntas comunes que se utilizan para identificar formas de apoyar a alguien en todas las áreas de su vida.

**Utilice esta herramienta para:**

- Detectar las áreas de necesidad donde alguien podría usar el apoyo y
- Si las respuestas del cliente coinciden con cualquiera de las respuestas resaltadas, diríjalos a recursos y/o apoyo para esa área de necesidad.

Pregunta	Respuestas disponibles													
<p><b>Vivienda</b> ¿Cuál es tu situación de vivienda actual?</p>	<table border="1"> <tr><td>Sin hogar (calle, carro, tienda de acampar)</td></tr> <tr><td>Albergue de emergencia</td></tr> <tr><td>Couch surfing (lugar no designado para vivir)</td></tr> <tr><td>Motel/Hotel (pagado por recursos locales, estatales o federales)</td></tr> <tr><td>Motel/Hotel (pagado por individuo)</td></tr> <tr><td>Quedándose con familiares o amigos (temporal, menos de 6 meses)</td></tr> <tr><td>Quedando con familiares o amigos (permanente, por más de 6 meses)</td></tr> <tr><td>Programa de estacionamiento seguro</td></tr> <tr><td>Vivienda transitoria</td></tr> <tr><td>Alquilar/Rentar (casa, casa móvil. Apartamento, habitación/cuarto)</td></tr> <tr><td>Dueños (Casa, casa móvil, apartamento)</td></tr> <tr><td>Vivienda de apoyo (PSH, relacionada con discapacidad, vivienda asistida, ILA, Residencia con licencia (board and care))</td></tr> <tr><td>Otro</td></tr> </table>	Sin hogar (calle, carro, tienda de acampar)	Albergue de emergencia	Couch surfing (lugar no designado para vivir)	Motel/Hotel (pagado por recursos locales, estatales o federales)	Motel/Hotel (pagado por individuo)	Quedándose con familiares o amigos (temporal, menos de 6 meses)	Quedando con familiares o amigos (permanente, por más de 6 meses)	Programa de estacionamiento seguro	Vivienda transitoria	Alquilar/Rentar (casa, casa móvil. Apartamento, habitación/cuarto)	Dueños (Casa, casa móvil, apartamento)	Vivienda de apoyo (PSH, relacionada con discapacidad, vivienda asistida, ILA, Residencia con licencia (board and care))	Otro
Sin hogar (calle, carro, tienda de acampar)														
Albergue de emergencia														
Couch surfing (lugar no designado para vivir)														
Motel/Hotel (pagado por recursos locales, estatales o federales)														
Motel/Hotel (pagado por individuo)														
Quedándose con familiares o amigos (temporal, menos de 6 meses)														
Quedando con familiares o amigos (permanente, por más de 6 meses)														
Programa de estacionamiento seguro														
Vivienda transitoria														
Alquilar/Rentar (casa, casa móvil. Apartamento, habitación/cuarto)														
Dueños (Casa, casa móvil, apartamento)														
Vivienda de apoyo (PSH, relacionada con discapacidad, vivienda asistida, ILA, Residencia con licencia (board and care))														
Otro														
<p><b>Vivienda</b> "¿Corre riesgo de perder su vivienda, si es así, cuando?"</p>	<table border="1"> <tr><td>No puedo quedarme mas</td></tr> <tr><td>Menos de una semana</td></tr> <tr><td>Menos de un mes</td></tr> <tr><td>Menos de un 6 meses</td></tr> <tr><td>6 meses o mas</td></tr> <tr><td>No hay riesgo</td></tr> </table>	No puedo quedarme mas	Menos de una semana	Menos de un mes	Menos de un 6 meses	6 meses o mas	No hay riesgo							
No puedo quedarme mas														
Menos de una semana														
Menos de un mes														
Menos de un 6 meses														
6 meses o mas														
No hay riesgo														

<p><b>Nutrición</b>  “en los últimos 30 días, ¿con qué frecuencia se ha preocupado que su comida se agote antes de tener dinero para comprar más?”</p>	<table border="1"> <tr><td>A menudo cierto</td></tr> <tr><td>A veces cierto</td></tr> <tr><td>Nunca es verdad</td></tr> </table>	A menudo cierto	A veces cierto	Nunca es verdad						
A menudo cierto										
A veces cierto										
Nunca es verdad										
<p><b>Nutrición</b>  “¿Tiene acceso a alimentos saludables/nutritivos como productos frescos o puede llegar a lugares que tienen opciones de productos frescos?”</p>	<table border="1"> <tr><td>Si</td></tr> <tr><td>No</td></tr> </table>	Si	No							
Si										
No										
<p><b>Atención Medica Primaria</b>  “¿A dónde suele acudir para recibir atención médica o cuando experimenta un nuevo problema de salud?”</p>	<table border="1"> <tr><td>Clínica de la comunidad</td></tr> <tr><td>Servicios de emergencia (ER)</td></tr> <tr><td>México</td></tr> <tr><td>Médico de cabecera (doctor)</td></tr> <tr><td>Especialista o algún otro medico</td></tr> <tr><td>Atención de urgencias</td></tr> <tr><td>Veterans Administration (VA) o hospitales militares</td></tr> <tr><td>No busco atención</td></tr> <tr><td>Otro</td></tr> </table>	Clínica de la comunidad	Servicios de emergencia (ER)	México	Médico de cabecera (doctor)	Especialista o algún otro medico	Atención de urgencias	Veterans Administration (VA) o hospitales militares	No busco atención	Otro
Clínica de la comunidad										
Servicios de emergencia (ER)										
México										
Médico de cabecera (doctor)										
Especialista o algún otro medico										
Atención de urgencias										
Veterans Administration (VA) o hospitales militares										
No busco atención										
Otro										
<p><b>Atención Medica Primaria</b>  “¿Tiene seguro médico?”</p>	<table border="1"> <tr><td>Si</td></tr> <tr><td>No</td></tr> </table>	Si	No							
Si										
No										
<p><b>Atención Medica Primaria</b>  “¿Tiene alguna dificultad para acceder los servicios de salud?”</p>	<table border="1"> <tr><td>Si</td></tr> <tr><td>No</td></tr> </table>	Si	No							
Si										
No										
<p><b>Manejo de Salud</b>  “¿Tiene alguna de las siguientes preocupaciones o Condiciones de salud?”</p>	<table border="1"> <tr><td>Física</td></tr> <tr><td>Mental/Comportamiento</td></tr> <tr><td>De desarrollo</td></tr> <tr><td>Uso de sustancias</td></tr> <tr><td>Dental</td></tr> </table>	Física	Mental/Comportamiento	De desarrollo	Uso de sustancias	Dental				
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<p><b>Conexiones sociales y comunitarias</b>  “¿Con que frecuencia se comunica con familiares, amigos, vecinos u otros apoyos sociales?”</p>	<table border="1"> <tr><td>Diario</td></tr> <tr><td>Semanal</td></tr> <tr><td>Cada algunas semanas</td></tr> <tr><td><b>Mensualmente</b></td></tr> <tr><td><b>Cada algunos meses</b></td></tr> <tr><td><b>Anual</b></td></tr> <tr><td><b>Rara vez (cada pocos años)</b></td></tr> <tr><td><b>No hay red de apoyo</b></td></tr> </table>	Diario	Semanal	Cada algunas semanas	<b>Mensualmente</b>	<b>Cada algunos meses</b>	<b>Anual</b>	<b>Rara vez (cada pocos años)</b>	<b>No hay red de apoyo</b>				
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<p><b>Conexiones sociales y comunitarias</b>  “¿Diría que se siente aislado de los demás?”</p>	<table border="1"> <tr><td><b>Si</b></td></tr> <tr><td>No</td></tr> </table>	<b>Si</b>	No										
<b>Si</b>													
No													
<p><b>Actividades de la vida diaria</b>  “¿Tiene dificultades para completar las actividades diarias como caminar, comer, bañarse, preparar comida, etc.?”</p>	<table border="1"> <tr><td><b>Si</b></td></tr> <tr><td>No</td></tr> </table>	<b>Si</b>	No										
<b>Si</b>													
No													
<p><b>Justicia Criminal/Legal</b>  “¿Tiene algún problema legal en este momento con el que necesita ayuda?”</p>	<table border="1"> <tr><td><b>Si</b></td></tr> <tr><td>No</td></tr> </table>	<b>Si</b>	No										
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No													
<p><b>Bienestar Financiero</b>  “¿En los últimos 30 días, que tan difícil ha sido para usted pagar lo básico como alimentos, vivienda, atención médica o calefacción? Diría que es:</p>	<table border="1"> <tr><td>No es difícil</td></tr> <tr><td><b>Algo Difícil</b></td></tr> <tr><td><b>Muy difícil</b></td></tr> </table>	No es difícil	<b>Algo Difícil</b>	<b>Muy difícil</b>									
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<p><b>Bienestar Financiero</b>  “¿Cuáles son las fuentes de ingresos de su hogar?”</p>	<table border="1"> <tr><td><b>Sin Ingresos</b></td></tr> <tr><td>Salarios o sueldo</td></tr> <tr><td>Compensación por desempleo</td></tr> <tr><td>Seguro de Ingreso Suplementario (SSI)</td></tr> <tr><td>Seguro de Discapacidad de Seguro Social (SSDI)</td></tr> <tr><td><b>Seguro Estatal de Incapacidad (SDI)</b></td></tr> <tr><td>Seguro de discapacidad privado</td></tr> <tr><td><b>Compensación laboral</b></td></tr> <tr><td><b>CalWORKS</b></td></tr> <tr><td><b>Asistencia monetaria (General Relief)</b></td></tr> <tr><td><b>Programa de asistencia en Efectivo para Inmigrantes (Cash Asistense Program for Immigrants (CAPI))</b></td></tr> <tr><td>Jubilación de Seguro Social (SSA)</td></tr> </table>	<b>Sin Ingresos</b>	Salarios o sueldo	Compensación por desempleo	Seguro de Ingreso Suplementario (SSI)	Seguro de Discapacidad de Seguro Social (SSDI)	<b>Seguro Estatal de Incapacidad (SDI)</b>	Seguro de discapacidad privado	<b>Compensación laboral</b>	<b>CalWORKS</b>	<b>Asistencia monetaria (General Relief)</b>	<b>Programa de asistencia en Efectivo para Inmigrantes (Cash Asistense Program for Immigrants (CAPI))</b>	Jubilación de Seguro Social (SSA)
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<p><b>Transporte</b>  “¿La falta de transporte le ha impedido ir a citas médicas, el trabajo u obtener otras cosas necesarias para la vida diaria (alimentos, medicamentos, etc.)?”</p>	<table border="1"> <tr><td>Si</td></tr> <tr><td>No</td></tr> </table>	Si	No								
Si											
No											
<p><b>Higiene personal y artículos para el hogar</b>  “¿La higiene y los artículos para el hogar a los que está accediendo actualmente son suficientes para ayudarlo a vivir de manera segura y cómoda?”</p>	<table border="1"> <tr><td>Muy suficiente</td></tr> <tr><td>Suficiente</td></tr> <tr><td>Insuficiente</td></tr> </table>	Muy suficiente	Suficiente	Insuficiente							
Muy suficiente											
Suficiente											
Insuficiente											
<p><b>Utilidad y Tecnología</b>  “¿Tiene alguna preocupación de pago con respecto a una de sus facturas de servicios públicos o de tecnología?”</p>	<table border="1"> <tr><td>Gas/electricidad</td></tr> <tr><td>Agua/aguas residuales</td></tr> <tr><td>Propano/Combustible</td></tr> <tr><td>Internet (banda ancha)</td></tr> <tr><td>Servicios de teléfono residencial / inalámbrico</td></tr> <tr><td>Basura / Reciclaje</td></tr> <tr><td>Teléfono móvil</td></tr> <tr><td>Computadora</td></tr> <tr><td>Otro</td></tr> <tr><td>Sin preocupación</td></tr> </table>	Gas/electricidad	Agua/aguas residuales	Propano/Combustible	Internet (banda ancha)	Servicios de teléfono residencial / inalámbrico	Basura / Reciclaje	Teléfono móvil	Computadora	Otro	Sin preocupación
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<p><b>Utilidad y Tecnología</b>  “¿hay tecnología como internet o una computadora domestica a la que no tiene acceso? De ser así, ¿Cuáles?”</p>	<table border="1"> <tr><td>Internet (banda ancha)</td></tr> <tr><td>Teléfono móvil</td></tr> <tr><td>Computadora de casa</td></tr> <tr><td>Otro</td></tr> <tr><td>Ya tiene acceso a todos estos</td></tr> <tr><td>No hay acceso a la tecnología</td></tr> </table>	Internet (banda ancha)	Teléfono móvil	Computadora de casa	Otro	Ya tiene acceso a todos estos	No hay acceso a la tecnología				
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<p><b>Seguridad y Desastre</b>  “¿Hay áreas de su vida en las que está preocupado por su seguridad?”</p>	<table border="1"> <tr><td>Financiero</td></tr> <tr><td>Seguridad en el hogar/Accesibilidad</td></tr> <tr><td>Seguridad del vecindario/ peligros ambientales</td></tr> <tr><td>Seguridad de la relación</td></tr> <tr><td>Auto-abandono/ seguridad personal</td></tr> <tr><td>Lugar de trabajo seguro</td></tr> <tr><td>No</td></tr> <tr><td>Otro</td></tr> </table>	Financiero	Seguridad en el hogar/Accesibilidad	Seguridad del vecindario/ peligros ambientales	Seguridad de la relación	Auto-abandono/ seguridad personal	Lugar de trabajo seguro	No	Otro		
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Seguridad de la relación											
Auto-abandono/ seguridad personal											
Lugar de trabajo seguro											
No											
Otro											

<p><b>Educación</b>  “¿Cuál es el nivel más alto de escuela que ha completado?”</p>	<table border="1"> <tr><td><b>Menos de Preparatoria</b></td></tr> <tr><td>Diploma de preparatoria (titulo de instituto)</td></tr> <tr><td>GED o credencial alternativa</td></tr> <tr><td>Alguna universidad, sin titulo</td></tr> <tr><td>Grado Asociado (Associate Degree)</td></tr> <tr><td>Licenciatura</td></tr> <tr><td>Maestría</td></tr> <tr><td>Título profesional</td></tr> <tr><td>Doctorado</td></tr> </table>	<b>Menos de Preparatoria</b>	Diploma de preparatoria (titulo de instituto)	GED o credencial alternativa	Alguna universidad, sin titulo	Grado Asociado (Associate Degree)	Licenciatura	Maestría	Título profesional	Doctorado				
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<p><b>Educación</b>  ¿Siente que necesita apoyo educativo adicional? (es decir, clases para padres, escala, idioma, prenatal)”</p>	<p><b>Si</b>  No</p>													
<p><b>Empleo</b>  “¿Cuál es su situación laboral actual?”</p>	<table border="1"> <tr><td>Tiempo Completo</td></tr> <tr><td>Medio tiempo</td></tr> <tr><td><b>Estacional / Esporádico</b></td></tr> <tr><td><b>Temporal</b></td></tr> <tr><td><b>Desempleados</b></td></tr> <tr><td><b>Subempleado</b></td></tr> <tr><td><b>No en la fuerza laboral</b></td></tr> <tr><td>Retirado</td></tr> <tr><td><b>Discapacitado</b></td></tr> <tr><td>Otro</td></tr> <tr><td><b>Incapaz de trabajar</b></td></tr> <tr><td>Trabaja por cuenta propia</td></tr> <tr><td>En la escuela</td></tr> </table>	Tiempo Completo	Medio tiempo	<b>Estacional / Esporádico</b>	<b>Temporal</b>	<b>Desempleados</b>	<b>Subempleado</b>	<b>No en la fuerza laboral</b>	Retirado	<b>Discapacitado</b>	Otro	<b>Incapaz de trabajar</b>	Trabaja por cuenta propia	En la escuela
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<p><b>Empleo</b>  “¿Tiene barreras para obtener un empleo?”</p>	<table border="1"> <tr><td><b>Verificación de antecedentes</b></td></tr> <tr><td><b>Discapacidad o problema de salud</b></td></tr> <tr><td><b>Ex-delincente</b></td></tr> <tr><td><b>Falta de vivienda</b></td></tr> <tr><td><b>Falta de documentación adecuada</b></td></tr> <tr><td><b>Falta de educación necesaria</b></td></tr> <tr><td><b>Falta de guardería</b></td></tr> <tr><td><b>Transporte</b></td></tr> <tr><td><b>Otro</b></td></tr> </table>	<b>Verificación de antecedentes</b>	<b>Discapacidad o problema de salud</b>	<b>Ex-delincente</b>	<b>Falta de vivienda</b>	<b>Falta de documentación adecuada</b>	<b>Falta de educación necesaria</b>	<b>Falta de guardería</b>	<b>Transporte</b>	<b>Otro</b>				
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<b>Falta de guardería</b>														
<b>Transporte</b>														
<b>Otro</b>														

## Case Management

### When assessing areas of need, view Assessments:

Assessments show patients' responses about their needs across 14 domains e.g. housing, nutrition, safety, income & benefits, etc.

Assessments show barriers to services and patient's strengths and available resources.

#### Steps to View:

1. Click on the label e.g. Nutrition
2. View the patient's responses

Domains (6+)			
DOMAIN...	RISK INDIC...	ACTIONS	REFERRALS
Health Ma...	<span style="color: yellow;">●</span> Vulnerable	0	0
Transporta...	<span style="color: red;">●</span> Critical	1	2
Activities o...	<span style="color: red;">●</span> Critical	0	0
Social/Com...	<span style="color: green;">●</span> Stable	1	10
Nutrition	<span style="color: red;">●</span> Critical	1	1
Housing		0	0

View All

### When identifying needed and appropriate resources, find answers to:

- **What is already being accessed?**

View Program Enrollments. Click on an individual Program Enrollment to see Entry and Exit date.

Program Enrollments (6+)				New
ENROLL...	SERVICE N...	STATUS	PROGRAM ...	
PE-00008212	Education an...	Active	11/5/2010	▼
PE-00008199	PATH Connec...	Active	9/7/2018	▼
PE-00008197	Outreach Team	Active	8/30/2018	▼
PE-00008195	Outreach Team	Closed	8/1/2018	▼

You can also show how you are working with a client by clicking "New" to add San Ysidro Health to patient's Program Enrollments.

- **Where have they been referred before?**

View [Referrals](#) that the patient has been provided so far. This could be an opportunity to confirm with the patient if they were able to access services.

REFERRA...	DOMAIN	ACTION	SERVICE N...
Referral-00...	Housing	00315449	Safe Parking ...
Referral-00...	Income & Be...	00352473	VITA
Referral-00...	Nutrition	00360185	Enrollment an...

[View All](#)

- **Identify appropriate resources needed:**

To find appropriate resources review the patient Details.

Tip: Many resources have specific eligibility criteria.

#### Demographics

Primary Language ⓘ  
English

Age  
25

Gender Identity ⓘ  
Woman

#### Income & Benefits

Employment Status ⓘ  
Unemployed

Sources of Income ⓘ  
No Income

Percent of FPL  
57.75%

#### Health Information

Health Insurance Provider ⓘ  
Other

Health Insurance Type ⓘ  
County Medical Service;COBRA

Medi-Cal Recertification Date

### Connect Patient To Resources Via CIE:

From the patient's profile click "Find Referral"


San Ysidro Health -

## Jay Pritchett

Refer to 2-1-1
Edit
Find Referral

Age  
72

Phone  
(619) 992-5182



Email  
jpritchett@email.com

## Steps to Send or Add Referrals

- Search for referrals using filters and sorting features
- After you've found a referral, click "Add Referral"

**Client Details**

**Jay Pritchett**  
 Age: 72  
 FPL: 57.75%  
 Monthly Income: 1000  
 Household Size: 3  
 Home Zip Code: 92120-4628  
 Health Insurance Type: Medi-Cal;Medicare  
 Health Condition: Physical Disability;Sensory Disability;Dental

**Employment and Training Services; San Diego Workforce Partnership**  
 San Diego Workforce Partnership  
 Provides targeted employment services designed to help eligible adult job seekers identify, or regain, a career that will promote ...  
 Eligibility

**(619) 228-2900**  
 3910 UNIVERSITY AVE  
 STE 400  
 Suite 400  
 SAN DIEGO, CA 92105

**Add Referral**

- If available, select "Direct Referral" and this will send an electronic notification to the CIE Partner
- Or**
- For non-direct referrals, select "Provide Program Details," then...

- Choose a domain (area of need)
- Write any important notes for the receiving party
- Select related Taxonomies and Target Populations (if applicable)
- Select "Next" and/or "Save" to finish sending the referral.

**Add Referral**

*No Internal Staff Notes for this service*

\* Referral Method  
 Direct Referral

\* Choose domain(required)  
 Nutrition

Additional Notes:  
 Client struggles with carrying anything over 15 pounds. May need help carrying their food box  
 Max 2000 characters

Protected Health Information/Notes:  
 Type here...  
 Max 2000 characters

Choose Taxonomy/Taxonomies:  
 Commodity Supplemental Food Program  
 Low Income  
 Ongoing Emergency Food Assistance  
 Older Adults 60 and over

**Cancel** **Next**

## How to Refer to 2-1-1 via CIE:

- At the top of the patient's profile, find and click on "**Refer to 2-1-1**" and a window will appear.
- Type a short description of what services the patient is looking for and/or briefly describe their need(s).
- Select the area of need called a "Domain" and click "Save."

**Refer to 2-1-1**

\* Description (include best time to contact Client)

Domain Type (Ctrl+click to select multiple)

- Housing
- Nutrition
- Primary Care
- Health Management
- Social/Community Connection
- Activities of Daily Living
- Criminal Justice/Legal

**Cancel** **Save**



## Continuing Care Coordination

- See if someone was successfully connected to the services you referred them to.
- Review individual patient profiles or receive client outcome reports for insight into how a patient is doing after they leave your program.

### Clients on Program Waitlist:

#### Be Alerted if Anything Changes in Their Situation

- **Add yourself to the patient's Care Team:**  
You'll get an Alert if the client is transported by EMS or if there is an arrest.
- Just click **"New,"** to add your information and list yourself.
- Tip: To collaborate with others on the Care Team, click on their name to see their contact information.

Care Teams (6+)				New
CARE TE...	CASE MAN...	AGENCY	DATE ASSI...	
CT-000002...	AideeCommu...	2-1-1 San Diego	12/19/2018	▼
CT-000001...	Tier 3 Referra...	2-1-1 San Diego	11/7/2018	▼
CT-000000...	zzzTier 3 zzzR...	2-1-1 San Diego	10/10/2018	▼
CT-000000...	zzzTier 3 zzzR...	2-1-1 San Diego	9/7/2018	▼
CT-000000...	zzzTier 3 zzzR...	2-1-1 San Diego	8/29/2018	▼
CT-000000...	Tier 3 Care C...	2-1-1 San Diego	6/26/2018	▼

View All

#### Check back in the CIE periodically, to see if there is any new information about your patient's situation:

- Assessments
- Eligibilities
- Data Sources
- Other Care Team Members