



**San Luis Obispo  
Countywide 10 Year  
Plan to End  
Homelessness**

*We envision a future  
in which the housing  
and comprehensive  
services necessary to  
remain housed are  
available for all,  
affording everyone  
maximum self-  
sufficiency, and the  
opportunity to be  
productive and  
participating  
members of our  
community*

**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)  
Finance and Data Committee Agenda**  
September 30, 2020, 10 a.m.

Participate by Zoom video call:

<https://zoom.us/j/93830373099?pwd=VFF3ekpneGhUU0RPemtEenJwb3RTQT09>

Or dial in:

+1 669 900 9128

Meeting ID: 938 3037 3099

Passcode: 284342

1. Call to Order and Introductions
2. Public Comment
3. Consent: Approval of Minutes
4. Action/Information/Discussion
  - 4.1 Discussion Item: Homeless Point in Time Count
    - 4.1.1 Discussion Item: Update on 2021 Point in Time Count and Survey
  - 4.2 Discussion Item: Homeless Management Information System (HMIS)
    - 4.2.1 Discussion Item: Sample Consent for Release of Information (HMIS) Forms
  - 4.3 Discussion Item: Coordinated Entry Workgroup
  - 4.4 Discussion Item: September HMIS Systems Administrators Call
    - 4.4.1 National Human Services Data Consortium Fall 2020 Virtual Conference (Oct 5<sup>th</sup> – Oct 30<sup>th</sup>)
    - 4.4.2 2019/ 2020 HUD (Department of Housing & Urban Development) Longitudinal Systems Analysis (LSA) submission
  - 4.5 SLO County CoC HMIS User Conference/ Training – November 12<sup>th</sup>
    - 4.5.1 HUD Updates

4.5.2 Bell Data Updates

4.5.3 HMIS Data Quality

4.5.4 HMIS Privacy & Security

5. Future Discussion/Report Items

6. Next Meeting Date: October 28, 2020

7. Adjournment

**HOMELESS SERVICES OVERSIGHT COUNCIL  
HSOC FINANCE AND DATA COMMITTEE MEETING  
August 26 2020, 10am-12pm**

<b>MEMBERS PRESENT</b>		<b>MEMBERS ABSENT</b>	<b>STAFF &amp; GUESTS</b>
Janna Nichols Jeff Al-Mashat Shay Stewart Sstoz Tes		Jessica Thomas	Andrea Alvarado Elaine Mansoor George Solis Jessica Lorange Leon Shordon Riley Smith Russ Francis
<b>AGENDA ITEM</b>			<b>CONCLUSIONS/ACTIONS</b>
1. Call to Order and Introductions	Janna called the meeting to order at 10am.		
2. Public Comment	Janna shared that she will email Mariam Shah, Chair of HSOC, to appoint Riley Smith and Andrea Alvarado to the Committee.		
3. Consent: Approval of Minutes			Shay made a motion to accept the minutes, seconded by Janna. All were in favor, with none opposed and no abstentions.
4. Action/Information/Discussion			
4.1 Discussion Item: Homeless Point in Time Count			
4.1.1 Discussion Item: 2021 Point in Time Count Request for Proposals	George provided some background on the 2021 PIT (Point in Time) Count. In the last meeting, the County had put out the RFP (Request for Proposals). The County has since had one proposal, from Applied Survey Research (ASR), who have conducted several PIT Counts in the		

	<p>past. George and Laurel are currently reviewing the application, and discussing additional processes and safeguards due to COVID. HUD (Department of Housing and Urban Development) have not yet made a final determination regarding the unsheltered count for 2021. The sheltered count and HIC (Housing Inventory Count) will happen as usual. The County plans to execute the contract with ASR in September, and plan for the PIT count in September-October, by which time there will be more guidance from HUD. George clarified that a survey will be carried out as well, and the questions will be brought to HSOC to see if there are any additional local questions that should be added.</p>	
<p>4.2 Discussion Item: Homeless Management Information System (HMIS)</p>	<p>At the previous meeting, the Committee reviewed the new HMIS (Homeless Management Information System) Participating Agency Agreement and requested feedback. The document has since been reviewed and approved by County Counsel. The only change made was about consent to use personal information. The agreement now allows agencies to decide how to obtain consent for each program. This may be implied, verbal, or informed consent. Implied consent consists of a posted privacy notice, without asking the client directly. Verbal consent consists of a client verbally agreeing to participate in HMIS. Informed consent consists of a client signing a form. Which type of consent an agency decides to use may be based on which is most practical for the program type, but consent must be obtained consistently within each program.</p> <p>George clarified the following points:</p> <ul style="list-style-type: none"> <li>• Items 2.2 and 4.4 are consistent following this change.</li> <li>• The County has recently confirmed who the authorized users are within each agency.</li> <li>• The timely entry of data refers to entering the basic information; it is understood that agencies may not have determined which program a client will enter at this time.</li> </ul>	

4.2.1 Action Item: Vote to approve updated San Luis Obispo County HMIS Participating Agency Agreement		Shay made a motion to accept the updated agreement, seconded by Janna. All were in favor. The agreement will now be reviewed by the full HSOC in September.
4.2.2 Action Item: Vote to approve updated San Luis Obispo County HMIS User Agreement	<p>George introduced the updated HMIS User Agreement. The Committee agreed to change the document to state that the agency's HMIS administrator for should countersign the form. George clarified that the updated agreement will be sent out to all agencies once approved.</p> <p>In response to a question about how the County captures complaints, concerns and questions, George clarified that there is a form on the HSOC website, in the Provider Resources section. This is sent to the HMIS support email. People can also just use the email address directly – <a href="mailto:ss_hmissupport@co.slo.ca.us">ss_hmissupport@co.slo.ca.us</a> All support issues are logged, including date resolved and follow up.</p>	Shay made a motion to accept the updated agreement, seconded by Jeff. All were in favor. The agreement will now be reviewed by the full HSOC in September.
4.2.3 Action Item: Vote to approve San Luis Obispo County HMIS Grievance Form	The Grievance Form was discussed and approved in principle at the previous Committee meeting.	Shay made a motion to accept the updated agreement, seconded by Jeff. All were in favor. The agreement will now be reviewed by the full HSOC in September.
4.3 Discussion Item: Coordinated Entry		
4.3.1 Discussion Item: Importing Data from ClientTrack to Bell	George provided an update. Bell Data have said that it is possible to import Coordinated Entry from a different provider (i.e. ClientTrack); the CoC would just need to make sure the data fields can be mapped. The Supportive Services for Veteran Families (SSVF) program at	

Data HMIS	CAPSLO (Community Action Partnership of San Luis Obispo) has already built in upload charges for this year, but if there is an additional fee for Coordinated Entry data transfer, this can be paid for by CESH (California Emergency Solutions and Housing) money which has been set aside for upgrades to HMIS. George will follow up with Grace McIntosh at CAPSLO.	
4.3.2 HUD Required Coordinated Entry Data Elements effective October 1, 2020	<p>George showed the Coordinated Entry data elements which will be required by HUD from October, including two new elements (Coordinated Assessment element and Coordinated Event element).</p> <p>George clarified that Coordinated Entry is not a program in which clients are enrolled, but is essentially the 'front door' to the system, through which clients are assessed, their data is entered, and then they are referred to specific programs.</p>	
4.4 Discussion Item: HUD CARES Act		
4.4.1 Discussion Item: New Project Setup in HMIS	George shared that he will be reaching out to agencies to begin setting up HMIS projects, and determining who will need to have access to these.	
4.4.2 Discussion Item: 1st ESG-CV CAPER Report due October 30, 2020	<p>George provided some background on the ESG-CV (Emergency Solutions Grant – Coronavirus) CAPER (Consolidated Annual Performance and Evaluation Report), a report specific to ESG programs. The regular ESG program requires an annual CAPER, but the ESG-CV program requires a quarterly CAPER. This will be completed by DSS (Department of Social Services), as the HMIS lead. Data will be from March through September 1. As there are no subrecipient agreements or projects currently in place, there will not be any significant data to report. The next report will most likely be due at the end of January.</p> <p>George clarified that providers do not need to track projects and activity separately for different tranches of ESG-CV funding.</p>	

5. Future Discussion/Report Items	<ul style="list-style-type: none"> <li>• Update on PIT Count and Survey</li> <li>• Streamlined release of HMIS information forms</li> </ul>	
6. Next Meeting Date: September 30, 2020		
7. Adjournment	Janna adjourned the meeting at 10:50am	

## San Luis Obispo County Continuum of Care Homeless Management Information System Consent for Release of Information (SAMPLE A)

### OVERVIEW

HMIS is a database that collects information about people who need housing, shelter, and related services. This information can include your demographics, location, medical history, and other personal details. Homeless service providers collect this information to help us figure out which services you are eligible for, and so that we can contact you to let you know about housing opportunities.

### WHAT KIND OF DATA IS COLLECTED?

HMIS collects information about you that can help us figure out which services you are eligible for and how we can contact you to let you know about housing opportunities. This can include your name, your whereabouts, whether you are travelling together with pets or family, information about your health and income, and a brief history of the places you have been living over the last few years and the services that you have accessed.

Some of the data that could be collected about you includes:

- Name
- Gender
- Program Exit Date
- Disability Status
- Veteran Status
- Legal History
- Income and Non-Cash Benefits Information
- Date of Birth
- Ethnicity and Race
- Residence Prior to Project Entry
- Family Composition
- Employment History
- Alcohol and Drug Use
- Health Insurance Information
- Social Security Number
- Program Entry Date
- Homeless History
- HIV/AIDS Diagnosis
- Domestic Violence
- Mental Health History

### WHO WILL SEE THE DATA?

- The only people who are allowed to directly access your data are licensed HMIS End Users at HMIS Partner Agencies in the San Luis Obispo County Continuum of Care. Partner Agencies have been approved by the HMIS Lead (the agency responsible for administering HMIS) and provide housing and/or support services to the homeless in the County of San Luis Obispo.
- Partner Agencies and End Users have signed a Memorandum of Understanding and End User Agreement, respectively, promising to keep your information confidential, have been trained in a full set of data security procedures, and are subject to regular security audits.
- Partner Agencies can only use the data to benefit you and to help you find housing and services.

### WHAT IF I DO NOT WANT TO SHARE MY DATA?

You are not required to share any of your data. If you choose not to share your data, we will still do our best to help you access shelter and services. However, without your data, we may be unable to tell which programs you are eligible for. Collecting data also helps us measure the outcomes that our services help people achieve, like stable housing and increased income, so that we can identify and fund the best available programs to help people who are homeless.

We will attempt to contact you at least once each year to confirm that we have your continued consent to use your data. If we have no contact with you for three years, we will block access to all of your information except for your name, birthdate, photo or physical description, client ID, contact information, and/or last known whereabouts. This limited information may be used to continue to try to contact you, or to ensure that we do not



accidentally create a duplicate record for you if you re-enter the database at a later date.

If you decide at any point that you no longer wish to share data, you may contact the current HMIS Lead in writing or by e-mail, and all further access to the data you specify will be blocked. In writing to: County of San Luis Obispo, Department of Social Services, Attn: HMIS Lead, 3433 S. Higuera St., San Luis Obispo, CA 93401, or via email to: SS\_HMISsupport@co.slo.ca.us

Please Initial:

\_\_\_\_\_ I give permission for my personal information to be entered into the HMIS and shared between Partner Agencies for the purposes described above. I understand that I may cancel this authorization at any time by delivering a written request to the HMIS Lead. I understand that this authorization is valid for three years from the date of signature or if I cancel it at an earlier date.

Please Sign:

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

Names and Signature of Minor Children (if part of household):

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

_____	_____	_____
Print Name of Client or Guardian	Signature of Client or Guardian	Date

**San Luis Obispo County Continuum of Care  
Homeless Management Information System  
Informed Consent for Release of Information (SAMPLE B)**

I, (print consumer's name) \_\_\_\_\_, understand that (Service Provider) \_\_\_\_\_ collected information about me and/or my dependents listed below to enter it into a database system called Homeless Management Information System (HMIS). This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. Participation in data collection and release, although optional, is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information.

**BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only to participating agencies, who have entered into an HMIS Agency Participation Agreement and shall be used to:

- a. Produce a client profile at intake that will be shared by collaborating agencies
- b. Produce anonymous, aggregate-level reports regarding use of services
- c. Track individual program-level outcomes
- d. Identify unfilled service needs and plan for the provision of new services
- e. Allocate resources among agencies engaged in the provision of services

**BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

I authorize the participating agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling and/or other services.

**THE INFORMATION MAY CONSIST OF THE FOLLOWING PPI (PROTECTED PERSONAL INFORMATION):**

- |   |                                      |                             |
|---|--------------------------------------|-----------------------------|
| • Name  | • Residence Prior to Project Entry   | • Domestic Violence         |
| • Date of Birth   | • Homeless History                   | • Mental Health             |
| • Social Security Number  | • Zip Code of Last Permanent Address | • Disabling Condition       |
| • Gender  | • Family Composition                 | • Alcohol & Drug            |
| • Ethnicity and Race  | • Employment Status                  | • Legal history/information |
| • Program Entry Date  | • Veteran Status                     |                             |
| • Program Exit Date   | • HIV/AIDS                           |                             |
| • Income and Non-Cash Benefits information (sources and amounts of household income, employment information, work skills) |                                      |                             |
| • Housing information (may include address, type of housing, homeless status, and reason for homelessness)                |                                      |                             |

**I UNDERSTAND THAT:**

- ✓ Information I give concerning physical or mental health problems will not be shared with other participating agencies in any way that identifies me.
- ✓ The participating agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS participating agencies.
- ✓ Staff members of the participating agencies who will see my information have signed agreements to maintain confidentiality regarding my information.

- ✓ The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- ✓ If I revoke my authorization, all information about me already in the database will remain but will become invisible to all of the participating agencies.
- ✓ My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- ✓ Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development may see my information
- ✓ Belldata Systems is San Luis Obispo County Continuum of Care's HMIS Vendor. When Belldata works on the system, they may see my information.
- ✓ People using HMIS information to write reports may see your information. Researchers must sign an agreement to protect my privacy before seeing HMIS data. My private information will never appear in research reports.
- ✓ This authorization will remain in effect until I revoke it in writing, and I may revoke authorization by signing a "Consumer Revocation of Consent to Release Information form", but that cancellation will not be retroactive.
- ✓ Additionally, I understand that participation in data collection is optional, and I may choose not to participate.
- ✓ This release is valid for seven (7) years from the date of my signature below.
- ✓ I also understand that I may withdraw my consent at any time.
- ✓ I understand that my personal information will not be made public and will only be used with strict confidentiality.

**Participating agencies:** A list of the participating agencies within the County of San Luis Obispo Continuum of Care Homeless Management Information System may be viewed prior to signing this form.

List all Dependent children under 18 in household, if any (first and last names):

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

**Please initial one** of the following levels of consent:

\_\_\_\_\_ I give authorization for mine and my dependents listed above, Protected Personal and relevant information **to be entered into the HMIS and shared between participating agencies.**

**OR**

\_\_\_\_\_ I give authorization for mine and my dependents listed above Protected Personal and relevant information **to be entered into the HMIS, but not shared between participating agencies.**

**OR**

\_\_\_\_\_ I do not consent to the inclusion of personal information in HMIS about me and any dependents listed above.

\_\_\_\_\_  
Consumer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Personnel Name (print)

\_\_\_\_\_  
Agency Personnel Signature

\_\_\_\_\_  
Date

## **San Luis Obispo County Continuum of Care Homeless Management Information System Informed Consent for Release of Information (SAMPLE C)**

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The San Luis Obispo County Continuum of Care (CoC) Homeless Management Information System (HMIS) is a local electronic database that securely record information (data) about clients accessing housing and homeless services within the County of San Luis Obispo. This organization participates in the HMIS database and shares information with other organizations that use this database. This information is utilized to provide supportive services to you and your household members.

### **What information is shared in the HMIS database?**

We share both Protected Personal Information (PPI) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your self-reported medical history, including any mental health and substance abuse issues
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Any history of domestic violence

### **How do you benefit from providing your information?**

The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your 'story.' Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in your local area.

### **Who can have access to your information?**

Organizations that participate in the HMIS database can have access to your data. These organizations may include homeless service providers, housing groups, healthcare providers, and other appropriate service providers.

### **How is your personal information protected?**

Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

**By signing below, you understand and agree that:**

- You have the right to receive services, even if you do not sign this consent form.
- You have the right to receive a copy of this consent form.
- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form.
- This consent is valid for seven (7) years from the date the PPI was created or last changed.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the *Revocation of Consent* form. Each Participating Organization that entered information into HMIS will continue to have access to your PPI, but the information will no longer be available to any other Participating Organization.
- The Privacy Notice for the San Luis Obispo County HMIS contains more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request.
- No later than five (5) business days of your written request, we will provide you with:
  - A correction of inaccurate or incomplete PPI
  - A copy of your consent form
  - A copy of your HMIS records; and
  - A current list of participating organizations that have access to your HMIS data.
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent.
- You are not waiving any rights protected under Federal and/or California law.

**Right to Make Corrections**

If you believe that your PPI in HMIS is incorrect or incomplete, you have the right to request a correction. To ask for either of these changes, send a written request, including the reason why you believe the information is incorrect or incomplete, to the HMIS Administrator of the organization that entered the information into HMIS. The organization may turn down your request if the information:

- Was not created by the organization you are requesting the change from;
- Is not part of the information that you would be allowed to look at and copy;
- Is related to another individual;
- Is found to be correct and complete.
- Is otherwise protected by law.

However, if your request for correction is denied, you have the right to request that the following language is entered next to a particular entry: "The participant disputes the accuracy of this entry."

**SIGNATURE AND ACKNOWLEDGEMENT**

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ **Head of Household (Check here)**

**Minor Children (if any):**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 digits of SS \_\_\_\_\_ Living with you? (Y/N)

\_\_\_\_\_  
**Print Name of Organization Staff**

\_\_\_\_\_  
**Print Name of Organization**

\_\_\_\_\_  
**Signature of Organization Staff**

\_\_\_\_\_  
**Date**