



**Sonoma County Continuum of Care (CoC) Board
Agenda for January 22, 2021
2:30 PM – 5:00 PM Pacific Time**

Virtual Public Meeting Information:

<https://sonomacounty.zoom.us/j/93117582397?pwd=QUZxUHRKVm1NZkpvbzdXN2tzRGpBdz09>

Passcode: 740582

Or Telephone: 669-900-9128

Webinar ID: 931 1758 2397

	Agenda Item	Packet Item	Presenter	Approx. Time
1.	Welcome, Roll Call and Introductions		Board Chair	2:30pm
2.	Approve Agenda (ACTION ITEM)	1/22 Agenda	Board Chair	2:35pm
3.	Approve minutes from 1/15 meeting (ACTION ITEM)	1/15 Draft Minutes	Board Chair	2:40pm
4.	Approval of Draft CoC Homeless Management Information System (HMIS) Policies & Procedures and Interim CoC Governance Charter (ACTION ITEM) <i>Item Description: This item is a CoC HMIS Capacity Building Grant deliverable. Sonoma County Community Development Commission (SCCDC) incorporated required changes/additions as-directed by U.S. Department of Housing and Urban Development (HUD). SCCDC requests the CoC Board accept the item as-is for the grant deliverable and a larger review of the Governance Charter will happen at a future date.</i>	Draft CoC HMIS Policies and Interim CoC Governance Charter	CDC Staff	2:45pm
5.	Coordinated Entry System (CES) prioritization: Interim Changes to Coordinated Entry Prioritization & Coordinated Entry Vulnerability Assessment (ACTION ITEM) <i>Item Description: Proposal for temporary changes to weight of current CES assessment tool (VI-SPDAT, version 1): Changes proposed can be implemented immediately, without reassessing current enrollees in CES or rebuilding current system. These are temporary fixes, a more permanent solution will be addressed in overhaul of CES.</i>	CES Memo	CDC Staff	3:30pm

6.	Coordinated Entry System Transition Plan (INFORMATIONAL ITEM) <i>Item Description: Update on SCCDC's decision and plan to reassign the CES operator to a non-conflicted body.</i>	Summary of CES Evaluation 2019 recommendation to have non-conflicted operator	CDC Staff	4:00pm
7.	Approve Agenda for 2/24/21 CoC Board Meeting & 3/18/21 Quarterly Membership Meeting Schedule and Content Overview (ACTION ITEM)	Draft Agenda for 2/24/21 CoC Board Meeting	CDC Staff	4:20pm
8.	CDC Website Review (Tentative)		CDC Staff	4:35pm
9.	Staff Report		CDC Staff	4:40pm
10.	Board Member Questions & Comments		CDC Board	4:50pm
11.	Public Comment			

**The next CoC Board meeting is scheduled for February 24, 2021 from 1:00-4:00pm*

**An additional February meeting may be added, TBD*

PUBLIC COMMENT:

Public Comment may be made via email or during the live zoom meeting. To submit an emailed public comment to the Board email Karissa.White@sonoma-county.org. Please provide your name, the agenda number(s) on which you wish to speak, and your comment. These comments will be emailed to all Board members. Public comment during the meeting can be made live by joining the Zoom meeting using the above provided information. Available time for comments is determined by the Board Chair based on agenda scheduling demands and total number of speakers.

Sonoma County Continuum of Care Governance Charter

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PREAMBLE

Through passage of the McKinney Act in the late 1980’s, the US Department of Housing & Urban Development (HUD) began providing funding directly to community-based organizations for Targeted Homeless Assistance. Because mass homelessness was new, not understood, and considered a temporary phenomenon, HUD’s Targeted Homeless Assistance was implemented without going through a lengthy regulation development process via several distinct funding streams and contracts with individual nonprofit agencies.

As the epidemic of mass homelessness grew through the following decade, HUD incurred an unsustainable burden of administering hundreds, then thousands, of individual contracts with local agencies in a wholly uncoordinated fashion. In the late 1990s, HUD initiated the concept of a local “Continuum of Care” system and began requiring, as a threshold funding requirement, that communities organize a Continuum of Care as the central collaborative planning body and as the gatekeeper for new and renewal applications.

The building blocks for these consortia were HUD entitlement jurisdictions, urbanized areas that receive HUD-administered Community Development Block Grant (CDBG) funding annually on a formula basis. The three entitlement jurisdictions in Sonoma County, the City of Santa Rosa, the City of Petaluma, and the “Urban County”, which represents the unincorporated areas of the County and

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the remaining seven incorporated jurisdictions through a long-standing Joint Powers Agreement (JPA), informally joined together in 1997 to create the Sonoma County Continuum of Care (CoC). The Sonoma County Community Development Commission (SCCDC) lent staff for administrative support; and later in 2003, the 3 jurisdictions began jointly funding a contractor to coordinate the growing CoC planning process and produce the required collaborative funding application and meet expanding HUD funding requirements.

As HUD grappled with the intractable nature of homelessness entering the 2000s and the fragmented homeless service system throughout the nation, the agency added more threshold requirements to document the impact of its Targeted Homeless Assistance program for Congress. A biennial Point-in-Time Homeless Count (in the last 10 days of January) was required beginning in 2005, and a web-based client information management system was required beginning in 2006. Without a set of regulations to back up these developing and useful requirements, they were generally introduced as administrative elements of each year's Notice of Funding Availability—often through the addition of competitive points for compliance with new mandates. For example, after several years in which increasing competitive points were available for developing a “10-Year Plan to End Chronic Homelessness,” the Sonoma County complied by adopting its initial 10-Year Plan in early 2007.

HUD worked together with the national advocacy community in the drafting of the HEARTH Act of 2009, which reauthorized and reshaped the McKinney Act to streamline its Targeted Homeless Assistance and incorporate national best practices into HUD's funding and provided a regulatory framework for the federal funding. The first result of the HEARTH Act was the development of the first federal strategic plan to prevent and end homelessness in 2010, titled *Opening Doors*. This was followed by the release in 2011 and 2012 of regulations that streamlined the operation of CoCs and other federal homeless assistance, and regulated new funding for research-backed strategies such as Rapid Re-Housing. A key feature of HEARTH is the opportunity for CoCs to apply for a new Unified Funding Agency status; this would enable HUD to deputize local agencies to administer its funds like other block grants. This feature is not yet adequately funded, but we anticipate the Sonoma County CoC will one day apply for this status.¹

HUD explicitly empowers and expects the CoC to lead local policy and program development around homelessness. At this writing, the Sonoma County Continuum of Care now engages more than 200 people from over 60 organizations in collaborative planning and project development, hosted by the

¹ For more information on regulatory authority, see Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, <https://www.hudexchange.info/homelessness-assistance/hearth-act/>; Continuum of Care (CoC) Interim Rule, <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>; and Emergency Solutions Grants (ESG) Program and Consolidated Plan Conforming Amendments, https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf.

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SCCDC. Increasing local and federal reliance on the CoC to lead policy development around homelessness (not to mention the need to retain competitiveness for funding) have required increased staffing; therefore, in late 2013 the Coordinator function was combined with other funds to create a regular position housed within SCCDC, dedicated largely to the Continuum of Care. As described in the CoC Charter that follows, the CoC functions as a “joint powers collaborative” with funding from all three jurisdictions. The SCCDC contributes staffing, data management, and other services.

Within the Sonoma County CoC, local government, service providers, and community activists approach homelessness and homeless services with a “collective impact” focus, to develop collaborative strategies for reducing homelessness and addressing the needs of many varied homeless sub-populations.

Overview

Purpose of this Charter: This charter describes and establishes the structure of the Sonoma County Continuum of Care (CoC), in order to comply with CFR § 578, the Continuum of Care Program Interim Rule.² Thus this charter provides an organizational structure that will govern operations of the Continuum of Care, whose responsibilities include reviewing and submitting annual collaborative applications for federal Continuum of Care funding.

This document also describes how hundreds of individuals and dozens of agencies are collaborating to provide *solutions* and *leadership* in ending homelessness in Sonoma County. The Continuum of Care is the lead entity committed to implementing Sonoma County’s 10-Year Homeless Action Plan, the CoC’s strategic plan. The CoC is committed to Upstream principles, such as:

- Diverting those at imminent risk of homelessness from entering shelters;
- Engaging and empowering people who are experiencing homelessness, to reclaim their dignity and resolve homeless episodes before they adopt a “culture” of homelessness;
- Avoiding high criminal justice and hospital costs, and negative health outcomes, with appropriate housing, income, and access to health services.

As the central collaborative body advancing strategies to end homelessness, the CoC seeks to engage with all local and regional, private and public initiatives, acting as a clearinghouse towards aligning and maximizing the effectiveness of these efforts. The CoC is committed to implementing best

² The US Department of Housing and Urban Development (HUD) has established standards for operating and managing a Continuum of Care for two main reasons: first, HUD is required to measure the Continuum of Care’s performance in reducing homelessness by looking at the overall performance of the Continuum; and second, because HUD is now funding Continuums of Care for some planning costs, HUD now requires formal decision-making and operating standards for the Continuum of Care.

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practices and stewarding scarce public resources in such a way that ensures Sonoma County is able to retain those resources. Additionally, the CoC is supportive of policies that address the disparity we experience in Sonoma County, between community members' financial resources and housing cost.

Terms & Definitions

- **Continuum of Care Board** is the governing board established to act on behalf of the Continuum of Care using the process established as a requirement by C.F.R. §578.7(a)(3) and in compliance with the conflict-of-interest requirements at §578.95(b).
- **CoC Program Grantee (Recipient)** The CoC Program Grantee is the “recipient” as used by HUD and means an applicant that signs a grant agreement with HUD.
- **Collaborative applicant** means the eligible applicant that has been designated by the CoC to submit the annual CoC Consolidated Application for funding on behalf of the CoC. In addition, the Collaborative Applicant is the only entity that can apply for a grant for Continuum of Care planning funds on behalf of the Continuum of Care. This Charter designates the Sonoma County Community Development Commission as the Collaborative Applicant for the Continuum of Care.
- The **Continuum of Care (CoC)** means the group organized to carry out the responsibilities required by the HUD CoC Program, composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.
- **Homeless Management Information System (HMIS)** means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.
- **HMIS Lead** means the entity designated by the Continuum of Care to operate the Continuum of Care's HMIS on its behalf. This Charter designates the Sonoma County Community Development Commission as the HMIS Lead for the Continuum of Care.

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- **Covered Homeless Organization (CHO)** Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses or processes data on homeless clients for an HMIS.
- **CoC Coordination** is the coordination hub responsible for:
 - (a) Providing logistical support for Continuum of Care responsibilities as in Interim Rule – 24 CFR §578.7
 - (b) Convening and facilitating the CoC Board and key working groups
 - (c) Monitoring strategic coherence across CoC activities and planning
 - (d) Coordinating communication within the Continuum of Care
 - (e) Managing collective data systems and information distribution
 - (f) Mobilizing planning efforts that frame future 10-year Plan Updates, related community-wide plans and their revision
 - (g) Stewarding resources for collective impact
 - (h) As such, CoC Coordination Staff is not a “lead” entity, but rather performs the roles of advocate, planning consultant, project manager and logistics staff – though it is always free to delegate elements of its responsibility to appropriate Continuum of Care participants and/or contracted support. This Charter designates the Sonoma County Community Development Commission as the Coordination Staff for the Continuum of Care.
- The **10-Year Homeless Action Plan** is Sonoma County’s strategic plan to prevent, reduce and end homelessness as implemented by the Continuum of Care.

Overview of Continuum of Care Structure:

The Structure of the Continuum of Care is reproduced on the next page.

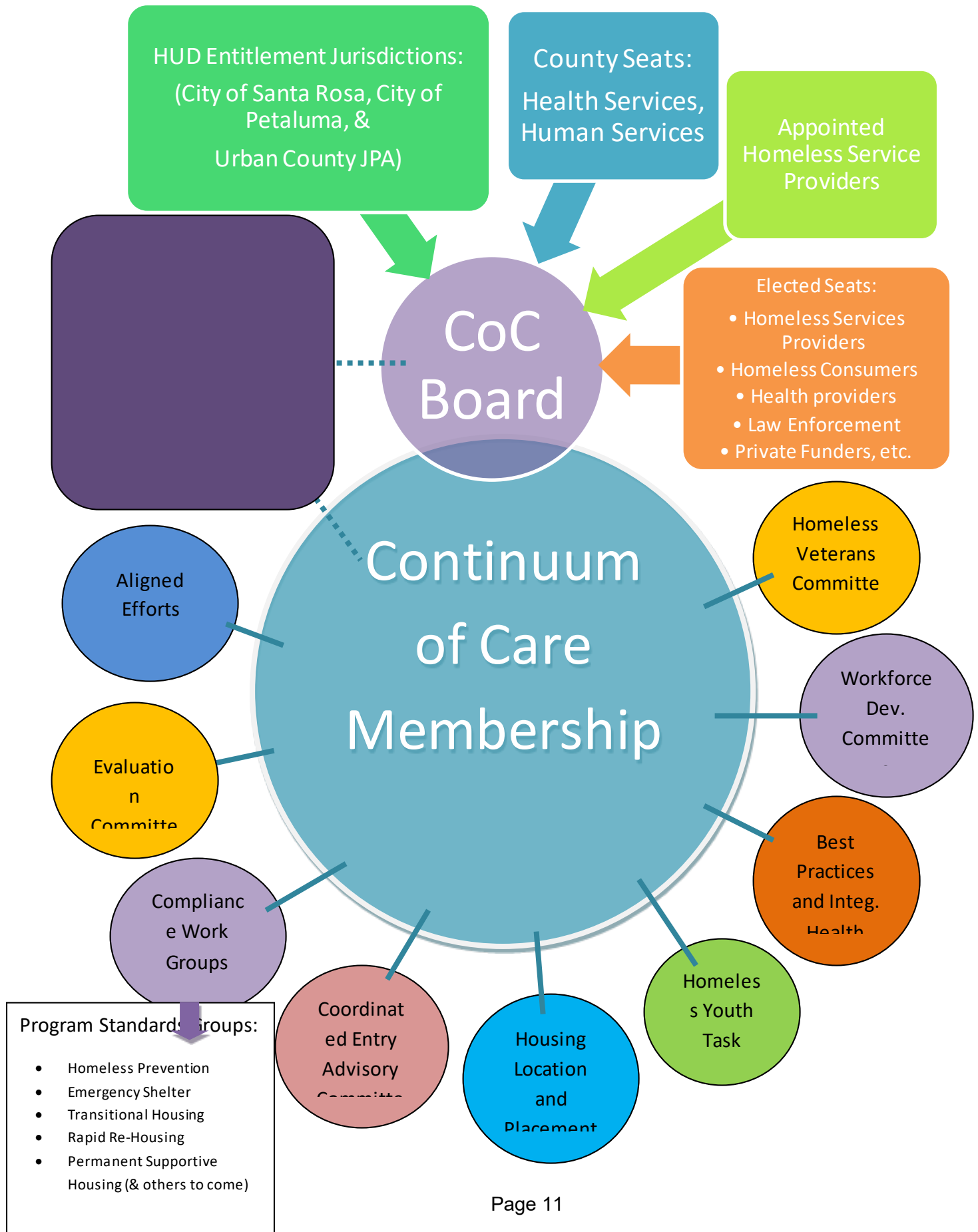
As defined in this Charter:

- ii) The **Sonoma County Continuum of Care** is the collaborative body implementing homeless prevention and intervention strategies

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- iii) The **Sonoma County Community Development Commission** provides an infrastructure to support the work of the Continuum of Care as a body. The CoC Board acts on behalf of the Continuum of Care to maintain momentum and oversight.
- iv) **Committees, working groups and aligned efforts** are responsible for specific activities and strategies, overseen by and reporting to the Board.
- v) As **Collaborative Applicant**, the Sonoma County Community Development Commission submits the CoC's Consolidated Application to HUD and applies for HUD's CoC Planning Funds, reporting to the Board.
- vi) As **HMIS Lead**, the Sonoma County Community Development Commission operates the Continuum of Care's data system, reporting to the Board.
- vii) A **CoC Program Grantee** is an official recipient of CoC Program funds and works closely with the Board.

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The Continuum of Care

Continuum of Care Mission, Purpose & Responsibilities

Mission: The Sonoma County Continuum of Care (CoC) engages community leaders and organizations in preventing and ending homelessness in Sonoma County.

Purpose: **The Continuum of Care embodies three concepts:**

- i) A **Working Coalition** that brings all stakeholders together in a structured way, to end homelessness in Sonoma County. This coalition is committed to seeing that the 10-Year Homeless Action Plan is implemented with integrity and excellence.
- ii) A **System of Housing & Services:** The system of housing and service entities provides a broad range of homelessness prevention and intervention services supporting one another in assisting individuals and families to move to stable housing. It incorporates outreach, engagement, assessment, prevention, shelter, housing, and services to support and sustain self-sufficiency.
- iii) The **HUD Program-Defined Continuum of Care:** This community planning body works to prevent and end homelessness. It organizes and delivers housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency.

Responsibilities: **The Continuum of Care is obliged to support:**

Performance Targets & Monitoring

- i) Establish appropriate performance targets by population and program in consultation with the CoC Program Grantee and sub-recipients then:
- ii) Monitor performance and evaluate outcomes of ESG and CoC programs
 - (a) Monitoring Policies and Procedures:
 - (i) Monitoring of performance and outcomes of the Community Development Commission (CDC) ESG-funded programs is led by CDC monitoring staff with the participation of the CoC Coordinator. Monitoring letters are reviewed by CoC staff and management of the ESG recipient's Homeless & Community Services Team.

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1. ESG recipients provide housing and related support services for low-income persons and their households in the entire Continuum of Care Service Area in accordance with HUD ESG Program regulations and the State of California Emergency Solutions Grant (“CA ESG”) Program regulations.
 - iii) Develop a process for identifying means to improve performance in reducing homelessness and providing services, and recommending actions based on that process
 - iv) Ensure compliance with federal regulations and steward public resources so as to ensure they are retained in Sonoma County
 - v) Report to HUD as required/requested
- iv) Coordinated Entry and Assessment**
 - i) Establish and operate a coordinated entry and assessment system in consultation with ESG fund recipients
 - ii) <https://sonomacounty.ca.gov/CDC/Homeless-Services/Coordinated-Entry-System/>
- v) Written Standards**
 - i) Establish and follow written standards for providing CoC assistance in consultation with ESG fund recipients
 - ii) Written Standards: <https://sonomacounty.ca.gov/CDC/Homeless-Services/Compliance/>
- vi) HMIS**
 - i) Designate a single HMIS for the Sonoma County geographic area and designate an eligible applicant to manage it.
 - ii) Review, revise, and approve privacy, security, and data quality plans
 - iii) Ensure consistent participation of the CoC Program Grantee and sub-recipients in HMIS
 - iv) Ensure that the HMIS is administered in compliance with HUD requirements
 - v) <https://sonomacounty.ca.gov/CDC/Homeless-Services/Sonoma-County-HMIS/>
- vii) Planning**
 - i) In the context of the 10-Year Homeless Action Plan, (a) compile information on the status of and changes in Sonoma County homeless housing and service needs; (b)

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obtain current information on activities, programs, policies and evidence of resulting outcomes elsewhere; (c) revise the elements of CoC housing and service actions to maintain priorities in light of this information.

- ii) Coordinate implementation of a housing and service system
- iii) Conduct a point-in-time count of homeless persons that meets HUD's requirements, at least every 2 years
- iv) Conduct an annual gaps analysis of homelessness needs and services
- v) Provide information required to complete the Consolidated Plan(s)
- vi) The Lead Agency and HMIS Lead will establish appropriate performance targets by population and program in consultation with the CoC and ESG Program Grantee and sub-recipients.
- vii) Monitor performance and evaluate outcomes of the following programs: Emergency Solutions Grant (ESG), Continuum of Care (CoC), Homeless Emergency Aid Program (HEAP), California Emergency Solutions and Housing (CESH), and all programs funded by local government and private entities.³

viii) Application for CoC Program Funds

- i) Design, operate and follow a collaborative, fair, and transparent process for developing applications and approving submission of applications in response to a CoC Program Notice of Funding Availability (NOFA).
- ii) Establish priorities for funding projects
- iii) Determine if one or more applications will be submitted
 - (a) If more than one, designate the Collaborative Applicant
 - (b) If only one, the applicant is the Collaborative Applicant
- iv) Rank multiple applications if required by HUD

³ As new funding initiatives are established by federal, state, and local government as well as private philanthropy, the list of programs whose performance is monitored by Sonoma County CoC will grow.

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Continuum of Care Membership Composition & Voting Rights

i) Composition: The Continuum of Care is composed of the following to the extent they are represented within the geographic area of Sonoma County, California, and are available to participate, and support the mission and goals of the Continuum of Care and will act in good faith.

- i) Nonprofit homeless service providers
- ii) Prevention service providers
- iii) Victim service providers
- iv) Disaster planning and prevention agencies
- v) Faith-based organizations
- vi) Funders
- vii) Governments
- viii) Businesses
- ix) Advocates
- x) Public housing agencies
- xi) School districts
- xii) Social service providers
- xiii) Medical professionals
- xiv) Mental health agencies
- xv) Hospitals
- xvi) Universities
- xvii) Affordable housing developers
- xviii) Law enforcement
- xix) Organizations that serve homeless and formerly homeless veterans
- xx) Homeless and formerly homeless persons
- xxi) Representatives from the following:
 - (a) A Collaborative Applicant
 - (b) A CoC Program Grantee

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- (c) A Consolidated Plan Entity
 - (d) An ESG Grantee
 - (e) An HMIS Lead
 - (f) A CoC Coordination Staff
- ii) Anyone or any entity committed to the prevention and ending of homelessness is welcome in the Continuum of Care.
- iii) **Participating Members include** any of the above who are able to annually certify they will materially participate in and support the Continuum of Care, and will honor codes of conduct and confidentiality requirements in use by the Continuum of Care. CoC Participating Members will be included on CoC letterhead and for policy, advocacy, public relations and communication purposes, without limitation.
- iv) **Voting Members:** Participating Members are also voting members, able to vote for Board candidates and on other matters as needed, provided they meet one of the following requirements each annual period:
- i) Attend 50% or more of working subcommittees of the C of C and more than half of the general membership meetings, or
 - ii) Request and are granted Voting Member standing by the Board. The Board has the discretion to approve such requests when applicants meet the following guidelines:
 - (a) The request was submitted in a complete and timely fashion following procedures promulgated by the CoC Coordinator for this purpose, and
 - (b) The person/agency has made what the Board considers to be sufficient material contributions to advance the goals of the CoC through special projects or initiatives.
 - iii) The CoC Coordination Staff will maintain eligibility lists and make them available prior to all elections by the full CoC membership.

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CoC Membership Meetings

- i) **Frequency:** The CoC will hold full membership meetings quarterly at a time and location determined by the Board. The Board will select a meeting location that is accessible to homeless participants and to those with mobility disabilities.
- ii) **Open Meeting:** Meetings of the CoC will be open to any interested person.
- iii) **Agendas:** The Board will disseminate agendas at least 7 days in advance of the meeting. Agendas will be disseminated through electronic mailing lists, on the CoC website, and on other websites as appropriate.
- iv) **Voting:** Each voting member must be present to vote on CoC matters. Votes will be by voice or ballot at the will of the majority of those in attendance. No member may vote on any item that presents a real or perceived conflict-of-interest.
- v) **Proxy Voting:** The eligible agency's executive director must cast the agency's vote, unless he/she designates an alternate voter in advance to cast the vote on the agency's behalf. Because some nonprofits and the city/county departments do not have executive directors, and because in some years individuals meet the threshold meeting attendance level but are not affiliated with a nonprofit or city/county department, the following guidelines are adopted to determine who may vote for an agency:
 - i) If an eligible nonprofit has an executive director, the executive director must vote or designate a proxy to vote on behalf of the agency.
 - ii) If an eligible nonprofit does not have an executive director but does have a board of directors, the board president must vote or designate a proxy to vote on behalf of the agency.
 - iii) For eligible city or county departments and divisions, the department head must vote or designate a proxy to vote on behalf of the department.
 - iv) If an individual attended the requisite number of meetings and is not affiliated with a city/county department or a nonprofit organization, the individual may vote on their own behalf.

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- v) An eligible voting agency's executive director, board president or department head must submit the agency's ballot in person at the CoC membership meeting in which elections are held, unless a proxy voter is designated in advance. To designate a proxy voter, the appropriate person must submit a Proxy Voter form to CoC Coordination Staff by the annual designated deadline.

The Continuum of Care Board

CoC Board Roles and Responsibilities

- i) The Continuum of Care Board is the governing body that determines policy and acts as the CoC's decision-making group.
- ii) The Board is the designated entity for managing the CoC Program process in Sonoma County, including ranking proposals for submission to HUD under the annual NOFA. With staff support, the Board coordinates and reviews the HUD CoC grant application process for the CoC. This includes defining community priorities and reviewing CoC Program applications for approval. The Board acts on behalf of the CoC and ensures that the CoC:
 - a) Scans the environment for best practices and innovations
 - b) Assesses the CoC for gaps, overlaps, duplication, strategic conflicts, etc.
 - c) Coordinates quarterly CoC meetings.

In addition, the Board is responsible for:

- a) Working closely with the designated Collaborative Applicant to fulfill major duties of the Continuum of Care
- b) Monitoring implementation of the 10-Year Homeless Action Plan and ongoing alignment with vision, goals and strategies
- c) Overseeing periodic planning and annual plan revisions
- d) Making recommendations to the CoC about priorities and formal/informal relationships
- e) Actively seeking participation from each group listed below for the CoC and its committees

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f) Actively seeking participation from each group listed below for the CoC and its committees

- Nonprofit homeless providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies and substance abuse providers
- Hospitals, health care institutions and practitioners
- Universities
- Affordable housing developers
- Law enforcement
- Organization that serve homeless and formerly homeless veterans
- Homeless and formerly homeless persons

g) Ensuring transparent governance within the Continuum of Care and monitoring potential conflicts of interest

h) Delegating activities to and overseeing committees, working groups and aligned efforts

i) Designating the HMIS Lead to manage the HMIS system in Sonoma County.

j) Ensuring consultation of ESG recipients throughout planning and implementation of Continuum of Care activities.

iii) Limited Authority

The Continuum of Care is not a formal organization. As such:

1) It does not have, and cannot have, assets or liabilities;

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- 2) It cannot indemnify member or participant action; and
- 3) No member of the Continuum of Care, Board or its committees may contract, incur debt, or otherwise create an enforceable obligation for the Continuum of Care, Board or its committees.
- 4) Only the Board may designate an individual or entity to speak for the Continuum of Care or its components.
- 5) With the exception of removal policies in this Charter, any grievance related to the Continuum of Care or CoC Program will follow HUD policies and contracts.

iv) Individual Members: Individuals serving on the Board must:

- 1) Commit to preventing and ending homelessness
- 2) Attend meetings of the Board and Quarterly CoC Membership meetings
- 3) Participate as an active member of the Continuum of Care
- 4) Seek out input from the peers, industry, and/or population he/she represents
- 5) Bring that input to Board deliberations, while remaining attentive to un-represented views
- 6) Communicate Board work to the peers, industry, and/or population he/she represents
- 7) Adhere to all Governance Charter policies

Board Meetings, Composition, and Terms

- 1) The Board shall meet not less than six times per year.
- 2) Board Voting Members Composition: The total number of designated voting seats shall be fifteen.
 - (a) The HUD entitlement jurisdictions of Santa Rosa, Petaluma, and the Sonoma County Urban County shall each appoint one representative.
 - (b) One seat shall be filled by a senior management representative of the Sonoma County Department of Health Services
 - (c) One seat shall be filled by a senior management representative of the Sonoma County Department of Human Services.

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- (d) Two seats will be filled by representatives of the two largest homeless services agencies, as measured by total number of shelter, transitional housing and permanent housing beds cataloged in the current CoC Housing Inventory. The Executive Directors of these two agencies will appoint themselves or a qualified senior manager as designee to serve. If these seats are not filled for any reason, they will revert to at-large seats consistent with Section (h) below.
 - (e) Two seats shall be filled by individuals who are currently experiencing homelessness or who have recently experienced homelessness. At least one of these seats shall be filled by an individual representing homeless transitional age youth (age 18-24). Persons representing the homeless population will have homeless experience within the last 2 years.
 - (f) One seat shall be filled by a representative of a local, private-sector homeless, health or human services funder.
 - (g) One seat shall be filled by a representative of a homeless advocacy organization.
 - (h) Four “at-large” seats shall be filled by a majority vote of recognized CoC members. Nominees need not be recognized CoC members.
- 3) Voting members will be asked to give consideration to these factors in casting votes for the “at-large” seats:
- (a) Geographic representation;
 - (b) Homeless sub-population representation;
 - (c) Diversity of representation, including the criminal justice system, housing development or property management, business interests, private hospitals or health agencies.
- 4) No term limits shall be set for Board membership, and indefinite re-election is permissible.

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Board Member Elections

- 1) **Process:** Elections shall take place annually, in person at a quarterly membership meeting.
 - (a) Staff to the CoC Board, Sonoma County Community Development Commission staff shall determine a preliminary list of members eligible to vote, based on attendance records from quarterly meetings, committees and other CoC working groups. The resulting list of voting members shall be published through the CoC's electronic mailing lists and website.
 - (b) Challenges may be made regarding inadvertent exclusion of members eligible to vote as well as petitions for CoC Voting Member status for other reasons. The CoC Board shall consider voting eligibility for any petitions received, at its meeting immediately prior to annual elections.
 - (c) Nominations for open seats shall be solicited for a period of approximately six (6) weeks prior to the annual election. Nomination forms must be received at the Sonoma County Community Development Commission by the close of business on the Friday preceding the election. Self-nomination is permissible. The list of candidates will be published electronically via the CoC website at least 3 days before the election.
 - (d) Ballots shall be distributed to voting members in person at the quarterly meeting. Voting members can delegate their votes by proxy provided written, signed proxy assignment forms are delivered to the CoC Coordinator prior to the published submission deadline. Once marked, the ballots will be collected by Board members holding appointed seats, and tallied by them.
 - (e) For each category of elected seat, the nominee receiving the highest number of votes will be elected to a full two-year term. Should one-year seats be open, the person receiving the second highest number of votes will be elected to a one-year term.

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- (f) If an equal number of votes are received the following rules will be used to break a tie:

As soon as the tie is discovered, a run-off vote will be taken. If the total number of ballots issued is an even number, the Board chair (or proxy) will not vote, assuring an odd number of ballots and therefore, no possibility of a tie. If the Chair (or proxy) is not present, the most senior member of the Board will forego voting to assure an odd number of ballots.

Board Officers and Terms

- 1) **Officers:** Seated Board members shall select by a simple majority vote a Chair and Co-Chair for one-year terms.
 - (a) The Chair conducts CoC Board meetings. The Chair of the CoC Board may only be filled by a representative of one of the entitlement jurisdictions, a private funder, or an individual from an organization that does not receive Continuum of Care funding.
 - (b) The Vice Chair serves in the Chair's absence. The Vice Chair may be any member of the CoC Board.
- 2) **Terms:** Officers shall serve for one-year terms.
- 3) **Term limits:** There will be no term limits; indefinite re-election is permissible.

Board Vacancy, Removal & Resignation

- 1) **Vacancy:** In the event of a vacancy of an elected member, the members of the CoC Board will elect a successor to hold the seat for the remainder of the term of the person vacating the seat. At the end of the term, a regular election will be held as described in this Charter. In the event of a vacancy of the Chair, the jurisdiction of that representative will appoint an Interim Representative. The Vice Chair will serve as Interim Chair until the next CoC Board meeting. At that Board Meeting, the CoC Board will elect an Interim Chair from one of the three entitlement jurisdictions to serve as Chair for the duration of the calendar year. The CoC Board will elect a Chair for a one

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year term in January of the following calendar year. In the event of a vacancy of the Vice Chair, the CoC Board shall elect an interim Vice-Chair to complete the term.

- 2) **Removal** – Members of the CoC Board may remove a CoC Board member who is absent for three (3) regularly scheduled Board meetings, or if they attend fewer than 75% of regularly scheduled meetings in any twelve-month period.
 - (a) CoC Board members may also be removed by a 3/4 vote of the Board then-seated for cause including but not limited to:
 - (i) Failure to perform Board member duties
 - (ii) Failure to comply with this Charter and/or applicable policies
 - (iii) Engaging in conduct that constitutes a conflict of interest
 - (iv) Such seats will then be filled through the process described above under vacancies.
- 3) **Resignation:** Any member of the CoC Board may resign at any time by giving written or verbal notice to the Chair or Continuum of Care Coordinator. Any such resignations will take effect at the time specified within the written notice or if the time is not specified, by the written or verbal acceptance by the CoC Board Chair.

Meetings and Action

- 1) **Frequency:** Meetings will take place not less than six (6) times per year.
- 2) **Open Meeting:** Meetings of the CoC Board are open to the public.
- 3) **Agendas** will be developed by staff in consultation with the Board Chair and/or Co-chair and posted via electronic email lists and the CoC website the week prior to any meeting.
- 4) **Notice** of any regular meeting of the CoC Board will be posted at least three (3) days prior to the meeting.

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- 5) **Quorum:** For purposes of voting on Board matters, a quorum is defined as a majority of seated members of the Board present either in person or via telephone or Internet connection. Currently vacant seats do not count in the quorum calculation.
- 6) **Decision-making:** The CoC Board's primary method of decision-making shall be a working consensus. For decisions involving funding, and those for which a timely decision cannot be made through a consensus process, decisions will be made by a simple majority vote. In these cases, yeas, nays, and abstentions will be recorded in the minutes.
 - (a) For advocacy issues, a working consensus is required; the consensus cannot be overridden by majority vote.
- 7) **Voting:** Anyone attending a CoC Board meeting may speak to the issue within the limits of the conflict of interest policy below, but only seated members or their named proxies may vote on items before the Board.
- 8) **Proxy:** Should a seated member be unable to attend a Board meeting, the member may assign a proxy by submitting a written request to the Chair prior to the meeting.
- 9) **Action between Meetings:** Actions may be taken by CoC Staff or Board officers out of necessity due to time constraints. The Board as a whole shall be provided with an explanation of the circumstances that prompted such action. Actions between meetings must be ratified by the Board as a whole at the following regular meeting.

Board Staffing

- 10) The Sonoma County Community Development Commission (SCCDC) staffs the Board.
- 11) The SCCDC's designated CoC Coordination staff members are responsible for:
 - (a) Recording minutes for the Board and
 - (b) Ensuring Board members receive Ensuring Board members receive all necessary information in the field and changes at the federal level that may influence or impact the CoC.
 - (c) Staff may participate in discussion but may not vote.

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Committees, Working Groups and Aligned Efforts

Purpose: The CoC committees and working groups are the action planning agents of the system. In these bodies, strategies are developed expanded into scheduled work plans. These groups may also be responsible for developing strategies or exploring options to solve particular concerns.

Formation and Composition

- i) **Formation:** Committees will be formed by the Board to address policies, circumstances and standards under the CoC's strategic plan. CoC time-limited *ad hoc* working groups may be formed and given specific responsibilities as needed by the Board, to address specific projects or concerns. All committee responsibilities apply to ad hoc groups as well.
- ii) **Membership:** Committee membership may include any interested party. Committees will report to the CoC Board, and each Committee will aim to include at least one (1) member from the CoC Board or a CoC staff member. Each committee will set its number and recruit members from the CoC and larger community.

Aligned Efforts:

Projects, programs or groups originating outside the CoC which align with the CoC's strategic plan, are requested to submit a Resolution of Alignment with the CoC and the 10-Year Homeless Action Plan. The Resolution shall include an executive summary describing the effort's connection to the 10-Year Homeless Action plan. Aligned Efforts will be required to adhere to CoC policies and protocols (see Section 5 below) and to make periodic reports to the CoC Board on their 10-year plan-aligned projects.

Committee Leadership

A chair or co-chairs, as selected from within the committee, will coordinate each committee.

Other Committee Roles and Responsibilities

Each committee will be responsible for:

- i) Recruiting its members
- ii) Selecting a chair or co-chairs
- iii) Establishing its policies and procedures, and providing them to the CoC Board and Staff

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- iv) Recording its minutes and attendance, and providing them to CoC Staff
- v) Ensuring transparency of its process and meetings
- vi) Responding to inquiries and requests by the CoC Board in their area of responsibility.

Continuum of Care Policies

Conflict of Interest and Recusal

- i) No member of the CoC will participate in the review, ranking, selection or award of any grant funds in which they have a financial interest, or in which any member of their immediate family (such as parent, sibling, child, niece/nephew, or person with whom they cohabit) has a financial interest.
- ii) No member of the CoC Board shall vote upon or participate in the discussion of any matter which shall have a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding, awarding contracts and implementing correction actions.
- iii) Members of the CoC will disclose potential conflicts of interest that they may have regarding any matters that come before the CoC in full session, the Board or a committee.
- iv) Members will recuse themselves from any matter in which they may have a conflict of interest, abstaining from voting on the matter.

Non-Discrimination

The members, officers, committee members and contractors of the Continuum of Care will be selected entirely on a nondiscriminatory basis with respect to race; color; national origin or citizenship status; age; disability (physical or mental); religion; sex; sexual orientation or identity; genetic information; HIV or AIDS; medical conditions; political activities or affiliations; military or veteran status; status as a victim of domestic violence, assault or stalking; or any other federal, state or locally protected group.

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Committee Policies & Procedures

Committees will establish their own policies and procedures, consistent with this Charter, and provide them to the Board and SCCDC's Continuum of Care staff for review.

Administrative Agencies

HUD-Designated "Collaborative Applicant "

- i) The Sonoma County Community Development Commission has been designated as Collaborative Applicant for the Continuum of Care.
- ii) For the purposes of the annual HUD NOFA application and the management of CoC Program planning grants, the Collaborative Applicant must also be a grant recipient.
- iii) The Collaborative Applicant is the only entity that may
 - (1) Submit the CoC Consolidated Application to HUD
 - (2) Apply for grants from HUD on behalf of the Continuum of Care.
 - (3) Apply for and receive CoC Program planning funds on behalf of the Continuum of Care.

Homeless Management Information System (HMIS) Lead

Identifying an HMIS Lead

- i) The Sonoma County Continuum of Care Board designates the HMIS Lead. The Sonoma County Community Development Commission is the current Homeless Management Information System (HMIS) Lead, until and unless the Sonoma County Continuum of Care Board designates another HMIS lead agency.
- ii) The Sonoma County CoC Board must ensure that the HMIS Lead Agency is operating in compliance with current HUD HMIS Regulations and other applicable laws. The CoC Board and HMIS Lead agree to update HMIS operational documents and HMIS policies and procedures in order to comply with any updates to HMIS standards established in notices or other guidance, within the HUD- specified timeframe for such changes.
- iii) The HMIS Data Committee shall conduct annual evaluations of the HMIS Lead's performance.
- iv) Every five years the CoC Board reviews annual evaluations and any corresponding corrective actions. Upon conducting this review if any areas of concerns are found to be

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not addressed, the CoC Board will vote on whether the HMIS Lead Agency is in compliance with pertinent regulations and CoC Board expectations. Additionally, the Board shall consider if the HMIS lead has taken appropriate corrective actions to improve any areas of concerns.

- a. The timeline for the five year review will begin upon approval of the HMIS Evaluation Plan by the Data Committee and the CoC Board, and is expected to begin in 2021.
- v) If the CoC Board finds that the HMIS Lead has not taken acceptable measures to improve on areas of concern outlined by the Data Committee, the CoC Board may vote to develop a timeline for corrective actions or vote to assign a new HMIS Lead Agency.
- vi) If the CoC Board votes to assign a new HMIS Lead, the Board shall direct the Lead Agency and the Data Committee to conduct a Request For Interested (RFI) parties and corresponding Request For Qualifications (RFQ) process to solicit and select a HMIS Lead.
 - a. In partnership with the Data Committee, this RFI/RFQ process will be conducted by CoC Lead Agency.
 - b. Upon receiving and reviewing received qualification proposals, the Lead Agency and the Data Committee shall make recommendations for the CoC Board for a final vote to select the new HMIS Lead.

Sonoma County HMIS Lead

- i) As the HMIS Lead, the Sonoma County Community Development Commission ensures that all HMIS activities are carried out in accordance with the HEARTH Act of 2009 and the relevant HMIS Data Standards.
- ii) The HMIS Lead must develop new HMIS policies and procedures annually to remain in compliance with changes in Coordinated Entry Guidance, HMIS Data Standards, the HEARTH Act of 2009, and any new regulations. Additionally the HMIS Lead Agency must review and update existing Documents including the Privacy Plan, Data Quality Plan, Security Plan, Governance Charter & Policies and Procedures at least annually, ensuring compliance with any new federal, state or local regulations. While the final responsibility resides with the HMIS Lead Agency, Sonoma County divides the duties between 3 parties:
 - (1) The HMIS Lead Agency is responsible for updates to the HMIS Policies and Procedures and the creation of or any revisions to existing documents for HMIS in compliance with new regulations and system changes.
 - (2) The Data Committee will review, provide feedback and approve any HMIS procedural and/or document changes.

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(3) The Sonoma County CoC Board will have final approval of annual revisions to the HMIS Policies and Procedures.

iii) The HMIS Lead will monitor Covered Homeless Organizations (CHO) participating in the HMIS system for compliance with the Sonoma County HMIS Policies and Procedures, Privacy Plan, Security Plan, and HMIS Data Standards.

(a) Sonoma County HMIS Policies and Procedures/forms:

<https://sonomacounty.ca.gov/CDC/Homeless-Services/Sonoma-County-HMIS/>

(b) Current Sonoma County Covered Homeless Organizations:

- Buckelew Programs
- Catholic Charities of the Diocese of Santa Rosa
- COTS
- Community Action Partnership
- West County Community Services
- Community Support Network
- County of Sonoma Human Services
- Drug Abuse Alternatives Center
- Face to Face
- Interfaith Shelter Network
- Petaluma People Services
- SHARE Sonoma County
- Sonoma Applied Villages Services (SAVS)
- St. Vincent De Paul
- Reach for Home
- Santa Rosa Health Centers
- Sonoma County Housing Authority
- Sonoma County District Attorney
- Social Advocates for Youth
- Sonoma County Behavioral Health
- Sonoma Overnight Support
- The Living Room
- Veteran's Resource Centers of America
- Coordinated Entry
- West County Health Centers
- Department of Veteran Affairs
- Any disaster response agency

- iv) HMIS data for HUD System Performance Measures and Coordinated Entry outcomes will be posted on a public dashboard on a monthly basis and monitored by the Data Committee.

HMIS End User Agreements, HMIS Participation Agreements and Fees

- i) The HMIS Lead executes HMIS End User Agreements with every user that participates in and contributes to the data in HMIS. End users of any Participating Agency shall execute, follow, comply with, and enforce the Sonoma County HMIS End User Agreement. The end user must sign an HMIS User Agreement before being granted access to the Sonoma County HMIS.
 - a. The HMIS System Administrator and/or the Participating Agency will provide the end user a HMIS End User Agreement for signature after required training is completed.
 - b. The HMIS System Administrator will collect and maintain HMIS End User Agreements of all end users.
- ii) The HMIS Lead executes HMIS Participation and End User Agreements with every Contributing Homeless Organization (CHO) that participates in and contributes to the data in HMIS.
 - a. HMIS End User Agreement and HMIS Participation Agreements located here: <https://sonomacounty.ca.gov/CDC/Homeless-Services/Sonoma-County-HMIS/>
- iii) The HMIS Lead Agency holds the responsibility for monitoring CHO's compliance with the Participation Agreement. A detailed course of action for compliance issues can be referenced in the Sonoma County HMIS Policies and Procedures located here: <https://sonomacounty.ca.gov/CDC/Homeless-Services/Sonoma-County-HMIS/>
 - a. In emergency situations i.e. security breach and/or imminent danger to the database, the HMIS Coordinator immediately contacts and reports to Sonoma County Community Development Commission's (SCCDC) Ending Homelessness Manager, who has final authority for the impending action.
 - b. In all other cases, the HMIS Coordinator implements a course of action outlined in the following steps:
 - Step 1: Consultation with the Provider Agency
 - Step 2: Written warning
 - Step 3: Sanctions
 - Step 4: Probation

Step 5: Suspension

Step 6: Termination

HMIS Fees

- i. HMIS fees are based on a number of factors and is calculated using a formula that factors in number of user licenses, number of beds operated (per the housing inventory), number of clients served, and data error rates. The formula and document used to calculate these fees shall be shared with the Data Committee for review and approval prior to billing.
 - a. Fees are assessed annually at the beginning of each fiscal year.
 - b. CHOs may attend Data Committee meetings and provide feedback on the proposed HMIS fee formula proposal.

Example.

Total fees collected/HMIS match requirement = 25% of CoC HMIS funds. (\$81,789 in 2020)

Participation fees are broken into the following categories, with each provider paying a percentage (%) of each categories total.

Flat Fee - 25% of the total (\$1278 per provider)

Number of Users - 25% of the total (varies for each provider)

Bed Capacity - 15% of the total (varies for each provider)

Data Error Rate - 20% of the total (varies for each provider)

Clients Served - 15% of the total (varies for each provider)

- ii. Participation fees are charged to CHO's via the HMIS Lead Agency and are billed to each Partner Agency on an annual basis.

HMIS Vendor Selection

The Sonoma County Continuum of Care currently uses the Efforts to Outcomes HMIS data base with Social Solutions. Social Solutions is contracted with the Lead Agency, Sonoma County Community Development Commission, until the year 2021 which is approximately \$116,000 per year.

The Sonoma County CoC has only changed HMIS vendors once and the decision was with the lead agency. However, should the vendor be changed again, the Lead Agency will consult with

both the Sonoma County CoC Board and the local Board of Supervisors, both of which contribute funds to support HMIS.

HMIS Data Committee

Staffed by the HMIS Lead Agency, this group is responsible for advising the Sonoma County Continuum of Care Board on issues regarding Sonoma County's web-based Homeless Management Information System (HMIS), developing and maintaining the dashboard of metrics to achieve the vision of zero functional homelessness, and alerting the CoC Board of providers whose data jeopardizes the overall system. This group also advises the CoC Board on issues related to the Annual Homeless Assessment Report (AHAR) to Congress, regular Homeless Counts (required every two years—preferred annually), biannual estimate of housing needs or gaps analysis, and the annual inventory of homeless-dedicated housing (Housing Inventory Chart). This group approves annual policies and procedures for HMIS, updates to existing HMIS documents per regulation changes, as well as oversight of monthly public-facing data dashboards. This group also approves aligned definitions for each program type funded in Sonoma County in terms of desired outcomes, to assist the CoC Board in developing appropriate measures for rewarding system providers that meet or exceed expectations and sanctioning system providers that do not adhere to requirements or meet expectations. This group will also recommend training and technical assistance to build the capacity of service providers.

Coordinated Entry Advisory Committee

Staffed by the Lead Agency and HMIS Lead Agency, this group advises the CoC Board on ways to continue the successful work that has already been started in Sonoma County to ensure that Sonoma County CoC is compliant with federal and state requirements, and that a countywide Coordinated Entry system is in place that is effective and responsive to real-time community needs. This group also advises the CoC Board on strategies for ensuring that service providers are implementing Housing First principles and makes recommendations for providing training and technical assistance to help service providers become compliant with CE and Housing First system requirements in partnership. This group also consults with recipients of Emergency Solutions Grant program funds to inform the advice it would provide to the CoC Board on developing a policy to guide the county's Coordinated Entry System, in accordance with HUD regulations, that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. Finally, the CE Advisory Committee recommends training and technical assistance to build the capacity of service providers.

HMIS Security Plan

Hardware, Connectivity, and Security

Malicious codes, delivered through various means, are designed to delete, scramble End-user files/ programs and/or disable specific computer functions. At times a malicious code slows down a computer--- a mere inconvenience; other times, a malicious code causes an entire system shut down.

Since the computer industry progresses rapidly, each Provider Agency must keep current on protective procedures by consulting with computer system experts periodically for the latest in malicious code preventative measures.

Each HMIS Partner Agency must have at least one HMIS Security Officer at all times. This HMIS Security Officer is responsible for preventing degradation of the HMIS resulting in viruses, intrusions, or other factors within the agency's control and the inadvertent release of confidential client-specific information through physical, electronic, or visual access to the workstation. The HMIS Security Officer must meet all the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards.

Workstation Access Restrictions

Agency Workstation Minimum requirements:

Computer workstations must be connected to the internet to access HMIS.

Recommended Internet connection: Wired, or Secure Wireless connection

Recommended Browsers: Social Solution's ETO HMIS works best with the latest version of Internet Explorer and must have an antivirus with the latest virus definitions.

Access to the HMIS database should only be from pre-determined work terminals. HMIS should only be accessed through secure workstations and prohibited on public workstations (libraries, cafes, etc.).

End-user Requirements:

- a. Log-off the HMIS database and close the Internet browser before leaving a work terminal.
- b. Log-off the HMIS database and close the Internet browser prior to surfing the Internet.
- c. Never leave an open HMIS database screen unattended.
- d. Passwords must not be saved on the computer or posted near the workstation.
- e. Immediately notify the designated Agency Administrator or the HMIS Coordinator of any suspected security breach.
- f. Printer location – Documents printed from HMIS must be sent to a printer in a secure location where only authorized persons have access.

- g. PC Access (visual) — Non-authorized persons should not be able to see an HMIS workstation screen. Monitors should be turned away from the public or other unauthorized Partner Agency staff members or volunteers and utilize visibility filters to protect client privacy.

Workforce Access Restrictions

Each participating agency must conduct a criminal background check on each of its Partner Agency HMIS Administrators and Security officers at its own expense. The Partner Agency's Executive Director will evaluate the results of the criminal background checks for any concerns. To protect the security and integrity of the HMIS system and safeguard the personal information contained therein, the Partner Agency's Executive Director must consider the results of the background check on a case-by-case basis.

- a. An individual whose background raises concerns about whether s/he may sufficiently be relied upon to help the HMIS Lead Agency achieve this goal may not initially be given administrative-level access to HMIS.
- b. An individual whose background raises concerns about whether s/he may sufficiently be relied upon to help the HMIS Lead Agency achieve this goal may be enrolled as an HMIS End-user. After at least one year, if the individual demonstrates through proper and safe use of HMIS that the individual is reliable and trustworthy, they may apply to become a Technical Administrator.
- c. The results of the background check must be retained in the subject's personnel file by the Technical Administrator.
- d. A background check may be conducted only once for each person unless otherwise required

Establishing End-user Access

Licenses are given to prospective End-users only after they:

- a. Complete HMIS New User Orientation, which includes the Security and Ethics Training.
- b. Reads and understand the HMIS Policies and Procedures.
- c. Reads and agrees to abide by the HMIS Agency Partnership Agreement.
- d. User must agree to comply with HMIS confidentiality practices.
- e. Reads, understands, and signs the HMIS End User Code of Ethics user agreement.

The HMIS Lead/Agency Admin will keep all documents of the completed Agreement.

- a. The End-user will be issued a unique User ID and password, which may not be transferred to one another. Instead, the Partner Agency will request an additional HMIS license, and if one is available, be issued a new User ID.
- b. The User IDs access level is granted based upon the End-user's job description.

- c. When an Agency Administrator determines a change to be made to user's access, s/he will notify the HMIS Lead.

End User's Access Levels

Five access levels exist in the HMIS system. Each level reflects the End-user's access to client-level records. Only agency staff who need access to the HMIS database for client data entry qualify for an End-user license. The level determines the type of information the End-user visualizes. For detailed information on access levels, please review the Sonoma County HMIS Policies and Procedures.

Data Access & Password Policies

- a. The Agency Administrator contacts the HMIS Coordinator to set up a new End-user and provides a temporary password.
- b. The Agency Administrator communicates this password to the new End-user.
- c. The End-user must change the password after initially logging correctly into the database. Never transmit End-user identification and computer-generated passwords together in one email, fax, telephone call, or other means of communication. Passwords and usernames must be transmitted separately (e.g., one portion via email and the other via voice) unless physically handed to the End-user, who must destroy the paper transmission upon successfully entering the HMIS database
- d. The End-user creates a **unique** password between 8 and 16 characters with a minimum of two numbers. The End-user **DOES NOT** use a password used for other purposes; this password must be unique.
- e. Passwords shall not include the End-user name, the HMIS name, or the HMIS Vendor's name.
- f. Passwords should not consist entirely of any word found in the common dictionary or any of the above spelled backwards.
- g. Password is space and case sensitive.
- h. Passwords should be changed every 90 days.
- i. End-users must create a new password that is different from the original (expiring) password.
- h. Unique Passwords -- User IDs are individual, and passwords are confidential. No individual should ever use or allow the use of a User ID that is not assigned to that individual, and user-specified passwords should never be shared or communicated in any format.
- i. Protection of downloaded HMIS files:
Sonoma County Lead Agency assumes **no** responsibility for the management, protection, and transmission of client-identifying information stored on local agency computers, agency files, and reports.
 1. Partner Agency is responsible for any file or report downloaded from HMIS.

Rescind User Access

Partner Agencies will notify the HMIS Coordinator within 24 hours when any user leaves their position or determined no longer needs HMIS access.

User access must be rescinded ASAP when:

When any HMIS user breaches the User Agreement, violates the Governance Policies & Procedures, breaches confidentiality or security, leaves the agency, or otherwise becomes inactive, the Partner Agency HMIS Administrator will deactivate staff User Ids.

The Continuum of Care is empowered to permanently revoke End-user access to HMIS for a breach of security or confidentiality.

Special Considerations

Termination or Extended Leave from Employment:

a. Upon Termination, the Agency Administrator will:

- Delete the End-user immediately.
- Assume all responsibility for deleting their End-users from the HMIS system.

b. Upon extended Leave from employment, the Agency Administrator will:

- Lock an End-user within five business days of the beginning of an extended leave period greater than 45 days.
- Unlock the End-user upon returning.

Virus Protection

- a. Sonoma County CoC HMIS Provider Agencies shall purchase and maintain state-of-the-art, commercially produced virus protection software, which includes automated scanning of files.
- b. Social Solutions Group shall maintain state-of-the-art, commercially produced virus protection software for the Sonoma County CoC HMIS server(s).
- c. At a minimum, any workstation accessing HMIS shall have antivirus software run the current virus definitions (24 hours) and full-system scans a minimum of once per week.

Firewall

- a. Sonoma County CoC HMIS workstations shall maintain secure firewalls to protect against malicious intrusions. The firewall must be a part of a consistent overall Provider Agency security architecture.
- b. Social Solutions Group shall maintain secure firewalls for the Sonoma County CoC HMIS servers.

Disaster Recovery

The Disaster Recovery Plan for the Sonoma County HMIS will be conducted by the HMIS software Vendor, Social Solutions.

The Lead Security Officer should maintain ready access to the following information:

- a. Contact information – Phone number and email address of the Social Solutions contact responsible for recovering the agency's data after a disaster.
- b. Agency responsibilities – A thorough understanding of the Agency's role in facilitating recovery from a disaster.

The HMIS Coordinator(s) should be aware of and trained to complete any tasks or procedures for which they are responsible in the event of a disaster.

The HMIS Coordinator(s) must have a plan for restoring local computing capabilities and internet connectivity for the HMIS Coordinator(s)'s facilities.

Security Audits

The Contributory HMIS Organization (CHO) Security Officer/Participating Agency Security Officer is responsible for preventing degradation of the HMIS resulting from viruses, intrusion, or other factors within the Agency's control.

The participating Agency Security Officer is responsible for preventing inadvertent release of confidential client-specific information through physical, electronic, or visual access to the workstation.

Each participating Agency Security Officer is responsible for ensuring their agency meets the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Partner Agencies will conduct a thorough review of internal policies and procedures regarding HMIS.

To promote the security of HMIS and the confidentiality of the data contained therein, access to HMIS will be available via a secure network.

End-users shall commit to abide by the governing principles.

Ongoing Monitoring

Agency Administrators conduct a security audit for all workstations that will use HMIS at least quarterly; this includes ensuring computers are protected by firewall and antivirus software.

The Agency Security Officers are responsible for managing the selection, development, implementation, and maintenance of security measures to protect HMIS information within their agency. At least quarterly, the Agency Security Officer will use the Compliance

Certification Checklist to audit their workstations in the Agency. Should any Compliance Certification Checklist contain one or more findings, the finding will need to be resolved within seven days. The Agency Security Officer must turn in a copy of the Compliance Certification Checklist to the HMIS Lead Agency annually.

The HMIS Coordinator will visit each agency annually to evaluate each workstation's security using the Compliance Certification Checklist. Workstations will be assessed for noncompliance with standards or any element of Sonoma County's HMIS Policies and Procedures. The HMIS Coordinator will note these on the Compliance Certification Checklist and will work with the Agency Administrator to resolve the action item(s) within 30 days.

Enforcement Policies

CONFLICT RESOLUTION: Agency level conflicts will be handled through an escalating peer-review process:

- a. Affected agencies will make every attempt to resolve conflicts as they occur. The County and/or the Partner Agency may annotate their concerns in writing as appropriate.
- b. Unresolved conflicts between the Community Development Commission and a Partner Agency will be noted in writing and forwarded to the Community Development Commission's Ending Homelessness Manager. In the event of an impasse, members of the Data Committee will be notified within ten working days of the impasse declaration. Either party may declare an impasse.
- c. The Community Development Commission's Ending Homelessness Manager will review the written grievance and will make every attempt to resolve the matter within 30 days of review. Resolution of the conflict will be in writing and signed by all relevant parties.
- d. Unresolved conflicts will be forwarded to the Community Development Commission's Assistant Director for further guidance and action.
- e. Any recommendation regarding termination of a Partner Agency from Sonoma County's HMIS will be forwarded to the Community Development Commission's Assistant Director for consideration and possible action.
- f. All decisions of the Community Development Commission's Assistant Director are final.
 - Conflicts between or among Partner Agencies may require mediation by the Data Committee and/or HMIS Coordinator. Resolution of the conflict may be annotated in writing and signed by all relevant parties as appropriate.

HMIS Privacy Plan

These privacy policies establish limitations on the collection, purpose, and use of data. It defines allowable uses and disclosures, including standards for openness, access, correction,

and accountability. Sonoma County's HMIS System focuses on enabling collaboration between partner agencies and supports an open data sharing structure. Demographic information may flow from partner agency to partner agency easily. Other HUD program-specific fields only flow once clients are enrolled in the new program if they were already part of the program. The policies provide protections for victims of domestic violence, dating violence, sexual assault, and stalking.

The HMIS Lead Agency is responsible for monitoring the partner agencies to ensure compliance with the Privacy Plan policies. The HMIS Coordinator will work with agencies not adhering to the Privacy Plan and provide corrective measures for noncompliance.

Client Notification & Client Consent

a. Partner Agency MUST

- Provide participant consent form(s) as required by the Partner Agency, state, and/or federal laws and the HMIS standards **prior** to entering client information into the HMIS database.
- Provide, in its original form or modified for the specific agency, the HMIS Client Release of Information for the Homeless Management Information System to permit the sharing of confidential client information to other HMIS Provider Agencies. Other non-HMIS inter-agency agreements do not cover the sharing of HMIS data.
- A client signed Release of Information constitutes **INFORMED** consent. The burden rests with the Partner Agency End-user or intake counselor to inform the client about the purpose and function of HMIS data before asking for consent.
 - i. Any client receiving homeless services must fill out the Release of Information
 - ii. Any client participating in Coordinated Entry must fill out the CES Release of Information
 - iii. If clients do not feel comfortable providing their personal information into the HMIS, an option to choose an anonymous enrollment is provided. A signature will still be required, but the hard copy release will be stored with the agency outside of the HMIS system.
- As part of informed consent, a privacy notice must be posted in the intake area explaining:
 - i. the reasons for collecting the data,
 - ii. the client's rights with regards to data collection, and
 - iii. any potential future uses of the data.
- The agency must also make available the relevant Governance Policies & Procedures and a list of agencies participating in Sonoma County's HMIS Project.

- Be aware of specific protections afforded under Federal Law for persons receiving certain types of services such as domestic violence services, HIV or AIDS treatment, substance abuse services, or mental health services.
- Offer the client the opportunity to input and share additional client information with other Provider Agencies beyond basic identifying data and non-confidential service information.
- Obtain client consent for additional client information and communicate what information will be shared and with whom.
- Partner Agency End-users must obtain a new signed ROI and enter it into HMIS at project entry, or if the client's original release has expired; ROIs expire every two years.
- Data may be collected and entered into HMIS only when that data is expected to be useful for organizing, providing, or evaluating the delivery of housing or housing-related services.
- Data used for research or policy evaluation will be shared only after the data has been thoroughly de-identified; this includes removing names, contact information, and removing descriptions or combinations of characteristics that could be used to identify a person.
- Provide verbal explanation of Sonoma County CoC HMIS and arrange for, when possible, a qualified interpreter or translator for a client not literate in English or having difficulty understanding the consent form(s).
- End-users are prepared to explain (to the client) security measures used to maintain confidentiality.
- Participants' have the right to be entered as an anonymous client or as a restricted client. If the client denies authorization to share basic identifying information or non-confidential service data, follow the Anonymous Enrollment Document's steps.
- Prior to the release of any client information beyond the basic client profile, obtain from the client a signed release of information form that meets the Provider Agency's standard for the release of medical, financial and/or any other information regarding the client.
- Place all Client Release of Information forms in an onsite filing system for required recordkeeping standards and periodic audits.
- Retain all Client Release of Information forms for seven years upon expiration.
- Enter all minimum data required by the HMIS. Client data, including client identifiable and confidential information, may be restricted to other Provider Agencies. Each Agency Executive Director is responsible for their agency's internal compliance with the HUD HMIS Data Standards.

Provider Agency's Client Rights

A client has the right to:

- a. Decline to enter their record into the HMIS database.
- b. Authorize the sharing of personal information to other HMIS Provider Agencies.
- c. Determine what type of information will be shared and with whom (other HMIS Provider Agencies).
- d. Request entrance into the database as an anonymous client or a restricted client.
- e. Rescind acknowledgment and consent for the entry of future information and further participation.

Specific Client Notification for Victims of Domestic Violence

Victim service providers may not directly enter or provide client-level data to HMIS. Instead, a victim service provider, which is defined as a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault or stalking, must use a comparable database that collects client-level data over time and generates unduplicated aggregate reports based on the data. Legal service providers may also elect to use a comparable database if it is necessary to protect attorney-client privileges. Victim Service Providers (VSP) in Sonoma County that receive funding requiring HMIS Data Entry utilize a comparable HMIS Data system to comply with requirements. VSPs have contracted with Social Solutions to provide their own copy of HMIS System. The system's use is restricted only to those employees with authority to view the data within the Victim Service Providers comparable HMIS system. Considering that ETO is the same system being used as the HMIS for Sonoma County, it is considered HUD compliant.

HMIS Privacy Compliance & Grievance Policy

Release and Disclosure of Client Data Policies

It is the primary governing principle of the Sonoma County HMIS that HMIS is intended to serve and protect the community's clients. Policies enacted to protect private client information are as follows.

- a. Clients shall be given a print out of all HMIS data relating to them upon written request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
- b. A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
- c. A log of all external releases or disclosures must be maintained for seven years and made available to the client upon written request within ten working days from the time the

request is received. Written requests will be date/time stamped immediately upon receipt.

- d. Aggregate data that does not contain any client-specific data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of the informed consent procedure.
- e. Clients will be understood to be the owners of their own data. Each individual will have the right to grant informed consent, limit data sharing, or revoke consent related to his/her Protected Personal Information at any time.
- f. The community will encourage broad HMIS participation by human services agencies. HMIS End-users are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Resistance to Outside Disclosures

If an outside entity, such as a Court or law enforcement authority, attempts to access client-specific data, the outside entity will be politely but firmly instructed that the data is confidential and cannot be released without (i) a valid warrant, or (ii) the client's express consent. The client and/or the client's caseworker will then be informed of the attempted access so that the client can take any appropriate steps to resist any further attempts by outside parties to access their private information. No client-specific data will be released or shared outside of the Partner Agencies unless the client gives specific written permission or unless withholding that information would be illegal. Services may NOT be denied if the client refuses to sign Client Informed Consent and Release of Information Authorization or declines to state any information, but this may limit eligibility for certain programs in the Coordinated Entry System (e.g., permanent supportive housing).

Unauthorized Release of information

In emergency situations, i.e., security breach and/or imminent danger to the database, the HMIS Coordinator and the Ending Homelessness Manager have the final authority for the impending action for unauthorized releases of information.

In all other cases, the HMIS Coordinator implements a course of action outlined in the HMIS Partnership Violations and Termination – Data Transfer Policies sequence of procedures.

HMIS Data Quality Standards

Data Quality is the term that refers to the reliability, validity, and comprehensiveness of client-level data collected in HMIS. Good data quality represents reliable and valid data on persons accessing the homeless assistance system. With a strong data quality plan, multiple reports such as HUD Annual Performance Report (APR), Longitudinal System Analysis Report (LSA), and the Systems Performance Measure Report (SPMs) will be more accurate, and the HMIS

coordinator will spend less time fixing errors. There are four main components to establish good data quality: timeliness, completeness, accuracy, and consistency. Data Quality Standards are established, monitored, and updated annually by the HMIS Lead Agency.

CoC Coordination

- i) The Sonoma County Community Development Commission shall employ a Continuum of Care Coordinator, and additional support staff as funding permits, to provide coordination services for the Continuum of Care.
- ii) CoC Coordination roles outlined in the definitions of this Charter and its MOU are incorporated into this Charter.
- iii) The CoC Coordination staff has the capacity and skills to coordinate Continuum of Care members as well as its Board and committees as they implement the 10-Year Plan.

General Provisions

Operating Year: The operating year of the Continuum of Care will commence on January 1st of each calendar year and end on the 31st day of December of said calendar year.

Annual Document Review

The Board will review this Charter annually to ensure it remains consistent with HUD's COC Program requirements as well as Continuum of Care objectives and responsibilities.

- i) The CoC Lead and the HMIS Lead Agency are responsible for annual revisions to the Sonoma County Continuum of Care Governance Charter.
- ii) The CoC Board is responsible for the final annual adoption of the Sonoma County CoC Governance Charter.

Record Keeping

- i) The Continuum of Care Coordinator submits a draft agenda for all CoC Membership Meetings to the CoC Board for approval no less than two weeks prior the membership meetings. The full Board approves the agenda by a majority vote.

- ii) The Continuum of Care Coordinator meets with the CoC Board Chair and Vice Chair two weeks prior to all Board Meetings to set the agenda for monthly Board meetings.
- iii) Proceedings of all Continuum of Care, Board and committee meetings are documented in minutes.
- iv) Minutes of meetings are circulated to members of the relevant body and posted on the Continuum of Care website and other relevant internet sites.
- v) Designated staff members of the Sonoma County Community Development Commission are responsible for recording minutes for quarterly meetings of the Continuum of Care and for Board meetings
- vi) Committees are responsible for recording their own minutes, and providing them to the Sonoma County Community Development Commission for record keeping
- vii) The Sonoma County Community Development Commission will be the custodian of all Continuum of Care, Board and committee documentation and records.

Amendments

The members of the Continuum of Care Board will have the power to adopt, amend, or repeal the provisions of this Governance Charter by a simple majority of the Board members present at any meeting where such proposed action has been described in the notice of the meeting.

Approved and adopted the 27th day of October, 2015. This Charter replaces the initial charter approved on August 26th, 2014. I, the undersigned, hereby certify that the foregoing Governance Charter was duly adopted by the Sonoma County Continuum of Care Board:

Following Roll Call Vote: Ayes: 7
 Nos: 0
 Absent: 4

Sue Castellucci, Continuum of Care Board Chair

Appendices

Appendix A: Acronyms

- **CoC** – Continuum of Care
- **ESG** – Emergency Solutions Grants
- **HEARTH Act** – The Homeless Emergency And Rapid Transition to Housing Act of 2009
- **HMIS** – Homeless Management Information System
- **HUD** – The United States Department of Housing and Urban Development
- **MOU** – Memorandum of Understanding
- **NOFA** – Notice of Funding Availability
- **SCCDC** – Sonoma County Community Development Commission

Appendix B: Continuum of Care Program Policies and Procedures

- i) CoC policies and procedures in effect prior to this Charter:
 - (1) **Homeless Children:** All school-aged children must attend school, unless they are ill. All children should be observed and screened for appropriate development. Referrals should be made for additional services needed, provided on site if possible. Parent Education should be provided, on site if possible. Agencies serving families with children should contact the home school district's School Homeless Liaison and facilitate arrangements to keep the child in the most appropriate school setting, including transportation arrangements. Exceptions can be made where the family's safety needs or the parents' treatment for chemical dependency makes retaining the child in the home school impossible. Children's educational needs should be a primary consideration in placing families in housing, especially if the child has special needs and is accessing needed services in school. These policies were adopted by the CoC Steering Committee on October 26, 2010.
- ii) **Written standards for administering assistance** (Program standards to be attached as they are finalized).

iii) **Standards for Making Cuts:** To create a pool of reallocated funds from which to create new projects, the Sonoma County Continuum of Care conducts an annual Renewal Project Evaluation Process to make voluntary and involuntary cuts prior to the annual CoC application period. Voluntary cuts may be made during the NOFA period if new opportunities emerge.

(a) Reallocation via Renewal Project Evaluations

(i) The Evaluation Committee prioritizes renewal projects for the CoC application, and identifies projects with capacity concerns for corrective action and technical assistance. Evaluation Committee members are drawn from funders, non-applicant Board members, and other knowledgeable impartial community members.

(ii) **Scoring** is based on unmet housing need, alignment with 10-year plan goals, performance on HUD measurements, and grant management. The CoC Coordinator shall provide a preliminary set of scores to the Evaluation Committee. The Evaluation Committee will review preliminary scores and conduct a risk assessment to guide evaluation.

1. The Evaluation Committee has also reviewed each project's continued eligibility under the CoC Interim Rule. If eligibility concerns emerge, these are discussed with the grantee even if the project scores above the threshold for unconditional renewal.

(iii) **Unconditional and Conditional Renewal:** A threshold for unconditional renewal is set at 75% of top score; projects scoring above the line are scheduled for monitoring visits only. Projects scoring below that line are invited to a meeting of the full Evaluation Committee to discuss the challenges faced by the project and design a Corrective Action Plan. Known problems are described in the invitation and applicants are asked to address them and bring any other concerns to the Committee's attention; under-spent contracts and other issues are noted for discussion and possible follow-up.

- (iv) **Interviews:** Applicants and the Evaluation Committee together identify areas of improvement and what resources are needed to help the project improve its performance. Grantees have the opportunity to provide new information that sometimes raises their score above the unconditional renewal threshold. Through a summary letter recording the conversation and follow-up communications, over the course of 4-6 weeks each applicant is guided through a process of determining whether to submit additional documentation to revise scoring, undertake Corrective Action or to voluntarily release the project funding for reallocation.
- (v) **Involuntary Reallocation:** If corrective action plans and technical assistance are unsuccessful in improving project performance to the expected level over several years, or in particularly egregious cases (for example, serious concerns about grant management), the Committee may recommend reallocating funds without further corrective action.
- (vi) **Documentation of Process:** The Committee's work is followed by a full report to the CoC Board, which reviews its work both in process and at the end of the designated period to develop Corrective Action Plans. The CoC Board makes the final decision regarding renewal with or without conditions vs. reallocation.
- (b) Reallocation based on opportunities identified during the NOFA Period:**
- (i) If the annual NOFA indicates further ways to maximize Annual Renewal Demand, renewal grantees are polled with a Renewal Intent to Apply Questionnaire, to confirm that they intend to apply for the full approved amount, or to indicate they are open to a reduction. Continuing discussion takes place with those agencies to ensure the reduction is in the best interest of program participants, grantees, and the Continuum of Care.
- (ii) All cuts at this phase are voluntary. Reasons for late voluntary cuts may include, but are not limited to:

1. Remedying concerns about difficulties spending down grants or a history of underutilized funding by making a smaller request.
2. Changes of agency operational strategy, e.g., an agency releasing its transitional housing grants in favor of permanent supportive housing.
3. Unanticipated challenges in program operations.

iv) **Standards for New Project Selection:**

(1) **Local Request for Proposals (RFP):** The CoC is responsible for selection and prioritization of all submitted projects. Therefore, after review of the annual CoC NOFA and completion of annual renewal evaluations, a local Request for Proposals shall be issued. The RFP will contain information about funding available for new projects and any special instructions about priorities, tiered funding requests, federal rules governing use of funds available, a local application timeline, and other helpful information.

(a) **Submission in e-snaps:** Due to the typically limited timeline, all applications for new funding shall be made in the e-snaps electronic submission system and submitted to the CoC by a deadline stated in the RFP. The RFP may also include supplemental questionnaires for use in local scoring or to gather information needed for the consolidated application.

(b) **A Bidder's Conference** for new projects will address Continuum of Care funding regulations and options for using available funds. Technical assistance sessions shall be provided to assist both seasoned and new applicants to complete the electronic submission.

(c) **Scoring criteria:** The RFP will include scoring criteria that reflect the priorities of the current NOFA. Scoring criteria will be developed by CoC Staff and brought to the CoC Board for review and approval as long as this process does not present serious challenges to meeting CoC competition deadlines. Should such timeline challenges be presented by the competition timing, scoring criteria will be developed by CoC staff in consultation with Board

officers per section 3)viii(9), Action Between Meetings, above. The scoring schema will be designed to best support the overall CoC submission, to maximize the chances of all submitted projects being awarded.

(i) Budget & Cost Effectiveness and Organizational Capacity & Experience sections will incorporate scoring elements such as a calculation of the cost of a positive outcome, other resources leveraged by the CoC award, HMIS Data Quality & Utilization, and Past Project Performance.

(ii) Applicants that submitted agency capacity documentation for evaluation of CoC renewal projects will be excused from resubmitting materials from that process. Applicants new to the CoC process will need to submit all documents listed in the RFP.

(d) **Rating & Ranking:** New projects shall be scored by an impartial Rating & Ranking Committee, consisting of at least three (3) non-applicant Continuum of Care Board members or standing members of the CoC Evaluation Committee. Because the competition timeline typically does not accommodate bringing the Rating & Ranking Committee's decision to the Board in a timely way, CoC Staff will make every reasonable effort to ensure a majority of impartial Board members are able to serve on the Rating & Ranking Committee. While the Rating & Ranking Committee will score projects, the group will aim to reach a working consensus, so that a consensus decision by a majority of impartial Board members may stand as a decision of the CoC Board.

(e) **Announcements:** Selected projects will be announced through the CoC website by a deadline specified in the RFP. Letters will be sent to all applicants by the same deadline, to communicate whether projects are accepted or rejected, their priority placement, and the reasons for these determinations.

(f) **Appeals:** Due to necessary technical review, rating and ranking, and the extremely short timeline before final submission, the Rating & Ranking Committee’s selection of projects to be included in the Sonoma County Consolidated CoC application will be final. Consistent with HUD rules, an organization may appeal the Rating & Ranking Committee’s decision not to include it in the Sonoma County Consolidated CoC application and submit a solo application to HUD, if that application is submitted by the competition deadline. Applicants appealing this decision may seek technical assistance for solo application via the CoC Competition web page and the www.onecpd.info Ask A Question function. If HUD finds that the solo applicant was not permitted to participate in the Continuum of Care process in a reasonable manner, then HUD may award the grant to that solo applicant and may direct the CoC to take remedial steps to ensure reasonable participation in the future. HUD may also reduce the consolidated award to the Sonoma County CoC.

Appendix C: Coordinated Entry Policies and Procedures

The Sonoma County Coordinated Entry System Policies and Procedures are available online. Use the following link to access the information (section “Instructions for Providers”):
<https://sonomacounty.ca.gov/CDC/Homeless-Services/Providers/>

Appendix D: Sonoma County Continuum of Care Written Standards on Notice of Priority for Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

The Sonoma County Continuum of Care has set a system-wide priority on chronically homeless individuals and families via Coordinated Entry. In 2015, Coordinated Entry began in a pilot phase targeting homeless families with children and chronically homeless individuals who are the least likely to engage in services and are contacted through the primary outreach team in the CoC’s geography, the Homeless Outreach Services Team (HOST). In September 2017,

Coordinated Entry began expanding system-wide with priority placed on chronically homeless individuals and families for permanent supportive housing in a Housing First Approach. Full implementation will be complete before the HUD-mandated deadline of January 23, 2018.

Single adults, families, and transition-aged youth experiencing homelessness are screened, and prioritized according to vulnerability based on scores from the VI-SPDAT and where possible, the full SPDAT. Those with the *highest scores* are prioritized for permanent supportive housing. Unsheltered individuals are placed via the VI-SPDAT in order to get people inside first.

On September 5, 2017, the Continuum of Care Board formally revised its written standards to fully conform with Notice CPD-16-11 from HUD, “Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing” for all CoC funded projects. Agencies receiving other federal funding are strongly encouraged to adopt these standards. The following guidelines will be utilized for all CoC funded projects in these revised standards in a manner consistent with each project’s current grant agreements. Currently, the CoC operates only the Permanent Supportive Housing, Planning, HMIS, and Supportive Services Only (Coordinated Entry) system components. Additional policies for all component types are available in Program Standards documents on the CoC Website at:

<https://sonomacounty.ca.gov/CDC/Homeless-Services/Providers/>

These written standards are incorporated into the CoC’s Governance Charter and include guidance in administering CoC-funded assistance in the following areas:

- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance
- Policies and procedures for determining which eligible individuals and families will receive CoC rapid re-housing assistance
- Policies and procedures for prioritization for Coordinated Entry for rapid re-housing and permanent supportive housing assistance

Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority will be followed:

- a.) **First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and

ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of his definition for chronically homeless, of the family as having severe service needs).

b.) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,

ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

c.) Third Priority – Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of the household as defined in 24 CFR 578.3 for whom both the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and

ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

d.) Fourth Priority - All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least four separate occasions in the last 3 years, where the cumulative total length of the 4 occasions is less than 12 months; and

ii. The CoC or CoC Program has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph 1) of the definition for chronically homeless, of the family as having severe service needs.

Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

For CoC-Program-funded PSH projects, the following priorities will be followed for non-dedicated and non-prioritized PSH beds. Chronically homeless individuals and families will be offered housing first for available beds in CoC funded PSH projects:

a.) First Priority – Homeless Individuals and Families with a Disability with the Most Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

b.) Second Priority – Homeless Individuals and Families with a Disability with A Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

c.) Third Priority – Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters Without Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

d.) Fourth Priority – Homeless Individuals and Families with a Disability Coming from Transitional Housing

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

Appendix E: Collaboration with Coordinated Entry (Prioritization as of 9/27/18)

The Continuum of Care’s Coordinated Entry Policies and Procedures also define prioritization for Coordinated Entry and Permanent Supportive Housing based on vulnerability (as assessed by the VI-SPDAT tool) and length of time homeless. **For more information on the Coordinated Entry System, please review the Sonoma County Coordinated Entry Policies and Procedures located on our website.** The Prioritization Matrix is below:

SINGLE ADULT PRIORITIZATION MATRIX					
Priority / Referral Placement	VI-SPDAT Score	Length of Homelessness	Disabling Condition (per HUD)	Literally Unsheltered	Frequent PD/Fire/ER (4+ in 6 mo.'s)
1 – PSH	9+	2 + Yrs.	X	X	X
2 – RRH/PSH	4–8	2 + Yrs.	X	X	X
3 – RRH	1–4	1–2 Yrs.	X	X	X
4 – RRH/Diversion	1–4	Any	X	X	X
5 – Diversion	0–4	Any			

FAMILY PRIORITIZATION MATRIX							
Priority / Referral Placement	Family VI-SPDAT Score	Length of Homelessness	Disabling Condition (per HUD)	Literally Unsheltered	Frequent PD/Fire/ER (4+ in 6 mo.'s)	Family Instability	H. of H. w/ Young Children (0–5 Yrs.)
1 – PSH	9+	1 + Yrs.	X	X	X	X	X
2 – RRH/PSH	4–8	1 + Yrs.	X	X	X	X	X
3 – RRH	1–4	6 mos.–1 Yr.	X	X	X	X	X
4 – RRH/Diversion	1–4	Any	X	X	X		
5 – Diversion	0–4	Any					

TRANSITIONAL AGE YOUTH (TAY) PRIORITIZATION MATRIX						
Priority / Referral Placement	TAY VI-SPDAT Score	Length of time w/o stable housing	Frequent PD/Fire/ER (2+ in 6 mo.'s)	Literally Unsheltered	Self-Care (not met)	Social-relationships (lacking 3+)
1 – PSH	9+	1 + Yrs.	X	X	X	X

2 – RRH/PSH	4–8	1 + Yrs.	X	X	X	X
3 – RRH	1–4	6 mos.–1 Yr.	X	X	X	X
4 – RRH/ES /Diversion	1–4	Any	X	X		
5 – ES/Diversion	0–4	Any				



COUNTY OF
SONOMA

Homeless Management Information System (HMIS) Policies and Procedures

Homeless System of Care

The goal of the Sonoma County Continuum of Care is to achieve functional zero homelessness in Sonoma County through utilization of a Housing First strategy. Through Sonoma County's homeless system of care, persons experiencing homelessness will be connected to permanent housing as quickly as possible by strategically targeting Rapid Re-housing and Permanent Supportive Housing as resources.

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Introduction

This document provides the framework for the ongoing operations of the Homeless Management Information System (HMIS) for the Sonoma County Continuum of Care.

Congress has established a national goal that all communities should be collecting an array of data about homelessness, including unduplicated counts of individuals who are homeless, their use of services and the effectiveness of local assistance systems. HMIS is a valuable resource because of its capacity to integrate and unduplicated data from all participating homeless assistance and homeless prevention programs in a Continuum of Care. Aggregate HMIS data can be used to understand the size, characteristics and needs of the homeless population at the local, state and national levels. The HMIS Data and Technical Standards are issued by the U.S. Department of Housing and Urban Development (HUD). The Sonoma County Continuum of Care's Homeless Management Information System (HMIS) is operated by the Sonoma County Community Development Commission.

The roles and responsibilities described in this document will primarily be fulfilled by the Continuum of Care, the HMIS Lead Agency, and HMIS Partner Agencies (referred to by HUD as Contributing Homeless Organizations or CHOs).

All HMIS End Users are required to read and comply with the HMIS Data and Technical Standards. Failure to comply with the HUD standards carries the same consequences as failure to comply with these Policies and Procedures. In any instance where these Policies and Procedures and Security Plan are not consistent with the HUD HMIS Standards, the HUD Standards take precedence. Should any inconsistencies be identified, please immediately notify the HMIS Lead Agency.

For agencies or programs where HIPAA applies, HIPAA requirements take precedence over both the HUD HMIS Data Requirements (as specified in those requirements) and these Policies and Procedures. Agencies and programs are responsible for ensuring HIPAA compliance.

The Project Overview provides the main objectives, direction and benefits of HMIS. Governing Principles establish the values that are the basis for all policy statements and subsequent decisions. Operating Procedures include the HMIS Privacy Plan and Security Plan which provides specific policies and steps necessary to control the operational environment and enforce compliance in project participation, workstation security, user authorization and passwords, training of collection and entry of client data, release and disclosure of client data, training, compliance, and technical support. HMIS Data Quality Plan provides specific rules on specific data points that need to be added to the system per funding source including the timeframe when data needs to be entered. The Other Obligations and Agreements section discusses

additional considerations of this project and the Forms Control section provides information on obtaining and updating forms, filing and record keeping.

What is HMIS and Its Purpose

The long-term vision of HMIS is to enhance Partner Agencies' collaboration, service delivery and data collection capabilities. Accurate information will put the collaborative in a better position to request funding from various sources and help better plan for future needs. The purpose of the Sonoma County HMIS is to be an integrated network of homeless and other services providers that use a central database to collect, track and report uniform information on client needs and services. This system will not only meet federal requirements, but also enhance service planning and delivery. The fundamental goal of the Sonoma County HMIS is to document the demographics of homelessness in Sonoma County according to the HUD HMIS standards. It is then the goal of the project to identify patterns in the utilization of assistance, and document the effectiveness of the services for the client. This will be accomplished through analysis of data that is gathered from actual experiences of homeless persons, the service providers who assist them in shelters, and other homeless assistance programs throughout the counties. Data that is gathered via intake interviews and program participation will be used to complete HUD annual progress reports. This data may also be analyzed to provide unduplicated counts and anonymous data to policy makers, service providers, advocates, and consumer representatives.

Sonoma has chosen Efforts to Outcomes by Social Solutions as its web-enabled HMIS application residing on a vendor hosted central server to facilitate data collection by homeless service organizations across the county. Access to the central server is limited to agencies formally participating in the project including only authorized staff members that have meet the necessary training and security requirements.

Potential benefits for homeless men, women, children and case managers:

Service coordination can be improved when information is shared, with written client consent, among case management staff within one agency or with staff in other agencies who are serving the same clients. Better service coordination leads to a shorter time to housing.

Potential benefits for agencies and program managers:

Aggregated information can be used to develop a more complete understanding of clients' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funding agencies such as HUD. Aggregated information can be used to develop a more complete understanding of

clients' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funding agencies such as HUD.

Potential benefits for the community-wide Continuum of Care (CoC) and policy makers:

County-wide involvement in the project provides the capacity to generate HUD annual progress reports for the (Continuum of Care) CoC and allows access to aggregate information both at the local and regional level that will assist in identification of gaps in services. In addition, it will assist the completion of other service reports used to inform policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

Governing Principles

All End Users are expected to read, understand, and adhere to these *Governance Policies and Procedures*. Described below are the overall governing principles upon which all decisions pertaining to the Sonoma County's HMIS are based:

Clients can control what is being entered into HMIS. Each individual client can grant informed consent, limited data sharing, be entered as anonymous or revoke consent to their information at any time.

End Users are to securely and accurately enter in client's data into HMIS, understanding the data is valuable and sensitive in nature. Policies written in this document will ensure protection of this asset from accidental or intentional unauthorized modification, destruction or disclosure.

End Users are to strive for the highest possible degree of data quality. As poor data quality can lead to reduction in funding for service.

Confidentiality

The rights and privileges of clients are crucial to the success of HMIS. These policies will ensure clients' privacy without impacting the delivery of services. Policies regarding client data will be founded on the premise that a client owns his/her own personal information and will provide the necessary safeguards to protect client, agency, and policy level interests. Collection, access and disclosure of client data through HMIS will only be permitted by the procedures set forth in this document.

Data Integrity

Client data is the most valuable and sensitive asset of the Sonoma County's HMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.

System Availability

Sonoma County HMIS is hosted and maintained by Social Solutions. It is Social Solutions responsibility to maintain System Availability for homeless service Agencies in Sonoma County. The System is available and accessible through a modern internet browser.

Compliance

Violation of the Governance Policies and Procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity may result in the withdrawal of system access for the offending entity.

Key Support Roles & Responsibilities

Continuum of Care Board

Sonoma County's primary decision-making group regarding homelessness services, housing and funding is the Sonoma County Continuum of Care Board. This fifteen-member public-private decision-making body will align funding and policy to address homelessness throughout the County, and serves as the county's Continuum of Care Board to address HUD requirements. The board must be a subset of the CoC membership that is established in accordance with the CoC regulations governing board composition (*Please refer to the Sonoma County Continuum of Care Governance Charter for details*).

Responsibilities

- a. Designate a single HMIS for the Sonoma County geographic area and designate an eligible applicant to manage it.
- b. Promote and/or enforce HMIS Participation
- c. Develop and implement strategic plan for HMIS participation and develop data driven solutions.
- d. Receives and approves HMIS system-wide information and reports.
- e. Monitor performance and evaluate outcomes of the following programs: Emergency Solutions Grant (ESG), Continuum of Care (CoC), Homeless Emergency Aid Program (HEAP), State Homeless Housing Assistance and Prevention (HHAP) Program, and California Emergency Solutions and Housing (CESH).
- f. Review and approve all HMIS plans, forms, standards and governance documents.
- g. Establish appropriate performance target by populations and programs

- h. Ensure compliance with federal regulations
- i. Assists Community Development Commission and Provider Agencies to identify and apply for other public and private funding sources for HMIS operations.

HMIS Management Team (Sonoma County Community Development Commission- lead agency)

In an effective system of care, Lead Agency professional staff play a key role, serving as a bridge between the Continuum of Care Board and the CoC Board developed Committee's. The Lead Agency is responsible for providing support, data, and accountability for both groups as well as filling the role of Collaborative Applicant for HUD-mandated Continuum of Care responsibilities. The Sonoma County Community Development Commission (the Commission) serves as the Lead Agency. The Sonoma County Continuum of Care Board may revisit the Lead Agency designation at its discretion.

Responsibilities

- a. Serve as the Lead Agency for the Sonoma County Continuum of Care.
- b. Develop, review, and revise all HMIS plans, forms, standards and governance documents.
- c. Prepare Sonoma County System Performance Measures, AHAR/Longitudinal System Analysis, and other data submissions, in alignment with HUD requirements.
- d. Develop and implement a process for accepting additions to the CoC Board's Committee's.
- e. Staff the CoC Board and Committee's.
- f. Ensure that all data is reported accurately and with integrity so that the CoC Board has confidence in the credibility of all reported data presented to its members.
- g. Protect all Personally Identifiable Information (PII) in accordance with HUD guidelines.
- h. Liaison with Housing and Urban Development (HUD)
- i. Serves as Liaison and Executes contract with HMIS software vendor
- j. Liaison with Partner Agencies to ensure they meet HMIS requirements
- k. Executing and maintaining copies of signed Participation Agreements
- l. Monitoring and providing regular reports to the CoC Board.
- m. Configuring HMIS software to meet needs of Partner Agencies and CoC
- n. Oversee HMIS licensing- procuring, issuing, removal
- o. Provide End User technical support or operation issues
- p. Oversees all training of Provider Agency Leads and End-users.

- q. Oversees system-wide reporting including ETO results and operating reporting tools such as Excel, Crystal Reports and others.
- r. Develops documentation of created reports.

HMIS Coordinator

The HMIS Coordinator is an employee of the HMIS Lead agency and is the primary point of contact for all service providers for matters relating to HMIS.

Responsibilities

- a. Database
 - Oversees HMIS project performance.
 - Responds to system needs.
 - Oversees all training of Provider Agency Leads and End-users.
- b. Support
 - Oversees Help-Desk function.
 - Oversees HMIS technical support services.
 - Supervises internal and external security protocols.
 - Addresses HMIS technical operational issues.
- c. Data integrity
 - Monitors operation of the HMIS database.
 - Monitors and evaluates the quality, timeliness, and accuracy of data input, data management, and data reports.
 - Assists HMIS Users.
 - Identifies and addresses potential operational issues with individual Provider Agencies, the HMIS Users, the CoC Board, and relevant parties
- d. Reports
 - Oversees system-wide reporting.
 - Writes detail report specifications based on requests from the User Group and Project Team.
 - Generates reports using ETO Results
 - Understands and operates reporting tools such as Excel, Crystal Reports and others.
 - Develops documentation of created reports.

Partner Agency Technical Administrator

The Partner Agency Technical Administrator is an employee of the HMIS Partner Agency (Agency Executive Director or Executive Director's designee) and is the first point of contact for all service providers for matters relating to HMIS.

Responsibilities

- a. Overseeing agency compliance with the Participation Agreement and all applicable plans, forms, standards and governance documents.
- b. Detecting and responding to violations of any applicable HMIS plans, forms, standards and governance documents.
- c. Serving as the primary contact for all communication regarding the HMIS at this agency and forwarding information to all agency End Users as appropriate.
- d. Ensuring thorough and accurate data collection by agency End Users as specified by HMIS forms and standards.
- e. Provides technical support assistance to agency's End-users.
- f. Monitors End-user compliance in regards to confidentiality, and data integrity:
 - Is responsible for insuring appropriate use of the database by Provider Agency's designated staff.
 - Allows HMIS database access only to qualified End-users based upon job description and need to access.
 - Reviews HMIS Policies and Procedures with all End-users, both new and old.
- g. Develops and maintains **internal** policies and procedures to ensure:
 - New and continued staff training.
 - Timely and accurate input of HMIS data.
 - Personnel procedures addressing violations of the HMIS Code of Ethics.
 - Protocols for data access and reporting.
- h. Maintaining agency and program descriptor data in HMIS,
- i. Ensuring all users adhere to trainings provided by Sonoma County, and ETO. Providing licenses for HMIS System only after the authorized End-users completes all necessary training and signs documents outlined in End-user Training Guide.
- j. Performing authorized imports of client data.
- k. Updates Provider Agency and End-users on decisions made during Data Group meetings.
 - **Quarterly Provider Meetings**
 - i. Purposes:
 1. Opportunity for Benchmarking between participants
 2. Review core processes and related measures
 3. Identify issues and share solutions
 4. Identify those issues where additional help is needed

5. Incorporate process and outcome measures (For example Sonoma County CoC HMIS Project requires coverage rates types of reports generated at the Provider Agency level)
 6. Support transparency
 7. Share successes
 8. Review aggregated data
 9. Formalize communication between Provider Agency and System Administrators
 10. Provides routine End-user satisfaction input
- ii. Types and Frequencies
 1. Agency Administrator / User Group Meetings – Quarterly
 2. Data Committee – monthly
 3. Specialty Provider Agency Meetings (as needed):
 - a. Domestic Violence
 - b. Runaway Youth
 - c. Housing Specialists
 - d. Mental Health
 - e. Homeless Education Providers
- iii. Meeting Requirements
 1. Minimum attendance levels (=all those with End-user licenses + leadership)
 2. Structured Meeting Agenda reviewing core processes:
 - a. Coverage – Are all the clients being entered? What % of the homeless are in the System?
 - b. Client Refusals
 - c. Data Quality – null data fields, # of data corrections
 - d. Interview issues
 - e. Definition questions
 - f. Training needs
 - g. Privacy and Security issues
 - h. Reports: Review Provider
 - i. Agency aggregated data
 - j. Structured Minutes with copy sent to System Administrator to monitor End-user meeting compliance with the Sonoma County CoC HMIS Project contract
- iv. Additional Processes related to System Administrator and Sonoma County CoC HMIS Project Meetings
 1. System Access / Licenses
 2. System Performance

3. Routine Support
4. Contract Compliance

Partner Agency Security Officer

The Partner Agency Security Officer is an employee of the HMIS Partner Agency. This could be the same employee as Partner Agency Technical Administrator, who monitors security for the workstations.

Responsibilities

- a. Conduct a thorough quarterly review of internal compliance with all applicable HMIS plans, standards and governance documents.
- b. Completing the Compliance Certification Checklist and forwarding the Checklist to HMIS Coordinator at least once per year.
- c. Continually monitoring and maintaining security of all staff workstations used for HMIS data entry.
- d. Safeguarding client privacy by ensuring End User and agency compliance with confidentiality and security policies.
- e. Investigating potential breaches of HMIS system security and/or client confidentiality and notifying Sonoma County of substantiated incidents.
- f. Developing and implementing procedures for managing new, retired, and compromised local system account credentials.
- g. Developing and implementing procedures that will prevent unauthorized users from connecting to private agency networks.
- h. Ensure proper agency workstation configuration and for protecting their access by all agency users to the wider system.
- i. Assumes responsibility for integrity and protection of client information entered into the HMIS database.
- j. Update virus protection software on agency computers that accesses the HMIS database on a scheduled, regular basis.
- k. Ensuring the agency provides and maintains adequate internet connectivity.
- l. Provides manual data entry processes in the event of a HMIS disaster.
- m. Monitors End-user compliance in regards to security.
- n. Is responsible for insuring appropriate use of the database by Provider Agency's designated staff.

End User

Each agency will have 1 or more end users that will be responsible for timely data entry into the HMIS. Only those parties authorized for the following reasons may be provided access to the HMIS:

- a. Data entry
- b. Editing Client records
- c. Viewing Client records
- d. Report writing
- e. Administration
- f. Other essential activities associated with HMIS Provider Agency business use

Responsibilities

- a. Entry client data into HMIS
- b. Meet data entry timeliness
- c. Adhere to HMIS and Provider Agency Policy and Procedures
- d. Protect HMIS and Provider Agency data and information
- e. Prevent unauthorized disclosure of data
- f. Report Security Violations to Agency Administrator
- g. Remain accountable for all actions undertaken with his/her End-user name and password

HMIS Operating Procedures

Agency Implementation Policies

- a. Sign HMIS Agency Participation Agreement.
- b. Set up End-user identification and grant access to the database based upon the End-user's job description.

HMIS Project Participation Policy

Agencies participating in the Sonoma County HMIS Project shall commit to abide by the governing principles of the Sonoma county HMIS Project and adhere to the terms and conditions of this partnership as detailed in the Participation Agreement. Agencies receiving Continuum of Care Program or Emergency Solutions Grant funding are required to participate in HMIS.

Responsibilities

- a. The Partner Agency, (referred to by HUD as Contributing Homeless Organizations or CHOs) shall confirm its participation in HMIS and commitment to these Policies and Procedures by submitting a Participation Agreement signed by the Partner Agency's Executive Director to the HMIS Lead Agency. The HMIS Lead Agency will return a copy of the countersigned Participation Agreement to the Partner Agency's Technical Administrator and/or Executive Director.
- b. At the time the Partner Agency begins participating in HMIS, it must designate at least one Technical Administrator who must obtain an HMIS license. If the Technical Administrator is not the same person as the Executive Director, then the Technical Administrator must also sign the Participation Agreement. In either case, the Technical Administrator must be listed in writing on the Participation Agreement. If a new Technical Administrator later takes over this responsibility, the change must be recorded in writing and communicated to the HMIS Lead.
- c. The HMIS Lead Agency will maintain a file of all signed Participation Agreements.
- d. Each Partner Agency shall re-confirm the agency's participation in HMIS and commitment.
- e. The HMIS Lead Agency will maintain and publicly publish a list of all current Partner Agencies on the HMIS web portal.

For Agencies participating in Coordinated Entry

The HMIS is key to centralizing information to measure outcomes and determine client needs through Coordinated Entry. Not all stakeholders have direct access to HMIS. Throughout the CoC, service provider agencies that directly interact with people facing homelessness actively use and contribute to the HMIS. All HMIS Lead personnel (including employees, volunteers, affiliates, contractors and associates), and all participating agencies and their personnel, are required to comply with the HMIS User Policy, Agency Participation Agreement, and Code of Ethics Agreement. All personnel in the CES participating agencies with access to HMIS must receive and acknowledge receipt of a copy of the Participation Agreement and receive training on this Privacy Policy before being given access to HMIS.

To comply with federal, state, local, and funder requirements, information about the homeless persons, their dependents, and the services that are provided to them, is required to be collected in the HMIS. When assistance is requested it is assumed that the client is consenting ("inferred consent") to the use of the HMIS to store this information. The participants have the right to explicitly refuse the collection of this information, and participating agencies are not permitted to deny services for this reason. However, such refusal may severely impact the ability of any participating agency throughout the CES to qualify the client for certain types of assistance or to meet their needs.

Data collection should not be confused with data sharing (“disclosure”). Participating agencies are required to provide the client with an opportunity to consent to certain disclosure of their information with CE and cooperating agencies, either in writing or electronically. If the client consents to the disclosure of their information, they enhance the ability of CE to assess their specific needs and to coordinate delivery of services for them.

To protect the privacy and the security of client information, the HMIS is governed by data access control policies and procedures. Every user’s access to the system is defined by their user type and role. Their access privileges are regularly reviewed and access is terminated when users no longer require that access. Controls and guidelines around password protection and resets, temporary suspensions of User Access and electronic data controls are in place and are outlined in detail in the HMIS User Agreement. Services will not be denied if the participant refuses to allow their data to be shared, unless Federal statute requires collection, use, storage and reporting of a participant’s personally identifiable information as a condition of program participation.

HMIS users will be informed and understand the privacy rules associated with collection, management, and reporting of client data.

Minimum Participation Standards

Partner agencies must collect the required Universal and Program Specific data elements required for their funding source as required in the HUD HMIS Data standards manual, and the HMIS program manual for that funding source if applicable. Non funded agencies must collect data elements required for their project type to be considered participating.

As referenced below:

Universal Data Elements:

Name
Social Security
Date of Birth
Race
Ethnicity
Gender
Veteran Status
Disabling Condition
Project Start Date
Project Exit Date
Destination
Relationship to Head of Household

Client Location
Housing Move –in Date
Prior Living Situation (3.917A or 3.917B)

Program Specific Data Elements:

Income and Sources
Non-Cash Benefits
Health Insurance
Physical Disability
Developmental Disability
HIV/AIDS
Mental Health Problem
Substance Abuse

Domestic Violence
Current Living Situation
Data of Engagement

Bed-night Date
Coordinated Entry Assessment
Coordinated Entry Event

All data must be entered in a timely manner and be checked for accuracy.

Data Collection

Provider Agency will:

- a. Assume responsibility for End-user's data entry and accuracy.
 - View, obtain, disclose, or use the database information only for business purposes related to serving the Provider Agency's clients.
- b. Monitor End-user data entered into the HMIS database, in accordance with Provider Agency's policies and the HMIS minimum data standards.
- c. Not delete a client profile created by another Provider Agency.
- d. Correct inaccurate information and missing required data elements.
- e. **Not** misrepresent the number of clients served or the types of services/beds provided.
 - Only view, obtain, disclose, or use the database information for business purposes related to serving the Provider Agency's clients.
 - Enter data into the HMIS database in accordance with the Provider Agency's policies and the Sonoma County CoC HMIS minimum data standards.
 - Not enter any fictitious or misleading client data.
 - Not over-ride or delete information entered by another End-user.
 - Edit and/or delete only screens entered by the individual End-user.
 - Save data entered at regular intervals. (If the system remains inactive for longer than fifteen minutes, it will automatically log the End-user off the database and not save entered data.)
- f. Client data will be entered into the HMIS in a timely manner.
- g. Client identification should be completed during the intake process or as soon as possible following intake and within 5 calendar days.
- h. Service records should be entered on the day services began or as soon as possible within 5 calendar days.
- i. Required assessments should be entered as soon as possible following the intake process and within 5 calendar days.
- j. Do not enter discriminatory comments made by or about an employee, volunteer, client, or any person based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation unless direct quotes are deemed essential for assessment, service, and treatment purposes.
- k. Not enter offensive language and profanity into the HMIS database unless direct client quotes are deemed essential for assessment, service, and treatment purposes.

- I. Hardcopy and electronic files will continue to be maintained according to individual program requirements in accordance with the HUD Data Standards.

HMIS Partnership Violations and Termination – Data Transfer Policies

Sequence of Procedures

Introduction: After a confirmed report of a HMIS procedural violation, the HMIS Coordinator Administrator implements action within 24 hours.

- In emergency situations i.e. security breach and/or imminent danger to the database, the HMIS Coordinator immediately contacts and reports to Sonoma County Community Development Commission's (SCCDC) Ending Homelessness Manager, who has final authority for the impending action.
- In all other cases, the HMIS Coordinator implements a course of action outlined in the following steps:

Step 1: Consultation with the Provider Agency

Step 2: Written warning

Step 3: Sanctions

Step 4: Probation

Step 5: Suspension

Step 6: Termination

Step 1: Consultation with the Provider Agency. The HMIS Coordinator:

- a. Contacts and discusses the inappropriate practice with the Provider Agency Administrator.
- b. Itemizes specific requirements for improvement.
- c. Identifies a time frame for implementation and completion of the corrective measure(s).
- d. Coordinates further training if deemed necessary.
- e. Documents conversation and reports this information to technical support staff for database entry.
- f. Alerts technical support staff to begin monitoring procedures, which remain in place until resolution.

Step 2: Written Warning

- a. If any corrective measures do not happen, or if inappropriate practices continue over multiple months, then the HMIS Coordinator, under the guidance of the Data Committee, and SCCDC Administrators, implements a written warning procedure.
- b. The HMIS Coordinator or an appropriate HMIS staff member (under the HMIS Coordinator instruction) sends a written notice, via certified mail, to the Provider Agency Administrator which includes:
 - An explanation of violations and itemizes specific requirements for improvement as defined through a Corrective Action Plan. (See Corrective Action Plan Policy)
 - A time frame for implementation and completion of the corrective measure(s).
 - A copy of the written summary documenting the HMIS Coordinators, User Group and SCCDC Ending Homelessness Managers review of the Provider Agency's profile.
 - A training or technical assistance plan, if deemed necessary.
 - Further HMIS actions if the inappropriate practice(s) continue.
- c. The technical support staff archives a copy of the written warning in the Provider Agency's file, the Provider Agency receives the original written notice.

Step 3: Sanctions

- a. If the Provider Agency fails to provide satisfactory responses to the written warning within the allotted time period, as defined in the Corrective Action Plan, then the HMIS Coordinator presents the updated Provider Agency file to the Data Committee and SCCDC Ending Homelessness Manager.
- b. The Data Committee and SCCDC Ending Homelessness Manager review all previous correspondences and/or Provider Agency corrective action responses and determine sanctions based on the evidence.
- c. The HMIS Coordinator notifies via certified mail the Provider Agency of impending sanctions, the effective date, a copy of the original written notice, a copy of the HMIS Grievance Policy and this policy.
- d. The technical support staff archives a copy of the sanctions notification in the Provider Agency's file, the Provider Agency receives the original written notice.

Step 4: Probation

- a. If the Provider Agency fails to provide satisfactory responses to the sanctions within the allotted time period, then the HMIS Coordinator presents the updated Provider Agency file to the Data Committee and SCCDC Ending Homelessness Manager.
- b. The Data Committee and SCCDC Ending Homelessness Manager review all previous correspondence and Provider Agency corrective action responses and determine warranted probation.

- c. The HMIS Coordinator notifies via certified mail the Provider Agency of impending probation and the effective date.
- d. Assigns Technical Support staff to work with and monitor resolution of identified areas of violation.

The notification:

- a. Explains the violation(s) and itemizes specific requirements for improvement.
- b. Identifies assigned HMIS staff, who will work collectively with the Agency Administrator and Executive Director, to determine the reason(s) for ineffective corrective measures and create a time-line for effective resolution.
- c. Includes a copy of the Data Committee and SCCDC Ending Homelessness Manager's review of the Provider Agency's issues.
- d. Explains the change in provider status to Probationary Provider Agency.
- e. The probationary period remains effective until all corrective measures meet the Data Committee and SCCDC Ending Homelessness Manager's approval and will not persist past one hundred and eighty (180) days from the notification date.
- f. The technical support staff archives a copy of the probation notification in the Provider Agency's file; the Provider Agency receives the original written notice.

Step 5: Suspension

- a. If the Probationary Provider Agency's inappropriate practice(s) continues or reoccurs, and there is no resolution with the HMIS Coordinator and HMIS staff satisfactory to the Data Committee and SCCDC Ending Homelessness Manager, then the HMIS Coordinator begins the suspension process.
 - The HMIS Coordinator:
 1. Notifies via certified mail the Provider Agency of impending suspension and the effective date.
 2. Assigns appropriate HMIS staff to facilitate data identification and data transfer to another database.
 3. Immediately inactivates all Provider Agency End-user database access.
 4. Only reactivates End-user access after receiving written permission via email or fax from the Data Committee and/or SCCDC Ending Homelessness Manager.
 - The notification:
 1. Identifies assigned HMIS staff, who will work collectively with the Provider Agency Administrator and Executive Director, to identify and transfer database elements needed for the Provider Agency to continue conducting business.

2. Includes an updated copy of the Data Committee and SCCDC Ending Homelessness Manager's review and decision to suspend Provider Agency's HMIS access.
3. Explains the change in provider status to Suspended Provider Agency and the suspension of all End-user database access.
4. Explains the requirement of a mandatory meeting to address the resolution of inappropriate practices. The HMIS Coordinator coordinates the meeting time and place with all participants, which include the Agency Administrator and/or the Executive Director, Data Committee representatives and SCCDC Ending Homelessness Manager.
5. Explains the possibility of the Provider Agency losing HUD funding.

b. The technical support staff archives a copy of the suspension notification in the Provider Agency's file; the Provider Agency receives the original written notice.

Step 6: Termination

- a. If the Probationary Provider Agency refuses to attend the mandatory meeting or comply with HMIS Policy and Procedures, then SCCDC Ending Homelessness Manager issues an order to the HMIS Coordinator to permanently terminate the Provider Agency access to the HMIS database.
 - HMIS Coordinator notifies via certified mail the Provider Agency the effective date of termination.
- b. Data Transfer
 - The Terminated Provider Agency
 - i. Must submit a request for their data within 60 days of termination.
 - ii. Assumes responsibility for cost of data transfer to another database.
 - iii. Pays the HMIS accountant prior to data delivery.
 - The SCCDC Ending Homelessness Manager, in conjunction with Social Solutions Group, provides a detailed cost analysis and time-line of data transfer.
- c. The Social Solutions Group will provide the data file in ASCII delimited format only.

Reinstatement

The Terminated Provider Agency may request reinstatement once previous violations have been addressed and corrected.

Reinstatement Process:

Terminated Provider Agency:

1. Contacts HMIS Lead Agency for reinstatement.
2. Fills out Reinstatement Corrective Action Plan, which identifies violation(s) and concerns.
3. Provides documented evidence of corrective procedures.
4. Establishes a time-line for completed corrective procedures.

HMIS Coordinator:

1. Acknowledges within 24 hours receipt of the Reinstatement Corrective Action Plan via email.
2. Reviews and determines feasibility of Reinstatement Corrective Action Plan.
3. Contacts Provider Agency, within five working days, with any modifications to or approval of the submitted Reinstatement Corrective Action Plan.
4. Assesses corrective process and time-line adherence.
5. Reviews Reinstatement Corrective Action Plan with the Ending Homelessness Manager.
6. Accepts or denies reinstatement.
7. Contacts the Provider Agency when Reinstatement Corrective Action Plan meets satisfactory completion or if further action is required.

Ending Homelessness Manager:

1. Instructs HMIS Coordinator to re-activate the Agency Administrator/Executive Director User License when applicable.

HMIS Coordinator:

1. Provides reinstatement date to the Provider Agency.
2. Re-activates Provider Agency's Probationary Status.
3. Instructs HMIS staff to begin coordinating time-line dates and corrective changes into the monitoring procedure.

HMIS Staff:

4. Monitors the Reinstatement Corrective Action Plan.
5. Reports outcomes weekly to the HMIS Coordinator.
6. Contacts HMIS Coordinator immediately of any further breaches of Policies and Procedures.
7. Files completed report in Provider Agency file.

HMIS Security Plan

Hardware, Connectivity, and Security

Malicious codes, delivered through various means, are designed to delete, scramble End-user files/ programs and/or disable specific computer functions. At times a malicious code slows down a computer--- a mere inconvenience; other times, a malicious code causes an entire system shut down.

Since the computer industry progresses rapidly, each Provider Agency must keep current on protective procedures by consulting with computer system experts periodically for the latest in malicious code preventative measures.

Each HMIS Partner Agency must have at least one HMIS Security Officer at all times. This HMIS Security Officer is responsible for preventing degradation of the HMIS resulting in viruses, intrusions, or other factors within the agency's control and the inadvertent release of confidential client-specific information through physical, electronic, or visual access to the workstation. The HMIS Security Officer must meet all the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards.

Workstation Access Restrictions

Agency Workstation Minimum requirements:

Computer workstations must be connected to the internet to access HMIS.

Recommended Internet connection: Wired, or Secure Wireless connection

Recommended Browsers: Social Solution's ETO HMIS works best with the latest version of Internet Explorer. And must have an antivirus with the latest virus definitions.

Access to the HMIS database should only be from pre-determined work terminals. HMIS should only be accessed through secure workstations and prohibited on public workstations (libraries, cafes, etc.).

End-user Requirements:

- a. Log-off the HMIS database and close the Internet browser before leaving a work terminal.
- b. Log-off the HMIS database and close the Internet browser prior to surfing the Internet.
- c. Never leave an open HMIS database screen unattended.
- d. Passwords must not be saved on the computer or posted near the workstation.
- e. Immediately notify the designated Agency Administrator or the HMIS Coordinator of any suspected security breach.
- f. Printer location – Documents printed from HMIS must be sent to a printer in a secure location where only authorized persons have access.
- g. PC Access (visual) — Non-authorized persons should not be able to see an HMIS workstation screen. Monitors should be turned away from the public or other

unauthorized Partner Agency staff members or volunteers and utilize visibility filters to protect client privacy.

Workforce Access Restrictions

Each participating agency must conduct a criminal background check on each of its Partner Agency HMIS Administrators and Security officers at its own expense. The Partner Agency's Executive Director will evaluate the results of the criminal background checks for any concerns. To protect the security and integrity of the HMIS system and safeguard the personal information contained therein, the Partner Agency's Executive Director must consider the results of the background check on a case-by-case basis.

- a. An individual whose background raises concerns about whether s/he may sufficiently be relied upon to help the HMIS Lead Agency achieve this goal may not initially be given administrative-level access to HMIS.
- b. An individual whose background raises concerns about whether s/he may sufficiently be relied upon to help the HMIS Lead Agency achieve this goal may be enrolled as an HMIS End-user. After at least one year, if the individual demonstrates through proper and safe use of HMIS that the individual is reliable and trustworthy, they may apply to become a Technical Administrator.
- c. The results of the background check must be retained in the subject's personnel file by the Technical Administrator.
- d. A background check may be conducted only once for each person unless otherwise required

Establishing End-user Access

Licenses are given to prospective End-users only after they:

- a. Complete HMIS New User Orientation, which includes the Security and Ethics Training.
- b. Reads and understand the HMIS Policies and Procedures.
- c. Reads, understands, and signs the HMIS End User Code of Ethics.
- d. Reads and agrees to abide by the HMIS Agency Partnership Agreement.
- e. User must agree to comply with HMIS confidentiality practices.

The HMIS Lead/Agency Admin will keep all documents of the completed Agreement.

- a. The End-user will be issued a unique User ID and password, which may not be transferred to one another. Instead, the Partner Agency will request an additional HMIS license, and if one is available, be issued a new User ID.
- b. The User IDs access level is granted based upon the End-user's job description.
- c. When an Agency Administrator determines a change to be made to user's access, s/he will notify the HMIS Lead.

End User's Access Levels

Five access levels exist in the HMIS system. Each level reflects the End-user's access to client-level records. Only agency staff who need access to the HMIS database for client data entry qualify for an End-user license. The level determines the type of information the End-user visualizes.

1. Agency Staff

- Access to data entry screens.
 - i. May access basic demographic data on clients (profile screen).
- Access to most TouchPoints.
- Full access to service records.
- Restricted access to reports.

2. Program Manager

- Access to all participant data screens.
- Restricted from administrative functions.
- Access to Touchpoints.
- Full access to reports.

3. Department Head

- Access to all features
- Access to some site-level administrative functions.
- Add/remove End-users for his/her Provider Agency.
- Edit some site and program data.
- Full reporting access.

4. Site Manager

- Access to all participant data features, including demographics, family data, and TouchPoints
- Access to site-level administrative functions.
 - i. Add/inactivate staff and program managers at site.
 - ii. Edit site program data.
 - iii. Full reporting access.

5. Enterprise Manager

- Access to HMIS for every Provider Agency.
- Access to enterprise administrative functions.
 - i. Setup new, modify and delete Provider Agencies/programs.
 - ii. Add new, modify, and activate/inactivate all users.
 - iii. Read and write access to all reports.
 - iv. Read and write access to all TouchPoints.

- v. Access to all site management tools.
- vi. Reset passwords.

Data Access & Password Policies

- a. The Agency Administrator contacts the HMIS Coordinator to set up a new End-user and provides a temporary password.
- b. The Agency Administrator communicates this password to the new End-user.
- c. The End-user must change the password after initially logging correctly into the database. Never transmit End-user identification and computer-generated passwords together in one email, fax, telephone call, or other means of communication. Passwords and usernames must be transmitted separately (e.g., one portion via email and the other via voice) unless physically handed to the End-user, who must destroy the paper transmission upon successfully entering the HMIS database
- d. The End-user creates a **unique** password between 8 and 16 characters with a minimum of two numbers. The End-user **DOES NOT** use a password used for other purposes; this password must be unique.
- e. Passwords shall not include the End-user name, the HMIS name, or the HMIS Vendor's name.
- f. Passwords should not consist entirely of any word found in the common dictionary or any of the above spelled backwards.
- g. Password is space and case sensitive.
- h. Passwords should be changed every 90 days.
- i. End-users must create a new password that is different from the original (expiring) password.
- h. Unique Passwords -- User IDs are individual, and passwords are confidential. No individual should ever use or allow the use of a User ID that is not assigned to that individual, and user-specified passwords should never be shared or communicated in any format.
- i. Protection of downloaded HMIS files:
Sonoma County Lead Agency assumes **no** responsibility for the management, protection, and transmission of client-identifying information stored on local agency computers, agency files, and reports.
 - 1. Partner Agency is responsible for any file or report downloaded from HMIS.

Rescind User Access

Partner Agencies will notify the HMIS Coordinator within 24 hours when any user leaves their position or determined no longer needs HMIS access.

User access must be rescinded ASAP when:

When any HMIS user breaches the User Agreement, violates the Governance Policies & Procedures, breaches confidentiality or security, leaves the agency, or otherwise becomes inactive, the Partner Agency HMIS Administrator will deactivate staff User Ids.

The Continuum of Care is empowered to permanently revoke End-user access to HMIS for a breach of security or confidentiality.

Special Considerations

Termination or Extended Leave from Employment:

- a. Upon Termination, the Agency Administrator will:
 - Delete the End-user immediately.
 - Assume all responsibility for deleting their End-users from the HMIS system.
- b. Upon extended Leave from employment, the Agency Administrator will:
 - Lock an End-user within five business days of the beginning of an extended leave period greater than 45 days.
 - Unlock the End-user upon returning.

Virus Protection

- a. Sonoma County CoC HMIS Provider Agencies shall purchase and maintain state-of-the-art, commercially produced virus protection software, which includes automated scanning of files.
- b. Social Solutions Group shall maintain state-of-the-art, commercially produced virus protection software for the Sonoma County CoC HMIS server(s).
- c. At a minimum, any workstation accessing HMIS shall have antivirus software run the current virus definitions (24 hours) and full-system scans a minimum of once per week.

Firewall

- a. Sonoma County CoC HMIS workstations shall maintain secure firewalls to protect against malicious intrusions. The firewall must be a part of a consistent overall Provider Agency security architecture.
- b. Social Solutions Group shall maintain secure firewalls for the Sonoma County CoC HMIS servers.

Disaster Recovery

The Disaster Recovery Plan for the Sonoma County HMIS will be conducted by the HMIS software Vendor, Social Solutions.

The Lead Security Officer should maintain ready access to the following information:

- a. Contact information – Phone number and email address of the Social Solutions contact responsible for recovering the agency's data after a disaster.
- b. Agency responsibilities – A thorough understanding of the Agency's role in facilitating recovery from a disaster.

The HMIS Coordinator(s) should be aware of and trained to complete any tasks or procedures for which they are responsible in the event of a disaster.

The HMIS Coordinator(s) must have a plan for restoring local computing capabilities and internet connectivity for the HMIS Coordinator(s)'s facilities. This plan should include the following provisions.

- a. Account information – Account numbers and contact information for the internet service provider and support contracts.
- b. Minimum equipment needs – A list of the computer and network equipment required to restore minimal access to the HMIS service, and to continue providing services to HMIS Partner Agencies.
- c. Network and system configuration information – Documentation of the configuration settings required to restore local user accounts and internet access.

Security Audits

The Contributory HMIS Organization (CHO) Security Officer/Participating Agency Security Officer is responsible for preventing degradation of the HMIS resulting from viruses, intrusion, or other factors within the Agency's control.

The participating Agency Security Officer is responsible for preventing inadvertent release of confidential client-specific information through physical, electronic, or visual access to the workstation.

Each participating Agency Security Officer is responsible for ensuring their agency meets the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Partner Agencies will conduct a thorough review of internal policies and procedures regarding HMIS.

To promote the security of HMIS and the confidentiality of the data contained therein, access to HMIS will be available via a secure network.

End-users shall commit to abide by the governing principles.

Ongoing Monitoring

Agency Administrators conduct a security audit for all workstations that will use HMIS at least quarterly; this includes ensuring computers are protected by firewall and antivirus software.

The Agency Security Officers are responsible for managing the selection, development, implementation, and maintenance of security measures to protect HMIS information within their agency. At least quarterly, the Agency Security Officer will use the Compliance Certification Checklist to audit their workstations in the Agency. Should any Compliance Certification Checklist contain one or more findings, the finding will need to be resolved within seven days. The Agency Security Officer must turn in a copy of the Compliance Certification Checklist to the HMIS Lead Agency annually.

The HMIS Coordinator will visit each agency annually to evaluate each workstation's security using the Compliance Certification Checklist. Workstations will be assessed for noncompliance with standards or any element of Sonoma County's HMIS Policies and Procedures. The HMIS Coordinator will note these on the Compliance Certification Checklist and will work with the Agency Administrator to resolve the action item(s) within 30 days.

Enforcement Policies

CONFLICT RESOLUTION: Agency level conflicts will be handled through an escalating peer-review process:

- a. Affected agencies will make every attempt to resolve conflicts as they occur. The County and/or the Partner Agency may annotate their concerns in writing as appropriate.
- b. Unresolved conflicts between the Community Development Commission and a Partner Agency will be noted in writing and forwarded to the Community Development Commission's Ending Homelessness Manager. In the event of an impasse, members of the Data Committee will be notified within ten working days of the impasse declaration. Either party may declare an impasse.
- c. The Community Development Commission's Ending Homelessness Manager will review the written grievance and will make every attempt to resolve the matter within 30 days of review. Resolution of the conflict will be in writing and signed by all relevant parties.
- d. Unresolved conflicts will be forwarded to the Community Development Commission's Assistant Director for further guidance and action.
- e. Any recommendation regarding termination of a Partner Agency from Sonoma County's HMIS will be forwarded to the Community Development Commission's Assistant Director for consideration and possible action.
- f. All decisions of the Community Development Commission's Assistant Director are final.

- Conflicts between or among Partner Agencies may require mediation by the Data Committee and/or HMIS Coordinator. Resolution of the conflict may be annotated in writing and signed by all relevant parties as appropriate.

HMIS Privacy Plan

These privacy policies establish limitations on the collection, purpose, and use of data. It defines allowable uses and disclosures, including standards for openness, access, correction, and accountability. Sonoma County's HMIS System focuses on enabling collaboration between partner agencies and supports an open data sharing structure. Demographic information may flow from partner agency to partner agency easily. Other HUD program-specific fields only flow once clients are enrolled in the new program if they were already part of the program. The policies provide protections for victims of domestic violence, dating violence, sexual assault, and stalking.

The HMIS Lead Agency is responsible for monitoring the partner agencies to ensure compliance with the Privacy Plan policies. The HMIS Coordinator will work with agencies not adhering to the Privacy plan and provide corrective measures for noncompliance.

Client Notification & Client Consent

- a. Partner Agency **MUST**
 - Provide participant consent form(s) as required by the Partner Agency, state, and/or federal laws and the HMIS standards **prior** to entering client information into the HMIS database.
 - Provide, in its original form or modified for the specific agency, the HMIS Client Release of Information for the Homeless Management Information System to permit the sharing of confidential client information to other HMIS Provider Agencies. Other non-HMIS inter-agency agreements do not cover the sharing of HMIS data.
 - A client signed Release of Information constitutes **INFORMED** consent. The burden rests with the Partner Agency End-user or intake counselor to inform the client about the purpose and function of HMIS data before asking for consent.
 - i. Any client receiving homeless services must fill out the Release of Information
 - ii. Any client participating in Coordinated Entry must fill out the CES Release of Information
 - iii. If clients do not feel comfortable providing their personal information into the HMIS, an option to chose an anonymous enrollment is provided.

A signature will still be required, but the hard copy release will be stored with the agency outside of the HMIS system.

- As part of informed consent, a privacy notice must be posted in the intake area explaining:
 - i. the reasons for collecting the data,
 - ii. the client's rights with regards to data collection, and
 - iii. any potential future uses of the data.
- The agency must also make available the relevant Governance Policies & Procedures and a list of agencies participating in Sonoma County's HMIS Project.
- Be aware of specific protections afforded under Federal Law for persons receiving certain types of services such as domestic violence services, HIV or AIDS treatment, substance abuse services, or mental health services.
- Offer the client the opportunity to input and share additional client information with other Provider Agencies beyond basic identifying data and non-confidential service information.
- Obtain client consent for additional client information and communicate what information will be shared and with whom.
- Partner Agency End-users must obtain a new signed ROI and enter it into HMIS at project entry, or if the client's original release has expired; ROIs expire every two years.
- Data may be collected and entered into HMIS only when that data is expected to be useful for organizing, providing, or evaluating the delivery of housing or housing-related services.
- Data used for research or policy evaluation will be shared only after the data has been thoroughly de-identified; this includes removing names, contact information, and removing descriptions or combinations of characteristics that could be used to identify a person.
- Provide verbal explanation of Sonoma County CoC HMIS and arrange for, when possible, a qualified interpreter or translator for a client not literate in English or having difficulty understanding the consent form(s).
- End-users are prepared to explain (to the client) security measures used to maintain confidentiality.
- Participants' have the right to be entered as an anonymous client or as a restricted client. If the client denies authorization to share basic identifying information or non-confidential service data, follow the Anonymous Enrollment Document's steps.
- Prior to the release of any client information beyond the basic client profile, obtain from the client a signed release of information form that meets the

Provider Agency's standard for the release of medical, financial and/or any other information regarding the client.

- Place all Client Release of Information forms in an onsite filing system for required recordkeeping standards and periodic audits.
- Retain all Client Release of Information forms for seven years upon expiration.
- Enter all minimum data required by the HMIS. Client data, including client identifiable and confidential information, may be restricted to other Provider Agencies. Each Agency Executive Director is responsible for their agency's internal compliance with the HUD HMIS Data Standards.

Provider Agency's Client Rights

A client has the right to:

- a. Decline to enter their record into the HMIS database.
- b. Authorize the sharing of personal information to other HMIS Provider Agencies.
- c. Determine what type of information will be shared and with whom (other HMIS Provider Agencies).
- d. Request entrance into the database as an anonymous client or a restricted client.
- e. Rescind acknowledgment and consent for the entry of future information and further participation.

Specific Client Notification for Victims of Domestic Violence

Victim service providers may not directly enter or provide client-level data to HMIS. Instead, a victim service provider, which is defined as a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault or stalking, must use a comparable database that collects client-level data over time and generates unduplicated aggregate reports based on the data. Legal service providers may also elect to use a comparable database if it is necessary to protect attorney-client privileges. Victim Service Providers (VSP) in Sonoma County that receive funding requiring HMIS Data Entry utilize a comparable HMIS Data system to comply with requirements. VSPs have contracted with Social Solutions to provide their own copy of HMIS System. The system's use is restricted only to those employees with authority to view the data within the Victim Service Providers comparable HMIS system. Considering that ETO is the same system being used as the HMIS for Sonoma County, it is considered HUD compliant.

Privacy Compliance & Grievance Policy

Release and Disclosure of Client Data Policies

It is the primary governing principle of the Sonoma County HMIS that HMIS is intended to serve and protect the community's clients. Policies enacted to protect private client information are as follows.

- a. Clients shall be given a print out of all HMIS data relating to them upon written request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
- b. A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
- c. A log of all external releases or disclosures must be maintained for seven years and made available to the client upon written request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
- d. Aggregate data that does not contain any client-specific data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of the informed consent procedure.
- e. Clients will be understood to be the owners of their own data. Each individual will have the right to grant informed consent, limit data sharing, or revoke consent related to his/her Protected Personal Information at any time.
- f. The community will encourage broad HMIS participation by human services agencies. HMIS End-users are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Resistance to Outside Disclosures

If an outside entity, such as a Court or law enforcement authority, attempts to access client-specific data, the outside entity will be politely but firmly instructed that the data is confidential and cannot be released without (i) a valid warrant, or (ii) the client's express consent. The client and/or the client's caseworker will then be informed of the attempted access so that the client can take any appropriate steps to resist any further attempts by outside parties to access their private information. No client-specific data will be released or shared outside of the Partner Agencies unless the client gives specific written permission or unless withholding that information would be illegal. Services may NOT be denied if the client refuses to sign Client Informed Consent and Release of Information Authorization or declines to state any information, but this may limit eligibility for certain programs in the Coordinated Entry System (e.g., permanent supportive housing).

Unauthorized Release of information

In emergency situations, i.e., security breach and/or imminent danger to the database, the HMIS Coordinator and the Ending Homelessness Manager have the final authority for the impending action for unauthorized releases of information.

In all other cases, the HMIS Coordinator implements a course of action outlined in the HMIS Partnership Violations and Termination – Data Transfer Policies sequence of procedures.

Corrective Action Plan Policy and Procedure

Policy: The Sonoma County CoC Homeless Management Information System (HMIS) Data Committee implements and maintains methods for correcting inappropriate database use.

Purpose: To establish guidelines and procedures to aid the HMIS Coordinator and HMIS staff in assisting Provider Agency’s compliance with HMIS Policy and Procedures.

Scope: All Sonoma County CoC HMIS Staff and HMIS End-users

References: Maintenance of Client Confidentiality Monitoring Provider Agency Compliance

PROCEDURE:

HMIS Violation

Access and use of the HMIS database by HMIS Provider Agency staff and HMIS support staff is limited to the performance of their authorized job function. All other types of use are strictly forbidden and considered a Code of Ethics, Sonoma County CoC HMIS Policy and Procedures and/or the Agency Partnership Agreement security violation. The HMIS Coordinator may be contacted for clarification and guidance on possible HMIS violations.

Provider Agency Corrective Action Plan

- a. When an Agency Administrator becomes aware of a security violation within their agency, they will report the violation to the HMIS Coordinator immediately and provide the appropriate corrective action plan documentation.
- b. In the event of confirmed HMIS violation(s) by the Provider Agency or it’s End-user(s), the HMIS Coordinator or appropriate HMIS staff member contacts the Provider Agency Executive Director or Agency Administrator and begins the Corrective Action Plan process

Corrective Action Plan Process:

HMIS Coordinator:

1. Contacts Provider Agency.
2. Identifies violation(s).
3. Provides references to the applicable HMIS Policy and Procedure.
4. Instructs Agency Administrator-Executive Director on how to fill out the Corrective Action Plan.
5. Identifies any HMIS training or resources that may assist in correcting issues.
Assists in coordinating a reasonable time-line.

Agency Administrator:

1. Fills out Corrective Action Plan.
2. Submits Corrective Action Plan within one week of notification via email or certified mail to HMIS Coordinator.
3. Contacts via phone and notifies the HMIS Coordinator.

HMIS Coordinator:

1. Acknowledges within 24 hours receipt of the Corrective Action Plan via email.
2. Reviews and determines feasibility of submitted Corrective Action Plan.
3. Contacts Provider Agency, within five working days, with any modifications to or approval of the submitted Corrective Action Plan.
4. Instructs HMIS staff to begin coordinating time-line dates and corrective changes into the monitoring procedure.

HMIS Staff:

1. Monitors the Corrective Action Plan.
2. Reports outcomes for each step in the Corrective Action Plan, on a weekly basis to the HMIS Coordinator.
3. Contacts immediately HMIS Coordinator of any further breaches of Policies and Procedures.

HMIS Coordinator:

1. Assesses corrective process and time-line adherence.
2. Reports to the Data Committee and SCCDC Ending Homelessness Manager areas of noncompliance.
3. Contacts the Provider Agency when Corrective Action Plan meets satisfactory completion or if further action will be taken (See Provider Agency Monitoring and Compliance Policy).

HMIS Staff:

1. Files completed report in Provider Agency file.

The Corrective Action Plan (see attachment) includes the following:

- Date of Notification
- Name of Provider Agency and End-user(s), when applicable
- Itemized specific violations
- A time frame for corrective measure(s) implementation and completion
- Itemized steps for corrective measures
- HMIS resources to be allocated: training, equipment, documents
- HMIS staff contact names, telephone numbers, and email addresses
- HMIS Coordinator phone number and email address

HMIS Coordinator and HMIS Staff Responsibilities:

- Monitor the corrective actions process for non-compliance issues and/or inappropriate actions.
- Identify further opportunities for improvement.
- Identify potential best practices.
- Assist in allocating HMIS resources and developing solutions for non-compliance issues, when possible.
- Maintain copies of correspondences and/or reports in the Provider Agency's file.
- Reviews and Corrective Action Plan Policy annually.
- Instructs HMIS Coordinator and HMIS Staff on development and implementation of additional monitoring reports and methodologies for identifying inappropriate actions.

Sonoma County HMIS Corrective Action Plan

Sonoma County Community Development Commission Homeless management Information System (HMIS) Corrective Action Plan

Agency: _____ Date of Notification: _____

Executive Director/HMIS Administrator: _____

Email: _____ Phone: _____

Itemized Violation(s)

Applicable Document(s)

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Itemized Corrective Measures

Expected Completion Date

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

HMIS Resources

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Agency Administrator/Executive Director Signature

Date

Sonoma County HMIS Coordinator Signature

Date

HMIS Data Quality Plan

What is Data Quality?

Data Quality is the term that refers to the reliability, validity, and comprehensiveness of client-level data collected in HMIS. Good data quality represents reliable and valid data on persons accessing the homeless assistance system. With a strong data quality plan, multiple reports such as HUD Annual Performance Report (APR), Longitudinal System Analysis Report (LSA), and the Systems Performance Measure Report (SPMs) will be more accurate, and the HMIS coordinator will spend less time fixing errors. There are four main components to establish good data quality: timeliness, completeness, accuracy, and consistency. Data Quality Standards are established, monitored, and updated annually by the HMIS Lead Agency.

Components of a Data Quality Plan

Timeliness

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection (or service transaction) and the data entry. The individual doing the data entry may be relying on handwritten notes or their own recall of a case management session, a service transaction, or a program exit date; therefore, the sooner the data is entered, the better chance the data will be correct. Timely data entry also ensures that the data is accessible when needed, either proactively (e.g., monitoring purposes, increasing awareness, meeting funded requirements) or reactively (e.g., responding to requests for information, responding to inaccurate information).

Sonoma County CoC HMIS Participating Agencies should adhere to entering client data into HMIS in a timely manner:

- Emergency Shelter programs: All Universal Data Elements entered within five calendar days of intake.
- Transitional Housing: All Universal and Program-Specific Data Elements entered within five calendar days of intake.
- Permanent Housing: All Universal and Program-Specific Data Elements entered within five calendar days of intake.
- Outreach programs: Limited data elements entered within five days of the first outreach encounter. Upon engagement for services, all remaining Universal Data Elements entered within five calendar days.
- Rapid Rehousing programs: All Universal and Program Specific Data Elements entered within five calendar days of intake.
- Homeless Prevention programs: All Universal and Program Specific Data Elements entered within five calendar days of intake.

- Support Service Only (SSO) programs: All Universal and Program Specific Data Elements entered within five calendar days of intake.

Completeness

Partially complete or missing data (e.g., missing digit(s) in a SSN, missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients. Missing data could mean the client does not receive needed services – services that could help them become permanently housed and end their episode of homelessness.

Sonoma County CoC HMIS goal is to collect 100% of all data elements. All agencies should strive to meet the goal of no more than five percent null/missing data (Data not collected, Client doesn't know, Client refused responses). However, it may not be possible in every situation depending on the data element and the type of program entering data.

In most cases, null, missing, "Data not collected", "Client doesn't know", "Client refused" responses are due to the client's understanding of the question. Asking clients if they understand the question or giving examples of how it is important to receive more funding based on the client's answer can help.

Accuracy

To ensure that the data that is collected and entered accurately. The accuracy of data in an HMIS can be challenging to assess. It depends on the client's ability to provide the correct data and the intake worker's ability to document and enter the data accurately.

Inaccurate data is worse than missing data, as this will not accurately reflect the client's journey through HMIS.

Some examples of data accuracy issues:

- Biological males as pregnant
- Minors as veterans
- Too many or not enough Heads of Household in any given household
- Congruency among the 3.917 Living Situation data elements
- Housing Move-In Date issues
- Destination issues, including "No exit interview completed" (what's accurate vs. what's missing/incomplete)
- Very low or very high bed utilization in a given period, based on beds available in the project (check for accuracy of client enrollments and exits from the project)
- Unaccompanied minors served by a project not serving the subpopulation

Onsite monitoring can be used to monitor data accuracy by comparing paper files to data entered into HMIS

- Does the information in the paper file match what is in HMIS?
- Is the information collection process done in such a way that it would encourage a high degree of accuracy?
- Intake staff can explain the data elements to clients in a clear, consistent, and accurate manner.
- The data collection process is conducted in a client-centered manner that includes privacy and building trust.

Additionally, the Longitudinal System Analysis Guide (see Appendix A in the LSA Guide) looks at specific data quality issues in relation to the system-wide submission to HUD on an annual basis. These specific data quality and data accuracy pieces should be addressed in the reports run by the HMIS Lead on an ongoing basis.

The Sonoma County CoC, in partnership with the HMIS Lead, will also work with providers to review, at regular intervals, the data collected directly from clients, either on paper forms or by being present during intakes with clients, and the data entered into HMIS to ensure that the data entered into HMIS matches the client’s reality. This will be done, at a minimum, during annual formal onsite monitoring visits and will also occur at other points throughout the year.

Consistency

To ensure that data is understood, collected, and entered consistently across all programs in the HMIS. Consistency directly affects data accuracy; if an end-user collects all of the data, but they don’t collect it in a consistent manner, the data may not be accurate.

End-users must share the same understanding of what each data element means, are trained in the same way, and given access to the same data entry guidance and training materials.

Monitor completeness by running DQ report weekly or bi-weekly to identify missing/refuse/don’t know responses. In the cases where data quality is low, find the missing data or re-train case managers where needed.

Identifying and Correcting Errors in ETO HMIS

Data Quality Issues:

<p>3.01 Name Quality of Name data is Client doesn’t know, Client refused, Data not collected.</p>	<p>3.02 Social Security Social Security as it determines if it fits the SSN standards. - Cannot contain a non-numeric character. - Must be 9 digits long - First three digits cannot be “000,” “666,” or in the 900 series. - The second group / 5th and 6th digits cannot be “00”. - The third group / last four digits cannot be “0000”.</p>
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	- There cannot be repetitive (e.g. "333333333") or sequential (e.g. "345678901" "987654321") numbers for all 9 digits
3.03 Date of Birth Quality of Date of Birth data is Client doesn't know, Client refused, or Data not collected	3.04 Race Race data is Client doesn't know, Client refused, or Data not collected
3.05 Ethnicity Ethnicity data is Client doesn't know, Client refused, or Data not collected	3.06 Gender Gender data is Client doesn't know, Client refused, or Data not collected
3.07 Veteran Status <ul style="list-style-type: none"> • Veteran Status is Client doesn't know, Client refused, Data not Collected 	3.08 Disabling Condition <ul style="list-style-type: none"> • Questions is: Client doesn't know, Client refused, or Data not collected • At project start, there is a No for Disabling Condition, but one or more Disabling Condition are selected <p>At project start, there is Yes for Disabling Condition, but no Disabling Condition are selected</p>
3.10 Project Start Date Overlapping enrollments of the same project.	3.11 Project Exit Date Is prior to the Project Start Date
3.12 Destination Destination missing or has Client doesn't know, Client refused, Data not Collected or has no exit interview completed	3.15 Relationship to Head of Household <ul style="list-style-type: none"> • Missing Head of Household OR • No Head of Household indicated on profiles OR <p>More than one client is listed as the Head of Household</p>
3.16 Client Location Data is missing or incomplete.	3.20 Housing Move-in Date Housing Move-in Date is blank for adults in Permanent Supportive Housing, Other Permanent Housing and Rapid Re-Housing projects
3.917 Prior Living Situation <ul style="list-style-type: none"> • Client Doesn't Know, Client Refused, Data not collected for adults/HoH • Length of Stay is inconsistent with the prior living situation field. 	

Common Errors

- Systematic Errors/ Issues with Training
 - Entering "no" when you mean "yes"

- Definition drift
- Entering text without using dropdown
- Entering text without using dropdown
- Random Errors/Sloppy Entry/Workflow
- Date Errors (DOB is 4/15/52, entered 4/15/04)
- Transposing numbers
 - Spelling errors (Lauren vs. Loren)
 - Accidentally selecting the wrong response from a dropdown

Factors Impacting Quality

- Prioritized Process in the Organization?
- Are End-users given the time to participate in training and to complete entry?
- Is the environment arranged to support entry?
- Is the process owner within the Provider Agency respected?
- Is the data used?

Provider Agency Procedures for Ensuring Quality

- Standardized collection instruments
- Creating an environment conducive to data collection and entry
- Event triggers for data collection and entry – clearly defined workflow
- Guidance for special populations
- Must run reports monthly!

HMIS Bed Coverage

This section should address HMIS Bed Coverage and why it's important. It should talk through how the CoC and HMIS Lead can address bed coverage and what to do when new projects come online.

The importance of a high percentage of HMIS Bed Coverage for all project types is an emphasis of the HUD TA Data Strategy. Without a high percentage of HMIS Bed Coverage within a CoC, the data within HMIS is never holistic and the story told with HMIS data about homelessness within the CoC is never fully accurate. A lack of high HMIS Bed Coverage prevents CoCs from truly understanding how their system, and the clients served within their system, are functioning.

While extrapolation techniques can work for some research and reporting purposes, the extrapolation will only be as accurate as the similarities between any given projects, processes,

and clients served by the projects. Therefore, the goal for HMIS Bed Coverage for all project types is 100%.

The HMIS Lead, in conjunction with CoC Lead, will ensure that bed coverage is as close to 100% as is possible for all project types. This includes a review of the CoC's most recent Housing Inventory Chart (HIC) to know which providers participated in the most recent HIC but are not entering data into HMIS.

Ensuring a CoC's HMIS Bed Coverage reaches 100%, and stays at 100% is a priority. This requires implementing a process to ensure new projects serving the at-risk/homeless population communicate with the CoC so that HMIS data entry can be encouraged and/or required for the new project.

Below are things to do to ensure HMIS Bed Coverage reaches or maintains at 100%:

- Review the HIC on a quarterly or semi-annual basis to ensure all projects (with the exception of Victim Services Providers) are entering data into HMIS;
- If projects are included on the most recent HIC that do not enter data into HMIS, the CoC and HMIS Lead should find out why this is the case and target any solutions to the specific "why";
- For any new project that becomes available within the CoC serving the at-risk/homeless populations, the CoC should be made aware and work with the HMIS Lead to ensure the new project is encouraged and/or required to enter data into HMIS.

Data Quality Training/ Performance Monitoring- HMIS

Sonoma County CoC HMIS Project Procedures for ensuring quality

1. HMIS staff reviews monthly reports for completeness, accuracy, and consistency.
2. Clear protocols for correcting data.
 - Provider Agency signs off on reports monthly
 - Errors systematically result in corrective action
 - Procedures for correcting are defined
3. Software has error checking functions (out of range, missing values, incongruous data).
4. Provider Agency staff looks at data reliability and validity issues before publishing reports. Collecting Provider Agencies will know which questions result in data that simply is not stable. Do the findings make sense? Must be knowledgeable about local services to recognize systematic data errors.

Deduplication of Data

Many HUD mandated reports ask for unique client counts. Duplication of client records can easily happen if the client's data is entered incorrectly or partially entered. Some common examples include missing or incomplete social security numbers, misspelled names, or using an abbreviated name instead of using their full legal name. In cases such as these, two unique case numbers are created for the same individual.

When two unique client records are created for the same individual, one must choose the lower case record number to be the "Master" case number when merging the records. The Master client record should be the case number that is the lowest; this allows the HMIS to track the length of time homeless for the client and helps with project eligibility (e.g., case number 123 would be chosen as the Master over case number 1,456). The lower the case number is, the longer their homeless history is. System users must try to limit duplication of client records by adhering to the following responsibilities.

End-users will:

- Ensure basic demographic data is captured correctly (entering the full legal name, correct date of birth, and social security number if applicable).
- Use the search function prior to creating any new record; this includes searching the HMIS by name and their social security number if applicable).

Agency Administrator will:

- Merge duplicate client records when possible (the Provider Agency can only merge duplicates when both project enrollments are created within their HMIS projects).
- If the System Administrator cannot merge the duplicate client, the System Administrator will notify HMIS staff by email, including the two case numbers that require merging.

HMIS Coordinator/HMIS Staff will:

- Monitor possible duplication of records, at least every two weeks.
- Confirm the duplicate client id(s) with the Provider Agency requesting correct information (e.g., correct spelling of name or date of birth).
- Merge duplicate client records.

Technical Support

End-users submit support requests via email to their Partner Agency HMIS Administrator when encountering issues with the HMIS. If the Partner Agency HMIS Administrator cannot resolve

the issue with the End-user, the HMIS Administrator will forward the request to the HMIS Lead Agency for resolution. If the HMIS Lead Agency is unable to resolve the request, the HMIS Lead Agency will escalate the request to the HMIS software vendor as appropriate.

Support requests include reporting problems, requests for feature enhancements, or other general technical support. Under no circumstances should End-users submit support requests directly to the HMIS software vendor. The HMIS Lead Agency will only provide support for issues specific to HMIS software and systems.

User Training

HMIS Security and Ethics Training

A 30-minute Security and Ethics training is required for all staff working in the Sonoma County CoC HMIS. The training is offered before the start of New User Orientation and must be taken before starting to work in the system. A renewal training is also required annually by every staff person who comes into contact with Client protected information. End-user staff will contact the HMIS Coordinator to schedule this training either by phone or email.

HMIS New User Orientation

- HMIS Security and Ethics Training
- Overview of HUD HMIS Initiative
- Terminology
- Federal vs. local homeless funding and data collection rules
- Social Solutions

HMIS User Materials/Forms Website

- Assessments and Forms (Coordinated Entry and project level)
- Training Videos
- Homeless and At-Risk Definitions
- HMIS Policies and Procedures

Efforts To Outcomes (ETO) HMIS

- Login and User Security levels
- Screen tours
- Navigation
- Dashboards
- Workflows
- Metadata
- TouchPoint Assessment Entry

- Data Validations Reports

Agency/User Forms- <https://sonomacounty.ca.gov/CDC/Homeless-Services/Sonoma-County-HMIS/>

Report Generation

HMIS Provider Database

The HMIS staff enters data into the HMIS Provider Database to produce reports on tracked areas. At a minimum, the reports include:

- Annual Performance Report (APR)
- Consolidated Annual Performance and Evaluation Report (CAPER)
- Data Quality Report
- Case Note Reports
- Rental Assistance History
- Days Between Estimated Date Homelessness Began and Program Start Date
- Exit Destinations in Period for HoHs Only
- HUD Assessment Timeliness
- Positive Exit Destinations and Housing Retention
- Quarterly Report
- Income Change for Project Leavers

HMIS staff with reporting level access can run reports on their own. If there are any issues with access, the HMIS Agency Administrator will contact the HMIS Coordinator to gain access to the needed report.

Provider Agency's Reporting Responsibilities

Laws and Regulations:

A Provider Agency will abide by:

- All Federal Confidentiality Regulations, including those contained in the Code of Federal Regulations, 42 CFR Part 2 (regarding disclosure of alcohol and/or drug abuse records).
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) when applicable.
- California State and Federal laws related to confidentiality and security of medical, mental health, and substance abuse information including Code of Federal Regulations 42 CFR Part 2 and all other relevant statutes, rules, and regulations.

Report Preparation

A Provider Agency will:

- Retain access to all Provider Agency's client identifying and statistical data.
- Not report or release any identifiable client information on clients that the Provider Agency has not served or obtained a signed Consent to Release Information Form.
- Not report on any other Provider Agency's client data unless approved by that Provider Agency (See 2.0 for system-wide aggregate data).

Report Generation and Report Analysis

A Provider Agency will:

- Use database, standardized reports to maintain data integrity and perform business related duties.
- Use the HUD APR to report to HUD and upload CSV to Sage.
- Not manipulate data or statistics to defraud any person or organization.
- Only use database customized reports to inquire into another Provider Agency's data when it's essential to provide services to the client or determining eligibility.

System Wide Aggregate Date Procedure

System wide aggregate data:

- Includes client information from all Provider Agencies or a subset of Provider Agencies participating in the Sonoma County CoC HMIS.
- Does not include the HUD-APR and standardized reports.
- Does not apply to aggregate data produced by a Provider Agency that includes only that Provider Agency's data.

Creating System wide aggregate data

- Provider Agency may produce an aggregate in-house report using the Efforts To Outcomes (ETO) Web Intelligence Reporting System, but cannot release the data or report without prior written permission from the Performance Measurement and Data Initiatives Task Group.
- Provider Agency asks and receives permission from the Data Committee through Custom Report Request Procedure.

Custom Report Request Procedure:

Provider Agency Duties:

- Fills out a Data Request Form (see Appendix)
- Submits brief explanation of reason for report requested and to whom the report will be released.
- Marks appropriate desired data elements
- Submits request to HMIS Coordinator

HMIS Coordinator Responsibilities:

- Checks report request for confidentiality and security breaches.
- Produces the requested report within 3-5 business days.
- **OR** returns Data Request Form to requesting Provider Agency with the reason the data elements violate confidentiality and security parameters. Provider Agency can work with HMIS Coordinator to modify report requested that adheres to confidentiality and security standards.

Publishing Requested Customized Data

- All Provider Agencies assume the sole responsibility for accurate data reporting and analysis to funding sources.

Community Data Requests (Non-HMIS Agencies/Organizations)

Reporting requests from non-participating HMIS organizations may be available at the discretion of the HMIS Lead Agency. The HMIS Lead Agency will evaluate factors including staffing capacity, current workload, and feasibility of each request prior to the approval or denial.

Local Changes to HMIS Policies & Procedures and other Documents

Changes to *HMIS Policies & Procedures*

1. Proposed changes may originate from any participant in a Partner Agency.
2. When proposed changes originate within a Partner Agency, they must be reviewed by the Partner Agency Executive Director and then submitted by the Partner Agency Executive Director to the HMIS Lead for review and discussion.
3. HMIS Lead Agency will maintain a list of proposed changes.
4. The list of proposed changes will be discussed by the Data Committee, subject to line-item excision and modification. This discussion may occur either at a meeting of the group, via email or conference call, according to the discretion and direction of the group.
5. Once proposed changes have been approved by the Data Committee with a majority vote in favor, revisions to the HMIS Policies and Procedures will be submitted to the CoC Board for final approval.
6. Within ten working days after approval by the CoC Board, the HMIS Lead Agency will forward a copy of the adopted HMIS plans, forms, standards and/or governance documents to all HMIS Partner Agency Executive Directors.
7. Partner Agencies Executive Directors shall acknowledge receipt and acceptance of the revised *HMIS Policies and Procedures* within ten working days of delivery of the amended *HMIS Policies and Procedures* by notification in writing or email to HMIS Lead

Agency. Partner Agency Executive Director shall also ensure circulation of the revised document within their agency and compliance with the revised *Governance Policies and Procedures*.

Other Obligations and Agreements

Current funding for HMIS provides for a limited number of software End-user licenses. While it may not be possible to meet every Partner Agency's requests for End-user licenses within the existing funding, the HMIS Lead Agency, in partnership with the Continuum of Care, will endeavor to ensure that every Partner Agency will have its minimum requirements met.

Participation fees are based on a number of different factors such as a flat rate fee, HMIS license counts, bed capacity, the number of clients served and the data quality of the program.

Forms Control

All forms edits and changes required by these Policy and Procedures are available from the HMIS Lead Agency. All documents of the Policy and Procedures, Security Plan, Privacy Plan, Privacy Policy and Data Quality Plan and forms will be reviewed annually.

Development and Maintenance of Required HMIS Policies and Standards

The HMIS Lead must develop new policies annually to remain in compliance with changes in Coordinated Entry Guidance, HMIS Data Standards and any new regulations. Additionally the HMIS Lead Agency must review and update existing Documents including the Privacy Plan, Data Quality Plan, Security Plan, Governance Charter & Policies and Procedures at least annually. While the final responsibility resides with the HMIS Lead Agency, Sonoma County divides the duties between 3 parties, The Data Committee, the HMIS Lead Agency, and the Sonoma County Continuum of Care Board.

Responsibilities:

1. The HMIS Lead Agency is responsible for updates to the HMIS Policies and Procedures, the creation of or any revisions to existing documents for HMIS in compliance with new regulations and system changes.
2. The Data Committee will review, provide feedback and approve any HMIS procedural and/or document changes.
3. The Sonoma County Continuum of Care Board will have final approval of annual revisions to the HMIS Policies and Procedures.

As new funding initiatives are established by federal, state, and local government as well as private philanthropy, the list of programs whose performance is monitored by Sonoma County Continuum of Care Board will grow.

Glossary

1. *Anonymous client*: A client entered into the database with a unique computer generated identifying code acting as a reference for that client.
2. *Client*: Any person who received, applied for or was denied services by a Provider Agency.
3. *Client Identifying Information*: Any information or a combination of data that would allow an individual client to be identified including but not limited to name, nick name, social security number, military identification number, health insurance carrier number.
4. *Client's guardian*: Any person legally responsible for a minor or an adult, according to California Revised Statutes (A.R.S.). All references to "client" in this policy also apply to "client's guardian."
5. *Close to real-time*: Data entry within one business day.
6. *Computer virus*: A self-replicating piece of computer code, which resides in active memory and partially or fully, attaches itself to files and/or applications.
7. *Consultation*: A discussion, usually by phone, reminding the End-user or Provider Agency, of proper security and/or confidentiality practices(s), following confirmed inappropriate action(s).
8. *Custom Report*: A report, which can be created by HMIS Provider Agencies using *ETO Results*.
9. *Efforts To Outcomes*: A web-based information management system for service providers of an agency, coalition or region of any size which provides client tracking, case management, agency and program indexing, and reporting– all in a real-time environment.
10. *End-user*: Any person given access to the database including staff and volunteers.
11. *Error*: A documentable occurrence that prevents an end-user from proceeding further.
12. *Firewall*: A system or group of systems that enforces an access control policy between two networks. The system may contain a pair of mechanisms: one that exists to block Internet traffic, and the other that exists to permit Internet traffic.
13. *HMIS Lead*: Agency-designated lead in overseeing training, data input and validation at each HMIS participating agency.

14. *HMIS Provider Database*: A software application, which allows HMIS staff to track all communication relating to Provider Agencies.
15. *Malicious code*: An illegitimate computer code, which produces an undesired effect including, viruses and worms.
16. *Outside source(s)*: Organization(s) who are not current HMIS Provider Agencies.
17. *Performance*: The execution and/or operation of the software, or lack thereof.
18. *Probation*: A trial period of time, not greater than one hundred and eighty days (180), in which an End-user or Provider Agency addresses and corrects inappropriate actions(s).
19. *Provider Agency*: An agency authorized to participate in the Sonoma County Homeless Management Information System.
20. *Quality of Data Issue*: Any concern that decreases the accuracy and completeness of the data as defined by the Minimum Data Requirement.
21. *Real-time*: Immediate data entry upon seeing a client.
22. *Reinstatement Corrective Action Plan*: A modified Corrective Action Plan developed specifically for the purpose of preparing and assessing the appropriateness of reinstating a previously terminated Agency as an HMIS Provider Agency.
23. *Restricted client*: A client whose name is known by only the entering Provider Agency, HMIS Coordinator, and those agencies to whom the client grants access to his/her name.
24. *Sanctions*: Penalties for noncompliance specified by the HMIS Data Policy Group.
25. *Suspension*: An act of postponing database access, after an End-user or Provider Agency receives written notice via certified mail explaining a breach of contract, quality of data issue or improper security and/or confidentiality practices, where the guilty party received previous warning(s) and did not correct inappropriate actions.
26. *Technical Support Staff*: Include, in ascending order, site HMIS Lead, Sonoma County HMIS Coordinator, and Social Solution Group's (SSG) Help desk personnel.
27. *Termination*: The act of ending database access, after an End-user or Provider Agency receives an appropriate written notice via certified mail explaining the reasons for cessation of database use.
28. *Written Warning*: A printed notice informing the End-user or Provider Agency of a confirmed inappropriate action and a corrective explanation.

Sonoma County HMIS Capacity Building Grant

HUD Technical Assistance Provider: Mark Silverbush, Abt Associates

Review 1

1. Home Sonoma County Governance Charter (no longer valid)

2. Sonoma County HMIS Policies and Procedures

***This review should only be used to note the HMIS Policies and Procedures changes needed

Required Element of Charter or P&P	Requirement Source	Current Status	Feedback to CoC	Notes
Identifies Covered Homeless Organizations (CHO)	Proposed Rule	Does Not	Not found in HMIS P&Ps or Charter; needs to be explicit. The P&Ps have "PROVIDER AGENCY LEAD OR DESIGNEE" -- but the "provider organization" should be the CHO.	I'd recommend changing the name of the document titled "SONOMA COUNTY CONTINUUM OF CARE HMIS PROCEDURES MANUAL" to include "Policy." On page 2, the document is referred to as the "HMIS Policy and Procedures Manual."
HMIS Lead Develops & Monitors Policies and Procedures for CHOs participating in HMIS	Proposed Rule	Partially	In the Charter, it is not clear that the HMIS lead has the responsibility to develop and monitor policies and procedures for CHOs participating in HMIS. This is covered in the P&Ps.	
Policies & Procedures are in place for participating in HMIS, including documenting user fees associated with use	Proposed Rule	Does Not	In the HMIS P&Ps, there is no indication of whether or not there are user fees	
HMIS Lead Develops & Monitors Security Plan and updates annually	Proposed Rule	Does Not	Could not find Security Plan	
Security Plan has policies for UN/PW, virus protection, firewalls, access of data and paper records, disaster recovery, and monitoring of security plan	CE Guidance	Does Not	Could not find Security Plan	
HMIS Lead Develops & Monitors Privacy Policy and updates annually	Proposed Rule	Does Not	This was not explicitly included.	
Privacy Plan has policies for data collection limitations, data quality, purpose and use limitations; open vs close; access & correction, accountability	2004 Technical	Partially	In HMIS P&Ps. The role of the HMIS Lead/Coordinator is not broken out clearly here. Additionally, privacy related data quality, ability to correct data, and accountability are not fully discussed in the privacy section.	

Privacy Plan complies with federal, state and local privacy laws	2004 Technical	Meets requirements	In HMIS P&Ps	
Privacy Notice is posted and on websites at CHO, lists uses and disclosures, amendment protocol, data sharing for administrative purposes, methods of consent and is included in annual review of Privacy Plan	CE Guidance	Does Not	A separate Privacy Notice is required that contains all of these elements. There is no annual review of the privacy plan and several of these elements are missing/incomplete in the HMIS P&Ps.	
Comparable database is used for VSP and included in P & P	Proposed Rule	Does Not	I could not find this in the P&Ps.	
Client rights are discussed, and include access to information & filing grievances	Proposed Rule	Does Not	HMIS Grievance Policy is noted but not included in the P&P document or on the CoC's website. Also, there is no information on how to access the grievance process and associated roles.	
Data Quality Standards are established, monitored, and updated annually	Proposed Rule	Meets requirements	In HMIS P&Ps	
Participation Agreements are established, and consequences identified	Proposed Rule	Meets requirements	In HMIS P&Ps	
End User Agreements are established and monitored for system access	Proposed Rule	Meets requirements	In HMIS P&Ps	
HMIS Vendor Contracting is addressed in either HMIS P&P or CoC Governance and includes description of who contracts, for what, for how long, and for how much.	Proposed Rule	Does Not	I could not find this in the Charter or P&Ps.	
a. Identifies a single designated HMIS Lead, along with the process for identifying the HMIS Lead;	Section G of grant agreement	Meets requirements	In Charter	
b. Specifies the CoC(s) responsible for entering into the HMIS Lead agreement with the HMIS Lead;	Section G of grant agreement	Meets requirements	In Charter	

c. Specifies the responsibilities and relationships between the CoC(s), HMIS Lead, and other participants relevant to the HMIS;	Section G of grant agreement	Partially	The Charter needs to include responsibility and relationship information about CoC. Identifies Covered Homeless Organizations (CHOs) to the HMIS. Also, it would be beneficial to clarify HMIS lead's role in the task groups and CHO responsibilities there.	
d. Specifies how the CoC(s) and the HMIS Lead will work together to establish, support, and manage the HMIS in a manner that meets HUD's standards for data quality, privacy, and security;	Section G of grant agreement	Partially	The Charter lists out HMIS responsibilities on page 11, but they are not customized for Sonoma's purposes, especially on roles and responsibilities.	
e. Outlines the process the HMIS Lead will follow to develop and maintain required HMIS policies and standards related to functionality, privacy, security, and data quality;	Section G of grant agreement	Partially	The maintain part is here a bit, but the develop part is mostly missing. Also, I'd recommend explicitly adding in that HMIS Activities and the P&Ps will be annual updated with CE Standards and the HMIS Requirements Proposed Rule (in addition to the HEARTH Act and HMIS Data Standards already listed.)	
f. Requires that the HMIS Lead enter into written HMIS End User agreements with each organization that participates in and contributes data to the HMIS, which organizations are also known as Contributing Homeless Organizations (CHOs);	Section G of grant agreement	Does Not	I could not find this in the Charter.	
g. Specifies HMIS End User fee charged of CHOs by the Continuum(s) or HMIS Lead, if any, and the basis for the fee.	Section G of grant agreement	Does Not	I could not find this in the Charter.	
Documented that the charter has/will continue to be reviewed, updated and approved on an annual basis, in consultation with the collaborative applicant and HMIS Lead.	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets requirements	In Charter	

A code of conduct and recusal process for the board, its chair, and other persons acting on behalf of the board	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Partially	Unclear: The Charter does outline the recusal process, but it does not link the alternative member voting process in. Instead it only indicates that alternates can vote if Leadership Council members are "unable to attend a meeting."	
Language about ensuring representation from persons currently or formerly experiencing homelessness	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets requirements	In Charter	
Language about holding meetings of the full membership, with published agendas, at least semiannually	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets requirements	In Charter	
Indication of how invitations for new members to join are made publicly available within the geographic area (at least annually)	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets requirements	In Charter	
Describe the written process for selecting a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets requirements	In Charter	
Language around the appointment additional committees, subcommittees, or workgroups	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets requirements	In Charter	

Language around consulting with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers;	COC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets requirements	In Charter	
Language on evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and reporting outcomes to HUD;	COC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Partially	In Charter, clarify entity the roles and responsibilities under "HOME Sonoma County Responsibilities."	
Discussion of how the COC will work with ESG grantees to create and operate a coordinated entry system	COC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets requirements	In Charter	
In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance.	COC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Partially	In Charter, clarify entity the roles and responsibilities under "HOME Sonoma County Responsibilities."	
Discussion of COC Planning activities, as described in 578.7(c)	COC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets requirements	In Charter	

Sonoma County HMIS Capacity Building Grant

HUD Technical Assistance provider: Mark Silverbush, Abt Associates

Review 2

1. Sonoma County Continuum of Care Governance Charter 2018

Required Element of Charter or P&P	Requirement Source	Current Status	Feedback to CoC	Notes
Identifies Covered Homeless Organizations (CHO)	Proposed Rule	Does Not	Not found	Optional: Add Covered Homeless Organizations (CHO) to Terms & Definitions section
HMIS Lead Develops & Monitors Policies and Procedures for CHOs participating in HMIS	Proposed Rule	Does Not		
Policies & Procedures are in place for participating in HMIS, including documenting user fees associated with use	Proposed Rule	Does Not	There are no HMIS Policies and Procedures included in the Charter, although they are mentioned on page 22. There are also HMIS Procedures for Coordinated Intake mentioned... unclear where they are and if they are part of the P&Ps.	
HMIS Lead Develops & Monitors Security Plan and updates annually	Proposed Rule	Partially	In Charter, page 9, the HMIS Lead's role in developing the Security Plan is noted. However, there is no mention of annual updates or its monitoring process.	
Security Plan has policies for UN/PW, virus protection, firewalls, access of data and paper records, disaster recovery, and monitoring of security plan	CE Guidance	Does Not	While a Security Plan was noted on page 9 of the Charter, there was not Security Plan found.	
HMIS Lead Develops & Monitors Privacy Policy and updates annually	Proposed Rule	Meets Requirements	In Charter, page 22.	
Privacy Plan has policies for data collection limitations, data quality, purpose and use limitations; open vs close; access & correction, accountability	2004 Technical	Does Not	While a Privacy Plan was noted on page 9 of the Charter, there was not a Privacy Plan found.	
Privacy Plan complies with federal, state and local privacy laws	2004 Technical	Does Not	While a Privacy Plan was noted on page 9 of the Charter, there was not a Privacy Plan found.	

Privacy Notice is posted and on websites at CHO, lists uses and disclosures, amendment protocol, data sharing for administrative purposes, methods of consent and is included in annual review of Privacy Plan	CE Guidance			Does Not	I could not find any mention of a Privacy Notice, its posting policies, etc.	
Comparable database is used for VSP and included in P & P	Proposed Rule			Does Not		
Client rights are discussed, and include access to information & filing grievances	Proposed Rule			Partially	In Charter, there are a few policies that discuss client rights in the context of Coordinated Intake. However, broader client rights are not discussed, including data sharing rights, as well as the grievance process.	
Data Quality Standards are established, monitored, and updated annually	Proposed Rule			Does Not	Could not find HMIS P&Ps or DQS in the Charter	
Participation Agreements are established, and consequences identified	Proposed Rule			Does Not	Could not find	
End User Agreements are established and monitored for system access	Proposed Rule			Does Not	Could not find	
HMIS Vendor Contracting is addressed in either HMIS P&P or CoC Governance and includes description of who contracts, for what, for how long, and for how much.	Proposed Rule			Does Not	In Charter, could not find.	
a. Identifies a single designated HMIS Lead, along with the process for identifying the HMIS Lead;	Section G of grant agreement			Meets Requirements	In Charter	
b. Specifies the CoC(s) responsible for entering into the HMIS Lead agreement with the HMIS Lead;	Section G of grant agreement			Meets Requirements	In Charter	
c. Specifies the responsibilities and relationships between the CoC(s), HMIS Lead, and other participants relevant to the HMIS;	Section G of grant agreement			Partially	In Charter, only the relationship between the CoC and HMIS Lead is articulated. CHO's responsibilities and their relationship to the HMIS lead are not present.	

d. Specifies how the CoC(s) and the HMIS Lead will work together to establish, support, and manage the HMIS in a manner that meets HUD's standards for data quality, privacy, and security;	Section G of grant agreement	Does Not	In Charter, there isn't enough here on how the CoC	
e. Outlines the process the HMIS Lead will follow to develop and maintain required HMIS policies and standards related to functionality, privacy, security, and data quality;	Section G of grant agreement	Partially	The Charter lists out HMIS responsibilities on page 9, but they are not customized for Sonoma's purposes, especially on agreements, roles, and responsibilities.	
f. Requires that the HMIS Lead enter into written HMIS End User agreements with each organization that participates in and contributes data to the HMIS, which organizations are also known as Contributing Homeless Organizations (CHOs);	Section G of grant agreement	Does Not	The Charter does discuss HMIS End User agreements or non-CoC grantee organizations. There is nearly nothing on CoC funded homeless services providers obligations.	
g. Specifies HMIS End User fee charged of CHOs by the Continuums(s) or HMIS Lead, if any, and the basis for the fee.	Section G of grant agreement	Does Not	Not found in the Charter	
Documented that the charter has/will continue to be reviewed, updated and approved on an annual basis, in consultation with the collaborative applicant and HMIS Lead.	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Partially	In Charter, on page 23, the annual Charter review and approval process is noted. However, the consultation with the collaborative applicant and HMIS Lead needs to be added.	
A code of conduct and recusal process for the board, its chair, and other persons acting on behalf of the board	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets Requirements	In Charter, pages 11 and 21.	

Language about ensuring representation from persons currently or formerly experiencing homelessness	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Partially	In Charter, page 5 and others, there is some discussion of representation from persons currently or formerly experiencing homelessness. However, there does not seem to be an actual requirement for membership on the CoC Board.	
Language about holding meetings of the full membership, with published agendas, at least semiannually	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets Requirements	In Charter, page 12.	
Indication of how invitations for new members to join are made publicly available within the geographic area (at least annually)	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets Requirements	In Charter, page 12.	
Describe the written process for selecting a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets Requirements	In Charter	
Language around the appointment additional committees, subcommittees, or workgroups	CoC Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets Requirements	In Charter	
Language around consulting with recipients and subrecipients to establish performance targets appropriate for population and	CoC Program interim rule, § 578.7 Responsibilities	Meets Requirements	In Charter	

program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers;	of the Continuum of Care (5)			
Language on evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and reporting outcomes to HUD;	Coc Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Partially	In Charter, pages 8-10. Roles and responsibilities on how this planning process would work is vague.	
Discussion of how the CoC will work with ESG grantees to create and operate a coordinated entry system	Coc Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets Requirements	In Charter, pages 8-14.	
In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance.	Coc Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Partially	In Charter, pages 9-10. Roles and responsibilities on how this planning process would work is vague.	
Discussion of CoC Planning activities, as described in 578.7(c)	Coc Program interim rule, § 578.7 Responsibilities of the Continuum of Care (5)	Meets Requirements		

Sonoma County HMIS Capacity Building Grant

HUD Initial Review

1. Sonoma County CoC Governance Charter 2018
2. Sonoma County HMIS Policies and Procedures

***This includes a review of the revised documents above after working with the assigned TA provider to incorporate all initial recommendations

Date: 11/9/2020 CoC: CA-504	Reviewer Comments	Meet Requirements? (use drop down)
a. Identifies a single designated HMIS Lead, along with the process for identifying the HMIS Lead;	The process for identifying the HMIS Lead was not located/referenced in the document.	Finding
b. Specifies the CoC(s) responsible for entering into the HMIS Lead agreement with the HMIS Lead;		Pass
c. Specifies the responsibilities and relationships between the CoC(s), HMIS Lead, and other participants relevant to the HMIS;		Pass
d. Specifies how the CoC(s) and the HMIS Lead will work together to establish, support, and manage the HMIS in a manner that meets HUD's standards for data quality, privacy, and security;		Pass
e. Outlines the process the HMIS Lead will follow to develop and maintain required HMIS policies and standards related to functionality, privacy, security, and data quality;		Pass
f. Requires that the HMIS Lead enter into written HMIS End User agreements with each organization that participates in and contributes data to the HMIS, which organizations are also known as Contributing Homeless Organizations (CHOs);	Information that stating that the HMIS Lead enter into written HMIS End User agreements was not located/referenced in the document.	Finding
g. Specifies HMIS End User fee charged of CHOs by the Continuums(s) or HMIS Lead, if any, and the basis for the fee.	The HMIS End User fee was not specified in the document.	Concern
When requirements are in the HMIS Policies and Procedures and not the Governance Charter, the Governance Charter must reference the HMIS Policies and Procedures to indicate where the requirements can be found.	The document submitted was a draft copy. Please ensure that references are made in the Governance Charter where required.	Concern



January 22, 2021

TO: Sonoma County Continuum of Care Board

FROM: Karissa White, Continuum of Care Coordinator

RE: Proposed Interim Changes to the Coordinated Entry Vulnerability Assessment

Staff Recommendation:

Staff recommends the CoC Board adopt proposed interim changes to adjust the weight the current Coordinated Entry vulnerability assessment.

On September 17, 2020, the Housing First and Coordinated Entry Task Group met and unanimously approved replacing the language of similar questions in the first version of the assessment tool to reflect the wording of those listed in version two of the VI-SPDAT and the following interim changes to the weight of the scoring of the current Coordinated Entry prioritization tool. This item was scheduled for the Home Sonoma County Leadership Council for approval on September 24, 2020.

Background

The Sonoma County Coordinated Entry System (CES) currently uses the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) as the screening tool to prioritize individuals experiencing homelessness within our community for housing and shelter programs. The VI-SPDAT is designed to identify who is recommended for each type of housing and supports intervention based on the greatest need. Sonoma County is currently using the first version of the VI-SPDAT. A latest version of the VI-SPDAT was recently released and though different, this latest version captures the same basic information as the first version. The current version does not scale the weight of the assessment based on the medical and behavioral health acuity and/or high utilizers of the Sonoma County system, factors that more accurately reflect acuity.

In response to the COVID-19 pandemic, HUD has released guidance for communities to adjust CES prioritization factors in an expedited method (10 days or less) to prioritize persons experiencing homelessness, who are over 65 and/or have underlying health conditions that put them at greater risk for contracting COVID-19 and requiring hospitalization. Given the state of the Public Health Emergency, quick action to amend community CES prioritization is recommended. Guidance from HUD located here: (<https://files.hudexchange.info/resources/documents/Changes-to-Coordinated-Entry-Prioritization-to-Support-and-Respond-to-COVID-19.pdf>)

Over the past several years, providers, homeless advocates, community stakeholders as well as the County's Interdepartmental Multidisciplinary Team (IMDT) voiced concerns that the current scoring mechanism included in the first version of the VI-SPDAT does not accurately capture the level of vulnerability and acuity of the most vulnerable homeless individuals within the County. At this juncture, it is not prudent for the County to adopt and implement a new scoring tool, as the County would have to

completely rebuild the CES prioritization list (i.e., *By Names List*), and complete thousands of new assessments. This would require tremendous staff and community resources which are already stretched given the ongoing COVID-19 Pandemic and other urgent issues impacting the county.

After months of analyzing the scoring with the IMDT, and two separate reviews by the Home Sonoma County Housing First and Coordinated Entry Task Group, the following proposals are being recommended to adjust the weight of the scoring. These recommendations would not require any additional assessment of persons who are currently enrolled in CES and could be implemented in less than one week.

IMDT and HF & CE Task Group Recommendations to Adjust the VI-SPDAT

1. Length of Time Experiencing Homelessness

Per guidance from HUD, the current Sonoma County CES policies prioritize housing and shelter referrals for people with the longest history of homelessness. Preliminary results of the Sonoma County 2020 Homeless Point in Time count indicated that 64% of people experiencing homelessness in our county have been homeless for at least one year. The VI-SPDAT assigns one point on the assessment if a person is experiencing homelessness, regardless of whether the person has been homeless for one year or ten years. Given the current scoring mechanism, there is no way to prioritize those that have the longest histories of chronic homelessness in our community.

Recommended Change: In order to comply with the CES policies and HUD guidance, it is recommended that we use cumulative points in this section, with one point for every year spent homeless with a maximum of 10 points possible for any person.

- 2. Risks Section/Emergency Service Utilization:** This section of the VI-SPDAT measures utilization of emergency services. Currently the assessment asks five questions related to (1) the number of times within the past six months a person has been to the emergency room; (2) has had law enforcement interactions; (3) has been taken to the hospital by an ambulance; (4) utilized crisis services and/or was involuntarily hospitalized due to a mental health crisis; and (5) has been hospitalized as an inpatient. The VI-SPDAT only assigns one point if a person utilizes one of the five separate emergency services more than four times within the past six months. The scoring rubric doesn't allow for a more refined score methodology that is weighted for the number and intensity of these.

Recommend Change: The recommendation is to measure each of the five questions on type of emergency service used separately and score based on a cumulative scale. Each risk section below is recommended to receive one point if they have three or more utilizations, an additional one point would be added for any additional three uses of that emergency service. A maximum of ten points would be possible for this section (e.g. three uses is one point, six uses is two points, and nine uses would be three points).

- 3. Substance Use:** There are six questions associated with substance use issues in the VI-SPDAT. Questions ask about drinking non-alcoholic beverages like rubbing alcohol or mouth wash, using substances every day, and blacking out due to alcohol or drug usage. If a person answers yes to any of these questions, the maximum score is only one point.

Recommended Change: It is recommended that each of these questions receive one point for each answer of yes, with a maximum of three total points possible in this section. This would allow the scoring rubric to better reflect the level of acuity as some of individuals use more than one type of

substance, which puts them at higher risk of health problems associated with substance use, thus making them more vulnerable.

4. **Mental Health:** The current scoring within the VI-SPDAT has five separate questions associated with mental health conditions and/or emergencies; answering yes to any number of the questions will only give the person a total of one point.

Recommended Change: Given the limited amount of specialized housing services available to those with severe mental health conditions, it is recommended that each question within this section receive one point and an additional point to anyone currently working with Sonoma County Behavioral Health.

5. **Age:** The VI-SPDAT gives one point to individuals who are 60 years of age or older. In general, people who are 65 years of age or older have a greater risk of serious illness from COVID-19. In addition to this, individuals experiencing homelessness experience a higher number of medical and mobility challenges as they age.

Recommended Change: individuals who are 60 years of age receive one point, with an additional point added as one's age increases by five years, with a maximum of five points total in this category.

6. **Unscored Questions:** The following factors are questions within the VI-SPDAT that are used for general information and/or eligibility questions for placements into shelter and housing programs.

Recommended Change: questions a-c below receive one point each if the answer is yes and yes to question d will score three points. as they should be accounted for when scoring vulnerabilities:

- a. History in the Foster Care system
- b. Jail
- c. Prison term
- d. Reported mobility issues (e.g. unable to climb stairs, wheelchair)

Recommended Action:

As approved by the HF and CE Task Group, staff recommends the CoC Board adopt proposed interim changes to adjust the weight the current Coordinated Entry vulnerability assessment. HUD has provided that under the COVID emergency that the recommended adjustments can be made on an emergency basis. Staff plans to implement these proposed changes on an emergency basis for the COVID pandemic as well as an interim solution until the Coordinated Entry Advisory Committee can come up with a more wholesale revamping of the vulnerability methodology used county wide.



January 22, 2021

TO: Sonoma County Continuum of Care Board

FROM: Tina River, Assistant Executive Director

RE: Memo- Coordinated Entry System Operator Change

Introduction:

The purpose of this memo is to inform the Continuum of Care (CoC) of the plan to transition from the current operator of the Coordinated Entry System from Catholic Charities to the County ACCESS IMDT System.

Background:

The Sonoma County Community Development Commission (SCCDC), the CoC Program Collaborative Applicant, is the recipient of the Coordinated Entry System (CES) grant through the Continuum of Care Program. Since CES implementation in 2015, the SCCDC subcontracted with Catholic Charities to provide operational support of the CES.

In 2019, the Technical Assistance Collaborative (TAC) provided technical assistance through HUD to conduct the system's first official evaluation since implementation. The assessment identified five key areas for improvement within the system, including the improvement of the Coordinated Entry System's Infrastructure.

This assessment found that Catholic Charities is an expert in the local design of the continuum's shelter and housing referral system. The TAC noted that Catholic Charities had built the staffing capacity to administer coordinated entry, as well as provide multi-levels of training to community stakeholders, based on their needs. TAC also found that Catholic Charities staff understood that CES is a system function for all of Sonoma County, rather than their individual agency's program to run.

The TAC's assessment also found that there was not clear role delineation between roles between the CES Operator and SCCDC staff. The TAC specifically found that this lack of clarity of role delineation between Catholic Charities (CES Operator) impacted the ability to maintain system accountability. The assessment found that stakeholders expressed concerns of a conflict of interest to have a provider agency that has a dual role of managing the coordinated entry process and providing direct services to people who directly benefit from the CES process. There are strong community perceptions that Catholic Charities as the CES Operator can bypass established CES policies or use the CES structure to benefit their own clients, creating tension between other providers and Catholic Charities. Stakeholders expressed that while Catholic Charities may not be exercising this power, this perception's existence leads to an unhealthy dynamic that stunts the development of the CES as a whole. Stakeholders were interested in ways to establish the CES Operator as a neutral body in the community.

TAC provided a number of recommendations of ways to eliminate the perception of the CES Operator's conflict of interest.

TAC CES Operator Recommendations:

1. Create a strong delineation between CES administration and service provision within the CES Operator's organization that is publicfacing. Approaches to creating a strong delineation include dubbing the CES arm with a new name (often a branded name for the whole CES), new location, new supervisory structure, new mission, and/or new catchment area.
2. Co-locate CES Operator staff at a neutral entity's office, rather than the agency's office. An example is co-locating CES Operator staff with the Collaborative Applicant (the C.D.C. in Sonoma) so that the CES Operator works alongside the entity responsible for monitoring projects for compliance.
3. Establish a formal monitoring process of the CES Operator that may include looking at a sampling of referrals made through CES to ensure they all followed Home Sonoma County Coordinated Entry Evaluation — 19 the CES policies, procedures, and prioritization order. Monitoring may be done by the Collaborative Applicant (the C.D.C.), the Leadership Council (now CoC Board), a specialized committee with members who also do not have a conflict of interest, or using a contracted, neutral outside party.
4. Create a formal grievance procedure that stakeholders can use to resolve perceived conflicts of interest that arise.
5. Publish program-level data for all programs' participation in CES, including the CES Operator's, to increase transparency to the community; the local CES. dashboard contains some elements now but could be expanded to meet this need.
6. Reassign CES Operator functions that cause the perception of a conflict of interest to neutral parties in the community.
7. Peer-learn with other C.o.C.s that have a participating provider as the CES Operator.

After careful consideration of the feedback provided, the SCCDC decided to go with option to reassign CES Operator functions to eliminate the perception of a conflict of interest to neutral partner within the community. Given the SCCDC's desire to eliminate this perceived conflict of interest and ensure accountability for the system as a whole, the SCCDC will assign the Coordinated Entry Operation function to the Sonoma County ACCESS Initiative. The ACCESS IMDT is a neutral body with knowledge of the entire system including the services and other non-housing related services that are necessary for enabling successful sheltering and housing placements.

The County is working on a transition plan to bring Coordinated Entry System operations into the County. Catholic Charities' experience and knowledge of the current system for shelter and housing referrals are critical to developing enhancements to the system, understanding the gaps within current policies and procedures, and vital for this transition. The County's CES will work closely with ACCESS Sonoma's Interdepartmental Multidisciplinary Team (IMDT) along with IBM to identify system improvements.

The County in partnership with Catholic Charities and other homeless providers will participate in a design thinking workshop to help identify the system and operational improvements necessary to strengthen the CES system. The Lead Agency will bring an update to the CoC through this transition and strengthening process.



**Sonoma County Continuum of Care (CoC) Board
DRAFT Agenda for February 24, 2021
1:00pm-4:00pm Pacific Time**

Virtual Public Meeting Information:

<https://sonomacounty.zoom.us/j/93117582397?pwd=QUZxUHRKVm1NZkpvbzdXN2tzRGpBdz09>

Passcode: 740582

Or Telephone: 669-900-9128

Webinar ID: 931 1758 2397

	Agenda Item	Packet Item	Presenter	Approx. Time
1.	Welcome, Roll Call and Introductions		Board Chair	1:00pm
2.	Approve Agenda (ACTION ITEM)	2/24 Agenda	Board Chair	1:05pm
3.	Approve minutes from 1/22 meeting (ACTION ITEM)	1/22 Draft Minutes	Board Chair	1:10pm
4.	Brown Act Training		County Counsel	1:15pm
5.	Approve FY 21-22 Homeless System of Care Funding Policies, Priorities and Allocations	FY 21-22 Funding Priorities and Allocations	CDC Staff	1:45
6.	Interdepartmental Multi-Disciplinary Team (IMDT) Overview		DHS Staff	2:15pm
7.	Designate initial CoC Board Committees (ACTION ITEM)		CDC Staff	2:45pm
8.	Approve Agenda for March CoC Board Meeting (ACTION ITEM)	Draft Agenda for March CoC Board Meeting	CDC Staff	3:20pm
9.	Staff Report		CDC Staff	3:40pm
10.	Board Member Questions & Comments		CDC Board	3:50pm
11.	Public Comment			

PUBLIC COMMENT:

Public Comment may be made via email or during the live zoom meeting. To submit an emailed public comment to the Board email Karissa.White@sonoma-county.org. Please provide your name, the agenda number(s) on which you wish to speak, and your comment. These comments will be emailed to all Board members. Public comment during the meeting can be made live by joining the Zoom meeting using the above provided information. Available time for comments is determined by the Board Chair based on agenda scheduling demands and total number of speakers.