**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**
February 2nd 2022, 9 a.m.

Participate by Zoom video call:
https://us06web.zoom.us/j/81959275310?
pwd=OFV0Sm1xWkZGS1BNWHN5WGEwZXU4dz09

Or dial in:
+1 253 215 8782
Meeting ID: 819 5927 5310
Passcode: 443296

1. Call to Order and Introductions

2. Public Comment

3. Consent: Approval of Minutes

4. Action/Information/Discussion

   4.1 Discussion Item: 2022 Point in Time (PIT) and Housing Inventory Count (HIC)

      4.1.1 Action Item: Approve 2022 San Luis Obispo County Housing Survey

   4.2 Discussion Item: HUD (US Department of Housing & Urban Development) Reporting

      4.2.1 Discussion Item: Longitudinal Systems Analysis (LSA)

      4.2.2 Discussion Item: System Performance Measures

   4.3 Discussion Item: HMIS (Homeless Management Information System) Data Sharing

      4.3.1 Action Item: Approve San Luis Obispo County CoC (Continuum of Care) HMIS Interagency Data Sharing Agreement

4.3.2 Action Item: Approve San Luis Obispo County CoC (Continuum of Care) HMIS Consent for Release of Information

4.4 Discussion Item: HMIS Emergency Shelter Exit Destination Data Quality

4.5 Discussion Item: HMIS User Updates

4.5.1 Discussion Item: Monthly HMIS Live Office Hours

4.5.2 Discussion Item: Quarterly HMIS Newsletter

4.5.3 Discussion Item: HMIS User Guides

4.6 Discussion Item: Coordinated Entry Data Integration into HMIS (Homeless Management Information System)

5. Future Discussion/Report Items

6. Next Meeting Date: February 23, 2022

7. Adjournment

# HOMELESS SERVICES OVERSIGHT COUNCIL
## HSOC FINANCE AND DATA COMMITTEE MEETING
### December 15 2021, 9am-10:30pm

| MEMBERS PRESENT | MEMBERS ABSENT | STAFF & GUESTS |
|---|---|---|
| Andrea Montes Alvarado<br>Bill Crewe<br>Carrie Collins<br>Janna Nichols<br>Jeff Al-Mashat<br>Jessica Thomas<br>Shay Stewart<br>Sstoz Tes | Riley Smith | Brandy Graham<br>Elizabeth Pauschek<br>George Solis<br>Jannine Lambert<br>Jessica Lorance<br>Russ Francis |

| AGENDA ITEM | | CONCLUSIONS/ACTIONS |
|---|---|---|
| 1. Call to Order and Introductions | Janna called the meeting to order at 9am. | |
| 2. Public Comment | Carrie shared that the Transitional Food & Shelter (TFS) units have been sold to an individual buyer as of December 14th. TFS have not yet met the buyer and do not know what his plans are for the properties, so for now they continue with business as usual. | |
| 3. Consent: Approval of Minutes | | Carrie made a motion to approve the minutes, seconded by Jeff. The motion passed with all in favor, none opposed and no abstentions. |

| 4. Action/Information/Discussion | | |
|---|---|---|
| 4.1 Discussion Item: Homeless Data Integration System (HDIS) Report | George reported that County staff have pulled some data from the State's HDIS (Homeless Data Integration System) relevant to SLO County. This data shows that 2,738 people were served in calendar year 2020. Of these, 194 accessed services in at least one other CoC (Continuum of Care). The greatest crossover is with Santa Barbara County, which shared 72 clients with SLO County. Day shelters were the service most frequently accessed by the same people in different CoCs. George shared demographic data including breakdowns by race, ethnicity, gender and age. This data is however incomplete, as some programs were not entering Coordinated Entry data into HMIS (Homeless Management Information System) in 2020, so this data does not appear in the State's HDIS. George reported that the CoC is working on a racial analysis plan, as racial disparities have increasingly been emphasized by HUD (US Department of Housing & Urban Development). | |
| 4.2 Discussion Item: HMIS (Homeless Management Information System) Street Outreach Projects – Auto Exit | George reported that the County is looking at ensuring there is a uniform policy around exiting clients from Street Outreach projects. Currently, if clients enter HMIS via Street Outreach and then never engage with an agency again, they are never exited from HMIS. Per HUD guidance, Street Outreach clients can be exited if: they enter another project type or otherwise find housing; they engage with another outreach worker; they are deceased; or an outreach worker has been unable to locate them for an extended period of time and there are no recorded contacts. HUD leaves it up to the CoC's discretion to decide what this extended period of time should be. The Committee discussed implementing an auto exit, which would | |

| | | |
|---|---|---|
| | mean clients are automatically exited from HMIS if there are no contacts recorded within a set period of time.<br>The Committee discussed the idea and asked County staff to first ensure all current Street Outreach projects are collecting data in the same way. | |
| 4.3 Discussion Item: Strategic Action Items | Jessica reported that the Finance & Data Committee has previously completed the Data Maturity Assessment Tool, and set priorities for improvements based on the results. County staff have begun working on HMIS (Homeless Management Information System) participation. Four projects were not entering data into HMIS. Of these, one is now in the process of drafting a data sharing agreement, and the other three are in discussions. A draft Data Quality Benchmark has been written, and will be brought to the next Finance & Data Committee meeting. County staff are also in discussion with CAPSLO (Community Action Partnership of San Luis Obispo) about possibilities for importing data from ClientTrack into HMIS. | |
| 4.4 Discussion Item: Point in Time (PIT) Count 2022 Update | George reported that the link for PIT (Point in Time) Count volunteer recruitment has been shared with the HSOC, all committee lists and agencies, and has also been posted on the Volunteer SLO website. 13 volunteer teams in total had signed up at the time of the meeting.<br>Brandy reported that CAPSLO will soon be asking their volunteers to participate.<br>Bill reported that the Cadet Corps would like to participate. This could potentially provide up to 46 volunteers.<br>George reported that ASR (Applied Survey Research) are the vendor for the PIT Count have released a link to online mapping, allowing people to pinpoint encampments. ASR will collect this data, and hotspots can be listed on maps for the | |

| | | |
|---|---|---|
| | count. County staff have also been planning with the County Office of Education and school districts.<br>George confirmed that peer leads have to be vaccinated, as this is a recommendation from HUD. | |
| 4.5 Discussion Item: HUD (US Department of Housing & Urban Development) CoC (Continuum of Care) Grant Program Collaborative Application Review | George reported that County staff submitted the HUD CoC (Continuum of Care) Collaborative Application for Fiscal Year 2021 on November 16th. Award letters are expected in February-March. Once the County receives the debrief from HUD, the Committee can review where the CoC scored well, and where it needs to make improvements. The application can be reviewed on the DSS (Department of Social Services) website here:<br>https://www.slocounty.ca.gov/Departments/Social-Services/Homeless-Services/Funding-Availability.aspx | |
| 4.6 Discussion Item: Veterans 500 | Brandy shared that the Veterans 500 initiative was announced in early November by the Department of Veterans Affairs. The goal is to house 500 households including a veteran by the end of the year, from within the greater Los Angeles area. This includes SLO County. There are various teams involved in this project, working to identify barriers in the system and intending to make improvements for the long term. Specific to SLO County, veterans who do not have VASH (Veterans Affairs-Supportive Housing) or SSVF (Supportive Services for Veteran Families) vouchers are not eligible for the veteran priority list. | |
| 4.7 Discussion Item: CalWorks Housing Support Program Update | Jannine presented on the CalWorks Housing Support Program and Bringing Families Home program. These two programs provide the same services, but serve different client groups. | |

| | Bringing Families Home is a child welfare services program, where eligible families must be homeless or at imminent risk of homelessness. This program has limited funding and is set to expire at the end of this fiscal year, though it is expected to be renewed.<br><br>The Housing Support Program is for CalWorks families. Only one member of the family must be eligible for CalWorks. They must also be County residents and be homeless or at risk of homelessness. There is now an eviction prevention component, although the County is required to refer families to the COVID Rent Relief Program first if the eviction is related to COVID. Services provided include workshops, housing navigation, storage assistance, costs related to moving into a unit, and furniture assistance. During the pandemic, more flexibility was given to temporary motel assistance. This is also used for medical recovery, and has been extended to include those who are at risk of medical complications due to COVID.<br><br>For both programs, the outcome is to house people within 90 days. One barrier to this has been a lack of available units. There has been an increase in referrals to the Housing Support Program, the majority of whom are meeting the imminent risk criteria. | |
| 5. Future Discussion/Report Items | Jessica Thomas shared that she is currently working with schools to develop a single source of information for support for families, and asked if this Committee would be able to help input information. The Committee decided this would be added to the next full HSOC agenda. | |

| | | |
|---|---|---|
| 6. Reschedule Next Meeting Date from January 26, 2021 | The Committee agreed to move the next meeting to February 2nd, as January 26th is the date of the PIT Count. | |
| 7. Adjournment | Janna adjourned the meeting at 10:40am. | |

# 2022 San Luis Obispo County Housing Survey

Shade Circles Like This--> ●
Not Like This--> ⊗ ✓

Refusals: _____ (tally)
Interviewer's Name: _____
Site

Interview Date: _____   Neighborhood or City: _____

## Section A: Demographics

**1. What are your initials?**

First _____  Middle _____  Last _____

**2. What is your birth date?**

Month _____  Day _____  Year _____

**3. What gender do you identify with? (Shade all that apply)**
- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ A gender not singularly female or male*
- ☐ Questioning
- ☐ Don't know
- ☐ Refuse

**4. What ethnicity do you identify with?**
- ○ Hispanic/Latin(a)(o)(x)
- ○ Non-Hispanic/Non-Latin(a)(o)(x)
- ○ Don't know
- ○ Refuse

**5. What race or races do you identify with? (Shade all that apply)**
- ☐ White
- ☐ Black, African American, or African
- ☐ Asian or Asian American
- ☐ American Indian, Alaska Native, or Indigenous
- ☐ Native Hawaiian or Pacific Islander
- ☐ Don't know
- ☐ Refuse

**6. Do you consider yourself...?**
- ○ Straight
- ○ Lesbian
- ○ Bisexual
- ○ Gay
- ○ Queer
- ○ Other: _____
- ○ Refuse

**7. Are you currently pregnant ?**
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refuse

**8. Have you ever been in foster care?**
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refuse

**9. Do you have a pet (currently living with you)?**
- ○ Yes
- ○ No
- ○ Refuse

## Section B: Veteran Status

**1. Have you served in the U.S. Armed Forces? (Army, Navy, Air Force, Marine Corps, or Coast Guard)**
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refuse

**2. Were you ever called into active duty as a member of the National Guard or as a Reservist?**
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refuse

**3. Is anyone else in your household a Veteran?**
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refuse

*(e.g., non-binary, gender fluid, agender, culturally specific gender)

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## Section C: Accommodation

**1. Where were you staying on the night of Wednesday, February 23rd?   (Shade 1)**
- ○ Backyard or storage structure
- ○ Motel/hotel paid for by a voucher/agency
- ○ A place in a house not normally used for sleeping (kitchen, foyer, hallway) or unconverted garage
- ○ Emergency shelter
- ○ Transitional  housing        (Skip to question 2)
- ○ Public facility (train station, transit center, bus depot)
- ○ Outdoors/streets/parks
- ○ Van
- ○ Automobile/car
- ○ Camper/RV                                    C6
- ○ Abandoned building/squat
- ○ Tent
- ○ Encampment
- ○ Other: _____

**1a. How many people, including yourself, usually stay inside your tent, car, van, or RV/camper?**
# people _____

**2. Is this the first time you have been homeless?**
- ○ Yes
- ○ No
- ○ Refuse

**3. How long have you been homeless this current time? (Shade 1)**
- ○ 7 days or less
- ○ 4-6 months
- ○ More than 1 year
- ○ 8-30 days
- ○ 7-11 months
- ○ Refuse
- ○ 1-3 months
- ○ 1 year

**4. How many different times have you been homeless in the past 3 years, including this current time? (Shade 1)**
- ○ 1 time
- ○ 3 times
- ○ 5 times
- ○ 2 times
- ○ 4 times
- ○ 6 or more times
- ○ Refuse

**5. Have you been living in an emergency shelter and/or on the streets (including bus stations, underpasses, encampments, abandoned buildings, etc.) for the past year (12 months) or more?**
- ○ Yes
- ○ No
- ○ Refuse

**6. In addition to right now, how long would you say you have stayed in these kinds of places (total) in the past 3 years?**
Days_____ Weeks _____ Months_____ Years_____

**7. How old were you the first time you experienced homelessness?**
- ○ 0-17 years
- ○ 25-39 years
- ○ 50-64 years
- ○ 18-24 years
- ○ 40-49 years
- ○ 65 or older
- ○ Refuse

## Section D: Household Members

**1. How many people are in your household, including yourself?** _____  D1

**2. Do you have any children under age 18?** ○ Yes  ○ No  ○ Don't know  ○ Refuse

**3. Are any of your children under 18 currently living with you?** ○ All  ○ Some  ○ None  ○ Don't know  ○ Refuse

**4. Do you live alone or with other household members?** ○ With other household members
○ Alone ==> Please skip to Section E

*I am going to ask you a few questions about the people in your household that were staying with you on night of Wednesday, February 23rd. I'll ask about each person, one at a time. In order for us to keep track of who we are talking about I am going to ask you for the first and last initial of each person.*

| | (A) F___ L___ | (B) F___ L___ | (C) F___ L___ | (D) F___ L___ | (E) F___ L___ | (F) F___ L___ |
|---|---|---|---|---|---|---|
| **What are their initials?** | | | | | | |
| **5. How are they related to you?** | | | | | | |
| Child | ○ | ○ | ○ | ○ | ○ | ○ |
| Spouse | ○ | ○ | ○ | ○ | ○ | ○ |
| Non-married partner | ○ | ○ | ○ | ○ | ○ | ○ |
| Other family member | ○ | ○ | ○ | ○ | ○ | ○ |
| Other non-family member | ○ | ○ | ○ | ○ | ○ | ○ |
| **6. How old are they?** | | | | | | |
| Under 18 | ○ | ○ | ○ | ○ | ○ | ○ |
| 18 - 24 | ○ | ○ | ○ | ○ | ○ | ○ |
| 25 or older | ○ | ○ | ○ | ○ | ○ | ○ |
| **7. What gender do they identify with? (Shade all that apply)** | | | | | | |
| Male | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Female | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| A gender not singularly female or male* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Transgender | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Questioning | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Don't know | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **8. What ethnicity do they identify with?** | | | | | | |
| Hispanic/Latin(a)(o)(x) | ○ | ○ | ○ | ○ | ○ | ○ |
| Non-Hispanic/Non-Latin(a)(o)(x) | ○ | ○ | ○ | ○ | ○ | ○ |
| Don't know | ○ | ○ | ○ | ○ | ○ | ○ |
| **9. What race or races do they identify with? (Shade all that apply)** | | | | | | |
| White | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Black, African American, or African | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Asian or Asian American | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| American Indian, Alaska Native, or Indigenous | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Native Hawaiian or Pacific Islander | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Don't know | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Section E: Residency

**1. Immediately before you became homeless, what type of place were you living in? (Shade 1)**

- ○ A home owned or rented by you or your partner
- ○ A home owned or rented by friends/relatives
- ○ Hospital or treatment facility
- ○ Subsidized housing or permanent supportive housing
- ○ Juvenile justice facility
- ○ Foster care placement
- ○ Jail or prison
- ○ Motel/hotel
- ○ Other: _____
- ○ Refuse

**2. How long have you lived in San Luis Obispo County? (Shade 1)**

- ○ Less than 6 months
- ○ 6 months to 1 year
- ○ 1-4 years
- ○ 5-9 years
- ○ 10+ years
- ○ Refuse

**3. Which city in San Luis Obispo County were you living in when you went homeless? (Shade 1)**

- ○ Arroyo Grande
- ○ Morro Bay
- ○ San Luis Obispo
- ○ Refuse
- ○ Atascadero
- ○ Paso Robles
- ○ Unincorporated area
- ○ Grover Beach
- ○ Pismo Beach
- ○ None/Other

## Section F: Prevention

**1. What is the <u>primary</u> event or events that led to you <u>currently</u> being homeless? (Shade all that apply)**

- ☐ Eviction/Foreclosure/Rent increase
- ☐ Family or friends couldn't let me stay or argument with family/friend/roommate
- ☐ Family/domestic violence
- ☐ Divorce/Separation/Break-up
- ☐ Death of someone close to me
- ☐ Job loss
- ☐ Other money issues including medical bills, etc.
- ☐ Loss of subsidy or other housing financial support
- ☐ COVID-19 related issue
- ☐ Racial bias/racism
- ☐ Aging out of foster care
- ☐ Incarceration
- ☐ Mental health needs
- ☐ Substance use
- ☐ Physical health needs
- ☐ Stopped using supports and services
- ☐ Other: _____
- ☐ Don't know

**2. Was the primary cause of homelessness (identified in the prior question) related to the COVID-19 pandemic or a California Wildfire? (Shade 1)**

- ○ COVID-19
- ○ CA Wildfire
- ○ Neither
- ○ Refuse

**3. What could have prevented you from experiencing homelessness? (Shade all that apply)**

- ☐ Mental health services
- ☐ Employment assistance
- ☐ Transportation assistance
- ☐ Alcohol/drug counseling
- ☐ Rent assistance
- ☐ Family counseling
- ☐ Food assistance
- ☐ Conflict resolution with roommate
- ☐ Adequate retirement income
- ☐ Help paying health care bills/insurance
- ☐ Legal assistance
- ☐ Help obtaining resources after leaving hospital/jail/prison/juvenile justice facility
- ☐ Landlord mediation
- ☐ Benefits/income
- ☐ Mortgage assistance
- ☐ Child support
- ☐ Other: _____
- ☐ Refuse
- ☐ Don't know

## Section G: Income and Employment

**1. What is your current employment status?**

- ○ Not employed - Looking for work
- ○ Not employed - Unable to work
- ○ Not employed - Not looking for work
- ○ Employed full time
- ○ Employed part time
- ○ Employed seasonal

**2. If you are not employed, what is keeping you from employment? (Shade all that apply)**

- ☐ Age
- ☐ No phone
- ☐ Disablity
- ☐ Health problems
- ☐ Criminal record
- ☐ Mental health needs
- ☐ No transportation
- ☐ Fear of losing personal belongings
- ☐ Childcare needs
- ☐ No access to technology
- ☐ Alcohol/drug use
- ☐ Need education/training /skill development
- ☐ No permanent address
- ☐ No available work/jobs
- ☐ No work permit
- ☐ Need clothing/shower facilities
- ☐ No photo ID/Social Security card
- ☐ Lack of confidence
- ☐ Pet care
- ☐ COVID-19 issues (safety, fear, caregiving, etc.)
- ☐ Risk of losing benefits if working too much.
- ☐ Don't want to work
- ☐ Other: _____

## Section H: Health and Housing

**1. Have you received a COVID-19 vaccine?**  ○ Yes  ○ No  ○ Don't know  ○ Refuse

**2. Do you experience any of the following:**  |  **3. Does it keep you from holding a job, living in stable housing or taking care of yourself?**

| | 2. | 3. |
|---|---|---|
| a. Any chronic health problem or medical condition(diabetes, cancer) | ○ Yes ○ No ○ Refuse | ○ Yes ○ No ○ Refuse |
| b. Post-Traumatic Stress Disorder (PTSD) | ○ Yes ○ No ○ Refuse | ○ Yes ○ No ○ Refuse |
| c. Any psychiatric or emotional conditions (depression, schizophrenia) | ○ Yes ○ No ○ Refuse | ○ Yes ○ No ○ Refuse |
| d. A physical disability (including vision or hearing loss) | ○ Yes ○ No ○ Refuse | ○ Yes ○ No ○ Refuse |
| e. A traumatic brain injury to your brain from a bump, blow or wound to the head? | ○ Yes ○ No ○ Refuse | ○ Yes ○ No ○ Refuse |
| f. Drug or alcohol abuse (including prescription drugs not prescribed for you) | ○ Yes ○ No ○ Refuse | ○ Yes ○ No ○ Refuse |
| g. An AIDS or an HIV related illness? | ○ Yes ○ No ○ Refuse | ○ Yes ○ No ○ Refuse |
| h. A developmental disability? | ○ Yes ○ No ○ Refuse | ○ Yes ○ No ○ Refuse |

**4. If you live with a spouse, a significant other or parent, do any of the following conditions prevent them from maintaining work or housing? (Shade all that apply)**

- ☐ Not Applicable
- ☐ Chronic health problem
- ☐ Physical disability
- ☐ Psychiatric or emotional condition
- ☐ Drug or alcohol abuse
- ☐ Traumatic brain injury
- ☐ HIV/AIDS
- ☐ PTSD
- ☐ Other: _____
- ☐ Refuse

**5 Are you <u>currently</u> being abused or hurt by someone you know? That includes being kicked, hit, shoved, or beat up, threatened with a knife or gun, forced to have sex or being stalked.**

- ○ Yes  ○ No  ○ Refuse

**6. Were you <u>ever</u>, either as a child or adult, abused or hurt by someone you knew? That includes being kicked, hit, shoved, or beat up, or threatened with a knife or gun, or forced to have sex.**

- ○ Yes  ○ No  ○ Refuse

## Section I: Criminal Justice

**1. Have you had interactions with the criminal justice system in the past year including probation, parole, court appearances, arrests, tickets, etc.?**

- ○ Yes  ○ No  ○ Don't know  ○ Refuse

## Section J: Services and Assistance

**1. Are you currently receiving (or have you received in the last year) any of the following forms of income or benefits? (Shade all that apply)**

- ☐ Full time earned income/paycheck
- ☐ Part time earned income/paycheck
- ☐ COVID-19 related assistance including increased unemployment insurance, stimulus checks or rental assistance
- ☐ General Assistance (GA)
- ☐ CalWORKs/TANF
- ☐ Food Stamps/SNAP/WIC/CalFresh
- ☐ Social Security
- ☐ SSI/SSDI/Disability
- ☐ Medi-Cal/Medicare
- ☐ Child support
- ☐ Pension/retirement
- ☐ Any VA Disability Compensation
- ☐ Other Veterans benefits (GI, Health)
- ☐ Not receiving any type of income or benefits currently/in last year
- ☐ Don't know/Not sure if I received any income or benefits
- ☐ Refuse

**2. What barriers, if any, prevent you for using shelter services? (Shade all that apply)**

- ☐ Bugs
- ☐ Can't stay with my friends
- ☐ Can't stay with my partner/family
- ☐ Concerns for personal safety (violence, sexual assault)
- ☐ Curfews
- ☐ Don't accept my gender or sexual orientation
- ☐ Don't know what shelter services are available
- ☐ Don't accept my pet
- ☐ Far away
- ☐ Germs
- ☐ Hours of operation
- ☐ Lack of privacy
- ☐ Not enough staff
- ☐ Can't use alcohol/drugs
- ☐ Nowhere to store my stuff
- ☐ They are full
- ☐ Too crowded
- ☐ Too many rules
- ☐ Refuse
- ☐ Racially unwelcome

Draft

## County of San Luis Obispo Continuum of Care
## Homeless Management Information System (HMIS)
# Inter-Agency Data Sharing Agreement

By signing this Inter-Agency HMIS Data Sharing Agreement,_____ shall be designated a "participating agency" in the County of San Luis Obispo Continuum of Care HMIS. This agency agrees to share select HMIS Universal Data Elements and Program of Enrollment (when authorized to do so by the client) using the County of San Luis Obispo Continuum of Care HMIS (Homeless Management Information System). This agency's client data shall be shared with all "participating agencies" that have a signed *Inter-Agency Data Sharing Agreement* on file with the HMIS Lead, San Luis Obispo County Department of Social Services (DSS).

Each "participating agency" must also complete and comply with the *County of San Luis Obispo Continuum of Care HMIS Participating Agency Agreement, and County of San Luis Obispo Continuum of Care HMIS Policies and Procedures.* Each individual HMIS user must complete and comply with the *HMIS User Agreement*.

**What Client Data is being shared in HMIS:**

- 3.1    Name
- 3.2    Social Security Number
- 3.3    Date of Birth
- 3.4    Race
- 3.5    Ethnicity
- 3.6    Gender
- 3.7    Veteran Status
- 3.8    Disabling Condition
- 3.10   Project Start Date
- 3.11   Project Exit Date
- 3.12   Destination
- 3.15   Relationship to Head of Household
- 3.16   Client Location
- 3.20   Housing Move-In Date
- 3.917  Living Situation

- 4.2    Income and Sources
- 4.3    Non-Cash Benefits
- 4.4    Health Insurance
- 4.5    Physical Disability
- 4.6    Developmental Disability
- 4.7    Chronic Health Condition
- 4.8    HIV/AIDS
- 4.9    Mental Health Problem
- 4.10   Substance Abuse
- 4.11   Domestic Violence
- 4.12   Contact
- 4.13   Date of Engagement
- Enrollment History( Project and Organization name)

**Uses of Shared HMIS Data:**
- Coordinate housing services for families and individuals experiencing or facing a housing crisis in San Luis Obispo County.
- Understand the extent and nature of homelessness in San Luis Obispo County.

- Evaluate performance and progress toward community benchmarks.
- Improve the programs and services available to San Luis Obispo County residents experiencing homelessness or a housing crisis.
- Improve access to services for all San Luis Obispo County homeless and at-risk populations.
- Reduce inefficiencies and duplication of services within our community.
- Ensure that all services are targeted to those most in need, including hard to serve populations.
- Ensure that clients receive the amount and type of services that best fits their needs and preferences.
- Pursue additional resources for ending homelessness.
- Advocate for polices and legislation that will support efforts to end homelessness in San Luis Obispo County.

**Client Protection:**
- Informed consent must be given by clients in order for their information to be shared among participating agencies in the San Luis Obispo County Continuum of Care HMIS.
- Informed consent is valid for (7) seven years from the date the client signed Consent for Release of Information form, unless the client revokes the consent in writing.
- Identifying client information will only be shared among agencies that have signed a data sharing agreement.  At the time of informed consent, and at any point after, the client has a right to see a current list of participating agencies.
- Additional agencies may join the County of San Luis Obispo Continuum of Care HMIS and will be added to the list of participating agencies.  As part of the informed consent process, clients must be informed that additional agencies may also have access to the client's information.
- HMIS users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities.
- Clients may not be denied services based on their choice to withhold their consent.

This agency shall defend, indemnify, and hold all other agencies harmless from any and all claims arising out of another agency's negligent performance of this agreement. Any loss or liability to third parties or agencies resulting from negligent acts, errors, or omissions of a County of San Luis Obispo CoC HMIS "participating agency," while acting within the scope of their authority under this Agreement, shall be borne by that user exclusively.

**Agreed to and signed by the following agency representative:**

_____

          PRINTED NAME AND TITLE               AGENCY NAME

_____

              SIGNATURE                    DATE

# County of San Luis Obispo Continuum of Care (CoC)

Agencies Participating in HMIS Data Sharing
**Updated 1/24/22**

5 Cities Homeless Coalition
Behavioral Health- San Luis Obispo County
Community Action Partnership of San Luis Obispo
Department of Social Services- San Luis Obispo County
El Camino Homeless Organization
Family Care Network
Housing Authority of San Luis Obispo County
Law Enforcement in San Luis Obispo County
Mental Health- San Luis Obispo County
Sheriff's Department- San Luis Obispo County
Supportive Services for Veterans Families
The Salvation Army
Transitional Food and Shelter
Transitions Mental Health Association
Veterans Affairs

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

The County of San Luis Obispo Continuum of Care Homeless Management Information System (HMIS) is an electronic database that securely records information (data) about clients accessing housing and homeless services within San Luis Obispo County. This organization participates in the HMIS database and shares information with other organizations that use this database.  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.  The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members.

**What information is shared in the HMIS Database?**

- Your Name
- Your Date of Birth
- Your Social Security Number
- Your Gender
- Your Ethnicity
- Your Race
- Your Veteran Status
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)

- Your household composition
- Your self-reported medical history (including any physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem or substance abuse)
- Your disability status
- Your health insurance
- Your income and sources; and non-cash benefits
- Any history of domestic violence

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

Your information will be shared with other County of San Luis Obispo Continuum of Care HMIS participating agencies (both public and private) that agree to maintain the security and confidentiality of the information. These organizations may include homeless service providers, housing groups, healthcare providers and any other appropriate service providers. A list of participating agencies within the County of San Luis Obispo Continuum of Care HMIS is available upon request.

**How is your personal information protected?**

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 of federal, state, and local regulations governing confidentiality of client records. Each 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. HMIS data is secured by passwords and encryption technology.

**BY SIGNING THIS FORM, I UNDERSTAND AND AGREE THAT:**

- The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only shared with participating agencies, who have entered into an HMIS Agency Participating Agreement.
- You have the right to receive services, even if you do not sign this consent form.
- You have a right to receive a copy of this consent form.
- You have the right to revoke your consent, in writing, at any time. The revocation will not apply to information that has already been shared or until the provider receives the revocation. Upon receipt of your revocation, we will remove your Personal Protected Information (PPI) from the shared HMIS database.
- This consent and release is valid for seven (7) years after the date of signature below, unless I revoke my consent in writing.
- You have the right to file a grievance with any HMIS participating agency.

**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 dependent children (if any), entered into the HMIS database and shared with other participating organizations as described in this consent form.

| | | |
|---|---|---|
| CLIENT NAME | SIGNATURE OF CLIENT | DATE |

| | | |
|---|---|---|
| SPOUSE NAME | SIGNATURE OF SPOUSE | DATE |

List all dependent children under 18 in household (if any):

| | | |
|---|---|---|
| | | |

☐ I DO NOT WISH TO PARTICPATE IN HAVING MY PERSONAL INFORMATION SHARED IN THE HMIS SYSTEM

| | | |
|---|---|---|
| NAME OF ORGANIZATION STAFF | ORGANIZATION NAME | DATE |

**TO REVOKE CONSENT:**

I, _____ revoke consent as of _____
          SIGNATURE OF CLIENT                                                                          DATE

Organization Staff:_____          Date:_____

County of San Luis Obispo Department of Social Services Website: https://www.slocounty.ca.gov/Departments/Social-Services.aspx