

San Bernardino City and County Continuum of Care (CoC)

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

Homeless Management Information System (HMIS) Client Consent and Information
Release

Families





San Bernardino County Homeless Partnership Continuum of Care Homeless Management Information System (SBCHP CoC HMIS)

Client Consent and Information Release

I. What You Need to Know Before You Sign

The SBCHP CoC HMIS is a web-enabled database used to store information about clients utilizing housing and homelessness services in San Bernardino County. _____ will gather and maintain data to: (a) provide individual case management; (b) produce reports regarding utilization of services; (c) track individual program outcomes; (d) provide accountability for individuals and entities that provide funds for use in the San Bernardino County Continuum of Care; (e) identify unfilled service needs and plan for the provision of new services; (f) allocate resources among agencies engaged in the provision of services in and around San Bernardino County; and (g) be used for all other purposes deemed appropriate by the SBCHP CoC HMIS. Generally an agency may not disclose any information contained within this system which could identify a client unless:

1. The clients consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research audit or program evaluation.

By law, we must protect the privacy of your information, tell you about your rights, and tell you about how we keep your information private.

Child Abuse and Neglect: By law, we are required to report a life-threatening situation to you or others, and/or a suspicion of child abuse or neglect.

Agencies that have been granted access to the SBCHP CoC HMIS have agreed to abide by all laws and SBCHP CoC HMIS Policies and Procedures pertaining to client confidentiality and user conduct. All agencies will also keep Client Consent/Information Release form for all individual client data that is shared to non-custodial agencies where the internal policy of the agency allows data sharing.

II. What information is shared about you?

- Based upon the agency standards for data sharing, Basic Client Intake Information will be shared with agencies participating in SBCHP CoC HMIS in an effort to prevent client duplicative intake processes. The information that will be shared includes Basic Client and Household Intake Information and Employment/Education History.
- In an effort to streamline the Scope of Care of the client and/or the client's family Program Level and Service Level data will only be shared with other SBCHP CoC HMIS participating agencies that have signed the Interagency Data Sharing Agreement section of the HMIS Participating Agency Agreement.
- Aggregate (de-identified) data will be used to produce region-wide reports.
- All agencies, which have been granted access to the SBCHP CoC HMIS, have agreed to abide by all laws, and the SBCHP CoC HMIS Policies and Procedures pertaining to client confidentiality and user conduct. Individual client data is available through the SBCHP CoC HMIS to non custodial agencies only in cases where the internal policies of the agency entering the data, specific inter-agency data sharing agreements and client consent forms allow such sharing.

**San Bernardino County Homeless Partnership Continuum of Care
Homeless Management Information System (SBCHP CoC HMIS)**

Client Consent and Information Release Authorization

By signing below, I understand and acknowledge that based on the Agency’s policy I have a right to:

- ✓ Request the Agency communicate with me about my services in a manner designed to promote confidential communications;
- ✓ Not answer any questions unless entry into the Agency’s program requires it;
- ✓ Receive services if I do not allow this agency to enter information about me in SBCHP CoC HMIS;
- ✓ Inspect, copy, and request amendment of records maintained by the Agency related to the provision of services to me and to receive a paper copy of this form;
- ✓ Request restriction of how my data, information and records are utilized and disclosed but that the Agency is not required to agree to such requested restrictions;
- ✓ Decline consent to share the basic Client Intake information outlined above;
- ✓ Sign a written request to remove my consent at any time; and
- ✓ File a grievance with the Agency or the Administrative office by providing a written notice of the alleged violation, if I believe my privacy rights have been violated and that I will not be retaliated against for filing such a complaint.

_____ **Please initial that you understand your rights**

By signing below, I also understand and acknowledge that:

- ✓ The confidentiality of my records is protected by law and the Agency will never give information about me to anyone outside the Agency without my written consent or as required through a court order;
- ✓ In addition to Client Intake Information, the Agency may share Program Level data with only other SBCHP CoC HMIS participating agencies in an effort to streamline the my Scope of Care;
- ✓ If I choose to remove consent, I understand that my data may be disclosed to SBCHP CoC HMIS and included in an aggregated and de-identified form for purposes of making future policy and program decisions;
- ✓ This release is valid for seven (7) years after the last time I receive services from the Agency; and
- ✓ The Agency is required to abide by the terms of this notice but the Agency reserves the right to change the terms and to make such change effective for information already held by the Agency as well as information received in the future.

SIGNATURE OF CLIENT or GUARDIAN

DATE

SIGNATURE OF AGENCY WITNESS

DATE

ADMINISTRATION

Head of Household First Name:	Head of Household Last Name:
Date:	Race/Ethnicity:
Start Time:	Gender Identity (Male, Female, Transgender, Other):
End Time:	Identifies as LGBTQ2+? <input type="checkbox"/> Yes <input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Date of Birth:
Previous VI-SPDAT completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous VI-SPDAT Score:	Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd Head of Household First Name:	2 nd Head of Household Last Name:
Date:	Race/Ethnicity:
Start Time:	Gender Identity (Male, Female, Transgender, Other):
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Previous VI-SPDAT Score:	Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Disclaimer:
 OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-SPDAT and SPDAT products will be used, applied or integrated by communities, agencies or frontline staff. OrgCode assumes no legal responsibility or liability for the decisions that are made or services that are received in conjunction with the tools.



OPENING SPEAKING POINTS

Cover the following in the opening explanation of the F-VI-SPDAT each time:

- The purpose of doing this triage with households that have children and are currently experiencing homelessness
- Some of the questions are personal in nature. It is their choice whether or not they want their children present, and if they do choose to have their children present, they can choose to skip questions that they don't want to answer in front of their children that we can try to come back to at the end or another time if someone can watch their children for a few minutes.
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

SECTION ONE: CHILDREN WITHIN THE HOUSEHOLD

1. How many children under the age of 18 are currently with you? _____
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____
3. Is any member of the family currently pregnant (*if applicable*)? Y N R
4. Please provide a list of children in your household:

Child 1 First Name:	Child 1 Last Name:
Child 1 Date of Birth:	Child 1 With Family?
Child 2 First Name:	Child 2 Last Name:
Child 2 Date of Birth:	Child 2 With Family?
Child 3 First Name:	Child 3 Last Name:
Child 3 Date of Birth:	Child 3 With Family?
Child 4 First Name:	Child 4 Last Name:
Child 4 Date of Birth:	Child 4 With Family?
Child 5 First Name:	Child 5 Last Name:
Child 5 Date of Birth:	Child 5 With Family?

Score 1 if any of the following conditions are met:

- *If there is a single parent with 2+ children, and/or a child aged 11 or younger, and/or a current pregnancy.*
- *If there are two parents with 3+ children, and/or a child aged 6 or younger, and/or a current pregnancy.*



SECTION TWO: PRESENTING NEEDS

5. Most days can you and your family:

- a. Find a safe place to sleep Y N R
- b. Access a bathroom when you need it Y N R
- c. Access a shower when you need it Y N R
- d. Get food Y N R
- e. Get water or other non-alcoholic beverages to stay hydrated Y N R
- f. Get clothing or access laundry when you need it Y N R
- g. Safely store your stuff Y N R

Score 1 if NO to Question 5 a, b, c, d, e, f or g.

SECTION THREE: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

6. How long has it been since you and your family lived in stable, permanent housing? *(is this in days or months or years?)* _____

7. In the last three years, how many times have you been homeless? _____

8. IF THE ANSWER TO QUESTION 7 IS 2 OR MORE:

Thinking about those last three years and the different times you and your family were homeless, if you add up all the months you were homeless, what is the total length of time your family has experienced homelessness? _____ *months*

9. Do you have any diagnosed, documented, disabling conditions? Y N R

Score 1 if YES to QUESTION 9 and the following conditions are met:

- *If the head of household:*
 - *experienced 1 or more consecutive years of homelessness or*
 - *4+ episodes of homelessness and the total duration of homelessness is 12+ months.*

10. Has your family ever lived in a home that you own or an apartment in your name? Y N R

11. Have you and your family ever been evicted? Y N R

Score 1 if NO to Question 10 and/or YES to Question 11.



SECTION FOUR: VULNERABILITIES AND HOUSING SUPPORT NEEDS

12. In the last 6 months, how many times have you or anyone in your family: # of times
- a. Gone to the emergency room/department _____
 - b. Taken an ambulance _____
 - c. Been hospitalized as an inpatient _____
 - d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention _____
 - e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that _____
 - f. Stayed one or more nights in jail, a holding cell or prison _____

If the total number of interactions equals 4 or more, score 1.

13. Since your family has been homeless:
- a. Has anyone in your family been beaten up or assaulted Y N R
 - b. Has anyone in your family threatened to beat up or assault someone else Y N R
 - c. Has anyone in your family threatened to harm themselves or harmed themselves Y N R
 - d. Has anyone threatened you or anyone in your family with violence or made any of you feel unsafe Y N R
 - e. Has anyone tried to control you or anyone in your family through violence or threats of violence whether that be a stranger, friend, partner, relative or someone in your family Y N R

If YES to any of Question 13, score 1.

14. Does anyone in your family have any legal stuff going on right now that may result in any of the following:
- a. Being locked up Y N R
 - b. Having to pay fines or fees that you cannot afford Y N R
 - c. Impact your family's ability to get housing Y N R
 - d. Impact where you and your family could live in your housing Y N R
 - e. Impact your family's ability to stay together Y N R
15. Has anyone in your family ever been convicted of a crime that makes it difficult to access or maintain housing Y N R

If YES to any of Question 14 and/or YES to Question 15, score 1.



16. Does anyone trick, manipulate, exploit or force anyone in your family to do things they do not want to do? Y N R

17. Where do you and your family sleep most frequently? (*select one response*)

- Shelters Transitional Housing Couch Surfing
- Outdoors Car Other _____

18. Does anyone in your family ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that? Y N R

Score 1 if *any* of the following conditions are met:

- YES to Question 16;
- If the family stays any place other than Shelters or Transitional Housing in Question 17;
- YES to Question 18.

19. Is there anybody that thinks that you or anyone in your family owes them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? Y N R

20. Do you or anyone in your family get any money from the government, a job, alimony, child support, working under the table, day labour, an inheritance or a pension, or anything like that? Y N R

21. Do you or anyone in your family ever gamble with money they cannot afford to lose or have debts associated with gambling? Y N R

Score 1 if *any* of the following conditions are met:

- YES to Question 19;
- NO to Question 20;
- YES to Question 21.

22. Does everyone in your family have planned activities, other than activities for survival, at least four days per week that make them feel happy and fulfilled? Y N R

If NO to Question 22, score 1.

23. Does your family have a collection of belongings that gets in the way with your ability to access services or housing? Y N R

If YES to Question 23, score 1.

24. Would you say that your family’s current homelessness was caused by any of the following:

- a. A relationship that broke down Y N R
- b. An unhealthy or abusive relationship Y N R
- c. Because family or friends caused your family to lose your housing Y N R



25. Do most of your family and friends have stable housing? Y N R

If YES to any of Question 24, and/or NO to Question 25, score 1.

26. Is anyone in your current household 60 years of age or older? Y N R

27. Does anyone in your family have any physical or mental health issues or cognitive issues including a brain injury, that might require assistance to access or keep housing? Y N R

If YES to Question 26 and/or YES to Question 27, score 1.

28. Does anyone in your family use alcohol or drugs in a way that it:
- a. Impacts their life in a negative way most days Y N R
 - b. Makes it hard to access housing Y N R
 - c. Might require assistance to maintain housing Y N R

If YES to any of Question 28, score 1.

29. Are there any medications that, for whatever reason:
- a. A doctor said someone in your family should be taking but they are not taking Y N R
 - b. The medication gets sold instead of being taken Y N R
 - c. The medication is used other than how it is prescribed Y N R
 - d. The medication is impossible to take, forgotten, or chosen not to take it Y N R

If YES to any of Question 29, score 1.

30. Has your family's homelessness been caused by any recent or past trauma or abuse? Y N R

If YES to Question 30, score 1.

31. Are there any children that have been removed from the family by a child protection service in the last six months? Y N R

32. Do you have any family legal issues like child custody, protection issues, divorce, or anything like that being resolved in court or needing to be resolved in court that would impact your housing or who may live within your housing? Y N R

If YES to Question 31 and/or Question 32, score 1.



33. At any point in the last six months, have any of your children been separated from you to live with another family member or friend? Y N R
34. In the last six months, have any of the children experienced abuse or trauma? Y N R
35. **If there are school-aged children:** Do your children attend school more often than not each week? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 33;
- YES to Question 34;
- NO to Question 35.

36. In the last six months, have the adults in the family changed because of a new relationship, a separation, incarceration, military deployment, or anything like that? Y N R
37. Do you anticipate any other adults or children coming to live with your family in the first six months after you and your family get housed? Y N R

If YES to Question 36 and/or Question 37, score 1.

38. Does your family have a support network for when you need help with your children or other things that come up? Y N R
39. **If there are children 12 and younger as well as 13 and over:** In your household, do the older kids spend two or more hours on a typical day helping their younger siblings with things like getting ready for school, homework, dinner, bathing them, or anything like that? Y N R

If NO to Question 38 and/or YES to Question 39, score 1.

TOTAL SCORE



SCORING RANGE	RECOMMENDED COURSE OF ACTION
0-3	Assess for least intensive service supports
4-8	Assess for moderate and often time-limited supports
9+	Assess for high intensity supports lasting for a longer duration of time and perhaps even permanently

CONTACT INFORMATION

On a typical day, what is the best way to reach you?

If that is unsuccessful, what is the next best way to reach you?

