HMIS/CEP Committee Meeting
October 6, 2025
10:30 am to 11:30 am
112 East 2nd Street, Housing Program Office
Alturas, CA 96101

Housing Program Office

October 6, 2025 - 10:30 am to 11:30 am

https://us02web.zoom.us/j/6130715635?pwd=5fvG29xXaX6JaKHf4QLzicapWDSxvT.1&omn=85418876462

MEETING ID: 6130715635
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

NorCal Continuum of Care™

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 and approve updated "HMIS Release of Information "**
   Attachment "A" Updated "HMIS Release of Information"
   II. **Review and approve proposed "Locally Mandated HMIS Data Elements Policy"**
   Attachment "B" Proposed "Locally Mandated HMIS Data Elements Policy"

4. **Reports**
   I. **Status of the HMIS Assessment - Workplan** ICA and Pathways MISI will work jointly on Workplan with the NorCal CoC
   II. **HMIS Members**
   III. **T.E.A.C.H., Inc.**

5. **Items for next meeting**
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 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 Regular HMIS Committee Meeting

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

NorCal Continuum of Care
HMIS and Coordinated Entry System
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

This form gives us permission to collect and share your information with homeless service providers who are working together to help you. Sharing your information helps us find housing, shelter, and other services faster and prevents you from having to repeat your story to every provider. Your information is stored in a secure database (HMIS). Only agencies who are part of this system and allowed by law will see it.

You do **not** have to sign this form to get help. You can still receive services even if you say "no." If you don't want to share your personal details (like your name, date of birth, or Social Security number), you can ask us to use a unique code instead.

Some information may have to be shared by law. For example, in cases of child abuse, elder abuse, threats of harm, certain medical emergencies, or if required by a court order.
You can change your mind at any time. If you decide later that you no longer want your information shared, you can cancel this consent by telling us in writing. You have the right to ask for a copy of your records, know who has seen your information, and correct mistakes if you find them.

I hearby authorize use or disclosure or the named individual(s) confidential information collected in the NorCAl HMIS for federal partners and local use in ending homelessness. I understand this authorization may include disclosure or exchange or information in written, verbal, electronic and/or other forms of transmission.

The named individual's confidential information will not be made public and will only be used with the strictest confidentiality.

Client Information:
Client Name (First, Middle, Last) _____
Address, City, State Zip (if applicable): _____
Telephone Number: _____
Date of Birth: _____/_____/_____

Overview: The NorCal Continuum of Care HMIS is a shared database used by provider agencies that work together to provide services for those experiencing homelessness. Client information assists the agencies to plan for and provide services. This information will be shared among Every project that receives federal homeless project funds from the U.S. Department of Housing and Urban Development is required to enter data on persons served with those funds into HMIS. Some projects funded through the U.S. Veterans Administration and the U.S. Department of Health and Human Services.

Services may also be required to enter data into HMIS. Other projects voluntarily enter data into HMIS to support services for service coordination efforts.

The purpose of this Release of Confidential Information (ROI) consent form is to allow the homeless services system to use your information to help with housing/shelter placement and provide you with support services. We will share information with homeless service providers and other partners, verbally or in writing, when we are helping you find housing or providing services you desire. If housing resources become available, you will be notified about the referral(s) being made.

NorCal Continuum of Care
HMIS and Coordinated Entry System
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Your information will be entered into the Homeless Management Information System (**HMIS**), a confidential HIPAA compliant online database. Your de-identified information may also be used for research purposes. All information entered into HMIS is protected by passwords and encryption technology, and steps are taken to safeguard your information in our HMIS system by providing annual updates to HMIS user security and privacy learning.

Note: If you ever suspect that your confidential information in the HMIS system has been misused, please immediately contact the NorCal HMIS Administrator Pathways/MISI Help Desk by emailing support@pathwaysmisi.org or call the NorCal CoC Administrative Entity T.E.A.C.H. at (530) 233-3111.

The confidential information gathered will be entered into the HMIS of participating agencies who have a current Data Sharing Agreement and may be used for the following:

- *Produce a client profile to be shared by participating agencies*
- *Enroll and track individuals and households to identify unfilled service needs and plan for the provision or additional or new services*
- *Track project-level outcomes*
- *Allocate resources among agencies engaged in the provision of new services*
- *Assess participant needs to provide housing, utilities assistance, food, counseling or other social services*
- *Produce anonymized, aggregate-level reports and mandated federal and state data use requirements*
- *Personal information and records are protected by federal, state and local regulation governing use and confidentiality, and may not be disclosed without written consent; however, disclosures may be required by court order or federal law*

Data Collection: HMIS data may be collected at the beginning, end, and throughout the period of service enrollment, Data may also be collected for households wishing to enroll in the NorCal Coordinated Entry System and county-level Veterans' special projects. Current participating agencies and their related projects are listed in this release. Information collected and stored in the NorCal HMIS may include, but not be limited to the following elements:

- Full Name
- Date of Birth
- Social Security Number
- Household Composition
- Sex
- Ethnicity & Race
- Veteran Status and eligibility for VA programs
- CIN/Insurance
- Health Conditions
- Homeless History
- Income and Benefits Information
- Legal History
- Survivor Information (limited to approximate dates)
- Miscellaneous questions needed for prioritization in the NorCal Coordinated Entry System (including personal contacts and general areas of client location)

Coordinated Entry

HMIS data is a critical foundation for Coordinated Entry, as it tracks client information, housing needs, and service history across the homeless response system. By entering and maintaining accurate data in HMIS, providers create a shared pool of information that allows communities to assess vulnerability, prioritize people for housing resources, and match them with the most appropriate interventions. This ensures a fairer, transparent, and efficient process for connecting people experiencing homelessness to available housing and services.

Consent for Minors:

Consent for Minors in Households

For children under age 18 who are enrolled with a parent or legal guardian, the parent/guardian must sign this Release of Information (ROI) on behalf of the minor.

Unaccompanied Youth

Youth age 14 and older who are unaccompanied may sign this ROI for themselves, consistent with HUD guidance and California law, in order to access housing and services without unnecessary barriers. For unaccompanied youth under age 14, a parent or guardian must provide consent when available. If a parent/guardian is not available, the youth may be enrolled with limited data collection using a unique identifier until appropriate consent is obtained.

Disclosures and Period of Enforcement: The release you are signing will be in effect for a period of three years from the date of signed authorization by you, unless you wish to identify a different date below:

This consent will expire on (Insert date) _____ (if left blank, this consent will expire three years from date of signature).

Signing this form is voluntary and your personal records won't be shared without this authorization. You have a right to receive a copy of this authorization and have been offered a copy. If you don't want to sign this consent, you and your family will not be refused services.

However, allowing the homeless providers you work with access to this information will help them create a fully informed care plan to assist in placing you into homeless services programs. You have the right to refuse to answer any of the questions on your screening, however, some questions are tied to program eligibility, which means that you could miss out on a potential housing opportunity.

If you do not wish to share your personal information (such as name, date of birth, and Social Security number) you have the option to enroll for services without providing this information. If you are experiencing/fleeing domestic violence, you may want to discuss protecting your identity with a staff member. Domestic Survivor information may be maintained in local DV provider databases, but the HMIS and the victim service provider databases don't integrate and information may not be shared between the two systems.

NorCal Continuum of Care
HMIS and Coordinated Entry System
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Participants must consent to any collection, use, and release of their information, unless otherwise provided in the Privacy Notice or required by a court order or law. You have the right to revoke (take back) this authorization by sending a signed notice to the HMIS Lead Agency: 112 East 2nd Street, Alturas, CA 96101 530 233-3111 or by emailing the HMIS Administrator support@pathwaysmisi.org. Revocation will not affect disclosures previously made.

The list of NorCal HMIS Participating Agencies and CES Cooperating Agencies who may have access to your information is attached to this release. Additional agencies may become HMIS Participating Agencies or CES Cooperating Agencies at any time and without notice. You may request a current list of those Agencies at any time.

Your information will not be shared without your written consent, except as required by law. This includes situations such as: suspected child abuse or neglect, suspected abuse of elders or dependent adults, threats of harm to yourself or others, certain communicable disease reporting, crimes committed on program property or against program staff, medical emergencies, or when required by a valid court order. In addition, information related to substance use disorder treatment records is specially protected by federal law (42 CFR Part 2) and cannot be shared without your written consent except in limited circumstances.

Common Mandatory Disclosures:

Court Orders / Subpoenas
If ordered by a court, judge, or other lawful authority.
Child Abuse / Neglect
Staff must report suspected child abuse or neglect to Child Protective Services as required by state law.
Elder / Dependent Adult Abuse
Staff must report suspected abuse, neglect, or exploitation of elders or dependent adults to Adult Protective Services.
Threats of Harm
If a client makes a credible threat to harm themselves or others, staff may be required to disclose information to protect safety (sometimes referred to as “duty to warn/protect”).
Medical Emergencies
To appropriate medical providers in cases of emergency, if disclosure is needed to prevent serious harm or save life.
Public Health Reporting
Certain communicable diseases may need to be reported to public health authorities (varies by state).
Crimes on Program Premises or Against Program Staff
If a crime occurs on program premises or against program staff, some federal and state laws allow disclosure to law enforcement.
Substance Use Disorder (42 CFR Part 2) (if applicable in your CoC)
If any providers in your system collect substance use treatment information covered under **42 CFR Part 2**, the ROI must include that those records cannot be shared without written consent — except in very specific circumstances (medical emergency, research, audit, court order).

BY SIGNING The NorCal Release of Information Form, I AUTHORIZE THE FOLLOWING:

- I am allowing HMIS Participating Providers and CES Cooperating Agencies to provide coordinated case management for shelter/housing placement and/or services.
- I, as head of my household, authorize HMIS Participating Providers and CES Participating Agencies to

collect, update, use, view, and share the following with other HMIS Participating Providers and CES Cooperating Agencies to whom I have been or may be referred for housing, shelter, or other homeless service:

- Identifying information including full name, DOB, SSN, race, ethnicity, gender, phone number, address, and other similar identifying information to determine service eligibility
- Confidential information gathered during the intake or assessment process (including health, personal finance information, and homeless history)
- Eligibility information, including proof of homelessness, veteran status, income, insurance, and disabilities
- Confirmation of participation and certain information in related mental health or physical health programs for the purpose of determining program eligibility
- Shelter and/or housing program(s) preference and information
- Record of services provided
- The date of enrollment and exit in programs and the Coordinated Entry System

Client Name: _____

Authorization valid for three (3) years from date of signature or on my 18th birthday if minor dependent (whichever occurs first)
Date ROI Signed: _____
Staff/Witness: _____

List all Dependent Children under 18 in the Household (if any, using first and last names)

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

I hereby provide my consent to collect data for ultimate entry into the NorCal CoC Homeless Management Information System (HMIS) (One, and only one of the below boxes must be checked):

0 **Yes**

0 **No**

By checking No above, I hereby decline to provide my personal information to the NorCal CoC HMIS and will be assigned a unique code instead of using my name for purposes of entering project enrollment and service data.

If I am assigned a code, I give CES Cooperating Agencies the permission to use my unique code to contact me about possible housing opportunities and for updates on my housing situation.
I understand that my unique code will be kept outside of HMIS and will be secured with the following agencies:

Participating Agencies:

Del Norte County

- City of Crescent City
- Del Norte Mission Impossible

Lassen County

- Lassen County HSS?
- Susanville Indian Rancheria

Modoc County

- Modoc County
- T.E.A.C.H. Inc.

Plumas County

- Plumas Crisis Intervention Resource Center
- Plumas County Behavioral Health

Sierra County

- Sierra County

Shasta County

- Access Homes
- City of Redding
- Faithworks
- Good News Rescue Mission
- Hill Country Community Clinic
- Lutheran Social Services
- Nation's Finest
- No Boundaries
- North Valley Catholic Social Services
- Northern California Youth and Family Programs
- Pathways to Housing
- Ready for Life
- Shasta Community Health Center
- Shasta County Health and Human Services Agency

- Shasta County Office of Education
- United Way of Northern California

Siskiyou County

- Karuk Tribe
- Siskiyou County Health and Human Services Agency
- Youth Empowerment Siskiyou

Other Participating Agencies:

- Partnership Health Plan of California
- Shasta County Veteran's Services Office

9.4: Locally Mandated HMIS Data Elements Collection Policy

Policy:

All Participating Agencies are required to collect and enter locally mandated HMIS data elements in addition to the Universal Data Elements (UDEs) and Program Specific Data Elements (PDEs) as defined by HUD. These locally mandated elements are determined by the Continuum of Care (CoC), HMIS Lead, or other governing bodies to meet regional reporting, planning, and compliance needs.

The CoC may also designate other local data elements as optional. HMIS users should follow guidance from their organizations' management when determining whether or not to collect this information and record it in the HMIS.

Participating Agencies must ensure that their workflows and data entry protocols are updated to reflect these requirements. The HMIS Lead will communicate updates and provide technical assistance as needed.

The following data elements are locally mandated and must be collected by HMIS Participating Agencies: none.

Collection of the following local data elements is optional: gender.

Procedures:

- Workflow Integration:
  Participating Agency End Users will follow the workflow configured for their program, which includes locally mandated data elements. These workflows are maintained by the HMIS System Administrator and updated as needed.
- Data Entry Compliance:
  End Users must complete all locally mandated fields during client intake and program enrollment. These fields may include, but are not limited to, regional service codes, local funding identifiers, and community-specific demographic indicators.
- System Configuration:
The HMIS Lead is responsible for ensuring that the HMIS platform is configured to support the collection of locally mandated data elements. Agencies must communicate any local requirements to the HMIS Lead to ensure proper system setup.

Best Practice:

Participating Agency End Users should be familiar with their agency’s local data requirements and internal standards. Agencies may choose to collect additional data beyond HUD-mandated and locally mandated fields to support their operational goals or funding obligations.
Agencies are encouraged to:
- Review updates to the HMIS Data Standards Manual regularly.
- Attend HMIS/CE Committee meetings to stay informed about changes in local data mandates.
- Designate an HMIS Lead to oversee compliance and serve as the primary liaison with the HMIS System Administrator.