



HMIS/CEP Committee Special Meeting

April 15, 2024

1:00 pm to 2:00 pm

Housing Conference Room

Redding, CA 96001

4/15/2024 - 1:00 pm to 2:00 pm

Zoom link

<https://us06web.zoom.us/j/89422098216?pwd=Ns06j8WApc4OredrFhWJNYNtPiWUzs.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 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 Meeting Minutes from 3/14/2024

Attachment A - 3/14/2024 Draft Minutes

II. Review and Approve Updates to Homeless Management Information (HMIS) Authorization to Use and Disclose Confidential Information

Proposed changes and additions include adding Sierra County, Siskiyou County, to the list of participating Agencies

Attachment B - Homeless Management Information (HMIS) Authorization to Use and Disclose Confidential Information Form

III. Approve scheduling of additional HMIS Committee meetings

Propose monthly meetings for the next three months, then on the third month discuss moving meetings to quarterly

4. Discussion Items

I. Combine the Account User Request Form with the End User Agreement

Amanda from United Way of Northern California will share her thoughts to combine the forms to simplify the process

Attachment C – Draft HMIS End User License Agreement

Attachment D – Draft HMIS User Account Change Request Form

II. Discuss HMIS and CE User Guides

III. Trainings or alternatives for using the VI-SPDAT consistently within the agencies and CoC

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
April 18, 2024 1pm – 3pm
Redding City Hall, Housing Conference Room



HMIS/CEP Committee Special Meeting

Draft Minutes

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>

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Redding CA 96002

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1. Call to Order/Quorum Established/Introductions

Called to order at 1:32. Quorum established

Committee Members in attendance: Carol Madison, Chair, Krystal Dalton, Maddelyn Bryan, Kalie Brisbon

Public in attendance: Tim Danielson, Amanda Johnson, Joanne (Siskiyou County)

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.

No public comments

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

Motion to approve made by Kalie Brisbon, seconded by Maddelyn Bryan. Vote taken, all approve, none oppose.

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

Motion to approve made by Kalie Brisbon with email correction, seconded by Krystal Dalton. Vote taken, all approve, none oppose.



Email error corrected.

4. Approve scheduling of additional HMIS/CEP meetings.

Discussion around days of the week and times that work for the committee to have quarterly or bi-monthly meetings. Mondays at 1pm work for the committee. Next special meeting will be scheduled for April 15th, 2024 at 1pm. Will discuss at the next meeting setting a regular calendar schedule.

5. Adjournment

Motion to approve made by Maddelyn Bryan, seconded by Krystal Dalton. Vote taken, all approve, none oppose.

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
April 15th, 2024 1 pm-2pm
Virtual

Next NorCal CoC Executive Board Meeting
March 21, 2024 1pm – 3pm
Redding City Hall, Housing Conference Room

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 Continuum of Care (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:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Full Name• Date of Birth• Social Security Number• Gender• Ethnicity & Race• Veteran Status• Program entry date• Program exit date• CIN/insurance | <ul style="list-style-type: none">• Residence prior to project entry<ul style="list-style-type: none">• HIV/AIDS status• Homeless history• Zip Codes of last permanent address• Family composition• Employment status• Housing information• Income and Non-Cash benefits information | <ul style="list-style-type: none">• Domestic Violence• Mental Health• Disabling condition• Alcohol & drug• Legal history• Photo (if applicable) |
|--|--|--|
- 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 18th birthday of the minor dependent whichever occurs first.

Participating agencies: Agencies within the NorCal Continuum of Care HMIS authorized to use, disclose, and obtain information from the HMIS database are listed below. These agencies may update periodically and can have retroactive effectiveness:

Del Norte:

County of Del Norte

Del Norte Mission Possible
Crescent City

Lassen:

Lassen County HSS
Susanville Indian Rancheria

Modoc County:

TEACH
Modoc County

Plumas:

Plumas Crisis Intervention Resource Center
Plumas County Behavioral Health

Sierra County:

Sierra County

Shasta:

Faithworks
No Boundaries
Good News Rescue Mission
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
North Valley catholic Social Services
Northern California Youth and Family Programs
Shasta County Office of Education
United Way

Siskiyou County:

Siskiyou County HHSA
Karuk Tribe

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.

_____, _____ (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