HMIS/CEP Committee Meeting
September 15, 2025
1:00 pm to 2:00 pm
112 East 2nd Street, Housing Program Office
Alturas, CA 96101

September 15, 2025 – Housing Program Office

9/15/2025 - 1:00 pm to 2:00 pm

https://us02web.zoom.us/j/6130715635?pwd=5fvG29xXaX6JaKHf4QLzicapWDSxvT.1&omn=81084281444

Meeting ID: 613 071 5635
Passcode: 775453

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

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
2600 Park Marina Drive
Redding, CA 96001

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

Nikki Kates,
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 cmadison@teachinc.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 –**
   I. **Review, discuss two remaining items and approve proposed Street Outreach Policies & Procedures Attachment A Proposed Street Outreach Policies & Procedures**

4. **Discussion**
   I. **Draft HMIS Committee Charter** –
      It's standard practice for CoC standing committees to be chartered so each can understand their role and decision-making authority. Part of this will be clarified in an updated CoC Governance Charter, but that won't be ready until October or November.
      For the Sept HMIS meeting, please review and provide feedback.
      Attachment B – Draft HMIS Committee Charter

   II. **Status of HMIS Committee Sub-Committee**
   III. **Status of the HMIS Assessment - Workplan**
         a. **Recommendations** - **Review next steps**
   IV. **CA SPM's Update**
   V. **HMIS Training Plan Status**

5. **Reports**
   I. **HMIS Members**
   II. **UWNC**

6. **Items for next meeting**
7. **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 T.E.A.C.H., Inc. at (530) 233-3111 for disability-related modifications or accommodations, including auxiliary aids or services, in order to participate in the public meeting.

Next HMIS Meetings
October 20, 2025 1pm – 2pm
112 East 2nd Street, Housing Program Office
Alturas, CA 96101

Attachment A

September 15, 2025
NorCal CoC HMIS Committee Meeting Agenda

Cover page and attached Street Outreach Policies and Procedures.

Dear HMIS Committee -

Please review the current draft of the CoC-wide Street Outreach Policy. There are two areas to finish up prior to EB final approval scheduled for Sept 18, 2025.

Please be sure to review the entire policy and look for two areas highlighted in red which need a final discussion. First, on page 5 there are two areas needing input. One is that it would be helpful on a CoC basis if there were at least quarterly meetings to discuss Street Outreach best practices and discuss clients who may have moved into another area.

Maddelyn and I were mulling around the best place to hold an outreach update may be the existing Coordinated Entry Committee since clients and placements were already being discussed. It would also make good use of meeting participants and save on creating any more meetings to attend.

Second, at the top of page seven we need to come up with a number of days clients could be co-enrolled with other interim housing projects and still receive outreach services at the same (co-enrollment). You'll see reference to co-enrollments for the ESG funding stream, but this policy would rely on that language with clarity that it applies to any State of CA funding stream. We do need to discuss the number of days clients who are co-enrolled are anticipated to be in shelter, transitional and/or rapid rehousing.

The HMIS data entry guide for Street Outreach has a couple areas that need to be corrected, so if I can obtain that copy prior to this meeting I'll make those edits and point out where they were corrected so that document can attached to the primary policy.

Come with any other clarifications you think might be good to put finishing touches on the document so the Committee can approve and prep for the EB meeting September 18th.

NORCAL CONTINUUM OF CARE CA-516
Homeless Street Outreach Policy and Operating Procedures

TABLE OF CONTENTS

INTRODUCTION

Homelessness is a multifaceted challenge that demands compassion, coordination, and community engagement. Street Outreach can provide a crucial lifeline to individuals experiencing homelessness by building trusting relationships, connecting people to resources, and advocating for both immediate needs and a household's long-term stability. Outreach efforts deploy a Housing-Focused approach that not only provides lifesaving, culturally responsive resources but also supports transitions from unsheltered homelessness directly into crisis housing or permanent housing if available.

PURPOSE OF THE NORCAL STREET OUTREACH POLICY

The Norcal Street Outreach Policy is designed to support outreach staff with training, resources and to clearly define operational processes across the Continuum of Care counties. The policy establishes consistent, trauma-informed, and evidence-based approaches to outreach programs as well as identifying regulatory data collection practices that respect one's personal privacy and consent. County-level Street Outreach policies may go into further depth from the CoC-approved policy, however the best practices contained within this policy should be observed across the NorCal region, especially as they relate to data disclosure within the local HMIS Security and Privacy Policy.

GUIDING PRINCIPLES FOR STREET OUTREACH

- **Housing First Principles**: Street Outreach is not just about engagement or service referrals — it's about connecting people directly and assuring service referrals are met with no preconditions like sobriety or treatment participation required to begin the housing process
- **Trauma-Informed Care**: Recognizes the prevalence of trauma among unhoused populations and ensure interactions are sensitive, supportive, and empowering
- **Person-Centered Approach**: Outreach should be guided by the needs, strengths, and goals identified by the individuals themselves
- **Safety**: Ensures the physical and emotional safety of outreach staff and the people they serve
- **Harm Reduction**: Reduces barriers to engagement by offering support without preconditions, acknowledging that one's progress may be non-linear
- **Cultural Competence**: Services must honor the diverse nature of cultural backgrounds, identities, and lived experiences of all individuals
- **Collaborations**: Partner with complementary service providers such as health systems, law enforcement, and community organizations, essential for comprehensive client support
- **Human Dignity**: Recognition that every person deserves to be treated with respect, regardless of their housing status, background, or circumstances

SCOPE OF OUTREACH ACTIVITIES

Street Outreach for the NorCal Continuum of Care encompasses a variety of housing-focused service activities (italicized service requirements are indicated in the State of CA Emergency Solutions Grant Program):

- *Evidence-based street engagement services*
- Build trusting relationships by providing ongoing case management and client advocacy
- Engage individuals living unsheltered, in encampments, or in places not meant for human habitation

- Conduct wellness checks to provide basic human necessities such as food, water, clothing, and hygiene kits or supplies, and local access to showers or restrooms
- Provide necessary clothing and blankets, first aid supplies, trash bags for places to dump trash
- *Hygiene services for unsheltered individuals and people living in encampments*
- Connect homeless households with local medical supports, and establish primary care provider relationships
- *Assertive Community Treatment*
- *Intensive Case Management Services*
- Prepare individuals to become housed or enter interim housing solutions for further assistance as desired
- Develop housing plans dependent on the individual's current circumstances and desire for housing
- Assist households to update/obtain identification documents essential for obtaining and complying with leases or obtaining public benefits
- Assess or update information for the NorCal Coordinated Entry system
- *Housing Navigation Services*
- Connecting outreach clients with Miracle Messages for family reunification opportunities, as requested
- *Harm reduction services and coordination with street-based health care services*
- Facilitated connections to mental health care, substance use treatment, and employment services

Operational Procedures
Initial Engagement

Safety First: Outreach staff should work in pairs or teams and assess situational safety before each contact.

Introduce Yourself: Initial introductions should be done clearly and respectfully. Language like "Hi, my name is ___. I'm with [agency]. We're out checking in on folks and offering help for folks living out with housing or service needs."

Avoid Uniforms: However, outreach teams who wear clearly marked clothing helps clients quickly identify who they are and why they may be approaching them. Outreach workers are distinguished from law enforcement, security, or other unknown people, especially for persons who are distrustful of institutions. Logo shirts can establish a sense of legitimacy.

Nonjudgmental Language: Focus on individuals, not their circumstances. Avoid language that implies blame, failure, or dysfunction. Reflect empathy, dignity, and choice in tone and words. Work to foster dignity, autonomy, and engagement.

Client Consent: Always obtain consent before gathering any personal information, ensuring client consent during Street Outreach is both an ethical obligation and a practical necessity: Consent meets legal and ethical standards, respects a person's autonomy, avoids re-traumatization and builds trust between outreach staff and homeless households.

Building Trust

Consistent Engagement — Be reliable and predictable, build low-pressure contact routines. People often need to engage with workers multiple times before building trust to engage

Maintain Confidentiality— When obtaining consent or answering questions, explain how their information will be used to support them with service and medical referrals, interim housing, and overall case planning. Mention that outreach workers received privacy and security training annually and that information is not disclosed to law enforcement or deportation ICE. Be clear there are limits to confidentiality indicated in the CoC Privacy Policy regarding issues of personal safety and

Respect Refusal: "It's okay if you don't want to speak today. We'll be back, or "we come to this area every two weeks etc."

Small choices: Let clients guide engagements and interactions. Even letting people pick the time, location or level of engagement can be empowering.

Don't press for details in early conversations — focus on personal rapport.

DATA COLLECTION AND REPORTING

Once trust between households and outreach workers is established, explain the purpose of data collection processes and assessment tools like HMIS Enrollments, Current Living Situations, and Coordinated Entry Assessments.

Gain Informed Consent from the Client according to the NorCal CoC approved Security/Privacy Policy and Release of Information form for HMIS data collection, compliance and CoC aggregate reporting. Notify clients that they may request and obtain their complete HMIS record(s).

Note:

Required HMIS data elements are referenced in the table below and a detailed description of how to record each element may be found in the HMIS Data Standards Manual 2024 (revised June 2025). Changes to future data standards typically occur on a two-year cycle, with the next update projected to be Oct 1, 2025.

Data Element	Instructions	HMIS Data Standards Reference
Release of Information	Signed Consent allowing service providers working with homeless persons to share personal and related service information with the CoC's Homeless Management Information System	NorCal CoC approved Release of Information
Project Start Date	Start of client's period of participation with the Street Outreach Project	HMIS Element 3.10 (p. 60)
Date of Engagement	Date client became 'engaged' in project services	HMIS Element 4.13 (p.107)
Current Living Situation	Number of contacts required to engage client and to document current living each time client is contacted	HMIS Element 4.12 (p. 103)
Project Exit	End of client's participation with a project; must be the last day a contact was made or a service provided	HMIS Element 3.11 (p. 61)

Data Element	Instructions	HMIS Data Standards Reference
Housing Problem Solving	Once relationships are established, provide HPS or Diversion guidance	Custom HMIS
Coordinated Entry Assessment	CoC adopted assessment to determine the housing and service needs of households experiencing homelessness	NorCal CoC approved CES Assessment Tool
Denial of Service	When an outreach worker determines a credible threat to outreach staff, other homeless persons of members of the public	HMIS Case Note

Street outreach workers should also make case notes in the NorCal HMIS of significant interactions with clients that describe their housing/shelter status in an agency's internal program.

Ideally, outreach case notes should incorporate the following information:

1) Description of client's geographic location at last service provided
2) Description of services provided
3) Referrals made to other services (if applicable) Street Outreach data contained in the NorCal HMIS shall serve to inform the following reporting needs:

Review Type	Instructions	Use Case
Individual	Case Notes for ongoing progress, closing process to improve program services	Help Case Managers develop personalized plans that address the unique needs, challenges, and goals of clients
Program Level	CoC and local agency evaluation	Project-level improvement
System Level	Federal and State System Performance Measures; Federal Longitudinal Systems Analysis	System effectiveness and System of Care improvement

SERVICE COORDINATION
- Refer and connect to services (mental health, substance use, health care, benefits assistance), but always with client consent.
- Use warm handoffs (accompanying or directly introducing the client to the other provider).
- Work with Coordinated Entry staff, shelters, and permanent housing providers to streamline referrals.
- Multidisciplinary outreach
- Warm handoffs across counties

SYSTEM COORDINATION
NorCal CoC will host quarterly Street Outreach meetings to discuss best practices and client coordination. The goal will be to share updates on outreach policy issues, community resources and program requirements, ensure consistent practices across Counties for client engagement, documentation referrals and safety issues, clarify overlapping services between various teams and review outreach reporting for program improvement.

Commented [tPierce1]: Periodic Street Outreach worker meetings should be discussed in regard to having a stand-alone workgroup or incorporating into the Coordinated Entry workgroup

First Responder connections work together and de-escalate situations where force might otherwise be used, prevent unnecessary incarceration events or emergency medical visits by working on alternatives.

RESOURCE SHARING

Street Outreach Teams will share the following with all other teams:

- Apartment Listings
- Community Connections
- Landlord Listings
- Skill-Building Programs, Job Services
- Real-time Case Conferencing
  Referrals to targeted services like housing application assistance and public benefits
- Transportation Assistance

CASELOAD RATIOS AND NOTES

State or Federally funded outreach providers will maintain caseloads of 10-14 unsheltered individuals per outreach worker. Caseload sizes will vary depending on the complexity of the individuals they are serving, but outreach teams will strive to serve as many individuals as possible in an authentic and meaningful way. Approximately 60% of a team's caseload will be persons actively working on activities or goals that directly assist the person in progressing toward housing (Housing-Focused). Individuals who are on Coordinated Entry's priority list will be prioritized for housing preparedness and document readiness services. Approximately 40% of a team's caseload will be individuals whose cases are complex and require significant staff time to overcome barriers to permanent or interim housing.

COORDINATED ENTRY PARTICIPATION

CoC-funded outreach providers must act as a Coordinated Entry External Access Point (CEEAP), offering full access and assessment to the Coordinated Entry System (CES). Street Outreach teams shall to the greatest extent possible, enroll all individuals requesting or needing access to the CES into the Coordinated Entry System by completing the required assessments. If due to staffing shortages or full caseloads the SO team does not have the capacity to enroll an individual presenting for service, the SO team will screen the participant for CE enrollment and refer them to an external access point.

The definition of an External Access point is an Emergency Shelter or Street Outreach project offering Coordinated Entry assessments to ALL participants who present seeking or requiring CES assistance. Assessment interviews and data entry into the CES shall occur regardless of where the individual spends most of their time, enrollment status in any project, provider-client relationship, or population type. An access point will screen each program participant for enrollment in CE when engaging with a client, if the client is not enrolled, the access point will offer assessment and enrollment. The outreach provider will make a case note to ensure the program participant remains active in Coordinated Entry. The access point will also upload a release of information (ROI) to the client's HMIS dashboard.

CONTINUING CASE MANAGEMENT AND OTHER SERVICES

(HCD ESG Street Outreach Policy v 5.27.23)

ESG Street Outreach Policies provide language for continued support through Street Outreach and that language is incorporated below, however the following practices may also be used across various funding streams.

X may temporarily continue services for clients who have entered emergency shelter or housing and may retain Street Outreach eligibility if the following criteria are met:
- Client is already enrolled in an ESG-SO project
- Client reasonably expects they will not remain in emergency shelter, housing, or an institution for an extended period dependent on current living situation. NorCal outreach teams can rely on the following guidance for co-enrollment in Street Outreach projects and 'housed' services AND the outreach project reasonably expects the client will end up sleeping outdoors, or in a place not suitable for human habitation upon exit from shelter or an institution within the number of days framework
  - Emergency Shelters –
  - Institutional Situations –
  - Permanent Housing Situations-

> **Commented [tPierce2]:** Committee members comments to finish this area

- The outreach relationship is needed to maintain the participant in emergency shelters or interim housing
- Services provided by ESG-SO are neither unnecessary nor duplicative

DENIAL OF SERVICES

If an unsheltered individual has engaged in behaviors that present credible threats to outreach staff, their property, other clients, or general members of the public, outreach workers may deny services. Service denials must be documented at the agency level and communicated to the individual as soon as it is safe to do so. Service denials may be communicated verbally and may not be permanent.

CRITICAL NEEDS AND CRISIS RESPONSE

Respond immediately if a client has **urgent health, safety, or behavioral health needs**.
Follow agency protocols for contacting emergency services or mobile crisis teams — and always **debrief with the client afterward** (if possible). Carry basic supplies (water, food, hygiene kits, blankets) and offer to people as a means of engagement, not as a trade for participation.

DISENGAGEMENT OR TRANSFER PROTOCOL

After multiple attempts with no contact, **document efforts** and update the client's enrollment status in HMIS. Reassign clients to other team members if another worker might be more successful.
Warmly close relationships when a client is permanently housed, unless continued support is part of the model. When possible, if outreach staff know that clients have departed an area and have knowledge of where the person may be living, case notes should be added to the HMIS for other case workers to understand and provide service continuity.

SAFETY GUIDELINES
- Staff should receive regular training on cultural humility, trauma-informed care, de-escalation, and anti-racism.
- Outreach workers do not carry weapons, and maintain clear boundaries such as no transporting clients without agency policy and no giving out personal contact information – agency or CoC info only.

Always document in the HMIS Case Notes any incident involving aggression, suspected abuse, or other safety concerns.

- Outreach must be conducted in teams of two or more whenever possible.
- Withdraw immediately from any situation that feels unsafe; safety overrides all other priorities.
- Maintain regular check-ins with supervisors or designated contacts.
- Carry communication devices and maintain situational awareness at all times.
- Respect "no-go" zones as determined by safety assessments or community alerts.
- Do not enter encampments, vehicles, or private spaces without explicit permission from the people living there.

INTERACTIONS WITH LAW ENFORCEMENT

In some circumstances, street outreach staff may witness behavior or actions on the part of an unsheltered person that triggers a legal mandate to report the incident to law enforcement (e.g. human trafficking). Street outreach staff will do so promptly and thoroughly in these instances, in accordance with NorCal HMIS Privacy and Security policies on mandated reporting.

Except when required to do so through mandated reporting, street outreach staff shall never be the entity responsible for communicating or leading enforcement activities. Whenever possible, street outreach staff shall be available to assist unsheltered homeless individuals in the event law enforcement engages in activities that dislodge the individual(s) from where they are staying, when notified by law enforcement in advance of enforcement activities.

Efforts shall be made by street outreach staff, while balancing existing caseloads, to make referrals and help the individual connect to resources in the event of enforcement activities.

Street outreach staff are present to assist the homeless individual only, and are not engaged in any enforcement activities themselves. When there is a planned closure of an encampment, or outreach becomes aware of high frequency of law enforcement activity with particular individual(s), street outreach shall provide advanced targeted outreach efforts, and provide information on their efforts when consents are in place to do so, without providing personal identifying information to law enforcement. In some cases, local law enforcement has embedded teams that are focused on trauma-informed response to homelessness or related special populations.

Note:

As of August 23, 2025, best practices stress that outreach clients should be made aware of current privacy practices. ICE may be gaining access to some Medicaid enrollment data, but this does not override the standard HMIS client confidentiality protections. State and local laws offer additional protections for client data so county-level street outreach teams should stay up to date on local laws as well.

STAFF TRAINING AND SUPPORT

All outreach team members shall receive ongoing training on the following topics:

- Ethical boundaries and confidentiality standards
- Resource navigation and local service directories
- Trauma-informed care and crisis intervention

- Housing Problem Solving and Diversion
- De-escalation and conflict resolution
- First aid, naloxone use, and personal safety protocols
- Cultural humility and anti-racism

Supervision at the agency level should be provided to support staff well-being and prevent burnout.

PROGRESS TRACKING – PROGRAM IMPROVEMENT
Street Outreach programs will utilize the following HMIS data points to strengthen program design and delivery:
- Project Entries – enrolling as many people as possible who are currently unsheltered or in literal homelessness
- Dates of Engagement – measures how long it takes to establish rapport and engage clients in housing-focused services
- Timely Exits – based on the last service provided at the 30-day mark
- Exits Housed Situations – Positive exits from outreach reflect that the programming approach honored the person's individual goals and needs, rather than leaving them where they started; positive exits for the State of CA are to any living situation better than living on the streets, for the federal definition are to Permanent Housing projects (see CA SPM's guides)

ETHICAL CONSIDERATIONS
- Respect each individual's right to privacy and confidentiality.
- Ensure that participation in outreach services is always voluntary and never contingent on specific behaviors.
- Be aware of and responsive to the power dynamics inherent in outreach work.
- Challenge stereotypes and advocate against the discrimination or criminalization of unhoused people.

EVALUATION AND CONTINUOUS IMPROVEMENT
- Establish metrics for tracking engagement, service connections, housing placements, and client satisfaction.
- Solicit regular feedback from clients, partners, and staff to identify strengths and areas for growth.
- Review and update outreach protocols annually to reflect evolving best practices and local needs.

CONCLUSION
A thoughtful Homeless Street Outreach Policy is essential for creating pathways out of homelessness and building healthier, more inclusive communities. By centering dignity, partnership, and innovation, outreach teams play a vital role in addressing both the immediate and systemic needs of society's most vulnerable members. The ongoing commitment to learning, adaptation, and collaboration ensures that street outreach remains a source of hope, empowerment, and tangible change.

Appendix

Street Outreach Types (from Housing Focused Street Outreach Framework – National Alliance to End Homelessness)

Term
General Street Outreach
Clinical Street Outreach
Subpopulation-Focused Outreach
Local Community-Based Outreach
Direct Encampment to Housing Outreach
Placed-Based Outreach
Crisis Response Outreach
Non-Crisis Law Enforcement Homeless Outreach (HOT)

Key Terms Used

Term	Definition
Caseload Ratios	Caseload ratios are important for understanding the demands placed on staff and for ensuring adequate resources are available to meet client needs
Continuum of Care HUD	A community entity, organized and managed by the U.S. Department of Housing and Urban Development (HUD), to address homelessness through a coordinated system of housing and services
Coordinated Entry Assessment	The use of a consistent set of questions and tools to gather information about a person's housing history, service needs, and level of vulnerability to further prioritize households most in need of housing resources
Grassroots Outreach	Grassroots outreach prioritizes the involvement of ordinary citizens and community members in a movement or campaign.
Housing-Focused Problem Solving	Techniques used to assist clients creatively think about all options of safe housing that may be available to them, including tapping into social and/or family networks or gaining additional system resources such as financial assistance, mediation, transportation etc.
Housing-Focused Street Outreach	Housing-focused street outreach is a method of engaging with people experiencing homelessness by prioritizing their connection to stable, permanent housing. It differs from traditional outreach, focused on providing basic needs and connecting individuals with emergency shelters, by directly linking individuals with housing solutions.
Homeless Management Information System	HMIS, required data entry system by grantees being funded by CoC, ESG or selected State of CA grants

Term	Definition
Miracle Messages	San Francisco based nonprofit organization focused on rebuilding social support systems for people experiencing homelessness. They achieve this primarily through family reunification services, a phone-based buddy system, and direct cash transfer programs.
Non-Traditional Partners	In the context of addressing homelessness, non-traditional service partners refer to organizations, agencies, or individuals not primarily focused on providing direct homeless services, but who still play a valuable role in supporting people experiencing homelessness. Examples include law enforcement, libraries, health-care providers, insurance companies, communities businesses who contribute food, clothing or entrepreneurship training
Population-Specific Outreach	Health and social service providers actively connect with and provide support to specific groups within a community, aiming to improve their health and well-being, often targets populations experiencing health disparities or facing barriers to accessing care

Documentation Types

Street Outreach workers play a critical role in **helping people experiencing homelessness obtain personal identification**, which is often a **major barrier to accessing housing, benefits, healthcare, and employment**. Many individuals lose their documents while living unsheltered, or they were never issued some of them in the first place. Outreach workers will assist willing clients to acquire documents for housing opportunities and eligible public benefits.

Document Name	Where to obtain
Birth Certificate	Required to obtain State ID, Driver's License or Social Security Card, required for some healthcare applications
CalFresh Card	
DD-214	Veteran Discharge needed to access VA Services, VASH vouchers and veterans-only programs
Photo Identification (State Issued ID or Driver's License)	Required for housing applications, public benefits, employment banking, voter registration and medical care
School/foster Care Records	For youth supports eligibility for some youth-specific housing or services
Service Animal Support Documentation	Letter from a licensed mental health professional
Social Security Card	Required for HUD funded housing programs, applications for job and public benefits (SSI, SSDI/Medicaid, SNAP etc
Tribal ID	May be used in place of state issued ID for some services; completion of tribal enrollment in federally recognized tribe
Verification of Disability (medical of mental health)	Required for verify disability for Perm Supportive Housing Programs

Communication Approaches

Resistance often drops when people see how the idea supports what they care about. Help them connect your proposal to their goals, identity, or mission. These helpful phrases may be used to increase service engagement:

"How can I support you today?"
"What's important to you right now?"
"Would it be okay if I asked you a few questions about your needs?"
"You deserve safe and stable housing."
"There are no conditions to this support — we'll work with you wherever you are."
"I'll keep showing up if that's okay — we're here when you're ready."
"You have the right to choose what works for you."

Judgmental Language	Non-Judgmental Language
"That's not how the system works."	"Let's walk through the process together — I know it can be confusing."
"What's wrong with you?"	"Is there anything you'd like support with today?"
"Why are you still out here?"	"Is there anything that's made it hard to connect to housing or shelter?"
"You don't seem serious about getting help."	"I understand that things take time — I'll keep checking in if that's okay."
"You have to follow the rules to get services."	"Here's what we can offer right now, and you're welcome to accept what works best for you."
"You missed your appointment again."	"We didn't see you at your appointment — would you like help rescheduling?"
"You need to get sober first."	"We can help you find housing that works for where you're at right now."
"You're homeless."	"You're currently experiencing homelessness."
"You're non-compliant."	"It looks like this option didn't work out — let's see what we could do that might be a better fit."
"You're refusing services."	"Sounds like today isn't a good time — would it be okay if I check back in later?"

Sources:

1. Housing Focused Street Outreach Framework (National Alliance to End Homelessness)
2. Emergency Solutions Grant Street Outreach Policy (Housing and Community Development - State of California) v. 5.27.23

NorCal Continuum of Care (CoC)

DRAFT HMIS Committee Charter

1. Purpose:

The HMIS Committee provides leadership, guidance, and oversight of the Homeless Management Information System (HMIS) on behalf of the [Name] Continuum of Care (CoC). Its purpose is to ensure that HMIS is implemented in compliance with HUD requirements, supports high-quality data collection, and advances the CoC's goals of ending homelessness through effective planning, performance measurement, and system coordination.

2. Authority:

The HMIS Committee is established by the NorCal Continuum of Care Executive Board. It operates under the authority granted by the CoC Governance Charter and reports directly to the CoC Board. The Committee may make recommendations, develop policies, and advise the Executive Board but the Committee does not hold independent decision-making authority unless specifically delegated by the Executive Board.

3. Responsibilities:

The NorCal HMIS Committee shall:

- **Governance & Compliance**
  - Ensure HMIS is administered in alignment with HUD's HMIS regulations, standards, and notices.
  - Recommend updates to the CoC's HMIS Policies, Procedures and NorCal HMIS Training Programs.
  - Develop and manage a HUD recommended Data Quality Plan (DQMP)
- **Data Quality & Client Privacy & Security**
  - Oversee HMIS data quality planning, monitoring, and improvement.
  - Receive monthly Data Quality Reports, identify needed improvement areas
  - Ensure client confidentiality, privacy, and security standards are to protect personal data privacy in handling, processing, storing, and disseminating personal information
  - Review Security and Privacy Policies at least annually, update per federal requirements and forward to the Executive Board for approval
- **System Administration & Participation**
  - Review HMIS participation agreements, user standards, and onboarding processes.
  - Advise on system configuration, reporting, and functionality needs.
- **Coordinated Entry**
  - Guide the use of HMIS data for Coordinated Entry and system performance evaluation.
  - Develop and review Coordinated Entry Performance Metrics and evaluate at least quarterly, report recommended changes to the Executive Board
  -

NorCal Continuum of Care (CoC)
DRAFT HMIS Committee Charter

- **Training & Capacity Building**
  - Identify and support the development of user training, technical assistance, training guides and ongoing support.
- **HMIS Vendor Evaluation**
  - Review the HMIS software vendor per the HUD Vendor Monitoring Tool, report findings to the Executive Board
- **Stakeholder Engagement**
  - Provide a feedback opportunity from participating agencies and end users.
  - Promote equitable data practices and use of data to support racial equity and inclusion.

4. Membership

- **Composition:** (options)
  - Representatives from CoC-funded and non-CoC-funded HMIS-participating agencies
  - At least one representative from the HMIS Lead Agency
  - At least one CoC Board member
  - At least one person with lived experience of homelessness who has accessed services in the NorCal CoC region
- **Size:** 9-11 members is recommended.
- **Selection:** process to be determined
- **Terms:** Members serve [2]-year terms and may renew at the end of the second year.

5. Officers

- **Chair:** Elected by HMIS Committee members; facilitates meetings and serves as primary liaison to the Board.
- **Vice Chair:** Elected by HMIS Committee members Assists the Chair and assumes duties in their absence.

6. Meetings

- **Frequency:** At least nine times annually, or more frequently as needed.
- **Quorum:** A quorum is defined as [50% +1] of voting members present.
- **Decision-Making:** Decisions are made by simple majority vote of members present.

7. Reporting

The Committee will provide monthly or as needed reports to the CoC Executive Board, including:

- Summary of activities and recommendations

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- HMIS data quality reports showing agencies' and projects data quality including the timeliness of data entry for each project
- Issues requiring Executive Board approval such as annual updates to the Security and Privacy Policy or the use of Coordinated Entry metrics
- Review and approve submissions of required federal reporting, including the Longitudinal System (LSA), HUD System Performance Measures (SPM), confirm significant errors have been cleared
- Review federal CoC funding applications from the CoC HMIS Lead prior to final submission

8. Conflict of Interest

Committee members must disclose any conflicts of interest related to HMIS decision-making. Members with a conflict must recuse themselves from related votes.

9. Amendments

This Charter may be amended by a two-thirds vote of the Committee membership, subject to approval by the CoC Board.

10. Effective Date

This Charter is effective as of October 31, 2025 and remains in effect until amended or dissolved by the CoC Board.