

A grayscale photograph of the Golden Gate Bridge in San Francisco, shrouded in a thick fog. The bridge's towers and suspension cables are visible, extending into the distance. The overall mood is serene and atmospheric.

**SAN FRANCISCO ONE SYSTEM
AGENCY LEAD MEETING
July 22, 2019**



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING



Bitfocus

Learning Objectives | Goals

Our goals for today:

- Welcome and Introductions
- Release of Information
- Summary of Access Roles and Exercise
- New User, Deactivate User, and Requests for Access Role Change
- Agency Active User Clean-up
- Survey Results and Plan
- Announcements | Reminders
- Next Month's Meeting

ONE System | Welcome and Introductions

- Please share your name, pronoun, agency, role, and where you would go for your dream vacation



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING



ONE System | Human Service Agency Release of Information

City and County of San Francisco



London Breed, Mayor

Human Services Agency

Department of Human Services
Department of Aging and Adult Services
Office of Early Care and Education

Trent Rhorer, Executive Director

AUTHORIZATION FOR RELEASE OF HSA INFORMATION

I, _____, date of birth _____,
hereby authorize the **Human Services Agency (HSA)** to release information about me to the **Department of Homelessness and Supportive Housing (HSH)** and **HSH-affiliated agencies** for the following purposes:

- To verify my income and benefits more quickly, to help me get evaluated for shelter and/or housing services;
- To help me obtain and/or maintain HSA assistance, benefits and services so I may qualify for housing services.

I understand the information to be released may include the following:

- Public assistance cash aid, benefits and service information
- Medi-Cal Eligibility Data System information (including Medi-Cal status, Social Security, immigration, employment and other state & federal information)
- Documents (including Identification, birth certificate, social security number, citizenship verification, child support information)
- Wages and other income information
- Employability status information (including health and disability information)
- Household expense information
- Case narratives and appointment information
- Other information, as needed, to help get shelter and/or housing services more quickly

MY RIGHTS

I understand I have the right to:

- Refuse to sign this Authorization. If I refuse to sign, it may limit the services I am able to receive.
- Receive a copy of this Authorization.
- Cancel this Authorization. To cancel this Authorization, I understand I must send my signed, written cancellation request to: HSA #5200, P.O. Box 7988, San Francisco, CA 94120-7988. My cancellation will be effective when it is received by HSA, and will not apply to any information that was already shared.
- Inspect my HSA case records by contacting the HSA Custodian of Records at (415) 503-4889.

By signing this Authorization, I acknowledge that this form was read by me (or read to me) prior to signing. This Authorization is valid for one year from the date this Authorization is signed or until my written cancellation is received by HSA.

Client or Authorized Representative Signature

Date

Name of Authorized Representative (AR), if applicable

AR's Relationship to Client

(HSA → HSH-2019-06)



ONE System | Homeless Response System Release of Information



San Francisco Department of Homelessness and Supportive Housing
Homelessness Response System
Authorization for Use or Disclosure of Information

Print Name:	
Date of Birth:	

This form and the attached notice describe how personal information about you may be used and shared by the City and County of San Francisco's Department of Homelessness and Supportive Housing (HSH) and its provider organizations, and the rights you have about your information.

The San Francisco Department of Homelessness and Supportive Housing's (HSH) Online Navigation and Entry (ONE) System (the City's Homeless Management Information System) is a database that allows HSH to save, access, and share client level information with our Partner agencies, which are San Francisco City Departments, including the Department of Public Health and the Human Services Agency, and other community-based housing and service providers who work with people experiencing, or at risk of experiencing, homelessness. Examples include the SF Homeless Outreach Team (SFHOT) or service providers in supportive housing.

To be able to best help you, information is collected in the ONE System and used by or shared with Partner agencies. Partner agencies use the information in the ONE System to:

- Match clients to appropriate housing and other services they might be able to receive
- Improve coordination of your care and related services between City agencies and providers; and
- Continue to look at ways to improve HSH housing and related services
- We will share information with relevant Partner Agencies if you access many of the HSH's Homelessness Response System (HRS) services.

A list of HSH's Partner agencies can be found at: www.hsh.sfgov.org

Access to information about you is limited by federal, state, and local laws and anyone who can access the ONE system or information about you must sign an agreement that they will follow privacy laws (which are detailed in the attached Notice of Privacy Practices).

By signing this form, I authorize the following:

- I authorize HSH and its Partner agencies to use and share information collected about me including length of time homeless and information about my vulnerabilities, such as health information, to assess and coordinate services I may be eligible for including: HSH housing and services, benefits, utility assistance, or other related services.



San Francisco Department of Homelessness & Supportive Housing
Homelessness Response System
Authorization for Use or Disclosure of Information

- ****For San Francisco Health Plan and Anthem Blue Cross Members Only: Authorization to Share My Information with My Health Plan****
 - The Department of Homelessness and Supportive Housing may share my contact information and information regarding my housing status with my health plan, San Francisco Health Plan, for purposes of coordinating my health care. San Francisco Health Plan staff will comply with all Federal and State privacy laws when they need to access my protected health and/or personal identifying information for determining my eligibility for services.

By signing this form, I understand that:

- The Partner agencies and their staff have signed agreements to maintain the security and confidentiality of my information. I have the right to review all applicable confidentiality policies.
- I understand that I may refuse to sign this Authorization however it will limit the services I am able to receive from non-health care providers at HSH.
- Authorizing the release of my information does not guarantee that I will receive services.
- Information may be shared to get me help if I am an immediate danger to myself or others or if there is suspected abuse of a minor or disabled adult.
- I may see or get a copy of the information collected about me (see Notice for more information).
- I have a right to get a copy of this Authorization.
- I may cancel this Authorization at any time, but I must do so in writing and submit it to the following address:
P.O. Box 427400, San Francisco, CA 94142-7400
- If I cancel this Authorization, further information about me will not be collected or shared but it will not take back or remove the information that has already been collected or shared.
- My information is protected by federal, state, and local regulations governing the confidentiality of client records. My information cannot be further shared without my written consent, except as under the law.
- If my record includes a picture, it can be seen by partner agencies. The photograph may be cropped or edited as needed.
- Partner agencies and Bitfocus staff (System Administrator for the ONE system) who use the ONE System to evaluate HSH housing and services have signed agreements that they will follow all privacy laws.



San Francisco Department of Homelessness & Supportive Housing
Homelessness Response System
Authorization for Use or Disclosure of Information

- I understand that medical, HIV/AIDS, mental health, and drug and alcohol records are protected under various federal and state regulations, including California Welfare and Institutions Code Section 5328, Confidentiality of Medical Information Act, California Civil Code Section 56.10 (CMIA), the Health Insurance Portability and Accountability Act, 45 C.F.R., parts 160 and 164 ("HIPAA"), and the Federal Regulations Governing Confidentiality of Drug Abuse Patient Records, 42 C.F.R., Part 2. (See the Notice of Privacy Rights for more information)
- Unless allowed or required by law, information received by HSH and partner agencies cannot be shared with anyone else without my consent.

Expiration:

This Authorization expires three years from the date of signature or the earlier date noted here: _____

Signature

Signature (Client/Legal Representative): _____ Date: _____

Print name (Client/Legal Representative): _____

If signed by an authorized person other than the client, indicate relationship: _____

If client/legal representative refuses to sign, Staff to state the reason for refusal and add staff signature: _____

ONE System | HSH Notice of Privacy Rights Continued



HSH Notice of Privacy Rights

This notice describes how personal information about you may be used and shared by the City and County of San Francisco's Department of Homelessness and Supportive Housing (HSH) and its provider organizations, and the rights you have about your information.

HSH has launched Coordinated Entry and its community Access Points. Access Points are how people experiencing homelessness access San Francisco's Homelessness Response System to figure out which services they *may* be eligible to access including:

- **Problem Solving:** creative options to avoid entering the homeless response system.
- **Housing Resources:** including Rapid Re-Housing and Permanent Supportive Housing.
- **Supports:** including care coordination, case management, and crisis intervention.
- **Linkages:** including referrals to appropriate medical, mental health, substance use, and social service programs.
- **Benefit Supports:** including help applying for Medi-Cal, County Adult Assistance Program (CAAP), SSI, CalFresh (formerly called Food Stamps), and CalWORKS.

Client information is collected in the ONE System and used by or shared to housing and service providers (each, a "Partner Agency", and collectively, the "Partner Agencies"), which includes community-based organizations and government agencies (such as the Department of Public Health or the Human Services Agency). A list of Partner Agencies can be found at hsh.sfgov.org. Partner agencies use the information in the ONE System to: match clients to, and allow staff to coordinate, appropriate housing resources and related services; improve the quality of housing and related services; conduct needs assessments and prioritize services for certain homeless and low-income services; improve coordination between City agencies and providers; and to evaluate the delivery, impact, and quality of HSH housing and related services.

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HSH Notice of Privacy Rights

In order to determine my eligibility for services within HRS, HSH HRS City staff and its Partner Agencies may access my personal information, such as length of time being homeless and information about my vulnerabilities, including health information, held by the Human Services Agency and the Department of Public Health.

Information Shared between the Department of Homelessness and Supportive Housing and the Human Services Agency:

The Department of Homelessness and Supportive Housing's Homeless Response System City staff and its contracted partners may access information on which, if any, public benefits I receive from the Human Services Agency, including: Medi-Cal, CAAP, CalWORKS, and CalFresh. This public benefits-related information may be used to:

- Determine eligibility for housing
- Coordinate services across the Department of Homelessness and Supportive Housing's programs.

The Human Services Agency may access information, held by Department of Homelessness and Supportive Housing, about my housing status in order to:

- Coordinate economic support and self-sufficiency services for people served both by Human Services Agency and the by Department of Homelessness and Supportive Housing;
- Evaluate and improve Human Services Agency housing related programs; and/or
- Comply with mandated reporting requirements, the Human Services Agency may access information regarding my housing status, including which Department of Homelessness and Supportive Housing services I am prioritized for/connected with.

Information Shared Between the Department of Homelessness and Supportive Housing and the Department of Public Health:

In order to know which housing services I may be eligible for, the Department of Homelessness and Supportive Housing may access information about my health vulnerabilities. In order to coordinate my health care, the Department of Public

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HSH Notice of Privacy Rights

Health may access information from the Department of Homelessness and Supportive Housing regarding my housing status, including which housing services I am prioritized for and/or connected with.

Staff or volunteers in the above listed departments/organizations will comply with all Federal and State privacy laws when they need to access my protected health and/or personal identifying information for determining my eligibility for services.

Please read it carefully.

Who will follow this notice?

- All agencies and sections of the City and County of San Francisco (CCSF) who are allowed to read, use or share your personal information.
- Affiliates and contracted providers or business associates of CCSF.
- Employees, staff, and other personnel of the above.
- Volunteers who help you while you are receiving services or care from the above.
 - All these persons, entities, and sites follow the terms of this notice and are referred to below by the words "we" "us" and "our."

Our pledge about your information.

We know that information about you and your information is personal. We promise to protect your personal information. We make and store a record of care and services you receive. This record is needed to give you care and services. This notice applies to all records of your care kept by us, whether made by our staff or others. We record and store client/participant information both on paper and in computers, depending on the setting where services are provided.

Changes to this notice.

We reserve the right to change this notice and to make the revised or changed notice effective for personal information already recorded about you as well as any information recorded in the future. You will be notified if we make changes

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DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING



ONE System | HSH Notice of Privacy Rights Continued

Your Rights

When it comes to your personal information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

<p>Participation in HSH Homeless Response System is voluntary</p>	<ul style="list-style-type: none"> You will be treated with dignity in relationships with staff and other individuals who utilize or support the Coordinated Entry process. You have the right to be free from intellectual, emotional, and / or physical abuse. You may file a grievance without risk or retaliation. You may accept or turn down resources or services that are offered to you at any time.
<p>See or get an electronic or paper copy of your personal information</p>	<ul style="list-style-type: none"> You can ask to see or get an electronic or paper copy of your personal information used to make decisions about your care. Ask us how to do this at the office or site where your care is given. If your request is approved, we will provide a copy or a summary of your information. If your request is denied, you may ask for a review of that decision. The person who does the review will not be the person who denied your initial request.
<p>Ask us to share your personal information</p>	<ul style="list-style-type: none"> We will send copies of your personal information to whomever you wish – other individuals, care professionals or hospitals and clinics. To ask us to share your information with people who do not need to use it for care purposes, you must ask in writing. Submit your request to the office or site where your care is given. If you made an ongoing request, you may ask us to stop the sharing of your information at any time.
<p>Ask us to correct your personal information</p>	<ul style="list-style-type: none"> You can ask us to correct personal information about you that you think is incorrect or incomplete. You must explain the reason for the change. Ask us how to do this at the office or site where your care is given. We may say “no” to your request, but we’ll tell you why.

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Your Rights

When it comes to your personal information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

	<ul style="list-style-type: none"> Some reasons we may say “no” are: (1) the request was not in writing, (2) you did not explain the reason for the change, (3) the information was not created by us or is not kept by us (anymore), (4) the information is found to be correct or complete, or (5) you are not allowed to see or get a copy of the information.
<p>Get a list of those with whom we have shared your information</p>	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we shared your information for six years prior to the date you ask, who we shared it with, and why. You must make this request in writing and tell us the care providers for which you want the accounting. Submit your request to the office or site where your care is given. Our list will not include times we share your information for treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make).
<p>Ask us to limit what personal information we use or share</p>	<ul style="list-style-type: none"> You can ask us not to use or share certain information with specific individuals or for specific purposes. We are not required to agree to your request, and we may say “no” if it would affect your care. If we say “yes”, we may still use or share information if it is needed to give you emergency treatment/services. You must make your request in writing and tell us: (1) what information you want to limit; (2) whether you want to limit use, sharing or both; and (3) to which individuals you want the limits to apply. Submit your request to the office or site where your care is given.
<p>Request confidential communication</p>	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Submit a written request to the office or site where your care is given.

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Your Rights

When it comes to your personal information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

	<ul style="list-style-type: none"> We will say “yes” to all reasonable requests.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> If you have given someone power of attorney or if someone is your legal guardian or authorized representative, that person can exercise your rights and make choices about your personal information. We will make sure the person has this authority and can act for you before we take any action.
<p>Revoke your permission where provided</p>	<ul style="list-style-type: none"> Uses and disclosures of personal information not covered by this notice or the laws that apply will be made only with your written permission. You may revoke this permission, in writing, at any time. If you revoke your permission, we will no longer use or share personal information about you for the reasons stated in that written permission. However, we are unable to take back any use or sharing that was already made with your permission, and the laws of California required us to retain records of the care that we provide to you.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us using the information on the last page of this form. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

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DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING



ONE System | HSH Notice of Privacy Rights Continued

Your Choices

For certain information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. This section explains your rights and some of our responsibilities to help you.

Inform individuals involved in your care*

- You can tell us to share your personal information with a friend or family member who is involved in and/or responsible for your care, or to someone who will help pay for your care.

Assist with disaster relief*

- You can tell us to share your personal information with an organization helping in a disaster relief effort so that your family can be told about your status and location.

***In the cases above** *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

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Our Uses and Disclosures

How do we typically use and share your personal information?

We cannot describe every way we use or share personal information in this notice. However, most of the ways fit into one of the descriptions provided below.

Run our organization

- We can use and share your personal information to run the homeless response system, improve your care, contact you when necessary, and for learning about the effectiveness of our programs.
- We may combine your personal information with others' information to decide what additional services we should offer, whether our programs are effective, and how to improve our care and services.

Example: We use information about you to remind you of an upcoming appointment or to help you connect with a resource like a benefits or a medical provider.

Example: We use personal information about you to manage your services and to check on the care you receive from our service providers to see that they are meeting their contract goals.

Pay for your housing or services

- We can use and share your information to bill and get payment from the entities that fund our housing and service programs.

Example: We give information about the housing and/or service program you utilize in order to obtain funding to establish and maintain HSH housing services and resources.

Do research

- We can use or share your information for health research under certain circumstances. All research projects are subject to a special approval process.

Comply with the

- We can use or share your personal information when

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Our Uses and Disclosures

How do we typically use and share your personal information?

We cannot describe every way we use or share personal information in this notice. However, most of the ways fit into one of the descriptions provided below.

Law

- required by federal, state or local law.
- In instances of immigration status, we will comply with San Francisco's Sanctuary City Ordinance (SCO), which prohibits the use of City funds or resources to assist Immigration and Customs Enforcement (ICE) with arrests and/or the gathering or dissemination of information regarding the release status or the personal or confidential information of an individual, unless it is mandated by federal or state law, warrant, or court decision.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - To prevent or reduce a serious threat to anyone's health or safety
 - To report to an authority suspected abuse or neglect of a minor or disabled adult.

Work with a medical examiner or coroner

- We can share personal information with a coroner, medical examiner, or funeral director when an individual dies.

Respond to lawsuits and legal actions

- We can share your personal information in response to a court or administrative order, or in response to a subpoena, discover request or other dispute process.

To court-appointed conservators and public guardians

- We can share your personal information with individuals appointed by a court of law to look after your physical and/or mental health and financial well-being.

For court-

- If you have been ordered to obtain services from us by a

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DEPARTMENT OF
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ONE System | HSH Notice of Privacy Rights Continued

Our Uses and Disclosures

How do we typically use and share your personal information?

We cannot describe every way we use or share personal information in this notice. However, most of the ways fit into one of the descriptions provided below.

appointed treatment purposes	criminal court proceeding, you will be asked to approve the sharing of information with that court. If you later retract your approval, we must inform the court of that refusal.
To law enforcement for limited purposes	<ul style="list-style-type: none">• We will only share your information with a law enforcement official in the following situations:<ul style="list-style-type: none">• In response to a court order, subpoena, warrant, summons or similar request issued by a judicial or administrative officer;• To alert them about a death believed to have been the result of criminal conduct;• About criminal conduct at our facilities and sites; and• In emergency circumstances to report a crime; crime or victim location; or the identity, description, or location of a person who committed a crime.
Address workers' compensation, health oversight activities, and other government requests	<ul style="list-style-type: none">• We can use or share information about you:<ul style="list-style-type: none">• For workers' compensation claims or similar programs that provide benefits for work-related injuries or illnesses• With agencies that oversee our housing services and activities, such as for audits, investigations, inspections, and licensing.• As required by military command authorities if you are or were a member of the armed forces.• For special government functions such national security, intelligence activities, and presidential protective services
Inmates	<ul style="list-style-type: none">• We can share your personal information with the jail or prison staff or its correctional officers: (1) for the jail /

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Our Uses and Disclosures

How do we typically use and share your personal information?

We cannot describe every way we use or share personal information in this notice. However, most of the ways fit into one of the descriptions provided below.

prison to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the jail / prison staff.

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CONTACT US WITH ANY FURTHER QUESTIONS ABOUT THIS FORM.

Direct your questions to the Program Manager associated with the services you receive and/or the HSH Privacy Officer.

- Contact HSH by phone at 415-252-3232
- Contact HSH in writing: P.O. Box 427400 San Francisco, CA 94142-7400

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DEPARTMENT OF
HOMELESSNESS AND
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ONE System | ROI File Categories

Sapphire Test

PROFILE PROGRAMS **FILES** REFERRALS

CLIENT PROFILE

Social Security Number	XXX - XX - 7778 ?	 UNIQUE IDENTIFIER 12F395E5F
Quality of SSN	Full SSN Reported <input type="button" value="v"/>	
Last Name	Test <input type="button" value="📅"/>	
First Name	Sapphire	
Quality of Name	Full name reported <input type="button" value="v"/>	
Quality of DOB	Full DOB Reported <input type="button" value="v"/>	
Date of Birth	10/01/1970 Adult. Age: 48	
Middle Name	Rose None <input type="button" value="v"/>	
Alias		

Sapphire Test

PROFILE HISTORY SERVICES PROGRAMS ASSESSMENTS NOTES **FILES** CONTACT LOCATION REFERRALS

UPLOAD A FILE

Category

Name

File

Trouble attaching files? Switch to the Basic Uploader

Private

ONE System | Summary of Access Roles Review



Access Roles for Adult Coordinated Entry

This document outlines the new ONE System Access Roles for Adult Coordinated Entry. Access Roles have been determined based on the staff roles, maintaining client privacy and access to ONE functionality needed to do each job.

Access Role 1- this is the most limited access role. Users with this access role are typically Front Line Staff working at a desk or reception area in a program or housing site. Staff will have the ability to view the client profile page, services and location. Users with this access role work in the following positions:

- Front Line Staff

Access Role 2- this is a very restricted access role, usually for users who work in property management and manage openings for a housing portfolio. Users with this access role work in the following positions:

- Property Managers

Access Role 3- staff will have limited access to client information. Users with this access role may need to enter shelter reservation information in ONE. They will have the same access as Access Role 1, with the additional ability to view the programs tab, run reports and use the attendance tool. Users with this access role work in the following positions:

- Shelter Staff

Access Role 4- This access role is for users who will be providing case management/direct services to clients staying in a shelter. Staff will be able to access all client level information except the assessment tab. This access role has the ability to run reports and use the attendance tool. Users with this access role work in the following positions:

- Shelter Case Manager

Access Role 5- Housing staff in this role may be responsible for posting open units, processing housing referrals (accepting or denying the referral). Staff will be able to access all client level information except the assessment tab. Users with this access role work in the following positions:

- Housing Program Managers

Access Role 6- This access role is designed for program supervisors that need a higher level access. This allows supervisors to run reports, monitor data quality and see client level information. This is intended for supervisors that do not oversee housing programs since this access role does not have access to referral information.

- Program Supervisor (non-housing program)



Access Roles for Adult Coordinated Entry

Access Role 7- This access role is able to see all client level information for ease of care coordination and connection to Coordinated Entry. Users with this access role work in the following positions:

- Street Outreach

Access Role 8- This access role has the least restrictive access in ONE. It is designated is for staff that have access to all client level information, referrals and may need matchmaking functionality. Users in this role may need access to information entered by agencies other than their own for purposes of Coordinated Entry. Some users with this level of access will have data analytics information. Some users with this access role may have data analytics information. Users with this access role work in the following positions:

- Access Point Staff
- Access Point Manager
- HSH Staff
- Agency Lead
- Analyst
- Back-Up Agency Lead
- Housing Case Managers

The following chart is a visualization of the Access Roles and the functions in ONE System they will have permissions to view and/or use.

Access Levels	Staff Role	Client Profile	History	Services	Programs	Assessments	Notes	Files	Location	Referrals	Reports
1	Front Line Staff	X		X				X			
2	Property Managers	X		X			X		X		
3	Shelter Staff	X		X						X	
4	Shelter Case Manager	X	X	X			X	X	X		X
5	Housing Program Manager	X	X	X			X	X	X	X	X
6	Program Supervisor	X	X	X	X		X	X	X		X
7	Street Outreach	X	X	X	X	X	X	X	X		X
8	Access Point Staff Access Point Manager/Vets BNL Agency Manager HSH Staff Analyst Agency Lead Back-up Agency Lead Housing Case Manager	X	X	X	X	X	X	X	X	X	X



ONE System | Access Roles Exercise

- Please split up into groups of 8
- Please look at your card and assign your staff to an appropriate Access Role using the Summary of Access Role document for reference
- Large group report out



ONE System | Agency Leads and User Access Roles

- New User Request
 - Confirm completion of Clarity General and DPH Privacy Trainings and email user name, email address, and **access role** to onesf@bitfocus.com
 - Agency Lead is responsible for determining the appropriate access role based on user's job/role and considering client privacy
- Deactivate User
 - Email onesf@bitfocus.com with ONE System user name and email address to deactivate
*For example when someone leaves agency
- Request to Change User Access Role
 - Email onesf@bitfocus.com with the ONE System user name, email address, and requested access role
 - HSH will be monitoring access role changes for auditing purposes

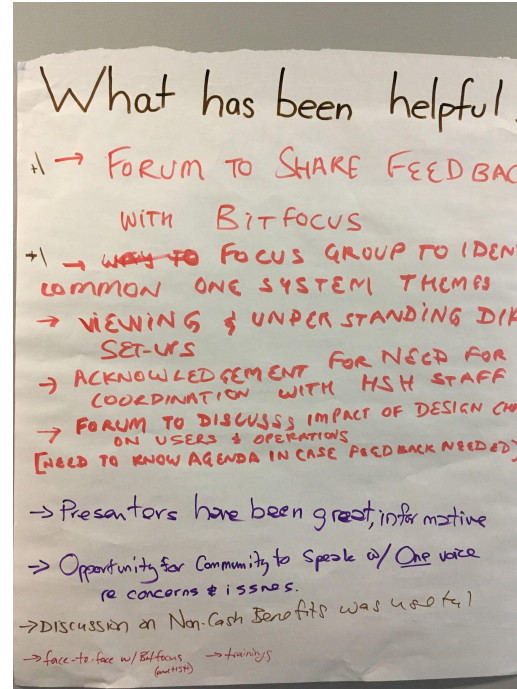
ONE System | Agency Active User Clean-up

- Clean up!
- Bitfocus team will be emailing out Agency Active User lists for clean-up by Agency Leads

Agency Name	First Name	Last Name	ONE user ID	Access Role	Deactivate User (no longer needs access or with agency)
Agency Awesome	Fuiji	Apple	fapple	*NEW* Access Point Staff	
Agency Awesome	Granny	Apple	gapple	*NEW* Shelter Case Manager	
Agency Awesome	Red	Apple	rapple	*NEW* Housing Program Manager	
Agency Awesome	Straw	Berry	sberry	*NEW* Housing Case Management	
Agency Awesome	Blue	Berry	bberry	*NEW* Housing Program Manager	
Agency Awesome	Pine	Apple	papple	*NEW* Agency Lead	

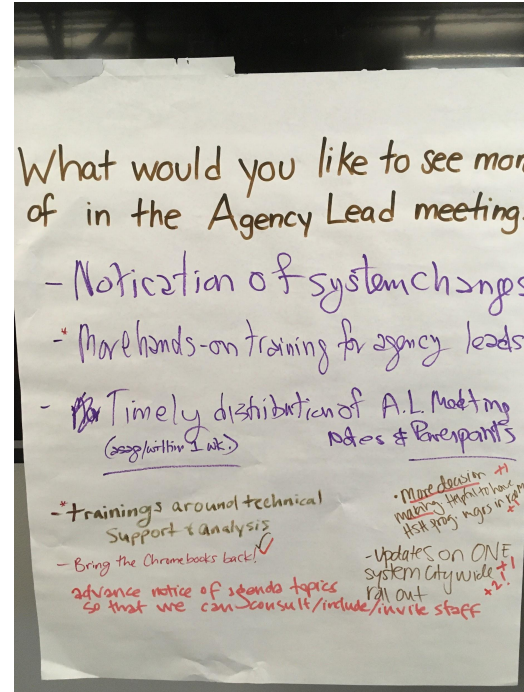
ONE System | World Cafe Results

- What has been helpful in Agency Lead meetings?



ONE System | World Cafe Results

- What would you like to see more of in the Agency Lead meetings?

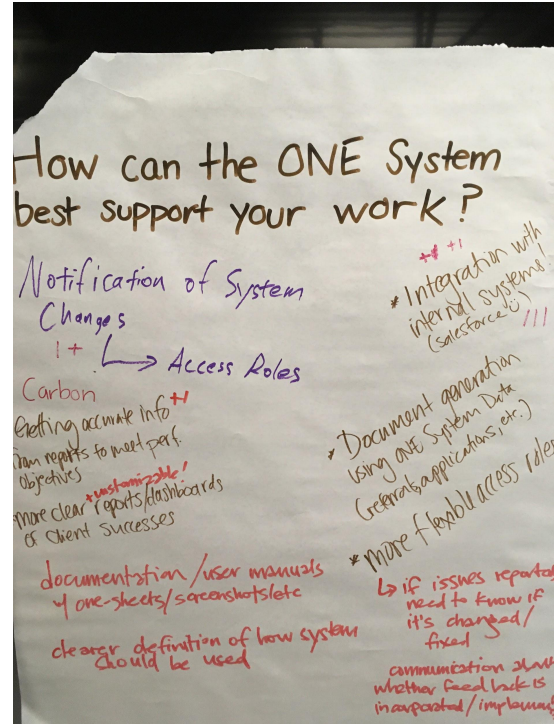


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ONE System | World Cafe Results

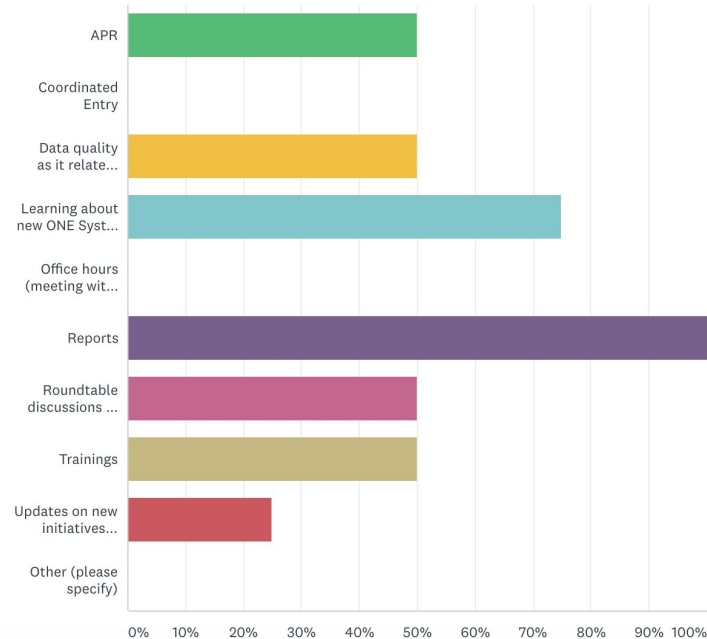
- How can the ONE System best support your work?



ONE System | Survey Results

Of the following, which topics are you interested in learning or having further discussions about? (Select all that may apply)

Answered: 4 Skipped: 0

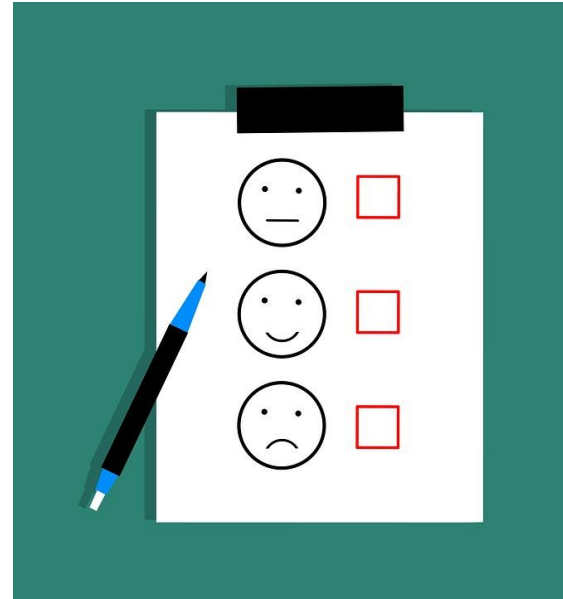


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ONE System | Feedback Plan

- Email and post presentation slides within one week
- Agenda schedule
- Communicate new features and changes in Agency Leads meeting and newsletter in coordination with HSH
- Topics: Reports, Data Quality, Roundtable discussions



ONE System | Announcements

- Bitfocus is hiring for a [Deputy Project Administrator](#)

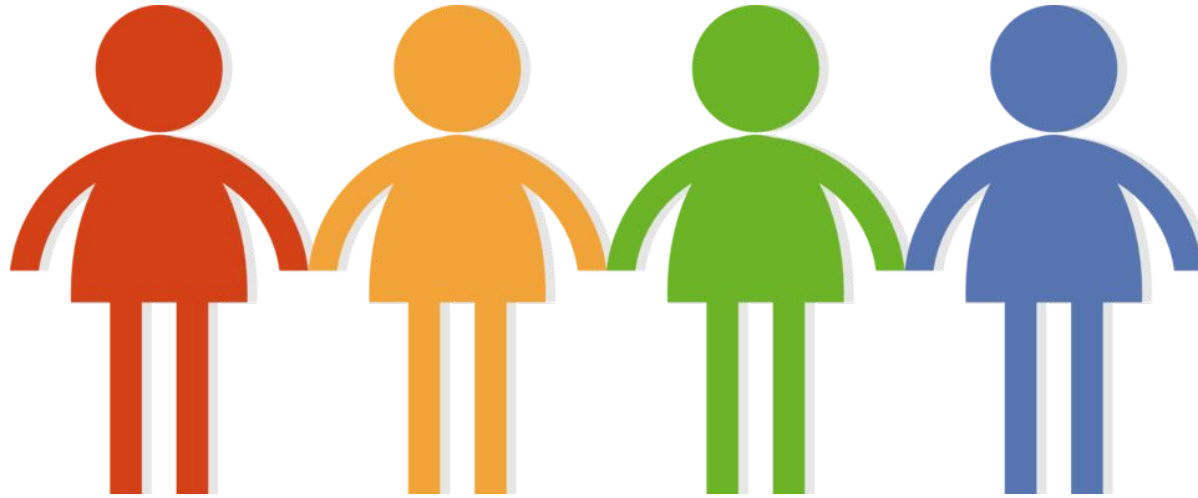


ONE System | Reminders

- LHCB ONE System Committee Youth Meeting
 - St Anthony's Poverello Room 150 Golden Gate Ave
 - **Cancelled July 29, 2019 3pm-4:30pm**
- LHCB Monthly Meeting
 - City Hall Room 416
 - August 5, 2019 11am-1pm
- LHCB Family Coordinated Entry/ONE System Committee Meeting
 - City Hall Room 408
 - August 6, 2019 10am-11am
- LHCB Adult Coordinated Entry/ONE System Committee Meeting
 - City Hall Room 408
 - August 6, 2019 9am
 - September 3, 2019 and Ongoing 11am

ONE System | Next Month's Meeting

- August 26, 2019 10:30am-11:30am
Google Community Space 188 Embarcadero



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Need More Help?

- We will email and post today's slides on the [ONE SF Help Center](#)
- Don't forget the Helpdesk! onesf@bitfocus.com or 415.429.4211

Thank you!