



NorCal Continuum of Care™

HMIS/CEP Committee Meeting

May 19, 2025

1:00 pm to 2:00 pm

Housing Conference Room

Redding, CA 96001

5/19/2025 - 1:00 pm to 2:00 pm

Zoom link

<https://us06web.zoom.us/j/88940907685?pwd=cC2QbdlldzTtqp5OqQ1jsWX9WqYP8Z7.1>

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

HMIS/CEP Committee Members

Maddelyn Bryan, Chair

County of Siskiyou

Kristen Quade, Vice Chair

County of Plumas

Carla McDonald,

County of Lassen

Daphne Cortese-Lambert,

County of Del Norte

Vacant,

County of Modoc

Robert Szopa,

County of Sierra

Sarah Prieto,

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 updates the End User Agreement**
Attachment A

4. Discussion

- I. **Street Outreach policies and procedures for the CoC (Amanda)**
- II. **CA System Performance measures and the CoC's progress.**

5. Reports

- I. **HMIS Members**
- II. **UWNC**

6. 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

June 16 1pm – 2pm

Redding City Hall, Housing Conference Room

HMIS END USER AGREEMENT

HMIS USER INFORMATION

Name: _____

Agency Name: _____

Job Title: _____

Phone: _____ Email: _____

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, United Way of Northern California

_____ 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

To be filled out by Agency Directory/Supervisor.

License User

Designated Agency HMIS Program Lead
User will be generating reports

☐

Yes

☐

No

☐

Yes

☐

No

Non-Licensed Users

Volunteer
Data Collection Only
Shasta Veteran Case Conferencing Only

☐

Yes

☐

No

☐

Yes

☐

No

☐

Yes

☐

No

All Users

Attend Coordinated Entry Meetings
Receive Weekly By Name List

☐

Yes

☐

No

☐

Yes

☐

No

Please indicate the programs the end user has been authorized to access, Please use project IDs

1. _____
3. _____
5. _____

2. _____
4. _____
6. _____

Agency Director/ Supervisor

Date

UWNC Only

Distribution list: Del Norte CE HMIS & CE All Contacts HMIS End Users HMIS Leads Modoc HMIS
Lassen CE Nations Finest CE Shasta CE Sierra & Plumas HMIS Siskiyou CE

Excel list: By Name List By Name List Eva Reports Data Completeness Report

Meeting Invites: Leads Meetings Agency 1:1 Meetings