

Ventura County Continuum of Care Inter-Agency Data Sharing Agreement

By signing this Inter-Agency Data Sharing Agreement, the _____ Agency shall be designated a “participating agency” in the Ventura County Continuum of Care Collaborative. This “participating agency” agrees to share demographic and programmatic client data (when authorized to do so by the client) using the Ventura County Homeless Management Information System (HMIS). This “participating agency’s client data shall be shared with the following “participating agencies” that have also signed an Inter-Agency Data sharing Agreement on file with the County of Ventura County Executive Office and HMIS lead agency:

- All participating agencies in the Ventura County HMIS and Continuum of Care
- County of Ventura, County Executive Office
 - County of Ventura Human Services Agency, Homeless Services
 - County of Ventura Human Services Agency, HMIS
 - County of Ventura Human Services Agency, RAIN Transitional Living Center
 - Housing Authority of the City of San Buenaventura
 - Many Mansions
 - The Salvation Army Southern California Division, Ventura TLC
 - Turning Point Foundation
 - Ventura County Behavioral Health
 - Ventura County Health Care Agency
 - Community Action of Ventura County
 - Khepera House L.I.F.E. Program
 - Lutheran Social Services
 - Project Understanding
 - Samaritan Center
 - Society of St. Vincent de Paul—Ventura County Center
 - Kingdom Center
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This agency has signed and shall comply with the Ventura County HMIS Policies and Procedures.

Uses of Shared HMIS Data:

- Coordinate housing services for families and individuals experiencing homelessness or facing eviction in Ventura County.
- Evaluate performance and progress towards community benchmarks
- Improve the programs and services available to Ventura County residents experiencing homelessness or a housing crisis
- Improve access to services for all Ventura County homeless and at-risk populations
- Reduce inefficiencies and duplication of services within Ventura County Continuum of Care
- Ensure that services are targeted to those most in need based of prioritizations set by CoC
- Ensure that clients receive the amount and type of services that best fits their needs and preferences
- Pursue additional resources for ending homelessness

- Advocate for policies and legislation that will support to end homelessness in Ventura County

Client Protection:

- Informed consent must be given by clients in order for their identifying information to be entered into HMIS and shared among “participating agencies” in the Ventura County HMIS. Non-identifying information may be entered into HMIS for all clients regardless of whether they give consent and regardless of their domestic violence status.
- Identifying client information will be shared only among the “participating agencies” listed above. At the time of informed consent, and at any point thereafter, the client has the right to see a current list of the participating agencies using the Ventura County HMIS that will have access to his/her data.
- As part of the informed consent process, clients shall be informed that additional agencies within the Ventura County HMIS may be added to the list of “participating agencies” at any given time; and that all these additional “participating agencies” may also have access to the client’s information.
- HMIS Users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities.
- Clients may not be denied services based on their choice to withhold consent.

This agency shall defend, indemnify, and hold all other agencies harmless from any and all claims arising out of another agency’s negligent performance of this agreement. Any loss or liability to third parties or agencies resulting from negligent acts, errors or omissions of a Ventura County HMIS “participating agency” while acting within the scope of their authority under this agreement, shall be borne by that user exclusively.

Agreed to and signed by the following agency representative:

Printed Name and Title

Agency Name

Signature

Date