2023 Detroit CoC
Homeless Management Information System (HMIS)
Operating Policies and Procedures

Approved by CoC Board: May 1, 2023

Table of Contents

1   Policies and Procedures Summary

Participation in the Homeless Management Information System (HMIS) system is mandated for all recipients and sub-recipients of McKinney-Vento/HEARTH Act, ESG Funding, State ESP, RHYMIS, HOPWA, PATH, City ESG and CDBG, and some VA funding. U.S. Department of Housing and Urban Development (HUD), in turn, is mandated to provide ongoing reports to Congress.

The purpose of the HMIS is to:

1. Record and store client-level information about the numbers, characteristics, and needs of persons who use prevention, coordinated entry, housing for persons experiencing homelessness, and supportive services.

2. Produce an unduplicated count of persons experiencing homelessness for each Continuum of Care.

3. Understand the extent and nature of homelessness locally, regionally, and nationally.

4. Understand patterns of service usage and measure the effectiveness of projects and systems of care.

1.1   Policy Disclaimers and Updates

The Operating Policies and Procedures defined in this document include, but are not limited to, the minimum standards of participation in the Michigan Statewide Homeless Management Information System (MSHMIS) as defined in the 2022 MSHMIS Operating Policies and Procedures and as identified in the HUD HMIS Lead Standards.

Operational standards in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. PATH, HOPWA, and VA providers have operating rules specific to HHS and VA.

The Detroit CoC HMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance, as part of an annual review, and/or in coordination with updates to the MSHMIS Operating Policies and Procedures which regulates the Detroit CoC's participation in the MSHMIS.

Updates will be reviewed during the Homeless Action Network of Detroit (HAND) HMIS Agency Administrator meeting and included in the meeting minutes' distribution email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in any previously published Policies and Procedures document or agreements. A current copy of the HAND's HMIS Operating Policies and Procedures may be found on HAND's website at www.handetroit.org/hmis.

The following operating policies and procedures apply to all HMIS Participating Agencies in the Detroit CoC.

1.2   HMIS Participants

- The Detroit CoC has signed a Joint Governance Charter that designates **WellSky** as the Michigan Statewide HMIS Vendor and identifies the **Michigan Coalition Against Homelessness (MCAH)** as the Statewide Administrative Agency of the MSHMIS.

- The Detroit CoC has identified the **Homeless Action Network of Detroit (HAND)** as the CoC HMIS Lead Agency that coordinates with the MCAH and is responsible for specific tasks.

- All **Detroit CoC Participating Agencies** and HMIS end users are also required to uphold specific rules and responsibilities as participants in the MSHMIS project as administered by HAND.

1.2.1 ACCESS PRIVILEGES TO MSHMIS DATABASE

1. The Detroit CoC recognizes the sensitivity of the data in the HMIS and the access level provided to HAND HMIS System Administrators. Therefore, criminal background checks will be completed on all HAND HMIS System Administrators by the Homeless Action Network of Detroit (HAND).

2. All agencies should be aware of the risks associated with any person given access to the system and limit access as necessary. System access levels will be used to support this activity.

3. User accounts will be created and deleted by HAND's HMIS System Administrators.

    a. The Agency Administrator will ensure all users have completed the mandated HMIS training requirements which includes courses covering Privacy and Security, the Release of Information, and Informed Consent using the ROI.

    a. The Agency Administrator must have users sign the User Policy, Responsibility & Code of Ethics document. This document includes provisions on Data Sharing, Release of Information and user responsibilities relating to user conduct, system and data use, privacy, and data security.

    b. Passwords are automatically generated from the system when a user is created. Agency Administrators can customize a temporary password. Agency Administrators will communicate the temporary password to the user.

4. The Agency Administrator will manage the proper designation of user accounts and will monitor account usage.

5. The Agency Administrator will reset passwords within the administrative function of the MSHMIS. The URL address will be sent separately from the temporary username/password for security purposes.

    i. Agency staff will not engage in electronic transmission of user IDs and passwords, except for first-time, temporary passwords or encryption keys.

    ii. The user will be required to change the password the first time they log onto the system. The password must be between 8 and 50 characters and be alphanumeric. Passwords should not be able to be easily guessed or found in a dictionary.

    iii. Any passwords written down should be securely stored and inaccessible to other persons. Users should not store passwords on a personal computer for easier log-in.

    iv. Passwords expire every 45 days. Users may not use the same password consecutively and they cannot be re-used until 2 password selections have expired.

    v. If a user unsuccessfully attempts to login 3 times, the user id will be "locked out", access permission revoked and unable to gain access until their password is reset in the manner stated above.

    vi. Passwords are the individual's responsibility and users cannot share user accounts.

6. To maintain access, the Agency Administrator will ensure that all staff using the system complete the annual recertification courses, which include privacy and security training offered by the Michigan Coalition Against Homelessness.

7. The Agency Administrator will ensure user accounts are removed from the HMIS when a staff member leaves the organization, or when changes to a staff member's job responsibilities eliminate their need to access the system. Notification of such change is to be immediately sent to the HAND HMIS System Administrators by submitting a helpdesk ticket via the HMIS Support Portal at hmis.handetroit.org/portal.

8. Any potential violation of any security protocols will be investigated and addressed as outlined in the data security section 7.4.

2   HMIS Participation Requirements

HAND only accepts applications from agencies that are mandated by a funder to use the HMIS but will also consider onboarding non-mandated agencies/projects that primarily serve homeless individuals who meet the criteria of the HUD Category 1 Homeless Definition.

Category 1- Homeless	**An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:**
	(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; **OR**
	(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); **OR**
	(iii) An individual who is exiting an institution where he or she **resided for 90 days or less AND who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution**.

Agencies who fit the above referenced criteria, are asked to complete a New Agency Application Form, which can be found on HAND's website at https://www.handetroit.org/hmis and submit a HelpDesk ticket via the **HAND HMIS Support Portal** at https://hmis.handetroit.org/portal.

The HMIS onboarding process is a complex, multi-step endeavor and there are initial and annual costs associated for agencies that are not mandated by a funder to use the system. These costs are outlined in the HMIS Fee Schedule, which can be found on HAND's website at https://www.handetroit.org/hmis.

Once an Agency has been onboarded to the HMIS, HAND will conduct routine audits of all participating agencies to ensure compliance with the HMIS Operating Policies and Procedures. The audit may include a mix of system, virtual, and on-site reviews. HAND will document the inspection and any recommendations made, as well as schedule follow-up activities to identify any changes made to document compliance with the HMIS Operating Policies and Procedures.

2.1 Required Agency Agreements, Certifications, and Policies

Participating agencies and/or other partners in the MSHMIS project must have the following contracts, agreements, policies, and procedures available for review.

All participating agencies must have the following fully executed documents on file and comply with the policies and directives contained therein:

- A **MSHMIS Administrative QSOBAA** governing administrative access to the system.

- A **MSHMIS Participation Agreement** governing the basic operating principles of the system and rules of membership.

- **Detroit CoC Sharing QSOBAA** (if applicable) governing the nature of the sharing and the re-release of data.

- A board-certified **Confidentiality Policy** governing the privacy and security standards for the Agency.

- A board-certified **Grievance Policy** outlining a structured process for resolving complaints or grievances within or filed against the organization.

3 HMIS End User Requirements

3.1 User Licenses & HMIS Fee Schedule

A User License is required for anyone given access to the MSHMIS, whether their function is to complete data entry or to generate reports. The user's license is deleted and added back into the Agency's license bank once the user leaves the agency or when it is determined the license is no longer needed by that user. The agency can then use that license when onboarding a new user who has met all user requirements.

1. The total number of licenses allocated to each agency within the Detroit CoC are documented by HAND in the Detroit CoC HMIS License Database.

    a. The number of user licenses allocated to an agency is determined by that agency and the HAND HMIS System Administrators.

    b. Agencies with programs that are required by a funder (HUD, MSHDA, MDHHS, etc.) to enter data into the HMIS are granted a single license and monthly maintenance fees at no charge. Additional user licenses may be purchased for a fee.

       Visit HAND's website at www.handetroit.org/hmis for the current HMIS Fee Schedule.

    c. Agencies with programs that have no funding requirements to enter data into the HMIS are charged a basic setup fee which includes one HMIS User License. Additional user licenses may also be purchased for a fee. Additional agency maintenance fees and user licensing fees are also required.

       Visit HAND's website at www.handetroit.org/hmis for the current **HMIS Fee Schedule**.

2. BusinessObjects Reporting Licenses are available to end users appointed by the Agency Administrator and/or HAND HMIS System Administrators.

3. To be granted a license, all end users must sign a User Agreement / Code of Ethics document and have completed a series of mandated trainings outlined in HAND's HMIS Training Grid. (See Section 3.2 for more information on these requirements)

4. Each Detroit CoC HMIS Participating Agency must designate at least one staff member to serve as the Agency Administrator.

5. The Agency Administrator is responsible for submitting a HelpDesk ticket via the **HAND HMIS Support Portal** at https://hmis.handetroit.org/portal to add, delete, or change any end user licenses in the HMIS.

3.2 HMIS User Requirements

All Detroit CoC Participating Agencies must adhere to the following requirements for all active licensed users participating in the MSHMIS project.

1. Each end user must have a fully executed **User Agreement and Code of Ethics document** on file governing the individual's participation in the system.

2. Each end user must have completed all **mandatory training courses** outlined in the HAND HMIS Training Grid. These trainings are accessed through the Michigan Coalition Against Homelessness (MCAH) HMIS Learning Center (www.hmislearningcenter.org).

3. Each end user must have completed certain **Annual Recertification courses** to keep their license active. These courses are outlined in the HAND HMIS Training Grid and are accessed through the Michigan Coalition Against Homelessness (MCAH) HMIS Learning Center (www.hmislearningcenter.org).

4. All agencies must keep proof of training on file for active users.

   a. All users must take full privacy and security training when they are first licensed and take the privacy and security update training at least annually. Successful completion of the certification quiz is required for both the full training and the update. Documentation of completion of these training courses is to be available for review.

   b. All users must complete workflow training, related workflow updates and have documentation of the training completion for all workflows they work with. If Agency Administrators have additional training requirements or offerings, they should have a method for documenting successful completion and have that documentation available at their local agencies for review, as needed.

   c. All users must be trained in the HUD Data Standards Universal Data Elements and any Program Specific Elements that apply to the programs they work with. This includes training on the processes for collecting client identifying information, the Homeless Definition, and the Chronic Homeless Definition.

3.2.1 NEW USER LICENSING PROCESS

1. The User successfully completes the appropriate training courses in the HMIS Learning Center as outlined in the **HAND HMIS Training Grid** and records the date of successful completion in the **New User License Worksheet**. Both documents can be found on HAND's website at www.handetroit.org/hmis.

2. The user signs their **User Agreement and Code of Ethics** document and submits the document along with the **New User License Worksheet** and quiz results or certificates (if applicable) to their Agency Administrator.

3. The Agency Administrator verifies the training had been completed and ensures the **User Agreement and Code of Ethics** document contains all appropriate signatures.

4. The Agency Administrator ensures the **New User License Worksheet** is completed to include the End User information, training dates, and other details including the type of license requested, Program Bin Default, EDA Access, Reporting Needs, etc.

5. The Agency Administrator prepares a helpdesk ticket (https://hmis.handetroit.org/portal) by selecting **User License Requests / Adding a New End User license** and attaching the fully executed **User Agreement and Code of Ethics** document and completed **New User License Worksheet**.

6. A HAND HMIS System Administrator will create the license in the HMIS, assign an expiration date, and provide the login details for the user account.

Keep in mind the license is only good for one year at which time the user will need to recertify. The Agency Administrator and End User need to make note of the license expiration date (which is 1 year minus 1 day before the earliest date of certification) and complete those trainings on time, so the license doesn't lapse.

3.2.2 USER RECERTIFICATION PROCESS

1. The User successfully completes the appropriate recertification training courses (category 700-705) in the HMIS Learning Center as outlined in the **HAND HMIS Training Grid** and records the date of successful completion in the **User License Recertification Worksheet**. Both documents can be found on HAND's website at www.handetroit.org/hmis.

2. The Agency Administrator verifies the training and ensures the worksheet has been fully completed.

3. The Agency Administrator prepares a helpdesk ticket (https://hmis.handetroit.org/portal) by selecting **User License Requests / Renew an HMIS License** and attaching the completed **User License Recertification Worksheet**.

4. A HAND HMIS System Administrator will update the license in the HMIS with the new expiration date.

Keep in mind the license is only good for one year at which time the user will need to recertify again. The Agency Administrator and End User needs to make note of the license expiration date (which is 1 year minus 1 day before the earliest date of certification) and complete those trainings on time, so the license doesn't lapse.

3.3 HMIS End User Responsibilities

In addition to the above-mentioned HMIS User Requirements, all HMIS End Users are responsible for the following:

- Logging in no less than every 30 days to ensure account does not get deactivated.
- Ensuring client data is entered according to Data Quality and Data Entry standards.
- Following the guidelines and procedures in the Privacy Policy.
- Working with the Agency Administrator to clean up data.
- Communicating all HMIS service requests to the Agency Administrator.

3.4   Helpdesk Support

All requests for HMIS technical assistance, including trainings, management of user licenses, creation or adjustment of provider pages, assistance with analyzing, running, or creating reports, addressing client record issues, etc. should be submitted through the HAND HMIS Support Portal (helpdesk) at https://hmis.handetroit.org/portal.

End users should always speak first with their Agency Administrator to attempt to resolve HMIS challenges they experience before requesting assistance through the helpdesk. If the Agency Administrator is unable to resolve the issue or is unavailable, end users can submit a ticket via the HMIS Support Portal. Keep in mind that tickets relating to User Licensing, Consulting Services/Advanced TA, and Program Bin Requests MUST be submitted by an Agency Administrator. However, all end users are encouraged to submit ticket requests for duplicate profiles to be merged, SSN updates, and HMIS verifications through the HAND HMIS Support Portal.

The helpdesk is monitored Monday-Friday during normal business hours. Unless otherwise alerted, submissions should receive acknowledgement within 1 business day. Requests for HMIS technical assistance received through the helpdesk receive priority.

4   Agency Administrator Role

All agencies participating in the system must identify at least one staff member within the organization to serve as an Agency Administrator.

4.1   The Agency Administrator Role/Requirements

1. Serves as the lead point of contact in the agency for all HMIS related activities and communication.

2. Is the first point of contact for providing technical assistance for agency users. If the Agency Administrator cannot resolve the issue, it will be elevated to the HAND HMIS System Administrators by submitting a helpdesk ticket via the HAND HMIS Support Portal at https://hmis.handetroit.org/portal.

3. Oversee all HMIS responsibilities for the agency and ensure that the agency is compliant with the HMIS Administrator's guidelines.

4. Serves as the Security Officer for the Agency or appoints a Security Officer.

5. Creates a succession plan for the Agency regarding all HMIS procedures to help new staff come onboard to HMIS efficiently in the event of turnover.

6. Assists HAND HMIS System Administrators in determining what functionalities of the system the Agency will utilize.

7. Oversees data quality activities for projects within the agency, which includes running regular data quality reports, participating in quarterly audits, and working with staff on data corrections.

   a. Is responsible for following the data quality plan defined by the Detroit CoC.

   b. Works closely with the HAND HMIS System Administrators on data quality requirements, including prompt completion of quarterly audit requests.

8. Attends HAND Agency Administrators meetings, Coordinated Entry (CE) meetings, and Agency program-specific workgroup meetings, as applicable.

9. Ensures that all HMIS-related information is disseminated to all Agency end users.

10. Monitors Agency compliance with HMIS requirements such as:

   a. Keeping all Agency related HMIS agreements and paperwork on file.

   b. Managing Agency user licenses and accounts, if delegated the task by HAND's HMIS System Administrators.

      i. Maintaining and creating end user passwords.

      ii. Submitting Helpdesk tickets to HAND's HMIS System Administrators when changes need to be made to an end user license or when an end user is no longer using the system.

   c. Ensuring privacy practices are properly implemented at the Agency and project levels.

   d. Regularly evaluate that agency staff are properly trained in their use of the HMIS.

   e. Auditing agency provider pages regularly, in partnership with the HAND's HMIS System Administrators, to ensure program bin setup is correct and compliant, including grant funding updates.

   f. Runs various HMIS reports, at least monthly, and provides them to program managers and others (i.e. funders, HAND, etc.) as needed.

11. Works with agency staff and leadership to complete any funder-required reports and/or submissions.

   a. Works with the HAND's HMIS System Administrators to check agency data for CoC reporting activities. These include but are not limited to the Point in Time Count/Housing Inventory Count, the Longitudinal System Analysis and System Performance Measures.

4.2 Agency Administrator Training Requirements

Agency Administrators must complete and maintain documentation of the following:

1. All base training courses that are required for HMIS users, including annual privacy and security training as well as other annual recertification training courses.

2. Advanced training courses as outlined in the HMIS Training Grid for agency administrators.

3. Training for all workflows used in their agency. This training will be developed by the MSHMIS Lead, the Detroit CoC HMIS Lead Agency (HAND), the funding agency, or an agency authorized to train on behalf of the funding agency, MSHMIS, or HAND.

4. Reports training (agency users and leadership are tasked with supporting data quality as well as monitoring outcomes and other performance issues).

5. Other training courses as specified by the Detroit CoC.

4.3 Agency Administrator Participation Requirements

Agency Administrators are expected to participate in the following CoC or agency meetings:

1. Detroit CoC HMIS Agency Administrator meetings and trainings.

2. Agency specific HMIS related meetings or preside over an HMIS specific topic during routine staff meetings.

3. A local Reports Committee that reviews and governs the publication of CoC information.

4. Local CQI initiatives as established by the Detroit CoC.

5 HAND HMIS System Administrator Role

HAND HMIS System Administrators report to the Homeless Action Network of Detroit, who is the lead entity in coordinating and implementing the HMIS technology for Detroit, Highland Park, and Hamtramck agencies.

The position of the HAND HMIS System Administrator is key to the success of the CoC. This person is responsible for overseeing the operation of the MSHMIS project in the CoC. The following describes the typical list of responsibilities for the HAND HMIS System Administrators within the Detroit CoC.

5.1 HAND HMIS System Administrator Responsibilities

5.1.1 HELP DESK AND LOCAL TECHNICAL SUPPORT

1. HAND HMIS System Administrators provide front-line technical support/technical assistance for users and agencies within the Detroit CoC. This support includes resetting passwords and troubleshooting/problem solving for users and agencies within the CoC. Where applicable, HAND HMIS System Administrators may train Agency Administrators to do fundamental system support activities, thus minimizing the burden for support on the HAND HMIS Staff.

2. HAND HMIS System Administrators build relationships within the agencies they serve, working to understand the business practices of these agencies, and assisting them with mapping these business practices onto the system. The HAND HMIS staff will be available, on request, to provide advanced technical assistance, if requested by the Detroit CoC, the Coordinated Assessment Model (CAM) Lead, or Grant Funders.

5.1.2 USER AND PROVIDER PAGE SETUP

1. HAND HMIS System Administrators will set up new users in the MSHMIS.

2. HAND HMIS System Administrators will supervise license allocation for users and agencies within the Detroit CoC. When necessary or requested, the Homeless Action Network of Detroit (HAND) will purchase additional licenses directly for the CoC.

3. HAND HMIS System Administrators will work in partnership with agencies and Agency Administrators in the Detroit CoC to ensure that agency provider pages are setup correctly per the HUD Data Standards.

4. HAND HMIS System Administrators, with input from the Agency Administrator, will add the users to the provider pages according to their workflow plan.

5. HAND HMIS System Administrators will work directly with Agency Administrators and agencies, through a collaborative process to ensure proper visibility is established for the provider pages in the Detroit CoC.

5.1.3 COMMUNICATION

1. HAND HMIS System Administrators will host regular User/Agency Administrator meetings for system users in the Detroit CoC. These meetings occur approximately every 6 weeks. These meetings will cover

important news on system changes, items of local interest within the CoC, and issues identified by the CoC's HAND HMIS System Administrators.

2. HAND HMIS System Administrators will share any key news, items of local impact, interest, or relevance to the users and Agency Administrators in the Detroit CoC.

5.1.4 TRAINING END USERS AND AGENCY ADMINISTRATORS

1. HAND HMIS System Administrators will inform Agency Administrators and local users of required and recommended system trainings that are available through the HMIS Learning Center or other entities.

2. HAND HMIS System Administrators will provide localized training to CoC users and agencies for issues or items of importance related to the local community. These may include local PIT/HIC training, guidance on local data cleanup, or specific guidance on proper workflow and system usage that are identified through an audit process.

3. HAND HMIS System Administrators will provide training for local users on initiatives identified and agreed upon between the HAND and the City of Detroit.

5.1.5 HUD PROJECTS AND REPORTING ACTIVITIES

1. HAND HMIS System Administrators will work directly with CoC leadership to complete CoC-wide HUD reporting activities such as the LSA, PIT/HIC, System Performance Measures and the CoC HUD NOFO submission. HAND HMIS System Administrators will also assist the CoC with work surrounding City, State, and Local funding initiatives which require data from the HMIS.

2. HAND HMIS System Administrators will assist with completing the HMIS Annual Performance Report (APR) for the Detroit CoC.

3. HAND HMIS System Administrators will provide support/technical assistance for agencies completing the CoC APR within their jurisdiction. This will include providing technical assistance with problem solving data quality issues, reporting issues, etc.

5.1.6 DETROIT COC REPORTING ACTIVITIES

1. HAND HMIS System Administrators are responsible for providing reports to the CoC. These include, but are not limited to:

    a. CoC wide demographics, performance outcomes, and data quality reports that are used for informational and evaluation purposes.

    b. Final reports on submissions made to HUD for various HUD mandated activities such as the LSA, PIT/HIC, SPMs, and HMIS APR.

    c. General requests for data of interest to the Detroit CoC and the City of Detroit.

    d. Any additional reporting requirements initiated by HUD that are required of the Detroit CoC.

2. HAND HMIS System Administrators will train local Agency Administrators and users on how to run reports at the agency level to monitor data quality and outcomes on a regular basis.

3. HAND HMIS System Administrators will be responsible for generating reports on activities and expenditures to the Detroit CoC, as directed by the CoC.

5.1.7 COC/AGENCY/COMPLIANCE AND MONITORING

1. HAND HMIS System Administrators will work with the Detroit CoC to establish local HMIS policies and procedures using the MSHMIS Policies and Procedures document as a frame. HAND HMIS System Administrators will work with Detroit CoC Leadership and Agency Leadership/Administrators to update this HMIS Policies & Procedures document, as needed.

2. HAND HMIS System Administrators, collaborating with the Agency Administrators in the Detroit CoC, will audit agencies and projects to ensure compliance. Audit activities may include, but are not limited to:

    a. Ensuring the agency has all required contracts, agreements, and policies in place for participation on the HMIS.

    b. Verifying system users have completed all required training for system participation.

    c. Ensuring provider pages are correctly setup per HUD Standards Guidance

    d. Ensuring agencies are following appropriate data entry protocol per the funding sources they receive funding from.

    e. Monitoring implementation of privacy, to ensure client rights are being protected.

    f. Regularly monitoring data quality, completeness, and outcomes to ensure projects are maintaining a high level of compliance with HUD and CoC requirements.

5.2 Training Requirements for HAND HMIS System Administrators

1. All base trainings required for HMIS users, including annual privacy and security training and recertification trainings.

2. Provider Page Training and Workflow Training for all workflows used in the Detroit CoC.

3. Reports Training (HAND HMIS System Administrators are tasked with supporting data quality as well as monitoring outcomes and other performance issues).

4. System Administrator Training – This training usually takes place several weeks after a new HAND HMIS System Administrator has been in their position.

5. Continuous Quality Improvement Training

6. All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.

7. HUD Initiative Trainings (LSA, PIT, APR, etc.)

5.3 Meetings HAND HMIS System Administrators Are Required to Participate In

1. Regular Meetings and/or workgroups as determined by the Detroit CoC and/or the City of Detroit.

2. The CoC Reports Committee or other meetings where data use and release are discussed.

3. The Monthly MSHMIS System Administrator Call-In (3rd Wednesday of every month at 10 am).

4. The Monthly HUD HMIS Lead and System Administrator webinar (3rd Wednesday of every month at 1:00 pm)

5. Convene and lead local Agency Administrator Meetings (approximately every 6 weeks).

6 Data Planning and Requirements

6.1 Planning your HMIS Needs

1. Decide how your agency plans to use the database. Does your agency plan to simply use the database to report to funders or does the agency plan to implement multiple functionalities of the database using it as the agency's automated record system or a portion of its automated record system?

2. Define what screens your agency intends to include in its implementation within each program.

   a. An assessment that includes all the HUD Universal Data Elements is required for all agencies regardless of their funding sources as the assessment includes most of the information organizations will need to plan and write grants.

   b. Agencies will provide instruction to staff on any issues related to how questions should be asked.

   c. Agencies will provide instruction on how clients should be assigned to the various programs.

   d. Agencies will define how paper forms will be used to support data collection or storage. It is recommended that agencies continue to maintain paper records by either printing screens or storing the forms on which the data is initially documented.

3. Define who will complete the entry and when that entry will occur. Entry should be as close to "real time" as possible, or within 48 hours of entry or exit. Agencies may choose to follow one or more of the following models for completing their data entry.

   a. Agencies may have staff enter data as they interview clients.

   b. Agencies may have staff interview clients using paper assessment forms and enter the data in the HMIS after the session is over.

   c. Agencies may have staff interview clients using paper assessment forms and have a delegated data entry person for multiple clients.

4. Define what paper forms will be used to support the automated file. Forms are used to collect information that is subsequently entered and/or screens are printed from real-time entry. Assessment forms are available for download on HAND's website at https://www.handetroit.org/hmis.

6.2 Provider Page Set-Up

Provider pages are created and managed by HAND's HMIS System Administrators on behalf of each agency. Agency Administrators are encouraged to review the content noted below and communicate back to HAND via a ticket request through the HMIS Support Portal at https://hmis.handetroit.org/portal should any updates need to be made.

1. **Provider Pages are appropriately named per the MSHMIS naming standards** - Agency Name – Location (CoC Name) – Project Name – Project Funding Descriptors. For example: The Salvation Army – Detroit CoC – Hotel Voucher Project – ESP.

   Note: The identification of the funding stream is critical to completing required reporting to funding organization.

2. **The primary provider contact information reflects where the services are being delivered**.

3. **The HUD Standards Information** section is fully completed on all Provider Pages:

a. The Victim Service Provider designation is correctly set.

b. The Operating Start Date is correctly set. If the project began operating before October 1, 2012, and the exact start date is not known, the start date may be estimated (set to a date prior to October 1, 2012).

c. The Operating End Date is null if the project is operational.

d. The Continuum Project designation is correctly set.

    i. The Continuum Project should be set to yes if it is a project within the geographic boundaries of the Continuum(s) of Care served by the HMIS whose primary purpose is to meet the specific needs of people who are homeless by providing lodging and/or services. A continuum project is not limited to those projects funded by HUD and should include all the Federal Partner projects and all other federally or non-federally funded projects functioning within the continuum.

e. Project Type is correctly set.

f. If a project is an Emergency Shelter, the Emergency Shelter Tracking Method field is correctly set. If a project is not an Emergency Shelter, this field is left null or "-Select-"

g. The Housing Type is properly set (if applicable).

h. The HOPWA funded Medically Assisted Living facility field is correctly set. ("NA not HOPWA Funded Project" for all non-HOPWA projects).

i. If a project is HOPWA, RHY, PATH, HUD CoC or SSVF, the Provider Grant Type is correctly filled out.

j. The CoC Code is correctly set.

k. The project Zip Code, Geocode and Geography Type are set correctly.

l. Bed and Unit Inventories are set for applicable residential projects. Bed and Unit Inventories for all projects should be reviewed at least annually and updated as needed.

m. The Federal Partner Program and Components must be filled out. Federal Partner Program and Components are to be updated at least annually based on the grant fiscal term. If a project is not funded by a Federal Partner Funding Source, the option selected may be "Local or Other Funding Source" or "N/A".

    i. If a project is funded by a HUD or other Federal Partner Funding Source, there must be a current open funding period for the project to pull correctly into certain federal reports.

    ii. If a value is "Local or Other Funding Source" or "N/A" the grant end date may be left open.

4. Assessments with the appropriate Living Situation question are assigned based on Program Type.

a. Emergency Shelter, Street Outreach, or Safe Haven projects should use the appropriate Detroit Intake assessments (i.e. Detroit Shelter Intake or Detroit Street Outreach Intake).

b. All other project types should use the Detroit HMIS CoC Intake assessment or one that is comparable for their specific workflow, project type and funding sources.

c. HAND HMIS System Administrators will determine the right assessments for Agency projects.

5. Inactive Provider Pages are properly identified and closed out with "XXXClosed" followed by the year of the last project exit. For example, XXXClosed2017.

a. Close all clients in inactive/closed provider pages. Audit of inactive pages includes closing all open services and incomes and exiting all unexited clients.

b. The Operating End Date is set on all closed pages.

c. Bed and Unit Inventories have end dates for all closed pages.

d. The CoC Code has an end date for all closed pages.

e. All Federal Partner Program and Components are closed out.

6.2.1 WORKFLOW REQUIREMENTS

1. Assessments are set in the Provider Page Configuration section to match requirements for the program funder/program type.

2. Users entering data are to utilize the latest copies of the workflow guidance documents. The documents can be found through the HMIS page on HAND's website at https://handetroit.org/hmis.

3. If using paper, the intake data collection forms correctly align with the workflow.

4. 100% of clients are entered into the system within 48 hours of intake.

5. Agencies are actively monitoring project participation and exiting clients within 48 hours of known change.

6. All required project information is being collected.

   a. All HMIS participating agencies are required to enter at minimum the HUD Universal Data Elements.

   b. Projects that serve clients over time are required to complete additional updates as defined by the funding source. If the Agency is not reporting to a funder, they are encouraged to use the Detroit CoC Update forms that are consistent with their workflows.

6.2.2 COORDINATED ENTRY REQUIREMENTS:

1. All Coordinated Entry projects/provider pages must use an Entry/Exit workflow to track activity within Coordinated Entry

   a. Clients should be exited using a standardized process for Coordinated Entry Exits. This process is defined by the CoC as outlined under the HUD Coordinated Entry requirements.

2. All Coordinated Entry partners must collect all Coordinated Entry data elements defined in the HUD HMIS Data Standards, regardless of project type. (For example, Street Outreach Navigation)

6.3 Release of Information (ROI) Requirements

1. An **electronic Release of Information (ROI)** is required to be entered in HMIS to enable sharing of client information between any provider pages on the system. This includes Internal projects operated by the same agency as well as External projects operated by other agencies.

   a. **Internal Data Sharing** does not require a signed HMIS Release of Information (ROI) unless otherwise specified by law. (However, an electronic ROI must still be entered in the system to permit internal visibility.)

   b. **External Data Sharing**, as negotiated in the Detroit CoC Sharing QSOBAA (see 7.3.2), does require client consent.

      i. If a client refuses to share their data with other agencies listed in the Detroit CoC Sharing QSOBAA, the agency must contact the HAND Help Desk to request assistance with locking down the client's HMIS record. Depending on the client's needs and request, this may include restricting all or part of the client record.

> ii. The agency cannot refuse to provide services if the client elects not to participate in Detroit's sharing protocol.

2. Agencies participating in the Detroit CoC Sharing QSOBAA must utilize Detroit's standardized **HMIS Release of Information (ROI)** to document client consent for external data sharing. The current release can be found on HAND's website at https://handetroit.org/hmis. The HMIS ROI includes the following components:

   a. A brief description of MSHMIS including a summary of the HUD Public Notice.

   b. A specific description of the Client Profile Search Screen and an opportunity for the client to request that the screen be closed.

   c. A listing of the Agencies sharing partners and a description of what is shared. These sections reflect items negotiated in the Detroit CoC Sharing QSOBAA.

   d. A defined term of the Agreement[1]. (Note: The standard for Detroit is a 2-year signed ROI).

   e. Interagency sharing must be accompanied by a negotiated and executed Detroit CoC Sharing QSOBAA.

   f. For agencies subject to 42 CFR Part 2, both internal and external sharing will be done in accordance with the law.

3. The Agency Administrator will ensure the agency is using the standardized HMIS Release of Information or modify their adapted Release of Information, and script used to explain privacy to all clients, for any privacy changes made. These documents should also be audited quarterly to ensure they are compliant with current sharing agreements.

6.3.1 OUTREACH SHARING PLAN SECTION OF HMIS ROI

1. Information entered in HMIS may be used to help document a client's **homeless history for the purposes of establishing chronicity**. The procedure for pulling a client's homeless history across the entire database requires that:

   a. The client has agreed to permit this activity by placing their initials in this section of the Outreach Sharing Plan located within Detroit's HMIS Release of Information (ROI).

   b. An electronic copy of the signed ROI including the client authorization to release the housing history has been attached to the client record in HMIS.

2. Client information entered in the HMIS may be used to create **By-Name Lists** and in **Prioritization Meetings** provided that:

   a. The client provides written consent to participate in a By-Name List and/or Prioritization process. Consent for participating in this process is built into the current version of Detroit's HMIS ROI, under the Detroit CoC Outreach Sharing Plan.

   b. Information that a client authorizes to be discussed within the Prioritization/By-Name List process may only be discussed directly at those meetings, and not re-released back to agencies, unless a separate release/Sharing QSOBAA exists releasing that information.

---

[1] The change reflects changes in the HIPAA rule that allow for Releases the cover a term – rather than a specific date. The date in the electronic ROI will reflect the specific date defined by the term. The term should not be arbitrary but reflect the anticipated term of the agencies planned coordinating activities.

6.3.2 30-DAY VERBAL RELEASE OF INFORMATION

1. Under special and limited circumstances, as in the case of the COVID Pandemic where agencies are conducting interviews only by phone with clients, HAND may authorize the use of a 30-day Verbal Release of Information (ROI).

    a. Agencies needing to collect 30-day Verbal ROIs, must seek approval from HAND and use the HMIS Oral Release of Information Phone Script document to collect information from callers. This document outlines the specific language that agencies should use when speaking with callers.

    b. Agencies that collect 30-day Verbal ROIs should make every effort to obtain a signed HMIS ROI from clients before the 30-day Verbal ROI expires, if the agency plans to work with the client for a greater period.

        i. Agencies that are unable to collect a signed ROI for longer-term clients, within the 30-day window, must obtain a new 30-day Verbal ROI from the client to continue sharing new data entered for that individual.

6.4   Client Intake/Interview Policies and Procedures

The agency is responsible for ensuring that all clients are asked a minimal set of questions for use in aggregate analysis. The agency commits to work with the local HMIS Administrator to develop a customized agency Interview Protocol or like format. The agency also agrees to minimally enter this level of information into the MSHMIS system.

The agency staff member will use a script as a guide during client intake that includes the explanation of the Privacy Notice, Release of Information, and Grievance Policy while adhering to the following guidelines:

1. Post the MSHMIS Public Notice.

2. The Agency staff member must inform the client of the HMIS project using the Summary of Privacy Notice script.

3. After explanation, the agency staff member must provide the client with the MSHMIS Privacy Notice or Agency Privacy Notice that includes information on the MSHMIS project including what the HMIS is and why the agency is using it, including security precautions, privacy protection and benefits versus risk for the clients.

4. The Agency staff member will inform the client that name, age, last 4 digits of SSN and gender will be shared statewide and that it does not compromise confidentiality as it does not link with any particular agency or service.

5. If a sharing agreement is in place, the agency staff member will provide the client with the list of agencies it is sharing information with including the shared assessments. (See: https://www.handetroit.org/hmis-participating-agencies).

6. The Client's Profile can be closed if the client is being threatened, has family/friends/enemies who work in the MSHMIS participating agency, or if the client is famous or has a relationship with the agency. It is the Client that determines if she/he wants information shared.

7. The Agency staff member will document, via a signed MSHMIS Release of Information (ROI) form, a client's (or guardian's when appropriate) understanding and consent to enter client information into a central database and the reasons for this entry and to consent to the sharing protocol set up by the agency. The completed ROI provides:

    a. Assurance that the consumer knows that his/her information has been entered into the MSHMIS.

b. Assurance that the MSHMIS has been fully explained to the Consumer and he/she has received a copy of the Agency's Privacy Notice.

c. Informed client consent regarding basic profile information to be entered and shared.

d. Release of non-confidential service transaction information to be shared with select agencies included under a negotiated Coordination of Service Agreements (Inter-Agency Sharing Agreement).

e. The length of time the release will be effective (i.e. two years)

8. If a profile is not shared, the agency staff member will close the profile.

6.5 Data Entry Requirements

1. Data should be entered into HMIS as close to real time as possible, but if not, within 48 hours of entry or exit. Emergency shelters should attempt to have data entered on the same day of entry or exit.

2. The agency should ensure that all users support data quality.

3. All programs regardless of funding source are required to complete the Universal Data Elements (UDEs) at a minimum. Funding Source and project type will dictate any additional data elements that need to be completed.

- Refer to https://www.hudexchange.info/resource/3824/hmis-data-dictionary/ for a list of data elements and data collection points.

- Refer to https://www.hudexchange.info/programs/hmis/federal-partner-participation/ for other federal partner specific data collection and requirements.

4. All programs are required to select the appropriate destination when a client exits a program. See discharge destinations here https://www.hudexchange.info/resource/3824/hmis-data-dictionary/ .

5. The agency administrator will review the organization's data entry and ensure that data errors are corrected at least monthly.

7 Data Sharing and Privacy

7.1 Privacy

1. Any agency that is subject to the Violence Against Women Act restrictions on entering data into an HMIS are not permitted to participate in the MSHMIS project. These providers will maintain a comparable database to respond to grant contracts and reporting requirements.

2. All agencies must have the **HUD Public Notice** posted and visible to clients in locations where information is collected.

3. All Agencies must have a **Privacy Notice**. They may adopt the MSHMIS sample notice or integrate MSHMIS language into their existing notice. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:

a. The purpose for collection of client information.

b. A brief description of policies & procedures governing privacy including protections for vulnerable populations.

c. Data collection, use, and purpose limitations. The Uses of Data must include de-identified data.

d. The client's right to copy/inspect/correct their record. Agencies may establish reasonable norms for the time and cost related to producing any copy of the record. The agency may say "no" to a request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request[2].

e. The client complaint procedure.

f. Notice to the consumer that the Privacy Notice may be updated over time and applies to all client information held by the Agency.

4. All Notices must be posted on the Agency's website.

5. All Agencies are required to have a **Privacy Policy.** Agencies may elect to use the Sample Privacy Policy provided by the MSHMIS project. All Privacy Policies must include:

a. Procedures defined in the Agencies Privacy Notice

b. Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protections include at minimum:

   i. Closing the profile search screen so that only the serving agency may see the record.

   ii. The right to refuse sharing if the agency has established an external sharing plan.

   iii. The right to be entered as an unnamed record, where identifying information is not recorded in the system and the record is located through a randomly generated number (note: this interface does allow for unduplication because the components of the unique Client ID are generated)

   iv. The right to have a record marked as inactive.

   v. The right to remove their record from the system.

c. **Security of hard copy files:** Agencies may create a paper record by printing the assessment screens located within the HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).

d. **Security of client-level data obtained from HMIS Reporting Tools**: Users who have been granted access to the various HMIS reporting tools have the ability to download and save reports to their local computer, some of these reports may contain client-level details and/or client personal protected information (PPI). Once this information has been downloaded, this data becomes the responsibility of the agency and all proper handling policies must be followed.

e. **Client Information storage and disposal:** Users may not store information from the system on personal portable storage devices. The Agency will retain the client record for a period of seven years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

f. **Remote Access and Usage:** The Agency must establish a policy that governs use of the system when access is approved from remote locations. The policy must address:

   i. The use of portable storage devices with client identifying information is strictly controlled.

   ii. The environments where use is approved. These environments are not open to public access and all paper and/or electronic records that include client identified information are secured in locked spaces or are password controlled.

---

[2] Language was added to clarify the HIPAA rule.

iii. All browsers used to connect to the system must be secure. If accessing through a wireless network, that network must be encrypted and secured. No user is allowed to access the database from a public or non-secured private network such as an airport, hotel, library, or internet café.

iv. Access via a cellular network using 5G LTE or similar access is permitted if the connection is protected and encrypted. This permits users to access MSHMIS from cell phones, tablet devices or personal hotspots. If broadcasting via a hotspot signal, the device must have a passcode or other security measures to restrict general access.

v. All computers accessing the system are owned by the agency.

6. Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.

a. Client files must be locked in a drawer/file cabinet.

b. Offices that contain client files must be locked when not occupied.

c. Client files must not be left visible to unauthorized individuals.

7. The agency provides a **Privacy Script** to all staff charged with explaining privacy rights to clients which standardizes the privacy presentation.

a. The script must reflect the agency's sharing agreements and the level of risk associated with the type of data the agency collects and shares.

b. The script should be appropriate to the general education/literacy level of the agency's clients.

c. A copy of the script should be available to clients as they complete the intake interview.

d. All agency staff responsible for client interaction will be trained in the use of the Privacy Script.

8. The Agency must have a procedure to assist clients that are hearing impaired or do not speak English as a primary language. For example:

a. Provisions for Braille or audio

b. Available in multiple languages

c. Available in large print

9. Agencies are required to maintain a culture that supports privacy.

a. Staff will not discuss client information in the presence of others without a need to know.

b. Staff will eliminate unique client identifiers before releasing data to the public.

c. The Agency will configure workspaces for intake that support the privacy of client interaction and data entry.

d. User accounts and passwords must not be shared between users, or visible for others to see.

e. Project staff must be educated to not save reports with client identifying data on portable media. Agencies must be able to provide evidence of users receiving training on this procedure through written training procedures or meeting minutes.

f. Staff must be trained regarding the use of email communication, texting, file sharing, and other electronic means of transferring data related to client services.

i. By-name housing prioritization lists may not be printed with client identifying information without written client consent.

7.2   Privacy Statement

The Detroit CoC and MSHMIS are committed to making the project safe for participating agencies and the clients whose information is recorded on the system.

Toward that end:

1.   Sharing is a planned activity guided by sharing agreements between agencies (Sharing QSOBAAs). In certain cases, agencies may elect to sign a Data Sharing Requirement Waiver to keep private some or all of the client's record including all identifying data.

2.   All organizations will screen for safety issues related to the use of automation.

3.   The MSHMIS is compliant with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to ensure that the broadest range of organizations may participate in the project. Access to Personal Protected Information will be restricted to persons with a business need to know, as defined by the laws governing the implementation, (ex. HIPAA, 42 CFR Part 2), these Policies and Procedures and the privacy policies implemented by the CoC and local agencies.

4.   MSHMIS has systematized the risk assessment related to clients through the standard MSHMIS release. The standardized release offers options for the use of a client's Social Security number. It also provides guidance on using unnamed records and how the Privacy Notice is explained to clients.

5.   MSHMIS has adopted a Privacy Notice that was developed in close collaboration with organizations that manage information that may put a client at risk.

6.   Privacy Training is a requirement for all agencies and users on the MSHMIS.

7.   We view our privacy training as an opportunity for all participating organizations to revisit and improve their overall privacy practices. Many agencies choose to have all their staff complete the MSHMIS training curricula – not just those with user access to the system.

8.   All users issued access to the system must sign a User Agreement & Code of Ethics form and agencies must sign a MSHMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must also sign an agreement that defines their sharing and prevents release of information to unauthorized third parties (the Sharing QSOBAA).

9.   Policies have been developed that protect not only a client's privacy, but also an agency's privacy. Privacy practice principles around the use and publication of agency or CoC specific data that have been developed are included in both the Participation Agreement and this Policies and Procedures document.

10.   The MSHMIS allows projects with multiple components/locations that serve the same client to operate on a single case plan. This reduces the number of staff and client time spent on documentation of activities and ensures that care is coordinated and messages to clients are reinforced and consistent.

7.3   Detroit CoC Sharing Protocol

To maximize the use of the HMIS and improve the coordination of care for the clients served by providers, the Detroit CoC requires all agencies using the HMIS to participate in the community-wide HMIS sharing plan. However, sharing client data may not be appropriate for all agencies. If there is a reason why an agency (or a particular program within an agency) should not be required to share data, the organization may apply for a waiver of the sharing requirement.

7.3.1 DATA SHARING REQUIREMENT WAIVER REQUEST

1. If an agency believes it has valid cause for why the agency (or a project within the agency) should be exempt from these data sharing requirements, the agency may apply for a waiver from the HMIS data sharing requirements. A "Data Sharing Requirement Waiver Request" form must be completed and returned to HAND. Please note this Data Sharing Requirement Waiver Request also details what client data will be shared.

   Note: Although an agency may apply for a data sharing requirement waiver, sharing waivers must be approved by HAND and will only be granted if the clients served by the program would be put at risk if their information was shared with other providers.

7.3.2 SHARING AGREEMENTS

1. Agencies that do not apply for and receive a data sharing waiver will be provided with an Interagency Sharing Agreement (called a QSOBAA – Qualified Service Organization Business Associate Agreement). Upon receiving this Agreement, agencies will also receive instructions as to when the agreement needs to be signed and returned.

   a. The Detroit CoC Sharing QSOBAA prescribes the release of information shared under the terms of the agreement and it specifies what is shared with whom.

   b. The signatories on the Detroit CoC Sharing QSOBAA must be representatives who are authorized to sign such an agreement by senior agency leadership and/or the Agency Board of Directors.

2. After all the necessary Detroit CoC Sharing QSOBAAs are in place, HMIS staff will take the appropriate steps to set up the system for the sharing of client information. HMIS Agency Administrators will receive further instructions regarding sharing during their regular meetings.

7.3.2.1 Detroit CoC Sharing QSOBAA, Addendum, and Data Sharing Waiver Update Process

1. The HAND HMIS System Administrators will convene at least twice annually to address potential changes to the current list of HMIS Participating Agencies and associated documents (including the Detroit CoC Sharing QSOBAA and Addendum; Data Sharing Waiver, Release of Information, etc.

   a. Newly onboarded agencies should receive an indication of when the data sharing agreement is likely to be reviewed by the CoC as part of the onboarding process.

   b. The Detroit CoC Sharing QSOBAA and associated Addendum documents will be updated, as needed.

2. During the review process, the Detroit CoC Sharing QSOBAA, Addendum and Data Sharing Waiver documents will be revised to reflect any changes that have occurred since the last update.

3. A memorandum is prepared from HAND's Executive Director to the Executive Directors of all existing sharing partners. The memorandum provides instructions regarding required signatures and deadlines.

4. The Detroit CoC Sharing QSOBAA with Addendum, Memorandum, and Data Sharing Requirement Waiver, once finalized and formatted as PDFs, are then distributed by email to the Executive Directors and HMIS Agency Administrators in the Detroit CoC.

5. Signed documents need to be returned via email within 14 days of receipt of the memorandum.

6. At the end of the 14-day window, the Release of Information and/or Participating Agency Addendum can be finalized and distributed to all HMIS sharing partners (both new and existing). The updated list of sharing providers will also be posted to HAND's website.

7.3.2.2   Negotiating Data Conflicts in a Shared Client Record

1. All members of the Detroit CoC Sharing QSOBAA are informed that by sharing, they are creating a common electronic record that can impact data reflected in reports. Members of the sharing group agree to communicate and negotiate data conflicts.

    a. The Detroit Housing Match Assessment in the HMIS should be updated frequently so that other agencies can see the progress of each client as they move toward their housing goal.

    b. End users should not edit or delete service information entered by another agency.

    c. Data quality is vital to data sharing; agencies must make sure that they are entering all required fields.

    d. Once an agency begins working with a client that agency assumes full responsibility for ensuring that the client's assessment data is true and accurate as of the project entry date. If the agency determines that assessment information entered by, and shared from another provider, was inaccurate, the agency should ensure that the assessment information is updated accordingly.

7.4   HAND Information Security Protocols

7.4.1   DATA SECURITY

1. All licensed HMIS Users must be assigned Access Levels that are consistent with their job responsibilities and their business "need to know".

2. All computers must have network threat protection software with automatic updates.

    a. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure:

        i. The threat protection software is up-to-date.

        ii. That various system updates are automatic, unless a specific, documented reason exists to maintain an older version of the software.

        iii. Operating System updates are run regularly.

3. All computers are protected by a firewall.

    a. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure:

        i. For single computers, the software and versions are current.

        ii. For networked computers, the firewall firmware is current.

4. Physical access to computers that connect to the HMIS is controlled.

    a. All workstations are in secure locations (locked offices).

    b. Workstations are logged off when not manned.

    c. All workstations are password protected.

    d. All HMIS Users are prohibited from using a computer that is available to the public.

5. A **Plan for Remote Access** must exist if staff will be using the MSHMIS outside of the office, such as working from home. Concerns addressed in this plan should include the privacy surrounding off-site access.

    a. The computer and environment of entry must meet all the standards defined above.

b. Downloads to the computer may not include client identifying information.

c. Staff must use an agency-owned computer.

7.4.2 ADDRESSING SECURITY OR PRIVACY INCIDENTS

The Agency Administrator will report any security or privacy incidents immediately to the Homeless Action Network of Detroit (HAND).

1. The HAND HMIS team must investigate the incident within one business day, by running applicable audit reports, and by contacting MCAH staff for assistance with the investigation.

2. If HAND determines that a breach has occurred, and/or the staff involved violated privacy or security guidelines, the client record(s) in question must be immediately locked down and the HAND HMIS System Administrator will submit a written report to the MSHMIS Project Director and CoC Chair within two business days.

3. A preliminary Corrective Action Plan will be developed and implemented within five business days. Components of the plan must include at minimum supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action.

4. Violations will be addressed as follows:

   i. Any agency that is found to have consistently and/or flagrantly violated security protocols may have their access privileges suspended or revoked.

   ii. Any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include, but are not limited to, a formal letter of reprimand, suspension of system privileges, revocation of system privileges, termination of user license, and criminal prosecution.

   iii. All sanctions are imposed by the Detroit CoC Board of Directors.

   iv. All sanctions can be appealed to the Detroit CoC Board of Directors.

Remember that your information security is never better than the trustworthiness of the staff you license to use the system. The data at risk is your own, that of your sharing partners and clients. If an accidental or purposeful breach occurs, you are required to notify HAND. A full accounting of access to the record will need to be completed.

---

8   Data Quality Requirements

1. Agencies must require documentation at intake of the homeless status of those they serve according to the reporting and eligibility guidelines issued by HUD.

   a. The "order of priority" for obtaining evidence of homeless status are:

      i. third party documentation,

      ii. worker observations and,

      iii. certification from the person.

   b. Alternatively, a local Homeless Management Information System (HMIS) can be called upon to supply a printout of an individual's history in a local homeless service continuum.

     c. Lack of third-party documentation may not be used to refuse emergency shelter, outreach, or domestic violence services.

     d. The Detroit CoC may designate the local CAM Lead Agency to establish the homeless designation and maintain related documentation.

2. 100% of the clients must be entered into MSHMIS as close to real time as possible, but if not, within 48 hours of entry or exit. Emergency shelters should attempt to have data entered on the same day of entry or exit. If the information is not entered on the same day it is collected, the agency must ensure that the date associated with the information is the date on which the data was collected.

     a. Data is entered into the system using the Enter Data As function.

     b. Entering the project start/exit data including the UDEs on the Entry/Exit Tab of MSHMIS or

     c. Backdating the information into the System[3]

3. All staff are required to be trained on the Definition of Homelessness.[4]

     a. MSHMIS provides a homeless definition crosswalk and Homeless History Interview flowchart to support agency level training.

     b. There is congruity between the MSHMIS case record responses, based on the applicable homeless definition. (Elements from the Homeless History Interview are being properly completed).

4. The "First Name, "Last Name", "Date of Birth", and "Gender" fields must be collected to create the client's unique identifier.

     a. The Client Name will be entered first.

          i. Do not use spaces, apostrophes, commas, or hyphens, e.g., La Tisha O'Malley would be LaTisha OMalley.

          ii. Use the Suffix field to enter designations such as Jr. or Sr.

          iii. Use initial capital letters on the First Name, Middle Name, and Last Name. Do not use all caps or all lower-case letters.

          iv. Incorrect: mary m jones Incorrect: MARY M JONES

          v. Correct: Mary M. Jones or Mary Marie Jones

     b. If "date of birth" is unknown, use January 1st of the estimated year. If no birthdate is entered, the client will be counted as an adult.

5. The agency must have a process to ensure the First and Last Names are spelled properly and that the DOB and Social Security numbers are accurate.

     a. Identification (ID) may be requested at intake to support proper spelling of the client's name, as well as the recording of the DOB.

     b. If no ID is available, staff request the legal spelling of the person's name. Staff should not assume they know the spelling of the name.

     c. If a client identifies with a different name than the one on legal documents (for example, a client is transgender and has not legally changed their name), staff should enter the client's legal name in the First Name and Last Name fields until a legal name change has taken place. This will assist

---

[3] Clarification of existing policy.
[4] Specific instruction is available for PATH, HOPWA, DHHS-ESP and DHHS PSH projects at https://www.cihhs.org/

the client with getting access to resources requiring an ID. The name a client presents with should be entered in the Preferred Name/Alias field of the client profile.

   d. Projects that serve the chronic and higher risk populations are encouraged to use the scan card process within MSHMIS to improve un-duplication and to improve the efficiency of recording services.

   e. Data for clients with significant privacy needs may be entered under the "unnamed record" feature of the system. However, while identifiers are not stored using this feature, great care should be taken in creating the unnamed algorithm by carefully entering the first and last name and the DOB. Names and the MSHMIS ID number must be maintained off-line in a secure location. (The MSHMIS ID number is required to find the record again.)

6. Income, non-cash benefits and health insurance information must be updated at least annually and at exit, or at the frequency specified by program requirements.

   a. For Permanent Housing Projects, the Housing Move-In Date is completed on an update when the client moves into housing.

   b. Annual Reviews will be completed in the 30 days prior to or after the anniversary of the client's entry into services.

   c. For PH projects with long stays, at the annual review, incomes over two years old must be updated by closing the existing income and entering a new income record (even if the income has not changed). This ensures that the income has been reconfirmed and will pull properly into reports.

   d. For all other projects, any income(s) no longer available to the client should be closed for the day before intake (shared data from another provider), update or exit. If the income is over two years old, please follow the procedure defined above. [5]

7. Agencies must have an organized exit process that includes:

   a. Educating clients and staff on the importance of planning and communicating discharge destination and outcomes. This must be evidenced through staff meeting minutes or other training logs and records.

   b. Discharge Destinations must be properly entered using the HUD Discharge Destination categories (Refer to the Living Situation Option List found in the HUD HMIS Data Standards Data Dictionary)

      i. MSHMIS provides a Destination Definition document to support proper completion of exits. All new staff must have training on this document.

      ii. Projects must have defined processes for collecting this information from as many households as possible.[6]

   c. There is a procedure for communicating exit information to the person responsible for data entry if not entering real time.

8. Agency Administrators/staff regularly run data quality reports.

---

[5] Reflecting the 2015 data quality review of client income, staff are being asked to close any incomes that are more than two years old and to enter a new income with the income review process and to prevent the further accumulation of open old incomes to add closing of the income to the routine discharge processes

[6] Data indicates that some providers have regressed in completing discharge destination in the last year and accurately completing this field is vitally important to succeeding. Beyond data entry issues, projects must define processes that collect this information from as many households as possible.

a. Report frequency should reflect the volume of data entered into the system. Frequency for funded projects will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume projects such as shelters and services only projects must review and correct data at least monthly. Lower volume projects such as Transitional and Permanent Housing must run reports at least quarterly to monitor the recording of services and other required data elements including annual updates of health insurance, income and employment. [7]

b. The project start and exit dates should be recorded upon project start or exit of all participants. Project start dates should record the first day of service or initial contact with a client. Exit dates should record the last day of residence before the participant leaves the shelter/housing project or the last day a service was provided.

c. Data quality screening and correction activities must include the following:

    i. Missing or inaccurate information in Universal Data Element Fields.

    ii. The Relationship to Head of Household question is completed/updated on each entry.

    iii. The Living Situation and Homeless History series of questions are completed/updated on each entry.

    iv. The Approximate Date Homelessness Began is completed/updated on each entry. The response must correspond with the start of the client's current episode of homelessness.

    v. The Client Location question is completed/updated on each entry.

    vi. The Domestic Violence questions are completed/updated on each entry.

    vii. HUD Verifications are completed on all Income, Non-Cash Benefits, Health Insurance and Disability sub-assessments. These questions should be reviewed and refreshed for each new entry/update/exit.

    viii. The Housing Move-in Date is completed for all Permanent Housing projects, if a move-in occurs within the current project. The Housing Move-In Date must be after the Project Start Date and reflect the date the client moved into Permanent Housing.

    ix. All project specific data elements are completed as required by the various funding sources supporting the project.

d. Providers must audit unexited clients in the system using the length of stay and unexited client data quality reports.

9. CoCs and Agencies are required to review Outcome Performance Reports/System Performance Measures reports defined by HUD and other funding organizations. Measures are based on Project Type. The Local HMIS Lead Agency, in collaboration with the CoC Reports Committee or other designated CQI Committee, establishes local benchmark targets for performance improvement on shared measures.

10. MSHMIS publishes regional benchmarks on all defined measures annually.

11. Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan. See CQI materials designed to support data quality through continuous quality improvement.

---

[7] Additional detail was added for low volume environments that are required to annually update income and employment.

8.1 Data Quality Assurance

To provide accurate and relevant data to the Detroit Continuum of Care, it is imperative that the HMIS Project maintains an on-going process of quality improvement. Agency administrators are responsible for monitoring data quality monthly and encouraged to connect with the HAND HMIS Team for support in developing a plan for carrying this out successfully at their agency.

Following are data quality measures for the HMIS project.

1. End users should always search to see if the client is already in the system; if the client is in the system, click on the name and use that client record.

   a. Do not create a new client if the client already exists.

   b. If multiple profiles are identified, a merge request form should be downloaded from the HAND website (https://handetroit.org/hmis) and submitted via the HMIS Support Portal.

2. Programs should complete all the universal data elements for clients. This is extremely important; especially when sharing data. The standard for UDE completion is at least 90%.

3. When sharing with internal and/or external programs, end users must complete a Release of Information (ROI) in HMIS; otherwise, the data that has been entered will not be shared. The current ROI is available at www.handetroit.org/hmis.

4. Clients who have been entered into and HMIS project should have an associated project start date.

5. When exiting clients, less than 25% of clients should have an "unknown" destination when being exited from a ES, TH or SSO program.

6. Ensure that all household members are included in program entries/exits and services.

7. If clients are in a program longer than one year, end users must use the Interim Review feature to complete an annual assessment. Annual Assessments must be completed within 30 days of the client's Anniversary Date, on an annual basis, that a client is in a program until the client exits the program.

8. The number of active clients in HMIS programs (per the APR) should not be more than 105% or less than 65% of the number of clients on the Housing Inventory Chart for the LSA Point-In-Time dates of the last Wednesday of October, January, April, and July.

9. Residential programs must participate in the Point-in-Time and Housing Inventory Chart counts (PIT and HIC) as required.

10. All requests for HAND letters of support will require data quality standards to be met at the time of the request in order to receive the letter of support. These standards are set forth in the HMIS Certification section of the Letter of Support Policy. See: https://www.handetroit.org/documents for more information.

MSHMIS has incorporated continuous quality improvement training designed to help agency administrators use the information collected in the HMIS to stabilize and improve project processes, measure outcomes, report to funders, and be more competitive in funding requests.

Agency administrators may find it helpful to develop an internal performance improvement team that meets quarterly to review the following issues:

1. **Coverage** – What client information is being entered into the database from what programs? What percent of the homeless consumers served by the organization are being entered into the system?

2. **Data Quality** – are interviews/forms generating complete, consistent, high-quality information? Are definitions being applied uniformly? Are all required fields being completed? Are outcome measures being reviewed (income, employment, positive destination)?

3. **Security/Privacy/Confidentiality** – Are there concerns regarding the organizations practice around privacy issues. A plan should be developed to correct any problems that are identified.

4. **Reporting issues** – are staff able to access and use the data from the system? Are there problems with reporting? Are there opportunities to use the data to support improvement of program operations?

5. **Outcomes** – is the data accurately reflecting client and program outcomes according to measurement criteria for improving performance?

8.2 Data Quality Corrective Action Plan

1. Agencies are required to address data quality issues in a timely manner.

   a. If the HAND HMIS staff has an issue with an agency's data quality, they will contact the Agency Administrator.

   b. If no significant progress is made within **two calendar weeks** of contacting the Agency Administrator, HAND HMIS staff will contact the Agency Management.

   c. If no significant progress is made within **one calendar week** of contacting the Agency Management, HAND HMIS staff will contact the funder and the CoC Lead Agency/Collaborative Applicant. The funder may choose to take further action regarding their grantees. The CoC Lead Agency/Collaborative Applicant may incorporate failure to comply with data quality corrective action plans in making CoC funding decisions.

   d. If no significant progress is made within **one calendar week** of contacting the funder and CoC Lead Agency/Collaborative Applicant, HAND HMIS staff will deny access to the agency end users and the Agency Administrator.

9   Data Backup and Disaster Recovery Plan

The HMIS is a critically important tool in responding to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, Louisiana with nightly off-site backup. In case of a significant system failure at the main data center, MSHMIS can be brought back online within approximately four hours.

9.1   Backup Details for MSHMIS

1. WellSky has a detailed description of data security and WellSky's Disaster Response Plan available via their customer support portal.

2. The MSHMIS Project is required to maintain the highest-level disaster recovery service by contracting with WellSky for Premium Disaster Recovery that includes:

   a. Off site, out-of-state backup on a different Internet provider, and a separate electrical grid.

   b. Backups of the application server occur on a regular basis and align with the current version of the live MSHMIS site.

    c.   Near-instantaneous backups of the MSHMIS database (information is backed up within 5 minutes of entry.)

    d.   Additional nightly off-site replication to protect in case of a primary data center failure.

    e.   Priority level response (ensures downtime will not exceed 4 hours).

9.2   MSHMIS Project Disaster Recovery Plan

In the event of a major system failure:

1. The MSHMIS Project Director or designee will notify all participating CoCs and Local System Administrators should a disaster occur at WellSky which affects the functionality and availability of MSHMIS. When appropriate, MCAH will notify the HAND HMIS System Administrators/CoC Leadership of the planned recovery activities and related timelines.

2. The HAND HMIS System Administrator(s) are responsible for notifying their assigned agencies and users.

3. If a failure occurs after normal business hours, MSHMIS staff will report the system failure to WellSky using their emergency contact line. An email will also be sent to the HAND HMIS System Administrators no later than one hour following identification of the failure.

4. The MSHMIS Project Director or designated staff will notify WellSky if additional database services are required.

5. The MSHMIS Project will always have one staff member on-call 24/7/365 so agencies and users can report system outages. Contact information for this person is supplied by MCAH.

9.3   HAND HMIS Lead Requirements

HAND, which serves as the CoC HMIS Lead Agency within the Detroit CoC, has an obligation to secure and backup key information necessary for the administration and functioning of the MSHMIS Project within its own jurisdiction.

1. HAND is required to back-up their internal data system nightly.

2. Data back-ups will include a solution for maintaining at least one copy of key internal data off-site for their internal data systems. This location will be secure with controlled access.

3. MSHMIS in collaboration with the HAND will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

9.3.1   HAND HMIS PROJECT DISASTER RECOVERY PLAN

Due to the nature of technology, unforeseen service outages may occur. As a participant in the Michigan Statewide Homeless Management Information System (MSHMIS), the Detroit CoC is covered under Wellsky's Disaster Response Plan and the MSHMIS Project Disaster Recovery Plan.

Communication between MCAH, HAND, the CoC, and the HMIS participating agencies in the event of a disaster is a shared responsibility and will be based on the location and type of disaster. As such:

1. HAND maintains emergency contact information including the names, organizations, and contact details for key staff including agency management, agency administrators, and end users; HAND leadership and system administrators; and MCAH MSHMIS System Administrators and the MSHMIS Project Director.

2. If HAND becomes aware of a system failure, HAND HMIS System Administrators will immediately notify Michigan Coalition Against Homelessness (MCAH) MSHMIS staff via mihelp@mihomeless.org or by calling 517-485-6536. MSHMIS staff will in turn report the failure to Wellsky and will follow the protocols set forth in section 9.2 above.

3. In the event of a local disaster:

   a. MSHMIS in partnership with HAND will work to fill all reasonable requests to provide access to additional hardware and user licenses to allow the HMIS Participating Agencies to reconnect to the database as soon as possible.

   b. MSHMIS in collaboration with the HAND will also provide information to local responders as required by law and within best practice guidelines.

4. HAND HMIS System Administrators will inform all interested parties of the outage and/or resolution status, as applicable due to the nature and duration of the failure.

10 Grievance Policy and Procedures

Program participants have the right to express their dissatisfaction relating to issues, including:

- Client not being informed of MSHMIS
- Client not being informed/provided a Privacy Notice
- No verbal/written release of information received from client
- Sharing client information without informed consent
- Client being denied services due to refusal to participate in MSHMIS project
- Client Release of Information form has no end date associated with sharing
- Client put at personal risk or harmed due to personal information being shared on the MSHMIS site

Every reasonable effort will be made by program staff to resolve any questions or concerns at the time they arise by initiating discussion. If the problem cannot be resolved to the participant's satisfaction, she/he may initiate a grievance. The Detroit CoC has established grievance procedures for consumers and agencies who wish to file a grievance without fear of retaliation from the party accused or any representative.

Refer to HAND's website (https://www.handetroit.org/documents) for more information on the CoC Grievance Procedures for consumers and agencies.

11 Research and Electronic Data Exchanges

11.1 Electronic Data Exchanges:

1. Agencies exporting data from MSHMIS must certify the privacy and security rights promised participants in MSHMIS are met on the destination system. If the destination system operates under less restrictive rules, the client must be fully informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that approve the exchange.

   a. Agencies who request or conduct data exports must have a process to ensure confidential information is secured and protected by encryption throughout the entire transmission process.

b. The number of people with access to an identified data set should be the minimum necessary depending on the scope of the project.

2. Requests for data must be documented on an HMIS Report Request Form through the HelpDesk and approved by HAND. Approval will be based on guidelines established by HAND. HAND reserves the right to deny any request for aggregated data.

3. MSHDA/MCAH or the Detroit CoC may elect to participate in de-identified data sets to support research, planning and/or service delivery.

   a. De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.

   b. Projects used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a "trusted party" to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that they meet medical/behavioral health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.

   c. CoCs will be provided with a description of each study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCAH or the study owner.

4. MSHDA/ MCAH or the Detroit CoC may elect to participate in identified data sets to support research, planning and/or service delivery.

   a. All identified research and/or data use cases must be governed by a Data Use Agreement which includes requirements for an ethical review of proposed data uses and ensures that client informed consent protections are upheld.

      i. All identified research and/or data use cases must also comply with all requirements specified in the MSHMIS Administrative QSOBAA and MSHMIS Participation Agreement.

   b. CoCs will be provided with a description of each study being implemented. Agencies may opt out of the study through a written notice to MCAH or the study owner.

   c. If Personal Identifying Information is used to match records through a trusted partner to determine eligibility for resources, a client's name may be released via a By-Name List process to the housing prioritization committee/case manager to notify the client of potential eligibility. A client must sign a separate release of information specifying further release of PHI/PII from the matching process before any personal data release takes place.

   d. A trusted partner must meet the minimum requirements of the MSHMIS Privacy Policy and MSHMIS Privacy Notice.

      i. A trusted partner must control security and access to identified data sets to the minimum number of persons necessary depending on the scope of the project.

      ii. A trusted partner must have security and release protocols for deidentified aggregate datasets for research and/or data use cases to protect against possible reidentification of individual records.

      iii. A trusted partner must have retention and disposal policies for identified data matched sets when the research and/or data use case is completed.

Appendix A: Document Checklist for MSHMIS Agencies

All agencies that participate on the MSHMIS project are required to keep either a physical or electronic binder containing each of the following fully executed documents.

Contracts, Agreements, Policies and Procedures

❑ **Fully Executed Joint Governance Charter:** (Only the HMIS and/or the Local HMIS Lead Agency is required to maintain this document.)

❑ **HMIS Policies and Procedures Document for the CoC:** (Only the HMIS and/or the Local HMIS Lead Agency is required to maintain this document. It must have been formally approved by the CoC as evidenced by CoC meeting minutes.)

❑ **Administrative QSOBAA:** Fully signed and executed

❑ **Participation Agreement:** Fully signed and executed

❑ **Sharing QSOBAAs:** (Only necessary if the agency has engaged in external sharing). Document should be fully signed and executed. If any changes have been made to a Sharing QSOBAA written documentation and approval of those changes by all parties must be included also.

❑ **Confidentiality Policy:** (Approved by Agency Board)

❑ **Grievance Policy:** (Approved by Agency Board)

MSHMIS User Documentation

❑ **User Agreement and Code of Ethics Document:** Fully initialed and signed. A User Agreement and Code of Ethics document must be on file for all users currently licensed on MSHMIS. It is recommended that the User Agreement and Code of Ethics documents for employees no longer at the agency be kept with their separated employee file

❑ **User Training Documentation/Certification:** Documentation of all MSHMIS trainings completed by active users are to be kept in the MSHMIS binder. These trainings are to be certified by either MCAH, a certified MCAH trainer, other identified statewide trainers or CoC identified trainers for CoC initiatives. Evidence of training include training completion certificates, successfully passed training quizzes, training logs, etc.

Agency Privacy Documents

❑ **HUD Posted Public Notice:** HUD Public Notices should be posted in locations where clients are seen.

❑ **Agency Privacy Notice:** Agencies can adopt the sample MCAH Notice or customize to address agency needs.

❑ **Agency Privacy Policy:** Agencies can adopt the sample MCAH Policy or customize to address agency needs.

❑ **Current Agency Privacy Script:** That's been developed and approved by agency leadership.

❑ **Current Agency Release of Information:** Including all sharing partners and sharing outreach plan as applicable.

Appendix B: Key Terms and Acronyms

Term	Acronym (if used)	Brief Definition
42 CFR Part 2	Part 2	42 CFR Part 2 is the federal regulation governing the confidentiality of drug and alcohol use treatment and prevention records. The regulations are applicable to certain federally assisted substance use treatment programs limiting the use and disclosure of substance use patient records and identifying information.
Administrative Qualified Services Organization Business Associates Agreement	Admin QSOBAA	The agreement signed by each CHO, the ~~Local~~ HMIS Lead Agency, MCAH and MSHDA that defines core privacy practices between participants on the MSHMIS.
By-Name List	BNL	A By-Name List is a real-time, up-to-date list of persons experiencing homelessness within a specific jurisdiction. By-Name Lists can be comprehensive, meaning they include all homeless persons, or focused, meaning they contain persons with certain subpopulation, (ex. chronic or veteran), or prioritization characteristics.
Continuum of Care	CoC	The Continuum of Care (CoC) Program is designed to promote community wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.
Coordinated Assessment Model	CAM	The name we have given locally for the "front door" or common entry point of the homeless system. This can also be referred to as Coordinated Entry (CE). Through the use of a common assessment tool and standardized processes, referrals for housing/services are made to a provider that best match the needs of the household presenting for service.
Coordinated Entry System	CE	Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. Locally, our CE system is referred to as the CAM (see above for more information).

The Emergency Solutions Grant Program	ESG	The Emergency Solutions Grant Program funds homeless services in five program areas: • street outreach • emergency shelter • homelessness prevention • rapid re-housing assistance • HMIS ESG Funds are typically allocated to a state agency from HUD or to local government for use within their jurisdictions.
Homeless Action Network of Detroit	HAND	Designated by the Continuum of Care to function as CoC Lead Agency; Collaborative Applicant, and HMIS Lead Agency for the cities of Detroit, Hamtramck, and Highland Park as the lead agency HAND works with a wide array of organizations to find and implement solutions to homelessness in the Detroit CoC.
Homeless Emergency Assistance and Rapid Transition to Housing	HEARTH Act	The HEARTH Act was signed into law on May 20, 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act. The HEARTH Act was the first significant reauthorization of McKinney-Vento in nearly 20 years and allocates millions more dollars to homeless services.
Housing Assessment and Resource Agencies	HARAs	A HARA is an agency that receives Emergency Solutions Grant funding from the Michigan State Housing Development Authority (MSHDA) and coordinates services within the community's Coordinated Entry System such as prevention, rapid rehousing and coordinated entry. HARAs work with other service providers to ensure that access to homeless resources is optimized and based on assessment of need. In Detroit, the HARA is CAM.
The Health Insurance Portability and Accountability Act of 1996	HIPAA	The Health Insurance Portability and Accountability Act of 1996, particularly the Privacy Rule under Title II, regulates the use and disclosure of Protected Health Information (PHI) held by covered entities and business associates. HIPAA is the base operational privacy rule on which the MSHMIS privacy rule is structured. HIPAA was amended by the HITECH Act – or Health Information Technology for Economic and Clinical Health Act in 2008.
Homeless Definition		*See Homeless Definition Crosswalk.* **The HEARTH Act defines 4 categories of homelessness.** Not all projects can serve all categories, and some may utilize a different definition when delivering services. MSHMIS has adopted the HUD definition for counting persons experiencing homelessness. • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statutes • Category 4: Fleeing/Attempting to Flee DV

Homeless Management Information System	HMIS	A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to persons who are homeless or at risk of homelessness. HAND is designated locally to manage the HMIS system in Detroit. Agencies that receive funding from HUD or MSHDA are required to use the system. The information collected in the system is analyzed and utilized to help drive local and federal decisions. The HMIS is also the primary reporting tool for HUD homeless service grants as well as for other public streams of funding related to homelessness.
Housing Choice Voucher (formerly known as Section 8)	HCV	The Housing Choice Voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments. Some vouchers are reserved for homeless individuals and are referred to as Homeless Preference (HP).
Housing Inventory Count	HIC	An annual count of the number of emergency shelter, transitional housing, safe haven and permanent housing beds and units (both HMIS participating and non-participating) a CoC has available to house people who are experiencing homelessness. This data is required to be reported to HUD annually.
Housing Opportunities for Persons with AIDS	HOPWA	The Housing Opportunities for Persons with AIDS (HOPWA) program, managed by HUD's Office of HIV/AIDS Housing, was established to provide housing assistance and related supportive services for low-income persons living with HIV/AIDS and their families.
U.S. Department of Housing and Urban Development	HUD	HUD is a U.S. government agency created in 1965 that supports community development and homeownership. HUD does this by improving affordable homeownership opportunities, increasing safe and affordable rental options, reducing chronic homelessness, fighting housing discrimination by ensuring equal opportunity in the rental and purchase markets and supporting vulnerable populations. HUD is the primary funder of homeless and housing resources across the nation.
Joint Governance Charter		The Agreement between the Michigan's CoCs and MSHMIS that supports a statewide HMIS operating in a single system environment.
Length of Stay	LOS	The number of days between the beginning of services and the end of services, or in the case of permanent housing, the number of days between the housing move in date and the exit from housing. Length of stay is calculated using project start and exit dates, shelter stay dates, or for permanent housing, the housing move-in date and project exit.

Longitudinal System Analysis	LSA	The Longitudinal Systems Analysis (LSA) is a HUD required report and replaces the formerly required local Annual Homeless Assessment Report (AHAR). The LSA report provides HUD and Continuums of Care (CoCs) with critical information about how people experiencing homelessness use their system of care. The LSA is produced from a CoC's Homelessness Management Information System (HMIS) database and submitted annually to HUD.
Michigan Coalition Against Homelessness	MCAH	The Michigan Coalition Against Homelessness is a nonprofit membership organization that is an advocate for individuals and families who are homeless or at-risk of becoming homeless and the agencies that serve them. MCAH serves as the HMIS statewide administrative agency for the MSHMIS project.
The Michigan Campaign to End Homelessness	MCTEH	The Michigan Campaign to End Homelessness is a statewide partnership between MSHDA, MDHHS, MCAH, MDVA, the Salvation Army, and a broad coalition of regional and local partners. The MCTEH exists to provide coordinated leadership for initiatives to prevent and end homelessness within the State of Michigan.
Michigan Department of Health and Human Services	MDHHS	The MDHHS Housing and Homeless Services Division works to make homelessness rare, brief and one time for all Michigan citizens. The Division administers grants to local providers to assist individuals and families experiencing homelessness with the goal of moving them into stable housing as quickly as possible and providing the supports needed to achieve permanent housing stability.
Michigan State Housing Development Authority	MSHDA	The Michigan State Housing Development Authority (MSHDA) provides financial and technical assistance through public and private partnerships to create and preserve safe and decent affordable housing, engage in community economic development activities, develop vibrant cities, towns, and villages, and address homeless issues. MSHDA is the grantee for the Statewide HMIS and subcontracts with MCAH for administration of the system.
Participation Agreement		The agreement between MSHMIS participating agencies and MCAH that specifies the rights and responsibilities of MCAH and HMIS participating agencies.
Point in Time Count	PIT	The Point-in-Time (PIT) count is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. HUD requires that Continuums of Care conduct an annual count of people experiencing homelessness who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered people experiencing homelessness every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.

Projects for Assistance in Transition from Homelessness	PATH	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Michigan Department of Health and Human Services. It provides services to persons experiencing homelessness with mental health conditions, primarily through street outreach, to link them to permanent supportive housing. This project has different reporting requirements than HUD-funded projects and uses HMIS to collect this information.
Project Types		HUD defines 13 Project Types in HMIS: • **CE: Coordinated Entry** - A project that administers the continuum's centralized or coordinated process to coordinate assessment and referral of individuals and families seeking housing or services, including use of a comprehensive and standardized assessment tool. • **Day Shelter** – A Day Shelter is a facility/center for persons experiencing homelessness that does not provide overnight accommodation. • **ES: Emergency Shelter**- Overnight shelters or shelters with a planned length of stay of less than three months. • **HP: Homeless Prevention**- A project that helps those who are at imminent risk of losing housing, to retain their housing. • **Other:** A project that offers services, but does not provide lodging, and cannot otherwise be categorized as another project type. • **PH: PSH Permanent Supportive Housing** – Includes both services and housing. Permanent Supportive Housing requires a disability for entry and often serves persons who are chronically homeless. • **PH: Housing Only** - Permanent Housing Only projects may be supported by a voucher but does not have supportive services attached to the housing. • **PH: Housing with Services (no disability required)** – Provides both housing and supportive services but does not require a disability for entry into the project. • **PH: RRH Rapid Rehousing**- A project type that rapidly rehouses those who identify as literally homeless. Rapid Rehousing often involve temporary housing subsidies which are discontinued as a household stabilizes. • **SH: Safe Haven** – A project that offers supportive housing that serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services. It also provides 24-hour residence for eligible persons for an unspecified period, has an overnight capacity of 25 or fewer people and provides low demand services and referrals for residents. • **SO: Street Outreach Project**- A project serves homeless persons that are living on the street or other places not meant for habitation. • **SSO: Services Only Project**- A project that serves persons only, with no residential component. These projects often provide case

| | | management and other forms of support and meet with clients in an office, at the client's home, or in a shelter. |
		• **TH: Transitional Housing**- A project with a planned length of stay of not more than two years and provides supportive services.
Protected Health Information	PHI	Protected Health Information is demographic information, diagnosis information, medical histories, disability information or mental health condition information that health care professionals collect to identify individuals and provide appropriate care. In housing services, PHI may be used to determine eligibility for certain housing programs and resources.
Protected Personal Information	PPI	Protected Personal Information is a category of sensitive information that is associated with an individual person and should be accessed only on a strict need-to-know basis. In HMIS, all portions of a client record outside of the Client Profile require a Sharing QSOBAA be in place and a client signed release of information before information can be shared.
Provider Page		A Provider Page or Provider is a defined location in the database where information is stored and organized. Provider Pages are structured in levels and can represent the whole implementation, CoCs, agencies, projects, or subprojects.
Release of Information	ROI	A Release of Information comes in two forms, a paper ROI and an electronic ROI. A signed (paper) ROI giving informed client consent for sharing is also required to share data between agencies. An electronic ROI must be completed to share a client's data on the HMIS.
Runaway and Homeless Youth	RHY	Overseen by the Family and Youth Services Bureau (FYSB), the Runaway and Homeless Youth programs support street outreach, emergency shelter, transitional living and maternity group homes for youth experiencing homelessness
Sharing		In an HMIS context, sharing refers to the exchange of client data between agencies. External data sharing requires a Sharing QSOBAA be established between two or more agencies, and a client signed Release of Information authorizing the sharing of that client's information. Basic data entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information.
Sharing Qualified Services Organization Business Associates Agreement	Sharing QSOBAA	The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.
SSI/SSDI Outreach, Access and Recovery	SOAR	The SOAR project is led by the Department of Health and Human Services. It is a technical assistance initiative that assists people who are homeless to successfully apply for Social Security Income (SSI) and Social Security Disability Income (SSDI). The purpose of the initiative is to help people who are eligible for such benefits to receive them sooner, thereby more quickly facilitating that person's ability to move into housing.

System Performance Measures	SPMs	The System Performance Measures are a series of seven standardized measures which help communities gauge their progress in preventing and ending homelessness and provide a more complete picture of how well a community is achieving this goal. SPMs look at items such as length of time spent homeless, exits to permanent housing destinations and returns to homelessness. HUD requires CoC's to annually report performance based upon data generated from local HMIS implementation. This data focuses key elements of performance at a systems-level rather than on a programmatic or agency level. HUD uses the system-level performance information as a competitive element in its annual CoC Funding Competition and to gauge the state of the homeless response system nationally.
User Agreement & Code of Ethics		The document each HMIS user signs that defines the HMIS standards of conduct.
Visibility		Refers to whether a provider page can see client data if it has been entered into another provider page. HMIS visibility is configured separately in each provider page. Visibility can be configured by individual provider pages or by Visibility Groups.
Visibility Group		A Visibility Group is a defined group of Provider Pages where data is shared. Internal Visibility Groups control internal sharing within an organization. Internal Visibility is governed by an agency's internal privacy rule. External Visibility Groups control sharing with other agencies and are defined by a Sharing QSOBAA.
WellSky		WellSky is a Healthcare Software as a Service (SaaS) company that owns the Community Services/ServicePoint platform, the software solution used for MSHMIS.
Youth (Homeless Youth)		Homeless Youth are youth who lack a fixed, regular or adequate nighttime residence. Depending on the program and funding source, the age and definition of youth homelessness varies. Some youth programs serve persons up to 18 years of age, while other definitions consider youth up to the age of 21 or 24. Additionally, the US Department of Education considers youth that are sharing housing due to loss of housing or economic hardship to be homeless for purposes of their programs.
Youth Homelessness Demonstration Program	YHDP	The ultimate goal of the YHDP is to reduce youth homelessness. YHDP aims to support selected communities in the development and implementation of a coordinated community approach to preventing and ending youth homelessness. The hope is that the awarded communities will then share that experience with and help mobilize communities around the country towards the same end.