

# 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

**Single Adults**





## 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

First Name:	Last Name:
Date:	Race/Ethnicity:
Start Time:	Gender Identity (Male, Female, Transgender, Other):
End Time:	Identifies as LGBTQ2+?
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Date of Birth:
Previous VI-SPDAT completed?	Ever served in the military?
VI-SPDAT Score:	Pet(s)?

## OPENING SPEAKING POINTS

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

- The purpose of doing the triage
- 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

### 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.



**SECTION ONE: PRESENTING NEEDS**

1. Most days can you:

- 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  NA

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

**SECTION TWO: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION**

2. How long has it been since you lived in stable, permanent housing?  
(is this in days or months or years?) \_\_\_\_\_

3. In the last three years, how many times have you been homeless? \_\_\_\_\_

4. IF THE ANSWER TO QUESTION 3 IS 4 OR MORE:

Thinking about those last three years and the different times you were homeless, if you add up all the months you were homeless, what is the total length of time you have experienced homelessness? \_\_\_\_\_ months

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

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

- If the person:
  - experienced 1 or more consecutive years of homelessness or
  - 4+ episodes of homelessness **and** the total duration of homelessness is 12+ months
  - **AND** answered Yes to Question 5

6. Have you ever lived in a home that you own or an apartment in your name?  Y  N  R

7. Have you ever been evicted?  Y  N  R

*Score 1 if NO to Question 6 and/or YES to Question 7*



**SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS**

8. In the last 6 months, how many times have you:

- 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.*

9. Since you have been homeless:

- a. Have you been beaten up or assaulted  Y  N  R
- b. Have you threatened to beat up or assault someone else  Y  N  R
- c. Have you threatened to harm yourself or harmed yourself  Y  N  R
- d. Has anyone threatened you with violence or made you feel unsafe  Y  N  R
- e. Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent  Y  N  R

*If YES to any of Question 9, score 1.*

10. Do you 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 ability to get housing  Y  N  R
- d. Impact where you could live in your housing  Y  N  R

11. Have you ever been convicted of a crime that makes it difficult to access or maintain housing?  Y  N  R

*If YES to any of Question 10 and/or YES to Question 11, score 1.*



12. Does anyone trick, manipulate, exploit or force you to do things you do not want to do?  Y  N  R

13. Where do you sleep most frequently? (*select one response*)

- Shelters  Transitional Housing  Safe Haven  Couch Surfing  
 Outdoors  Car  Other \_\_\_\_\_

14. Do you 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 12;
- If the person stays any place other than Shelters, Transitional Housing or Safe Haven in Question 13;
- YES to Question 14.

15. Is there anybody that thinks you owe 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

16. Do you get any money from the government, a job, working under the table, day labor, an inheritance or a pension, or anything like that?  Y  N  R

17. Do you ever gamble with money you 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 15;
- NO to Question 16;
- YES to Question 17.

18. Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled?  Y  N  R

*If NO to Question 18, score 1.*

19. Do you 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 19, score 1.*

20. Would you say that your 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 you to lose your housing  Y  N  R



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

*If YES to any of Question 20, and/or NO to Question 21, score 1.*

22. Are you 60 years of age or older?  Y  N  R

23. Do you have any physical or mental health issues or cognitive issues including a brain injury, that you would require assistance to access or keep housing?  Y  N  R

24. Are you currently pregnant? (If applicable)  Y  N  R

*If YES to Question 22, and/or YES to Question 23, and/or YES to Question 24, score 1.*

25. Do you use alcohol or drugs in a way that it:

- a. Impacts your life in a negative way most days  Y  N  R  NA
- b. Makes it hard to access housing  Y  N  R  NA
- c. Would require assistance to maintain housing  Y  N  R  NA

*If YES to any of Question 25, score 1*

26. Are there any medications that, for whatever reason:

- a. A doctor said you should be taking but you are not taking  Y  N  R  NA
- b. You sell instead of taking  Y  N  R  NA
- c. You use in a way other than how it is prescribed  Y  N  R  NA
- d. You find impossible to take, forget to take or choose not to take  Y  N  R  NA

*If YES to any of Question 26, score 1.*

27. Has your homelessness been caused by any recent or past trauma or abuse?  Y  N  R

*If YES to Question 27, score 1.*

**TOTAL SCORE**





SCORING RANGE	COURSE OF ACTION
0-3	Assess for least intensive service supports
4-7	Assess for moderate and often time-limited supports
8+	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?

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

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