



**Sonoma County HMIS/Data Committee**  
**Agenda for September 12, 2022**  
**10:00 AM – 11:30 AM Pacific Time**

**Virtual Public Meeting Information:**

<https://sonomacounty.zoom.us/j/99705246789?pwd=V29ncE5hZ040NE5YeGllajJORGlvUT09>

Passcode: 530016

Or Telephone: 669-900-9128

Webinar ID: 997 0524 6789

	<b>Agenda Item</b>	<b>Presenter</b>	<b>Approx. Time</b>
	Welcome and roll call.	Chair	
1.	Open committee seat update	Chair (Action Item)	10 mins
2.	Review Combined Release of Information	Staff (Action Item)	30 mins
3.	HMIS Lead Evaluation schedule	Chair (Action Item)	20 mins
	Public comment for items not on the agenda.	Chair (Action Item)	

**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 [daniel.overbury-howland@sonoma-county.org](mailto:daniel.overbury-howland@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 Committee 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 Committee Chair based on agenda scheduling demands and total number of speakers.*



**Sonoma County Continuum of Care Board  
Executive Summary**

**Item:** Review Combined Release of Information

**Date:** Sept 12, 2022

**Staff Contact:** Daniel Overbury, [daniel.overbury-howland@sonoma-county.org](mailto:daniel.overbury-howland@sonoma-county.org)

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**Agenda Item Overview**

Sonoma County has historically had two separate Release of Information (RoI) documents – one for general programs in HMIS and another one for Coordinated Entry programs. This item includes a draft document that combines the important aspects of each RoI into one single document.

**Recommendation**

Review and approve the combined RoI with or without additional changes. This document will also need to be approved by the CEA Committee and go through legal review prior to implementation.

**Sonoma County Continuum of Care HMIS and Coordinated Entry System  
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**



**Overview:** The Sonoma County Continuum of Care Homeless Management Information System is a shared database used by provider agencies that work together to provide services for those experiencing homelessness. Client information assists the agencies to plan for and provide services. This information will be shared among agencies to provide coordination and delivery of those services. Every project that receives federal homeless project funds from the U.S. Department of Housing and Urban Development is required to enter data on persons served with those funds into HMIS. Some projects funded through the U.S. Veterans Administration and the U.S. Department of Health and Human Services may also be required to enter data into HMIS. Other projects voluntarily enter data into HMIS to support in services coordination efforts. The Sonoma County Homeless Coordinated Entry System (CES), which maintains information in HMIS, provides “no wrong door” access at many CES Cooperating Agencies to housing programs throughout the county, and reduces the work people experiencing homelessness must do to locate housing and move out of homelessness. Participants must consent to any collection, use, and release of their information.

**Use of Confidential Information:** The purpose of this Release of Confidential Information consent form is to allow the homeless services system to use your information to help with housing/shelter placement and provide support services. We will share information with homeless service providers and other partners, verbally or in writing, when we are helping you to find housing or providing desired services. If housing resources become available, you will be notified about the referral(s) being made. Your information will be entered into the Homeless Management Information System (HMIS), a confidential HIPAA compliant online database. Your de-identified information may also be used for research purposes. All information entered into HMIS is protected by passwords and encryption technology and steps are taken to safeguard the information that is entered into HMIS.

*(\*\*Note\*\* If you ever have reason to believe your confidential information in HMIS has been misused, you should immediately contact the Sonoma County HMIS Coordinator by emailing Daniel.Overbury-Howland@sonoma-county.org or calling the Community Development Commission at (707) 565-7500)*

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

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

Signing this form is voluntary and your records won't be shared without this authorization. You have a right to receive a copy of this authorization and have been offered a copy. Should you refuse to sign this consent, you and your family will not be refused service; however, allowing the homeless providers you work with access to this information will support the development of a fully informed care plan for placement to homeless services programs. You have the right to refuse to answer any of the questions on your screening, however, some questions are tied to program eligibility and you could miss out on a potential housing opportunity. If you do not wish to share your personal information (such as name, date of birth, and Social Security number) you have the option to enroll for services without providing this information. If you are experiencing/fleeing domestic violence, you may want to discuss this option further with staff.

**Sonoma County Continuum of Care HMIS and Coordinated Entry System  
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**



You have the right to revoke (take back) this authorization verbally, or by sending a signed notice to the Sonoma County HMIS Administrator: 1440 Guerneville Road, Santa Rosa, CA, 95403 or via e-mail at [Daniel.Overbury-Howland@sonoma-county.org](mailto:Daniel.Overbury-Howland@sonoma-county.org); or call (707) 565-7500. Revocation will take effect the day it is received, but will not affect any disclosure staff previously made.

The list of Sonoma County HMIS Participating Agencies and CES Cooperating Agencies who may have access to your information is on page 5 of this release. Additional agencies may become HMIS Participating Agencies or CES Cooperating Agencies at any time and upon request, you will be provided a current list of those Agencies.

**Agreement to execute using electronic signature:** I understand and intend that my electronic signature and electronic initials on this form shall have the same force and legal effect as if signed or initialed with an original ink signature. I represent, warrant, and agree that my signature and initials, whether in electronic or original ink, shall give rise to a valid, enforceable, and fully effective consent and agreement.

**Provisions of this Release of Information:**

**BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

- I am allowing HMIS Participating Providers and CES Cooperating Agencies to provide coordinated case management for shelter/housing placement and/or services.
- I, as head of my household, authorize HMIS Participating Providers and CES Participating Agencies to collect, update, use, view, and share the following with other HMIS Participating Providers and CES Cooperating Agencies to whom I have been or may be referred to for housing, shelter or other homeless service:
  - Identifying information including full name, DOB, SSN, race, ethnicity, gender, phone number, address, and other similar identifying information.
  - Confidential information gathered during the intake or assessment process (including health, personal finance information and homeless history)
  - Eligibility information including proof of homelessness, veteran status, income, insurance, and disabilities
  - Confirmation of participation and certain information in related mental health or physical health programs for the purpose of determining program eligibility
  - Shelter and/or housing program(s) preference and information
  - Record of services provided
  - The date of enrollment and exit in programs and the Coordinated Entry System
- I authorize any CES Cooperating Agencies to share the following information with \_\_\_\_\_ (contact listed "Participant Info" section of HMIS Dashboard) for the purposes of coordinating enrollment in CES and contacting me when housing opportunities arise:
  - Enrollment status in the Coordinated Entry System
  - Date of enrollment

**Sonoma County Continuum of Care HMIS and Coordinated Entry System  
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**



- Details of housing opportunity available
- My signature (or mark) indicates that I have read (or been read) the information provided above, have had all my questions satisfactorily answered and agree to provide information for the purpose of enrolling in the Sonoma County Homeless Coordinated Entry System or services of an HMIS Participating Agency.
- Information that the agencies on this form share with each other may be re-disclosed by the recipient. I understand that sometimes re-disclosure is allowed by law and my information may no longer be protected by confidentiality laws; for example if I allow disclosure to a family member.
- I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge.
- I understand that participation in HMIS and the Coordinated Entry System is on a voluntary basis. I do hereby release the Sonoma County Coordinated Entry System and its Cooperating Agencies from any liability from any injury, accident, vandalism or theft that may occur during my(our) enrollment in Coordinated Entry. The release includes all family members listed below.

**I hereby provide my consent to collect data for ultimate entry into the Sonoma County Homeless Management Information System (HMIS)  Yes  No**

**I hereby decline to provide my personal information into the Sonoma County HMIS and will be assigned a unique code instead of my using my name  Yes  No**

If assigned a code, I give CES Cooperating Agencies the permission to contact me about possible housing opportunities and for updates on my housing situation.

I understand that my number will be kept outside of HMIS and will be secured with the following agency:

\_\_\_\_\_.

Sonoma County Continuum of Care HMIS and Coordinated Entry System  
**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**



Staff Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

\_\_\_\_\_  
**PRINT NAME (Participant)**

\_\_\_\_\_  
**REPRESENTATIVE (if applicable, guardian)**

\_\_\_\_\_  
**SIGNATURE OF HEAD OF HOUSEHOLD or OTHER PARTY**

\_\_\_\_\_  
**DATE**

**HOUSEHOLD MEMBERS (if applicable):**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Sonoma County Continuum of Care HMIS and Coordinated Entry System  
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The list of Sonoma County Homeless Service Providers (HMIS Participating Agencies or CES Cooperating Agencies) who may have access to your information is listed below:

- Access Sonoma Interdepartmental Multidisciplinary Team, IMDT
- Alexander Valley Healthcare
- Apple Valley Post-Acute
- Athena House
- Beacon Health Strategies
- Buckelew Programs
- Burbank Housing
- California Department of Corrections and Rehabilitation
- Catholic Charities of the Diocese of Santa Rosa, CCDSR
- Child Parent Institute, CPI
- City of Petaluma Housing Department
- Cloverdale Community Outreach
- Committee on the Shelterless, COTS
- Community Action Partnership Sonoma, CAPS
- Community Support Network, CSN
- Corazon
- County of Sonoma Probation Department
- County of Sonoma- Superior Court of California
- Creekside Post-Acute
- Downtown Streets Team
- Drug Abuse Alternative Center
- Face to Face, F2F
- Family Justice Center, FJC
- Homeless Action Sonoma
- HomeFirst
- Homes for the Homeless
- Interdepartmental Multidisciplinary Team
- Interfaith Shelter Network, IFSN
- Kaiser Permanente, KP
- Legal Aid Sonoma County
- Nation's Finest
- North Bay Regional Center
- North County Adult Detention Facility
- Overland, Pacific & Cutler, LLC, OPC
- PEP Housing
- Petaluma Health Center, PHC
- Petaluma People Services
- Reach for Home, RFH
- Red Cross
- Redwood Gospel Mission, RGM
- Saint Vincent de Paul, SVDP
- San Francisco VA Healthcare Care System, VA
- Santa Rosa Community Health, SRCH
- Santa Rosa Health Centers
- Santa Rosa Housing Authority
- Santa Rosa Junior College Student Resource Center
- Santa Rosa Post-Acute
- Sebastopol Public Library
- Sober Sonoma
- Social Advocates for Youth, SAY
- Sonoma Applied Village Services, SAVS
- Sonoma County Behavioral Health, SCBH
- Sonoma County Housing Authority
- Sonoma County Human Services Dept, SCHSD
- Sonoma County Main Adult Detention Facility
- Sonoma County Public Health Services
- Sonoma Overnight Support, SOS
- Sonoma Valley Community Health Center
- St. Joseph's Health
- Sutter Health
- The Living Room
- The Volunteer Center of Sonoma County
- TLC Child and Family Services
- Turning Point
- US Dept of Veteran's Affairs, VA
- Unsheltered Friends Outside
- Vet Connect
- Verity
- Wallace House
- West County Community Services, WCCS
- West County Health Centers
- Women's Recovery Services
- Young Woman's Christian Association of Sonoma County, YWCA



## **Sonoma County Homeless Management Information System (HMIS)**

### **Lead Agency Evaluation Plan**

The Sonoma County HMIS Lead Agency is responsible for management, training, and oversight of homeless data collection and reporting. This Evaluation Plan provides a set of guidelines and metrics by which the HMIS Data Committee can use to evaluate the HMIS system as a whole to ensure compliance with HUD Regulations and provide recommendations to improve the system. Findings from this Evaluation Plan should help guide the HMIS Lead Agency to ensure current HMIS Governance, Data Quality Plan, Privacy Plans and Security Plans are being followed and updated as needed. The HMIS Data Committee reviews its data in four categories: System Administration, Training, Data Analysis and Reporting, and Communication. This grid below assists individuals in completing the evaluation by providing key items to assess.

The Sonoma County HMIS Lead Agency oversees the general management of all the HMIS projects and day-to-day set-up, operation of the projects in HMIS to ensure accessibility of the HMIS software, performance, set-up, and monitoring of the system security to adhere to the CoC Privacy and Procedures Plan. Sonoma County HMIS implementation grant uses a single Efforts to Outcome Software System vendor for both HMIS and Coordinated Entry. To ensure quality data is entered into the system for the CoC, the Lead Agency will interpret, visualize and present data to CoC, to make sure reporting requirements are met. The Lead Agency will develop and conduct trainings and create manuals to help users understand the data collection. Finally, the Lead would provide communication to the community of any changes to the system and manage communication related to data on behalf of the CoC.

Vendor Review and oversight is omitted from this evaluation plan as it is conducted annually and submitted to HUD in the form of the HMIS APR. The Most recent APR should be attached to this document for completeness.

The software vendor was chosen based on the following steps:

1. Lead Agency develops Request for Proposal (RFP)
2. RFP reviewed and approved by the HMIS Data Committee
3. Applicants reviewed by an ad hoc evaluation committee
4. Recommendations to the CoC Board for approval
5. Final approval with Sonoma County Board Of Supervisors



## System Evaluation Worksheet

### System Administration

- A. The HMIS Lead Agency will provide a Resource website with updated communication and helpful documents for end users.
- B. In order to participate in Sonoma's County HMIS, participating agencies must sign an agreement and MOU. These documents describe rules of agencies must abide by in order to be an active participant in HMIS. These documents are kept by the Lead Agency, in case there are violations to agreement.
- C. All Participating Agencies must have at least one Technical Administrator and at least one Security Officer. This is to ensure all end users have an in-agency representative to help with HMIS needs in addition to making all the rules are being followed accordance to the HMIS Policies and Procedures. The Security Officer would ensure the Security Plan is being followed and completing quarterly audits for the agency and annual audits with the HMIS Lead.
- D. Quarterly, Security Audits are to be performed by the Security Officer for each agency. Completing this requires the Quarterly Compliance Checklist found on the Resource webpage is to be filled out and returned to the HMIS Lead each quarter.
- E. The Privacy Notice Policy should be viewable or posted on the wall so all clients can see it, when completing an intake/enrollment into HMIS. End users are to have the Privacy Notice posted around the area information it taken. Following the Privacy Policies Guidelines.
- F. Annual Security Audits are completed by the HMIS Lead and are completed physically at all sites, to verify all the Security Plan rules are being implemented. Physically audits should include the security of the workstation and completing the Compliance Certification Checklist which can be found on the Resource webpage.

Evaluation Questions	Response	Response Explanation	Assessment	
A. Is there a website of Resources, users could visit with update resources?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
B. Did any new agencies begin participating in HMIS this year? If yes, Is there a signed MOU on file for each new agency?	Y/ N____ Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>

C. Do all Participating Agencies have at least one Technical Administrator and Security Officer?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
D. Did all Security Officers submit a copy of their Quarterly Compliance Checklist audits as required?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
F. Did the HMIS Lead complete the Compliance Certification Checklist audit?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>

## Data Analysis and Reporting

- G. Programs are able to look at the different reports within HMIS and have a better understanding of the overall picture of whom the program is serving.
- H. The Workgroups were able to use the data to establish benchmarks and goals for the different programs.
- I. The HMIS Coordinated sends out reports to the Partner Agencies, verifying and making sure that the maximum of errors that are in each required HUD filled have no more the 5% missing, data not collected, client refused, or client does know this information could be found using the Data Quality Reports.
- J. Timeliness, it is expected that all end users enter HMIS information about the client within 5 calendar days of receiving the information. Information about how often and quickly programs enter information into HMIS, can be found on the Annual Performance Report (APR).

Evaluation Questions	Response	Response Explanation	Assessment	
G. Are HMIS reports and dashboards helping providers to understand their programs?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
H. Has HMIS data been used to inform or set local homeless performance metrics and strategies?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to Complete	<input type="checkbox"/>
I. Do system wide Data Quality Reports show no more than 5% errors?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>
J. Are all agencies entering their data within 5 calendar days? (verified via APR)	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>

**Training**

- K. HMIS Lead will manage a list of those that attended New User Training and when, and a list of those end users with HMIS licenses, to verify that a license was given only after the end user completed a training.
- L. HMIS Lead will survey users after trainings, to see what is working and what isn't. Using those surveys to make improvements and adjustments to the training.

Evaluation Questions	Response	Response Explanation	Assessment	
K. All HMIS end users have completed training, prior to receiving their HMIS license?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>
L. Were HMIS training participant surveys analyzed and used to improve trainings?  Identify new training needs?	Y/ N____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
	Y/ N____		Unable to complete	<input type="checkbox"/>

**Communication**

- M. HMIS Lead will communicate with all end users at least quarterly of any kind of HMIS report changes. A list of all the emails sent to the users will show how many emails were sent to the end users.
- N. HMIS Lead will manage a list of all the end users to verify that they have attended the Annual Update meeting. Without attending this meeting, users would be made inactive until they attend the Annual Update meeting.

Evaluation Questions	Response	Response Explanation	Assessment	
M. Did the HMIS Lead communicate to agencies, at least quarterly, of all HMIS report changes?	Y/ N ____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>
N. Did all the end users attend an Annual Update meeting?	Y/ N ____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>
O. Did the HMIS Lead effectively communicate data regarding the performance of providers, programs, and the system to the CoC and the public?	Y/ N ____	Explain:	Completed	<input type="checkbox"/>
			Needs Improvement	<input type="checkbox"/>
			Unable to complete	<input type="checkbox"/>