State of Hawaii

HMIS Policies and Procedures Manual

Hawaii Balance of State (HI-500) CoC

Honolulu (HI-501) CoC

December 2017

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HMIS Background and Structure

    A.   Background

The Homeless Management Information System (HMIS) is a statewide software program that is designed to capture client-level information over time on the characteristics and service needs of individuals at-risk of and experiencing homelessness. In response to a Congressional directive, the Department of Housing and Urban Development (HUD) has required all Continuums of Care (CoCs) across the country to implement HMIS at the local level.

The primary goal of the HMIS is to better understand the scope and dimensions of homelessness locally and nationally in order to address the problem more effectively. Through the implementation of advanced technology, the HMIS also directly benefits service providers and homeless clients by providing more efficient and coordinated services. The HMIS is a valuable resource because of its capacity to integrate and unduplicate data from all homeless assistance and homelessness prevention programs in both CoCs. Aggregate HMIS data can be used to understand the size, characteristics, and needs of the homeless population at the local, state, and national levels. The HMIS application enables organizations that operate homeless assistance and homelessness prevention programs to improve case management by collecting information about client needs, goals, and service outcomes. The HMIS also helps to improve access to timely resource and referral information and to better manage operations.

In Hawaii, <u>the HMIS is administered by a designated HMIS Lead Organization that</u> receives funding to develop and implement Hawaii's HMIS. Since inception in 2004, the HMIS has matured into a complex data collection and reporting tool utilized by homeless service providers across the State. The HMIS is a statewide implementation and serves both the Honolulu and Balance of State CoCs. Currently, the Hawaii HMIS has over 60 active user agencies. The HMIS has been able to provide data for how many homeless persons are receiving services in the state. HMIS data shows that annually, an average of 14,320 people received services from shelters and outreach agencies during 2010-2015. Hawaii's HMIS enables the sharing of client data, allowing for a greater collaboration amongst homeless service providers across the state.

    B. HUD Data and Technical Standards

HUD published the Homeless Management Information System (HMIS) Data and Technical
Standards Final Notice on July 30, 2004. The final notice describes the types of data that HUD funded providers must collect from clients receiving homeless assistance services. The notice also presents privacy and security standards for providers, CoCs and all other entities that use or process HMIS data. These data standards were revised in October 2014, September 2015, June 2016, and October 2017. The revised data standards can be found at the following link:
https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf
Additional HMIS resources can be found at the following link:
http://www.hudhdx.info/

    C. Annual Homeless Assessment Report (AHAR)

Congress has directed the U.S. Department of Housing and Urban Development (HUD) to assist local jurisdictions in implementing an HMIS and in using data from these systems to obtain an unduplicated count of homeless persons, analyze local patterns of services usage, and assess local service needs.

The Annual Homeless Assessment Report (AHAR) uses aggregate HMIS data from communities across the country, as well as information from CoC applications, to produce a national report on homelessness to the U.S. Congress. The AHAR is designed to:

- Develop an estimate of the number of homeless persons nationwide;
- Estimate the number of persons receiving assistance in permanent supportive housing (PSH);
- Create a descriptive profile of homeless persons and persons in PSH;
- Understand service use patterns; and,
- Estimate the nation's capacity to house homeless persons.

Hawaii is currently a contributing state for the AHAR and has been since 2008. The AHAR is based on an unduplicated count of persons within each community, and focuses on persons who use emergency shelters, transitional housing programs and/or permanent supportive housing. The AHAR does not account for homeless persons who only use supportive service programs, or are service resistant and do not access any type of homeless residential programs during the study period.

An AHAR introductory guide can be found at the following link:
https://www.onecpd.info/resources/documents/AHARIntroductoryGuide.pdf

AHAR Frequently Asked Questions can be found at the following link:
https://www.onecpd.info/resources/documents/HRE2012AHARFAQs.pdf

D. HUD System Performance Measures (SPM)

The McKinney-Vento Homeless Assistance Act, as amended, focuses on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to homeless assistance programs and funding sources that operate independently in a community. The Act now requires communities to measure their performance as a coordinated system, in addition to analyzing performance by specific projects or project types.

The Act has established a set of selection criteria for HUD to use in awarding CoC funding that require CoCs to report to HUD their system-level performance. The intent of these selection criteria are to encourage CoCs, in coordination with ESG Program recipients and all other homeless assistance stakeholders in the community, to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD. Specifically, the SPM assess the CoC's performance against the following measures:
Measure 1: Length of Time Persons Remain Homeless
Measure 2: The Extent to which Persons Exiting Homelessness to PH Destinations Return to Homelessness
Measure 3: Number of Homeless Persons: Change in PIT and Annual Counts
Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects
Measure 5: Number of persons who become homeless for the 1st time
Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects
Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of PH

Instructions and guidance can be found at the following link:

E. **HMIS Organization and Management**

Project Goals

The goals of Hawaii's HMIS Project are to:
- Assist homeless persons to navigate homeless service programs on the Counties of Honolulu, Kauai, Maui, and Hawaii
- Assist homeless service agencies with information allowing them to better serve their clients
- Gain a greater understanding of the numbers and characteristics of the homeless population
- Identify the needs of the homeless, both met and unmet
- Track available resources
- Provide information on services homeless receive as well as monitor outcomes and program performance
- Increase community awareness and understanding of issues related to homelessness

Project Organization

Hawaii's HMIS Lead Organization oversees efforts across both CoCs. Oahu's CoC is Partners in Care (PIC) and the rural county CoC is Bridging the Gap (BTG). The Lead Organization oversees the HMIS and is responsible for administering HMIS funds for management activities and improvements to the system. It should be noted though that each CoC is responsible for ensuring that the implementation is successful within their Continuum.

The HMIS lead is currently contracted with the HMIS Administration Team to provide Administrative and Support Services in Association with the HMIS. The HMIS Administration Team provides the following system administrative services to both of Hawaii's CoC's:

1. System Configuration and Customization
2. Data Quality Assurance
3. Reports Development
4. Data Analysis
5. System Monitoring
6. In-Person and On-Line User Training
7. Technical Assistance and Support
8. System Compliance and Updates
9. Community Partnership and Coordination
10. Assist/Manage Special Projects
11. Creation of export reports (APR, SSVF, RHY) and local data export(s)

HMIS System Development and Planning
Each CoC is responsible for soliciting feedback from agencies and stakeholders and communicating that feedback for improvement. PIC and BTG collaborate through a Statewide Data Committee, which is made up of agencies and other stakeholders that use HMIS and/or work with homeless populations. The data committee's responsibilities include:

- Soliciting feedback and recommendations on HMIS implementation from users and CoC Board members
- Using feedback to continually improve functions and use of HMIS
- Developing the HMIS Strategic Plan
- Reviewing annually the formal written policies and procedures for the operation of HMIS
- Monitoring data quality statewide and furthering data quality improvement with each CoC and HMIS Participating programs
- Collaborating with other PIC and BTG committees and the Hawaii Interagency Council on Homelessness to improve reporting, outcomes, and analysis (as needed)
- Making recommendations for each CoC about the operation of HMIS
- Making recommendations on agency access to HMIS for both PIC and BTG to the HMIS Lead for inclusion in HMIS for user level access below HMIS Administration Team.
- Deciding on release of statewide data requests

Project Development Organization Chart

The Statewide Data Committee is headed by a Data Committee Chair who is in direct contact with Hawaii's HMIS Lead Organization. Members of the data committee include homeless service providers as well as government stakeholders and private businesses.

HMIS Lead Organization ⟷ HMIS Administration Team

STATEWIDE DATA COMMITTEE (Comprises BTG and PIC Members)

Nonprofit Orgs HMIS Users   Govt. Stakeholders   Private Partners
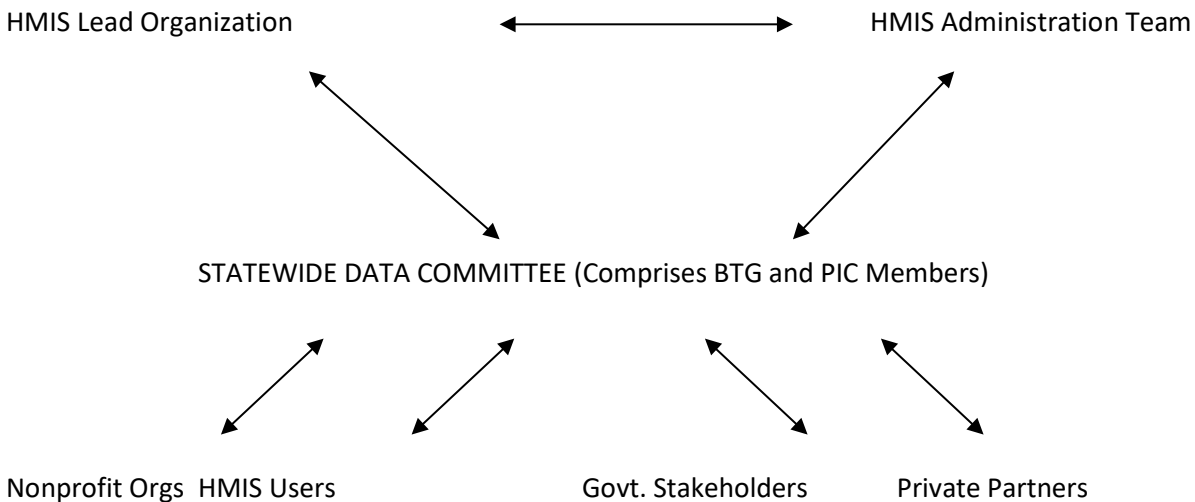
HMIS Implementation

Hawaii's CoCs are responsible for ensuring that all agencies in the CoC are adhering to local HMIS policies and procedures. The HMIS System Administration Team has developed written training materials and training policies for all HMIS users that is delivered at initial and on-going HMIS trainings. Agencies can also request additional training and technical assistance from the local HMIS administrator.

Participating HMIS agencies must read and understand all participation requirements and HMIS policies and procedures, complete all required documentation prior to implementation of the system, and become trained on how to use the

HMIS before receiving access to the system. When an agency wants to add a new user, the individual must read and sign the Hawaii HMIS User Agreement Form. This form is then submitted to the local HMIS administrator who will issue a user name and password.

HMIS System Errors

For issues related to system errors, agencies and the Continuum of Care representatives should communicate directly with the local HMIS System Administration team. System errors can be reported through the HMIS System Administration Team. All HMIS-related issues and questions should be directed through the HMIS website's osTicket system, which can be located at: https://helpdesk.hawaiihmis.org/

New users are asked to create an account prior to submitting questions in an effort to streamline the response process. Information on how to setup an account, as well as background on the ticketing system can be found at the following link: http://www.hawaiihmis.org/training-support/help-desk-info/

The Statewide Data Committee, in conjunction with the HMIS Administration Team, will provide all HMIS user agencies with regular updates on any changes, improvements, or repairs to HMIS.

Project Management

The contact for the HMIS Lead Organization is Harold Brackeen and can be reached at hbrackeeniii@dhs.hawaii.gov

The Hawaii HMIS System Administration team is led by Carlos Peraro and can be reached at carlos@cperaroconsulting.com

The Statewide Data Committee meets on a monthly basis and welcomes new attendance. Contact information for all attendees is provided at committee meetings. The lead contact at Homeless Programs Office for Statewide Data Committee is Paul Ruddell and can be reached at pruddell@dhs.hawaii.gov.

HMIS Roles and Responsibilities

HMIS USERS	HMIS PARTICIPATING AGENCIES	HMIS SYSTEM ADMINISTRATION TEAM	HMIS LEAD ORGANIZATION	HMIS VENDOR	COC
Maintain up-to-date knowledge with HMIS changes Maintain Password Integrity Obtain Client Consent(s) for data sharing	Attend Statewide Data Committee Ensure Adherence to HMIS Policies and Procedures Ensure Adherence to HMIS Privacy and Security Policies	Obtain Feedback from the Data Specialist meetings Attend Statewide Data Committee meetings Inform Agencies of CoC Specific Policies	Manage Hawaii HMIS Coordinate with the Statewide Data Committee Obtain Feedback from CoC Representatives	Monitor Agency and System Security Repair Errors in a Timely Manner Ensure System is Operational and Accessible Provide technical	Ultimately responsible for HMIS Lead and Solution Provider Selection Enforce HMIS Data Quality Policies

		Monitor HMIS Utilization by CoC Agencies	Monitor the HMIS System Administration Team Progress and Deliverables	components of HMIS to the HMIS Lead	Determine program HMIS access
Enter and Update Data	Communicate Bugs, request support and technical assistance to HMIS Administration team via HMIS Ticket System				
Adhere to HMIS Policies and Procedures		Communicate Concerns, bugs and Enhancement Requests to HMIS Solution Provider	Monitor Adherence to HUD HMIS Data and Technical Standards	Remain compliant with most recent version of HUD Data and Technical Standards	Monitor the HMIS Lead for compliance
Adhere to Privacy and Security Policies	Adhere to Data Quality Standards	Troubleshoot Implementation and Training Needs with HMIS Participating Agency and provide assistance		Provide system back up procedures	Monitor HMIS Participating Agencies for adherence to the HMIS Policies and Procedures
Maintain HI Data Quality Standards	Adhere to the HMIS Participation Agreement		Communicate National HMIS Best Practices to Statewide Data Committee	Provide disaster recovery procedures	
		Submit the AHAR and HUD System Performance Measures data			
		Monitor system-level Data Quality			
		Provide User Trainings and Help Desk Functionality			

F. Domestic Violence Agencies

According to the HUD Federal Register dated March 16, 2007 [FR-5056-N-01], agencies that are classified as Domestic Violence Agencies must not enter any identifying information into the HMIS. Specifically, the federal register states:

"The new Confidentiality provision directs victim service providers not to disclose, for the purposes of HMIS, personally identifying information about any client. In accordance with this statutory requirement, victim service providers must maintain the confidentiality of personally identifying information of the providers' clients."

At this point in time, HUD has instructed Domestic Violence agencies not to use HMIS to enter any client level information, including non-identifying information. If the Domestic Violence agencies are funded by HUD (CoC or ESG funds) they must use an HMIS comparable database that adheres to the latest HMIS Data and Technical Standards.

G. HMIS Monitoring

Each CoC is responsible for monitoring the HMIS Lead and HMIS Participating Agencies for compliance with HUD HMIS Data and Technical standards. Each CoC will develop a monitoring standard for each and implement monitoring in 2018.

HMIS Data Quality Plan

I. Overview and Purpose

This document defines the Data Quality Plan (DQP) for the State of Hawaii Homeless Management Information System (HMIS). The HMIS covers both the Hawaii Balance of State Continuum of Care (CoC) (HI-500) and the Honolulu CoC (HI-501).

Data Quality refers primarily to the reliability and validity of client-level data collected by the numerous service provider staff that input these data into HMIS for storage, tabulation and analysis. **Reliability** refers to the degree to which the data are complete (e.g. all questions answered with valid and useable responses) and consistent (results can be duplicated within and across different sites collecting data using the same instruments). **Validity** measures the degree to which data are accurate and represent, to the best extent possible, the true measure of the concept.

Benefits of reliable and valid (accurate) client data include:

1) Increase understanding of characteristics of persons experiencing homelessness and how characteristics may change over time and geography.
2) Provide accurate information about persons who utilize the homeless services system.
3) Generate accurate measures of program performance serving homeless populations.
4) Provide empirical information that can be the basis of new program interventions.

This DQP reflects a statewide effort to document and define procedures and benchmarks that will enhance the ability of both CoC to achieve statistically reliable, accurate and complete data. The DQP sets expectations, methods, and execution standards (benchmarks) that will be implemented by the Honolulu and Hawaii Balance of State CoC in an effort to improve data quality for the purposes of analysis, reporting, and planning.

The DQP includes protocols for on-going data quality monitoring that meet or exceed requirements set forth by the United States Department of Housing and Urban Development (HUD). It has been developed by the City & County of Honolulu, the Hawaii Balance of State CoC, the Honolulu CoC, the Statewide Data Committee, and local HMIS participating service providers.

The plan is intended to be updated annually by the Statewide Data Committee, taking into account changes to HUD's HMIS Data and Technical Standards, data entry procedures set forth via the Honolulu and Hawaii Balance of State CoC, needs of varying stakeholders, and enhancements to CoC performance plans.

HMIS Data and Technical Standards

Hawaii's HMIS is a web-based system that stores longitudinal client-level information about persons utilizing homeless assistance services, whose data is entered by over 60 agencies operating over 250 programs that fall under the homeless services network. Aggregate HMIS data can be used to understand key characteristics of the homeless population and to generate statistical reports used by stakeholders in making policy and funding decisions.

HUD's HMIS Data and Technical Standards provide a framework for an HMIS implementation. HUD's October 2014 Notice revised the HMIS Data and Technical Standards Final Notice (69 FR 146, July 30, 2004) and a revised version was

released in September 2015 and June 2016. This acts as the most recently revised data standards. The final data standards can be downloaded from: https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf

The Notice outlines three sets of HMIS data elements, which include:
1) Program Descriptor Data Elements (PDDE)
2) Universal Data Elements (UDE)
3) Program Specific Data Elements (PSDE)

Program Descriptor Data Elements (PDDE) ensure that standardized information about each CoC program is available to 1) generate Annual Performance Reports (APR), Quarterly Performance Reports (QPR) for HPRP, the Annual Homeless Assessment Report (AHAR), and the Housing Inventory Count (HIC), 2) track bed utilization rates, 3) calculate HMIS participation rates among categories of programs (e.g. ES, TH, PH, Outreach, etc.), and 4) monitor data quality. These fields are populated via the HMIS, and updated by agency users and the local HMIS Administrator. A full listing and description for each element are available on pages 17-39 of the HUD HMIS Data and Technical Standards.

Universal Data Elements (UDE) establishes baseline data collection requirements for all programs utilizing the HMIS. These data elements provide a basis for producing unduplicated estimates of the number of homeless persons accessing services from homeless assistance providers. They assist in gathering key demographic information and help to identify frequency and duration of homelessness. All UDE are collected in the HMIS and are the primary set of variables used to produce the AHAR report each year. Data quality for these elements largely determines whether HMIS data will be useable in the national AHAR. Useable AHAR data also garners points in the annual CoC competition, and could mean the difference in funding allocation. A full listing and description for each element are available on pages 40-63 of the HUD HMIS Data and Technical Standards.

Program Specific Data Elements (PSDE) provide information about the health and medical status of participants, and also enable the calculation of financial outcomes of clients when documented correctly at program entry and exit. These elements can also help to identify persons that are chronically homeless and help with service planning. PSDE are outlined on pages 64-105 of the HUD HMIS Data and Technical Standards.

Summary exhibits outlining program applicability, who data collection applies to, and when data should be collected are available on pages 12-16 of the HUD HMIS Data and Technical Standards. The data standards serve as a great resource, and should be referenced if questions arise concerning definitions or instructions for individual data elements.

II.   Improving HMIS Data Quality

The sections that follow outline protocols and procedures that work to enhance overall data quality in five key areas: 1) Fidelity to data entry collection procedures and protocols, 2) Increasing data entry timeliness, 3) Reducing HMIS record duplication, 4) Improving and measuring data completeness, and 5) Data accuracy and consistency. The DQP also summarizes procedures for program entry and exit data, how to add assessments in the HMIS, and how to generate data quality and outcomes reports using the HMIS. Using the below methods should help to evaluate current data entry processes and enhance the integrity of your agency's data.

Area I: Fidelity to Data Entry Collection Procedures and Protocols

Maintaining rigorous data entry collection procedures ensures that the HMIS can provide the most up-to-date and accurate information for service providers and policy-makers with respect to programming decisions.

An important area identified through analysis of HMIS data are the protocols and procedures related to the collection of accurate discharge data and annual assessments. Since a formal client discharge interview is not always possible, it is important that key information such as income and disability status are continuously updated in both the HMIS and client case files. Each CoC should strive to follow the process for direct entry of client-level data during program entry and exit interviews into the HMIS. This works to minimize the time between client entry/exit and HMIS data entry. Also allowable is the collecting intake/discharge data using the most updated paper forms provided by the HMIS administrator for data entry within the timeliness standards.

AREA II: Increasing Data Entry Timeliness:

Entering data into the HMIS during program entry or soon after the intake has been completed has several benefits.

1) Ensures that program utilization reporting is accurate and reflects actual occupancy relative to program capacity.
2) Increases data quality by reducing recollection errors (which increase as time between collection and data entry lapses) and by addressing data errors more quickly after collection has occurred.
3) Provides more complete, up-to-date, real-time reports on service utilization at the client and program level. This information is critical in CoC planning activities and for directing solutions for addressing homelessness, since participating homeless service agencies will benefit from shared utilization data that will be reviewed during program entry.

Table 2 outlines timelines for intake, exit, encounter, and service data entry by CoC program type.

Table 2: Program Start, Exit, Contact, Annual Update and Service Data Timeliness Benchmarks:

Type of Program	Data Entry Benchmark
1. Emergency Shelter	72 hours from program start, annual update or exit
2. Transitional Housing and Safe Haven	72 hours from program start, annual update or exit
3. Permanent Housing	72 hours from program start, annual update or exit
4. Homeless Street Outreach *	72 hours from program start, annual update exit, or contact
5. Homeless Prevention and Rapid Re-Housing	72 hours from program start, annual update exit, or service data
6. Support Service Only (excluding Outreach)	72 hours from program start, contact, annual update or exit

***Homeless Street Outreach Programs*:**
Please note that HUD has a new standard for Street Outreach data quality that details data quality is not measured for Street Outreach programs until the Date of Engagement, allowing outreach providers to build the client record as they develop the client relationship. However the HUD System Performance Measures use all homeless clients in a street outreach program regardless of date of engagement. This means that all clients in a pre-engagement stage within HMIS are being counted in the HUD System Performance Measures. Therefore, street outreach programs must coordinate their efforts and reduce the amount of clients that are in pre-engagement status.

To aid Street Outreach programs in lowering un-identified client data in HMIS the following street outreach naming convention shall be followed: First name shall be client description and Last name will be agency and location for example: first name: Redhat Female last name IHS Waikiki.

AREA III: Reducing HMIS Record Duplication

Preventing Client Duplication at Program Entry

Using the search criteria effectively in the HMIS before adding client-level data is the most important method for reducing duplication in the HMIS. Before adding a new client it is important that users search for the client to determine if he or she has been entered into the HMIS at some point in the past.

Limiting the search to just the last name field is the most effective way to search for clients in the database. Searching for a client using more than one field and a client's full information increases the likelihood of error and the potential that a new client is created that already exists. If you suspect that a client has already been entered into the HMIS at some point and the client has a difficult last name, you may want to search using wildcard characters (*).

As an example, Hakeem Olajuwon could be searched for by using the following method:

1) If you are certain that the first three letters of the last name are correct, you could type **"Ola*"** in the last name field.
2) This will bring up all clients in the database with last name starting with Ola.
3) If you wanted to narrow the search results you could type Ha* in the first name field and Ola* in the last name field.

Generally, easy last/first names will bring up the desired client with no problem. However, it is still recommended to use the above approach.

It is recommended that the social security number (SSN) or alias fields be used with great care. Searching by just the SSN increases the likelihood of error due to transposition errors. The HMIS contains a large amount of client records and every search for a client should be conducted as if the client records already exist. If you have exhausted all recommended search strategies, then and only then should a new client record be created.

Use three or more (3+) search methods independently, including last name only, first three letters of last name, and first two letters of first or last name. SSN used WITH crosschecking Date of Birth (DOB) and First and Last Name for any client with identical SSN.

Merging of Client Records

A merge function is accessible to the HMIS Administration Team as a tool in the HMIS software. Please enter a ticket with the HMIS Administration team to merge client records.

Elimination of Duplicate Intakes

HMIS users must ensure that duplicate entries are not created that represent the same program entry information. When duplicate program entries are found in the HMIS, the user can delete one of the program entries after ensuring that the most accurate program was selected for retention.

AREA IV: Improving and Measuring Data Completeness

Data entered into the HMIS must be as complete as possible. Partially complete or missing data can increase duplication and affect the provision of services to clients. All programs receiving local, state, or federal funding must enter data on 100% of the clients they serve.

The goal of the CoC is to collect 100% of all data elements for each client. Often, however, this is not possible or realistic. The CoC has established acceptable thresholds for unknown, refused and missing values rates, which are dependent on data element and program type. The table below establishes these thresholds. **Missing value rates for all program types should not be higher than 0%; if data is not available it should be marked as unknown or refused.**

Table 4: Data Quality Completeness Thresholds

Program Type	ES, TH, SH PSH, HP, RRH	SO, SSO
	% Unk/Ref.	% Unk/Ref.
Name	0%	0%
SSN	2%	10%
DOB	0%	5%
Race	0%	5%
Ethnicity	0%	5%
Gender	0%	1%
Veteran Status	0%	10%
Disabling Condition	2%	10%
Exit Destination	1%	10%
Housing Move-in Date	10%	NA
Living Situation	5%	5%
Length of stay in prior living situation	5%	5%
Approximate Date homelessness started	5%	5%
Number of times the client has been on the streets, ES or SH in the past 3 years	5%	5%
Total number of months homeless on the streets, ES or SH in the past 3 years	5%	5%
Type of residence	5%	5%
Length of stay in the prior living situation	5%	5%
Income and Sources	2%	10%
Non-Cash Benefits	1%	10%
Health Insurance	5%	5%
Physical Disability	5%	5%
Developmental Disability	5%	5%
Chronic Health Cond.	5%	5%
HIV/AIDS	5%	5%
Mental Health Problem	5%	5%
Substance Abuse	5%	5%
Domestic Violence	5%	5%
Date of Engagement	NA	10%

Generating the above Data Quality Report in the HMIS is relatively straightforward. Please refer to training materials from the HMIS System Administration team on how to run a data quality report.

The report shows percentages of values that have been set to unknown, refused, or are missing. It also displays links that allows users to fix intake/exit data that is unknown, missing, or refused. As a reminder, programs should not enter 0 in the SSN field and mark partial SSN reported.

Area V: Data Accuracy and Consistency

Information entered into the HMIS needs to accurately reflect actual information for the people being served by any of the homeless service programs contributing data to the HMIS. False or inaccurate information is worse than incomplete information. It must be emphasized to clients and staff that it is better to enter "unknown or refused" than to enter inaccurate information.

All data entered into the CoC's HMIS shall be a reflection of information provided by the client and documented by the intake worker, or otherwise updated by case management staff and entered into the HMIS, or relayed to appropriate HMIS administrative staff. Recording inaccurate information in the HMIS is strictly prohibited.

Analogously, all data must be collected and entered in a consistent manner, paying close attention to timeliness and completeness benchmarks. Separate data quality reports will be available in the coming months that will allow stakeholders and agencies the ability to monitor timeliness thresholds set forth in Table 2 above. All data entry staff must have separate passwords and complete an initial training with experienced HMIS staff before entering or updating client data. **Additionally, it is mandatory that the HMIS administrator be notified immediately as HMIS staff resign or are terminated. This is an extremely important part of data security.**

Aliases and Record Building Techniques in the HMIS:
Aliases are allowable only when a client refuses to provide their accurate personal identification information. Agencies are required to keep track of the alias/pseudonym given and must not create a new alias record if one already exists, as this will increase duplication. Aliases, however, may adversely affect overall accuracy and completeness.

Record building in the HMIS for outreach programs is an important part of the data quality process and is strongly encouraged.
1. Clients initially declining HMIS consent are permitted to be entered into the HMIS under an alias that does not contain personally identifying information such as DOB, SSN.
2. As client information is accumulated, the original alias record should be expanded until it represents a very accurate depiction of the client receiving services.
3. A goal of outreach staff should be to garner trust with clients and obtain consent for those clients that have initially declined consent and been given an alias.
4. The alias given is required to be amended with actual personally identifiable information if consent is ultimately obtained. This stipulation is also established in the consent form.

File Sampling:
Sampling during site monitoring will be performed during periodic monitoring by the HMIS lead agency or Homeless Programs Office to measure data integrity. Staff designated by the lead agency or HPO will request a sample of client program entry and exit forms and compare these hardcopy files to information entered into the HMIS. If HMIS records differ significantly from hardcopy files, corrective action will be needed to improve the data quality.

Data Consistency Checks will be used to monitor data accuracy and consistency. Examples of inaccuracies include:
- Program entry and exit dates that overlap
- A client that is missing program exit data from one shelter program when that same client has an active program entry in another shelter program.
- Duplicate open client records in an agency program.

Often, running an unduplicated or duplicated report by client last name in the HMIS can identify inconsistencies in program data. These reports can identify duplicate clients or inaccuracies with data entry. If identified, duplicates should be voided by agency staff or merged by contacting the HMIS administrator.

III.   Updating Data During the Program Stay

While the bulk of client information entered into the HMIS is collected during the program entry and exit interviews, the HMIS system has expanded greatly to allow and encourage entry of data during the client program stay. Data on disability, income and other medical related domains are both difficult to collect in the program entry interview and also may change over the course of time. Please refer to training materials from the HMIS vendor on how to update client records.

Producing Reports with the APR Generation Tool

The APR Generation Tool can be used as a universal assessment tool for all participating HMIS programs. The tool can be downloaded from the following link: https://www.onecpd.info/resource/1853/apr-generation-tool/

IV.   Data Monitoring

Responsibilities and Compliance

It is the responsibility of the CoC, HMIS lead agency, HMIS participating agency executive directors, and all front-line support staff to conduct monitoring and provide notification to the CoC of the progress of participating programs regarding the CoC Data Quality Plan. Though each has a different role, they are all extremely important.

It is the responsibility of HMIS participating programs to comply with the HMIS Data Quality Plan and to collaborate with the HMIS Lead and support staff to quickly and accurately correct data that does not meet the compliance thresholds. It is the responsibility of the CoC to implement effective improvement and enforcement policies and procedures to support the monitoring and improvement process.

The HMIS Lead and support staff will run monthly custom reports outlining timeliness issues and procedures to reconcile the information by the second week of the following month. It is the responsibility of the HMIS Lead and SDC to relay the information to the CoC and contributing HMIS organizations, and for the CoC to hold the providers accountable for non-compliance and deviance from acceptable standards. Random census listings will be requested to determine if all clients have been entered within the standards set forth in Section II above. Agencies not meeting standards will be asked to provide an explanation and resolve any findings. This information will be shared with the CoC, which may aid in program funding determinations.

The HMIS lead and HMIS System Administration Team will measure completeness by running, a custom report, or data quality report and comparing to the data quality thresholds identified in section II above. Projects deficient in the above reporting will be identified to work with the HMIS Administration Team and the CoC will be notified for enforcement. Although deficient programs will be strictly targeted, every agency will be monitored at least once in a 2-year cycle. Summary reports and any findings will be sent to appropriate data entry and supervisory staff during the first week of the following month. The agency will be required to improve their data completeness or provide an explanation by the end of the month. Failure to correct findings may result in decreased program funding.

Data Quality Monitoring Instruments:

Formal written instruments are currently being developed as tools to measure fidelity to data quality standards. Five areas that will be reviewed on a periodic basis as defined below.

2. Data Entry Timeliness

Monitoring Frequency:	Monthly
Measure:	Length (days) between program entry and HMIS data entry
Method:	Statistical analysis of HMIS program entry data
Standard:	See Table 2 for standards
Sample:	All clients enrolled in prior six month period

3. Reduction of Client Duplication

Monitoring Frequency:	Yearly
Measure:	Number of duplicate client records created/unmerged.
Method:	Run duplicated and unduplicated client reports for monitoring period. Compare for discrepancies in number of clients.
Standard:	Zero duplicate client records and duplicate intake records
Sample:	All clients enrolled in prior six month period

4. Data Completeness

Monitoring Frequency:	Quarterly
Measure:	Review of key data elements
Method:	Run HMIS data quality report
Standard:	Equal to or less than data benchmarks (See Table 4)
Sample:	All clients enrolled in prior quarterly period

5. Data Accuracy

Key areas of database verification:
1) Sample of client records to compare agency files to HMIS

STANDARD: The CoC will monitor HMIS participating agencies in 2018 to assure accuracy as part of a complete HMIS compliance monitoring.

V.   Relating HMIS Data Quality to Systems Performance Measures, AHAR, and HIC

Background on System Performance Measures

The McKinney-Vento Homeless Assistance Act was amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) in 2009. The act codified into law the Continuum of Care (CoC) planning process, a longstanding part of HUD's CoC application process to assist persons experiencing homelessness by providing greater coordination in responding to their needs.

A critical aspect of the amended Act is a focus on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to homeless assistance programs and funding sources that operate independently in a community. To facilitate this perspective, the Act now requires communities to measure their performance as a coordinated system, in addition to analyzing performance by specific projects or types. Therefore, the purpose of the System Performance Measures are to encourage CoCs, in coordination with ESG Program recipients and all other homeless assistance stakeholders in the community, to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD.

System Performance-Based Selection Criteria

The following selection criteria are outlined in Section 427 of the Act to measure the performance of applicants' homeless assistance systems:

- **The length of time individuals and families remain homeless.** Meeting this criterion will be based on demonstrating a reduction of the average and median length of time persons enrolled in emergency shelter, transitional housing, or safe haven projects experience homelessness.

- **The extent to which individuals and families who leave homelessness experience additional spells of homelessness.** Meeting this criterion will be based on demonstrating a reduction in the percent of persons who have left homelessness (i.e., exited continuum projects into permanent housing destinations) who return to homelessness (i.e., return to continuum projects for which homelessness is an eligibility criterion).

- **The thoroughness of grantees in reaching homeless individuals and families.** Meeting this criterion will be based on narrative question(s) about the community's coordinated entry system, the geographic coverage of continuum projects, and the community's street outreach efforts. This introductory guide does not include any quantitative measures for this criterion, but HUD may establish measures in the future.

- **Overall reduction in the number of homeless individuals and families.** Meeting this criterion will be based on demonstrating a reduction in the number of homeless individuals and families identified in the Point-in-Time (PIT) sheltered and unsheltered counts and annual sheltered data within the CoC over time.

- **Jobs and income growth for homeless individuals and families.** Meeting this criterion will be based on demonstrating that the percent of homeless adults being served in CoC Program projects increase their earned (i.e., employment) income and/or other income between their enrollment in the system and their exit (or follow-up assessment).

- **Success at reducing the number of individuals and families who become homeless.** Meeting this criterion will be based on demonstrating a reduction in the number of persons experiencing homelessness for the first time.

- For CoCs that have been approved by HUD to serve families with children and youth defined as homeless under paragraph (3) of HUD's homeless definition, as found in Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Homeless," success in:
    - Preventing homelessness among this subset of families and youth; or
    - Achieving independent living in permanent housing among this subset

    Meeting these criteria will be based on demonstrating an increase in the percent of persons served in continuum projects that exit to or retain permanent housing destinations; and, a reduction in the percent of persons who have left homelessness who returned to continuum projects for which homelessness is an eligibility criterion

In addition, HUD supplemented the statutory performance measures with two additional criteria:

- **Successful placement from street outreach.** Meeting this criterion will be based on demonstrating an increase in the percent of persons served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.

- **Successful housing placement to or retention in a permanent housing destination.** Meeting this criterion will be based on demonstrating an increase in the percent of persons served in emergency shelter, safe haven, transitional housing, or rapid re-housing projects exit to permanent housing destinations and persons served in permanent housing projects who retain permanent housing or exit to permanent housing destinations.

Con Plan jurisdictions are also required to report on several of the system performance measures as part of their Con Plan Homeless Needs Assessment and Consolidated Annual Performance and Evaluation Reports (CAPER). Specific requirements will be provided in supplementary guidance for Con Plan jurisdictions.

The following link provides additional introductory information relating to the System Performance Measures. System Performance Measures Introductory Guide.

The Annual Homeless Assessment Report (AHAR) and Housing Inventory Count (HIC)

The Annual Homeless Assessment Report (AHAR) is a report to the U.S. Congress on the extent and nature of homelessness in America. The report is prepared by the Department of Housing and Urban Development (HUD) and provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The report is based primarily on Homeless Management Information Systems (HMIS) data about sheltered persons who experience homelessness during a 12-month period.

The AHAR uses Universal and Program Specific Data Elements from the HMIS to amass reports that are deemed useable/unusable based on the extent of missing/unknown data rates and bed utilization rates for emergency, transitional, and permanent supportive housing programs. The submission of usable data in the AHAR gains points for the CoC in the annual CoC competitive grant program.

The most influential statistic in determining the usability of AHAR data is the HMIS bed/unit utilization rate. This rate for all programs will be calculated and monitored at four times during the year. These four dates are the last Wednesday in January, April, July, and October. The bed/unit utilization rate is defined to be the actual unduplicated occupancy in the HMIS on any date divided by the stated capacity in the most recently submitted Housing Inventory Count (HIC).

Bed/Unit Utilization Rate = (Actual HMIS Occupancy) / (Stated HIC Capacity)

The HIC and AHAR break out bed capacity into two categories: 1) beds for households with children, and 2) beds for households without children. The actual occupancy for these categories is easily obtained by running an unduplicated report in the HMIS for a one-day period and using the summary statistics generated at the bottom of the report. These numbers (used as the numerator) are then divided by the actual capacities as stated in the HIC to produce the bed/unit utilization rates.

Acceptable bed/unit utilization ranges for established projects within both CoCs are:

75% to 105% - Emergency Shelter Programs
85% to 105% - Transitional Housing Programs
90% to 105% - Permanent Supportive Housing Programs

In some cases HIC inventories will need to be expanded or contracted annually to accommodate changes in program capacity. The CoC is aware that new projects may need extra time to meet the above thresholds and will not expect them to meet the above in the first operating year.

The bed utilization rate is a good measure to monitor intake/exit data entry. Programs can receive a copy of the most recently submitted HIC and AHAR by contacting the City & County of Honolulu, the Homeless Programs Office, or the local HMIS administrator. It is also online at HUD's HDX reports site.

The below bullets define some key problem areas that are often overlooked and explain why they are relevant to the AHAR and CoC data quality in general.

- *Low Utilization Rates (Below 65%)* – May indicate that clients are not being entered into the database. May also reflect program inability to outreach participants or effectively transition clients into the program.
- *High Utilization Rates (Above 105%)* – May indicate that clients are not being exited on a consistent basis. Data entry timeliness procedures should be referenced above regarding client exits.
- *Length of Stay (LOS)* – Length of stay statistics are generally much longer in transitional and permanent supportive housing projects when compared to emergency shelter programs. It is not unusual to see length of stay statistics for these programs greater than six months or several years. Length of stay numbers longer than 90 days for an isolated ES visit may indicate lack of program exit or inability to transition clients effectively. These cases should be monitored to determine status of clients with length of stay longer than 90 days. Length of stay per visit is calculated as the difference between the date of entry and the date of exit (or a specified date if no exit date is available).

  Length of Stay (in days) = Date of Exit (or specified date) – Date of Entry

Average LOS by program can also be calculated by summing the above for each client and dividing by the total number of clients. Normally, exited clients are separated from clients still in the program for this calculation. LOS statistics coupled with exit destination data gives several good program performance outcomes.

- **Veteran Status for PSH Programs -** Unknown/missing data rate for this category must be 0%. One of HUD's priorities is on homeless veterans; information on this variable should be able to be captured for each client in PSH. Accurate veteran status reporting enables the CoC to effectively monitor performance for this subpopulation and also helps to ensure that AHAR data is usable.
- **LOS in Prior Living Arrangement –** Aggregate unknown/missing data rates are high for this category for all contributing HMIS programs. Data for this field should be available at intake or may need to be updated in the HMIS after working with the client after initial intake.
- **Zip Code of Last Permanent Address -** Aggregate unknown/missing data rates are high for this category for all contributing HMIS programs. If data is unknown at intake it is helpful to obtain a location which can ultimately be mapped to a zip code. Zip code tables are available online and can be updated via the HMIS after initial data entry. Acceptable rates for this variable and others are defined in the data quality report section below.
- **Destination at PSH Program Exit –** High missing/unknown values for PSH program exits are unacceptable. Unknown/Missing values for this measure should be less than 5%. Programs should be credited with positive program exits and the CoCs can benefit from successful transitions via outcome performance reporting. Case managers should be communicating with administrative staff to limit unknown/missing values.

VI.   Present Challenges and Future Directions

This revised HMIS DQP seeks to greatly improve the quality of the data collected by over 60 agencies serving over 10,000 persons throughout the State of Hawaii. High-quality HMIS data is extremely important in monitoring the success of programs and establishing successful policy and funding decisions.

The trend in data quality monitoring will continue on the general path of increased rigor in the collection and entry of data into the HMIS. Standards will continue to edge higher and tolerance for programs not implementing high quality data procedures will begin to impact funding decisions. New tools such as sharing client utilization data and increased report functionality in the HMIS can take full advantage of real time access to high quality data to inform daily decisions.

As the Hawaii CoC implement additional protocols related to coordinated intakes and more formalized discharge review, data quality standards will continue to rise to meet these challenges.

HMIS Security and Privacy Plan

I.   Introduction and Background

This HMIS Security and Privacy Plan (SPP) describes standards for the privacy and security of personal client information collected and stored in Hawaii's Homeless Management Information System (HMIS). The SPP seeks to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data. The standards set forth in this SPP are based on principles recognized by information privacy and technology communities.

The SPP provides a framework that mirrors many of the technical standards laid out in the 2004 HUD HMIS Data and Technical Standards, while supplementing that documentation with specific policies that have been developed and implemented throughout the State of Hawaii, and action steps that all organizations utilizing the HMIS are expected to apply. The SPP outlines baseline standards that will be required by any organization that records, uses, or processes protected personal information (PPI) on homeless clients for an HMIS. The SPP strives to reference procedures that organizations and stakeholders can utilize to enhance the privacy and security of information collected through the HMIS.

Throughout the SPP, baseline standards for evaluating privacy and security requirements will be established. At a minimum, all organizations that record, use, or process PPI on homeless clients must meet these baseline privacy and security requirements. This approach provides a standard level of protection for homeless clients, and allows for the possibility of additional protections for organizations with additional needs and resources.

II.   Key Terms and Definitions

CoC Program: A program identified by the CoC as part of its services system, whose primary purpose is to meet the specific needs of people who are experiencing a housing crisis.

Continuum of Care (CoC): The primary decision making entity defined in the funding applications to HUD as the official body representing a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency

Contributory HMIS Organization (CHO): An organization that operates a contributory homeless assistance program or homelessness prevention program or contributory non-homeless assistance program.

End User: An employee, volunteer, affiliate, associate, and any other individual acting on behalf of a CHO or HMIS Lead Agency who uses or enters data into the HMIS or another administrative database from which data are periodically uploaded to the HMIS.

Homeless Management Information System (HMIS): The information system designated by a CoC to process Protected Personal Information (PPI) and other data in order to create an unduplicated accounting of homelessness within the CoC. An HMIS may provide other functions beyond unduplicated accounting.

HMIS Administrator: A local administrator established by the HMIS Lead Agency and Homeless Programs Office to act as the point of contact for many HMIS related questions. The HMIS administrator also works with numerous stakeholders and CHOs as a conduit for localized HMIS technical assistance.

HMIS Lead Organization: The organization designated by a CoC to operate the CoC's HMIS on its behalf.

Homeless Programs Office (HPO): State office housed under the Hawaii Department of Human Services, responsible for the administration of numerous homeless assistance programs, which include the Stipend, Outreach, Emergency Grants (SHEG), Housing Placement (HPP), Continuum of Care (CoC), Housing Opportunities for Persons with AIDS (HOPWA), and Emergency Solutions Grant (ESG) programs.

Protected Personal Information (PPI): Information about a client: (1) whose identity is apparent from the information or can reasonably be ascertained from the information; or (2) whose identity can, taking into account any methods reasonable likely to be used, be learned by linking the information with other available information or by otherwise manipulating the information.

III. HMIS Privacy Standards

The goal of the HMIS Privacy Standards are to ensure that all required client data will be entered in the Hawaii HMIS while maintaining the confidentiality and security of the data in conformity with all current regulations related to the client's rights for privacy and data confidentiality.

A. HMIS Privacy Policy Notice

Policy: All Contributory HMIS Organizations (CHO) that enter data into the HMIS must have an HMIS Privacy Notice posted at their workstation or wherever data is collected and entered, which describes how information about the client may be used and disclosed and how the client can get access to their information. The HMIS Privacy Notice is a brief document describing a consumer's data rights in relation to the HMIS. Agencies MUST use the sample documents attached in Appendix 3.

Procedures: Each workstation, desk, or area used for HMIS data collection must post the HMIS Privacy Notice. As Outreach workers gather data in the field, they should have the Privacy Notice visible to all clients. This policy will allow Outreach agencies to use an implied consent model, which is outlined in Section C of this Part. If an agency serves non-English-speaking clients, or clients whose primary language is not English the agency must also provide translation services for the HMIS Privacy Notice. If an agency has a website, the HMIS Privacy Notice must be posted on that website as well. An agency may also post the HMIS Privacy Notice in a waiting room, an intake line, or any other public area where clients congregate before intake occurs.

B. HMIS Client Consent Form (Release of Information)

Policy: All clients must sign the HMIS client consent form before their PPI can be shared with other agencies in the HMIS system. It is important to note that client information can be entered into the HMIS without consent; however this information cannot be shared with other organizations. All HMIS client consent forms must be stored securely for a minimum of seven years after the client last received services from the agency and uploaded in HMIS. Agencies must give a copy of the consent form to clients if requested. The State of Hawaii's current HMIS client consent form is documented in Appendix 2.

Procedures: Each adult client and sign the HMIS client consent form before their information and information for their dependents may be shared with other agencies in the HMIS. The HMIS client consent form is valid for three years from the date of signature whereby the client consents to share their data. It is important to keep the consent

form collected for auditing purposes for at least seven years. Consent forms must be kept securely in accordance with standard confidentiality and privacy practices (e.g. locked in a file cabinet and not accessible without authorization).

It is recommended that agencies keep the consent form with the established client file along with other information that is being collected and maintained. Agencies may also wish to voluntarily give all clients copies of their signed client consent form.

C. Offsite Data Entry

Policy: Outreach providers and other HMIS users can collect client level data in many different settings including the street, places not meant for human habitation and homeless service providers. Because these locations are not ideal for data entry, outreach providers must not enter client-level data into the Hawaii HMIS through tablets or other wireless devices via an unsecured wireless network.

Procedures: Outreach providers and other HMIS users must ensure that internet connections used to access the HMIS from their facilities are set up using basic standard network security protocols to prevent unauthorized access to the network and to HMIS data stored in local servers or hard drives.

Because of the confidential nature of data stored within HMIS, the system must be accessed from a sufficiently private physical location so as to ensure that persons who are not authorized users of the HMIS are not able to view client level data.

Because these standards are important for the protection of client-level data, outreach providers and other HMIS users must not enter client level data over unsecured public wireless internet connections to safeguard transmission of client PPI. Outreach providers and other HMIS Users should gather information on paper for data entry at a later time when a proper internet connection can be accessed.

D. Presumed Client Competence

Policy: Unless a court order claiming incompetence is known or provided, clients are presumed competent when filling out the HMIS client consent form. Organizations should presume that all clients are competent unless there is a known court ordering stating otherwise or obvious assessment to the contrary can be made.

Procedures: If there is a known court order stating the individual is not competent, then it will not be possible to obtain client consent for the HMIS. In this case, CHO end users may enter client information into the HMIS, however, that information must not be shared with other CHOs.

CHO end users should do their best in attempting to obtain consent to share from individuals that may not appear to be fully competent during intake when there is no court order.

E. Denial of Services

Policy: Clients do not have to participate in the HMIS or sign the client consent form in order to receive program services. Agencies cannot deny services to an individual solely on the basis of the individual deciding not to participate in HMIS. Some clients will choose not to share data in the HMIS or will not be capable of making an

informed consent; however, it is important that these clients are not prohibited from receiving services by the program.

Procedures: If a client decides not to share their data in the HMIS, an agency cannot deny services because of that decision. Agencies are not required to guarantee services to an individual, however, as they may fail other eligibility criteria, lack of openings, and/or lack of funding. Agencies may determine if an individual will or will not receive services before the individual goes through the informed consent process. This will eliminate a perceived relationship between HMIS participation and service delivery. Clients that elect not to share their data within HMIS will limit the ability of the Coordinated Entry System to quickly house the client.

F. **Workstation Privacy**

Policy: In an effort to keep the HMIS and client data secure, end users and CHOs must implement the following security measures.

1) End user's computer screens should be placed in a manner where it is difficult for others in the room to see the contents of the screen. Workstations should not be in common areas where clients or other non-HMIS staff can gain access.
2) End users should not write down usernames and passwords and store them in an unsecured manner. This includes posting password and/or login information visibly near the workstation.
3) When end users are away from the computer, they should log out of the HMIS or lock down their workstation.
4) Computers used for HMIS data entry or analysis must have locking screensavers with password protection. Screensavers should lock after five minutes of inactivity

Procedures: The following procedures correspond with the above policy requirements and are mandatory for all CHOs.

1) Monitor placement plays a role in establishing security within an organization. End users should consider placing the monitor in a manner so that it is difficult for others to see the screen. This will help to protect the privacy of client PPI.
2) Never post HMIS login and password information under your keyboard, on your monitor, or out in the open. Implementation of this policy will make it much more difficult for others to obtain your login information and achieve access into the HMIS.
3) End users stepping away from their computers must log completely out of the HMIS. Locking down the workstation is also a good policy if PPI is stored locally.
4) CHO IT departments must implement locking screen savers on all computers used for HMIS data entry or analysis.

G. **Password Privacy Requirements**

Policy: It is imperative that end users never share their login information with anyone; including coworkers or managers. Each end user must fill out an HMIS user agreement form and have distinct login information that is not shared. Additionally, when HMIS end users leave or are terminated from the organization, the Agency Administrator must deactivate the user and notify the HMIS administration team though the ticket system with 24 hours so that the end user can be removed from the HMIS.

Procedures: If someone is having trouble accessing the HMIS or has been locked out of the system, please advise them to contact the HMIS administration team through the ticket system. Sharing login information with another

person is a direct violation of the HMIS user agreement and this Plan. End users and their CHO are ultimately responsible for all actions occurring in the system under their login information. Auditing and access log functionalities are part of the HMIS, which implies that specific user tasks and procedures can be traced.

All CHO end users must fill out and email a completed HMIS user agreement to the HMIS Administration team before access will be established via the ticket system. A copy of the current Hawaii HMIS user agreement is located in Appendix 1. **The HMIS Administration Team must be apprised within 24 hours when HMIS end users exit employment voluntarily, are terminated, or are laid off**. These users will need to be deactivated from the HMIS by the Agency Administrator. CHOs repeatedly failing to adhere to this policy may see funding adversely affected.

H. HMIS Data Sharing

Policy: HMIS client data cannot be shared with other organizations unless explicitly authorized by the client through the client consent form in Appendix 2. Currently, all organizations have the potential to share data except RHY providers that can only share data in certain circumstances (RHY programs whose participants are over 18 years of age with a signed consent or under 18 years of age with a signed consent by parent or guardian). HIV/AIDS, mental health, and substance use providers can share data with appropriate informed consent. Data sharing must be manually selected for each client in order for it to take effect.

Procedures: The HMIS is capable of sharing client historical data, which includes services and basic demographic data including, but is not limited to: name, age, gender, race, ethnicity, family members, marital status, any history of domestic violence, housing history, disabling conditions, VI-SPDAT survey data, program intake dates, encounter dates, program discharge dates, employment status, income and non-cash benefits, health insurance, case notes, eligibility documents, and housing plan. It should be noted that a client's SSN and DOB can be seen as part of the search.

CHO users will keep client data confidential at all times and will obtain client consent to share client PPI via the HMIS. The HMIS application allows agencies to share service records, which allows them to coordinate services more efficiently. Part of the CoC monitoring policy will be to ensure that client's electing to share data on paper were also selected to share data via the HMIS. This policy aligns with Section B above.

I. Client Access to Their Records

Policy: Clients have the right to receive a copy of their data that is entered into the Hawaii HMIS. This policy must be present in the HMIS Privacy Notice and is outlined in item A of this section. Agencies must be able to accommodate this item but are advised not to make copies for clients unless it is requested. Client's may lose or misplace PPI via paper forms, which may increase the likelihood of the information being used for malicious purposes.

Procedures: Clients may request a copy of their information contained within the HMIS. Agencies are required to provide them with a copy of the universal and program specific information if it is requested. Agencies are not required to print out any additional information, although it is optional and allowed.

J. Client Grievance Process

Policy: Clients have the right to file a grievance with the CHO concerning violations of their privacy rights regarding their HMIS participation. No action or punishment may be taken against a client if they choose to file a grievance.

Procedures: A client must request and complete the CoC's standard grievance form. The client may turn the form into an organization not related to the grievance or may mail the form to the CoC.

The CoC will review the grievance, research the nature of the complaint, and will respond to the grievant within 30 days. The agency named in the grievance, the CoC, and other participating HMIS agencies will not refuse or reduce services to the client because of a filed grievance. A thorough investigation by CoC will ensue if a client reports retaliation due to the filed grievance.

K. Research Agreements

Policy: Research agreements between various organizations may be enacted for the purposes of analysis and dissemination of HMIS data. This research may be conducted so long as agreements are drafted between organizations before data is supplied or received. Conclusions and analysis must be presented in the aggregate and must not display any client PPI. The Statewide Data Committee will review data requests via Appendix 6.

Procedures: Formal agreements must be established between organizations before HMIS data is supplied. An example of a formal research agreement that can be used is presented in Appendices 6 of this Plan. Agencies may revise the agreement as needed.

L. Data Integration Requests

Policy: Agencies who use Caseworthy for their client management system may request to integrate their data into HMIS.

Procedures: All data integration requests are to be sent to the Statewide Data Committee Chair for consideration at the next Statewide Data Committee Meeting. The request must detail the following:

- The Name of the Organization and Associated programs
- Rationale for data integration
- Mission of Organization and Associated programs
- Continuum(s) of Care where services are provided
- Services provided by the Organization and Associated programs
- Describe how data integration will better serve clients and more efficiently and effectively end homelessness
- Describe how costs of the data integration will be managed
- Describe the frequency of data integration and the data integration flow (one-way or two-way, real time or batched)

- Describe how the data quality and data improvement process will work without involvement of the HMIS Lead or HMIS System Administration

- Describe how the two database vendors will coordinate and communicate during the data integration testing, implementation and ongoing management phases

- Describe why the Organization operates an internal comparable database and does not adopt the HMIS as the internal database (be specific about required use of the database by funders)

The Statewide Data Committee will make a recommendation on the data integration request with a simple majority vote of a quorum of the Statewide Data Committee voting members. If the Statewide Data Committee recommends data integration, the data integration request will be sent to the corresponding Continuum of Care for formal approval. If the Statewide Data Committee does not recommend data integration, the Organization will be notified via e-mail by the Statewide Data Committee Chair and will be offered a rationale for the decision to deny the data integration request.

If the corresponding CoC approves the data integration request, the Organization, Statewide Data Committee Chair, HMIS Lead Organization and HMIS System Administration will all be notified by the CoC Chair or their designee. If the corresponding CoC does not approve the data integration request, the Organization, Statewide Data Committee Chair, HMIS Lead Organization and HMIS System Administration will all be notified by the CoC Chair or their designee.

Once a data integration request is approved by the CoC a sub-committee of the Statewide Data Committee will be formed consisting of the Statewide Data Committee Chair, HMIS Lead Organization, HMIS System Administration, Data Integration Approved Organization, HMIS Solution Provider, Data Integration Approved Organization's Solution Provider and other stakeholders as necessary.

IV. HMIS Security Standards

The goal of the HMIS Security Standards is to ensure that HMIS data are collected, used, and maintained in a confidential and secure environment at all times. The HMIS Security Standards applies to the HMIS Lead, CHOs, and the overall HMIS software solution. Specific applicability is described in each policy within these security standards. These standards apply to all PPI collected in the HMIS or uploaded through comparable databases.

The HMIS Lead Agency recognizes that agencies may have established their own security policies that meet the HUD security requirements and minimum standards set forth below. The seminal purpose of this document is to outline those standards to all CHOs and define the parameters of compliance with these standards. This document is not intended to supplant individual CHO security policies, but rather to supplement them. As long as CHO policies and practices meet the minimum thresholds established in this plan, they may establish additional or more stringent security requirements. Another key purpose of this document is to describe how the HMIS Lead will meet and maintain security requirements established in HUD's security standards.

A. Levels of User Access and Security

Policy: Each CHO will maintain a written policy detailing organizational management control over access authorization, user levels, and the internal process for activating new HMIS users. The CoC will be solely responsible for authorizing new agency access to the HMIS and the HMIS Administration Team will be solely responsible for establishing new users in the HMIS. The highest HMIS access level of system administrator will only be assigned to the HMIS Lead and the associated HMIS Administration Team for each CoC.

Procedures: CHOs must establish an internal point of contact that will be the conduit for establishing new users with the HMIS administration team. Individual staff should not email or request new HMIS users with HMIS Lead or the HMIS administration team. This is important from a security standpoint, as staff may no longer be employed with the organization.

The Hawaii HMIS has the following user types:

Agency level discretion:

Case Management – For entering client demographics and enrolling clients into programs or exiting them from programs.

Agency Admin – For running program and agency level reports specific to an organization. All reports are based on information entered via HUD assessments.

VI SPDAT - For entering VI SPDAT assessments, checking Coordinated Entry System (CES) readiness and receiving/processing CES referrals.

System level discretion:

Coordinated Entry – For Coordinated Entry System (CES) Administrators who run By-name-lists and make CES referrals in their respective Counties.

AMHD/PATH Admin – For running reports and checking data quality specific to AMHD and PATH funded programs.

PIC Reporting – For running reports and checking data quality specific to CoC and City funded programs on Oahu.
All Features – For HMIS system level administrators to carry out system level responsibilities like program set up, reports development and database feature modifications.

The CHO point of contact(s) must also maintain listings of active users and notify the HMIS Administration Team immediately if any HMIS users are no longer employed with the agency.

All new HMIS and/or Coordinated Entry System access requests for basic organization set up are to be sent to the CoC via e-mail, after which the voting members of the CoC will vote for or against access. Requesting agencies should use Appendix 8 to acquire HMIS access.

The request must detail the following:
- The Name of the Organization and Associated programs
- Rationale for HMIS and/or Coordinated Entry System access
- Mission of Organization and Associated programs
- Continuum(s) of Care where services are provided
- Services provided by the Organization and Associated programs
- Number of individuals or families experiencing homelessness that are served annually
- Number of users needing access
- Describe how access to HMIS or the Coordinated Entry System will benefit clients experiencing homelessness (assessing clients, referring clients, getting clients document ready, involvement in case conferencing, and navigation through the housing program(s)

B. Security Incident Procedures

Policy: Security incident procedures elicit a two tiered approach:

1) A user who breaches the terms of the HMIS user agreement will face sanctions specified by the CoC so that repercussions are uniform and fair for all CHOs. These specifications are required to be documented as part of the HMIS security plan. Any breaches related to security or privacy must be reported to the HMIS Lead within three business days of discovery. These breaches will be dealt with on a case by case basis by the HMIS Lead. The CHO assumes all responsibility for negligence due to data breaches or risk of incident within the organization.

2) All HMIS users are obligated to report suspected instances of noncompliance with these Standards that may leave HMIS vulnerable to intrusion or compromise client PPI. The HMIS Lead and HMIS Administration team are responsible for reporting any security incidents involving the real or potential intrusion of the HMIS to the CoC. Each CHO is responsible for reporting any security incidents involving the real or potential intrusion of the HMIS to the HMIS Lead Agency.

Procedures: Associated measures for dealing with suspected or actual breaches of the HMIS in accordance with the above policies are outlined below.

1) Penalties may include, but are not limited to: a temporary or permanent ban from using the HMIS and legal action. The CoC has implemented these baseline written policies for managing a breach of the HMIS user agreement. The CHO Agency Administrator should use all reasonable measures to ensure staff complies with these policies. At minimum, CHOs will inform users that unauthorized use or disclosure of PPI is considered a serious matter and will result in penalties or sanctions, which may include:

a) The loss of use or limitation on the use of the HMIS and other office and technology resources;
b) Financial liability for any costs that may arise through user negligence;
c) Adverse employment actions including dismissal;
d) Civil and/or criminal prosecution and penalties

Each CHO will indicate in the Security Certification Checklist (Appendix 5) whether or not such a policy exists. If such a policy does not exist one year from the date of execution of this Plan, the CHO must establish a date not later than three months from the annual date by which such a policy will be developed and implemented. A copy of the policy must be provided to the CoC by the target date.

2) HMIS users will report any incident in which unauthorized use or disclosure of PPI has occurred. CHO users will report any incident in which PPI may have been used in a manner inconsistent with the HMIS Privacy or Security Standards. Security breaches that have the possibility to impact the Hawaii HMIS must be reported to the Agency Administrator, HMIS Administration team, the CoC, and HMIS Lead Agency. Each CHO will maintain and follow CoC-wide procedures related to thresholds for security incident reporting.

The CoC and HMIS Lead Agency staff, in conjunction with the HMIS Administration team and CoC, will review violations and recommend corrective and disciplinary actions. Each CHO will maintain and follow procedures related to internal reporting of security incidents.

C. **Audit and Access Controls**

Policy: The Hawaii HMIS will maintain an accessible audit trail that allows the monitoring of user activity.

Procedures: The use of the HMIS audit trail will be used in situation of misusage of HMIS by the HMIS System Administration Team, HMIS Lead and CoC to the penalties listed in "Security Incident Procedures".

D. **Personnel Authentication & Password Protocols**

Policy: To the extent possible, a background check should be initiated for all users prior to the provision of HMIS access. If a background check is completed, any user with history of crimes related to identity theft or fraud must not be allowed access to the HMIS.

The below outlines password and user inactivity protocols for the Hawaii HMIS:

1) All passwords must be unique,
2) All passwords must be rotated every three months,
3) All passwords must be in a prescribed format,
4) Upon the third unsuccessful login try, users will be locked out of the system and prompted to reset their password with the HMIS "forgot my password" feature. If that fails, users should contact the HMIS administration team to reset.
5) All users with no login activity for at least three months will be automatically deactivated.

Procedures: Organizational policy should mandate the denial of access to personnel that have criminal history relating to identity theft or fraud. Relating to items one through five above, all passwords must be unique and in the prescribed format as indicated on the initial HMIS login screen. Passwords for active users must be rotated every three months via HMIS prompt. After three unsuccessful login attempts, the HMIS will automatically lock out the user and the user will be prompted to reset their password with the HMIS "forgot my password" feature. If that fails, users should contact the HMIS administration team to reset. All users with no login activity for at least three months will be automatically deactivated. The HMIS Administration team must be notified and will then have to reactivate.

E. **Malware and Virus Protection with Auto Update**

Policy: All CHOs accessing the HMIS must protect the system by using commercially available malware and virus protection software. CHOs must also protect the workstations accessing the HMIS system from malicious intrusion by maintaining a secure firewall.

Procedures: Virus and malware protection must include automated scanning of files as they are accessed by users on the system where the HMIS application is accessed. A CHO must regularly update virus definitions from the software vendor. There must be a firewall between the workstation and any systems, including the Internet and other computer networks, located outside of the organization.

F. **Disaster Protection and Recovery**

Policy: The HMIS vendor must have a plan for maintaining and recovering access to HMIS data in the event of disaster.

Procedures: The HMIS vendor will include provisions to maintain a backup of the HMIS data at a separate physical location consistent with the most up-to-date HUD HMIS security standards. The HMIS hosting entity will back up all HMIS data daily. All backups will be held securely at a secondary data center within the hosting entity. To the extent possible, all data will be copied to a second server so that if an entire server malfunctions, data will be available immediately with no service interruption. The failover function will be tested at least once per year and after each major system upgrade.

G. **Hardware/Software Management & Physical Safeguards**

Policy: The HMIS vendor will ensure that the hosting entity maintains protections for the physical security of the facilities and media in which HMIS data is stored.

Procedures: Physical safeguards within the hosting entity include secure site storage, power grids, uninterrupted power supplies, air conditioning, and disaster prevention and recovery systems. The HMIS vendor will utilize multiple hard drives and redundant power supplies to minimize interruption to service. At a minimum, the HMIS data will be stored in a facility with appropriate temperature control and fire suppression systems. Surge suppressors must be used to protect systems used for collecting and storing all HMIS data.

H. **Wireless Transmission Security**
Policy: The HMIS vendor is responsible for ensuring that HMIS SSL certificates are kept current. CHOs will specify in their security standards that sensitive PPI such as SSNs will not be transmitted over the internet through email

accounts. Policies regarding the transmittal of HMIS username and password information must be established and assert that each piece of login information must not be sent in the same email. Users accessing the HMIS outside of the workplace are held to all standards within this Plan and assume all risk associated with potential breach of HMIS data.

Procedures: SSL (Secure Sockets Layer) is standard security technology for establishing an encrypted link between a website and a browser. SSL allows sensitive information such as credit card numbers, social security numbers, and login credentials to be transmitted securely. The SSL protocol determines variables of the encryption for both the link and the data being transmitted. It is the responsibility of the HMIS vendor to retain a current certificate.

Each CHO must establish policies within its security plan so that PPI is not transmitted over the internet via email. Username, password, and HMIS URL information must not be sent in the same email as a defense against potential threats to the HMIS. Users accessing the HMIS outside of the natural work environment are expected to adhere to the same policies as outlined in this Plan. Wherever possible, information should be sent over the phone to communicate usernames and passwords with HMIS end users.

I. CHO Data Safeguards Outside of HMIS

Policy: Any CHO that downloads client-level data from the HMIS will take full responsibility for safeguarding the data with the same security and privacy protocols as outlined in the HMIS Policies and Procedures. This policy is for HMIS client records as well as any reports where client level information is included such as a By Name List.

Procedure: Any CHO or HMIS user assigned to a CHO will be held responsible should client-level data be removed from HMIS and not protected to the standards set forth in the HMIS Policies and Procedures. The most likely source and risk for a client-level data breach is data downloaded from the HMIS and managed improperly at the CHO-level. Each agency will have an annual review (Security Certification Checklist--Appendix 5) by the CHO designated Agency Administrator that affirms any data removed from HMIS is protected to the standards laid out in the HMIS Policies and Procedures. Failure to follow this process could lead to the CHO losing access to HMIS.

HAWAII HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) USER AGREEMENT

User's Full Name: _____ Agency Name: _____

User's Email Address: _____

Zip Code of User's Employment Location: _____

Access Requested (circle all that apply): <u>Case Management / VI SPDAT / Agency Admin</u>

Statement of Confidentiality:

Staff, volunteers, and any other persons with access to the Homeless Management Information System (HMIS) are subject to certain guidelines regarding its use. HMIS contains a wide range of personal and private information on individuals and all such information must be treated carefully and professionally by all who access it.

Guidelines for use of HMIS include:

- Personal User Identification and Passwords must be kept secure and are not to be shared.
- Informed client or guardian consent, as documented by a current Authorization to Release form, is required before disclosing basic identifying information to authorized agencies via the HMIS.
- Confidential information obtained from the HMIS is to remain confidential, even if my relationship with my employer changes or concludes for any reason.
- Only individuals that exist as clients under the Agency jurisdiction may be entered into the HMIS.
- Misrepresentation of the client base by entering known, inaccurate information is prohibited.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in the HMIS. Profanity and offensive language are not permitted in the HMIS.
- The HMIS is to be used for business purposes only. Transmission of material in violation of any United States Federal or State of Hawaii regulations or laws is prohibited and includes material that is copyrighted, legally judged to be threatening or obscene, and considered protected by trade secret. The HMIS will not be used to defraud the Federal, State, or local government or any individual entity or to conduct any illegal activity.
- Any unauthorized access or modification to computer system information or interference with normal system operations will result in immediate suspension of your access to the HMIS.

Your signature below indicates your agreement to comply with this statement of confidentiality. Submit a completed agreement to the HMIS ticket system at http://helpdesk.hawaiihmis.org/

Employee: *Executive Director / Supervisor:*

Signature _____ Date _____ Signature _____ Date _____

Printed Name _____ Date _____ Printed Name _____ Date _____

HMIS User Agreement Forms for current employees and those no longer employed by the Agency should be kept on file for seven years at the agency and with the HMIS Administration Team.

**STATE OF HAWAII HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
CLIENT INFORMED CONSENT FOR RELEASE OF INFORMATION
(ONE FORM PER ADULT CLIENT OR UNACCOMANIED YOUTH UNDER 18 WITH PARENT OR
GUARDIAN CONSENT)**

_____ is an Authorized Agency in Hawaii's Homeless Management Information System (HMIS) and/or Coordinated Entry System (CES). The HMIS and CES are shared homeless and housing database systems used by homeless service providers throughout the State of Hawaii. **The HMIS and CES improve the ability for you to achieve housing by allowing providers authorized to serve you to share your information.** The shared information is used to identify your unique needs and to allow for coordination among different service providers to more efficiently serve you. Sharing your information reduces the need to be asked the same questions repeatedly and may result in faster, more personalized services. The HMIS operates over the Internet and uses many security protections to ensure confidentiality. Additionally, your information is protected by federal HMIS Privacy and Security Standards.

As you receive services, information will be collected from you about the services provided to you, and the differences made as a result of these services.

- Only Authorized Agencies will have access to your information. A list of Authorized Agencies is available upon request at www.hawaiihmis.org/governance/consentprivacy-docs/.
- Other approved organizations may receive access to information for reporting or research purposes allowed by law (i.e. court order) and approved by the Statewide Data Committee. The general public will NEVER have access to your information. Please review the Privacy Notice for more details.
- Basic information to be shared by Authorized Agencies through this consent includes, but is not limited to: name, age, gender, race, ethnicity, family members, marital status, any history of domestic violence, housing history, disabling conditions (Physical Disability, Chronic Health Condition, Mental Health, Substance Abuse and HIV/AIDS), VI-SPDAT survey data, program intake dates, encounter dates, program discharge dates, employment status, income and non-cash benefits, health insurance, case notes, eligibility documents, and housing plan.
- If you do not provide consent, you will still receive services; however access to housing options may be limited.
- Allowing your information to be shared with Authorized Agencies includes all prior episodes of homelessness currently in the HMIS and information of all dependents (children under age 18) if applicable.

I give consent for my name and other relevant identifying information to be shared among Authorized Agencies.

I understand that this consent is valid for three years from the date of my signature below and that I may cancel at any time by written request.

_____   _____   _____
Print Name of Client   Signature of Client   Date

_____   _____   _____
Print name of Parent/Legal Guardian   Signature of Parent/Legal Guardian   Date

_____   _____   _____
Print Name of Agency Staff   Signature of Agency Staff   Date

Program Name: _____   Enrollment Date: _____
VI SPDAT Interview Date: _____
Once the HMIS Client Consent Form is completed the form must be uploaded into HMIS and filed at the Agency for seven years.

PRIVACY POLICY

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THAT INFORMATION.
PLEASE READ IT CARFULLY

Effective Date:_____

Our Duty to Safeguard your Personally Protected Information (PPI):

_____(Agency Name) collects information about which clients utilize services that we provide. We will ask for your permission to share the information we collect about you and your family (as applicable) into a program called the HMIS. Although the HMIS helps us keep track of your information, individually identifiable information about you is considered "Personally Protected Information". We are required to protect the privacy of your identifying information and to give you notice about how, when and why we may use or disclose the information.

We are required to follow the privacy practices described in this Notice, although the Statewide Data Committee is responsible for updating this Privacy Policy annually and can make changes at any time. (Agency Name) _____ may have additional privacy protocols internal to the agency and may change their privacy protocols at any time. As a client you have the right to request the most up to date privacy policy from _____.(Agency Name)

How We May Use and Disclose Your Information:

We use and disclose collective information for a variety of reports. We have a limited right to include some of your information for reports on homelessness and services needed by those who are homeless. Information that could be used to identify you will never be used for these reports. If you are enrolled in the Supportive Services for Veteran Families (SSVF) Program, your information will be shared as mandated by the Department of Veteran Affairs.

We may use your information in approved research requests. We must have your written consent to use or disclose your information unless the law permits or requires us to make the use or disclosure without your permission. Please review the client consent form for further details.

Your Rights Regarding Your Information:

➢ You have the right to receive services even if you choose NOT to participate in the Hawaii HMIS. However, clients may be refused program entry for not meeting other agency eligibility criteria.

➢ You have the right to ask for information about who has seen your information.

➢ You have the right to view your information and change it, if it is not correct.

Partners in Care and Bridging the Gap CoC

Homeless Management Information System (HMIS)
Mandatory Collection Notice

We collect personal information directly from you for reasons that are discussed in the HMIS privacy policy. We may be required to collect some personal information as mandated by law or as requested from organizations that fund this program. Other personal information we collect is necessary to operate programs, improve services, and better understand the needs of homelessness. We collect appropriate information only. The HMIS Privacy Policy is available upon request.

Appendix 5: Privacy & Security Certification Checklist for Contributing HMIS Organizations (CHO)

All new and continuing CHOs must comply with the following privacy and security certifications annually. All CHOs will be monitored by the CoC according to the following checklist at least once every two years.

Section	Policy Requirement	Meets Requirement (Y/N)	If No, date when will be met
III.A	Posted HMIS privacy Notice at all CHO workstations or where data collection occurs and the HMIS Privacy Policy is available upon request.		
III.B	CHOs have the most current HMIS client consent form. Sampled clients entered into the HMIS have a valid consent form. The consent and intake information are kept in a secure location.		
III.G	Screens where HMIS data entry occurs are placed in a manner making it difficult to oversee information being entered.		
	User login and password information are not left out in the open.		
	Locking screensavers (Five Minutes) are functional at HMIS workstations.		
III.H	CHO follows the HMIS security policy for deactivating personnel within 24 hours of the end of their employment and communicate this change with the HMIS Administration Team.		
III.I	CHO follow the HMIS policy for sharing data via the HMIS. Clients sampled for which data sharing is checked in the HMIS contain appropriate consent forms.		
III.J	CHO follows the HMIS privacy policy that contains wording expressing client's right to receive a copy of their information entered into the HMIS.		
III.K	CHO follows the HMIS security plan for grievances associated with violations of privacy rights regarding HMIS participation. A formal CoC grievance process has been established and utilized.		
IV.A	CHO follows the HMIS security plan details organizational control and accounting of active HMIS users. Point(s) of contact have been established to communicate with the HMIS Lead and HMIS Administration Team.		
IV.B	CHO follows the HMIS security plan that addresses measures for dealing with suspected or actual HMIS security breaches.		
IV.E	Public workstations with access to the HMIS must have security measures such as locking screensavers or program staff monitoring.		
IV.F	CHO workstations must have malware and virus protections with auto updates.		
IV.H	Physical safeguards for protection of HMIS data must be in place at the organizational and administrative levels.		
IV.I	CHO must follow the HMIS security and privacy policies regarding the transmittal of PPI and user login and password information via email.		

Appendix 6: Data Request Form

Introduction:

Do I need to use this form to satisfy my data request?

The Hawaii HMIS Data Request Form is not intended for all situations where an agency or organization needs access to data. The Hawaii HMIS Data Request Form is intended to help both CoCs make decisions on data requests that are more complicated than a simple data request.

Do Not Need to Submit Hawaii Data Request Form:

- HUD Required Reports (APR, AHAR, PIT, HIC, CAPER, HUD System Performance Measures)
- Federal Partner Required Reports (VA, PATH, RHY, HOPWA)
- Hawaii State and Local Reports (UH Utilization Report)
- Common Demographic Reports (counts and characteristics)
- Coordinated Entry Reports
- Existing state-wide aggregate reports accessible on www.hawaiihmis.org

Need to Submit Hawaii Data Request Form (does not exist in "Do Not Need" section):

- Any client-level data (outside of ones' own organization)
- Research requests
- Advanced Data Analysis
- State-wide or aggregate data (outside of ones' own organization not accessible on www.hawaiihmis.org)

Process:

Applications that are not complete or clear, will require communication with the HMIS Lead Organization. Completed requests that are submitted to the HMIS Lead Organization will be reviewed by the Hawaii Statewide HMIS Committee for recommendation to the PIC and/or BTG Executive Committee(s) for approval, as appropriate.

The decision will be delivered to the requestor via e-mail within 1 month of submission. If the data request has associated costs, the requestor shall be asked to cover those costs. Any costs will be communicated to the requestor by the HMIS Lead Organization.

Accepted Data Request Forms will be added to the Hawaii HMIS Lead and HMIS System Administration reporting queue. Report requests will filled as HMIS staff resources are available generally within 1-3 months, depending on the volume of requests.

Email completed application to:

HMIS Lead Organization: Homeless Programs Office

Paul Ruddell, Phone: (808) 586-7066; Email: pruddell@dhs.hawaii.gov

Date of Request: _____

1. **Organization and Individual Requesting Use of Data**

    a. **Individual's Name and Title:**

    _____

    b. **Organization (include branch, division, department, etc.):**

    _____

    c. **Street Address or P.O. Box:**

    _____

    d. **City/State/Zip Code:**

    _____

    e. **Telephone (include area code):**

    _____

    f.   **E-mail:**

    _____

2. **Is this Client-level data or Aggregate data?** _____

    a. **Have you applied for the IRB process (if applicable)?** _____

    b. **If you have applied, what is the status of the request?** _____

3. **Level of Data: Funding Source-level, State-level, CoC-level, County-level, Organization-level or Program Type-level? (describe)**
    _____

4. **Usage of Data (describe the purpose and intended use of the data)**
    _____

    _____

    _____

5. **Data Elements and Format (describe in detail—e.g., Excel, CSV; attach custom table template with request--if applicable)**

_____

_____

_____

_____

_____

_____

6. **Data Period (beginning date and end date):** _____

7. **When do you need the data?** _____

   HMIS Lead Organization Recommendation: _____

   _____

   Date of Recommendation: _____

   HMIS Lead Signature: _____

   Statewide Data Committee Recommendation: _____

   _____

   Date of Recommendation: _____

   Statewide Data Committee Chair Signature: _____

   CoC Recommendation: _____

   _____

   Date of Decision: _____

   BTG CoC Executive Committee Chair Signature: _____

   PIC CoC Executive Committee Chair Signature: _____

HMIS TRAINING POLICIES AND ACCESS REQUIREMENTS

Homeless Management Information System (HMIS) policies and training requirements have been updated for all contributing HMIS organizations. The purpose of these revisions is to improve data quality, maintain the integrity of the database, and enhance usability of HMIS data for evaluation and analysis.

All required forms can be found in the training section of the Hawaii HMIS website: http://www.hawaiihmis.org/. Submit all questions, requests or notifications to the HMIS helpdesk: http://helpdesk.hawaiihmis.org/.

ORGANIZATIONS

- Organizations must provide each HMIS user/trainee with access to stable Internet connectivity and access to CaseWorthy and HMIS supported browsers: Google Chrome, Mozilla Firefox or Safari
- Organizations must provide employees with a screenshot tool (e.g. Greenshot, Jing, etc) or know how to do a screen capture in windows to communicate with the help desk
    o Images must be in standardized format. Cell phone pictures will not be accepted
- Any account not accessed for 90 days will be automatically deactivated by the HMIS admin team

NEW HMIS ORGANIZATIONS

- New organizations requesting access to existing baseline HMIS functionality must complete the new organization form and return to HMIS helpdesk at least 30 days prior to program start date
- The HMIS Admin team must be allowed two weeks from the time the form is submitted to have the new organization and projects setup in the system
- Specialized projects for which HMIS functionality will need to be expanded will be evaluated on a case by case basis to determine contract standards, service setup, reporting requirements, etc. For these types of cases, additional funding may be required
- Training for these new orgs/projects will be approved on a case by case basis by the HMIS admin team

POINTS OF CONTACT: Each organization can identify no more than 2 POCs per agency plus the Executive Director *(this policy will help to improve efficiency)*

- These people will be responsible for:
    o Training requests and user agreement forms
        ▪ Must be signed by executive director and submitted as an attachment to helpdesk
        ▪ Forms to be submitted on the same day registration requests are submitted
    o POC/agencies will be responsible to ensure that trainees have the necessary computer /phone requirements to access the training. The HMIS helpdesk is not responsible for internal IT issues
    o Change in user roles/access
    o Submitting training and access related questions to the helpdesk and HMIS support team via the ticket system
    o Cancelling unneeded training sessions in a timely manner

- Inform HMIS team immediately of any improper usage of HMIS database
- Inform HMIS team immediately of any employee that no longer requiring HMIS access – terminated, left organization, no longer needed access to fulfill job duties, etc.

BASIC USER TRAINING: Conducted in person and via webinar

- As of December 1, 2016, new user access to HMIS only provided after completion of HMIS training
- All existing users to be retrained by March 31, 2017 in order to maintain HMIS access
- Training certification will be valid for 2 years. HMIS admin team will notify individuals at least 60 days in advance of training expiration
- Training will be limited to users and organizations that are confirmed for each training session
- Training will begin promptly as scheduled. Late arrivals will be required to reschedule regardless of reason
- Training to include basic HMIS functionality:
    - (a) Client Management
    - (b) Enrollment, During and Exit Assessments
    - (c) Services and Referrals as applicable
    - (d) Capturing BNL and consent to share data elements
- Training is interactive and attendees are required to attend the entire session. Training can take up to 3 hours, attending the entire training session is required

IN PERSON TRAINING
- HMIS admin team will conduct in-person training on an as needed basis for organizations that have 4 or more new staff members that require training.
- HMIS admin team requires a 4-week notice to schedule an in-person training session
- Organizations requesting in-person training will be required to provide a suitable training site and the required computer resources for each trainee.
- Maximum attendees per training session will be determined by the HMIS admin team based on logistic and staffing availability
- Final trainee lists and new user agreement forms must be submitted at least 2 weeks prior to training

WEBINAR TRAINING

- HMIS admin team to schedule at least 1 webinar session per month
- Each session not to exceed 5 participants
- Webinar schedule available on the Hawaii HMIS website: http://www.hawaiihmis.org/training-support/training/
- HMIS Admin team reserves the right to cancel a training session if there are no registrants 1 week prior to the session
- Participants must have access to a quiet space, stable Internet connectivity, a supported browser: Google Chrome, Mozilla Firefox or Safari, and a phone or computer microphone.

- Participant must login at least 10 minutes prior to scheduled training. Technical assistance will not be available once the webinar begins

CONFIRMATION REQUIRED

- All registered attendees will receive a "CONFIRMATION REQUIRED" email one week prior to scheduled training.
- An emailed response will be required to confirm the scheduled training session – a deadline will be provided in the email.
- If confirmation is not received, the HMIS admin team will release the unconfirmed seats.
- Open seat availability will be emailed to registered participants in the next two scheduled webinars.

NO-SHOWS

- An email will be sent to the Executive Director immediately after a missed training session.

The following are the designated HMIS Points of Contact:

Name:_____ Email: _____

Name:_____ Email: _____

Your signature indicates your organization agrees to comply with the training and user policies detailed in this document.

Organization: _____

Printed Name:_____ Title: _____

Signature:_____ Date: _____

Appendix 8: HMIS Agency Request Form

Date of Request: _____

8.   Organization Requesting Access

       a.   Organization Name (include branch, division, department, etc.):

       _____

       b.   Associated Programs

       _____

       _____

       c.   Street Address or P.O. Box:

       _____

       d.   City/State/Zip Code:

       _____

       e.   Telephone (include area code):

       _____

       f.   E-mail:

       _____

9.   Rationale for Requesting Access

_____

_____

10. Mission of Organization and Associated programs

_____

_____

11. Continuum of Care where services are provided (i.e. Partners in Care or Bridging the Gap)

_____

12. Services provided by Organization and Associated Programs

_____

_____

_____

_____

13. Number of individuals or families experiencing homelessness that are served annually

_____

14. Number of users needing access

_____

15. Describe how access to HMIS or the Coordinated Entry System will benefit clients experiencing homelessness (assessing clients, referring clients, getting clients document ready, involvement in case conferencing, and navigation through the housing program)

_____

_____

_____

_____

Submitted by:

_____   _____

(Name)   **(Title)**

CoC Board Recommendation: _____

Date of Recommendation: _____

CoC Board Chair Signature: _____

Appendix 9 HMIS Participation Agreement

TBD