Alliance For Housing –
Oakland County's Continuum of Care
Homeless Management Information Systems (HMIS)
Policies and Procedures

ALLIANCE FOR HOUSING

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The purpose of the Oakland County HMIS project is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services locally. The HMIS reports out an unduplicated count of homeless persons to understand the extent and nature of homelessness locally and to understand patterns of service usage and measure the effectiveness of programs and systems of care. Oakland County is part of the statewide implementation (Michigan State Homeless Management Information System – MSHMIS) that includes all statewide CoC's and the HMIS data is used by MSHMIS to report out regional and statewide data. This document template was provided by the MSHMIS project for local use. This document was updated to reflect the process for Oakland County Continuum of Care HMIS Project.

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

The **Operating Policies and Procedures** may be updated periodically as HUD publishes additional guidance or additional needs are identified. The policies and procedures apply to the local implementation and participating Agencies (Contributing HMIS Organizations – CHOs).

As part of the statewide implementation, Oakland County uses the proscribed MSHMIS Privacy Statement:

PRIVACY STATEMENT

MSHMIS is committed to make Michigan's HMIS safe for all types of projects, the clients whose information is recorded, and to maximize the opportunities to improve services through automation.

Toward that end:
- Sharing is a planned activity guided by Sharing Agreements between agencies (QSOBAAs). The agency may elect to keep private some or all of the client record including all identifying data.
- All organizations will screen for safety issues related to the use of the automation. MSHMIS has systematized the risk assessment related to clients through the MSHMIS Release, offered options in terms of the SS#, and provided guidance around the use of Un-Named Records and how the Privacy Notice is explained.
- MSHMIS has adopted a Privacy Notice (with minor modifications) that was developed in close collaboration with those providers that manage information that may put a client at risk.
- The MSHMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to insure that the broadest range of providers may participate in the Project.
- Privacy Training is a requirement for all agencies and users on the MSHMIS system. We view our Privacy Training as an opportunity for all participating organizations to revisit and improve their overall privacy practice. Many agencies have elected to put all of their staff through the training curricula – not just those with user access to the system.
- All those issued user access to the system must successfully complete privacy training and sign a User's Agreement and Code of Ethics, 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 sign an agreement that defines sharing practice and prevents re-release of information (the Sharing QSOBAA).
- Policies have been developed that protect not only client's privacy, but also agency's privacy. Practice Principles around the use and publication of agency or CoC specific data have been developed and included in both the Participation Agreement and the Policies and Procedures.
- The MSHMIS System allows projects with multiple components/locations that serve the same client to operate on the a single case plan, reducing the amount of staff and client's time spent in documentation activities and ensuring that care is coordinated and messages to clients are reinforced and consistent.

- 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 their many funders, and be more competitive in funding requests

Key Terms and Acronyms:

Term	Acronym (if used)	Brief Definition
Homeless Management Information System	**HMIS**	Data systems that meet HUD requirements and are used throughout the nation to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public money's related to homelessness.
Continuum of Care	**CoC**	Planning body charged with guiding the local response to homelessness.
Independent Jurisdictions	**IJs**	CoCs that are recognized by HUD usually organized around the higher population counties. Detroit is its own IJ.
Balance of State CoCs	**BOS**	MSHDA/MHAAB have organized local planning bodies throughout Michigan that make up the "Balance of State" IJ. These groups are called BOS CoCs as they are organized like Independent Jurisdictions with many of the same rules, however they have no legal status with HUD.
Michigan Homeless Assistance Advisory Board	**MHAAB**	The BOS IJ CoC Governance Board. The Statewide HMIS reports to MHAAB – the BOS IJ CoC Planning Group
Michigan State Housing Development Authority	**MSHDA**	MSHDA is the grantee for the Statewide HMIS and subcontracts with MCAH for administration of the System.
Joint Governance Charter		The Agreement between Michigan's IJ CoCs and MSHMIS that supports a statewide HMIS operating in a single system environment.
Contributing HMIS Organizations	**CHO**	An organization that participates on the HMIS.
Participation Agreement		The Agreement between all participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.
Administrative Qualified Services Organization Business Associates Agreement	**Admin. QSOBAA**	The Agreement signed by each Agency, local Lead HMIS Agency, MCAH, and MSHDA that governs the privacy standards for all those that can see multiple organization data.
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.
User Agreement & Code of Ethics		The document each HMIS User signs agreeing to the HMIS standards of conduct.
Release of Information	**ROI**	An electronic ROI must be completed to share any persons data within the HMIS. A signed (paper) ROI giving informed client consent for sharing is also required to share data between agencies.

Sharing		Sharing refers to the sharing of data between agencies. It does **not** refer to basic entry into the HMIS. Sharing data requires a signed client Release of Information. Basic entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information.
Visibility		Refers to the ability to see a client's data between provider pages on the HMIS. Visibility is configured on the HMIS system in each Provider Page.
Visibility Groups		Visibility Groups are defined groups of Provider Pages where data is shared. Internal Visibility Groups control internal sharing. External Visibility Groups control sharing with other agencies and are defined with a Sharing QSOBAA.
Coverage Rate		For MSHMIS - The percent of the Homeless Population that is measured on the HMIS. Coverage estimates are used to project to a total homeless count that includes those served in Domestic Violence Providers or other non-participating Shelters or Outreach Programs. See Coverage Memo for guidance. HUD also defines Bed Coverage (beds covered on the HMIS) and Service Coverage (person coverage for non-residential programs.
Program Types		**HUD defines 9 basic Program Types**
		• ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months. • TH: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years and provide supportive services. • PSH: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this program. • PH: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing. • RR: Rapid Rehousing- A program that rapidly rehouses those that are identified as Literally Homeless. • HP: Homeless Prevention- A program that helps those are at imminent risk of losing housing to retain their housing. • SOP: Street Outreach Program- A program that serves homeless persons that are living on the street or other places not meant for habitation. • SSO: Services Only Program- A program that serves only with no residential component. These programs often provide case management and other forms of support and meet with clients in an office, at the household's home, or in a shelter. • SH: Safe Haven: A program that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments.
Length of Stay	**LOS**	The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates. The HMIS offer calculations for discrete

		stays as well as the total stays across multiple sheltering events.
Point in Time Count	**PIT**	An annual count of all sheltered and unsheltered persons during the last week in January that is required for all CoCs.
Housing Inventory Chart	**HIC**	All residential programs (both HMIS and non-participating) must specify the number of beds and units available to homeless persons. The numbers are logged into related Provider Pages where the corresponding person data is recorded (for participating programs).
SOAR Across Michigan: SSI/SSDI Outreach, Access, and Recovery	**SOAR**	A national project that is designed to increase access to Social Security Income/Social Security Disability Insurance for eligible individuals who are able to apply for benefits, including those who are disabled and experiencing homelessness or are at risk of homelessness.
Michigan Department of Health and Human Services Emergency Shelter Program	**MHHS ESP**	MDHHS general fund and TANF dollars designated for homeless services primarily sheltering. The dollars are managed through the Salvation Army and require HMIS participation.
Homeless Definition		**See Homeless Definition Crosswalk.** **Hearth defines 4 categories of homelessness.** Not all programs can serve all categories and some may utilize a different definition when delivering services. MSHMIS has adopted the HUD definition for counting the homeless. • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statute • Category 4: Fleeing/Attempting to Flee DV
Projects for Assistance in Transition from Homelessness	**PATH**	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) administered by the Michigan Department of Health and Human Services. It provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This program has different reporting requirements than HUD funded programs and uses HMIS to collect this information.
Shelter Plus Care	**S+C**	Lead by the Michigan Department of Health and Human Services, provides Permanent Supportive Housing to disabled persons throughout the State of Michigan and reports to the HMIS.
Housing Opportunities for Persons with AIDS	**HOPWA**	Provides housing assistance and related supportive services for persons with HIV/AIDs and family members who are homeless or at risk of homelessness. This program has different program reporting requirements than the other HUD funded programs in this document.
Housing Assessment and Resource Agencies	**HARAs**	Michigan has implemented HARA's across the state to serve as "single points of entry" for homeless persons. HARAs work with other service providers to insure that access to homeless resources is optimized and based on assessment of need.

Policy Disclaimers and Updates

Operating Procedures defined in this document represent the minimum standards of participation on MSHMIS and general "best practice" operation procedures. Local Lead Agencies in coordination with their CoCs may include additional standards.

Operation Standards in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. PATH, HOPWA, SSVF, and RHY have operating rules specific to HHS and VA.

The MSHMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance or as part of the annual review. Updates will be reviewed at the Monthly System Administrator Call-In and included the Meeting Minutes distribution email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in previously published Policies and Procedures or Agreements. Any changes from the previous year will be highlighted. A current copy of the Procedures may also be found on the MSHMIS website www.mihomeless.org

Agreements, Certifications, Licenses and Disclaimers:

1) Oakland County is an Independent Jurisdiction (IJ) that participates on the MSHMIS. As such, there is a signed **Joint Governance Charter** that designates the use of the Michigan Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness as the Statewide Lead Agency for administration of the statewide database. Community Housing Network (CHN) is the designated Lead Agency for Oakland County and coordinates with the statewide agency and is responsible for specific tasks. The Charter supports the ability for multiple jurisdictions to participate on a single HMIS.

2) The participating agencies are required to have all User Agreements and Training Certifications on file as well as agency related Participation Agreements and documentation. The Lead Agency (CHN) also keeps a file with Participation Agreements and documentation for each agency in a secure environment.

3) The Lead Agency and all participating agencies must have fully executed and be in compliance with the following Agreements and Policies:
   a) Administrative QSOBAA governing administrative access to the System.
   b) Participation Agreement governing the basic operating principals of the System and rules of membership.
   c) Sharing QSOBAA's (if applicable) governing the nature of the sharing and the re-release of data.
   d) A board certified Confidentiality Policy governing the Privacy and Security standards for the Agency.
   e) User Agreement and Code of Ethics governing the individual's participation in the System.

4) All participating agencies must have an assigned Agency Administrator. The Agency Administrator maintains files that document:
   a) Workflow and provider page training (and have documentation of training)
   b) All users have signed User Agreements/Code of Ethics documents on file
   c) All Users have refreshed Privacy Training since moving to ServicePoint 5.x (June 2011 or later) and Privacy Training is refreshed thereafter annually. Successful completion of the Certification Questionnaire is required for Privacy Training.
   d) All users have completed workflow training and related updates and have documentation of training.
   e) Reports Training (agency users and leadership are tasked with supporting data quality as well as monitoring outcome and other performance issues).

5) Participating agencies who have received equipment purchased with grant funds
   a) Sign an Equipment Contract
   b) Return equipment to the lead agency (CHN)

Privacy and Security Plan:

All records entered into the HMIS and downloaded from the HMIS are required to be kept in a confidential and secure manner.

Oversight:

1) All Agency Administrators with support of agency leadership must[1]:

   a) Ensure that all staff using the System complete annual privacy & security training. Training must be provided by MSHMIS Certified Trainers and based on the MSHMIS Privacy/Security Training Curriculums.

   b) Conduct quarterly review of their provider's visibility insuring that it properly reflects any signed Sharing QSOBAAs, their adapted Release of Information, and the Script used to explain privacy to all clients.

   c) Ensure the removal of licenses to the HMIS when a staff person leaves the organization or revision of the user's access level as job responsibilities change.

   d) Report any security or privacy incidents to the local Lead HMIS System Administrator for the CoC Jurisdiction. The System Administrator investigates the incident including running applicable audit reports. If the System Administrator and Agency Administrator determine that a breach has occurred and/or the staff involved violated privacy or security guidelines, the System Administrator will report to the chair of the CoC. A Corrective Action Plan will be implemented. 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.

2) Criminal background checks must be completed on all Local System Administrators by the Local Lead Agency. 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 should be used to support this activity.

3) The HMIS Lead Agency conducts routine audits to insure compliance with the Operating Policies and Procedures (yearly unless incidents have been reported, then it will be quarterly). The audit will include a mix of system and on-site reviews. The Lead Agency will use the Oakland County HMIS Site Assessment Template (Checklist) to guide the inspection and make recommendations for correction.

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[1] In lieu of revised Technical Standards, in 2015 the requirement for a privacy officer was removed. However the function of data security has been assigned to the assigned Agency Administrator. Reflecting Participation Agreement Language the quarterly review of Provider Visibility has been expressly added to this document.

Privacy:

1) All agencies are required to have the **HUD Public Notice** posted and visible to clients where information is collected. See Appendix A for link to the Notice.

2) All agencies must have a **Privacy Notice**. Oakland County has adopted the MSHMIS notice. This notice 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 right to copy/inspect/correct their record. Agencies may establish reasonable norms for the time and cost related to producing any copy from 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 overtime and applies to all client information held by the agency.

3) All Notices must be posted on the agency's website.

4) All agencies are required to have a **Privacy Policy**. Agencies may elect to use the Sample Privacy Policy provided by MSHMIS. See Appendix A for link. All Privacy Policies must include:
   a) Procedures defined in the agency's 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 of 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 under an Un-Named Record Protocol 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) 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 **7** years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

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

e) 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 are not open to public access and all paper and electronic records that include client identified information are secured in locked spaces or are password controlled.
  iii) All browsers used to connect to the System must be secure. **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) All computers accessing the System are owned by the agency.

5) Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access
  a) Client files are locked in a drawer/file cabinet
  b) Offices that contain files are locked when not occupied.
  c) Files are not left visible for unauthorized individuals.

6) Agency provides a **Privacy Script** to all staff charged with explaining privacy to standardize the explanation of agency privacy rules.
  a) The script must be developed by the agency leadership to 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.

7) Oakland County has planned sharing of information through the System with a signed **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
  a) The Agreement proscribes the re-release of information shared under the terms of the Agreement.
  b) The Agreement specifies what is shared with whom.
  c) Agencies may share different data with different partners and may sign multiple Sharing QSOBAAs to define the layered practice.
  d) The signatories on the Agreement include authorized representatives from all agencies covered by the Agreement.
  e) All members of a Sharing QSOBAA are informed that by sharing the electronic record they are creating a common record that can impact the data reflected on reports. Members of the sharing group agree to negotiate data conflicts.
  f) No agency may be added to the Agreement without the approval of all other participating agencies.
    i) Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.
  g) When a new member is added to the Sharing QSOBAA, the related Visibility Group is end-dated and a new Visibility Group is begun. **A new member may not be added to an existing Visibility Group.**

8) Oakland County has appropriate **Releases of Information** that are consistent with the type of data the agencies plan to share.
   a) All participating agencies have adopted the Oakland County Release of Information appropriate to their sharing practice to share basic demographic and transaction information.
   b) The ROI includes the following components:

      i.   A brief description of MSHMIS including a summary of the HUD Public Notice.
      ii. A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.
      iii. A description of the agencies sharing partners (if any) and a description of what is shared, reflecting items negotiated in the agency's Sharing QSOBAA.
      iv. A defined term of the Agreement[3].

   c) A HIPAA compliant **Authorization to Release Confidential Information** is also required if the planned sharing includes any of the following:
   i) Progress Notes
   ii) Information or referral for health, mental health, HIV/AIDs, substance abuse, or domestic violence.(To streamline paper, the basic HMIS Release may be adapted to include the language necessary for a HIPAA compliant release if sharing practice is likely to include the items above in ii.[4]).

9) An **electronic ROI** is required to enable the sharing of any particular client's information between any providers on the System.
   i) Agencies should establish internal sharing by creating a Visibility Group(s) that includes all agency provider pages where sharing is planned and allowed by law.
      (1) **Internal sharing** does not require a Client Release of Information unless otherwise specified by law.
      (2) If new provider pages are added to the agency tree, they may be included in the existing Visibility Group. The information available to that Provider Page will include all information covered by the Visibility Group from the beginning date of the Group – sharing will be retrospective.
   ii) Oakland County agencies may elect to share information with other Agencies through **External Sharing** by negotiating a Sharing QSOBAA (see 7 above).
      (1) A signed and dated Client Release of Information(s) must be stored in the Client Record (paper or scanned onto the System) for all Electronic ROIs that release data between different agencies.
      (2) To prevent retrospective sharing, a new Visibility Group is constructed whenever a new sharing partner is added to the agency's existing Sharing QSOBAA.

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[3] The change reflects changes in the HIPAA rule that allows for Releases to 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 agency's planned coordinating activities.

[4] Recognizes existing practice by participating CoCs.

10) Oakland County participating agencies 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) Documentation available in multiple languages
   c) Documentation available in large print

11) **Oakland County participating agencies are required to maintain a culture that supports privacy**.
   a) Staff does not discuss client information in the presence of others without a need to know.
   b) Staff eliminates unique client identifiers before releasing data to the public.
   c) The agency configures workspaces for intake that supports privacy of client interaction and data entry.
   d) User accounts and passwords are not shared between users, or visible for others to see
   e) Program staff is educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.
   f) Staff is trained regarding use of email communication.

12) All staff using the System must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.

13) Victim Service Providers are precluded from entering client level data on the HMIS or providing client identified data to the HMIS. These providers will maintain a comparable database to respond to grant contracts.

Data Security:

1) All licensed users of the System must be assigned **access levels** that are consistent with their job responsibilities and their business "need to know".

2) All computers have **virus protection with automatic updates**.
   a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
   i) The anti-virus software is using the up-to-date virus database.
   ii) Updates are automatic.
   iii) OS 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 insure:
   i) For single computers, the software and version is current.
   ii) For Nntwork computers, the firewall model and version is current.
   iii) Updates are automatic.

4) Physical access to computers that connect to the HMIS is controlled.
   a) All workstations are located in secured locations (locked offices).
   b) Workstations are logged off when not in use.
   c) All workstations are password protected.
   d) **All HMIS users are proscribed from using a computer that is available to the public or from accessing the System from a public location through an internet connection that is not secured.** That is, staff are not allowed to use Internet Cafes, Libraries, Airport Wifi or other non-secure internet connections.

5) Oakland County partners have a plan for remote access if staff will be using the MSHMIS System outside of the office such as doing entry from home. Concerns addressed in this plan include the privacy surrounding the off-site usage.
   a) The computer and environment must meet all the standards defined above.
   b) Downloads from the computer may not include client identifying information.
   c) Staff must use an agency-owned computer.
   d) System access settings should reflect the job responsibilities of the person using the System. Certain access levels do not allow for downloads.

Remember that our information security is never better than the trustworthiness of the staff licensed to use the System. The data at risk is our own and that of our sharing partners. If an accidental or purposeful breach occurs, you are required to notify the local Systems Administrator who will review and provide a summary to MCAH. A full accounting of access to the record can be completed.

Disaster Recovery Plan:

The HMIS can be a critically important tool in the response to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, LA with nightly off-site backup. The solution means that data is immediately available via Internet connection if the catastrophe is in Michigan and can be restored within 4 hours if the catastrophe is in Louisiana.

1) HMIS Data System (see "Bowman Systems Securing Client Data" for a detailed description of data security and Bowman's Disaster Response Plan):
   a) MSHMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
      i) Off site, out-of state, on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection.
      ii) Near-Instantaneous backups of application site (no files older than 5 minutes)
      iii) Nightly off site replication of database in case of a primary data center failure.
      iv) Priority level response (ensures downtime will not exceed 4 hours).
2) HMIS Lead Agencies:
   a) HMIS Lead Agencies are required to back-up internal management data system's nightly.
   b) Data back-ups will include a solution for off-site storage for internal data systems.
3) Communication between staff of the Lead Agency, the CoC, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.
   a) Agency Emergency Protocols must include:
      i) Emergency contact information including the names / organizations and numbers of local responders and key internal organization staff., designated representative of the CoCs, local HMIS Lead Agency, and the MSHMIS Project Director.
      ii) Persons responsible for notification and the timeline of notification.
   b) In the event of System Failure:
      i) The MSHMIS Project Director or designee will notify all participating CoCs and local System Administrators should a disaster occur at Bowman System's or in the MSHMIS Administrative Offices. Notification will include a description of the recovery plan related time lines. Local System Administrator are responsible for notifying Agencies.
      ii) After business hours, MSHMIS staff report System Failures to Bowman System using the Emergency Contact protocol. An email is also launched to local System Administrators and Emergency Shelter designated staff no later than one hour following identification of the failure.
   c) MSHMIS Project Director or designated staff will notify the HMIS Vendor if additional database services are required.
4) In the event of a local disaster:
   a) MSHMIS in partnership with the local Lead Agency will provide access to additional hardware and user licenses to allow the CHO(s) to reconnect to the database as soon as possible.
   b) MSHMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.
   c) MSHMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

System Administration and Data Quality Plan:

Systems Administrator Responsibilities

The Systems Administrator 1is an employee of the lead agency in Oakland County – Community Housing Network. The System Administrator 1 (or System Administrators 1) manages all aspects of the countywide HMIS project. The SA1 provides training to all end users (initial and refresher) on ServicePoint workflows and data entry processes, provides Privacy and Confidentiality materials, supports end users with technical assistance, checks for data entry errors, prepares necessary reports, represents HMIS at the Continuum of Care meetings, attends all MSHMIS System Administrator meetings/trainings, facilitates Continuum of Care HMIS Agency Administrator meetings and informs the community about HMIS. In addition, the SA1 completes and submits the Annual Homeless Assessment Report, Annual Performance Report, Housing Inventory Chart, Point in Time and HUD CoC Consolidated Plan application HMIS-related information.

The Systems Administrator 1 routinely monitors all provider pages to assure that the pages are set up consistent with MSHMIS and HUD data standards. SA1 works with provider Agency Administrators to correct errors and assist with technical support when updates need to be made.

1. **Provider Page Set-Up:**
   a) Provider Pages are appropriately named per the MSHMIS naming standards **<agency name>, <location>, <program>, <project/funding>.** Example: "The Salvation Army, Delta, Hotel Voucher Program, ESG, ESP". Identification of funding stream is critical to completing required reporting to funding organization.
   b) Inactive Provider Pages are properly identified with "XXX Closed"> followed by the year of the last project exit >Provider Page Name. [5]
   c) HUD Data Standards are fully completed on all Provider Pages:
      i) CoC code is correctly set
      ii) Program type codes are correctly set
      iii) Geocodes are set correctly
      iv) Bed and Unit Inventories are set for applicable residential programs.
   d) All Agency Administrators and System Administrators must complete Provider Page Training. Set-up instruction is offered for System 5 by Funding Stream / Program type.

HMIS participating providers under the Alliance for Housing will follow the guidelines set forth in the agreed upon Data Quality Plan approved by the Alliance for Housing Board of Directors. The plan covers a wide range of data-related items as follows:

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[5] Original language focused on "entries" and subsequent practice has changed this to "exits."

2. Data Quality Plan:

a) Participating agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The "order of priority" for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and (3) certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local HARA's to establish the homeless designation and maintain related documentation.

b) 100% of the clients must be entered into the System within 15 days of data collection. If the information is not entered on the same day it is collected, the agency must assure that the date associated with the information is the date on which the data was collected by:
   (1) Entering the entry/exit data including the Universal Data Elements (UDEs) on the Entry/Exit Tab of ServicePoint or
   (2) Backdating the information into the System[6]

c) All staff are required to be trained on the definition of homelessness.[7]
   i) MSHMIS providers a Homeless Definition Cross-Walk to support agency level training.
   ii) Documentation of training must be available for audit.
   iii) There is congruity between the following MSHMIS case record responses, based on the applicable homeless definition: (Is Client Homeless, Housing Status and Prior Living Situation are being properly completed).

d) Participating agencies must have a process to ensure the first and last names are spelled properly and the date of birth is accurate.
   i) An ID is requested at intake to support proper spelling of the client's name as well as the recording of the date of birth.
   ii) 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.**
   iii) Programs that serve the chronically homeless and higher risk populations are encouraged to use the SkanPoint process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.
   iv) Data for clients with significant privacy needs may be entered under the "Un-Named Record" feature of the System. However, while identifiers are not stored using this feature, great care should be taken in creating the Un-Named Algorithm by carefully entering the first and last name and the date of birth. Names and ServicePoint identification number Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.

e) Income and non-cash benefits must be updated at least annually and at exit.
   i) 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 assures that the income has been reconfirmed.

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[6] Clarification of existing policy.
[7] Specific instruction is available for PATH and HOPWA programs at www.dyns-services.com

    ii) For all other projects, any income(s) no longer available to the client should be closed at intake (shared data from another provider), annual review and exit. If the income is over two years old, the procedure defined above must be followed. [8]

f) Participating agencies have an organized exit process that includes:
    i) Clients and staff are educated on the importance of planning and communicating regarding discharge, as evidenced through staff meeting minutes or other training logs and records.
    ii) Discharge Destinations are properly mapped to the HUD Destination Categories.
       (1) MSHMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link. All new staff must have training on this document.
       (2) Projects must have defined processes for collecting discharge information from as many households as possible.[9]
    iii) There is a procedure for communicating exit information to the person responsible for data entry.

g) Agency Administrator/Staff regularly run data quality reports.
    i) Report frequency should reflect the volume of data entered into the System. Frequency for funded programs will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume programs such as shelters and services only programs should review and correct data at least monthly. Lower volume projects such as Transitional and Permanent Housing must run reports following all intakes and exits and quarterly to monitor the recording of services and other required data elements including annual updates of income and employment. [10]
    ii) The project entry and exit dates should be recorded upon program entry or exit of all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence before the participant leaves the shelter/housing program or the last day a service was provided.
    iii) Data quality screening and correction activities must include the following:
       (1) Missing or inaccurate information in (red) Universal Data Element Fields.
         (a) The Relationship to Household assessment questions is completed.
         (b) The Client Location question is completed.
         (c) Time on Streets, in Shelter, or Safe Haven is completed including the revised 2015 Homeless History Chronic question series.
       (2) All project-specific required fields are completed. Of special interest:
         (a) The status of Domestic Violence flight
         (b) HUD Verifications on all Income, Non Cash Benefits, Insurance and Disability sub-assessments .
         (c) The Residential move-in-date for all PH – RRH projects.

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[8] 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 reviewing income information to the routine discharge process.

[9] 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.

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

(3) Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.

(4) Provider Page Completion Reports with an Annual update of the HUD Data Standard Elements.

    (a) The Federal Partner Funding Source is completed with "NA" if no Federal funding sources exist or the name of the Federal Partner, Grant Number and Grant dates are completed.

    (b) New CoC sub-assessment is completed and closed provider pages are identified via page naming and CoC code convention.

    (c) The primary provider contact information reflects where the services are being delivered.

    (d) All inactive provider pages are closed using the naming protocol. Audit is completed of inactive pages includeing closing all open services and incomes and exiting all unexited clients.

h) CoCs and agencies are required to review Outcome Performance Reports defined by HUD and other funding organizations. Measures are adjusted by Project Type. The CoC Lead Agency, in collaboration with the CoC Reports Committee or other designated CQI Committee, establishes local benchmark targets for performance improvement on shared measures. See Appendix A for links and "Setting Targets" training podcast.[11]

i) Oakland County and MSHMIS publish regional benchmarks on all defined measures annually (see Appendix A).

j) Agencies are expected to participate in the CoC's Continuous Quality Improvement Plan. See CQI materials designed to support Data Quality through Continuous Quality Improvement (see Appendix A).

3) Workflow Requirements:

A CoC HMIS service providers are provided job aids and workflows in accordance with the funding requirements their grants follow. The assessments that are used by providers include: Michigan Basic Entry, Michigan Basic Exit, ESG Intake, HYR Entry, HYR Exit, HYR Follow-Up Form, Interim Review Assessment, Universal Data Elements, Oakland County HRC – Call Assessment and numerous provider specific assessments. The requirements are as follows:

a) Assessments set in the Provider Page Configuration are appropriate for the funding stream.

b) Users performing data entry have latest copies of the workflow guidance documents.

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

d) 100% of clients are entered into the system within 15 days of data collection.

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[11] Updated to reflect the Revised 2014 Data Standards issued in July 2015 and local Data Quality initiatives.

e) Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.

f) All required program information is being collected. [12]
   i) All HMIS participants are required to enter at minimum the Universal Data Elements and if completing entry and exits, the Michigan Basic Exit Form.
   ii) Programs that serve clients over time are required to complete additional data elements as defined by the funding stream. If the agency is not reporting to a funding stream, they are encouraged to use the Michigan Basic Entry and Exit forms.

g) Data sharing is properly configured for sharing information internally between programs, including use of visibility groups.

h) External data sharing aligns with any Sharing QSOBAA's including use of visibility groups

i) Visibility groups are managed appropriately (see Privacy 9).

4) Electronic Data Exchanges:
   a) Agencies electing to either import or export data from the MSHMIS must assure:
      i) The quality of data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the APR and the Michigan Basic Counting Report.
      ii) Agencies exporting data from MSHMIS must certify the privacy and security rights promised participants on the HMIS 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.

   b) MSHDA, MSHMIS, or your local CoC may elect to participate in de-identified research data sets to support research and planning.
      i) De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, Social Security Number, date of birth, address, agency name, and agency location.
      ii) Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.
      iii) 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.
      iv) CoCs will be provided a description of each study being implemented. Agencies may opt out of the study through a written notice to MSHMIS or the study owner.

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[12] Path , HOPWA and SSVF~~VA~~ programs use program entry forms that correspond to the data collection requirements of those programs. For Path and HOPWA, please contact www.dyns-services.com

   c) MSHDA, MSHMIS,or your local CoC may elect to participate in identified research data
      sets to support research and planning.
      i)   All identified research must be governed through an Institutional Research Board
            including requirements for client informed consent.
      ii) CoCs will be provided a description of each study being implemented. Agencies may
            opt out of the study through a written notice to MSHMIS or the study owner.

5) Staff Training and Required Meetings:

Participating service providers' end users are required to have the proper training before a license is provided. The training includes Privacy Training through MSHMIS and workflow training provided by the SA1.

Agency Administrators are required to attend the monthly Agency Administrators meeting that includes data quality hosted by the SA1. This meeting is typically conducted using the Go To Meeting software with a formal agenda created and meeting minutes provided to all attendees.

a) All users are recertified in Privacy Training Annually.

b) All users participate in workflow training and training updates for their assigned
    workflows.

c) All users are trained in HUD Data Standards data element definitions.

d) All Agency Administrators participate in:
    i)   Provider Page Set-Up training
    ii)   Workflow training sponsored by the funding agency or MSHMIS
    iii)   Reports training
       (1) Data Quality
       (2) Progress Reporting
       (3) Outcome Reporting
    iv) Other training specified by the CoC.
    v)   CoC Agency Administrator meetings and trainings.
    vi) Agency-specific user meetings or preside over an HMIS-specific topic during
         routine staff meetings.
    vii) A local Reports Committee that governs the publication of information as
         requested.

e) The System Administrator 1 participates in:
    i)   Reading and understanding the HUD Data Standards that underpin the rules of the
          HMIS.
    ii)   System Administrator Orientation
    iii) Provider Page Set-Up training
    iv) Workflow training sponsored by the funding agency or MSHMIS
    v)   Reports Training
       (1) Data Quality
       (2) Progress Reporting

(3) Outcome Reporting

vi) CQI Training

vii) HUD Initiative training (AHAR, PIT, APR, etc.)

viii) On-Site and System Audits of agency compliance of Date Privacy, Security and Oversight standards as well as items1 through 4 under System Administration and Data Quality.

ix) The Monthly System Administrator Call-In (3rd Wednesday of every Month at 1pm).

x) The CoC Reports Committee or CoC meeting where data use and release is discussed.

xi) Michigan's Campaign to End Homelessness workgroups and regional meetings as assigned.

Oakland County Systems Administrator Procedures:

The Systems Administrator 1 collaborates with the Oakland County CoC partners to complete HMIS/data-related projects that include:

- Meetings
- Point in Time Annual Count
- Housing Inventory Chart
- Annual Homeless Assessment Report
- Annual Performance Report
- HUD CoC Consolidated Plan application

1) Meetings

a) Agency Admin and Data Quality
The HMIS Lead hosts monthly Agency Administrator meetings to discuss data quality, workflows, technical issues, and HMIS updates. The meetings take place on the first Thursday of the month through a virtual platform using Go To Meeting software. Meeting minutes are provided to all attendees and saved on the G:Drive SYSTEM ADMIN OAKLAND COUNTY folder for reference and are available upon request.
  i) Virtual meeting creation:
  - Sign in using CHN ID and password provided by IT
  - Create a meeting and send a calendar event to the attendees
  - Send a reminder
  ii) Complete comprehensive meeting minutes and forward to attendees and save a copy on the G:Drive SYSTEM ADMIN OAKLAND COUNTY folder

b) Project Monitoring and Performance Outcomes Committee
The Project Monitoring and Performance Outcomes Committee has representation from sharing partners and takes place on the second Monday of the month. The SA1 attends the meetings and provides county-level HMIS data for review and discussion by the Committee.

2) Point in Time (PIT) Sheltered and Unsheltered Count

HUD requires that Continuum of Care across the country conduct an annual count of homeless persons who are sheltered (i.e. persons in emergency shelter, transitional housing, and Safe Havens) and unsheltered (i.e. persons on the street) during the last ten days of January.

System Administrator responsibilities include:

a) Unsheltered street count
  - Attend Point in Time committee meetings.
  - Create/update the tally/questionnaire forms to include any new questions.

- Attend the training sessions scheduled by the Training Committee and train street ambassadors on how to use the forms to count people encountered.
- Provide copies of forms to the site coordinators for distribution.
- Volunteer at a deployment center and provide quick training.
- Answer questions posed by street ambassadors during count.
- Collect the tally forms.
- Enter into ServicePoint using the prescribed data entry process put forth by MSHMIS.
- Run an unsheltered PIT report using ServicePoint's Advanced Reporting Tool.
- Enter data into the HUD HDX Point in Time module by April 30th or the deadline set forth by HUD.

b) Sheltered count
- Contact all participating service providers entering data into HMIS 2 weeks prior to PIT count with directions on how to enter data for that night – Emergency Shelter, Transitional House and Permanent Supportive Housing providers.
- Contact non-HMIS participating agencies to gather homeless data for the night of the PIT with directions on completing the tally form and returning to SA1.
- Enter non-participating agencies' data into HMIS.
- Work with participating providers to enter data to ensure the data collected during the PIT count is properly entered into HMIS.
- Run a sheltered PIT report using ServicePoint's Advanced Reporting Tool.
- Enter data into the HUD HDX Point in Time module by April 30th or the deadline set forth by HUD.

3) Housing Inventory Count (HIC)

The HIC is a snapshot of a CoC's housing inventory on a single night during the last ten days in January. It reflects the number of beds and units that are **dedicated to serve persons who are homeless**. Beds and units included on the HIC are considered part of the CoC homeless system.

Using guidance put forth by HUD it is important to review new regulations in order to capture the exact bed count for the HIC. Additional instructions are provided to agencies regarding the HIC including:
- Contact all participating service providers who have beds available for homeless clients (use previous years HIC for a template).
- Provide the agencies with the prior year's HIC bed and unit figures and ask them to verify the numbers.
- Enter data into the HIC module on HUD HDX.
- Verify data with CoC representative.
- Submit data for review by ABT.
- ABT data collector will review and submit final data.

4) Annual Homeless Assessment Report (AHAR)

The Annual Homeless Assessment Report (AHAR) represents data on homelessness in the U.S. It responds to a congressional directive that the Department of Housing and Urban Development (HUD) provides an annual report to Congress on the extent and nature of homelessness.

Oakland County participates in the AHAR as a continuum. The designated AHAR site – Farmington Hills currently has no beds for which to enter data. Oakland County began participation as a continuum in 2005.

The AHAR uses aggregate HMIS data from communities across the country, as well as information from CoC applications, to produce a national report on homelessness to the U.S. Congress. The AHAR is designed to:
- Develop an estimate of the number of homeless persons nationwide.
- Estimate the number of persons receiving assistance in permanent supportive housing (PSH).
- Create a descriptive profile of homeless persons and persons in PSH.
- Understand service use pattern.
- Estimate the nation's capacity to house homeless persons.

The AHAR is based on an unduplicated count of persons within each community, and focuses on persons who use emergency shelters, transitional housing programs and/or permanent supportive housing. The AHAR does not account for homeless persons who only use a supportive service program, or that do not access any type of homeless residential program during the study period.

The AHAR is based largely on the universal data elements in HUD's HMIS Data and Technical Standards. All HMIS data is reported in the aggregate to the research team. At present, the data represents any person who enters an emergency shelter, transitional housing program and/or permanent supportive housing during a 12-month reporting period, from October 1 to September 30 of the following year. Data is reported separately for individuals and persons in families in these program types.

The AHAR also includes information from annual HUD CoC Consolidated Plan applications. Point-in-Time (PIT) counts of homeless populations offer a "snapshot" of homelessness on a single night in January and include estimates of the unsheltered homeless population. The annual PIT counts also provides information on the numbers of homeless persons within particular subpopulations, such as persons who are chronically homeless, severely mentally ill, substance abusers, veterans, unaccompanied youth, or living with HIV/AIDS.

Continuums of Care are scored on AHAR participation in the HUD CoC Consolidated Plan application.

The report is broken up into twelve different shells:
- Emergency Shelter Family
- Emergency Shelter Individual
- Transitional Housing Family

- Transitional Housing Individual
- Permanent Supportive Housing Family
- Permanent Supportive Housing Individual
- Veteran Emergency Shelter Family
- Veteran Emergency Shelter Individual
- Veteran Transitional Housing Family
- Veteran Transitional Housing Individual
- Veteran Permanent Housing Family
- Veteran Permanent Housing Individual

The SA1 is responsible for the following:
- Work collaboratively with the ABT data collector. The ABT data collector will contact the SA1 about 1 month prior to entry.
- Contact all current providers and make sure all entry is up to date including entries and exits for emergency shelters.
- Ensure provider groups have been created in HMIS and contain the most current service providers participating. If agencies begin participation during the calendar year, add them to the provider group. The reports are run by provider groups. Data will only be considered for those breakdowns with a bed coverage rate of 50% or more.
- Run reports in ServicePoint for CoC
- Enter data into the different shells on the HUD HDX portal.
- After information is entered, submit the report for review.

5. HUD Continuum of Care Consolidated Plan application

a) Application Data
Yearly, HUD publishes the Notice of Funding Availability for communities using Continuum of Care Program and Emergency Solutions Grant Funds. The CoC Consolidated Plan application is the CoC document that is submitted to HUD for all the new and renewal project applications. There is a large section of the application that is dedicated to homeless data and other HMIS-related numbers as well as narrative to describe the process for data quality, PIT and HIC, as well as other applicable narrative.

The SA1 is responsible for the following:
- Request the CoC Executive Director to create a login ID for the electronic grants management system managed by HUD's Office of Special Needs Assistance Programs, otherwise known as esnaps, if necessary.
- Use the previous year's submission as a guide. Document is saved in PDF form and can also be exported from the esnaps database.
- Complete the sections dedicated to HMIS data.
- Enter data into esnaps and work with the CoC Executive Director to verify all numbers are correct and align with other application numbers.
- When complete, export from esnaps and save on the G:Drive SYSTEM ADMIN OAKLAND COUNTY folder.

b) HMIS Application and Match Requirements

The HMIS application has both a leveraging and cash match requirement. Currently each organization participating in HMIS commits match funding on a tiered scale, depending on the number of user licenses. The CoC Executive Director also provides a cash match for the amount declared on the HMIS line of the MSHDA ESG grant contract.   These commitment letters are scanned and uploaded into the application in esnaps and hard copies are kept on file.

Upon commencement of the new grant term (6/1) the SA1 obtains invoices for the match from the Accounting Department. An email is sent to each Executive Director that includes an informational letter, the invoice and a copy of the commitment letter. Funds received are logged by the Administrative staff and forwarded to Accounting Department. The funds are deposited and placed with the HMIS grant to be spent accordingly.

Appendix A: Links to Documents referred to in this Policy

http://mihomeless.org/index.php/downloads/viewcategory/235-5-hud-definitional-files
- HUD Data Standards 2014
- HMIS Requirements Proposed Rules Federal Registered (Hearth)
- MSHMIS Homeless Definition Crosswalk
- HUD Homeless Definition Matrix
- Discharge Destination Guidance

http://mihomeless.org/index.php/downloads/contracts-agreements-policies
- Participation Agreement
- Administration QSOBAA
- Sharing QSBAA
- HMIS Operating Policies and Procedures
- Joint Governance Charter

http://mihomeless.org/index.php/downloads/privacy-resources-training
- Privacy and Security Recorded Training
- Privacy Certification Questionnaire
- HUD Public Notice
- User Agreement and Code of Ethics
- Privacy Script Suggestions
- Privacy Workflow
- Privacy Notice Sample (Grayed Sections Required) Updated
- MSHMIS Release of Information
- HIPAA compliant Authorization to Release Confidential Information
- Translated Notice for Spanish and Arabic

http://mihomeless.org/index.php/downloads/continuous-quality-improvement-cqi
- CQI Curriculums
- Outcomes Matrix (Michigan State)
- Various Outcomes Training Documents and Pod Casts
- CQI Products from Implementations

http://mihomeless.org/index.php/downloads/self-sufficiency-matrix/viewcategory/144-self-sufficiency-matrix
- Self Sufficiency Matrix Training Materials

http://mihomeless.org/index.php/downloads/3-workflows-and-grant-specific-documents
- All technical workflow and training documents and podcasts

http://mihomeless.org/index.php/downloads/system-admin-meetings

- Minutes from Required System Administrator Meetings (current year/recent)

Appendix B: Oakland County HMIS Documents referred to in this Policy

https://www.onecpd.info/hmis/
https://www.onecpd.info/hmis/guides/
http://www.hudhdx.info/
https://esnaps.hud.gov/grantium/frontOffice.jsf