



**San Luis Obispo  
Countywide 10 Year  
Plan to End  
Homelessness**

*We envision a future  
in which the housing  
and comprehensive  
services necessary to  
remain housed are  
available for all,  
affording everyone  
maximum self-  
sufficiency, and the  
opportunity to be  
productive and  
participating  
members of our  
community*

**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)  
Finance and Data Committee Agenda**  
October 28, 2020, 10 a.m.

Participate by Zoom video call:

<https://zoom.us/j/94396409218?pwd=ZVlkUEFsalcxS1M1TWdNTTZEK000dz09>

Or dial in:

+1 669 900 9128

Meeting ID: 943 9640 9218

Passcode: 270721

1. Call to Order and Introductions
2. Public Comment
3. Consent: Approval of Minutes
4. Action/Information/Discussion
  - 4.1 Discussion Item: Homeless Point in Time Count
    - 4.1.1 Discussion Item: Update on 2021 Point in Time Count and Survey
  - 4.2 Discussion Item: Homeless Management Information System (HMIS)
    - 4.2.1 Discussion Item: Revised Form 815 – County of San Luis Obispo Multi-Agency Referral and Client Release of Information
    - 4.2.2 Discussion Item: HUD (Department of Housing & Urban Development) Requirements for HMIS consent
    - 4.2.3 Discussion Item: Warming Center projects in HMIS
  - 4.3 Discussion Item: California Emergency Solutions Grant – Coronavirus (Round 2)
    - 4.3.1 Discussion Item: Advancing Racial Equity Application Questions

4.3.2 Discussion Item: Continuum of Care Outcomes by Race and  
Ethnicity data

4.4 Discussion Item: October HMIS Systems Administrators Call

4.4.1 Discussion Item: 2019/ 2020 HUD Longitudinal Systems  
Analysis (LSA)

4.4.2 Discussion Item: Tool to import HUD VA (Veterans Affairs)  
Supportive Housing (HUD-VASH) data

5. Future Discussion/Report Items

6. Next Meeting Date: November 25, 2020

7. Adjournment

**HOMELESS SERVICES OVERSIGHT COUNCIL  
HSOC FINANCE AND DATA COMMITTEE MEETING  
September 30 2020, 10am-11:30am**

<b>MEMBERS PRESENT</b>		<b>MEMBERS ABSENT</b>	<b>STAFF &amp; GUESTS</b>
Andrea Alvarado Janna Nichols Jeff Al-Mashat Riley Smith Shay Stewart Sstoz Tes		Jessica Thomas	Elaine Mansoor George Solis Jan Maitzen Jessica Lorange Kristen Richards Laurel Weir Leon Shordon Russ Francis
<b>AGENDA ITEM</b>		<b>CONCLUSIONS/ACTIONS</b>	
1. Call to Order and Introductions	Janna called the meeting to order at 10am.		
2. Public Comment	<p>Riley from United Way shared that their 211 SLO County service are working on including a shortcode text for people to access information on the status of all warming centers in the County. Currently this is still in testing, but people can text SLOWARMINGTEST to 211211 and it will show a general idea of what will be shown.</p> <p>Elaine expressed interest in joining the Committee in January.</p> <p>George shared that the County is continuing to talk to Bell Data about moving data from ClientTrack into HMIS (Homeless Management Information System). The first APR (Annual Performance Report) for which this will be needed will be in October 2021. George will follow up with Grace to see what data CAPSLO (Community Action Partnership of San Luis Obispo) are collecting.</p>		
3. Consent: Approval of Minutes		Shay made a motion to approve the minutes, seconded by Jeff. The	

		motion passed with none opposed and no abstentions.
4. Action/Information/Discussion		
<p>4.1 Discussion Item: Homeless Point in Time Count</p> <p>4.1.1 Discussion Item: Update on 2021 Point in Time Count and Survey</p>	<p>George reported that HUD (Department of Housing &amp; Urban Development) requires CoCs (Continuums of Care) to carry out a biannual PIT (Point in Time) Count of sheltered and unsheltered populations. The last full count was in January 2019, so the next is scheduled for January 2021. The sheltered count and HIC (Housing Inventory Count) will be required. HUD have not yet determined if they will require a full PIT count of the unsheltered population, due to COVID. The County has drafted a contract with ASR (Applied Survey Research) to carry out the work. The contract is currently being reviewed by County Counsel. The contract is due to start October 1 so the County can start working on planning activities. ASR has agreed that the contract will be terminated if HUD decides a full count is not required.</p>	
<p>4.2 Discussion Item: Homeless Management Information System (HMIS)</p> <p>4.2.1 Discussion Item: Sample Consent for Release of Information (HMIS) Forms</p>	<p>George shared three samples of HMIS Consent for Release of Information forms, based on what other communities are doing. George clarified that consent can be taken verbally, as long as the agency shares the Privacy Posted Notice and the Privacy Notice. Some agencies may choose to collect written consent, for which one of these forms would be used. HUD TA (Technical Assistance) has said that many CoCs are opting to collect consent via a Privacy Notice and Privacy Posted Notice rather than through a written consent form. HUD does not require written consent – their only requirement is to use the Privacy Notice.</p> <p>Sstoz shared that CAPSLO's counsel has stated they need to read out the privacy notice and collect a client's signature. Sstoz requested documentation from HUD explicitly stating this is not necessary. George to follow up with HUD for clarification and forward to Sstoz.</p>	<p>George to follow up with HUD for clarification and forward to Sstoz.</p>

4.3 Discussion Item: Coordinated Entry Workgroup	<p>George shared that HUD has produced guidelines recommending that CoCs work with their local Public Health and health care providers to make changes to Coordinated Entry prioritization, in order to more quickly rehouse clients who are at a high risk of medical complications from COVID. The Services Coordinating Committee has discussed this and recommended that a working group be created to look into prioritization. Currently represented on the list are Dignity Health, Tenant Health, Compass Health, CenCal Health, TMHA (Transitions Mental Health Association), 5CHC (5Cities Homeless Coalition), CAPSLO and ECHO (El Camino Homeless Organization). The Committee suggested adding Behavioral Health, Drug &amp; Alcohol Services and HASLO. George asked Committee members to send through any other suggestions for the working group. George will arrange a meeting for October.</p> <p>George shared that he has recently finished a five week intensive workshop on Coordinated Entry and prioritization, also attended by Jessica and Leon. The training helped to understand challenges other communities are facing, and how to address challenges that SLO CoC may face in future.</p>	George to arrange a Coordinated Entry working group meeting in October
4.4 Discussion Item: September HMIS Systems Administrators Call	George shared that he and Jessica attend monthly HMIS Systems Administrators calls, in which they receive HUD updates. The last call involved training on the ESG-CV (Emergency Solutions Grant – Coronavirus) CAPER (Consolidated Annual Performance and Evaluation Report).	
4.4.1 National Human Services Data Consortium Fall 2020 Virtual Conference (Oct 5th – Oct 30th)	George reported that the National Human Services Data Consortium Conference is held twice a year. Due to COVID, the conference will be virtual this October. There will be daily workshops between October 5 and October 30. The cost is \$110 per attendee. The conference is HUD-approved training, so agencies can use HMIS funds for this.	George to send the link to all agencies participating in HMIS
4.4.2 2019/ 2020 HUD (Department	George shared that HUD submits an Annual Homeless Assessment Report (AHAR) to Congress. This includes data from the HIC and PIT	

of Housing & Urban Development) Longitudinal Systems Analysis (LSA) submission	<p>counts that CoCs submit each year. Another part of the report is Longitudinal Systems Analysis (LSA), which looks at demographic characteristics such as race and gender, as well as subpopulation data including veterans, households with children, and data concerning housing outcomes for those who exit programs. SLO County CoC begins submitting data for the LSA in October, with a final submission of data once data cleanup has been done by the end of December.</p> <p>The Committee discussed Stella, the strategy and analysis tool which had been brought up at previous meetings. Stella is based on the LSA data referenced above. The Committee agreed that Stella data should be shared in Committee meetings each quarter. For January, the Committee will look at the LSA data submitted in December.</p>	
<p>4.5 SLO County CoC HMIS User Conference/ Training – November 12<sup>th</sup></p> <p>4.5.1 HUD Updates</p> <p>4.5.2 Bell Data Updates</p> <p>4.5.3 HMIS Data Quality</p> <p>4.5.4 HMIS Privacy &amp; Security</p>	<p>George shared that there is a four hour window set up for SLO County CoC's HMIS User Conference and Training on November 12. George will send the invitation to all relevant agencies and HMIS users.</p> <p>George reported that HUD typically change or introduce new data requirements in October, so if they were intending to do so this year, they would have announced it by now. The Conference is therefore an opportunity to look at data quality reports, and an annual training reminder on privacy and security.</p> <p>George will send out an email to HMIS users asking if there is anything else they would like to see covered.</p>	<p>George to send the invitation to all relevant agencies and HMIS users.</p> <p>George to send out an email to HMIS users asking if there is anything else they would like to see covered.</p>
5. Future Discussion/Report Items	<ul style="list-style-type: none"> <li>Reporting to the full HSOC – System Performance Measures should be shared every year as a committee report</li> </ul>	
6. Next Meeting Date: October 28, 2020		
7. Adjournment	Janna adjourned the meeting at 10:50am.	



# COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION

## FAX COVER SHEET

### INSTRUCTIONS FOR COMPLETING THE MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION

(This form has three parts: a fax cover sheet; an authorization to release information; and a disclosure authorization for Drug & Alcohol information)

- 1) Fax cover sheet (two pages). Referring agency completes. The fax cover should *not* contain Health Information. Double check the fax number.
- 2) Authorization Form (two pages). Referring agency completes. Participant initials the agencies they will allow on pg. 1 of 2, and signs at bottom of pg. 2 of 2.
- 3) Re-disclosure authorization for Drug & Alcohol information (one page). Referring agency completes.

Date: \_\_\_\_\_ # of Pages Including Cover: \_\_\_\_\_ From: \_\_\_\_\_

To: \_\_\_\_\_ Title: \_\_\_\_\_

Program/Title: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

Purpose for Referral: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### Agencies Receiving Information / Fax Number

**Check the box next to the agency to receive this fax. If the agency is not shown, please write in blank at bottom.**  
**It is your responsibility to verify the accuracy of the fax number. Faxing protected information to an incorrect number is a HIPAA breach.**

<input type="checkbox"/>	1. Aegis Treatment Center, LLC	(805) 461-5873	<input type="checkbox"/>	5-Cities Homeless Coalition	(805) 668-2380
<input type="checkbox"/>	2. Allan Hancock EOPS/CalWORKs	(805) 922-2606	<input type="checkbox"/>	Housing Support Program (HSP)	(805) 781-1866
<input type="checkbox"/>	3. <b>Comm. Action Partnership of SLO (CAPSLO)</b>	(805) 549-8388	<input type="checkbox"/>	Transitions-Mental Health Association	(805) 540-6501
<input type="checkbox"/>	Child Care Resource Connection	(805) 541-0141	<input type="checkbox"/>	14. Hospital	
<input type="checkbox"/>	Family Preservation/ Parent Education	(805) 541-1264	<input type="checkbox"/>	15. <b>Job Centers</b>	
<input type="checkbox"/>	Head Start/ Early Head Start	(805) 549-0864	<input type="checkbox"/>	America's Job Centers of CA - SLO	(805) 286-8530
<input type="checkbox"/>	Teen Academic Parenting Prog (TAPP)	(805) 541-1264	<input type="checkbox"/>	DSS - South County Job Center	(805) 474-2052
<input type="checkbox"/>	4. CenCal Health	(805) 681-3071	<input type="checkbox"/>	DSS - North County Job Center	(805) 237-3007
<input type="checkbox"/>	5. Community Health Centers	(805) 931-2521	<input type="checkbox"/>	Eckerd Connects Youth Program	(805) 286-8530
<input type="checkbox"/>	6. <b>Cuesta College Programs</b>		<input type="checkbox"/>	16. <b>Mental Health (MH)</b>	(805) 781-1177
<input type="checkbox"/>	CalWORKs	(805) 546-3970	<input type="checkbox"/>	Martha's Place	(805) 781-4962
<input type="checkbox"/>	Foster Kinship Care Education (FKCE)	(805) 546-3970	<input type="checkbox"/>	17. Probation (Adult)	(805) 781-1231
<input type="checkbox"/>	7. Department of Rehabilitation	(805) 542-4682	<input type="checkbox"/>	18. Probation (Youth)	(805) 781-1169
<input type="checkbox"/>	8. <b>Department of Social Services</b>		<input type="checkbox"/>	19. Public Health (PH)	(805) 781-5543
<input type="checkbox"/>	Adult Services	(805) 788-2834	<input type="checkbox"/>	20. RISE	(805) 226-5401
<input type="checkbox"/>	Child Welfare Services	(805) 781-1701	<input type="checkbox"/>	21. Stand Strong	(805) 781-6410
<input type="checkbox"/>	Participant Services	(805) 781-1686	<input type="checkbox"/>	22. <b>School Districts</b>	
<input type="checkbox"/>	9. Drug and Alcohol Services (DAS)	(805) 781-1405	<input type="checkbox"/>	Atascadero	(805) 462-4421
<input type="checkbox"/>	10. <b>Family Resource Centers</b>		<input type="checkbox"/>	Paso Robles	(805) 237-3339
<input type="checkbox"/>	Los Osos Cares	(805) 234-9264	<input type="checkbox"/>	Templeton	(805) 434-1473
<input type="checkbox"/>	San Luis Obispo/Coastal/Central	(805) 543-6567	<input type="checkbox"/>	LMUSD	(805) 473-1587
<input type="checkbox"/>	South County SAFE	(805) 474-2025	<input type="checkbox"/>	SLCUSD	(805) 543-6567
<input type="checkbox"/>	The LINK - Atascadero	(805) 462-8901	<input type="checkbox"/>	23. SLO County Office of Ed. (SLOCOE)	(805) 541-1105
<input type="checkbox"/>	The LINK - Paso Robles	(805) 226-5437	<input type="checkbox"/>	24. Transitions-Mental Health Assoc. (T-MHA)	(805) 540-6501
<input type="checkbox"/>	11. <b>Foster Family Agencies</b>		<input type="checkbox"/>	25. Tri-Counties Regional Center	(805) 543-8725
<input type="checkbox"/>	Aspiranet	(805) 473-3312	<input type="checkbox"/>	26. Veterans Services of SLO	(805) 781-5769
<input type="checkbox"/>	Family Care Network, Inc	(805) 503-6499	<input type="checkbox"/>	27. Victim Witness Assistance (DA)	(805) 781-5828
<input type="checkbox"/>	Family Connections Christian Adoptions	(805) 542-9285	<input type="checkbox"/>	28. Other:	
<input type="checkbox"/>	Seneca Family of Agencies	(805) 434-3839	<input type="checkbox"/>	29. Other:	
<input type="checkbox"/>	12. HASLO (Housing Authority of SLO)	(805) 543-4992	<input type="checkbox"/>	30. Other:	
<input type="checkbox"/>	13. <b>Homeless Services</b>		<input type="checkbox"/>	31. Other:	
<input type="checkbox"/>	40 Prado Homeless Services Center	(805) 541-5870	<input type="checkbox"/>	32. Other:	

Federal Reg Title 42: This Information has been disclosed to you from records that are confidential and protected by Federal Law. Federal regulations (42 code of Federal Regs, Part 2) prohibits you from making any further disclosures of the records or information without specific written consent of the person to whom it pertains. A general authorization for the release of Information is not sufficient for this purpose. **NOTE:** This message, including all attachments, is intended only for the use of the person(s) to whom it is addressed, and may contain information that is confidential and subject to the attorney-client privilege. It should not be forwarded in printed or electronic form to any other person or computer. If you received this message and are not the intended recipient or an agent responsible for delivering this message to the intended recipient, you have received this message in error; please immediately notify the sender and destroy your copy. Thank you.

**Please do not edit this form.** For minor corrections or content revisions, contact [bbenassi@co.slo.ca.us](mailto:bbenassi@co.slo.ca.us).

## Additional Comments:

NOTE: Please do not place any protected information this area. Protected information should be sent as a separate document addressed directly to the intended recipient. This section is to communicate general information regarding the referral of the client.



Form 815 (English)	<b>COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION</b>				Authorization Page 1 of 2 Rev. 9/1/2020
Date:	Last Name:		First Name:	Middle Initial:	
Address:		City/State:		Zip Code:	
Home Number:	Cellular:	Ok to Leave Message: Choose	Language Choose:	Date of Birth:	
Parent/Guardian:		Case Type: Choose:		Case Number:	
<b>AUTHORIZATION TO DISCLOSE AND EXCHANGE MY HEALTH CARE OR PERSONAL INFORMATION</b>					
I authorize the agencies initialed below to share my health care and personal information with each other. If I am signing as the guardian or representative for another person, I authorize the agencies that I have initialized below to share that person's health care and personal information with each other. I understand that this authorization is voluntary and that I do not have to sign it.					
<b>PLEASE INITIAL FOR EACH AGENCY AUTHORIZED TO EXCHANGE YOUR INFORMATION:</b>					
Note: The organizations listed below may only exchange information described in this document and may only exchange the information for the purposes described.					
Initial Here	County of SLO Public Health Department		Initial Here	Family Resource Centers:	
Initial Here	CenCal Health		Initial Here	Foster Family Agency:	
Initial Here	Community Health Centers (CHC)		Initial Here	HASLO (Housing Authority of SLO)	
Initial Here	County of SLO Drug and Alcohol Services (DAS)		Initial Here	HMIS Database	
Initial Here	County of SLO Mental Health Services		Initial Here	Homeless Services:	
Initial Here	Transitions-Mental Health Association(T-MHA)		Initial Here	Job Centers:	
Initial Here	Hospital:		Initial Here	RISE	
Initial Here	Aegis Treatment Center, LLC		Initial Here	School District:	
Initial Here	Allan Hancock EOPS/CalWORKs		Initial Here	SLO County Office of Education (SLOCOE)	
Initial Here	CAPSLO:		Initial Here	Stand Strong	
Initial Here	County of SLO Probation Department		Initial Here	Tri-Counties Regional Center (TCRC)	
Initial Here	Cuesta College:		Initial Here	Veterans Services Department – County of SLO	
Initial Here	Department of Rehabilitation		Initial Here	Victim/Witness Program – County SLO D.A.	
Initial Here	Dept. of Social Services:		Initial Here	Other:	

**COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT  
RELEASE OF INFORMATION****HEALTHCARE OR PERSONAL INFORMATION THAT CAN BE SHARED BY THE IDENTIFIED AGENCIES**

NOTE: THIS AUTHORIZATION FORM ALLOWS DISCLOSURE OF ALL YOUTH HEALTH AND SOCIAL SERVICES RECORDS UNLESS YOU SPECIFY A SPECIFIC LIMITATION.

The identified agencies can share any and all information from your health care records or personal records or from the healthcare records or personal records of the person for whom you are authorizing this disclosure, for the purposes listed below. The information may come from your San Luis Obispo County physical health records, mental health records, or drug and alcohol treatment records. The information may also come from your Social Services records or the records of any other agency you authorized to share your information. The information used, disclosed or shared may be written or oral, and will only include information necessary to achieve the intended purpose or referral.

Initial Here **Initial here to indicate you understand we will share your mental health information.**

Initial Here **Initial here to indicate you understand we will share your Drug and Alcohol Program Information.**

**Describe the type and amount of Drug and Alcohol Program Information that can be disclosed:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Drug and Alcohol Test Results        | <input checked="" type="checkbox"/> Substance Use Diagnosis                        |
| <input checked="" type="checkbox"/> Drug and Alcohol Treatment Plan      | <input checked="" type="checkbox"/> Drug and Alcohol Program Attendance            |
| <input checked="" type="checkbox"/> Drug and Alcohol Payment Information | <input checked="" type="checkbox"/> Discussions with my Drug and Alcohol Counselor |

**PURPOSE AND LIMITATIONS ON THE USE OF YOUR HEALTHCARE OR PERSONAL INFORMATION**

The information will be used by the identified agencies to refer you to and request services from agencies that you authorized in this document. The information may also be used to coordinate care or to coordinate services between the agencies. These services may be in areas such as health care, housing, employment, education, nutrition, parenting, child welfare, and/or other traditional social services.

This authorization to release the above information will **expire two years from the date signed** or will expire on: \_\_\_\_\_ **(Not more than 2 years.)**

I understand that:

- I understand that I have a right to receive a copy of this authorization.
- I have the right to revoke this authorization verbally, or by sending a signed notice to:
  - County Privacy Officer: 2180 Johnson Ave., San Luis Obispo, CA, 93401
  - Or via e-mail at [privacy@co.slo.ca.us](mailto:privacy@co.slo.ca.us) ; or call (855) 326-9623
  - This authorization will cease on the date my valid revocation request is received. I also understand that any information released prior to a revocation of this authorization shall not be a breach of my confidentiality.
- A form known as The Notice of Privacy Practices which is given to clients who receive medical services, provides instructions should I chose to revoke my authorization and includes limitations on my revocation. I can access this notice on the internet at: <http://www.slocounty.ca.gov/Departments/Health-Agency.aspx>
- My treatment, enrollment, or eligibility for benefits will not be affected if I do not sign this authorization.
- Upon request, I may inspect or obtain a copy of the health information that I am allow to be disclosed.
- Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA); for example, if I allow disclosure to a family member.
- Records and copies obtained relating to outpatient psychotherapy shall be returned or destroyed at the expiration date of this authorization except those obtained for treatment and diagnosis purposes.
- I understand that alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 and 164, and cannot be re-disclosed without my written consent unless otherwise provided for in the regulations.

<b>Employee Name:</b>	<b>Organization filling out this form:</b>	<b>Date:</b>
<b>Client Signature*:</b>	<b>Print Name:</b>	<b>Date:</b>
<b>Representative Signature:</b>	<b>Relation:</b>	<b>Date:</b>

\*Due to COVID-19, a verbal consent, fax or scanned can be accepted with the expectation that a wet signature will be collected within 30 days.

# COUNTY OF SAN LUIS OBISPO MULTI-AGENCY REFERRAL AND CLIENT RELEASE OF INFORMATION

## ADDITIONAL CONSENT FOR RECIPIENTS OF PROTECTED DRUG AND ALCOHOL TREATMENT INFORMATION TO SHARE THE INFORMATION WITH OTHERS

**NOTE:** This page is to be filled out if Drug and Alcohol Treatment information that was shared by the client's Drug and Alcohol Treatment provider is intended to be further disclosed (re-disclosed) by the initial recipients to another individual agency (such as the Superior Court, District Attorney, Probation, Department of Social Services). **If completed, this page must be attached to page 1 and 2 of this Authorization form.**

<b>Full Client Name:</b>		<b>Date of Birth:</b>	
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**I authorize the disclosure of my Drug and Alcohol Treatment information or the information for the person for whom I am signing, to be shared by the following agencies:**

<b>Initial Here</b>	Name of Agency:
<b>Initial Here</b>	Name of Agency:
<b>Initial Here</b>	Name of Agency:
<b>Initial Here</b>	Name of Agency:
<b>Initial Here</b>	Name of Agency:
<b>Initial Here</b>	Name of Agency:
<b>Initial Here</b>	Name of Agency:
<b>Initial Here</b>	Name of Agency:
<b>Initial Here</b>	Name of Agency:
<b>Initial Here</b>	Name of Agency:

## DRUG AND ALCOHOL TREATMENT INFORMATION THAT CAN BE SHARED BY THE IDENTIFIED AGENCIES

<b>Initial Here</b>	Any information related to your participation in the Drug and Alcohol Program including your status as a patient, date of admission, initial evaluation, assessment results/ history, attendance, date of discharge, discharge plan and discharge status.
<b>Initial Here</b>	Summary of your treatment plan, progress in the program, and compliance.
<b>Initial Here</b>	Any drug test results including urinalysis, breathalyzer/ patching test results.
<b>Initial Here</b>	Any personal information about your household, relationships and children including observations and evaluations of minors with whom you interact.

## PURPOSES AND LIMITATIONS ON THE USE OF YOUR DRUG AND ALCOHOL SERVICES INFORMATION

The information described above may be used, disclosed and/or re-disclosed by and between the agencies listed above to assist them in handling your Department of Social Services case, your Family Court case, your Probation case, your court/criminal Justice case and/or any other matter related to this authorization.

**I voluntarily sign this authorization to disclose my Drug and Alcohol Program information to the agencies listed above. I understand these agencies will share this information with each other.**

<b>Employee Name:</b>	<b>Organization filling out this form:</b>	<b>Date:</b>
<b>Client Signature*:</b>	<b>Print Name:</b>	<b>Date:</b>
<b>Representative Signature:</b>	<b>Relation:</b>	<b>Date:</b>

*\*Due to COVID-19, a verbal consent, fax or scanned can be accepted with the expectation that a wet signature will be collected within 30 days.*

On October 2, 2020, The California Department of Housing and Community Development (HCD) released a Notice of Funding Availability (NOFA) for Emergency Solutions Grants Program – Coronavirus (Round 2).

This ESG-CV (Round 2) NOFA provides funding for the following objectives:

- Prevent, prepare for, and respond to Coronavirus among individuals and families who are experiencing homelessness or receiving homeless assistance in a coordinated response that considers all available funding streams, housing resources, staffing resources and other community assets that can be marshalled. HCD recommends that grantees use the California Business, Consumer Services and Housing Agency and the Homeless Coordinating and Financing Council's (HCFC) Guide to Strategic Uses of Key State and Federal Funds to Reduce Homelessness During the COVID-19 Pandemic available at the following link :[https://www.bcsb.ca.gov/hcfc/documents/covid19\\_strategic\\_guide.pdf](https://www.bcsb.ca.gov/hcfc/documents/covid19_strategic_guide.pdf).
- Prioritize the use of ESG-CV (Round 2) funds for Rapid Rehousing to assist households experiencing literal homelessness move to the safest location possible—housing. Prioritize the use of ESG-CV (Round 2) Rapid Rehousing funds to assist households staying in non-congregate shelter move to housing. Prioritize the use of ESG-CV (Round 2) funds for Emergency Shelter as needed while providing pathways to housing from emergency shelter.
- Address racial disproportionality in homeless populations and achieve equitable provision of services for Black, Native and Indigenous, Latinx, Asian, Pacific Islanders and other people of color who are disproportionately impacted by homelessness and COVID-19.
- Provide housing and services that are low barrier, trauma informed, culturally responsive and housing first oriented. Per HUD guidance, individuals and families assisted with these ESG-CV funds must not be required to receive treatment or perform any other prerequisite activities as a condition for receiving shelter, housing, or other services for which these funds are used.

### **Advancing racial equity**

Grantees should prioritize the advancement of racial equity at all levels of the homeless response system. HCD asks grantees to be leaders in their homeless response systems, facilitating partnerships among service organizations and promoting racial equity practices. Grantees must respond to disproportionality in access to services, service provision and outcomes. Grantees cannot simply rely on delivering a standardization of services to address equity. Grantees have the responsibility to examine their data to ensure all eligible persons receive equitable services, support, and are served with dignity, respect, and compassion regardless of circumstances, ability, or identity.

When applying for ESG-CV (Round 2) funds, applicants should consider:

- What are your community's racial demographics and the demographics of those within your homeless response system?
- What are the outcomes of the homeless response system based on race? What are your requirements for all sub-grantees to look at data to determine racial disparities and then put a plan in place to address them?
- How do underserved and marginalized communities learn about and enter ESG-CV programming? What marketing and communication strategies are used to increase equitable access to ESG-CV programming?
- How does your grant making process include prioritization for programs that are addressing the disproportionate impacts that homelessness and COVID-19 has on communities of color, particularly Black, Latinx, Asian, Pacific Islander, and Native and Indigenous communities?
- How are the voices of Black, Latinx, Asian, Pacific Islander, Native and Indigenous communities and those with lived experience of homelessness being centered in a meaningful, sustained way in creating effective approaches to reducing and ending homelessness? How are they involved in the funding decision-making process?
- How are these funds accessible to smaller and non-traditional organizations that have historically been serving communities of color but may not have previously participated formally in the COC or be a part of the homeless provider community, and how would these funds address the organization capacity of organizations that are led by Black, Latinx, Asian, Pacific Islander, and Native and Indigenous people that support the goal of making homelessness rare, brief, and non-recurring?
- List your partner organizations that are addressing racial equity in the housing and homeless response system and how do you partner with them?

HCD will require applicants to submit related racial and ethnic data metrics of the homeless population and those served by the COC service area from their Homeless Management Information System (HMIS) on a quarterly reporting basis.

## Attachment 4.3.2

## Continuum of Care Outcomes by Race and Ethnicity

Go to this link for an instructional video on how to complete this worksheet using Stella:

<https://www.loom.com/share/ebeacf98b99f4823a9db5c32e5ee012b> [loom.com]

Applicant Name: County of San Luis Obispo CoC Name, if different:

Using data from Stella, please insert outcomes here from the FY18 submission:

	Head of Households Served in Any Project Type <sup>1</sup>		Served in Shelters & Transitional Housing <sup>2</sup>		Exiting to Permanent Housing <sup>3</sup>		Days Homeless <sup>4</sup>		Accessing Permanent Supportive Housing <sup>5</sup>		Returns to Homelessness <sup>6</sup>		Other Measure: _____		Other Measure: _____	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>Total</b>	1,079	100%	596	100%	103	100%	234	100%	119	100%	6	100%		#DIV/0!		#DIV/0!
<b>White, Non-Hispanic/Non-Latino</b>	668	62%	382	64%	64	62%	220	94%	95	80%	4	67%		#DIV/0!		#DIV/0!
<b>White, Hispanic/Latino</b>	207	19%	121	20%	17	17%	228	97%	9	8%	2	33%		#DIV/0!		#DIV/0!
<b>Black or African American</b>	49	5%	34	6%	4	4%	195	83%	4	3%	0	0%		#DIV/0!		#DIV/0!
<b>Asian</b>	5	0%	2	0%	0	0%	301	129%	1	1%	0	0%		#DIV/0!		#DIV/0!
<b>American Indian or Alaska Native</b>	26	2%	16	3%	2	2%	160	68%	5	4%	0	0%		#DIV/0!		#DIV/0!
<b>Native Hawaiian/Other Pacific Islander</b>	9	1%	8	1%	0	0%	22	9%	0	0%	0	0%		#DIV/0!		#DIV/0!
<b>Multiple Races</b>	42	4%	15	3%	4	4%	400	171%	5	4%	0	0%		#DIV/0!		#DIV/0!
<b>Unknown</b>	73	7%	18	3%	N/A	#VALUE!	N/A	#VALUE!	0	0%	0	0%		#DIV/0!		#DIV/0!

## Attachment 4.3.2

Data will be retrieved from Stella, HUD's LSA strategy and analysis tool.

Data will be from the official LSA submission for 2018, with the report period of 10/1/17 - 9/30/2018.

How to "Stellavise" your data can be found on the HUD Exchange here: <https://www.hudexchange.info/resource/5829/preparing-lsa-files-for-stella-p/>

Stella can be accessed through HDX2.0 here: <https://hudhdx2.info/login>

If you do not have an account, click the "Create an Account" button on the top right and complete the form.

The person in your community with HDX write access will have to give you permission to view the CoCs Stella data - they will be notified when you create your account.

If you don't know who has that access, please reach out to your HMIS lead to find out: <https://www.hudexchange.info/grantees/contacts/>

Additional measures may be included for additional context, but are not required. Examples: Street Outreach, Coordinated Entry, Diversion, etc.

The table below corresponds to the table in the "CoC Data" tab, and shows where you will retrieve the data in Stella.

Tab	Filter(s)	Chart	Notes
1 Demographics - Overview	All Households - Served in Any Project Type	Race and Ethnicity of HoH and Adults	Use the number in bold for the total, and use the other numbers to complete the chart
2 Demographics - Overview	All Households - Served in shelter and transitional housing	Race and Ethnicity of HoH and Adults	Use the number in bold for the total, and use the other numbers to complete the chart
3 Exits - By Population Group	All Households - Permanent	Exits by Population Group	Enter the numbers on the far right of the chart, and record the "All Exiting HH" number for the total.
4 Days Homeless - By Population Gr	All Households	Days Homeless by Population Group	Enter the numbers on the far right of the chart, and record the "All Exiting HH" number for the total.
5 Demographics - Overview	All Households - Served in permanent supportive housing	Race and Ethnicity of HoH and Adults	Use the number in bold for the total, and use the other numbers to complete the chart.
6 Returns - By Population Group	HH that exited in the 1st 6mo of the Reporting Period - All Households - Permanent	Returns by Population Group	Enter the numbers on the far right of the chart, and record the "All Exiting HH" number for the total.

Homelessness Response Local Investment Plan							
Please refer to the following for guidance and a sample plan:							
<a href="#">Guide to Strategic Uses of Key State and Federal Funds to Reduce Homelessness During the COVID-19 Pandemic</a>							
Use the Table below to complete a Local Investment Plan for submittal with your ESG-CV2 Application. Refer to the Sample Local Investment Plan on page 11 of the Guide referenced above as an example.							
Applicant Name:		CoC Name, if different:					
Part 1: Summary of Investment Plan							
1.							
2.							
3.							
4.							
Part 2: Priority and Order of Use of Funding Sources							
Non-Congregate Shelter/Interim Housing(Capital / Operations / Services)		Rental Assistance(Short-Term to Permanent)		Permanent Supportive and Service Enriched Housing(Capital / Operations / Services)		Domestic Violence/Homelessness Prevention	
Funding Source: Use and Priority #1		Funding Source: Use and Priority #1		Funding Source: Use and Priority #1		Funding Source: Use and Priority #1	
Funding Source:	COVID-19 Emergency Homelessness Fund	Funding Source:	ESG-CV (via HUD)	Funding Source:	CoC (via HUD)	Funding Source:	ESG-CV (via HUD)
If Other, List:		If Other, List:		If Other, List:		If Other, List:	
Funding Amount:		Funding Amount:		Funding Amount:		Funding Amount:	
Unit of Measure:	Individual	Unit of Measure:	Household	Unit of Measure:		Unit of Measure:	
If Other, List:		If Other, List:		If Other, List:		If Other, List:	
Number Assisted:		Number Assisted:		Number Assisted:		Number Assisted:	
Deadline for Expenditure:		Deadline for Expenditure:		Deadline for Expenditure:		Deadline for Expenditure:	
Funded Activity:	Services	Funded Activity:	Short Term	Funded Activity:		Funded Activity:	
If Other, list:		If Other, list:		If Other, list:		If Other, list:	
Narrative Description (Optional):		Narrative Description (Optional):		Narrative Description (Optional):		Narrative Description (Optional):	
Funding Source: Use and Priority #2		Funding Source: Use and Priority #2		Funding Source: Use and Priority #2		Funding Source: Use and Priority #2	
Funding Source:	Homekey (via HCD)	Funding Source:	ESG-CV (via HCD)	Funding Source:	HEAP (via HCFC)	Funding Source:	ESG (via HCD)
If Other, List:		If Other, List:		If Other, List:		If Other, List:	
Funding Amount:		Funding Amount:		Funding Amount:		Funding Amount:	
Unit of Measure:		Unit of Measure:	Household	Unit of Measure:		Unit of Measure:	
If Other, List:		If Other, List:		If Other, List:		If Other, List:	
Number Assisted:		Number Assisted:		Number Assisted:		Number Assisted:	
Deadline for Expenditure:		Deadline for Expenditure:		Deadline for Expenditure:		Deadline for Expenditure:	
Funded Activity:		Funded Activity:	Short Term	Funded Activity:		Funded Activity:	
If Other, list:		If Other, list:		If Other, list:		If Other, list:	
Narrative Description (Optional):		Narrative Description (Optional):		Narrative Description (Optional):		Narrative Description (Optional):	
Funding Source: Use and Priority #3		Funding Source: Use and Priority #3		Funding Source: Use and Priority #3		Funding Source: Use and Priority #3	
Funding Source:	ESG-CV (via HCD)	Funding Source:	ESG (via HCD)	Funding Source:	Homekey (via HCD)	Funding Source:	
If Other, List:		If Other, List:		If Other, List:		If Other, List:	
Funding Amount:		Funding Amount:		Funding Amount:		Funding Amount:	
Unit of Measure:		Unit of Measure:		Unit of Measure:		Unit of Measure:	
If Other, List:		If Other, List:		If Other, List:		If Other, List:	
Number Assisted:		Number Assisted:		Number Assisted:		Number Assisted:	
Deadline for Expenditure:		Deadline for Expenditure:		Deadline for Expenditure:		Deadline for Expenditure:	
Funded Activity:		Funded Activity:		Funded Activity:		Funded Activity:	
If Other, list:		If Other, list:		If Other, list:		If Other, list:	
Narrative Description (Optional):		Narrative Description (Optional):		Narrative Description (Optional):		Narrative Description (Optional):	
Funding Source: Use and Priority #4		Funding Source: Use and Priority #4		Funding Source: Use and Priority #4		Funding Source: Use and Priority #4	
Funding Source:	HDAP (via CDSS)	Funding Source:	CalWORKs HSP (via CDSS)	Funding Source:	HHAP (via HCFC)	Funding Source:	
If Other, List:		If Other, List:		If Other, List:		If Other, List:	
Funding Amount:		Funding Amount:		Funding Amount:		Funding Amount:	
Unit of Measure:		Unit of Measure:		Unit of Measure:		Unit of Measure:	
If Other, List:		If Other, List:		If Other, List:		If Other, List:	
Number Assisted:		Number Assisted:		Number Assisted:		Number Assisted:	
Deadline for Expenditure:		Deadline for Expenditure:		Deadline for Expenditure:		Deadline for Expenditure:	
Funded Activity:		Funded Activity:		Funded Activity:		Funded Activity:	
If Other, list:		If Other, list:		If Other, list:		If Other, list:	
Narrative Description (Optional):		Narrative Description (Optional):		Narrative Description (Optional):		Narrative Description (Optional):	
Funding Source: Use and Priority #5		Funding Source: Use and Priority #5		Funding Source: Use and Priority #5		Funding Source: Use and Priority #5	
Funding Source:		Funding Source:		Funding Source:	Local General Fund	Funding Source:	
If Other, List:		If Other, List:		If Other, List:		If Other, List:	
Funding Amount:		Funding Amount:		Funding Amount:		Funding Amount:	
Unit of Measure:		Unit of Measure:		Unit of Measure:		Unit of Measure:	
If Other, List:		If Other, List:		If Other, List:		If Other, List:	
Number Assisted:		Number Assisted:		Number Assisted:		Number Assisted:	
Deadline for Expenditure:		Deadline for Expenditure:		Deadline for Expenditure:		Deadline for Expenditure:	
Funded Activity:		Funded Activity:		Funded Activity:		Funded Activity:	
If Other, list:		If Other, list:		If Other, list:		If Other, list:	
Narrative Description (Optional):		Narrative Description (Optional):		Narrative Description (Optional):		Narrative Description (Optional):	



<b>Funding Source</b>	<b>Unit of Measure</b>	<b>Funded Activities - Prevention/Diversion</b>
FEMA	Individual	Capital
CRF (via U.S. Treasury)	Household	Short Term Capital
Homekey (via HCD)	Unit	Operations Permanent Operations
COVID-19 Emergency Homelessness F Bed		Prevention
HEAP (via HCFC)	Other	Diversion
HHAP (via HCFC)		Services
ESG-CV (via HUD)		Other
ESG-CV (via HCD)		Services
ESG (via HUD)		Other
ESG (via HCD)		
CDBG-CV (via HUD)		
CDBG-CV (via HCD)		
CDBG (via HUD)		
CDBG (via HCD)		
HOME (via HUD)		
HOME (via HCD)		
CalWORKs HSP (via CDSS)		
HDAP (via CDSS)		
NPLH (via HCD)		
MHP (via HCD)		
CoC (via HUD)		
HCV (via HUD)		
VASH (via HUD)		
FUP (via HUD)		
SSVP (via VA)		
Local General Fund		
Local Housing Trust Fund		
Other		