



**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)
Homeless Services Coordinating Committee (HSCC) Agenda**

March 8 2021, 10 a.m.

Members and the public may participate by Zoom video call:
<https://zoom.us/j/94061903342?pwd=MDZSSIFFdFFLbUFDRVlrYXZFQmpqdz09>

Or dial in:
+1 669 900 9128
Meeting ID: 940 6190 3342
Passcode: 713626

1. Call to Order and Introductions
2. Public Comment
3. Consent: Approval of Minutes
4. Action/Information/Discussion
 - 4.1 Discussion Item: United Way – Homeless Resource List
 - 4.2 Discussion Item: COVID-19 Updates
 - 4.2.1 Discussion Item: Data Collection Options for COVID-19 Vaccines
 - 4.3 Discussion Item: Eviction Prevention Programs
 - 4.4 Discussion Item: Coordinated Entry
 - 4.5 Discussion Item: Federal and State Grant Updates
 - 4.6 Discussion Item: Safe Parking and Alternatives to Encampments
 - 4.7 Discussion Item: Recommendations from the Alternatives to Encampment Working Group

5. Future Discussion/Report Items
6. Next Meeting Date: May 10, 2021
7. Adjournment

HOMELESS SERVICES OVERSIGHT COUNCIL
Homeless Services Coordinating Committee
January 11, 2021 10-11:30pm
Meeting held by Zoom call

MEMBERS PRESENT	MEMBERS ABSENT	STAFF & GUESTS
Brandy Graham Devin Drake Grace McIntosh Nicole Bennett	John Klevins	Elaine Archer Elaine Mansoor George Solis Jan Maitzen Janna Nichols Jeff Al-Mashat Laurel Weir Leon Shordon Mark Lamore Riley Smith Russ Francis Steve Martin Sue Warren Susan Lamont Wendy Lewis
AGENDA ITEM		CONCLUSIONS/ACTIONS
1. Call to Order and Introductions	Devin called the meeting to order at 10am.	
2. Public Comment	None	
3. Consent: Approval of Minutes		Janna made a motion to approve the minutes, seconded by Brandy. The minutes were approved with all in favor, none

		opposed and no abstentions.
4. Action/Information/Discussion		
4.1. Discussion Item: COVID-19 Updates	<p>Janna reported that the County Public Health Department has convened a Vaccine Task Force, which she is sitting on representing homeless services. The Task Force met for the first time last week. In the meeting, Dr Borenstein from Public Health gave an overview of current challenges including how to distribute vaccines and who should be prioritized. Homeless people have been identified as a priority. Janna will continue to provide updates as this moves forward.</p> <p>Devin shared that the Emergency Operations Center is predicting numbers of infections will begin increasing again, due to people not socially distancing over Christmas and New Year.</p> <p>Devin and Janna clarified that there is a page on the ReadySLO website about vaccinations and how to make appointments for essential workers. This page can be found here: https://www.emergencyslo.org/en/vaccine-registration-information.aspx</p> <p>Brandy shared that the SSVF (Supportive Services for Veteran Families) program at CAPSLO (Community Action Partnership of San Luis Obispo) is anticipating an increase in homelessness prevention requests.</p> <p>Grace reported that there was an outbreak at 40 Prado in November. Staff, volunteers and clients were subsequently tested weekly. The week commencing 4th January was the first</p>	

	<p>week that nobody in the shelter tested positive, so they no longer have to participate in the weekly testing.</p> <p>Jeff reported that ECHO (El Camino Homeless Organization) has quarantined people who have tested positive, but the organization has not had a real problem with infections so far.</p> <p>Susan shared that RISE has only had one person test positive for COVID so far. Other people have been symptomatic but tested negative.</p> <p>Jan reported that TFS (Transitional Food & Shelter) have seen no positive cases.</p>	
<p>4.2. Discussion Item: Coordinated Entry</p>	<p>George reported that the County has been working with homeless services agencies on a COVID-19 prioritization list for Coordinated Entry. They will be incorporating the Project Homekey units into this process, as well as including the units in the housing master list.</p>	
<p>4.3. Discussion Item: Federal and State Grant Updates</p>	<p>Laurel reported that the COVID Relief Act passed in December includes funding for homeless prevention, which can be used for case management and utility payments. The County will likely be receiving at least \$8 million. This funding will not be made available through a HUD (Department of Housing & Urban Development) program, but will come from the Treasury Department. The County are looking into how this can fit with other programs, and if it can be used for rental assistance.</p> <p>Janna shared that CDBG funding, unlike ESG funding, can be used to provide rental assistance. However, this can only be for consecutive months of rental assistance – so an agency can</p>	

	<p>support a family with rental assistance until their situation is stabilized, but if they then need the same type of support some months later (e.g. if another family member becomes infected with COVID and is unable to work), CDBG funding cannot be used again for this.</p> <p>George reported that the omnibus bill in December included the provision that the Continuum of Care (CoC) grant for Fiscal Year 2020 will not involve the typical competition, but will be a renewal process. There will not therefore be an opportunity for bonus grants.</p> <p>The County is expecting award notifications for the 2020 California ESG (Emergency Solutions Grant) program soon. The award letter for Round 1 of the California ESG-CV (Emergency Solutions Grant – Coronavirus) program was received in December, and the County is now in the process of finalizing and sending out subrecipient agreements.</p> <p>An ad hoc Grant Review Committee for applications to the Round 2 of the California ESG-CV program is set to meet on the same day as this meeting. Recommendations will then be reviewed by the full HSOC meeting on January 20th.</p> <p>Brandy shared that the eligibility criteria for HUD VASH (Veterans Affairs Supportive Housing) vouchers and long term support has been expanded. It previously only included veterans who had been honorably discharged. More veterans are now eligible for this support.</p>	
<p>4.3.1. Discussion Item: Homeless Housing, Assistance &</p>	<p>Laurel provided some background on Round 2 of the HHAP (Homeless Housing, Assistance & Prevention) grant program. The second round will be worth approximately \$1.5 million. The County’s application to the State is due on January 23rd. The</p>	

<p>Prevention Program (HHAP) Round 2 Priorities</p>	<p>State is asking for more information in the second round, including identifying priority areas for the grant which should be based on an assessment of needs. The State has confirmed that prior assessments can be used, so the County is proposing to submit the results of the assessment carried out for the HEAP (Homeless Emergency Aid Program) and CESH (California Emergency Solutions and Housing) programs. This will be relevant especially as the HHAP grant has a set aside for youth funding, and the HEAP and CESH assessment included input from young homeless people. The priorities identified previously include permanent housing, street outreach, and case management. This will also be discussed by the Executive Committee meeting on January 12th, and then by the full HSOC on January 20th.</p> <p>The Committee discussed these priorities and agreed that permanent supportive housing is the top priority. Grace, Jan and Brandy highlighted the need for a medical component to be included, as agencies are increasingly finding older homeless people with medical needs have nowhere to go except for hospital.</p> <p>Janna shared that 5CHC recently completed a homeless services assessment for PLHA (Permanent Local Housing Allocation) funding, and will send recommendations to Laurel to incorporate.</p>	
<p>4.4. Discussion Item: Safe Parking and Alternatives to Encampments</p>		

<p>4.4.1. Discussion Item: Alternatives to Encampments Working Group Recommendations</p>	<p>Nicole reported that the Alternatives to Encampment Working Group will be meeting on January 14th to review the recommendations, incorporating suggestions from the Encampment Committee meeting on January 7th, before the recommendations will be sent to the full HSOC on January 20th.</p> <p>Separately, the Alternatives to Encampment Working Group decided to present three of its recommendations to the Services Coordinating Committee rather than the Encampment Committee. Nicole presented these recommendations:</p> <ol style="list-style-type: none"> 1. Incorporating community engagement and support services, i.e. setting up a social business (trash and sanitation) to employ homeless people; and a medical/substance abuse pilot program 2. Cataloguing homeless resources in coordination with United Way's 211 program 3. A step up program to provide different sleeping options at the same location, allowing for people to move from encampments to congregate or non-congregate shelter <p>The Committee gave the following feedback on the recommendations:</p> <ol style="list-style-type: none"> 1. Janna stated that enterprise projects have been attempted before, and there have been challenges related to California workers compensation policies. Janna suggested that County Counsel should look into these issues first. The main challenge with medical programs has been the lack of a consistent provider over time. 2. Janna stated that 5CHC had previously paid for a list of homeless resources which was printed and distributed. There is a document which could be a starting point for this, but needs to be updated. Riley suggested 211 would 	
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	<p>be willing to help with this, and could create an interactive PDF or possibly an app. Grace stated that CAPSLO had an app previously which allowed access to a basic service directory. Grace and Janna will follow up with Riley.</p> <p>The Committee agreed to review these recommendations in the next meeting.</p>	
<p>4.5. Discussion Item: 2021 Sheltered Point in Time Count – January 25th</p>	<p>George reported that the sheltered PIT (Point in Time) Count will take place on the night of January 25th. The County is therefore asking all shelter providers, especially those that have warming centers, to be open at this time. All warming centers are contributing to HMIS (Homeless Management Information System) currently, so a manual tally will not be needed. George will be reaching out to RISE and Stand Strong for their numbers, as well as TMHA (whose transitional housing project is not recorded in HMIS), and CAPSLO (whose emergency housing and hoteling work via SSVF is also not recorded in HMIS).</p>	
<p>4.6. Discussion Item: 2019 and 2020 Longitudinal Systems Analysis (LSA) – Responses to Comparisons with 2018 LSA data</p>	<p>George reported that he is currently working on completing the LSA (Longitudinal Systems Analysis) report. George shared some of the data with questions about historical differences in client numbers. The Committee discussed the questions and provided information to address these, i.e. warming center beds have only been counted for the last couple of years and some services did not report into HMIS in previous years.</p>	
<p>5. Future Discussion/Report Items</p>	<ul style="list-style-type: none"> • Recommendations from the Alternatives to Encampment Working Group • Homeless resources app 	

6. Next Meeting Date: March 8, 2021		
7. Adjournment	Devin adjourned the meeting at 11:35am.	



Data Collection Options for COVID-19 Vaccines

Introduction and Purpose

The U.S. Department of Housing and Urban Development (HUD) is providing data collection recommendations to communities and vendors alike for COVID-19 vaccinations for persons experiencing homelessness as a timesaving effort and to allow for uniformity should community data need to be rolled up for reporting across multiple communities. Vaccination activities should be addressed with the easiest and most effective approach for the community.

Using the Homelessness Management Information System (HMIS) as a supplementary data collection strategy may help communities provide and measure equitable access to the vaccine by Black, Indigenous, and people of color, who are becoming more severely ill and dying from COVID-19 at disproportionately higher rates than white people. Research on the social determinants of health and barriers to adequate healthcare point to factors reinforcing this trend.

Guiding Principles

- Projects funded with Emergency Solutions Grants program Coronavirus Aid, Relief, and Economic Security (CARES) Act (ESG-CV) are prohibited from requiring treatment or other prerequisite activities as a condition for receiving shelter, rental assistance, or other services provided with ESG-CV funds (see Section F.10. of the [ESG-CV Notice](#)).
- Vaccination status should never be a factor in any housing prioritization.
- Client participation in data collection must be voluntary and in no way impact their access to services.
- If your community does not have a specific need or use for this data, do not collect it.
- HUD does not plan on requiring recipients to report vaccination data as part of its official reporting requirements. Exercise accountability: if you believe information is being used in an unethical or illegal manner, follow your HMIS Grievance Policy to report the abuse. If there is no Grievance Policy in place, notify your HUD field office.

Rationale

HMIS or other local data systems can be used to:

- Determine how many people experiencing homelessness are willing to be vaccinated,
- Focus community engagement strategies to target people who may be experiencing vaccine hesitancy,
- Remind people who may need their second dose of vaccine, and
- Mitigate ongoing COVID-19 outbreaks in congregate shelters.

Collecting this information does not make a program subject to the Health Insurance Portability and Accountability Act (HIPAA). To learn more about HMIS Privacy and HIPAA, review Chapter 2 of [HUD's Coordinated Entry Management and Data Guide](#) and the [HUD HMIS Data and Technical Standards Final Notice](#) (published in 2004) available on the [HUD Exchange](#) website.

Communities may reasonably opt to use other data management systems while serving and supporting people experiencing homelessness, such as a by-name list or an external coordinated entry system. This document refers to HMIS; however, using other local data collection systems to collect this data may make more sense for your community.

Optional new vaccination data elements will allow communities to use their HMIS to prepare for and support effective and equitable vaccine distribution among people experiencing homelessness. The additional data elements are listed in **Appendix A**.

HMIS Data Collection Approaches

Communities should consult their HMIS vendors for recommendations on data collection configuration and when and how to collect the data to maximize the reporting structure in their software. HUD is encouraging vendors to work with communities to deploy solutions to collect and report this new data. HUD is working to identify ways ESG state recipients can possibly lower associated costs through statewide edits to HMIS. Please attend HUD's Office of Special Needs Assistance Programs (SNAPS) Office Hours for more current information.

1. Universal Project Collection

Communities may choose to add the vaccine screening and status data elements (see Appendix A) to the data collection fields for all existing HMIS-participating projects. While this setup may be time consuming, it integrates the data collection process in HMIS where it may be most seamlessly incorporated into the existing data collection infrastructure.

2. New Project Setup

Communities may choose to establish a separate project in HMIS to help their communities record COVID-19 vaccination data. The following Project Descriptor Data Elements (PDDE) should be used:

- 2.01 Organization Information—may use an existing HMIS organization or create a new one
- 2.02 Project Information—data element responses:
 - Project Name & Operating Start/End Date, determined locally per HMIS Data Standards
 - Continuum Project = “No”
 - Project Type = “Other”
 - HMIS Participating Project = “Yes”
 - Target Population, determined locally per HMIS Data Standards
- 2.03 Continuum of Care Information, determined locally per HMIS Data Standards
- 2.06 Funding Sources, determined locally per HMIS Data Standards

3. Coordinated Entry

In addition to collecting information on people in congregate settings and unsheltered locations, communities utilizing their HMIS for a Coordinated Entry Assessment and by-name list generation may also elect to incorporate the new data elements into the Coordinated Entry Assessment. This would allow them to add collecting and reviewing immunization screening and/or vaccine status to an existing framework.

HMIS Data Collection Recommendations

- Communities should not wait for HMIS to be updated with these elements and should collect data in real time, by some other means, until they are able to enter data directly into HMIS.
- Be accountable: Ensure that data collection procedures identify which agency/project is responsible for following up with clients per the community's vaccine distribution protocol.
- Be flexible: Review relevant forms, training materials, and data collection processes and update them as needed to incorporate procedures for collecting vaccine status and screening data. These procedures are being developed and activated rapidly and may require adjustment.

Appendix A

Screening Questions and Responses

Field Name	Dependency	Response Category/Data Type	Descriptions
Are you willing to take the COVID-19 vaccine?	None	No	Client IS NOT willing to take the COVID-19 vaccine (Centers for Disease Control and Prevention [CDC] Vaccine Refusal—Yes)
		Yes	Client IS willing to take the COVID-19 vaccine (CDC Vaccine Refusal—No)
		Client doesn't know	
		Client declined to answer	
		Data not collected	
If 'Yes,' have you gotten the first shot/dose?	Are you willing to take the COVID-19 vaccine—Yes	No	If the client has not begun the protocol, refer for a vaccine.
		Yes	If 'Yes,' go to the vaccine status and review record for follow-up information and protocol status.
		Client doesn't know	
		Client declined to answer	
		Data not collected	
If 'No' to "Are you willing to take the COVID-19 vaccine?" "What is the key concern?"	Are you willing to take the COVID-19 vaccine—No	Believe the vaccine is not safe and may cause serious health complications	
		Believe the vaccine will not work/is ineffective	
		Believe the vaccine is too new	
		Concerns with the vaccine development process	
		Believe they are not at risk of getting COVID-19 or risk is low	
		Believe the vaccine may infect them with COVID-19	
		Concern that vaccination may lower vulnerability score and/or impact access to services	
		Distrust in the healthcare system due to historic and/or current racism	
		Other	Only select the 'Other' response if NO categorical response is a close match to the client's reason for not taking the COVID-19 vaccine.

Field Name	Dependency	Response Category/Data Type	Descriptions
If 'Other' reason not willing to take the COVID-19 vaccine	If 'No,' reason— 'Other'	[Text]	Enter the reason the client declines to take the vaccine. Confirm that the reason does not match any of the categorical responses to "If 'No,' to 'Are you willing to take the COVID-19 vaccine?' What is the key concern?"
If 'No' to "Are you willing to take the COVID-19 vaccine?" What would you need to feel safe taking the vaccine?	If 'No' to "Are you willing to take the COVID-19 vaccine?"	[Text]	Enter the measure that would help the client feel safe or more comfortable taking the vaccine.

Vaccine Status Questions and Responses

Field Name	Dependency	Response Category/Data Type	Descriptions
Vaccination Status	None	Vaccination complete	Select 'Vaccination complete' if the client has taken both doses of the vaccine (or one, if it is a brand that only requires a single dose).
		Partial vaccination	Select 'Partial vaccination' if the client has received one of two vaccine doses.
		No vaccination	Select 'No vaccination' if the client has not started the vaccination process.
Dose 1—Date Scheduled	None	[Date]	Record the date the client is scheduled to take the first dose of the COVID-19 vaccine.
Dose 1—Date Administered	None	[Date]	Record the date the client took the first dose of the vaccine.
Dose 1—Location Administered	None	[Community-defined values]	This can either be represented by an open text box or a list of values that are defined by the communities based on the locations being used in their community. Examples could be "Local pharmacy" or "Shelter vaccination clinic."
COVID-19 Immunization Information System (IIS) recipient ID	None	[Text]	
COVID-19 vaccine manufacturer (MVX)	None	[List of vaccine manufacturers]	

Field Name	Dependency	Response Category/Data Type	Descriptions
Second Dose Required?	None	Yes	If the vaccine manufacturer requires a second dose.
		No	If the vaccine manufacturer does not require a second dose.
Dose 2—Date Scheduled	Second Dose Required = Yes	[Date]	Record the date the client is scheduled to take the second dose of the COVID-19 vaccine.
Dose 2—Date Administered	Second Dose Required = Yes	[Date]	Record the date the client took the second dose of the vaccine.
Dose 2—Location Administered	Second Dose Required = Yes	[Community-defined values]	This can either be represented by an open text box or a list of values that are defined by the communities based on the locations being used in their community. Examples could be "Local pharmacy" or "Shelter vaccination clinic."

Questions or clarifications on how to incorporate any of the above should be directed to the [AAQ on the HUD Exchange](#).