



**HMIS/CEP Committee Special Meeting**

**March 14, 2024**

**1:30 pm to 2:00 pm**

**Housing Conference Room**

**Redding, CA 96001**

**3/14 - 1:30 pm to 2:00 pm**

Zoom link

<https://us06web.zoom.us/j/86147876385?pwd=NIWnhVDkwg63Ql3oQ5UaxAVs60DBLn.1>

**Teleconference locations:**

**Del Norte County Health and Human Services**

**455 K Street**

**Crescent City, CA 95531**

**Sierra County Behavioral Health**

**704 Mill Street**

**Loyalton, CA 96118**

**Teach I.N.C**

**112 E 2nd Street**

**Alturas, CA 96101**

**Lassen County Health and Social Services**

**1410 Chestnut Street**

**Susanville, CA 96130**

**Siskiyou County Behavioral Health**

**2060 Campus Dr.**

**Yreka, CA 96097**

**Plumas County**

**PCIRC**

**591 Main Street**

**Quincy, CA 95971**

**Shasta County**

**3300 Churn Creek Rd.**

**Redding CA 96002**

**HMIS/CEP**

**Committee Members**

**Carol Madison, Chair**

County of Modoc

**Grace Poor, Vice Chair**

County of Lassen

**Cathy Rahmeyer,**

County of Plumas

**Daphne Cortese-Lambert,**

County of Del Norte

**Maddelyn Bryan,**

County of Siskiyou

**Vacant,**

County of Sierra

**Kalie Brisbon,**

County of Shasta



**To Address the Board:** Members of the public may address the Board on any agenda item. Pursuant to the Brown Act (Govt. Code section 54950, et seq.) Board action or discussion cannot be taken on non-agenda matters but the board may briefly respond to statements or questions. You may submit your public comment via email to [norcalcoc@cityofredding.org](mailto:norcalcoc@cityofredding.org) that will be read into the record.

**1. Call to Order/Quorum Established/Introductions**

**2. Public Comments (limited to 3 mins. per comment)**

Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. Speakers will be limited to three minutes.

**3. Action Items**

**I. Review and Approve Update of NorCal CoC HMIS Policies & Procedures**

Review and approve proposed revisions of the NorCal CoC HMIS Policies & Procedures to change the HMIS System Administrator from Shasta County Department of Housing and Community Action Programs to United Way of Northern California and approve all related changes.

Attachment A – Draft NorCal CoC HMIS Policies and Procedures

**II. Review and Approve Update of NorCal CoC Coordinated Entry Policies & Procedures**

Review and approve proposed revisions of the NorCal CoC Coordinated Entry Policies & Procedures to change the Coordinated Entry System Administrator from Shasta County Department of Housing and Community Action Programs to United Way of Northern California and approve all related changes.

Attachment B – Draft NorCal CoC Coordinated Entry Policies and Procedures

**4. Approve scheduling of additional HMIS/CEP meetings.**

**5. Adjournment**

If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. You may contact the City of Redding Housing Division at (530)225-4048 for disability-related modifications or accommodations, including auxiliary aids or services, in order to participate in the public meeting.

Next HMIS Meetings TBD

Next NorCal CoC Executive Board Meeting

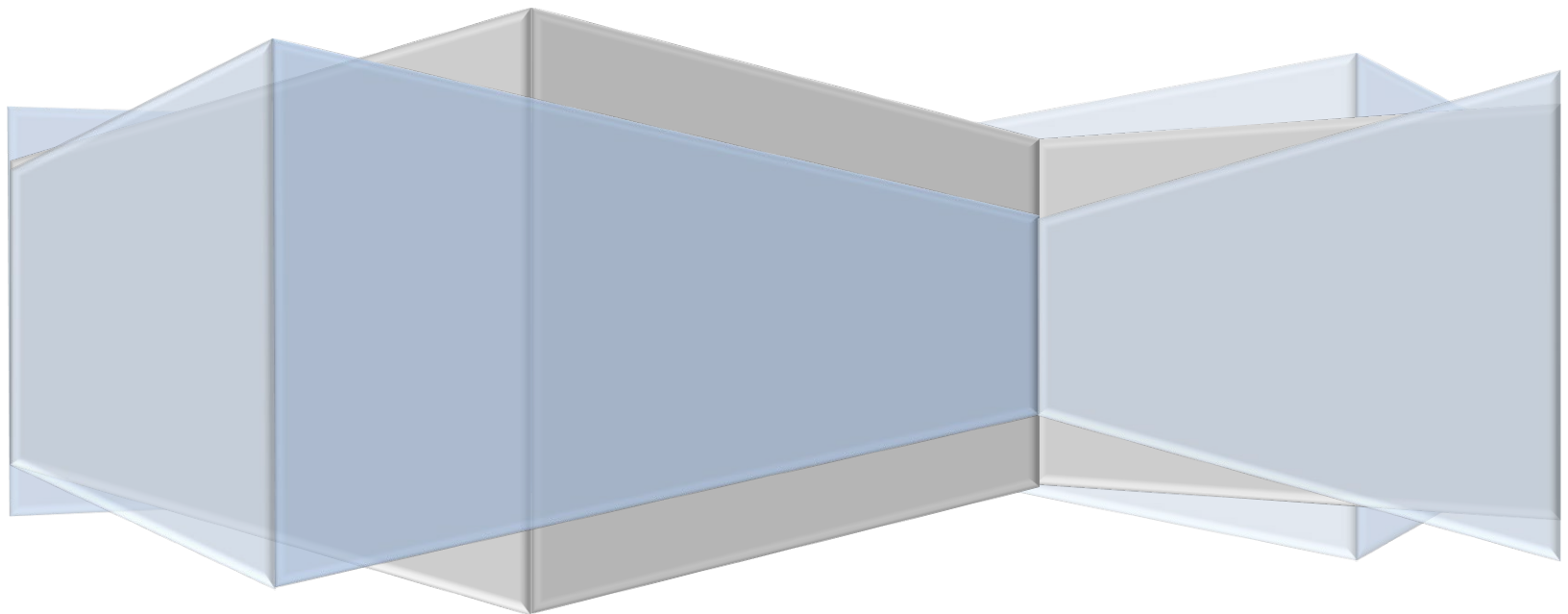
March 21, 2024 1pm – 3pm

Redding City Hall, Housing Conference Room

**NorCal CA 516**  
**Homeless Continuum of Care**

**Homeless Management Information System (HMIS)**  
**Policies & Procedures**

March 2024



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## **1. PROJECT SUMMARY**

### **1.1 Background**

To end homelessness, a community must know the scope of the problem, the characteristics of those who find themselves experiencing homelessness, and understand what is working in their community and what is not. Solid data enables a community to work confidently towards their goals as they measure outputs, outcomes, and impacts.

A Homeless Management Information System (HMIS) is an information system designated by a local Continuum of Care (CoC) to comply with the requirements of CoC Program Interim Rule 24 CFR 578 (07/2012). It is a locally administered data system used to record and analyze client, service and housing data for individuals and families who are experiencing homelessness or at risk of homelessness. HMIS is a valuable resource because of its capacity to integrate and de-duplicate data across projects in a community. Aggregate HMIS data can be used to understand the size, characteristics, and needs of the homeless population at multiple levels: project, system, local, state and national.

HMIS is now used by the federal partners and their respective programs in the effort to end homelessness, which includes:

- U.S. Department of Health and Human Services (HHS)
- U.S. Department of Housing and Urban Development (HUD)
- U.S. Department of Veterans Affairs (VA)

US Department of Housing and Urban Development has released a HMIS Data Standards Manual, (<https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>), which provides communities with baseline data collection requirements developed by each of these federal partners.

These Data Standards are designed for CoCs, HMIS Lead Agencies, HMIS System Administrators, and HMIS Users to help them understand the data elements that are required in HMIS to meet participation and reporting requirements, established by HUD and the federal partners. The latest Data Standards will be followed as released by HUD.

### **1.2 NorCal CA 516 Homeless Continuum of Care**

The NorCal CA 516 Continuum of Care has designated United Way of Northern California (UWNC) to serve as the HMIS System Administrator. In that capacity, UWNC is responsible for the management and development of the NorCal CA 516 HMIS. Agencies with homeless-dedicated programs are highly encouraged to participate in HMIS to support local data collection, service, and planning functions in the NorCal CA 516 jurisdiction. NorCal CA 516 jurisdiction encompasses Del Norte, Lassen, Modoc, Plumas, Shasta, Sierra and Siskiyou Counties.

### **1.3 HMIS Software**

The HMIS provides homeless service providers throughout the region with a collaborative approach to data collection and client management.

The NorCal CA 516 CoC has selected WellSky's Community Services (ServicePoint), a web based HMIS software, to be the HMIS software of record. It empowers human service providers, agencies, coalitions, and communities to manage real-time client and services data. As the HMIS Lead Administrator, UWNC

has contracted directly with WellSky for HMIS software; supports end-users with a help desk; provides ongoing training; and customizes projects including development of project-specific assessments and settings. SCCAA works directly with Participating Agencies to identify needs and requirements for custom reports developed by SCCAA or canned reports made available by WellSky.

## **2. HMIS DEFINITIONS**

**Client:** A living individual about whom a Participating Agency collects or maintains protected personal information: (1) because the individual is receiving, has received, may receive, or has inquired about services; or (2) in order to identify service needs, or to plan or develop appropriate services within the CoC.

**Continuum of Care (CoC):** The group organized to carry out the responsibilities and requirements under 24 CFR part 578 that is composed of representatives of organizations including: nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

**CoC Program:** A program identified by the CoC as part of its services system, whose primary purpose is to meet the specific needs of people who are experiencing a housing crisis.

**Contributory CoC Programs:** A homeless assistance program or homelessness prevention program that contributes Protected Identifying Information or other client-level data to an HMIS.

**Contributory Non-CoC Programs:** A program that is neither a homeless assistance program nor a homelessness prevention program that contributes Protected Identifying Information or other client-level data to an HMIS.

**HMIS System Administrator:** An organization designated by a CoC to operate the CoC's HMIS on its behalf.

**Homeless Management Information System (HMIS):** The information system designated by NorCal CoC CA 516 and Dos Rios CoC CA 523 to comply with the requirements of HUD used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are experiencing homelessness or at risk of homelessness.

**HUD:** United States Department of Housing and Urban Development.

**Administrative Entity:** An agency that the CoC has established to provide guidance to ensure that the duties of the CoC are being met.

**Participating Agency:** An organization that operates a project that contributes data to an HMIS.

**Participating Agency HMIS Lead:** An individual designated by the Participating Agency Executive Director, or other empowered officer, to act as the Participating Agency HMIS Lead.

The Participating Agency HMIS Lead is the liaison between the HMIS System Administrator and the Participating Agency's End Users.

**Participating Agency End User:** An employee, volunteer, affiliate, associate, and any other individual acting on behalf of a Participating Agency, who uses or enters data into HMIS.

**Participating CoC Program:** A contributory CoC Program that makes reasonable efforts to record all the universal data elements and all other required data elements as determined by HUD funding requirements on all clients served.

**Protected Identifying Information (PII):** Information about a Client that can be used to distinguish or trace a Client's identity, either alone or when combined with other personal or identifying information, using methods reasonably likely to be used, which is linkable to the Client.

**Security Officer:** An individual designated at each Participating Agency to be responsible for ensuring compliance with applicable security standards.

**System Administrator:** An individual designated by the HMIS System Administrator to act as the System Administrator. The System Administrator is the liaison between the Participating Agencies and the HMIS System Administrator .

**Victim Services Provider:** A nonprofit or nongovernmental organization including rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs whose primary mission is to provide services to victims/survivors of domestic violence, dating violence, sexual assault, or stalking.

### ***3. CONTINUUM OF CARE STRUCTURE***

NorCal CA 516 Continuum of Care (CoC) is comprised of public and private agencies along with community residents including homeless and formerly homeless individuals. The CoC is designed to assess the need for homeless and affordable housing services; and to develop and recommend a Continuum of Care Plan for the region on behalf of individuals and families at-risk of and experiencing homelessness.



## **4. STANDARDS FOR HMIS GOVERNANCE**

### **4.1 HMIS Committee**

#### **Policy:**

The HMIS/Coordinated Entry Process (CEP) Committee is made up of various members from the community. The NorCal CoC Executive Board will appoint at a minimum (1) committee member from each county and (1) alternate. Committee members are required to attend not less than 75% of scheduled meetings per year. The purpose of these meetings is to establish and enforce HMIS Policies and Procedures; Coordinated Entry Policies and Procedures assist in the planning of all point-in-time counts; review all participating agencies' compliance reports, review all requests for changes to the policies; and plan/participate in compliance monitoring. The HMIS Committee is actively involved in furthering CoC goals.

#### **Description:**

To ensure every Participating Agency is compliant with HUD and County mandated Policies and Procedures, it is necessary for each county in the Continuum of Care to be involved in the formulation of these Policies and Procedures. These meetings will give Participating Agencies the opportunity to voice their concerns as well as determine what and how the policies are written and enforced.

#### **Procedures:**

- The HMIS System Administrator will host, moderate, and determine where each quarterly meeting will take place.
- The HMIS System Administrator will post agendas 72 hours prior to the meeting and conduct the meeting in accordance with the Brown Act.
- Members wishing to add items to agendas can do so by emailing their requests at least one week prior to the meeting date to: [HMIS@NorCalUnitedWay.org](mailto:HMIS@NorCalUnitedWay.org).
- Changes and additions to the policy manual require Committee approval. All requests for changes must be submitted on a Request for Policy Change or Addition Form (Appendix D) in order to be considered by the Committee.
- The HMIS System Administrator will distribute minutes of each meeting 72 hours before the next scheduled HMIS Committee Meeting.

#### **Best Practice:**

- Participating Agencies are strongly encouraged to suggest topics that they feel should be discussed.
- Participating Agencies are encouraged to share their ideas and best practices that they feel others in the community would benefit from as well.

### **4.2 Requests for Policy Addition, Deletion, or Change**

#### **Policy:**

All requests for changes to the Policies & Procedures Manual must be made in writing and will be tracked by the HMIS System Administrator. Requests received will be reviewed by the HMIS Committee prior to being changed in the Policies and Procedures

**Description:**

All requests for changes to this Policies and Procedures Manual must be submitted in writing in order to be reviewed at the quarterly HMIS/CE Committee Meetings. All NorCal CA 516 CoC members are welcome to submit requests. Submitting a request does not guarantee approval of the request.

**Procedure:**

- Complete an HMIS Request for Policy Addition, Deletion, or Change (Appendix D) form and submit it to the HMIS System Administrator.

**By mail:**

United Way of Northern California  
Attn: HMIS System Administrator  
3300 Churn Creek Road  
Redding, CA 96002

**By Phone:**

(530) 241-7521  
Attn: HMIS System Administrator

**By email:**

HMIS@NorCalUnitedWay.org

- HMIS System Administrator will present changes to HMIS Committee for discussion and recommended action, which may include approval, denial, or other appropriate, reasonable determinations.
- Approved requests will be amended in this Policies and Procedures Manual and uploaded to the City of Redding's website under the NorCal Continuum of Care within 7 business days following approval.

**4.3 Mandated Additions, Deletions, or Changes****Policy:**

All legislative, regulatory, or other legal authority changes to the Policies & Procedures Manual must be implemented within the time frame established by HUD.

**Description:**

Changes that are mandated by HUD will be implemented by the HMIS System Administrator in the designated time frame according to the HUD requirements.

**Procedure:**

- Upon notice from HUD of regulatory changes, the HMIS System Administrator will send out written notice to each Participating Agency.
- At the next scheduled HMIS Committee Meeting, the HMIS System Administrator will present any HUD mandated changes.
- All changes will be implemented within the time frame established by HUD and a new Policies and Procedures Manual will be published on the City of Redding's website under the NorCal Continuum of Care.

## **5. HMIS DATA QUALITY STANDARDS**

### **5.1 Applicability, Purpose and Goals**

The Data Quality Standards ensure the completeness, accuracy, and consistency of the data in HMIS. The Data Quality Standards and Management encompass the Data Quality Plan, Data Accuracy, Data Completeness, and Data Timeliness Benchmarks, Data Quality Reports and correction of data when necessary.

#### **5.1.1 Data Quality Plan**

##### **Policy:**

The HMIS System Administrator will implement this Data Quality Plan to ensure consistent data collection and data quality across all Participating Agencies.

##### **Description:**

At minimum the Data Quality Plan must include the following elements:

- Identify the responsibilities of all parties in the CoC (Executive and Advisory Boards, HMIS System Administrator, Participating Agencies, and Participating Agency End Users) with respect to achieving good quality HMIS data.
- Benchmarks for data timelessness, data accuracy, and data completeness.

#### **5.1.2 Monitoring**

##### **Policy:**

The HMIS System Administrator will monitor the overall data quality entered by individual Participating Agencies.

##### **Description:**

Specifically, the HMIS System Administrator will:

- Utilize the Data Quality Report and the Data Quality Detail Report to monitor data quality for each Participating Agency.
- Review monthly program level information for each Participating Agency identifying data quality weaknesses and recommending solutions for issues that need to be addressed.
- Provide regular feedback to individual Participating Agencies to ensure problems are addressed.
- If after receiving technical assistance and assistance of the user's program manager, a licensed user who continues to have persistent data quality errors, access to the HMIS system will be deactivated until such time that the user attends additional training and/or technical assistance. The HMIS Administrator will notify the participating agency that the user will be deactivated.
- Monitor the updating of Client data that has been identified as non-compliant with the Data Quality Plan.

## **5.2 Data Quality Benchmarks**

### **5.2.1 Data Accuracy Benchmarks**

**Policy:**

To qualify as “participating in the HMIS,” all Participating Agencies must meet the data quality benchmarks as described in the Data Quality Plan.

**Description:**

Client information entered must be valid and accurately represent information provided to End User. Every Participating Agency must enter data on Clients in the same way over time, regardless of which staff person is entering the data.

**Procedure:**

To determine the accuracy of information, Participating Agencies must regularly conduct data quality checks.

### **5.2.2 Data Completeness Benchmarks**

**Description:**

All data entered should be complete. Partially complete or missing data can negatively affect the quality of data. Missing data could mean the client does not receive the services that could help them become permanently housed and end their homelessness.

**Procedure:**

The Participating Agency HMIS Lead should check the completeness of the data entered by Participating Agency End Users within their agency.

**Required Benchmark:**

100% of all HUD funded homeless assistance programs (excluding Victim Services Provider programs) must participate. The Data Quality Benchmark for participating projects is to maintain an overall average of 95% score from the Data Completeness Report for the agency.

### **5.2.3 Data Timeliness Benchmarks**

#### **Description:**

To be most useful for reporting, the most up-to-date information possible on Clients must be included.

#### **Procedure:**

Client information must be entered by Participating Agencies within 5 business or 7 calendar days of the event (Intake/enrollment, service delivery, or exit). Every Participating Agency must update Client information at exit and/or at annual assessment, per the requirements relative to each Universal and Program Specific Data Element.

### **5.3 Data Completeness Required Reports**

The overall standards for HMIS software are presented in the Homeless Management Information System (HMIS) Data and Technical Standards Final Notice as published by HUD (Vol. 69, No. 146, July 30, 2004). Copies are available upon request.

#### **Description**

This report calculates the percentage of required Client-level data elements with null or missing values divided by the total number of Client records. The report will also calculate the number of useable values (all values excluding “Don’t know” and “Refused” responses) in each required field over any desired time period (e.g., last month, last year). The report can be generated for each of the Participating Agencies’ programs. The program level reports will cover all applicable Universal and Program Specific Data Elements Percentages will be based on the universe of client records for which the data element is required. For example, percent (%) null for veterans = number of clients with no veteran status recorded/number of adults.

### **5.4 Reduce Duplications in HMIS for Every Participating Agency**

#### **Policy:**

To reduce the duplication of Client records, Participating Agency HMIS End Users should always search for the Client before creating a new Client record.

#### **Description:**

The burden of not creating duplicate records falls on each Participating Agency End User. The HMIS does not prevent the creation of duplicate Client records; therefore, it is up to each HMIS End User to ensure every Client is first searched for and if not found, added. If matches are found, the Participating Agency End User must determine if any of the records found match the Client for which they are entering data.

**Procedures:**

- When an End User is collecting data, the End User will first attempt to locate the Client by searching for them by first name, if not found, then, by last name; and if not found, a search by social security number (SSN) only.
- If no matches are found for the Client, the HMIS End User will continue to add the basic Universal Data Elements.

**Best Practices:**

The HMIS End User should perform more than one type of search when attempting to find an existing record. Clients often do not use the exact same name that was previously entered.

- Using a field other than “name” tends to be more accurate and not open for interpretation

## 5.5 Data Quality and Correction

**Policy:**

The Participating Agency HMIS Lead is required to run the Data Quality Report for each of the Participating Agency’s programs and respond to the HMIS System Administrator’s request for data clean-up.

**Procedures:**

- Based on the Data Reporting Schedule, the HMIS System Administrator will review the quality of each Participating Agency’s data.
- Participating Agency HMIS Leads are required to run the required reports and work with the HMIS System Administrator to rectify any shortfalls on data quality within the outlined time frame on the Data Reporting Schedule.

## **6. PRIVACY STANDARDS**

### **6.1 Policies and Applications**

The HMIS System Administrator will provide to all Participating Agencies, and make otherwise publicly available to anyone upon request, notices that:

- Describe its role in the processing of Personally Identifiable Information obtained from Participating Agencies.
- Describe accountability measures for meeting applicable privacy and security obligations.
- Inform clients how to pursue their privacy rights with Participating Agencies.

#### **6.1.1 Privacy Policy and Mandatory Collection Notice**

##### **Policy:**

All Participating Agency End Users must have a sign posted at their workstation or wherever data is collected that describes how information about the client may be used and disclosed and how the client can get access to their information.

##### **Description:**

The Mandatory Collection Notice (Appendix C) must be posted at each workstation, desk, or area used for HMIS data collection. The HMIS Privacy Policy (Appendix B) is a document describing a client's data rights in relation to HMIS.

##### **Procedures:**

- Post the HMIS Mandatory Collection Notice at each workstation, desk, or area used for HMIS data collection.
- Upon request by a client, the HMIS Privacy Policy shall be provided.

##### **Best Practice:**

A Participating Agency could also post the HMIS Mandatory Collection Notice in a waiting room, an intake line, or another area where clients congregate before intake occurs. This will give clients another opportunity to read the notice before receiving services.

#### **6.1.2 Informed Consent Process**

##### **Policy:**

All clients must go through the Informed Consent Process.

##### **Procedure:**

Once a client has been determined eligible for services at a Participating Agency, a Participating Agency End User must verbally explain the use and benefits of HMIS using the Client Consent Form as a guide.

It is the responsibility of the user who is conducting the intake interview to determine if a current Release of Information is uploaded into the system.

**Best Practice:**

It is recommended that End Users go through the Informed Consent Process consistently with each client.

**6.1.3 HMIS Client Consent Form – Release of Information (ROI)****Policy:**

All clients' HMIS Client Consent forms must be stored securely for a minimum of three years from date signed.

**Procedures:**

- The Client Consent Form – Release of Information (ROI) (Appendix A) is valid for three years from the date signed by Client. Therefore, for auditing purposes, it is important to keep the signed HMIS Client Consent form (ROI) for at least that length of time, unless the form is uploaded to HMIS.
- Client Consent forms (ROI) must be kept securely in accordance with standard confidentiality and privacy practices (e.g. locked away in a file cabinet and not accessible without authorization).
- If a Participating Agency does not currently keep client files, they must establish a file system to maintain Client Consent forms (ROI).
- If a Participating Agency chooses to upload each Client Consent form (ROI) into HMIS (preferred method), each Client Consent form (ROI) may be shredded.

**Best Practices:**

It is recommended that Participating Agencies keep the Client Consent form (ROI) in their current client file with the other information being collected and maintained. It will be easier to locate their information in this manner rather than creating a separate file for HMIS.

**Policy:**

Participating Agencies will give clients a copy of the HMIS Client Consent form- Release of Information (ROI).

**Procedures:**

- The Client Consent form (ROI) details the client's rights in HMIS data collection. This information is particularly important to those clients that agree to participate in HMIS.
- At the client's request, the Participating Agency End User should make a copy of the Client Consent form (ROI) and give it to the client.

**Best Practice:**

Participating Agencies should provide clients with a photocopy of the Client Consent form-Release of Information (ROI), so that the client has a record of their HMIS participation decision.



**Policy:**

If an end user determines that the client is unable to give consent, the end user will seek guidance from the program manager or the HMIS Administrator.

**Procedures:**

- The industry-wide best practice is to presume that all clients are competent, unless there is a known court ordering stating otherwise.
- If there is a known, current, and valid court order stating the individual is not competent, then it is not possible for that individual to provide a Client Consent Form. In this case, the HMIS End Users should mark down “DO NOT ENTER MY INFORMATION” and sign as the Participating Agency witness.

**Policy:**

The data in HMIS is owned by the NorCal CoC or the client owns their own personal data.

**Procedures:**

- If an outside entity wants aggregated data from the NorCal CoC HMIS database, a proposal that includes the intent and the audience for which the data will be presented must be submitted for approval by the NorCal CoC Executive Board.

**Policy:**

Clients **do not** have to participate and/or share their information in HMIS to be served by the program.

**Procedures:**

- A number of clients may choose not to participate and/or share their information in HMIS; however, it is important for reporting purposes that these individuals are still counted.
- To account for the overall services rendered by a Participating Agency, each Participating Agency must keep track of how many clients did not participate in HMIS.

**Policy:**

Participating Agencies **cannot** deny services to an individual solely on the basis of the individual deciding not to participate and/or share their information in HMIS.

**Procedure:**

- Participating Agencies must determine if an individual will or will not receive services before the individual goes through the Informed Consent process.

## 6.2 Revoking Authorization for HMIS Data Collection

### Policy:

Clients who initially agree to participate and/or share their information in HMIS have the right to rescind their permission for data collection.

### Procedures:

- In order to rescind his or her permission to participate and/or share information in HMIS, a client must request and complete the Revocation Form (Appendix F).
- The Participating Agency will file the completed Revocation Form with the client's previously signed Client Consent Form.
- The Participating Agency will promptly contact the HMIS System Administrator to request that the client's record visibility settings be restricted and not shared.

### Best Practices:

If a client comes into a Participating Agency that never provided services to the client and requests a Revocation Form, the Participating Agency shall collect the completed Revocation Form and forward form to the HMIS System Administrator.

## 6.3 Client's Access to Their Information

### Policy:

Clients have the right to a copy of their Universal and Program Specific data contained within HMIS.

### Procedures:

- Clients may request a copy of their information contained within HMIS.
- Upon request of the client, Participating Agencies are required to provide a printout from HMIS of the Universal and Program Specific Data Elements.
- Participating Agencies are not required to print out any additional information, although it is optional and allowed.

### Best Practices:

- Case management notes are typically not shared with the client. However, consider providing the client related information such as their goals, outcomes, referrals, and services provided.
- If utilizing paper forms, with data entry occurring later, consider making a photocopy of the paper forms for the client if they request a copy.
- If entering data directly, without utilizing paper forms, consider automatically printing a copy of the information for the client.

## 6.4 Client Grievance Process

### Policy:

Clients have the right to file a Grievance Form regarding potential violation of their privacy rights as it pertains to HMIS participation.

**Procedures:**

- A client must request the Client HMIS Grievance Form (Appendix G) from the Participating Agency.
- The client may choose to submit the completed form to the Participating Agency, OR the client may submit the form directly to the HMIS System Administrator .
- If the Participating Agency receives a completed Grievance Form, they must submit it to the HMIS System Administrator by the end of the next business day.
- The HMIS System Administrator will review the grievance, research the nature of the complaint, and will respond to the grievant within 30 days.

**Policy:**

No punishment will be taken by the HMIS Committee against a client if a client files a grievance.

**Procedure:**

- The Participating Agency named in the grievance, the HMIS System Administrator , and other Participating Agencies will not refuse or reduce services to the client because of a grievance.
- If a client reports retaliation because of filing a grievance, the HMIS Committee will conduct an investigation.

## **6.5 Electronic Sharing of Client Data**

**Policy:**

HMIS has the ability to allow client information sharing between Participating Agencies. Client data may be shared if: 1) it is explicitly authorized by the client on the Release of Information form and 2) an Inter-Agency Data Sharing Agreement has been executed by the Participating Agency.

**Description:**

While coordinating services, it is important to keep the Client's identity confidential unless the Client expressly permits their information to be shared by signing a Client Consent Form-Release of Information (ROI) and the Participating Agency has signed an Inter-Agency Data Sharing Agreement (Appendix E).

**Procedures:**

- End Users will keep client data confidential at all times and will obtain client permission to disclose Personally Identifiable Information only when necessary or otherwise required by law or court order.
- Electronic data sharing between Participating Agencies will be enabled with client consent.

## **7. SECURITY STANDARDS**

Through a set of administrative, physical and technical safeguards, the security standards are to: (1) ensure the confidentiality, integrity, and availability of all HMIS information; (2) protect against any reasonably anticipated threats or hazards to security; and (3) ensure compliance by Participating Agency End Users.

### **7.1 Security Management**

**Policy:**

The HMIS System Administrator will update and maintain the Security Plan as directed

#### **7.1.1 Security Plan**

The Security Plan is attached to these guidelines as Appendix L.

### **7.2 Workstation Security Procedures**

Most security breaches are due to human error rather than systematic issues. To keep the application and data secure, Participating Agency End Users must implement security measures.

**Policy:**

Participating Agency End Users' computer screens should be placed where those not authorized to view confidential data are unable to see the contents of the screen.

**Description:**

The placement of the monitor can play a role in establishing security at the Participating Agency. Participating Agency End Users will position the monitor in a way that it is difficult for others to see the screen.

**Best Practice:**

Participating Agencies must determine the best location for computer monitors to prohibit unauthorized viewing of the computer screen. Another option is to utilize a privacy filter for the monitor.

**Policy:**

Do not write down usernames and/or passwords and store them in an unsecured manner.

**Description:**

Do not post HMIS username or password information under keyboards, on monitors, or within public view. This type of behavior can lead to large security breaches. Passwords and usernames that are written down must be secured in a locked drawer.

**Policy:**

Do not ever share login information with anybody (including Participating Agency HMIS Lead or HMIS System Administrator).

**Description:**

If someone is having trouble accessing HMIS, direct them to contact the Participating Agency HMIS Lead or call or send an e-mail to the HMIS System Administrator. Sharing usernames and passwords or logging on for someone else is a serious security violation of the HMIS End User Agreement (Appendix H). Participating Agency End Users are responsible for all actions taken in the system utilizing their logons. With the auditing and logging mechanisms within HMIS, any changes made, or actions taken will be tracked back to that login.

**Policy:**

When the Participating Agency End User is away from their computer, the Participating Agency End User must log out of HMIS or lockdown the workstation.

**Description:**

Stepping away from the computer while logged into HMIS can lead to a serious security breach. Although there are timeouts in place to catch inactivity built into the software, it does not take effect immediately. Therefore, anytime the Participating Agency End User leaves their computer, one of two actions must be completed. The Participating Agency End User can lock down the workstation or log out of HMIS.

### 7.3 HMIS Software Application – Level Security

Within the HMIS software itself, there are additional layers of security. This makes the system harder to access without appropriate permissions. These security features include:

- There is a SSL encryption of the connection between a Participating Agency End User's computer and the HMIS application. Advanced Encryption Standard, 256-bit, is the method in which the data is encrypted.
- Firewalls are in place on all servers hosted by WellSky. WellSky utilizes an industry standard Intrusion Detection System to pinpoint unauthorized attempts at accessing its network and to shield the customer's data in the event of such an attempt.
- Participating Agency End Users are organized into visibility groups. The groups are given specific permissions on what they can access.
- A Participating Agency End User's connection to the HMIS application will automatically close down after a period of inactivity.
- There are logging and auditing systems in the background recording each Participating Agency End User's activities in adding, viewing, and editing information.

## 7.4 Security Review

### Policy:

The HMIS System Administrator must complete an annual security review to ensure the implementation of the security requirements by Participating Agencies and the HMIS System Administrator, itself. This security review will include the completion of a security checklist ensuring that each of the security standards is implemented in accordance with the HMIS security plan.

### Description:

Each Participating Agency is given, at time of training, suggestions for providing a secure environment for their clients and Participating Agency End Users who utilize HMIS. Once a year, a security review is conducted at each Participating Agency's location. The following areas of security will be examined and documented:

- Physical and Environmental Security
- PC location out of public area
- Printer location
- PC access
- Personnel Security
- Passwords
- Signed Agreements
- Number of authorized users

### Procedures:

- The security review may be carried out by 3 different methods: (1) A Peer Review i.e. one agency reviewing another agency; (2) A Committee Member from another participating agency; or (3) HMIS/CEP Committee designee.
- The HMIS System Administrator or a designee will notify the Participating Agency's Executive Director and/or Participating Agency HMIS Lead of an upcoming review.
- A report with the results of the security review will be submitted to the Participating Agency's Executive Director and the HMIS/CEP Committee. A copy will be filed at the HMIS System Administrator's office.
- Any deficiencies in practices or security must be resolved immediately. A follow-up review will be conducted to ensure that the changes have taken effect.

### Policy:

Participating Agencies are required to immediately resolve any issues discovered during a security review.

### Description:

Within 30 days of the Participating Agency security review report, the Participating Agency must provide a written response. The response will be reviewed by the HMIS Committee for clearance and compliance with these Policies and Procedures.

## 8. HMIS IMPLEMENTATION

### 8.1 HMIS Software Solution

The NorCal CA 516 has selected “Community Services (formerly ServicePoint)”, a web based HMIS software owned by WellSky to be the HMIS software of record. It empowers human service providers, agencies, coalitions, and communities to manage real-time client and services data. The City of Redding as the Administrative Entity for the NorCal CoC (Administrative Entity) will contract directly with WellSky for this software and supports end-users with a help desk, ongoing training, and project customization including development of project-specific assessments and settings.

### 8.2 Technology Requirements

#### Policy:

All computers authorized to access Community Services must meet the minimum requirements as established in this manual.

#### Procedures:

All computers that will access Community Services (ServicePoint) on behalf of the Participating Agency must meet these minimum requirements; this includes Participating Agency's on-site desktops and laptops. **Accessing Community Services (ServicePoint) from home is never allowed due to security breaches.** It is difficult to ensure that a computer in the home meets the technical standards and that Participating Agency End Users are abiding by the same privacy, confidentiality, and security procedures as they would in the office. Unauthorized individuals (spouses, children, and relatives) could gain access to Community Services (ServicePoint) in a home environment more easily than in an office environment.

Participating Agencies must ensure that their computers meet the following standards:

#### **Supported Browser Brands**

Apple Safari
Google Chrome
Microsoft Edge
Microsoft Internet Explorer 11

#### **Java**

Required	Recommended
Any version of Java	Recent version of Java

#### **Mobile Devices**

Apple iPad with latest version of IOS
---------------------------------------

#### **Operating Systems**

All operating systems used by Participating Agencies must receive support from Microsoft or Apple with regular updates to current operating system. For Microsoft life cycle policy, please find your operating system here: <https://support.microsoft.com/en-us/lifecycle/selectindex>.

## **Best Practices:**

Participating Agencies should consider these recommendations in preparation for fully utilizing all the capabilities within Community Services (ServicePoint) as well as incorporating standard industry practices:

- Operating system version: Each computer should be on a currently supported version of an operating system (e.g. Windows XP, Windows Vista, Windows 7, Windows 8, or Mac O/S 10.3 or higher).
- Operating system updates: Each computer accessing Community Services (ServicePoint) should be current in applying all of the available critical security patches. Patches should be installed within 24 hours of notification of availability.
- Current anti-virus software and firewall should be present and active.
- Anti-Spyware software: For a computer or network, anti-spyware software should be present, active, and with current definitions.
- Secure internet connection: Ideally each computer should have access to at least a DSL/Broadband high-speed line instead of dial-up connection. This will result in a much-improved experience over connecting with dial-up speeds.
- Standard office software: To use downloaded data from Community Services software that can interpret comma-delimited files, such as spreadsheet, word processing, or database software (such as Microsoft's Excel, Word, and Access) should be present. There are a number of options. It is not a requirement that this software is installed since it is not required to enter HMIS data.

## **8.3 Inter-Agency Data Sharing Agreement**

### **Policy:**

To systematically share data, the Participating Agencies will jointly establish a data sharing network formalized by the execution of an HMIS Inter-Agency Data Sharing Agreement. (Appendix E).

### **Description:**

The Inter-Agency Data Sharing Agreement is a contract between the Participating Agencies who agree to share information in HMIS. The agreement outlines specific requirements on confidentiality, data entry, responsibilities, security, reporting, and other items deemed necessary for proper HMIS operation and compliance.

### **Procedures:**

- An authorized representative of the Participating Agency will sign the Inter-Agency Data Sharing Agreement. Each will maintain a copy for their files.
- The original will be filed at the Administrative Entity.

## **8.4 End User Agreements**

### **Policy:**

An End User Agreement (Appendix H) must be signed and kept for all Participating Agency's personnel or volunteers that will collect, use or view data on behalf of the Participating Agency.



**Description:**

The HMIS End User Agreement is an agreement between the HMIS System Administrator and a Participating Agency's employees, contractors, or volunteers who are authorized to collect and/or enter data.

**Procedures:**

- Before a Participating Agency End User begins collecting data, the Participating Agency End User and their program manager must sign an HMIS End User Agreement.
- The HMIS System Administrator must retain the signed HMIS End User Agreement until seven years after user access is terminated.
- The Participating Agency must ensure that each Participating Agency End User has been trained by the HMIS System Administrator.
- All end user accounts are subject to a 90-day activity review. If an end user does not login to HMIS within a 90-day period, their access will be deactivated. This access can be reactivated by the Agency's HMIS Lead emailing the HMIS Administrator: [HMIS@NorCalUnitedWay.org](mailto:HMIS@NorCalUnitedWay.org). The request must include the user's information and the reason as to why the end user had not logged into ServicePoint within the prior 90 days and why the user still needs access. All end users that have been deactivated for 6 months or more must attend additional training.

**8.4.1 Removing Authorized Personnel****Policy:**

The HMIS System Administrator must be notified as soon as possible, but no later than 3 business days when a Participating Agency End User is no longer authorized to access HMIS.

**Procedures:**

- Within 3 business days of revoking a Participating Agency's End User's authorization, the Participating Agency will contact the System Administrator via email [HMIS@NorCalUnitedWay.org](mailto:HMIS@NorCalUnitedWay.org).
- The Participating Agency will email the System Administrator at the above email address or fax it to 530-225-5178.
- Upon receipt of the User Account Request Form, the HMIS System Administrator will immediately deactivate and/or delete the Participating Agency End User's account.

**8.5 HMIS Licensing****Policy:**

To participate in HMIS, the Participating Agency must obtain a username for each Participating Agency End User.

**Description:**

To participate in HMIS, each Participating Agency must have a minimum of one Community Services (ServicePoint) license allowing for one Participating Agency End User.

**Procedure:**

- When new agencies are requesting participation, a site visit may be scheduled, and all policy and security requirements will be evaluated by the HMIS System Administrator .

## **8.6 Designate Participating Agency HMIS Lead**

**Policy:**

All Participating Agencies must designate a Participating Agency HMIS Lead.

**Description:**

The Participating Agency must designate an individual to act as their Participating Agency HMIS Lead.

The Participating Agency HMIS Lead role possesses different responsibilities than a typical Participating Agency End User. The Participating Agency HMIS Lead will:

- Act as the first tier of support for Participating Agency End Users.
- Act as the main point of contact for HMIS System Administrator for HMIS related issues.
- Ensure compliance with these Policies and Procedures.
- Post the Mandatory Collection Notice.
- Assist Participating Agency End Users with technical assistance and monitoring.
- **Be a member of and attend HMIS/CE Committee meetings.**
- Request Participating Agency End User additions and deletions as appropriate.
- Request training and/or technical assistance.
- Run the required Reports for each of the Participating Agency's programs based on the reporting schedule and respond to the HMIS System Administrator's request for data clean-up.

**Procedures:**

The Participating Agency's HMIS Lead is designated as an oversight person and has the overall responsibility for meeting the requirements of these Policies and Procedures.

## **8.7 Participating Agency Profile in HMIS**

**Policy:**

Participating Agencies are not able to enter Client data until their profile is set up in Community Services (ServicePoint)

**Description:**

Within HMIS, each Participating Agency will have an organizational profile that contains the programs and services the Participating Agency offers. The HMIS Administrator will work with each Participating Agency individually to design their profiles.

**Procedures:**

- The Participating Agency HMIS Lead will work with the HMIS System Administrator to complete the agency profile set up.
- The HMIS System Administrator will work with the Participating Agency HMIS Lead to ensure that the profiles are organized in a way that is useful for the Participating Agency, consistent with standard practices, and meets reporting needs.

## **8.8 Designating Participating Agency End Users**

**Policy:**

Any individual working on behalf of the Participating Agency (ex: employee, contractor, and/or volunteer), who will collect information for HMIS purposes must be designated as a Participating Agency End User; and therefore is subject to these Policies and Procedures.

**Description:**

Anyone who collects HMIS data (electronic or paper) or creates reports from Community Services (ServicePoint) must be designated as a Participating Agency End User. Due to client privacy, confidentiality, and security procedures, all Participating Agency End Users must follow the standards and procedures set forth for security and confidentiality. Participating Agency End Users who have not had the proper training will not be equipped to respond to Clients' questions on consent, revocation, intake forms, and other aspects. An individual, who is designated as a Participating Agency End User, but that does not work within Community Services (ServicePoint), is still required to take the Policies and Procedures training class. Individuals who do work within Community Services (ServicePoint) will take this class, as well as specific training on Community Services (ServicePoint).

**Procedures:**

- After an individual is identified as a Participating Agency End User, the Participating Agency HMIS Lead must sign the End User Agreement Form for submission to the HMIS System Administrator.
- The individual is required to complete the appropriate user training as determined by the HMIS System Administrator and/or the project supervisor.

## **9. DATA COLLECTION & REPORTING**

### **9.1 On Whom to Collect Data**

#### **Policy:**

Participating Agencies are required to attempt data collection with individuals who are experiencing homelessness or are at risk of experiencing homelessness and who are receiving services

#### **Procedures:**

- For HMIS purposes, HUD's minimum standards require that individuals who are experiencing homelessness or are at risk of experiencing homelessness and receive services from a Participating Agency must be approached for data collection. Therefore, during the intake process it is important to identify these persons.
- Once these persons are identified, they must go through the Informed Consent Process, which is an oral explanation of HMIS and its benefits, as well as the Client's rights in regard to HMIS.
- Information must be collected separately for each family member, rather than collecting data for the family as a whole.

#### **Best Practices:**

- Participating Agencies should also collect HMIS data for individuals or families at risk of homelessness but who are receiving services from the Participating Agency. One of the greatest benefits of HMIS to a Participating Agency is the ability to create reports describing its clients' characteristics, outcomes of the services they receive, and general agency operating information. Entering HMIS data only for persons experiencing homelessness will give the Participating Agency a partial picture. By including both persons already experiencing homelessness and persons at risk of homelessness, Participating Agencies will be able to generate reports that wholly describe their operations.
- Participating Agencies should collect data on individuals or families experiencing homelessness that make contact with the Participating Agency. Enrolling those individuals in Coordinated Entry allows HMIS Participating Agencies the ability to count the persons that attempt to enroll in programs/services, even though they may not actually end up receiving those services. The Participating Agency will be able to create reports about the characteristics of these individuals and use this information for a number of reasons. The Participating Agency could use this data to determine if they are being improperly referred or to quantify the additional need for funding.

### **9.2 Using Paper-based Data Collection Forms**

#### **Policy:**

Participating Agencies may choose to collect client data on paper for later data entry or for assistance in data entry. Participating Agencies must use the HMIS Intake Form (Appendix I) provided by the System Administrator .

**Description:**

Each Participating Agency will incorporate HMIS into its own operating processes. Some Participating Agencies will prefer to interview clients and simultaneously enter their information directly into the computer. Other Participating Agencies will find it easier to collect information on paper first, and then have someone enter the data later into the HMIS. HMIS paper-based forms that enable collection of the Universal, and Program Specific Data Standards are available. Participating Agencies should use:

- Adult Intake form (Appendix I)
- Minor Intake Form (Appendix J)
- Interim/Exit Form (Appendix K)
- Client Consent Form - Release of Information (ROI) (Appendix A)

During the HMIS training, Participating Agency End Users will learn how to use these forms to fulfill their data collection obligations.

**Procedures:**

- Participating Agencies may utilize paper-based forms for initial data collection.
- Participating Agency End Users will have 5 business days or 7 calendar days from the point of the event (intake/enrollment, service delivery, or exit) to enter the data.
- Standard forms provided by the HMIS System Administrator to capture Universal and Program Specific data shall be used by Participating Agencies using paper-based forms for data collection.

**9.3 Client Intake: Completing Required Fields in HMIS****Policy:**

During client intake, Participating Agency End Users must complete the Universal and Program Specific fields as required for all clients.

**Description:**

All Participating Agencies are required to complete the Universal fields regardless of funding sources. Participating Agencies that receive homeless assistance grant funds from HUD and the CoC are required to complete the Program Specific fields.

**Procedures:**

- To complete the Universal fields for intake, Participating Agency End Users will follow the workflow that is set up for their program.
- To complete the Program Specific required fields, Participating Agency End Users will follow the workflow that is set up for their program.

**Best Practice:**

Participating Agency End Users should be aware of their Participating Agency's data requirements and internal standards. Participating Agencies may decide to collect additional pieces of information beyond the Universal and Program Specific fields. Such additional data needed for the Participating Agency's own operations and/or funding

sources can be entered into HMIS. The Participating Agency will contact the HMIS Administrator to discuss the additional data requirements that need to be collected.

## **9.5 Client Discharge: Exiting Clients from Programs**

### **Policy:**

During discharge or program exit, Participating Agency End Users must complete the Universal and Program Specific required fields for all clients within 5 business days or 7 calendar days.

### **Description:**

During client discharge from a program, there are additional data collection requirements.

### **Procedures:**

- Participating Agency End Users must complete the Universal and Program Specific required fields for discharge.
- To complete the Program Specific required fields, End Users must go to the *Client Program Close, Program Exit, Special Needs at Exit, Income at Exit, Income at Exit Summary and Outcomes* screens and respond to the fields marked required.
- If a Participating Agency collects data on paper-based data forms, the Exit form (Appendix K) shall be used.

## 10. TRAINING & TECHNICAL ASSISTANCE

### 10.1 End User Training

#### Policy:

Participating Agency End Users are required to complete new user training before access to HMIS is given.

#### Description:

The following training, at a minimum, will be provided quarterly:

Training		
Course Description	Course Detail	Required
HMIS Part 1	Policies and Procedures, review of HMIS Data and Technical Standards, Privacy and Mandatory Collection Notices and Consents, navigating HMIS	All new Participating Agency end-users
HMIS Part 2	Policies and Procedures, Setting Up Households, Household Data Sharing, Interim/Annual Updates, Exits and Referrals	All new Participating Agency end users
HMIS Refresher	Review of navigating HMIS, review of HMIS Data and Technical Standards, Review of Privacy, Security and Policies and Procedures	All existing Participating Agency end-users, annually
Reports	Running and understanding management reports; Data clean-up	All new Participating Agency end-users, as needed basis

#### Procedures:

There are several prerequisites for attending the Participating Agency End User training:

- The Participating Agency must have signed and returned the MOU between UWNC and the Participating Agency and have paid for their annual license(s).
- All Participating Agency HMIS Leads can request End User training by emailing to the HMIS System Administrator.  
Email: [HMIS@NorCalUnitedWay.org](mailto:HMIS@NorCalUnitedWay.org)
- Participating Agency HMIS Leads shall contact the HMIS System Administrator for information on when the next training is being offered. Training spots are allocated on a first-come first-serve basis.
- Upon completion of training, Participating Agency End Users will be given a login and password to provide access to Community Services (ServicePoint). At this point, the End User will be able to utilize Community Services (ServicePoint).

## 10.2 Training Refresher

### Policy:

All Participating Agencies may request a training refresher as needed.

### Description:

HMIS will evolve over time to include new HUD requirements as well as functions that Participating Agencies and the community request.

### Procedures:

The Participating Agency HMIS Lead shall contact the HMIS System Administrator to request any additional training necessary to maintain compliance with these Policies and Procedures.

## 10.3 Contacting the System Administrator

### Policy:

All requests for technical assistance and training shall be requested by the Participating Agency HMIS Lead

### Procedures:

HMIS System Administrator will be the best resource for finding out specific information regarding technical issues and reporting. Contact the HMIS System Administrator by email at [HMIS@NorCalUnitedWay.org](mailto:HMIS@NorCalUnitedWay.org).



***Appendix A: HMIS Client Consent Form***

**Homeless Management Information System (HMIS)**  
**Authorization to Use or Disclose Confidential Information**

I hereby authorize use or disclosure of the named individuals' confidential information (CI) collected in the Vulnerability Index, as described below. I understand this authorization may include the disclosure or exchange of information in written, verbal, electronic and/or other forms. The named individuals' CI will not be made public and will only be used with strict confidentiality.

**Client:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

In 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 the CoC members and HUD to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless in the CoC. 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.

The CI gathered and prepared will be included in a HMIS database of participating agencies who have entered into a Data Sharing 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 new services
- f. Disclosed if required by court order or as required by law
- g. Assess needs for housing, utility assistance, food, counseling and/or other services.

The information may include, but is not limited to the following CI:

- |                          |  |                         |
|--------------------------|--|-------------------------|
| • Full Name              | • Residence prior to project entry         | • Domestic Violence     |
| • Date of Birth          | • HIV/AIDS status                          |                         |
| • Social Security Number | • Homeless history                         | • Mental Health         |
| • Gender                 | • Zip Codes of last permanent address      | • Disabling condition   |
| • Ethnicity & Race       | • Family composition                       | • Alcohol & drug        |
| • Veteran Status         | • Employment status                        | • Legal history         |
| • Program entry date     | • Housing information                      | • Photo (if applicable) |
| • Program exit date      | • Income and Non-Cash benefits information |                         |
| • CIN/insurance          |  |                         |

- The release of my information listed above 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.
- I may revoke this authorization at any time by signing a “Revocation of Consent to Release Information form”.
- I understand the revocation will not apply to information already released based on this authorization, and 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, law, or court order.
- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing & Urban Development and Department of Healthcare Services may see my information.
- People using HMIS information to write reports may see my information. Researchers must sign an agreement to protect and deidentify CI before seeing HMIS data.
- I understand I may inspect or obtain a copy of the CI to be used or disclosed. I have the right to receive a copy of this authorization.
- This authorization is valid for three (3) years from the date of my signature below or the 18<sup>th</sup> birthday of the minor dependent whichever occurs first.

**Participating agencies:** Agencies within the NorCal Homeless Continuum of Care Homeless Management Information System authorized to use, disclose, and obtain information from the HMIS database:

Del Norte:

County of Del Norte

Del Norte Mission Possible

Lassen:

Lassen County HSS

Susanville Indian Rancheria

Modoc County:

TEACH

Modoc County

Plumas:

Plumas Crisis Intervention Resource Center Plumas  
County Behavioral Health

Shasta:

Faithworks

Nation's Finest Pathways  
to Housing Ready for Life

Hill Country Community Clinic Shasta

Community Health Center Access

Homes

Shasta County HHSA

Shasta County Housing Authority City  
of Redding

Lutheran Social Services

Partnership Health Plan of California

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

\_\_\_\_\_ I give authorization for confidential information **to be entered into HMIS and shared between participating agencies.**

**OR**

\_\_\_\_\_ I do not consent to the inclusion of confidential information in HMIS.

\_\_\_\_\_ I, \_\_\_\_\_ (name of parent or legal guardian), am the parent or legal guardian of child(ren) listed below) and have legal authority to execute this Release.

My signature on this document is intended to bind myself, my child or any child whom I have legal custody and control of and for whom I have the authority to execute this release. The undersigned expressly agrees that this Release is intended to be as broad and inclusive as permitted by California law.

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

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

Printed name

Date

Signature

Relationship to Client

## ***Appendix B: Privacy Policy***

**NorCal CA 516 Continuum of Care  
Homeless Management Information System (HMIS)  
Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Notice, you may contact either your service provider, or:

United Way of Northern California  
3300 Churn Creek Road, Redding CA, 96002  
(530) 241-7521

Your information is personal, and the NorCal CA 516 Continuum of Care is committed to protecting it. Your information is also very important to our ability to provide you with quality services, and to comply with certain laws. This notice describes the privacy practices our employees and other personnel are required to follow in handling your information.

**We are legally required to:** Keep your information confidential, give you this notice of our legal duties and privacy practices with respect to your information, and comply with this notice.

**CHANGES TO THIS NOTICE**

We reserve the right to revise or change the terms of this Notice, and to apply those changes to our policies and procedures regarding your information. To obtain a copy of this notice, you can either ask any member of staff, or go to the United Way of Northern California website at: <https://www.norcalunitedway.org/hmis>.

**HOW WE MAY USE AND DISCLOSE YOUR INFORMATION**

**For Housing:** We create a record of your information, including housing services you receive at our partner agencies. We need this record to provide you with quality services and to comply with certain legal requirements.

Participating agencies may use or disclose your information to other personnel who are involved in providing services for you. For example, a housing navigator may need to know disability information to provide appropriate housing resources. Your service team may share your information in order to coordinate the different things you need, such as referrals and services.

Participating agencies may use and disclose your information to other participating HMIS agencies.

We also may use and disclose your information to recommend service options or alternatives that may be of interest to you. Additionally, we may use and disclose your information to tell you about health-related benefits or services that may be of interest to you for example, Medi-Cal eligibility or Social Security benefits. You have the right to refuse this information.

**For Service Collaboration:** We also may use and disclose your information about you so that you do not have provide information more than once. This sharing, only when you access one of the participating agencies, can help avoid duplication of services and referrals that you are already receiving.

**USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION**

**Research:** Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing your service level and of all clients who received similar services. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of information, trying to balance the research needs with clients' need for privacy of their information. Before the use or disclosure of information for research purposes, any such research project must be

approved through an approval process. Aggregate information about you may be disclosed to people conducting a research project to help them identify data for clients with specific needs.

**As Required By Law:** We will use and disclose information when required by federal or state law or regulation.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Public Health Activities:** We may disclose your information for public health activities such as to report the abuse or neglect of children, elders, and dependent adults.

**Abuse, Neglect, or Domestic Violence:** We may disclose your information when notifying the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Oversight Activities:** We may disclose your information to an oversight agency, such as the Department of Housing and Urban Development (HUD) or the State of California, for activities authorized by law. These oversight activities are necessary for the government to monitor government service programs, and compliance with civil rights laws.

## **OTHER USES OF YOUR INFORMATION**

Other uses and disclosures of your information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to disclose your information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your information for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the services that we provided to you.

## **YOUR RIGHTS REGARDING INFORMATION ABOUT YOU**

### **Right to Inspect and Obtain Copies:**

With certain exceptions, you have the right to inspect and obtain copies of your information from our records. To inspect and obtain copies of your information, you must submit a request in writing to your service provider where you received services. The request will be reviewed and responded to within three (3) business days. We reserve the right to deny your right to inspect and obtain copies of your information. If your request is denied, you may appeal this decision and request another services professional at United Way of Northern California, who was not involved in your provision of services, review the denial.

### **Right to Request an Amendment:**

If you feel that your information in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, you must submit a request in writing to your service provider. Your request will become part of your record.

### **Right to Request Restrictions:**

You have the right to request that we follow additional, special restrictions when disclosing your information. To request restrictions, you must make your request in writing to your service provider. In your request, you must tell us what information you want to limit, the type of limitation, and to whom you want the limitation to apply.

### **Right to Request Confidential Communications:**

You have the right to request that we communicate with you about appointments or other matters related to your service in a specific way or at a specific location. For example, you can ask that we only contact you at work, or by mail at a post office box. To request confidential communications, you must make your request in writing to your Agency case manager or the person in charge of your services. Your request must specify how or where you wish to be contacted.



**Right to a Paper Copy of This Notice:**

You may ask us for a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are entitled to receive a paper copy of this Notice. To obtain a paper copy of this Notice, ask any member of staff.

You have the right to file a complaint if you believe that staff has not complied with the practices outlined in this Notice. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint with the NorCal CA 516 Continuum of Care System Administrator.

To file a complaint with the Lead Agency, contact:  
United Way of Northern California  
3300 Churn Creek Road, Redding CA 96002 Email:

HMIS@NorCalUnitedWay.org

To file a complaint with the State of California, contact:  
www.privacy.ca.gov 866-785-9663  
800-952-5210

**ACKNOWLEDGEMENT OF RECEIPT**

By signing this form, you acknowledge receipt of the HMIS Notice of Privacy Practices. Our Notice of Privacy Practices provides information about how we may use and disclose your protected information. We encourage you to read it in full. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our web site: <https://www.norcalunitedway.org/hmis> or by contacting any staff person involved in your services.

If you have any questions about our Notice of Privacy Practices, please contact: United Way of Northern California  
3300 Churn Creek Road, Redding CA 96002 Email:

HMIS@NorCalUnitedWay.org

I acknowledge receipt of the HMIS Notice of Privacy Practices.

_____	_____	_____
Client Signature	Client Printed Name	Date

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the client’s acknowledgement, describe the good faith efforts made to obtain the client’s acknowledgement, and the reasons why the acknowledgement was not obtained:

_____	_____	_____
Staff Member’s Signature	Staff Name and Title	Date

## ***Appendix C: Mandatory Collection Notice***

## HOMELESS MANAGEMENT INFORMATION SYSTEM MANDATORY COLLECTION NOTICE

We collect personal information directly from you for reasons that are discussed in our Privacy Policy. We may be required to collect some personal information as mandated by law or as requested from organizations that fund this program. Other personal information we collect is necessary to operate programs, improve services and better understand the needs of homelessness. We collect appropriate information only. A Privacy Policy is available upon request.

***Appendix D: HMIS Request for Policy Addition, Deletion, or Change***

NorCal CA 516 Continuum of Care  
HMIS Request for Policy Addition, Deletion, Change

Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I request that the following change(s) be made to the HMIS Policies & Procedures Manual:

Change the following existing policy:

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Delete the following existing policy:

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Add the following:

Provide in clear and concise language the policy to be considered by the HMIS Committee to be inserted / deleted in or from the current Policies and Procedures manual. Please be clear and specific.

Policy:

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Provide a brief description of the policy or process. Please be clear and specific.

Description:

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Provide in detail the procedure for the policy identified above. Please be clear and specific.

Procedures:

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## ***Appendix E: Inter-Agency Data Sharing Agreement***

# NorCal CA 516 Inter-Agency HMIS Data Sharing Agreement

By signing this Inter-Agency Data Sharing Agreement, \_\_\_\_\_ shall be designated a "Participating Agency" in the NorCal CA-516 Homeless Management Information System (HMIS) and/or Coordinated Entry Process (CEP). This Participating Agency agrees to share the demographic and programmatic data (when authorized to do so by the client) using the NorCal CA 516 HMIS or during CEP case conferencing. The Participating Agency's client data shall be shared with all participating agencies that also have a signed Inter-Agency Data Sharing Agreement on file with the HMIS System Administrator (Shasta County). Each individual end user that directly accesses and enters data into HMIS must complete and comply with the HMIS User Agreement.

## **Authorized Uses and Disclosures of HMIS Data<sup>1</sup>:**

- To provide or coordinate housing and/or services for families and individuals experiencing homelessness or facing a housing crisis across the NorCal Continuum of Care service area which includes the counties of Del Norte, Lassen, Modoc, Plumas, Shasta, Sierra, and Siskiyou.
- For functions related to payment or reimbursement for services.
- To carry out administrative functions, including but not limited to legal, audit, personnel oversight and management functions.
- For creating de-identified reports from PII.
- To avert a serious threat to health or safety.
- Uses and discloses for academic research purposes.
- Disclosures for law enforcement purposes.

## **Participating Agency Requirements:**

Each Participating Agency agrees that it shall:

- With respect to any and all information, only obtain, use, and disclose information in accordance with HMIS Policies & Procedures. The Participating Agency will produce a client profile at intake that will be shared by collaborating agencies.
- Produce anonymous, aggregate-level reports regarding use of services to identify unfilled service needs and plan for the provision of new services, allocate resources among agencies engaged in the provision of new services and track individual program-level outcomes.
- Not access identifying information for any individual who is (a) not a client of the Participating Agency or (b) who has not consented in writing to share, disclose, or release of information. The Participating Agency may access its clients' identifying information on an as needed basis and request in writing access to statistical, non-identifying information on clients served by other Participating Agencies.
- Not report on a client's whereabouts to outside entities that are not a part of this signed Inter-Agency Data Sharing Agreement (e.g., law enforcement, missing person inquiries, and governmental agencies), unless required by law, court order or other requirements, or if life threatening or emergency circumstances warrant.
- Report only non-identifying information from HMIS in response to requests unless otherwise required by law.

<sup>1</sup>Federal Register/Vol.69, No. 146, Friday, July 30, 2004

**Client Protection:**

- Basic client profile data, which includes client demographics (name, birth date, social security number, gender, ethnicity, veteran status, language(s) spoken, photo, other identifying information, etc.) will be shared with the NorCal CoC Participating Agencies participating in HMIS provided that the client to whom the data pertains has in place a current, valid written consent, for the obtaining, disclosure, sharing, and release of that information and that the consent has not been withdrawn or revoked.
- The applicable Client Authorization form (ROI) must be signed by the client in order for the Personally Identifiable Information (PII) to be shared in HMIS or during CEP case conferencing.
- In the event a client doesn't want to share their information with other agencies, it's the responsibility of the Participating Agency end-user to make client's program enrollment, services, file, etc., private in HMIS and to ensure if the information is provided during CEP case conferencing, it is done so in a non-identifying manner. .
- Client's project level information (services, VI-SPDAT assessments, project placement history, forms, documents, and contact information) will only be shared among the agencies that have signed this agreement. At the time of informed consent, and at any point after, the client has the right to revoke consent. Any revocation of consent is effective from the date of revocation going forward and does not apply to data that is already shared in HMIS or for the purposes of CEP case conferencing.
- HMIS Participating Agency end-users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals, or entities (see the Client Informed Consent & Release of Information Authorization and the Notice of Privacy Practices in HMIS Policies and Procedures both within HMIS and during CEP case conferencing.
- Clients may NOT be denied services based on their choice to withhold their consent to share their information.

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

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Printed Name

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Agency Name

---

Signature

---

Date



## ***Appendix F: Revocation Form***

# NorCal CA 516Homeless Management Information System (HMIS)

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## Client Revocation Form

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Agency Information ("This agency") \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I hereby revoke permission for this agency to share my demographic, household and service information with other agencies that use NorCal CA 516Homeless Management Information System (HMIS).

I understand that the information will remain in HMIS, and will no longer be available to other partner agencies; however, information previously shared or disclosed by this agency as a result of my prior consent cannot be retracted, nor may this agency withhold information required to be shared or disclosed by law.

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Agency Representative

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

***Appendix G: Client HMIS Grievance Form***

## NorCal CA 516 HMIS

If you think your privacy rights for the information entered into HMIS have been violated, use this form to report the problem.

It is against the law for any agency to retaliate against you or deny services for the act of filing a grievance.

Name of Individual Filing the Grievance: _____		
Grievance Information		
Date of Occurrence: _____	Have you discussed this issue with the HMIS Agency?  Yes                      No Date of discussion: _____	Agency Name:
Issue of Grievance:  List specific problem(s)/issue(s).		
For clarification of the issues of your grievance, please provide statements regarding the condition which is the subject of this grievance. (Describe what happened, when, and where. Attach any supporting documentation.)		
Relief Request: Indicate the action(s) that would resolve your grievance.		

My signature indicates that the information contained on this form and attachments (if any) to this form is true and factual to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ***Appendix H: HMIS End User Agreement***

## HMIS USER AGREEMENT

Agency: \_\_\_\_\_ Name of End User: \_\_\_\_\_

The NorCal CoC recognizes the importance of client needs in the design and management of HMIS. These needs include maintaining client confidentiality and treating the personal data of clients with respect and care.

As the guardians entrusted with this personal data, Participating Agency End Users have a moral and a legal obligation to ensure that the data they enter into HMIS is being collected, accessed and used appropriately. Proper user training; adherence to the NorCal HMIS Policies and Procedures Manual; and a clear understanding of the privacy, security, and confidentiality policies are vital to achieving these goals.

Your User ID and password give you access to HMIS. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password and your intention to comply with all elements of the Homeless Management Information System Data and Technical Standards Notice published by the U.S. Department of Housing and Urban Development. Unauthorized use or disclosure of HMIS information is a serious matter and any End User found to be in breach of this agreement will be subject to the following penalties or sanctions, including: the loss or limitation of use of Service Point; adverse employment actions including dismissal; and civil and/or criminal prosecution.

Please initial that you understand and agree to comply with all the statements listed below.

\_\_\_\_\_ My ServicePoint User ID and password are for my use only and must not be shared with anyone. (Licensed User Only)

\_\_\_\_\_ I will take all reasonable means to keep my User ID and password physically secure. (Licensed User Only)

\_\_\_\_\_ If I am logged into ServicePoint and must leave the work area where the computer is located, I must log-off of Service Point before leaving. (Licensed User Only)

\_\_\_\_\_ Any computer that has Service Point "open and running" shall never be left unattended. Any computer that is used to access Service Point must be equipped with locking (password protected) screen savers.

\_\_\_\_\_ If I notice or suspect a security breach, I must notify the HMIS System Administrator.

\_\_\_\_\_ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.

\_\_\_\_\_ I understand that in the event a client doesn't want to share their information with other agencies, it's my responsibility to make the client's program enrollment, services, file, etc., private in HMIS and to ensure if the information is provided during CEP case conferencing; it is done so in a non-identifying manner.

\_\_\_\_\_ I understand that I will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals, or entities (see the Client Informed Consent and Release of Information Authorization and the Notice of Privacy Practices in HMIS Policies and Procedures) both within HMIS and during CPE case conferencing.

\_\_\_\_\_ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.

\_\_\_\_\_ I understand that these rules apply to all users of HMIS, whatever their work role or position.

\_\_\_\_\_ I understand that hard copies of HMIS information must be kept in a secure file.

\_\_\_\_\_ I understand that once hard copies of HMIS information are no longer needed, they must be properly destroyed to maintain confidentiality.

I affirm the following:

1. I have received the following HMIS trainings:

a) ServicePoint use (Licensed User Only)

b) Privacy

c) Data collection

d) Security policy

2. I have read and will abide by all policies and procedures in the HMIS Policies and Procedures Manual and have adequate training and knowledge to enter data and/or run reports in ServicePoint.

3. I will maintain the confidentiality of client data in ServicePoint as outlined above and in the HMIS Policies and Procedures Manual.

4. I will only search, view, enter or share data in HMIS when a Client Consent Form is on file.

\_\_\_\_\_  
End User Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
End User Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**To be filled out by Agency Directory/Supervisor**

Designated Agency HMIS Program Lead ☐Yes ☐No User

will be generating reports ☐Yes ☐No **Non-**

**Licensed Users**

Volunteer ☐Yes ☐No

Data Collection Only ☐Yes ☐No

Please indicate the programs the end user has been authorized to access.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

\_\_\_\_\_  
Agency Director/ Supervisor

\_\_\_\_\_  
Date

***Appendix I: Adult Intake Form***



1. Intake Summary									
Agency Case No:					Service Point Client No:				
Intake Date	Mont	Day	Year	Intake Staff Name					
Case Manager				Staff Direct Phone Line					
Agency Name				Notice of Privacy Practices Acknowledgement signed <input type="checkbox"/> Yes <input type="checkbox"/> No					
Program Name				Release of Information (ROI) Signed <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Household Information									
Household Type	<input type="checkbox"/> Couple (parent & friend) & child(ren)			<input type="checkbox"/> Foster Parent(s)with child(ren)			<input type="checkbox"/> Other		
	<input type="checkbox"/> Couple with no child(ren)			<input type="checkbox"/> Grandparent(s)with child(ren)			<input type="checkbox"/> Single Adult		
	<input type="checkbox"/> Extended family unit			<input type="checkbox"/> MaleSingle Parent			<input type="checkbox"/> Two Parents withchild(ren)		
	<input type="checkbox"/> Female Single Parent			<input type="checkbox"/> Non-custodial Caregiver(s)w/child(ren)					
3. Client Information									
First			Middle		Last			Suffix	
Alias			Email Address						
Address					Telephone				
SSN	- -			U.S. Military Veteran (adults only)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused			
SSN Data Quality	<input type="checkbox"/> Full Reported <input type="checkbox"/> Partial/Approx. Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused								
Date of Birth	Month	Day	Year	Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender) <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning			
DOB Data Quality	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Approximate or Partial DOB Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused								
Primary Race & Secondary Race	<u>Pri Sec</u> <input type="checkbox"/> <input type="checkbox"/> American Indian, or Alaska Native, or Indigenous <input type="checkbox"/> <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> <input type="checkbox"/> Black, or African American, or African <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> <input type="checkbox"/> Client refused			Ethnicity		<input type="checkbox"/> Non-Hispanic/Non-Latin (a) (o) (x) <input type="checkbox"/> Hispanic/Latin (a) (o) (x) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused			
Relationship to Head of Household (HoH)	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member <input type="checkbox"/> Other (non-relation member)								
Zip Code of Last Permanent Address				Client Location (CoC) & Current County of Service		<input type="checkbox"/> CA-516 <input type="checkbox"/> Del Norte <input type="checkbox"/> Lassen <input type="checkbox"/> Modoc <input type="checkbox"/> Plumas <input type="checkbox"/> Shasta <input type="checkbox"/> Sierra <input type="checkbox"/> Siskiyou			
Zip Data Quality	<input type="checkbox"/> Full Reported <input type="checkbox"/> Partial/Approx. Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused								
NOTES:									

<b>4. Homeless Determination</b>	
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<p><b>Prior Living Situation</b></p> <p><b>Where did you spend last night?</b> <i>(all adults &amp; unaccompanied youth)</i></p>	<p>--HOMELESS SITUATION--</p> <p><input type="checkbox"/> Place not meant for human habitation (car, abandoned building, bus or train station, etc.)</p> <p><input type="checkbox"/> Emergency shelter (incl. hotel/motel or campground paid for w/ES voucher, or RHY-funded Host Home Shelter) (ES)</p> <p><input type="checkbox"/> Safe Haven (SH)</p> <p>--INSTITUTIONAL SITUATIONS--</p> <p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non-psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility/detox</p> <p>--TEMPORARY AND PERMANENT HOUSING SITUATIONS</p>			<p>*If yes to Transitional/Permanent Housing or Institutional Situations:</p> <p>On the night before, did you stay on the streets, ES or SH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p><input type="checkbox"/> Residential project or halfway house w/no homeless criteria</p> <p><input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher</p> <p><input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) *</p> <p><input type="checkbox"/> Host Home (non-crisis)</p> <p><input type="checkbox"/> Staying or living in a friend's room, apartment or house</p> <p><input type="checkbox"/> Staying or living in a family member's room, apartment or house</p> <p><input type="checkbox"/> Rental by client, with GPD TIP housing subsidy</p> <p><input type="checkbox"/> Rental by client, with VASH subsidy</p> <p><input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons</p> <p><input type="checkbox"/> Rental by client, with RRH or equivalent subsidy</p> <p><input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)</p> <p><input type="checkbox"/> Rental by client in a public housing unit</p> <p><input type="checkbox"/> Rental by client, no ongoing housing subsidy</p> <p><input type="checkbox"/> Rental by client, with other ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, with ongoing housing subsidy</p> <p><input type="checkbox"/> Owned by client, no ongoing housing subsidy</p> <p>--OTHER--</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p> <p><input type="checkbox"/> Data Not Collected</p>				
<p><b>Length of stay in previous place</b></p>	<p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p> <p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>	<p><b>Number of times client has been homeless (on the streets, in ES, or SH) in past three years including today</b></p>	<p><input type="checkbox"/> 1 time</p> <p><input type="checkbox"/> 2 times</p> <p><input type="checkbox"/> 3 times</p> <p><input type="checkbox"/> Four or more times</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client refused</p>		
<p><b>Approximate date homelessness started</b></p>	<p>Month                  Day                  Year</p>	<p><b>Total number of months homeless on the street in the past three years</b></p>	<p><input type="checkbox"/> 1 month (this time is the first month)</p> <p><input type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4    <input type="checkbox"/> 5    <input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7    <input type="checkbox"/> 8    <input type="checkbox"/> 9    <input type="checkbox"/> 10    <input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12    <input type="checkbox"/> More than 12 months</p> <p><input type="checkbox"/> Client doesn't know                  <input type="checkbox"/> Client refused</p>		

<b>5. Monthly Income</b>									
--------------------------	--	--	--	--	--	--	--	--	--

**Income from any source:**      ☐ Yes    ☐ No    ☐ Client doesn't know    ☐ Client refused

Source of Income:	Receiving Income Source	Amount Received	Additional Household Members	Notes
Alimony or Other Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Earned Income (wages)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
General Assistance (GA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Pension or retirement income from another job	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Private Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Retirement Income from Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
TANF (including CalWORKs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	

VA Non-Service-Connected Disability Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
VA Service-Connected Disability Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	
<b>6. Non-Cash Benefits</b>				
Non-cash benefit from any source: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused				
Source of Non-cash benefit:	Receiving Benefit	Type Received	Additional Household Members	Notes
SNAP including CalFresh (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Supplemental Nutrition Program (WIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
TANF Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No			
TANF Transportation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other TANF Funded Services (Sec.8/Public Housing/Rent Assist)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Source	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7. Health Insurance</b>				
Covered by Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused				
Health Insurance type:	Covered?	Start date	Insurance Notes	
MEDICAID/MEDI-CAL	<input type="checkbox"/> Yes <input type="checkbox"/> No			
MEDICARE	<input type="checkbox"/> Yes <input type="checkbox"/> No			
State Children's Health Insurance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer – Provided Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Health Insurance obtained through COBRA	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Private Pay Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			
State Health Insurance for Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Indian Health Services Program	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>8. Disabilities</b>				
Disability Type:	Disability Determination	If Yes, Expected to be of long- continued and indefinite duration and substantially impairs ability to live independently?	Start date	Disability Notes
Alcohol Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Both Alcohol and Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Drug Use Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Mental Health Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> No <input type="checkbox"/> Client refused		

9. Domestic Violence Questions			
Are you a Domestic Violence Victim/Survivor?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
IF YES – When did the Domestic Violence experience occur?		<input type="checkbox"/> Within past 3 months <input type="checkbox"/> 3-6 mo. Ago <input type="checkbox"/> 6-12 mo. Ago <input type="checkbox"/> More than a year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
		IF YES – Are you currently fleeing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
10. Coordinated Entry Questions			
Do you have a felony conviction?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied housing because of criminal convictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Residential Move-In Date			
If Yes, Date of Move-In	Month	Day	Year
NOTES:			

---

***Appendix J: Minor Intake Form***

## NorCal HMIS Minor Intake Form

Please fill out (1) form for each child

<b>Agency Case No:</b>			<b>Service Point Client No:</b>		
<b>1. Head of Household Information</b>					
Intake Date	Mont	ay	Year	Name of HOH:	
	SSN:			DOB:	
<b>2. Household Relationship</b>					
<b>Relationship to Head of Household</b>	<input type="checkbox"/> Brother	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Nephew	<input type="checkbox"/> Son	
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Niece	<input type="checkbox"/> Son-in-law	
	<input type="checkbox"/> Daughter-in-law	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other non-relative	<input type="checkbox"/> Step-daughter	
	<input type="checkbox"/> Father	<input type="checkbox"/> Grandson	<input type="checkbox"/> Other relative	<input type="checkbox"/> Step-son	
	<input type="checkbox"/> Father-in-law	<input type="checkbox"/> Husband	<input type="checkbox"/> Self	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Foster daughter	<input type="checkbox"/> Mother	<input type="checkbox"/> Significant other	<input type="checkbox"/> Wife	
<input type="checkbox"/> Foster son	<input type="checkbox"/> Mother-in-law	<input type="checkbox"/> Sister			
<b>3. Client Information</b>					
First		Middle		Last	
Alias					
SSN	- -		<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender). <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning	
<b>SSN Data Quality</b>	<input type="checkbox"/> Full Reported <input type="checkbox"/> Partial/Approx. Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused				
<b>Date of Birth</b>	Month	Day	Year	<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic/Non-Latin (a) (o) (x) <input type="checkbox"/> Hispanic/Latin (a) (o) (x) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>DOB Data Quality</b>	<input type="checkbox"/> Full Reported <input type="checkbox"/> Partial/Approx. Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused				
<b>Primary Race &amp; Secondary Race</b>	Pri   Sec <input type="checkbox"/> <input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> <input type="checkbox"/> Asian, or Asian American <input type="checkbox"/> <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> <input type="checkbox"/> Client refused			<b>Disabling Condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<b>Zip Code of Last Permanent Address</b>					
			<b>Zip Data Quality</b>	<input type="checkbox"/> Full Reported <input type="checkbox"/> Partial/Approx. Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<b>4. Monthly Income/Non-Cash Benefits/Health Insurance/Disabilities</b>					
<b>Income from any source:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, Please record on HoH Intake.)</i>		
<b>Covered by Health Insurance:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
<b>Health Insurance Type:</b>	<input type="checkbox"/> MEDICAID/MEDI-CAL		<input type="checkbox"/> MEDICARE	<input type="checkbox"/> State Children's Health Insurance Program	
	<input type="checkbox"/> Employer – Provided Health Insurance		<input type="checkbox"/> Health Insurance obtained through COBRA	<input type="checkbox"/> VA Medical Services	
	<input type="checkbox"/> State Health Insurance for Adults		<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Private Pay Health Insurance	
				<input type="checkbox"/> Other	
<b>Disability Type:</b>		<b>Determination</b>	<b>If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>		
Alcohol Use Disorder		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Both Alcohol and Drug Use Disorder		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Chronic Health Condition		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Developmental		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Drug Abuse		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
HIV/AIDS		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Mental Health Disorder		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Physical		<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

\*Please make sure to get a RELEASE OF INFORMATION (ROI) signed for each additional adult Household member. \*

***Appendix K: Exit Form – all household members***

1. Exit Summary	
Agency Name	Staff Name
Program Name	Staff Phone Line
Date of entry into program	Date of exit from program
2. Client Information	
Client Name	Today's Date
SSN	Street Address
Date of Birth	City, State, Zip
Email	Phone
3. Reason For Leaving	
	<input type="checkbox"/> Completed program <input type="checkbox"/> Criminal activity/violence <input type="checkbox"/> Death <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Left for housing opportunity before completing program <input type="checkbox"/> Needs could not be met <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Other <input type="checkbox"/> Reached maximum time allowed <input type="checkbox"/> Unknown/Disappeared
If other, specify:	
4. Destination	
	<b>HOMELESS SITUATION</b> <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Safe Haven <b>INSTITUTIONAL SITUATIONS</b> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <b>TEMPORARY AND PERMANENT HOUSING SITUATIONS</b> <input type="checkbox"/> Residential project or halfway house w/no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) * <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house, temporary tenure <input type="checkbox"/> Staying or living in a family member's room, apartment or house, temporary tenure <input type="checkbox"/> Staying or living in a friend's room, apartment or house, permanent tenure <input type="checkbox"/> Staying or living in a family member's room, apartment or house, permanent tenure <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <b>OTHER</b> <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected
If other, specify:	
5. Residential Move-In Date	
If Yes, Date of Move-In	<div>Month</div> <div>Day</div> <div>Year</div>



6. Updates			
Monthly Income	Amount	Non-Cash Benefits	Amount
<input type="checkbox"/> NO CHANGE AT EXIT		<input type="checkbox"/> NO CHANGE AT EXIT	
<input type="checkbox"/> Alimony or Other Spousal Support	\$	<input type="checkbox"/> SNAP including CalFresh (Food Stamps)	\$
<input type="checkbox"/> Child Support	\$	<input type="checkbox"/> Special Supplemental Nutrition Program (WIC)	\$
<input type="checkbox"/> Earned Income (wages)	\$	<input type="checkbox"/> TANF Child Care Services	\$
<input type="checkbox"/> General Assistance (GA)	\$	<input type="checkbox"/> TANF Transportation Services	\$
<input type="checkbox"/> Other	\$	<input type="checkbox"/> Other TANF Funded Services (Sec.8/Public Housing/Rent Assist)	\$
<input type="checkbox"/> Pension or retirement income from another job	\$	<input type="checkbox"/> Other Source	\$
<input type="checkbox"/> Private Disability Insurance	\$		
<input type="checkbox"/> Retirement Income from Social Security	\$		
<input type="checkbox"/> SSDI	\$		
<input type="checkbox"/> SSI	\$		
<input type="checkbox"/> TANF (including CalWORKs)	\$		
<input type="checkbox"/> Unemployment Insurance	\$		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	\$		
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$		
<input type="checkbox"/> Worker's Compensation	\$		
Health Insurance:	Notes	Disabilities	Notes
<input type="checkbox"/> NO CHANGE AT EXIT		<input type="checkbox"/> NO CHANGE AT EXIT	
<input type="checkbox"/> MEDICAID/MEDI-CAL		<input type="checkbox"/> Alcohol Abuse	
<input type="checkbox"/> MEDICARE		<input type="checkbox"/> Both Alcohol and Drug Abuse	
<input type="checkbox"/> State Children's Health Insurance Program		<input type="checkbox"/> Chronic Health Condition	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> Developmental	
<input type="checkbox"/> Employer – Provided Health Insurance		<input type="checkbox"/> Drug Abuse	
<input type="checkbox"/> Health Insurance obtained through COBRA		<input type="checkbox"/> HIV/AIDS	
<input type="checkbox"/> Private Pay Health Insurance		<input type="checkbox"/> Mental Health Problem	
<input type="checkbox"/> State Health Insurance for Adults		<input type="checkbox"/> Physical	
<input type="checkbox"/> Indian Health Services Program			
<input type="checkbox"/> Other			

**\*\*\*OPTIONAL EXIT QUESTIONS\*\*\***

**What supportive services did the client receive while in the program?**

<input type="checkbox"/> Outreach	<input type="checkbox"/> Education
<input type="checkbox"/> Drug or Alcohol abuse services	<input type="checkbox"/> Childcare
<input type="checkbox"/> Employment assistance	<input type="checkbox"/> Domestic Violence services
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Life skills (outside of case management)
<input type="checkbox"/> Credit repair	<input type="checkbox"/> Housing placement and search
<input type="checkbox"/> Medi-Cal related services	<input type="checkbox"/> Transportation
<input type="checkbox"/> Case management	<input type="checkbox"/> Financial Assistance
<input type="checkbox"/> Mental Health services	<input type="checkbox"/> Other
<input type="checkbox"/> Landlord engagement	





# HMIS PRIVACY & SECURITY PLAN

NorCal CA 516  
Homeless Continuum of Care

2021

## PRIVACY & SECURITY

Privacy refers to the protection of the client's data stored in an HMIS from open view, sharing, inappropriate use, or unauthorized disclosure. Security refers to the protection of the client's data stored in the HMIS from unauthorized access, use, disclosure, or modification.

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## Introduction

The HMIS System Administrator is responsible for overseeing HMIS privacy and security. The HMIS System Administrator may delegate some specific duties related to maintaining HMIS privacy and security to an HMIS System Administrator. HMIS Participating Agencies are responsible for preventing degradation of the HMIS resulting from viruses, intrusion, or other factors within the agency's control and for preventing inadvertent release of confidential client- specific information through physical, electronic or visual access to End User workstations. Each Participating Agency is responsible for ensuring it meets the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Participating Agencies will conduct a thorough review of internal policies and procedures regarding HMIS annually.

## Privacy

### Privacy Plan Overview

On July 30, 2004, the US Department of Housing and Urban Development (HUD) released the Data and Technical standards for Homeless Management Information Systems (Federal Register, Vol. 69, No.146-45888) and on December 9, 2011 HUD released [HMIS Requirements Proposed Rule \(Federal Register / Vol. 76, No. 237\)](#).

These standards outlined the responsibilities of the HMIS and for the agencies which participate in an HMIS. This section describes the Privacy Plan of the NorCal CA 516 Homeless Continuum of Care HMIS. All users, agencies and system administrators must adhere to this Privacy Plan.

We intend our Privacy Plan to support our mission of providing an effective and usable case management tool. We recognize that clients served by individual agencies are not exclusively that "agency's client" but instead are truly a client of the NorCal CA 516 Continuum of Care. Thus, we have adopted a Privacy Plan which supports an open system of client-level data sharing among agencies. The data is owned by the NorCal CA 516 CoC that is entered into the NorCal HMIS; and the clients own their own personal data.

The core tenet of our Privacy Plan is the Baseline Privacy Statement. The Baseline Privacy Statement describes how client information may be used and disclosed and how clients can get access to their information. Each agency must either adopt the Baseline Privacy Statement or develop a Privacy Statement which meets and exceeds all minimum requirements set forth in the Baseline Privacy Statement (this is described in the Participating Agency Responsibilities section of this Privacy Plan). This ensures that all agencies who participate in the HMIS are governed by the same minimum standards of client privacy protection.

<b>Baseline Privacy Statement:</b> This is the main document of this Privacy Plan. This document outlines the minimum standard by which an agency collects, utilizes, and discloses information.	<b>*REQUIRED*</b> Participating Agencies must adopt a privacy statement which meets all minimum standards and to post this Statement on your Agency's local website (if available).
<b>Consumer Notice Posting:</b> This posting explains the reason for asking for personal information and notifies the client of the Privacy Notice.	<b>*REQUIRED*</b> Agencies must adopt and utilize a Consumer Notice Posting.

<b>HMIS Client Consent Form:</b> This form must be signed by all adult clients and unaccompanied youth. This gives the client the opportunity to refuse the sharing of their information to other agencies within the system.	<b>*REQUIRED*</b> Client Signatures are required to share with participating agencies.
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## HMIS User Responsibilities

A client's privacy must be upheld by the users and direct service providers and can also be made public at the client's discretion. The role and responsibilities of the user cannot be over-emphasized. A user is defined as a person that has direct interaction with a client or their data. (This could potentially be any person at the agency: staff member, volunteer, contractor, etc.)

Users have the responsibility to:

- Understand their agency's Privacy Statement;
- Be able to explain their agency's Privacy Statement to clients;
- Follow their agency's Privacy Statement;
- Know where to refer the client if they cannot answer the client's questions;
- Complete **HMIS Client Consent Form** with client prior to collecting HMIS data;
- Present their agency's Privacy Statement and the HMIS Notice of Privacy Practices to the client before collecting any information; and
- Uphold the client's privacy in HMIS.

## Agency Responsibilities

The 2004 HUD HMIS Data and Technical Standards emphasize that it is the Participating Agency's responsibility for upholding client privacy. All agencies must take this task seriously and take time to understand the legal, ethical and regulatory responsibilities. This Privacy Plan and the Baseline Privacy Statement provide guidance on the minimum standards by which agencies must operate if they wish to participate in the HMIS.

Meeting the minimum standards in this Privacy Plan and the Baseline Privacy Statement are required for participation in HMIS. Any Participating Agency may exceed the minimum standards described and are encouraged to do so.

Participating Agencies have the responsibility to:

- Review their program requirements to determine what industry privacy standards must be met that exceed the minimum standards outlined in this Privacy Plan and Baseline Privacy Statement (examples: Substance Abuse Providers covered by 24 CFR Part 2, HIPAA Covered Agencies, Legal Service Providers);
- Review the 2004 HMIS Data and Technical Standards (Federal Register, Vol 69, No. 146-45888);
- Ensure that all clients are aware of the adopted Privacy Plan and have access to it.
- Make reasonable accommodations for persons with disabilities, language barriers or education barriers;
- Ensure that anyone working with clients covered by the Privacy Plan can meet the User Responsibilities; and
- Designate at least one Security Officer (May be the same as the Participating Agency HMIS Lead) that has been trained to technologically uphold the agency's adopted Privacy Plan.

Each HMIS Participating Agency must use this Privacy Plan that describes how and when the Participating Agency may use and disclose clients' Protected Identifying Information (PII). PII includes name, Social Security Number (SSN), date of birth, zip code, project entry and/or exit date, and unique personal identification number (HMIS Unique Identifier).

Participating Agencies may be required to collect some PII by law, or by organizations that give the agency money to operate their projects. PII is also collected by Participating Agencies to monitor project operations, to better understand the needs of people experiencing homelessness, and to improve services for people experiencing homelessness. Participating Agencies are permitted to collect PII only with a client's written consent.

Participating Agencies may use and disclose client PII to:

- Verify eligibility for services;
- Provide clients with and/or refer clients to services that meet their needs;
- Manage and evaluate the performance of programs;
- Report about program operations and outcomes to funders and/or apply for additional funding to support agency programs;
- Collaborate with other local agencies to improve service coordination, reduce gaps in services, and develop community-wide strategic plans to address basic human needs; and
- Participate in research projects to better understand the needs of people served. Participating

Agencies may also be required to disclose PII for the following reasons:

- When the law requires it;
- When necessary to prevent or respond to a serious and imminent threat to health or safety; and
- When a judge or law enforcement orders it.

Participating Agencies are obligated to limit disclosures of PII to the minimum necessary to accomplish the purpose of the disclosure. Uses and disclosures of PII not described above may only be made with a client's written consent. Clients have the right to revoke consent at any time by submitting a request in writing.

Clients also have the right to request in writing:

- A copy of all PII collected;
- An amendment to any PII used to make decisions about the client's care and services.
- Restrictions on the type of information disclosed to outside Participating Agencies.

Participating Agencies may reserve the right to refuse a client's request for inspection or copying of PII in the following circumstances:

- Information compiled in reasonable anticipation of litigation or comparable proceedings;
- The record includes information about another individual (other than a health care or homeless provider);
- The information was obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) and a disclosure would reveal the source of the information; and
- The Participating Agency believes that disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.

If a client's request is denied, the client should receive a written explanation of the reason of the denial. The client has the right to appeal the denial by following the established Participating Agency grievance procedure. Regardless of the outcome of the appeal, the client shall have the right to add to his/her program records a concise statement of disagreement. The Participating Agency shall disclose the statement of disagreement whenever it discloses the disputed PII.

All individuals with access to PII are required to complete formal training in privacy requirements at least annually.

This document should, at a minimum, reflect the baseline requirements listed in the HUD HMIS



Data and Technical Standards Final Notice, published July 2004 and revised in March 2010. The privacy policy may be amended at any time and all amendments to the privacy notice must be consistent with the requirements of the US Department of Housing and Urban Development (HUD) Data and Technical standards for Homeless Management Information Systems (July 30, 2004, Federal Register/ Vol. 69, No. 146, 45888). If there is any instance where this Privacy Statement is not consistent with the HUD Standards, the HUD Standards take precedence. Should any inconsistencies be identified, please immediately notify the NorCal CA 516 HMIS System Administrator , using the contact information below.

All questions and requests related to this Privacy Statement should be directed to: HMIS System Administrator: email: [HMIS@NorCalUnitedWay.org](mailto:HMIS@NorCalUnitedWay.org)

### **HMIS System Administrator : System Administration Responsibilities**

HMIS System Administrator has the responsibility to:

- Adopt and uphold a Privacy Plan which meets or exceeds all minimum standards in the Baseline Privacy Statement;
- Train and monitor all users and Security Officer upholding system privacy;
- Monitor agencies to ensure adherence to the adopted Privacy Plan; and
- Provide training to agencies and users on this Privacy Plan.

## **System Security**

### **Security Plan Overview**

HMIS security standards are established to ensure the confidentiality, integrity and viability of all HMIS information. The security standards are designed to protect against any reasonably anticipated threats or hazards to security and must be enforced by system administrators, agency administrators as well as end users. This section is written to comply with the 2004 Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice (Federal Register, Vol 69, No. 146-45888) as well as local legislation pertaining to maintaining an individual's personal information. Meeting the minimum standards in this Security Plan is required for participation in HMIS. Any agency may exceed the minimum standards described in this plan and are encouraged to do so. All Agency Administrators are responsible for understanding this policy and effectively communicating the Security Plan to individuals responsible for security at their agency.

### **Security Plan Applicability**

The HMIS and all Participating Agencies must apply the security standards addressed in this Security Plan to all the systems where personal protected information is stored or accessed. Additionally, all security standards must be applied to all networked devices. This includes, but is not limited to, networks, desktops, laptops, mobile devices, mainframes and servers.

All agencies, including the HMIS Lead, will be monitored by the HMIS System Administrators annually to ensure compliance with the Security Plan. Participating Agencies that do not adhere to the security plan will be given a reasonable amount of time to address any concerns. Egregious violations of the security plan may result in immediate termination of an agency or user's access to the HMIS as determined by the HMIS Lead.

### **Security Officers**

The HMIS System Administrator and all HMIS Participating Agencies must designate a Security Officer to oversee HMIS privacy and security. This person will act as a single point-of-contact who is responsible for annually certifying that Participating Agencies adhere to the Security Plan and testing the CoC's security practices for compliance.

### **Lead Security Officer**

- May be an HMIS System Administrator or another employee, volunteer or contractor designated by the HMIS System Administrator who has completed HMIS Privacy and Security training and is adequately skilled to assess HMIS security compliance;
- Assesses security measures in place prior to establishing access to HMIS for a new Agency;
- Reviews and maintains file of Participating Agency annual compliance certification checklists; and
- Conducts annual security audit of all Participating Agencies.

### **Participating Agency Security Officer**

- May be the Participating Agency HMIS Lead or another Participating Agency employee, volunteer or contractor who has completed HMIS Privacy and Security training and is adequately skilled to assess HMIS security compliance;
- Conducts a security audit for any workstation that will be used for HMIS purposes; and
  - No less than annually for all agency HMIS workstations; AND
  - Prior to issuing a User ID to a new HMIS End User; AND
  - Any time an existing user moves to a new workstation.

- Continually ensures each workstation within the Participating Agency used for HMIS data collection or entry is adequately protected by a firewall and antivirus software (per Technical Safeguards – [Workstation Security](#)).

Upon request, the HMIS System Administrator may be available to provide Security support to Participating Agencies who do not have the staff capacity or resources to fulfill the duties assigned to the Participating Agency Security Officer.

### ***Physical Safeguards***

In order to protect client privacy, it is important that the following physical safeguards be put in place. For the purpose of this section, authorized persons will be considered only those individuals who have completed Privacy and Security training within the past 12 months.

- Computer Location – A computer used as an HMIS workstation must be in a secure location where only authorized persons have access. The workstation must not be accessible to clients, the public or other unauthorized Participating Agency staff members or volunteers. A password protected automatic screen saver will be enabled on any computer used for HMIS data entry.
- Printer location – Documents printed from HMIS must be sent to a printer in a secure location where only authorized persons have access.
- PC Access (visual) — Non-authorized persons should not be able to see an HMIS workstation screen. Monitors should be turned away from the public or other unauthorized Participating Agency staff members or volunteers and utilize visibility filters to protect client privacy.
- Mobile Device – A mobile device used to access and enter information into the HMIS must use a password or other user authentication on the lock screen to prevent an unauthorized user from accessing it and it should be set to automatically lock after a set period of device inactivity. A remote wipe and/or remote disable option should also be downloaded onto the device.

### ***Technical Safeguards***

#### **Workstation Security**

- To promote the security of HMIS and the confidentiality of the data contained therein, access to HMIS will be available only through approved workstations.
- Participating Agency Security Officer will confirm that any workstation accessing HMIS shall have antivirus software with current virus definitions (updated at minimum every 24 hours) and frequent full system scans (at minimum weekly).
- Participating Agency Security Officer will confirm that any workstation accessing HMIS has and uses a hardware or software firewall; either on the workstation itself if it accesses the internet through a modem or on the central server if the workstation(s) accesses the internet through the server.

#### **Establishing HMIS User IDs and Access Levels**

- The HMIS System Administrator, in conjunction with the Participating Agency HMIS Lead, will ensure that any prospective Participating Agency End User reads, understands and signs the HMIS End User Agreement annually. The HMIS System Administrator will maintain a file of all signed HMIS End User Agreements.
- The Participating Agency HMIS Security Officer is responsible for ensuring that all Participating Agency End Users have completed mandatory trainings, including HMIS Privacy, Security and Ethics training and Participating Agency End User Responsibilities and Workflow training, prior to being provided with a User ID to access HMIS. Participating Agency End-Users must review and sign an HMIS End User Agreement with the HMIS Administrator on an annual basis.

- All Participating Agency End Users will be issued a unique User ID and password. Sharing of User IDs and passwords by or among more than one Participating Agency End User is expressly prohibited. Each Participating Agency End User must be specifically identified as the sole holder of a User ID and password. User IDs and passwords may not be transferred from one user to another.
- The HMIS System Administrator will always attempt to assign the most restrictive access that allows a Participating Agency End User to efficiently and effectively perform his/her duties.
- The HMIS System Administrator will create the new User ID and notify the User ID owner of a temporary password.
- When the Participating Agency determines that it is necessary to change a user's access level, the HMIS System Administrator will update the user's access level as needed.

## **User Authentication**

- User IDs are individual, and passwords are confidential. No individual should ever use or allow use of a User ID that is not assigned to that individual, and user- specified passwords should never be shared or communicated in any format.
- Temporary passwords must be changed on first use. User-specified passwords must be a minimum of 8 characters long and must contain a combination of upper case and lower-case letters, a number and a symbol.
- Participating Agency End users will be prompted by the software to change their password every 90 days.
- Participating Agency End Users must immediately notify the HMIS System Administrator if they have reason to believe that someone else has gained access to their password.
- Three consecutive unsuccessful attempts to login will disable the User ID until the password is reset. For Participating Agency End Users, passwords can be reset by the HMIS System Administrator or directly on ServicePoint's website log in page with the "forgot password" link.
- Users must log out from the HMIS application and either lock or log off their respective workstation if they leave. If the user logged into HMIS and the period of inactivity in HMIS exceeds 30 minutes, the user will be logged off the HMIS automatically.

## **Rescinding User Access**

- The Participating Agency will notify the HMIS System Administrator as soon as possible, but not later than 3 business days if a Participating Agency End User no longer requires access to perform his or her assigned duties due to a change of job duties or termination of employment or any other valid reason.
- The HMIS System Administrator reserves the right to terminate Participating Agency End User licenses that are inactive for 90 days or more. All end users that have been deactivated for 6 months or more must attend additional training.
- In the event of suspected or demonstrated noncompliance by an Participating Agency End User with the HMIS Participating Agency End User Agreement or any other HMIS plans, forms, standards or governance documents, the Participating Agency Security Officer shall notify the HMIS System Administrator to deactivate the User ID for the Participating Agency End User in question until an internal agency investigation has been completed. The HMIS System Administrator should be notified of any substantiated incidents that may have resulted in a breach of HMIS system security and/or client confidentiality, whether or not a breach is definitively known to have occurred.
- Any agency personnel who are found to have misappropriated client data (identity theft, releasing personal client data to any unauthorized party), shall have HMIS privileges revoked.
- The Continuum of Care is empowered to permanently revoke a Participating Agency's access to HMIS for substantiated noncompliance with the provisions of these Security Standards, the

NorCal CA 516 Homeless Continuum of Care HMIS Policies and Procedures, or the HMIS Privacy Statement that resulted in a release of PII.

### **Disposing Electronic, Hardcopies, Etc.**

- Computer: All technology equipment (including computers, printers, copiers and fax machines) used to access HMIS and which will no longer be used to access HMIS will have their hard drives reformatted multiple times. If the device is now non-functional, it must have the hard drive sanitized by a method current to industry standards.
- Hardcopies: For paper records, shredding, burning, pulping, or pulverizing the records so that PII is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed.
- Mobile Devices: Use software tools that will thoroughly delete/wipe all information on the device and return it to the original factory state before discarding or reusing the device.

### **Other Technical Safeguards**

- Unencrypted PII may not be stored or transmitted in any fashion—including sending file attachments by email or downloading reports including PII to a flash drive, to the End User's desktop or to an agency shared drive unless the reports or documents containing PII are password protected or stored on a hard drive that is password protected with an enabled password protected screen saver.

### **Disaster Recovery Plan**

Disaster recovery for the NorCal CA 516 HMIS will be conducted by the HMIS System Administrator with support from the HMIS software vendor as needed. The HMIS System Administrator must be familiar with the disaster recovery plan set in place by the HMIS software vendor.

- WellSky Disaster Recovery Plan:
  - Contact information – email: [BOW-support@wellsky.com](mailto:BOW-support@wellsky.com); .
  - Phone Number: 1-844-216-8780
  - It includes:
    - Nightly database backups.
    - Offsite storage of backups
    - 7 day backup history stored locally on instantly accessible RAID storage
    - 1 month backup history stored off site
    - 24 x 7 access to WellSky's emergency line to provide assistance related to "outages" or "downtime".
    - 24 hours backed up locally on instantly-accessible disk storage
  - All customer site databases are stored online, and are readily accessible for approximately 24 hours; backups are kept for approximately one (1) month. Upon recognition of a system failure, a site can be copied to a standby server, and a database can be restored, and site recreated within three (3) to four (4) hours if online backups are accessible. As a rule, a site restoration can be made within six (6) to eight (8) hours. On-site backups are made once daily and a restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.
  - All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies, and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup units that

in turn are all connected to electrical circuits that are connected to a building generator.

- 
- All client data is backed-up online and stored on a central file server repository for 24 hours. Each night an encrypted backup is made of these client databases and secured in an offsite datacenter.
- Historical data can be restored from backups as long as the data requested is 30 days or newer. As a rule, the data can be restored to a standby server within 6-8 hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.
- For power outage, our systems are backed up via APC battery back-up units, which are also in turn connected via generator-backed up electrical circuits. For a system crash, Non-Premium Disaster Recovery Customers can expect six (6) to eight (8) hours before a system restore with potential for some small data loss (data that was entered between the last backup and when the failure occurred) if a restore is necessary. If the failure is not hard drive related these times will possibly be much less since the drives themselves can be repopulated into a standby server.
- All major outages are immediately brought to the attention of executive management. WellSky support staff helps manage communication or messaging to customers as progress is made to address the service outage. WellSky takes major outages seriously, understands, and appreciates that the customer becomes a tool and utility for daily activity and client service workflow.
- All HMIS Participating Agency HMIS Leads should be aware of and trained to complete any tasks or procedures for which they are responsible at their agency in the event of a disaster, to include maintain a contact list with account number of the Vendor, Agencies, and their Internal IT Department.

## **Workforce Security**

### **Reporting Security Incidents**

These Security Standards and the associated HMIS Policies and Procedures are intended to prevent, to the greatest degree possible, any security incidents. However, should a security incident occur, the following procedures should be followed in reporting:

- Any HMIS Participating Agency End User who becomes aware of or suspects that HMIS system security and/or client privacy has been compromised must immediately report the concern to the Participating Agency HMIS Lead or the HMIS Administrator.
- In the event of a suspected security or privacy concern the Participating Agency HMIS Lead should complete an internal investigation. If the suspected security or privacy concern resulted from a Participating Agency End User's suspected or demonstrated noncompliance with the HMIS End User Agreement, the Participating Agency HMIS Lead should have the HMIS System Administrator deactivate the Participating Agency End User's User ID until the internal investigation has been completed.
- Following the internal investigation, the Participating Agency HMIS Lead shall notify the HMIS Administrator of any substantiated incidents that may have compromised HMIS system security and/or client privacy whether or not a release of client Personally Identifiable Information (PII) is definitively known to have occurred. If the security or privacy concern resulted from demonstrated noncompliance by an End User with the HMIS End User Agreement, the HMIS Administrator reserves the right to permanently deactivate the User ID for the End User in question.
- Within one business day after the HMIS Administrator receives notice of the security or privacy concern, the HMIS Administrator and Participating Agency HMIS Lead will jointly establish an action plan to analyze the source of the security or privacy concern and actively prevent such future concerns. The action plan shall be implemented as soon as possible, and to not exceed

implementation by thirty (30) days.

- If the Participating Agency is not able to meet the terms of the action plan within the time allotted, the HMIS System Administrator, in consultation with the NorCal Continuum of Care Advisory Board, may elect to terminate the Participating Agency's access to HMIS. The Participating Agency may appeal to the CoC Advisory Board for reinstatement to HMIS following completion of the requirements of the action plan.
- In the event of a substantiated release of PII in noncompliance with the provisions of these Security Standards, or the NorCal CA 516 HMIS Policies and Procedures, the Participating Agency HMIS Lead will make a reasonable attempt to notify all impacted individual(s). The HMIS Administrator must approve of the method of notification and the Participating Agency HMIS Lead must provide the HMIS Administrator with evidence of the Participating Agency's notification attempt(s). If the HMIS Administrator is not satisfied with the Participating Agency's efforts to notify impacted individuals, the HMIS Administrator will attempt to notify impacted individuals at the Agency's expense.
- The HMIS System Administrator will notify the appropriate body of the Continuum of Care of any substantiated release of PII in noncompliance with the provisions of these Security Standards, the HMIS Policies and Procedures
- The HMIS System Administrator will maintain a record of all substantiated releases of PII in noncompliance with the provisions of these Security Standards, or the NorCal CA 516 HMIS Policies and Procedures for 7 years.

The Continuum of Care reserves the right to permanently revoke a Participating Agency's access to HMIS for substantiated noncompliance with the provisions of these Security Standards, or the NorCal CA 516 HMIS Policies and Procedures that resulted in a release of PII

### ***Privacy and Security Monitoring***

#### **New HMIS Participating Agency Site Security Assessment**

- Prior to establishing access to HMIS for a new Participating Agency, the HMIS Administrator or designee of the HMIS/CEP Committee will review the requirements in the HMIS Policies and Procedures pertaining to the Participating Agency's responsibility for information security, which is the full and complete responsibility of the Participating Agency and its Executive Director Annual Security Audits
  - The HMIS System Administrator or a designee will notify the Participating Agency's Executive Director and/or Participating Agency HMIS Lead of an upcoming review.
  - The security review may be carried out by 3 different methods: (1) A Peer Review i.e. one agency reviewing another agency; (2) A Committee Member from another participating agency; or (3) HMIS/CEP Committee designee.
  - The HMIS Administrator or a designee will use the Compliance Certification Checklist to conduct security audits.
  - A random audit of the workstations used for HMIS data entry for each HMIS Participating Agency must be conducted. In the event that an agency has more than 1 project site, each project site must be audited.
  - The areas of noncompliance to the NorCal CA 516 HMIS Policies and Procedures will be identified on the Security Checklist. The Participating Agency and HMIS System Administrator will work to resolve the action item(s) within 15 days.
  - Any Security Checklist that includes 1 or more findings of noncompliance and/or action items will not be considered complete until all action items have been resolved and the findings, action items, and resolution summary has been reviewed and signed by the Participating Agency's Executive Director or other empowered officer and forwarded to the HMIS System Administrator.

### Attachment A: Security Checklist

#### ***Annual Security Checklist Workstation Security Standards***

HMIS Participating Agency	Inspection Officer:
	Date:

This Compliance Certification Checklist is to be completed annually by peer review or by a committee member from another participating agency or by HMIS/CEP Committee designee. Every agency workstation used for HMIS data collection, data entry or reporting must be evaluated. Attach additional copies of any page of this checklist as needed. Any compliance issues identified must be resolved within 30-days. Upon completion, a copy of this checklist shall be forwarded to the HMIS System Administrator . This original checklist should be readily available on file at the HMIS Participating Agency for 7 years.

For the purpose of this section, authorized persons will be considered only those individuals who have a current HMIS license.

1. The Mandatory Collection Notice is posted in an area where HMIS intake is completed and The Notice of Privacy Practices is available at the HMIS workstation.
2. HMIS workstation computer is in a secure location where only authorized persons have access.
3. HMIS workstation computer is password protected and locked when not in use.
4. Documents printed from HMIS are sent to a print in secure location where only authorized persons have access.
5. Non-authorized persons are unable to see the HMIS workstation computer monitor.
6. HMIS workstation computer has current antivirus software and firewall security.
7. Hard copies of PII (Client files, intake forms, printed reports, etc.) are stored in a secure location.
8. Password is kept physically secure.
9. Random audit of at least 2 HMIS Client files.

#	Participating Agency End User	1	2	3	4	5	6	7	8	9	Notes/Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											



#	Workstation Security Compliance Issues Identified	Steps taken to resolve workstation security compliance issue

Security Officer Certifications:

Please initial each line below next to each statement.

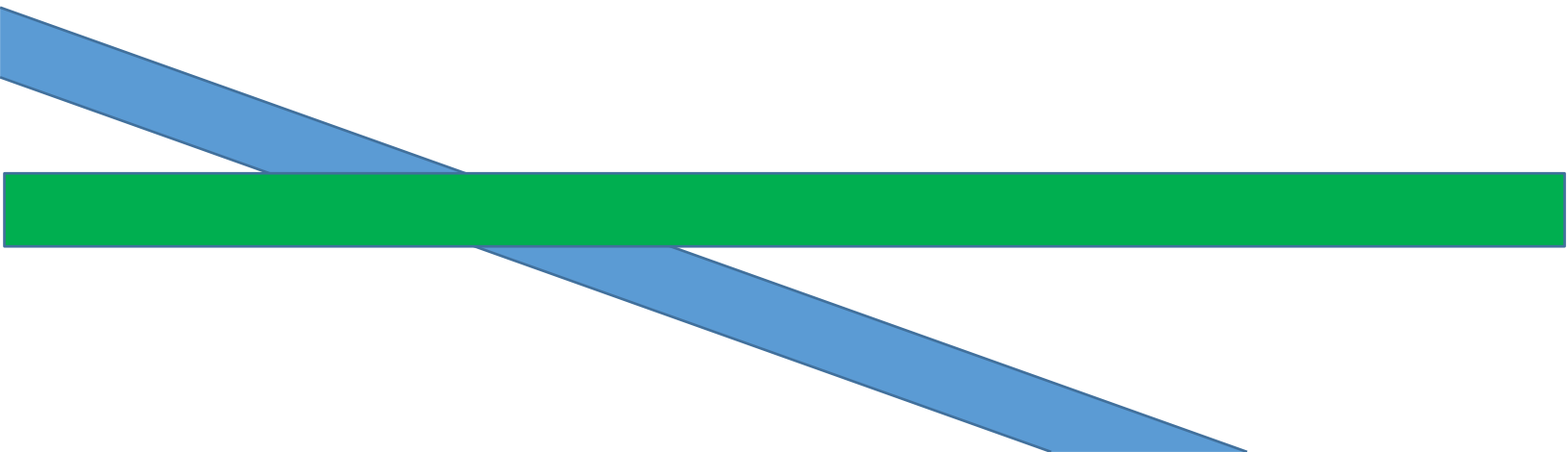
Initials      I have verified that:  
 All Participating Agency End Users are using the most current version of the HMIS Client Consent Form (ROI), the HMIS Intake Form  
 and the Notice of Privacy Practices.

\_\_\_\_\_  
 Participating Agency Security Officer Signature      Date      Executive Director (or his/her designee) Signature      Date



# Coordinated Entry Policies and Procedures

July 2021



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## Coordinated Entry – Purpose and Background

The U.S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) and Emergency Solutions Grant (ESG) Program interim rules requires each CoC to implement coordinated entry<sup>1</sup> policy guide to centralize/expedite homeless and housing resources in order to achieve improved outcomes for people experiencing homelessness. The legal term remains "*centralized*" or "*coordinated assessment system*", but for the purposes consistent with HUD's written materials and Notice<sup>2</sup>, this document uses either term: "**coordinated entry**" (CE) or "**coordinated entry process**" (CEP). This policy guide will provide assistance identifying key principles to ensure success of homeless assistance and/or prevention procedures, matching needs to the most vulnerable populations, through various evidenced-based intake and assessment tools under the Housing First<sup>3</sup> approach. In addition, HUD requires this written policy to guide how it will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers.

### *Our Local Continuum of Care*

NorCal Continuum of Care (NorCal CoC / CA-516) is a consortium of individuals and organizations with the common purpose of planning a housing and services system for people who are homeless. The NorCal CoC serves as a convening entity tasked with the critical mission of ending homelessness in the City of Redding and in the counties of Shasta, Lassen, Plumas, Sierra, Siskiyou, Del Norte and Modoc Counties. The NorCal CoC is responsible for managing Housing and Urban Development funds for homelessness and is uniquely positioned to identify system needs and take steps to address them with the collaboration and partnership of community stakeholders.

The NorCal CoC uses the CEP to engage individuals and families in housing and supportive services. The CEP is a process designed to streamline applicant intake and assessment to provide for appropriate service referrals. A CEP covers a specific geographic area, is easily accessed by individuals and families seeking services and housing, is well advertised, and includes a comprehensive and standardized assessment tool. The Continuum has developed a specific policy to guide the operation of the CEP on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. The CEP must comply with any requirements established by HUD.

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<sup>1</sup> Authority established in [24 CFR 578.7\(a\)\(8\)](#), "This system must comply with any requirements established by HUD by Notice

<sup>2</sup> Notice [CPD-17-01](#) Establishing Additional Requirements for a CoC Centralized or Coordinated Assessment System

<sup>3</sup> Housing First defined under California [Senate Bill 1380](#), Chapter 847, Section 1.(e)

The primary purpose of a CE is to ensure that all people experiencing a housing crisis have fair and equal access, quickly identified, and are assessed and connected to housing and homeless services prioritized based on their level of vulnerability and personal choice. The CEP uses standardized tools and practices through a system-wide Housing First Approach, and, in a time when resources are slim, coordinated housing support so that those with the highest and most severe needs are prioritized for housing services.

Additionally, a CEP is important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such assessment systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

A CEP is a federal requirement for programs funded under the Department of Housing and Urban Development; many programs funded through the California Department of Social Services; and for sub-recipients of CoC Funding. All CoC Program and ESG funded programs are required to participate in CE. The CoC aims to have all homeless assistance programs participate in the CEP and will work with all local programs and funders to facilitate their participation.

Key principles of Coordinated Entry:

- **Quality Assurance:** The CEP must have a mechanism for ongoing, regular quality assurance to ensure rigor and consistency in tools, standards, and staff trainings.
- **Access:** CE will ensure that participants quickly receive access to the most appropriate services and housing resources available.
- **Interdependency:** The CEP will promote interdependency between programs, by promoting trust about assessments, referrals, and warm handoffs. The CEP will promote interdependency between programs and clients, as clients are connected to the right intervention with consideration for their preferences.
- **Streamlined Process:**
  - For clients and front-line staff, utilizing standardized tools and practices reduces the number of times clients are asked redundant questions throughout the system of care, improving efficiency.
  - The CEP will operate with a person-centered approach.
  - CE will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.
  - CE will implement standard assessment tools and practices and will capture only the limited information necessary to determine the severity of the participant's needs and the best referral strategy for him or her.
  - CE will utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC resources.

- **Address Barriers:** Promotes the Housing First approach, ensuring that clients with the highest level of acuity are provided the most intensive housing and service interventions available.

CE is not a stand-alone solution to end homelessness or a solution to the shortage of affordable housing. The CEP promotes access to and effective and efficient utilization of mainstream programs and to optimize self-sufficiency among individuals and families who are experiencing homelessness or are at imminent risk of homelessness.

### ***System Governance***

These policies and procedures will govern the implementation, administration and evaluation of the NorCal CoC CA 516 (NorCal CoC) CEP. This is a living document and will be reviewed annually upon evaluation of the process; changes can be made based on the information gathered through the evaluation process.

The CoC's HMIS/CEP Committee is responsible for the review and revision of CE Policies and Procedures. The revision process will be completed at least once annually. Upon the completion of the HMIS/CEP Committee's review and revision, the draft document will be presented to the NorCal CoC Executive Board for consideration and approval.

Any person who is interested in submitting suggestions for revisions to the document should email: [hmis@NoCalUnitedWay.org](mailto:hmis@NoCalUnitedWay.org)

### ***Participation Requirements***

All housing programs serving people experiencing homelessness in NorCal Continuum of Care are encouraged to participate in Coordinated Access, and a subset of these programs are required to participate. HUD requires all programs receiving CoC and ESG funding to participate in their CoC's CEP. The U.S. Department of Veteran Affairs (VA) also established guidance that instructs Supportive Services for Veteran Families (SSVF) and some other VA-funded homeless services to participate in Coordinated Access. Specified programs funded by the State of California are also contractually required to participate in Coordinated Access.

## **Coordinated Entry Process (CEP)**

The NorCal CoC CEP is a collaboration of multiple community, government, and faith-based agencies that, collectively, provide services that range from prevention of homelessness to permanent housing placements. The NorCal CoC covers an expansive geography that includes 7 counties: Del Norte, Lassen, Modoc, Plumas, Shasta, Sierra and Siskiyou. CE covers this full geography by identifying access points, standard assessments, and referral processes that are unique to each of those regional areas.

## *Eligibility*

Our CEP is designed to serve any resident of our seven County CoC who is experiencing a housing crisis. This includes those who are:

- **Unsheltered** (e.g., living outside, in a car, on the streets, or in an encampment),
- **Sheltered** (e.g., in emergency shelter or transitional housing), or
- **At imminent risk of homelessness** (e.g., being evicted, unable to pay rent, doubled up, or in an unsafe living situation).

## *Core Practices*

Providers will utilize the CEP to conduct initial evaluations of applicants to determine baseline eligibility. The CEP combines HUD's regulations for determination of Homeless Status along with consideration of the VI-SPDAT assessment score to determine those at highest vulnerability risk.

Core Practices:

- A. Prioritization through CEP: Access to assistance shall be prioritized for people with the most urgent and severe needs, including, but not limited to, victims of domestic violence. Programs shall seek to prioritize people who:
  - 1) Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings;
  - 2) Have experienced the longest amount of time homeless;
  - 3) Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own; and
- B. For homelessness prevention activities, people who are at greatest risk of becoming literally homeless without an intervention and are at greatest risk of experiencing a longer time in shelter or on the street should they become homeless.

All participating programs shall operate in a manner consistent with Housing First Practices as reflected in the Continuum of Care written standards and progressive engagement and assistance practices, including the following:

- 1) Ensuring low-barrier, easily accessible assistance to all persons, including but not limited to people with no income or no income history and persons with active substance abuse or mental health issues or persons with criminal history.
- 2) Helping clients quickly identify and resolve barriers to obtaining and maintaining housing.
- 3) Seeking to quickly resolve the clients housing crisis before focusing on other non-housing related services.
- 4) Allowing clients to choose the services and housing that meets their needs, within practical and funding limitations.

- 5) Connecting clients to appropriate supports and services available in the community that foster long-term stability.
- 6) The type, duration, and amount of financial assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis and stabilize them in housing.
- 7) Any other practices promoted or required by HUD.

The NorCal Continuum of Care uses a phased approach to assessment which progressively collects only enough participant information to prioritize and refer participants to available CoC housing and support services.

## HUD Coordinated Entry Core Elements

### *Planning*

This document and accompanying materials ensure compliance with all stated HUD requirements for CEP, as noted HUD's "CE Core Elements" document and subsequent materials guiding CE system implementation. NorCal CoC implementation of CE began in 2017 with a segment of Shasta County participation. A pilot Coordinated Intake project with Shasta County Health and Human Service that serve individuals and households experiencing homelessness. The CEP implementation Continuum wide began in 2020 to cover the entire geographic area claimed by the NorCal CoC and is easily accessed by individuals and families seeking housing or services. The CEP will be well-advertised, utilizing flyers, website, social media, regionally dispersed access points, street/encampment outreach teams and also will foster connection with mainstream services such as healthcare providers and emergency services/first responders.

The NorCal HMIS/CEP Committee will have, at a minimum, quarterly meetings to review and ensure the CEP and procedures are reflecting current needs of the community.

Sub-Populations - In conjunction with the CoC's decision to adopt a multi-site access coordinated entry model, the Committee identified the following sub-populations coordination with agencies serving equal access to:

### *Coordination with Agencies Serving Victims of Domestic Violence*

During the CE Diversion or Prevention Screening Phase, all CE Access Points will identify and provide equal access to any individual or family escaping or attempting to flee domestic violence, sexual assault, dating violence, stalking, or human trafficking. Such persons experiencing the aforementioned circumstances are provided opportunity to receive CES referrals for available services from either non-victim specific providers or victim service providers specializing in assistance to such persons fleeing or attempting to flee domestic



violence and/or sexual assault. Upon determining the household may be escaping or attempting to flee a violent situation, Access Points must also provide information and referral to the geographically designated Domestic and Family Violence Access Point.

### *Coordination with Agencies Serving Veterans*

During the CE Diversion or Prevention Screening Phase, all CE Access Points will identify and provide equal access to any individual and their family who are veterans. Upon determining an individual is a veteran, Access Points may also provide information and referral to the geographic designated agency that provides supportive services for veterans.

### *Coordination with Agencies Serving Youth*

During the CE Diversion or Prevention Screening Phase, all CE Access Points will identify and provide equal access to youths. Access Points must also provide information and referral to the geographically designated Youth Access Point.

### *Non-Discrimination*

The CE Access Points and Authorized Providers must comply with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identity Rules, as applicable. Under these laws and rules, the following classes are protected from discrimination:

- Race
- Color
- Religion
- National origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status
- Marital status
- Citizenship (or lack thereof)

## Access

### Accessing the *CEP*

Due to the diversity and size of the NorCal CoC, access to the CEP is a multi-site approach, requiring multiple referral zones. The principles of this approach are:

- 1) A client can seek housing assistance through any of the participating access points within each community.
- 2) Clients should have equal access to information and advice about the housing assistance for which they are eligible in order to assist them in making informed choices about services that are available in the county and that meet their needs.
- 3) Participating providers have a responsibility to respond to the range of client needs pertaining to homelessness and housing, and act as the primary contact for clients who apply for assistance through their service unless or until another provider assumes that role.
- 4) Participating housing providers will work collaboratively, and when necessary, use case conferencing and warm hand-offs, to achieve responsive and streamlined access to services to achieve the best possible housing outcomes for clients, particularly for those with high, complex or urgent needs.

Refer to each County's Addendum on where clients can connect to services through CEP.

## Assessment

The CoC has adopted the following steps to engage and serve persons seeking assistance through the Coordinated Entry system:

*Diversion/Prevention Screening (Immediately)*: This step is to engage with a participant to divert a person from entering the crisis response system (including emergency shelter and transitional housing). The CE staff will examine existing CoC and participant resources and options that could be used to avoid the participant entering the homeless system of care. This screening will identify the need for financial assistance, case management, and/or services to prevent a person at risk of homelessness from becoming homeless. (*Appendix B- Diversion/Prevention Screening*)

*Crisis Assessment (Immediately)*: This step of engagement will focus on identifying the immediate housing crisis and clarifying that the CoC crisis response system is the appropriate system to address the potential participant's immediate needs. CE staff will collect information to identify a necessary crisis response project such as emergency shelter or other homeless assistance project and assess the participant's housing and service needs with the intent to resolve that participant's immediate housing crisis.

*Comprehensive Assessment and VI-SPDAT (Completed the same day or as soon as possible after the initial assessment)*: The CE staff will complete the CE and HMIS Intake Forms and VI-SPDAT, which will gather the necessary information to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of the participant's vulnerability and prioritization for assistance. All access sites must offer the same assessment approach and referrals using uniform decision-making process. Depending on the participant's circumstances, it may be necessary to complete this step with more than one appointment with the participant.

*Next Step / Move on Assessment (Ongoing)*: The final phase will collect information revealed or known after the Initial and Comprehensive Assessments are conducted. Any new information might suggest a revised referral strategy, or it will re-evaluate participants who have been stably housed for some time and who might be ready for less-intensive housing and service strategies.

### ***Assessment Tools***

*Homeless Management Information System (HMIS) Intake Form (Addendum X)*: This form collects basic information about a participant, including information to determine eligibility and prioritization.

*VI-SPDAT Form (Addendum X)*: Vulnerability Index – Service Prioritization Decision Assistance Tool is an evidence-based tool that prioritizes individuals, transition-age youth, and families for available permanent housing based on acuity and chronicity. Providers will utilize the VI-SPDAT

as the common assessment tool to screen individuals and families experiencing homelessness. There are two assessment tools, one for individuals and one for families in HMIS. Acuity is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability. The VI-SPDAT score shows the presence of these issues and indicates the potential best fit for housing and service intervention, based on scores across multiple dimensions.

*Client Consent and Release of Information (ROI) Form (Addendum X)*: If the individual or family meets the threshold for acuity, a ROI is signed, and the information is entered into HMIS and referred to the Prioritization List.

These tools were selected based on their reputation as valid, tested, and reliable assessment tools, as well as their consistency with a Housing First assessment process focused on rapidly housing clients without preconditions. The tools gather only enough client information to determine the severity of need and eligibility for housing and related services. In addition, the community believes that these tools are appropriately adjusted according to specific subpopulations (i.e., youth, individuals, families, and chronically homeless), and based on responses to specific questions. The CoC believes that these tools reflect the developmental capacity of the clients being assessed. The tools incorporate a person-centered approach, in that they are at least partly based on clients' strengths, goals, risks, and protective factors, they are easily understood by clients, and they are sensitive to clients' lived experience.

### ***Assessment - Policies and Procedures***

#### *Policy*

No client will be screened out of the CEP due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, or a criminal record. All participants in the CEP will be free to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible.

#### *Procedure*

All areas where in-person assessments are conducted will be made as safe and confidential as possible within reason so that people will feel comfortable identifying sensitive information or safety issues. CE access points are required to obtain participant consent with a signed Release of Information (attach) to collect, use and disclose (sharing) participants' personally identifiable

information (PII). All participant information collected, stored, or shared in the operation of CE functions, regardless of whether or not the data is stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored or shared in HMIS. (Appendix XX, HMIS Security and Privacy Policy)

#### Policy

Whether the VI-SPDAT is first conducted on paper or directly inputted within NorCal Homeless Management Information System (HMIS), all VI- SPDAT assessments must be recorded in the HMIS Prioritization List within 2 business days of when the information was first collected.

#### Procedure

All licensed HMIS users who are CE participating agencies will have access to the CE Prioritization List within HMIS.

#### Policy

If the individual/family is not prioritized for any interventions, the provider administering the VI-SPDAT should explain why and what other services will be available to them (e.g., shelter case management, connection to mainstream resources, help connecting with family or friends).

#### Procedure

The client should be referred to the appropriate emergency shelter or other housing crisis resource, where they will receive case management and other services to help them access housing. The assessment process ends for the client at this point.

#### Policy

While some assessment questions may provide the opportunity for the client to disclose a disability or health diagnosis, no person will be pressured to provide diagnosis details in order to participate in the CEP. Any diagnostic information that is disclosed will only be used for the purpose of determining specific program eligibility to make appropriate referrals, or to provide a reasonable accommodation for the client being served.

#### Procedure

Assessment tools might not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions. Therefore, case workers and others who work with households may provide additional information to the agency's Homeless Multi-Disciplinary Team member to present at the case conferencing.

### Policy

Individuals may choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS.

### Procedure

Participant data in HMIS must be updated after an initial CE data collection period and for project enrollment. The data collected is to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. The CoC will continuously work to improve participant engagement strategies to achieve completion rates that is required for HMIS data elements that are as high as possible.

### Policy

Participant assessment information should be updated at least every 12 months.

### Procedure

If the participant is served by CE for more than 12 months, an updated intake form is completed to meet HUD HMIS Data Standards. If the client cannot be located to complete an update, the client will be exited. Once the client's assessment information is updated, they are re-entered into CE. (Pg 32 of outline)

## Prioritization

Clients are matched with available resources based on need and vulnerability. The most vulnerable clients are prioritized for available housing services. Determining *eligibility* is a different process than determining *prioritization*:

- **Prioritization** refers to the order in which eligible persons will be referred to a project based on factors such as need and vulnerability.
- **Eligibility** refers to limitations on who can be accepted into a program based on the program's funding sources, authorizing regulations, real estate covenants or rental agreements, and capacity to provide necessary services.

The homeless housing and services are available through the NorCal CEP, including:

- **Prevention/Diversion:** financial assistance or case management to stay housed
- **Basic Needs and Services:** showers, food, laundry, benefits enrollment, referrals, etc.
- **Emergency Shelter:** short-term, temporary place to stay
- **Rapid Re-housing:** time-limited rental assistance with case management
- **Permanent Supportive Housing:** long-term housing assistance with services and case management

### *CoC Priorities*

The following represents the uniform process to be used across each community for assessing individuals/families, matching them to an appropriate housing intervention, and within each category prioritizing placement into housing. This will eliminate the need to complete multiple assessments with individuals.

The VI-SPDAT will be the only tool used to assess individuals at the point of entry. The VI-SPDAT scores will be used to triage individuals.

NorCal CoC has adopted the HUD released guidance for the prioritization of chronically homeless individuals and families, which can be found at Notice CPD 16-11. As such this CoC has established the following order of priority for individuals and families:

#### Permanent Supportive Housing (PSH):

For individuals that score (8+) and families that score (9+) on the VI-SPDAT signals the need for Permanent Supportive Housing. The prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of *chronically homeless* set by HUD in its December 2015 Final Rule):

- **1st Priority**—Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.
- **2nd Priority**—Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.
- **3rd Priority**—Chronically homeless individuals and families with the most severe service needs.
- **4th Priority**—All other chronically homeless individuals and families not already included in priorities 1 through 3.
- **5th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.
- **6th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability and a long period of continuous or episodic homelessness.
- **7th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability and are coming from places not meant for human habitation, Safe Havens, or emergency shelters.
- **8th Priority**—Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.
- ***Tie Breaker***—When two households in the same priority are scored equally on the Prioritized List, the following tiebreakers will be used in this order:
  - Veteran
  - Household longest length of homelessness and lowest household income.

#### Transitional Housing (TH):

The CoC will prioritize the following persons for TH:

1. Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis.
2. Households consisting of unaccompanied youth.
3. Participants seeking treatment services for behavioral health conditions such as mental illness and/or substance use disorders.

#### Rapid Re-Housing (RRH):

For individuals that score 4-7 and families scoring 4-8 on the VI-SPDAT, signals the need for Rapid Re-Housing. The prioritization for persons who are determined to be eligible for RRH will be consistent with the CoC's scoring range for need and vulnerability associated with RRH programs. Additionally, the CoC has opted to prioritize the following persons for RRH:

1. Households with a single parent and 3 or more dependent children under the age of 6.



2. Households experiencing domestic violence.
3. Households consisting of unaccompanied youth.
4. Households with a previous episode of homelessness within the most recent 12 months.

#### *VI-SPDAT for Individuals*

Intervention Recommendation	VI-SPDAT Prescreen Score for Individuals
Permanent Supportive Housing/Housing First	8+
Rapid Re-Housing	4-7
Diversion	0-3

#### *VI-SPDAT for Families*

Intervention Recommendation	VI-SPDAT Prescreen Score for Families
Permanent Supportive Housing/Housing First	9+
Rapid Re-Housing	4-8
Diversion	0-3

Clients are not required to disclose specific disabilities in order to access the CEP; however, certain programs may require disclosure to ascertain program eligibility for a specified program. Access Points are required to inform clients that disclosure is not required at time of entry into CEP but may be required for appropriate housing placement and program eligibility.

#### ***Emergency Services***

Emergency services are a critical crisis response resource and access to such services will not be prioritized. See Attached Addendum for each County within the NorCal Continuum for location of emergency service providers.

#### ***Coordinated Entry Administrator***

The Coordinated Entry Administrator (CEA) will make contact with the local housing provider agency's Point of Contact. The CEA determine if a case conference is needed before a housing referral and placement is made. CoC/ESG funded programs and organizations that provide non CoC or ESG housing to those experiencing homelessness and would like to dedicate all or some of their housing vacancies to CE, follow the process outlined below:

1. Identify if the housing is permanent supportive housing (PSH), rapid rehousing (RRH), or affordable/one-time assistance housing.

2. The Housing Provider will follow the eligibility requirements for each of their programs that they will be dedicating to the CEP.
3. The Housing Provider will notify the CEA when they have open and currently available housing inventory.
4. The Housing Provider commits to following the processes outlined directly below for Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH).
  - Assuming client eligibility, clients are placed into permanent housing, by acuity, as rapidly as possible on a community-by-community basis.
  - The community then houses the next, most acute individual or family on the list according to HUD priorities.
5. Upon entry into the CE program in HMIS, the Housing Provider commits to working with the Referring Agency to locate the individual/family and engage with them to see if the housing referral provides a good match. The Housing Provider commits to completing necessary housing documentation needed for program entry.
6. The Housing Provider commits to communicating with the CEA when a referral does not lead to successful program entry and providing reason(s) why they were not housed so that the individual can be unassigned or reassigned to the CE Prioritization List.
7. The Housing Provider commits to communicating with the CEA when each referral does lead to successful program entry and providing the date the individual moves into housing. In addition, documenting entry into program and housing move in date in HMIS.

### *Specialized Service Pathways for Sub-Populations*

See Attached Addendum for each County within the NorCal Continuum for location of providers for sub-populations.

CE access points tasked with serving an identified subpopulation were selected for their experience and expertise in serving the specific subpopulation. In addition to administering the standardized assessment tools and providing standardized CE services, these sites may also use customized assessments that are geared toward determining services and referrals that best meet the specific needs of the subpopulation. While the CE Process includes specialized pathways for youth and young adults, and individuals and families fleeing domestic violence, and veterans, these subpopulations may be served at any CE access point.

<i>Veterans</i>
Access point intake staff assess for prevention or emergency shelter options for veterans who are experiencing literal or imminent homelessness.

<i>Individuals and Families Who are Fleeing or Attempting to Flee Domestic Violence</i>
Access Points and housing providers must prioritize safety and equitable access to housing and services for individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, while ensuring that client choice is upheld. While victim service providers operate specialized housing and services targeted to individuals and families who are experiencing domestic violence, dating violence, sexual assault or stalking, these individuals and families have access to the full range of housing and services available. For this reason, Access Points must offer homelessness prevention services to all those individuals and families who are eligible. Access Points use a unique identifier and confidential methods of communication to coordinate services and housing placement for these individuals and families. Victims of domestic violence, dating violence, sexual assault, or stalking can call the 24-hour hotline number in their respective county, where available, for access to the CEP.
<i>Youth under 18 &amp; Young Adults 18-24</i>
Access point intake staff assess for prevention, family reunification, or emergency shelter options for youth and young adults who are experiencing literal or imminent homelessness. Specialized assessments are used in conjunction with the standardized housing assessment to connect youth and young adults with appropriate housing and services.

The domestic violence service providers (DVSP) in the CA-516 CoC shall administer the VI-SPDAT for their clients who are seeking services from other housing service providers in the CA-516 CoC.

When administering the VI-SPDAT, they will follow this procedure:

- When an individual or family contacts a DVSP for housing assistance, CE Pre-screen Tool is completed as an initial basic assessment to determine basic program eligibility. This form can be completed in person or over the phone.
- If the individual or family meet eligibility (homeless and below income guidelines), the VI-SPDAT is completed either in person or over the phone.
- If the individual or family meets the threshold for acuity, the DVSP provides the VI- SPDAT score and a unique anonymous identifier, such as “One Safe Place Client-12345,” to the CEA. The DVSP destroys the paper copy of the VI-SPDAT.
- The CEA enters the client’s score and identifier into the By Name prioritization list.

- If, and when, the requested service becomes available for the client, the appropriate housing agency contacts the DVSP and references the client using the anonymous identifier.
- The DVSP contacts the client and tells him or her that the service is available and asks the client if he or she would like to receive the service. The DVSP then communicates the client's intentions to the housing provider. The DVSP will need a signed Release of Information and waiver of non-disclosure in order to share the client's name with the housing provider for cases in which the client intends to use the housing provider's service.

## Referral

All programs receiving referrals through the CEP, must use the CEP established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services. Provider agencies not participating in the CEP will nonetheless be required to use the CEP to link their clients to the housing and services programs that are participating in CE. The housing program will also provide the most barrier-free, rapid, and successful entry into housing for each eligible client, by acuity, with as few barriers to housing as possible.

Once a person experiencing a housing crisis has been assessed, the CEP determines the person's priority for housing and supportive services. The person's level of vulnerability or need is determined by using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). Scores on the VI-SPDAT populate the Local Prioritization List once entered into HMIS and the CEA will manage referrals to participating agencies as housing opportunities become available. It is the person's prioritization status (and other information from that assessment) that determines where the person will be referred. In the referral process, the group of persons with the highest priority is offered housing and supportive services first. The list dynamically changes as new client scores are added to the Coordinated Entry in HMIS.

When making referrals the NorCal Continuum of Care (CoC) will abide by the following requirements:

### ***Referral Requirements***

**Lowering barriers / Housing First:** The CoC and programs participating in the CEP will not screen potential project participants out for assistance based on perceived barriers related to housing or services.

**Nondiscrimination:** Through the referral process, the CoC will continue to comply with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identity Rules, as applicable. Under these laws and rules, the following classes are protected from discrimination:

- Race
- Color
- Religion
- National Origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status
- Marital status

**Referrals to Programs:** The CoC and ESG-program recipients and sub-recipients will use the CEP established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs.

**List of Referral Resources:** The CoC will create and maintain an inventory list, updated at least annually, of all housing support programs and supportive services programs that can be accessed through referrals from the CEP.

**Notification of Vacancies:** When a vacancy occurs or is expected to occur in the immediate future, the housing provider agency with the vacancy must alert the CEA via email within a minimum of 2 business days and to not exceed 1 month of the vacancy. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements. The CEA will work to identify a prioritized household to fill the vacancy.

### *Referral Process*

The CoC will use the following process when making referrals:

- The CoC will provide potential participants with a list of all available units and programs for which they likely are eligible and then support them in making their own choices about which options to pursue. No participant will be “steered” towards any particular housing facility or neighborhood because of race, color, national origin, religion, sex, sexual orientation, disability, or the presence of children.
- Participants will be provided a choice in decisions such as location and type of housing, level and type of services, and other project characteristics, including assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals and families need.
- Upon referral, CoC participants will receive clear information about the program they are referred to, what participants can expect from the program, and expectations of the program.
- If programs institute their own prioritization standards and preferences, the CoC’s CEP must accommodate these potential differences at the point of referral.
- Eligibility determination for available units or programs might be presumed during assessment as highly likely, but actual eligibility is not documented until the person is being enrolled in the receiving program. Eligibility then is verified through program-specific verification requirements and processes.

- Documentation collected for purposes of eligibility determination, if collected earlier during assessment, may not be used in prioritizing persons or in screening persons out of the CEP.
- Whenever possible, the CoC will establish referral zones or referral regions within the geographic area of the CoC. These referral zones are designed to avoid forcing persons to travel or move long distances to be assessed or served.
- Whenever possible, a warm handoff is encouraged from the referring agency to the receiving agency.
- The CoC will transmit participant referral information electronically.

### *Local Housing Placement*

The CEA will run updated By Name Prioritization lists from HMIS as needed for three populations: veterans, individuals and families. Clients at the top of each list will be selected and if necessary, case conferencing will be coordinated among all provider agencies participating in HMIS who have served that client. The CEA determine who will participate in case conferencing in order to recommend housing placements from among the vacant units that have been reported to the CEA. Prioritization decisions will be made in accordance with HUD (Prioritization Notice: CPD-16-11). The CEA will ensure that the housing provider agency is made aware of the placement and will follow up as needed.

### *Referral Rejection Protocols*

When a referral is rejected by a potential participant, they will remain on the prioritization list until the next housing opportunity is available. The CEP will make every effort to identify other referral options. If none exists, the CoC will document such limitations of the currently available housing and services options for system planning purposes. Meanwhile, CE staff will continue to work with the potential participant to find alternative accommodations. The following do not impact the individual's or family's eligibility or prioritization to be referred to housing/program openings in the future:

1. Refusing a resource
2. Not responding to the Housing Provider's attempts to establish contact and/or
3. Not completing an eligibility appointment in a timely manner

When a program rejects a referral, regardless of the specific circumstances of the program's rejection, the program will communicate the decision clearly and quickly to the entity making the referral and the CEA. This communication will include the reason for the rejection, any factors or a change in circumstances that could allow the project to reconsider and actually accept the referral, and other pertinent information that came to light during the referral review that might affect the potential participant's referral standing at other CoC housing and services programs.



## Management

### ***Roles and Responsibilities***

**HMIS/CEP Committee:** The NorCal CoC Governance has designated the HMIS/CEP Committee. The Committee is a group of HMIS users and stakeholders that provides advice and input into the operations of the HMIS and CEP systems.

**HMIS System Administrator:** The HMIS System Administrator will work with the Local Housing Providers to manage the Local Prioritization Lists for each county. Anyone with a ServicePoint user license can enter a client into the CE program which will make a referral to the Prioritization List.

The HMIS Administrator provides database management, system level data analysis and quality control. The HMIS Administrator will:

- Maintain HMIS database as defined by the NorCal HMIS Governance and Policies and Procedures
- Generate standard CEP reports on an ongoing basis as defined by the Executive Board and HMIS/CEP Committee and generate ad hoc CEP reports and analysis when needed.
- Ensure the HMIS can collect the needed data for monitoring and tracking the process of referrals.
- Participate in the HMIS/CEP Committee and CoC meetings

**Coordinated Entry Administrator:** Responsibilities include-

- Managing the Prioritization list for the defined areas within the CoC.
- Main point of contact from participating local housing providers.
- Organize and hold case conference meetings for referrals.
- Attend and report status of defined area's CEP progress in the HMIS/CEP Committee meetings.

**Local Housing Providers:** The Department of Housing and Urban Development (HUD) requires provider agencies (both community-based organizations and government entities) receiving Continuum of Care Program or Emergency Solutions Grant funding to participate in their jurisdiction's CEP. In addition, other agencies may participate in the CEP, as referral sources, service providers, and providers of housing and services. Due to geographical differences of the communities and counties which comprise the NorCal CoC, provider agencies participating in the NorCal CEP will:

- **Adopt and follow the NorCal CEP Policies & Procedures**, as identified in this document and approved by the NorCal CoC, regarding access points, assessment procedures, client prioritization, and referral and placement in available services and housing. Other entry

points into services and housing not identified in these Policies & Procedures will not be used.

- **Adopt and follow the NorCal HMIS Policies & Procedures.**
- **Adopt and follow the NorCal HMIS Privacy & Security Plan**
- **Maintain low barrier to enrollment in services and housing.** No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy.
- **Maintain Fair and Equal Access** to CEP programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation.
  - If a program participant's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.
  - Participating provider agencies shall offer universal program access to all subpopulations as appropriate, including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, and transgender persons.
  - Population-specific programs and those programs maintaining affinity focus (e.g. women only, tribal nation members only, chronic inebriates, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case by case basis and receive authorization to operate as such on a limited basis from the HMIS/CEP Committee.
- **Provide appropriate safety planning.** Participating provider agencies will provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.
- **Create and share written eligibility standards.** Participating provider agencies will provide to the CEA detailed written guidance for client eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will be reviewed and a plan to reduce or eliminate them will be explored with the HMIS/CEP Committee. This may include funder-specific requirements for eligibility and program-defined requirements such as client characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program. These standards will be shared with the HMIS/CEP Committee.

- **Communicate vacancies.** Homeless providers will communicate project vacancies, either bed, unit, or voucher, to the CEA in a manner determined by the HMIS/CEP Committee and outlined in this document.
- **Fill vacancies through a client-centered approach.** The NorCal CoC CEP is person-centered and based on client choice. Individuals and families will be given information about the programs available to them and have some degree of choice about which programs they want to participate in.
- **Limit enrollment to participants referred through the defined access point(s).** Each housing program that is required to use Coordinated Entry must receive their referrals through the CEP. Any participating housing program filling homeless mandated units from alternative sources will be reviewed by the HMIS/CEP Committee for compliance.
- **Participate in planning.** CoC/ESG funded provider agencies shall participate in NorCal CoC's planning and management activities as defined and established by the HMIS/CEP Committee.
- **Contribute data to HMIS if mandated per federal, state, county, or other funder requirements.** Each provider with homeless dedicated units will be required to participate in HMIS to some extent. Providers should check with the HMIS Administrator to determine what forms they will need to complete in HMIS.
- **Ensure staff who interact with the CEP receive regular training and supervision.** Each provider must notify the HMIS Administrator of changes in staffing, in order to ensure employees, have access to ongoing training and information related to the CEP.
- **Ensure client rights are protected and clients are informed of their rights and responsibilities.** Clients will have rights explained to them verbally and in writing when completing an initial intake. At a minimum, client rights will include:
  - The right to be treated with dignity and respect;
  - The right to appeal CEP decisions;
  - The right to be treated with cultural sensitivity;
  - The right to have an advocate present during the appeals process;
  - The right to request a reasonable accommodation in accordance with the project's tenant/client selection process;
  - The right of choice for available housing/services;
  - The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

## Data and Privacy Protections

### *HMIS Standards*

Except as otherwise specified, data associated with the CEP will be stored in the CoC's Homeless Management Information System (HMIS). All data entered into or accessed or retrieved from the HMIS must be protected and kept private in accordance with the HMIS Data and Technical Standards (CoC Program Interim Rule, 24 CFR 578.7(a)(8)). Before collecting any information as part of the CEP, all staff and volunteers must first either:

1. Obtain the participant's signed informed consent to share participant information for the purposes of assessing and referring participants through the CEP, or
2. Confirm that such consent has already been obtained and is still active. The participant's consent must be in written form.

The CoC will not deny services to any participant based on that participant's refusal to allow their data to be shared unless a Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. Where appropriate, non-personally identifiable information about participants who refuse consent to share personally identifiable data should be logged in an electronic case file that uses pseudonyms, e.g., "Jane Doe," to preserve as much non-personally-identifiable information as possible for statistical purposes.

The participant's privacy and protection of their personal identifying information (PII) is of utmost concern. All service providers must sign a Memorandum of Understanding and data sharing agreement ensuring their ability to safeguard participant's personal information during the assessment process. Participant's health diagnosis or specific disability information is not required to be disclosed but may be obtained for the purposes of determining program eligibility and to make appropriate referrals to service providers.

The HMIS Privacy and Security Plans clearly states the CoC's privacy practices. Providers will provide participants with a written copy of the Notice of Privacy Practices, describing the notice in plain language, and post at each workstation a "Mandatory Collection Notice" per the HMIS Policies and Procedures.

When using HMIS to manage CE functions, CoC will ensure all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data. Further, participating providers must require each member of its staff (including employees, volunteers, affiliates, contractors, and associates) to sign annually, a confidentially agreement that acknowledges receipt of a copy of the Notice of Privacy Practices and that pledges compliance with that notice.

The data that the CoC collects will be:

- Data that is required to assess, prioritize, match, and refer a household for housing, homeless services, and/or mainstream resources.
- Data to assess and evaluate the CEP itself, such as system performance metrics, recidivism data, and client and provider satisfaction surveys, should also be collected by the CEP.

### *Access to CE Data*

Only individuals who have completed a full set of HMIS training and signed a NorCal HMIS end-user agreement may directly access CEP data in HMIS. All such persons must be informed of and understand the privacy rules associated with collection, management, and reporting of client data.

### *When Personally Identifiable Data Can Be Used and Disclosed*

Uses are internal activities for which providers interact with participant PII. Disclosures of PII occur when providers share PII with an external entity.

Once collected, providers have obligations about how PII information may be used and disclosed. The CoC's required and permitted uses and disclosures are stated in the HMIS Notice of Privacy Practices.

Per the 2004 HMIS Data and Technical Standards (see appendix A), HUD *permits* the following uses and disclosures of PII without participant consent, provided that the uses and disclosures are listed in the Privacy Notice. If any of these uses and disclosures is not listed in the Privacy Notice, consent is required:

- To provide or coordinate services to an individual
- For functions related to payment or reimbursement for services
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management functions. Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing & Urban Development and the State of California may see my information.

Per the 2004 HMIS Data and Technical Standards, HUD also permits the following types of uses and disclosures of PII without participant consent, provided that these additional uses and disclosures are listed in the Privacy Notice. If any of these uses and disclosures are not listed in the Privacy Notice, consent is required:

- Uses and disclosures required by law
- Uses and disclosures to avert a serious threat to health or safety
- Uses and disclosures about victims of abuse, neglect, or domestic violence

- Uses and disclosures for research purposes
- Uses and disclosures for law enforcement purposes

Per the 2004 HMIS Data and Technical Standards, HUD ***requires*** two mandatory disclosures regardless of their inclusion in the Privacy Notice:

- Participants' access to their own information
- Disclosures for oversight of compliance with HMIS data privacy and security standards

#### *Additional Safeguards for Survivors of Domestic Violence*

In addition to the safeguards described above, additional safeguards will be taken with any data associated with anyone who is known to be fleeing or suffering from any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers.

If necessary, to ensure the safety of potential victims of domestic violence, victim service providers are allowed to establish an alternative CEP for victims of domestic violence, dating violence, sexual assault, and/or stalking. If such an alternative process is established, it must still meet HUD's minimum CE requirements, i.e., nondiscrimination, full coverage, easy accessibility, adequate advertisement, standardized assessment based on written procedures, comprehensive assessment based on client need and vulnerability, and a unified effort to refer clients to housing and services across the entire geographic region according to the priority assigned by the CEP.

#### *Fair Housing*

##### **Non-Discrimination Policy**

The NorCal Continuum of Care does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status) during any phase of the CEP.

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the NorCal CEP will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

All locations where persons are likely to access or attempt to access the CEP will include signs or brochures displayed in prominent locations informing participants of their right to file a

discrimination complaint and containing the contact information needed to file a discrimination complaint. The requirements associated with filing a discrimination complaint, if any, will be included on the signs or brochures.

The US Department of Housing and Urban Development (HUD) Office of Fair Housing and Equal Opportunity (FHEO) administers and enforces federal laws and establishes policies that make sure all Americans have equal access to the housing of their choice.

Your fair housing rights are protected under Title VIII of the Civil Rights Act of 1968 (Fair Housing Act). If those rights have been violated, you can file a housing discrimination complaint with HUD by telephone at 1-800-669-9777.

If you believe you were discriminated against, harassed, or retaliated against because of one or more of the following protected classes: race, color, religion, sex, sexual orientation, marital status, national origin/ancestry, familial status (pregnancy or children in the household), source of income, and/or disability (including AIDS or HIV diagnosis), contact the California Department of Fair Employment and Housing (DFEH).

Online: A complaint may be filed online at: [www.dfeh.ca.gov](http://www.dfeh.ca.gov)

A written complaint may be mailed to:  
California Department of Fair Employment and Housing  
2218 Kausen Drive, Suite 100  
Elk Grove, CA 95758

By phone, call DFEH at (800) 884-1684. If you have a visual impairment, please call or TDD at (800) 700-2320.

### ***Cultural and Linguistic Competence***

All staff administering assessments must use culturally and linguistically competent practices, including the following:

- CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating programs and staff members.
- Assessments use culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.
- Access points will take reasonable steps to offer CEP materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency.

Appropriate auxiliary aids and services necessary to ensure effective communication will be available for individuals with disabilities. This may include use of large type (and ability to enlarge

text), assistive learning devices, Braille, audio, or sign language interpreters.

### ***Communications Plan***

The CoC will affirmatively market CE as the access point for available housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach, as determined through a regular review of the housing market area and the populations currently being served to identify underserved populations, including persons seeking crisis response services. This may include an evaluation of HMIS service data, the Point-in-Time Count, and County demographics and census data.

For identified populations, marketing will be conducted at least annually, and may use the following media:

- Brochures / Flyers
- Announcements at Community Events
- Social Media / Websites

The Communications Plan will identify access points, community and mainstream resources and will be designed to ensure that the CEP is available to all eligible persons.

Similarly, the marketing campaign will be designed to ensure that people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the CEP.

All physical access points in the CEP must be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. Marketing materials will clearly convey that the access points are accessible to all sub-populations.

### ***Outreach***

Outreach activities should be done a minimum of once per year. In addition to established Access Points, comprehensive outreach to areas where individuals and families experiencing homelessness are known to live ensures that unsheltered individuals and families have access to the CEP and have individualized support to access needed housing and services.

### **CE Evaluation and Monitoring**

The HMIS/CEP Committee consisting of designated local CE Leads and other CoC stakeholders will oversee CE implementation, evaluation and modification.



- HMIS/CEP Committee meetings will occur no less than a quarterly basis. This meeting should serve as a space for agency representatives to discuss the operational and programmatic practices of the access points, participants' progress and referral status, troubleshoot any issues, and coordinate outreach. The agency representatives can make recommendations on suggested changes to the CE system. The Committee will decide if the recommend changes to the process are implemented on a trial basis or a permanent change in the CEP. Permanent changes will be recommended to and approved by the NorCal CoC Executive Board.
- If a state of emergency situation arises, the Committee will have the ability to update or revise the policy and/or procedure(s) as needed, on a temporary basis.
- Programs will be evaluated on their level of participation in CE including having CE staff, participating in the CEP calls and meetings, taking referrals from CE, and regular updates on vacancies and waiting list. Participation in CE will be tracked through HMIS for quality, and agencies will be given the opportunity to submit their feedback on the process.

The HMIS/CEP Committee will engage in a formal evaluation at least once per year. The evaluation will employ multiple feedback methodologies each year to ensure that participating programs and households have frequent and meaningful opportunities for feedback. Each year, the evaluation will include:

- Individual interviews with enough participating providers and households to approximate the diversity of participating households.

At a minimum of once per year, each participating project will have the opportunity to evaluate the intake, assessment, and referral processes associated with CE. The HMIS/CEP Committee will solicit feedback addressing the quality and effectiveness of the entire CE experience for both participating programs and for households. The CEA will present the results of these consultations at the HMIS/CEP Committee meetings.

As part of the evaluation process, the CoC will examine how the CEP is affecting the CoC's HUD System Performance Measures. To that end, the evaluation will also include project- and system-level HMIS data. The HMIS/CEP Committee will develop an Evaluation Plan to support this process.

The CEA will collect feedback and data comprising the evaluation to present to the HMIS/CEP Committee for review and analysis. The CEA will then present the final evaluation with recommendations to the HMIS/CEP Committee, which will meet to consider what changes are necessary to CEP policies, and procedures in light of the feedback received. The HMIS administrator will collectively gather data from each geographic area and provide analysis to the NorCal CoC.

The following measures will be evaluated overall and by program type, as appropriate.

Measure(s)	Related Question(s)	Data Collection Process
Length of time on the prioritization list	<i>How long does it take for eligible individuals and families to access services?</i>	Review priority list. An HMIS report will be developed to determine how long a household is on the priority list before moving into housing.
Recurrence	<i>Are individuals and families matched with the correct intervention? What portion of services are used by repeat clients?</i>	An HMIS report currently measures returns to emergency shelter. This will be used until a report can be developed that will measure returns to all program types. An HMIS report will be developed to measure repeat clients.
Placement rates	<i>Of those referred, how many actually enter the program? Are programs denying access to eligible individuals or families?</i>	An HMIS report will be pulled to determine how many clients actually enter the program. It may be harder to determine if programs deny access to eligible families.
Length of stay and housing stability	<i>Is the system helping people efficiently move into permanent housing?</i>	Use HMIS report to determine average length of stay for emergency shelter programs.
Client demographics	<i>Has the implementation of the system adversely impacted any populations? Has implementation changed the rates at which the chronically homeless and others with high barriers are served?</i>	Use HMIS report to determine client demographics for all CEP programs.
Bed/unit occupancy rate	<i>Does the community need to reevaluate where to place its resources? Are non-participating shelters and housing providers used more as a result of implementation?</i>	Use Housing Inventory Chart to determine bed/unit occupancy for point in time.
Unmet needs	<i>What portion of people assessed to have a need for a service are not afforded it?</i>	Use HMIS report to determine number of unmet needs.
*New entries into homelessness	<i>Are prevention and diversion efforts working effectively?</i>	Use HMIS report to determine number of clients newly homeless.

\*This measure would be added to the evaluation once prevention and diversion are incorporated into the system.

## ***Grievance Policy***

### *Client Grievances*

**Grievance/Appeal process:** There will be formal grievance and appeals process managed by the CE/HMIS Committee.

Consumer choice is central to CE and the appeals process will embrace that same person centered and easily navigable model. If a participant feels they did not receive fair treatment, they were denied resources or given an inappropriate referral, the participant may appeal these decisions or actions.

This policy refers to client grievances regarding the CEP only. If a client has a grievance regarding a particular agency, they should follow that agency's grievance procedure.

The agency completing the screening should address any complaints by clients as best as they can in the moment. Complaints that should be addressed directly by the agency staff member or agency staff supervisor include complaints about how they were treated by agency staff, agency conditions, or violation of confidentiality agreements. Any other complaints should be referred to the CEA to be dealt with in a similar process to the one described below for providers. Any complaints filed by a client should note their name and contact information, so the CEA can contact him/her to discuss the issues.

Housing and supportive service providers must ensure that all eligible persons, inclusive of all populations and sub-populations have fair and equal access to the CEP. The HMIS/CE Committee will evaluate policies; procedures and any grievances are regard to equal access on an annual basis.

### **Provider Grievances**

It is the responsibility of all boards, staff, and volunteers of CoC-funded programs and ESG-funded programs to comply with the rules and regulations of the CEP. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the CEP policies and procedures.

To file a grievance regarding the actions of an agency, contact the CEA with a written statement describing the alleged violation of the CEP policies and procedures, and the steps taken to resolve the issue locally. Once CEA has received the documentation, he/she will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file an appeal with the California Department of Housing and Community Development. This must be done by providing a written statement regarding the reasons for the appeal. The NorCal CoC Administrative Entity will contact the agency in question to request a response to the grievance.

## Training

The CoC will provide training opportunities at least once annually to organizations and/or staff people at organizations that serve as access points or administer assessments. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the CoC's CE written policies and procedures.

New staff and new volunteers who begin to participate in the CEP for the first time must be a licensed HMIS user and complete a training curriculum that will cover each of the following topics:

- Review of the CoC's written CEP policies and procedures, including any adopted variations for specific subpopulations.
- Requirements for use of assessment information to determine prioritization.
- Non-discrimination policy as applied to the CEP.
- Criteria for uniform decision-making and referrals.

All assessment staff must be trained at least once on how to conduct a trauma-informed assessment of participants, with the goal of offering special consideration to victims of domestic violence and/or sexual assault to help reduce the risk of re-traumatization.

All staff and volunteers who enter data into HMIS or access data from HMIS must be trained in current HMIS policy and procedures.

## Addendum – Geographical Areas of NorCal CoC CA516

- A. Del Norte County
- B. Lassen County
- C. Modoc County
- D. Plumas County
- E. Shasta County
- F. Sierra County
- G. Siskiyou County

## **Addendum A – Del Norte County**

### **Coordinated Entry Access Point:**

Del Norte County Health and Human Services  
Public Assistance/Employment & Training Branch  
880 Northcrest Drive  
Crescent City, CA 95531  
Phone: (707) 464-3191  
Hours: M - F, 8 AM - 5 PM  
Contact: Jessica King

### **Coordinated Entry Access Point:**

Del Norte Mission Possible/Homeless Outreach  
1100 H Street,  
Crescent City, CA, 95531  
Phone: (707) 954-7319  
Hours: M - F, 9 AM - 8 PM  
Contact: Daphne Cortese-Lambert

## **Addendum B – Lassen County**

### **Coordinated Entry Access Point:**

Lassen County Cal Works  
1616 Chestnut Street  
Susanville, CA 96130  
Phone: (530) 251-8152  
Hours: M-F, 8 AM – 5 PM

### **Coordinated Entry Access Point:**

Lassen County Adult Services/Outreach  
1400 Chestnut Street, Suite C.  
Susanville, CA 96130  
Phone: (530) 251-8158  
Hours: M-F, 8 AM – 5 PM  
Contact: Grace Poor

### **Coordinated Entry Access Point:**

Lassen County Behavioral Health/Outreach  
555 Hospital Lane  
Susanville, CA 96130  
Phone: (530) 251-8108  
Hours: M-F, 8 AM – 5 PM  
Contact: Tiffany Armstrong

## **Addendum C – Modoc County**

### **Coordinated Entry Access Point:**

Training Employment and Community Help, Inc. (TEACH)

112 E 2<sup>nd</sup> Street

Alturas, CA 96101

Phone: (530) 233-3111

Hours: M-F, 8 am – 5 pm

Contact: Carol Madison



## **Addendum D – Plumas County**

### **Lead/Youth Coordinated Entry Access Point:**

Plumas Crisis Intervention and Resource Center (PCIRC)  
175 Main Street  
Quincy CA 95971  
Phone: (530) 283-5515  
Hours: M - F, 9 AM – 5 PM  
Contact: Kristen Quade

### **Coordinated Entry Access Point:**

Plumas County Behavioral Health  
270 County Hospital Road, Suite 109  
Quincy, CA 95971  
Phone: (530) 283-6307  
Hours: M-F, 8 AM - 5 PM  
Contact: Anne Nielson

## **Addendum E – Shasta County**

### **Coordinated Entry Access Point:**

Shasta County Health and Human Services  
2600 Park Marina Dr  
Redding CA, 96001  
Phone: (530) 225-5160  
Hours: M-F, 8 AM – 4 PM

### **Youth/Coordinated Entry Access Point:**

Hill Country Health and Wellness  
1401 Gold Street, Suite A  
Redding, CA 96001  
Phone: (530) 319-7066  
Hours: M-Sun, 12 PM – 9 PM

### **Coordinated Entry Access Point:**

Shasta Community Health Center  
1035 Placer Street  
Redding, CA 96001  
Phone: (530) 246-5710  
Hours: M-F, 8:00 AM – 5 PM

### **Shasta Community Health Center (SCHC) Access Points:**

HOPE VAN Locations sites, days, and hours:

#### **Monday & Wednesday**

Empire Recovery Center  
1237 California Street  
Redding CA, 96001  
Hope VAN Message Phone: (530)246-5765  
Hours: 8 AM – 3 PM

#### **Tuesday - 2 Locations**

Salvation Army  
2691 Larkspur Lane  
Redding, CA 96002  
Hope VAN Message Phone: (530) 246-5765  
Hours: 8 AM – 3 PM

Shasta Community Health Dental Center  
1400 Market Street, Suite 8103  
Redding CA, 96001  
Phone: (530)247-7253  
Hours: 7:45 AM – 10 AM

**Thursday**

Good News Rescue Mission Distribution Center  
3050 Veda Street  
Redding CA, 96001  
Hope VAN Message Phone: (530) 246-5765  
Hours: 8 AM – 3 PM

**Friday**

Shasta County Health and Human Service Agency  
Department of Social Services  
2460 Breslauer Way  
Redding CA, 96001  
Hope VAN Message Phone: (530) 246-5765  
Hours: 8 AM – 3 PM

**Shasta Community Health Center Access Point:**

Homeless Outreach  
Phone: (530) 356-7334  
Hours: M-F, 7:30 AM - 3:30 PM  
Contact: Anna Cummings

**Coordinated Entry Access Points:**

Shasta County Health and Human Services

Calworks Location  
1400 California Street,  
Redding Ca, 96001  
Phone: (530) 225-5000  
Hours: M-F, 8 AM – 5 PM

Anderson Location  
2889 E. Center Street  
Anderson, CA 96007  
Phone: (530) 229-8200  
Hours: M-F, 8 AM – 5 PM

Park Marina Location  
2600 Park Marina Dr  
Redding, CA 96001  
Phone: (530) 225-  
5160Hours: M-F, 8 AM – 5  
PM

Enterprise Location  
2757 Churn Creek Rd.  
Redding, CA 96002

Phone: (530) 224-4200  
Hours: M-F, 8 AM – 5 PM

Downtown Redding Center Location  
1220 Sacramento Street  
Redding, CA 96001  
Phone: (530) 229-8441  
Hours: M-F, 8 AM – 5 PM

Shasta Lake Location  
4216 Shasta Dam Blvd.  
Shasta Lake, CA 96019  
Phone: (530) 275-7500  
Hours: M-F, 8 AM – 5 PM

Burney Location  
36911 Main St.  
Burney, CA 96013  
Phone: (530) 335-6701  
Hours: M-F, 8 AM – 5 PM

**Emergency Shelter Access Point::**

Good News Rescue Mission  
2842 South Market Street  
Redding, CA 96001  
Hours: Vary

**Veteran Access Point(s):**

Nations Finest (Veterans Resource Center)  
153 Hartnell Avenue, Suite 100  
Redding, CA 96002  
Phone: (530) 223-3211  
Hours: M-F, 8 AM – 5 PM

**Transitional Youth Ages 18-24 Access Point(s):**

Ready for Life Host Homes Resource Center  
962 Maraglia Street (Upstairs)  
Redding, CA 96001  
Hours: By Appointment Only  
Phone: (530) 222-1826 or (530)917-8610 call or text

## **Addendum F – Sierra County**

### **Coordinated Entry Access Points:**

Siskiyou County Health and Human Services

Health and Human Services Office  
818 S Main Street  
Yreka, CA 96097  
Phone: (530) 841-2700  
Hours: M-F, 8 AM – 5 PM

Behavioral Health Office  
2060 Campus Drive  
Yreka, CA 96097  
Phone: (530) 841-4100  
Hours: M-F, 8 AM – 5 PM

### **Coordinated Entry Access Point:**

Siskiyou Community Resource Collaborative  
201 S. Broadway  
Yreka, CA 96097  
Phone: (530) 842-1313  
Hours: T - F, 9:30 AM- 4 PM

## **Addendum G – Siskiyou County**

### **Coordinated Entry Access Point:**

Health and Human Services  
818 S Main Street, Yreka  
Phone: 530-841-2700  
Hours: 8-5 pm, Monday-Friday

### **Coordinated Entry Access Point:**

Health and Human Services  
2060 Campus Drive, Yreka  
Phone: 530-841-4100  
Hours: 8-5pm, Monday-Friday

### **Coordinated Entry Access Point:**

Siskiyou Community Resource Collaborative  
201 S. Broadway, Yreka  
Phone: 530-842-1313  
Hours: 9:30-4pm Tuesday-Friday

## Appendix A – Definitions

Terms used throughout this document are defined below

- **Acuity** -when using the VI-SPDAT prescreens as a triage tool, acuity speaks to the presence of a presenting issue based on the prescreen score. Acuity refers to the severity of the presenting issues and is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.
- **Chronically Homeless** –
  - o An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years where those occasions also cumulatively total at least 12 months; and (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
  - o An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2(a) of this Notice], before entering that facility;
  - o A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless. (24 CFR 578.3)]
- **Client** – Individual or family who accesses the CEP
- **Continuum of Care (CoC)** - The group organized to carry out the responsibilities and requirements under 24 CFR part 578 that is composed of representatives of organizations including: nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.
- **Coordinated Entry Administrator** – An agency chosen by the HMIS/CEP Committee to manage the Prioritization List, locally or for the entire CoC, and to serve as the point

of contact for the Coordinated Entry Process. The Coordinated Entry Administrator will be identified in each county's local addendum.

- **Diversion** – A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds and the size of program prioritization lists. The difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at risk, and diversion targets people as they are applying for entry into shelter and rapid re-housing/permanent supporting housing targets people who are already homeless.
- **Literally Homeless (HUD Homeless Definition Category 1)** - An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (24 CFR 578.3)
- **Imminently at Risk of Homelessness (HUD Homeless Definition Category 2)** - An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing (24 CFR 578.3)
- **Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)** - Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing (24 CFR 578.3)
- **Homeless Management Information System (HMIS)** - The information system designated by NorCal CoC CA 516 and Dos Rios CoC CA 523 to comply with the



requirements of HUD used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are experiencing homelessness or at risk of homelessness. HMIS Policies and Procedures and the required intake and Release of Information forms can be found on the NorCal CoC website:

<https://www.norcalunitedway.org/hmis>

- **HMIS Data Standards** - HMIS data standards have been established by the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Veterans Affairs (VA) to allow for standardized data collection on homeless individuals and families across systems.
- **HMIS System Administrator** – The entity designated by the NorCal Continuum of Care to operate the Continuum’s HMIS on its behalf. The United Way of Northern California serves as the System Administrator for HMIS.
- **Housing Interventions** - Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers).
- **Local CEP (LCEP)** – At this time, the LCEP is the local, by county, entry system for persons needing assistance.
- **Local Prioritization Committee (LPC)**- Regional committees comprised of CoC, ESG or other funded agencies that come to the table to make and take referrals to/from the Prioritization List of eligible, high acuity individuals and families seeking housing interventions. LPC’s must adhere to priorities set forth by HUD and this policy.
- **No Wrong Door Approach** -Describes the experience of accessing housing assistance and the service system in a CoC from the client’s perspective and is a system that is designed so that the client only has to go one place for a housing referral to the appropriate housing assistance, if available. Currently, the No Wrong Door Approach will be utilized through each Local Prioritization Committee across the CoC.
- **Permanent Supportive Housing (PSH)** -Community-based housing without a designated length of stay. PSH means long-term permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.
- **Prioritization List** -A list generated by VI-SPDAT entry into the NorCal Homeless Management Information System (HMIS). Each LPC will receive access via HMIS to enter completed VI-SPDATs for inclusion on the list for purposes of LPC prioritization and housing placement if immediate placement is not available. All ESG and CoC funded agencies, and others participating in the CEP must make and take referrals off of this list for their housing programs if housing is not immediately available.
- **Program** – A specific set of services or a housing intervention offered by a provider.
- **Provider** – Organization that provides services or housing to people experiencing or at-risk of homelessness.

o Ex: Shasta County Health & Human Services (Provider) has the CalWORKs Housing Supports Program (Program Name) and Rapid Re- Housing (Program Type)

- **Rapid Re-Housing (RRH)**-An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing and achieve stability in that housing. Rapid re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a rapid re-housing program are housing identification and relocation, short and/or medium-term rental assistance and move-in assistance, case management and housing stabilization services.
- **Severity of Service Needs** - (a) For the purposes of Notice(CPD-16-11), this means an individual for whom at least one of the following is true:
  - a. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
  - b. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
  - c. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
  - d. When applicable CoC's and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.
- (b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a)
- **Transitional Housing (TH)**-Housing to facilitate the movement of individuals and families experiencing homelessness into permanent housing within 24 months.
- **VI-SPDAT** – *Vulnerability Index-Service Prioritization Decision Assistance Tool* is a standardized assessment tool used in the CEP. The VI-SPDAT is a pre-screening, or triage tool, that is designed to be used by all providers within the CEP to quickly assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available. A copy of the VI-SPDAT (single persons) and the VI-FSPDAT (families) can be found on the CoC's website:

<https://www.norcalunitedway.org/hmis>

## Appendix B – Governing Documents

CoC Interim Rule

<https://files.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf>

ESG Interim Rule

[https://files.hudexchange.info/resources/documents/HEARTH ESGInterimRuleandConPlanConformingAmendments.pdf](https://files.hudexchange.info/resources/documents/HEARTH_ESGInterimRuleandConPlanConformingAmendments.pdf)

HUD CE Policy Brief

<https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>

NorCal Balance of State Continuum of Care Responsibilities

<https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/#coordinated-entry>

NorCal CoC HMIS Policies and Procedures

<https://www.norcalunitedway.org/hmis>