Draft HMIS Access Policy

1. Introduction

This policy outlines the procedures for requesting and granting access to the Alameda County CoC Homeless Management Information System (HMIS). The HMIS is a critical tool for collecting and analyzing data on homelessness in Alameda County. This data is used to inform resource allocation, track progress towards ending homelessness, and improve the effectiveness of the homeless services system.

2. Purpose

The purpose of this policy is to:
- Ensure equitable and consistent access to HMIS for authorized users.
- Protect the confidentiality and integrity of HMIS data.
- Comply with all applicable federal and state laws and regulations related to data privacy and security, including **HUD HMIS Data Standards**.
- Support the effective and efficient operation of the HMIS.

3. Definitions

This section defines key terms used throughout this policy to ensure clarity and consistency in HMIS access and operations. Understanding these definitions is essential for all users and providers working within the Alameda County CoC to maintain compliance, protect data security, and effectively utilize HMIS for service delivery.
- **HMIS:** The Alameda County CoC Homeless Management Information System.

This policy was approved by the Alameda County CoC HMIS Committee on [Date].

- **HMIS Lead:** The entity designated by the Alameda County CoC to oversee the operation and maintenance of the HMIS.
  - o The [HMIS Lead is the Alameda County Office of Homeless Care and Coordination](#).
- **Provider:** Any entity that provides services to individuals experiencing homelessness in Alameda County, including but not limited to:
  - o Non-profit organizations
  - o Government agencies
  - o Faith-based organizations
  - o Private businesses
- **HMIS User:** Any individual employed by a Provider who has been granted access to the HMIS for the purpose of performing their job duties.
- **Data Use Agreement:** An agreement between the Provider and the HMIS Lead that outlines the permissible uses of HMIS data and the responsibilities of the Provider in protecting data confidentiality and security.

4. HMIS Committee Role vs. HMIS Lead Role

The HMIS Committee and the HMIS Lead play distinct but complementary roles in ensuring the effective management and compliance of the HMIS. While the HMIS Committee provides oversight, guidance, and policy support, the HMIS Lead is responsible for the system's day-to-day operations, enforcement of HUD standards, and coordination with providers.

HMIS Committee	HMIS Lead
Monitors the HMIS Lead and overall data quality **Reviews and provides feedback to the HMIS Lead on HMIS policies and procedures** **Enforces HMIS Data Quality Plan** **Support the HMIS Lead in the development new HMIS policies, procedures, and forms** **Ensure HMIS is compliant with HUD requirements**	**Leads HMIS Operation and Management** **Develops plans, policies and procedures in coordination with the CoC** **Ensures participating agencies are compliant with applicable agreements and HUD standards** **Ensures compliance with functionality standards**

5. HMIS Access Request Process

To ensure that HMIS access is granted only to authorized users who require it for their job responsibilities, the HMIS Access Request Process establishes clear criteria for submitting, reviewing, and approving requests. This process helps maintain data security, confidentiality,

and compliance with HUD HMIS Data Standards, ensuring that access is provided equitably and in alignment with the CoC's mission.

- **Request Submission:** All requests for HMIS access must be submitted using the **HMIS Access Request Form** (see Appendix A).
- **Form Content:** The HMIS Access Request Form shall include, at a minimum, the following information:
  o Provider Name and Contact Information
  o Name and Title of Requesting Individual
  o Position Description and Job Responsibilities
  o Reason for HMIS Access
  o Description of how HMIS data will be used in the performance of job duties
  o Confirmation that the Provider has reviewed and agrees to abide by the CoC's HMIS Data Use Agreement.
- **HMIS Lead Review:** The HMIS Lead will review all access requests and make a decision regarding access approval or denial.
- **Review Process:** The HMIS Lead will review all access requests based on:
  o The organization's role in serving individuals experiencing homelessness.
  o The necessity of HMIS data for the organization to fulfill its mission.
  o The organization's commitment to **HUD Data Standards and security regulations**.
  o The organization's demonstrated capacity to protect the confidentiality and integrity of HMIS data.
- **Decision Criteria:** The HMIS Lead will consider the following factors when making access decisions:
  o The organization's role in serving individuals experiencing homelessness in Alameda County.
  o The necessity of HMIS data for the organization to fulfill their mission and perform their job duties.
  o The organization's commitment to complying with all applicable data privacy and security regulations.
  o The organization's demonstrated capacity to protect the confidentiality and integrity of HMIS data.
- **Approval/Denial Notification:** The HMIS Lead will notify the requesting individual and their organization in writing.

6. Appeals Process

Organizations that are denied HMIS access have the right to appeal the decision to ensure fairness and transparency in the process. The appeals process allows organizations to submit a written request for reconsideration, which will be reviewed by the Alameda County CoC HMIS Committee before a final determination is made.

- **Appeal Submission**: Organizations whose HMIS access requests are denied may submit a written appeal to the Alameda County CoC HMIS Committee.

- **Review & Decision:** The HMIS Committee will review the appeal and make a final determination.
- **Notification:** The HMIS Committee will notify the organization of the decision in writing.

7. HMIS Data Use and Access Violations

Ensuring the security and proper use of HMIS data is critical to maintaining trust and compliance within the system. This section outlines the consequences of data misuse, the process for reinstating access after a violation, and the steps taken to address severe or repeated breaches.

- **Consequences:** Violations of the HMIS Data Use Agreement or other misuse of HMIS data may result in:
    - o Suspension of HMIS access.
    - o Revocation of HMIS access.
    - o Referral to appropriate authorities for further investigation.
- **Reinstatement Process:**
    - o Providers whose access has been suspended or revoked must **submit a written reinstatement request** to the HMIS Lead**.**
    - o The HMIS Lead will determine if reinstatement is warranted **based on the severity of the violation and corrective actions taken.**
- **Escalation for Severe Violations:**
    - o Major breaches of data security or repeated offenses will result i**n formal review by the HMIS Committee.**
    - o **Post-reinstatement monitoring** will be conducted to ensure compliance.

8. Policy Review and Updates

To ensure this policy remains current and effective, the Alameda County CoC HMIS Committee will conduct an annual review, with additional updates as needed to reflect changes in HUD Data Standards, regulatory requirements, and technological advancements that impact HMIS security and operations.

- **Annual Review:** This policy will be reviewed at least annually by the Alameda County CoC HMIS Committee.
- **Interim Updates:** Additional reviews will be conducted when triggered by:
    - o HUD Data Standards updates.
    - o Changes in federal, state, or local regulations.
    - o Technological advancements affecting HMIS security and operations.

9. Contact Information

For questions regarding this policy, please contact:
[Name and Contact Information of HMIS Lead]

Appendix A: HMIS Access Request Form

HMIS Access Request Form

Project Information:

- **Project Name:** _____
- **Project Contact Information:**
  - o Phone: _____
  - o Email: _____

Does the Project Operate in Alameda County? (Yes/No): _____

Requesting Individual Information:

- **Name:** _____
- **Title:** _____
- **Contact Information:**
  - o Phone: _____
  - o Email: _____

Position Details:

- **Position Description:** _____
- **Job Duties:** _____

Reason for HMIS Access: _____

Funding Agency Information:

- **Funding Agency Requiring HMIS Use:**

  _____

- **Funding Agency Contact Person:**

  _____

- **Funding Agency Contact Email Address:** _____

Provider Information:

- **Provider Name:** _____
- **Provider Contact Information:**
    - Phone: _____
    - Email: _____

Requesting Individual Details (if different from above):

- **Name:** _____
- **Title:** _____
- **Contact Information:**
    - Phone: _____
    - Email: _____

Position Description: _____
Job Responsibilities: _____
Requested Access Level (e.g., Full Access, Limited Access, Read-Only, etc.):

_____
Reason for HMIS Access: _____
Description of how HMIS data will be used in the performance of job duties:
_____

Confirmation of Compliance:

I confirm that the Provider has reviewed and agrees to abide by the CoC's HMIS Data Use Agreement.

Signature of Requesting Individual: _____
Date: _____

This policy was approved by the Alameda County CoC HMIS Committee on [Date].

Signature of Provider Representative: _____

Date: _____

Appendix B: HMIS Access Request Approval/Denial Form

HMIS Access Request Approval/Denial Form

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1. Requestor Information
- **Requestor Name:** _____
- **Organization:** _____
- **Position/Title:** _____
- **Contact Information:** _____
- **Email Address:** _____

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2. Request Details
- **Reason for Requesting Access:**
  (e.g., New staff member, role change, program participation, etc.)

  _____

  _____

- **Requested Access Level:**
  (e.g., Full Access, Limited Access, Read-Only, etc.)

  _____

- **Requested System/Module:**
  (e.g., HMIS, Data Quality Dashboard, etc.)

  _____

  _____

3. Decision Details
- **Date Request Received:** _____
- **Date Decision Made:** _____
- **Approved/Denied:**
  (Please select one)
  ☐ Approved
  ☐ Denied
- **Reason for Denial (if applicable):**

  _____

  _____

  _____

4. Approving Authority Information
- **Name of Approving Staff Member:** _____
- **Position/Title:** _____
- **Signature:** _____

This policy was approved by the Alameda County CoC HMIS Committee on [Date].

- **Date of Approval:** _____

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5. Additional Notes (Optional)
(e.g., follow-up actions, reminders for training, etc.)

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6. System Access Activation/Deactivation Details
- **Date Access Granted (if approved):** _____
- **Date Access Revoked (if applicable):** _____
- **System Access ID (if applicable):** _____
- **Notes:**

Instructions for Submission:
- Complete all sections of the form and submit to the Alameda County HMIS Lead Entity for review.
- Ensure that you include all necessary documentation (e.g., training certificates, staff role descriptions).
- You will receive a notification of the decision within [insert number of days] business days.

For HMIS Lead Entity Use Only
- **Decision Processed By:** _____
- **Date Processed:** _____