



# NorCal Continuum of Care™

## HMIS/CEP Committee Special Meeting

May 20, 2024

1:00 pm to 2:00 pm

Housing Conference Room

Redding, CA 96001

**5/20/2024 - 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](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 Meeting Minutes from 4/15/2024**

Attachment A – 4/15/2024 Draft Minutes

**II. Review and Approve User Account Change Request Form and End User Agreement**

Attachment B – User Account Change Request Form

Attachment C – End User License Agreement

**4. Discussion Items**

**I. Follow-up on Training or Alternatives for using the VI-SPDAT within agencies an CoC**

Continue discussion from 4/15/2024 gaining feedback from Advisory Boards.

**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 17, 2021 1pm – 2pm

Redding City Hall, Housing Conference Room

Next NorCal CoC Executive Board Meeting

June 20, 2024 1pm – 3pm

Redding City Hall, Enterprise Conference Room



**HMIS/CEP Committee Special Meeting**

**Draft Minutes**

**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>

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

Quorum established, meeting called to order at 1:04 pm.

Committee members in attendance: Chair Carol Madison, Maddelyn Bryan, Kalie Brisbon, Cathy Rahmeyer

Public in attendance: Tim Danielson, Amanda Johnson, Joanne, Nicole

**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 Meeting Minutes from 3/14/2024**

Attachment A - 3/14/2024 Draft Minutes

Motion to approve the 3/14/2024 minutes made by Kalie Brisbon, seconded by Cathy Rahmeyer.

Vote taken, all approve, none oppose.

**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

Motion to approve the updates to the HMIS Authorization to Use and Disclose Confidential Information made by Cathy Rahmeyer with the addition of Youth Empowerment Siskiyou added to the agency list, seconded by Maddelyn Bryan. Vote taken, all approve, none oppose.

**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.

Discussion around needs for monthly meeting day and time. Committee agreed with the third Monday of each month at 1pm, with the next one on May 20, 2024.

Maddelyn Bryan motioned to approve meeting schedule, seconded by Kalie Brisbon. Vote taken, all approve, none oppose.

**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

Amanda shared the consolidated drafts and the reason for simplifying the process. Discussion ensued around need for these changes and other changes down the road. Committee agreed with the changes and think they are good. Maddelyn Bryan suggested bringing these back to the next meeting as an action item for approval.

## **II. Discuss HMIS and CE User Guides**

Amanda brought her ideas and need for change to the user guides. Committee decided that UWNC has approval to make changes as needed based on the approved HMIS and CE policy and procedures. The committed requested that these changes be reviewed as a standing item in each meeting.

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

Amanda reviewed issues and concerns with interpretations with the VI-SPDAT. She shared there isn't currently training on the one being used and asked if UWNC should create trainings for some regional consistency. Committee agreed to bring this back to staff and Advisory Boards to learn more about what would work better. Committee advised to bring this back as an agenda item to take a deeper dive and have feedback from staff using it. For now, the committee decided to train staff on the current version and to look into a different form in the future.

## **5. Adjournment**

Motion to adjourn made by Kalie Brisbon, seconded by Cathy Rahmeyer. Vote take, all approve, none oppose.

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Next HMIS Meetings TBD

Next NorCal CoC Executive Board Meeting

April 18, 2024 1pm – 3pm

Redding City Hall, Housing Conference Room

Today's Date \_\_\_\_\_

NorCal Homeless Management Information System  
User Account Change Request Form

☐ Delete User    ☐ Change User Information    ☐ Other: \_\_\_\_\_

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

User First &amp; Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

User E-Mail Address: \_\_\_\_\_

**Authorization & Confidentiality Statement**

I agree to maintain strict confidentiality of information obtained through the Homeless Management Information System (HMIS) Network. This information will be used only for the legitimate client services and administration of the above name organization. Any breach of confidentiality will result in the immediate termination of participation in HMIS.

\_\_\_\_\_  
HMIS User Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Agency Administrator's Signature/Authorization\_\_\_\_\_  
Date

Use the box below to detail needed changes.

Note: This form must be completed and filed with United Way of Northern California within 3 business days for users needing to be deleted.

## 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**

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. \_\_\_\_\_  
3. \_\_\_\_\_  
5. \_\_\_\_\_

2. \_\_\_\_\_  
4. \_\_\_\_\_  
6. \_\_\_\_\_

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

\_\_\_\_\_  
Date