Springfield CoC Supportive Services Only Desk Guide

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INSTITUTE FOR COMMUNITY ALLIANCES

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Contents

CLIENT INFORMATION AND SERVICEPOINT®

Client information is ***automatically*** shared which is why the following are required:

1. **Consumer Notice –** Needs to be posted in a location where clients have an opportunity to see it
    a. Informs clients that your project is a part of the Homeless Missourians Information System Network
    b. Tells clients why information is collected
    c. Informs clients of their right to a copy of privacy practices
    d. Ensures them that the information cannot be shared without their consent
2. **Privacy and Security Notice** – Needs to be posted on your agency's website
    a. Describes the client's confidentiality rights in writing
    b. A copy should be provided to a client if requested
3. **Client Informed Consent to Share and Release of Information-** An ROI must be on file for all clients indicating whether they gave consent to share their information.

ROI - CLIENT INFORMED CONSENT TO SHARE AND RELEASE OF INFORMATION

Client Consent – Scenarios, Outcomes, and Procedures

1. Client presents to your agency in-person and **gives consent** to share
    → Client and Staff sign/date the ROI

2. Client is on the phone and **gives consent** to share
    → Staff notes "Verbal consent given" on C*lient* signature line> Staff signs/dates ROI

3. Client **declines to give consent** to share
    → Staff notes "Client refused" on the *Client* signature line> Staff signs/dates the ROI
    → Staff contacts the ICA Help Desk *before* entering information, ICA locks record
    → Staff can enter client information in the locked record

Responses to Frequently Asked Questions

Some clients may still have questions about the the ROI that they are being asked to sign. Please see below for appropriate responses to common questions:

1. "This says that this is the **Homeless** Missourians Information System Network. If you put my information in this system, will other people think that I'm homeless?"

    No. While this is a system that is used by many homeless service providers throughout Missouri, there are a range of governmental, non-profit, and faith based organizations that do not provide homeless services that use this system to help track those they have served. Putting your information in this system does not mean that you are homeless, and your information would not be associated with homelessness unless you became homeless and specifically sought out services from a homeless services agency that uses this system.

2. What are you going to do with the information that you collect?

   This information will be entered into a secured database, and it will be used to connect you with resources and for statistical purposes to allow us to better assess how well our community is meeting the health and human services needs of the public.

3. Can anyone else see my information?

   There are a range of other governmental, non-profit and faith based social service organization that could, in theory, see some of the information entered into the system. However, none of these agencies would be looking at your information unless they were working with you to provide you with services. Please see the attached for a list of current HMIS agencies.

Document Management – What Do We Do with the ROI Hard Copy?

1. The ROI should be kept on file for 7 years from the date of expiration
2. The ROI can be stored in the client's file
3. If an agency is paperless, the ROI can be scanned and attached to the Head of Household's record in ServicePoint®.

Entering the ROI in ServicePoint®

All agencies must document the ROI in ServicePoint on the ROI tab.

SPRINGFIELD COC SUPPORTIVE SERVICES ONLY VISIBILITY IN SERVICEPOINT®

Why is it important to get consent BEFORE information is entered?

Client Record:	Name SSN Veteran Age	Automatically **shared** with other agencies in the Missouri Sharing Group
Client Demographics:	DOB Gender Race Ethnicity	Automatically **shared** with other agencies in the Missouri Sharing Group
Residence History:	Residence Type Address	Automatically **shared** with other agencies in the Missouri Sharing Group
Contact Information:	Phone Number Email	Automatically **shared** with other agencies in the Missouri Sharing Group
Client Notes:		Automatically **shared** with other agencies in the Missouri Sharing Group
File Attachments:	Scanned Documents	Automatically **shared** with other agencies in the Missouri Sharing Group
Incidents:		Only visible to your agency.
Springfield CoC Supportive Services Intake:	Insurance Income Non-Cash Benefits Employment Status	Automatically **shared** with other agencies in the Missouri Sharing Group
Custom Agency Forms:		Only visible to your agency.
Goals:		Automatically **shared** with other agencies in the Missouri Sharing Group
Case Notes in Goals:		Only visible to your agency.
Needs/Services/Referrals		Automatically **shared** with other agencies in the Missouri Sharing Group
Measurements		Only visible to your agency.

SPRINGFIELD COC SUPPORTIVE SERVICES ONLY WORKFLOW

PRACTICAL GUIDE TO DATA ENTRY

This section answers common questions about who should be entered into ServicePoint, when client information should be updated, when services should be recorded, what to expect when making referrals, and what to expect when receiving referrals

Who Should I Enter into ServicePoint?	
Clients on Your Caseload	Any client that you work with on a regular basis should be added to your agency's project in ServicePoint.
Clients Not on Your Caseload	Even if you do not work with a client on a regular basis, the client's information should still be entered into ServicePoint if you will be assisting them financially.
What Information Should I Initially Enter into ServicePoint?	
Client Demographics	Basic information like name, social security number, date of birth, gender, race, and ethnicity should be collected for the client and for all members of the client's family.
Household Composition	If a client is a single individual, there is no need to build a household in ServicePoint. If a client is not a single individual, then you will need to create a household within ServicePoint and enter the demographic information for each member of the client's household.
ROI	No information should be entered into ServicePoint without requesting a signed ROI. If a client receiving ongoing case management services declines to sign an HMIS ROI, **their information should still be entered into ServicePoint**; however, the case manager will need to contact the ICA Help Desk prior to any data entry so that a restricted record may be created. A restricted record prevents anyone outside your agency from being able to access this client's information.
Socioeconomic Elements	A project entry needs to be completed for each household entered into ServicePoint in order to collect information about education, income, non-cash benefits, and health insurance. **Do not record services or referrals for a client without creating a project entry.**
Arizona Self-Sufficiency Matrix	For any client that you will be working with over a period of time, you will need to collect responses to each domain related to self-sufficiency
Referrals to Other Agencies	Document any referrals you make to other social service providers in Springfield and record updates about the outcomes of the referrals made This will help anyone who may work with that client know where the client has already been referred, and it will help the CoC as a whole better understand which referrals are effective.
Services	Record any services that your project may want or need to collect for your own internal purposes.

Clients on Your Caseload	Any client that you work with on a regular basis should be added to your agency's project in ServicePoint.
Clients Not on Your Caseload	Even if you do not work with a client on a regular basis, the client's information should still be entered into ServicePoint unless you anticipate that you will be the sole provider working with the client and that you will not need to refer that client to any outside agency.
After the Initial Intake, When Do I need to Enter Information into ServicePoint?	
Household Composition	If someone leaves a household, then they should be removed from the household you created in ServicePoint and exited from your agency's project. If someone joins the household, they should be added to the household you created in ServicePoint, along with all of their basic demographic information.
ROI	After collecting the initial ROI, you would need to collect another ROI only if the original ROI was close to expiring.
Socioeconomic Elements	**Any time that there are changes in education, income, non-cash benefits, and/or health insurance for your client or a member of their household, you would need to create an interim update for your agency's project in order to document these changes.**
Arizona Self-Sufficiency Matrix	For clients that you work with over a period of time, **the Arizona Self-Sufficiency Matrix should be completed every 90 days or at your discretion when major life events occur**. These measurements are crucial for assessing whether a client is transitioning towards great self-sufficiency over time.
Referrals to Other Agencies	Document any referrals you make to other social service providers in Springfield and record updates about the outcomes of the referrals made This will help anyone who may work with that client know where the client has already been referred, and it will help the CoC as a whole better understand which referrals are effective.
Services	Record any services that your project may want or need to collect for your own internal purposes. You do not need to record an interim update in order to record services. The interim update is only necessary if there are changes in education, income, non-cash benefits, and/or health insurance for your client or a member of their household.
When Do I Need to Exit My Client from the Project in ServicePoint?	
Clients on Your Caseload	**If a client has successfully completed your program, complete an exit interview** to update any information about education, income, non-cash benefits, and/or health insurance and to collect a final measurement for the Arizona Self-Sufficiency Matrix. **If a client stops communicating with you prior to completing your program, exit the client from your agency's project in ServicePoint at the same time that you determine the client is no longer on your active caseload**. You may not be able to update any information about education, income, non-cash benefits, and/or health insurance, but you will still record the exit so that we know which clients are no longer active.

Clients Not on Your Caseload	If you do not work with a client on a regular basis, exit the client from your project at the time that you consider your services to be complete. It is possible that the client will have an entry and an exit from your project on the same day.

TECHNICAL GUIDE TO DATA ENTRY

This section provides detailed instructions for using ServicePoint to record the data you collect from clients.

Entry

<table>
<tr><th colspan="2">Home</th></tr>
<tr><td>Home Page Dashboard</td><td>1. Select appropriate Enter Data As provider</td></tr>
<tr><th colspan="2">ClientPoint</th></tr>
<tr><td>Client Search</td><td><u>IF ROI = NO, CONTACT HELPDESK BEFORE PROCEEDING</u>
1. Search for Head of Household by entering Name and SSN
2. Click Search
a. If a correct match is found, click on the pencil to the left of the client name
b. If no matches are found:
i. Verify Name and SSN
ii. Then click Add New Client with This Info
3. Back Date Prompt: Change the date to intake date and click Set New Back Date. If entering data the same day it was collected, you will still use the Set New Back Date function to set the system date to 12:00:00 AM on that date.</td></tr>
<tr><td>Client Profile</td><td>1. Client Record
a. Complete the Name Data Quality, SSN Data Quality and U.S. Military Veteran status
2. Client Demographics
a. Complete the Date of Birth Type, Gender, Primary Race, Secondary Race (if applicable), and Ethnicity fields
3. ICA Missouri- Client Profile Additional Information
a. Complete the Contact Information field, including phone number, email address, and/or street address</td></tr>
<tr><td>Households</td><td>*Skip if client is a single individual with no additional household members
1. If Client is already a member of a current household, review for accuracy. If changes to the household are necessary, select Manage Household
2. If client is not a member of a household but does have additional household members, select Start New Household
3. Household Type: Select the type of household from the drop-down list
4. Search for the next household member by entering their Name and SSN
5. Click Search
a. If a correct match is found, click on the green plus to the left of the client name</td></tr>
</table>

	b. If no matches are found: i. Verify **Name** and **SSN** ii. Then click **Add New Client with This Info** 6. Repeat steps 3, 4 and 5 until all members of the household are added (their names appear under **Selected Clients** at the bottom of the page). 7. Click **Continue** (lower-right corner) 8. **Household Members** a. **Head of Household:** Select **Yes** for the HoH b. **Relationship to Head of Household:** Add a relationship for each member of the household 9. **Individual Client Assessment** a. **Client Record** i. Complete the **Name Data Quality**, **SSN Data Quality** and **U.S. Military Veteran** status if not already filled out b. **Client Demographics** i. Complete the **Date of Birth Type, Gender, Primary Race, Secondary Race** (if applicable), and **Ethnicity** fields if not already filled out ii. For **ALL** clients, select appropriate **Relationship to Head of Household** 10. **Save & Exit** after **Client Record** and **Client Demographics** for all household members are entered
ROI	1. Click **Add Release of Information** a. **Household Members:** Select <u>entire</u> household b. **Release Granted:** Yes/No c. **End Date:** The end date is 1 year from the date the ROI is signed d. **Documentation:** Select type (i.e. Signed, Verbal Consent, etc.) e. **Witness:** Add the full name (must match witness name on ROI form)> f. Click **Save Release of Information**
Case Managers	1. Click **Add Case Manager** 2. Select **<u>entire household</u>** 3. **Type:** Select **Me** 4. Click **Add Case Manager**
Entry / Exit	1. Click **Add Entry/Exit** a. **Household Members:** Select **<u>entire</u> household** b. **Type:** Basic 2. **Project Start Date:** Defaults to current date or Back Date if in Back Date mode 3. Click **Save & Continue** 4. Scroll down and complete the Springfield CoC Supportive Services Only Intake for each household member, **Save** 5. Complete any agency-specific assessments, **Save & Exit**
Measurements	1. Click **Add New Measurement** 2. Select **Continue** 3. Under the **Domains** section of the Measurement, select the Magnifying Glass icon next to the first domain to view a subset of 5 possible client responses

	4. Select the answer the client indicates most closely reflects their current situation and select **Submit & Move to Next** 5. Repeat step 4 for the **Employment, Income, Food and Nutrition, Mobility, Child Care, and Mental Health** domains 6. **Save & Exit**
Case Plans (optional)	1. Click **Add Goal** a. **Household Members:** Select head of household <u>only</u> b. **Provider:** Defaults to Enter Data As provider c. **Date Goal was Set:** Auto-populates d. **Classification:** Select from options on picklist e. **Type:** Select from options on picklist f. **Goal Description/Target Date:** optional g. **Overall Status:** Select status (Closed, Identified, In Progress) h. **Follow-up** (optional)**:** Adding follow-up information will populate the client in the Follow Up List on the Case Manager's Home Dashboard. i. Click **Add Goal** to continue 2. Click **Add Case Note** a. User can free-type notes pertaining to goal. b. *Case Notes are not visible to anyone outside your agency 3. Click **Add Action Step** a. User can free-type Action Steps to achieve goal. b. **Overall Status:** Select status (Closed, Identified, In Progress) c. **Follow-up** (optional)**:** Adding follow-up information will populate the client in the Follow Up List on the Case Manager's Home Dashboard.

Interim Update

Home	
Home Page Dashboard	1. Select appropriate **Enter Data As** provider
ClientPoint	
Client Search	1. Click **ClientPoint** and enter the ServicePoint ID number or search by client name 2. Back Date Prompt: change the date to interim date and click **Set New Back Date.** If entering data the same day it was collected, you will still use the **Set New Back Date** function to set the system date to 12:00:00 AM on that date.
ROI ***(confirm current ROI is on file, proceed to E/E if ROI is current)***	1. Click **Add Release of Information** a. Fill in **Release Granted** b. Fill in **End Date** with date 1 year from date signed c. Select **Documentation** type d. Fill in **Witness** full name (must match witness signature on ROI form) e. Click **Save Release of Information**
Entry / Exit	1. Click I**nterim** icon to the right of the Exit Date column 2. Click **Add Interim Review** 3. Complete **Interim Review Data** a. Select <u>**entire household**</u>

	b. Select **Interim Review Type** (Update or Annual Assessment) c. Confirm review date 4. Click **Save & Continue** 5. Scroll down and update/complete the appropriate Assessment(s) 6. Click **Save & Exit** 7. Click **Exit**

Exit

Home	
Home Page Dashboard	1. Select appropriate **Enter Data As** provider
ClientPoint	
Client Search	1. Click **ClientPoint** and enter the ServicePoint ID number or search by client name 2. Back Date Prompt: change the date to exit date and click **Set New Back Date**. If entering data the same day it was collected, you will still use the **Set New Back Date** function to set the system date to 12:00:00 AM on that date.
Entry / Exit	1. Click on the **pencil** icon next to Exit Date column 2. Complete Exit Data a. Select **<u>entire household</u>** b. Confirm exit date c. Select **Reason for Leaving** d. Select **Destination** 3. Click **Save & Continue** 4. Scroll down and update/complete appropriate Assessment(s) 5. Click **Save & Exit**

Add a New Measurement – Arizona Self-Sufficiency Matrix (Caring Communities Project Only)

Please remember that this information is to be collected:

- At Entry
- Every 90 days after entry
- At Exit
- At your discretion when major life events occur

Home	
Home Page Dashboard	1. Ensure appropriate **Enter Data As** provider and **Back Date** are selected
ClientPoint	
Client Information	<u>IF ROI = NO, CONTACT HELPDESK BEFORE PROCEEDING</u> 1. Once you have completed your workflow on the **Client Profile, Households, ROI, Case Manager,** and **Entry/Exit** tabs, proceed to the **Measurement** tab 2. Click **Add New Measurement**

	3. Select **Continue** 4. Under the **Domains** section of the Measurement, select the Magnifying Glass icon next to the first domain to view a subset of 5 possible client responses 5. Select the answer the client indicates most closely reflects their current situation and select **Submit & Move to Next** 6. Repeat step 5 for each additional domain 7. **Save & Exit**

Add an Additional Measurement – Arizona Self-Sufficiency Matrix

Home Page Dashboard	1. Ensure appropriate **Enter Data As** provider and **Back Date** are selected
ClientPoint	
Client Information	**IF ROI = NO, CONTACT HELPDESK BEFORE PROCEEDING** 1. Once you have completed your workflow on the **Client Profile, Households, ROI, Case Manager,** and **Entry/Exit** tabs, proceed to the **Measurement** tab 2. Click **Add New Point of Measurement** 3. Select **Interim, Final,** or **Follow-up** for the **Point of Measurement** type 4. Select **Continue** **5.** Under the **Domains** section of the Measurement, select the Magnifying Glass icon next to the first domain to view a subset of 5 possible client responses **6.** Select the answer the client indicates most closely reflects their current situation and select **Submit & Move to Next** **7.** Repeat step 6 for each additional domain **8.** **Save & Exit**

Add a Service

Home	
Home Page Dashboard	1. Select appropriate **Enter Data As** provider
ClientPoint – Client Search> Back Date Prompt> Service Transactions Tab	
	1. Once you have completed your workflow on the **Client Information** tab, proceed to the **Service Transactions** tab to add a service that you provided. 2. Click **Add Service**
Add Service	
Household Members	1. **Household Members:** Select **entire household** 2. **Service Provider:** Defaults to Enter Data As provider 3. **Start Date:** matches Back Date if you are working in Back Date mode 4. **Service Type:** select the Service from the drop-down list 5. **Provider Specific Service/Location/Notes:** N/A 6. Click **Save & Continue**

Service Costs	N/A
Apply Funds for Services	1. **Add Funding Source:** If providing financial assistance, select the appropriate funding source (if applicable for your agency)
Support Documentation *(Optional)*	1. **Support Documentation:** scan and attach documents to client record, if needed
Follow Up Information *(Optional)*	**Populates the Follow Up List on your Home Dashboard* 1. **Projected Follow Up Date:** Add a date if you plan to follow-up with client 2. **Follow Up User:** Select the user that will follow-up with client 3. **Follow Up Made:** Should be left blank until the follow up is completed, along with **Completed Follow Up Date**
Need Information	1. **Need Status:** Select status (**Closed, Identified, In Progress**) 2. **Outcome of Need:** Select Outcome, if known 3. **If Need is Not Met, Reason:** Select a reason if outcome is **Not Met**

Add Service – **Documenting a Referral to Another Agency**

Home	
Home Page Dashboard	1. Select appropriate **Enter Data As**
ClientPoint – Client Search> Back Date Prompt> Service Transactions Tab	
	1. Once you have completed your workflow on the **Client Information** tab, proceed to the **Service Transactions** tab to add a referral to an agency outside the ServicePoint network. 2. Click **Add Service**
Add Service	
Household Members	*1.* **Household Members:** Select **entire household** 2. **Service Provider:** should match Enter Data As provider 3. **Start Date:** matches Back Date if you are working in Back Date mode 4. **Service Type:** select **Information and Referral** from the drop-down list 5. **Provider Specific Service/Location/Notes –** N/A 6. Click **Save & Continue**
Information/Referral Sub-Assessments	1. Click **Add** on the appropriate sub-assessment category 2. Select the agency the client was referred to from the drop-down menu 3. Repeat as needed until all agencies the client was directed towards are documented 4. **End Date:** Can be left blank unless informed otherwise 5. Click **Save**
Service Costs	N/A
Apply Funds for Services	N/A
Support Documentation *(Optional)*	1. **Support Documentation:** scan and attach documents to client record, if needed

Follow Up Information	**Populates the Follow Up List your Home Dashboard* 1. **Projected Follow Up Date:** Add a date if you plan to follow up with client 2. **Follow Up User:** Select the user that will follow up with client 3. **Follow Up Made:** Should be left open until the follow up is completed along with **Completed Follow Up Date**
Need Information	1. **Need Status:** Select **Closed** for status. 2. **Outcome of Need:** Select **Fully Met** for Outcome

Add Service – **Following Up on a Documented Referral to Another Agency**

Home	
Home Page Dashboard	1. Select appropriate **Enter Data As**
ClientPoint – Client Search> Back Date Prompt> Service Transactions Tab	
	1. Once you have completed your workflow on the **Client Information** tab, proceed to the **Service Transactions** tab to record the outcome of a previously recorded referral to another agency. 2. Click **View Entire Service History**
All Service Transactions	
	1. Click on the **pencil** icon to the left of the **Information and Referral** service previously recorded by your project
Information/Referral Sub-Assessments	1. Click on the **pencil** icon to the left of the appropriate referral under the sub-assessment category 2. **Did client follow up on referral?** Select **Yes** or **No** 3. **If "No," why?** If the client did not follow up on the referral, provide a short explanation about why 4. **Did client receive assistance?** If the client did follow up on the referral, select **Yes** or **No** to indicate whether they received assistance 5. **If "No," why?** If the client did not receive assistance after following up on the referral, provide a short explanation about why 6. Repeat as needed until the referral outcome for all agencies the client was directed towards are documented
Follow Up Information	1. **Follow Up Made:** Indicate whether the follow up was made 2. **Completed Follow Up Date:** If the follow up was made, indicate the date the follow up occurred
Need Information	1. **Need Status:** Select **Closed** for status 2. **Outcome of Need:** Select Outcome 3. **If Need is Not Met, Reason:** Select a reason if outcome is *Not Met*

APPENDICES

CONSUMER NOTICE

Consumer Notice

HOMELESS MISSOURIANS INFORMATION SYSTEM NETWORK

This Agency participates in the Missouri Homeless Management Information System (HMIS), which collects basic information about clients receiving services from this agency. This helps us get a more accurate count of individuals and families experiencing homelessness, and to identify the need for different services. Some agencies receive funding to provide services for individuals and families experiencing homelessness or near-homelessness that requires use of HMIS. Other agencies choose to use this database outside of funding requirements.

We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practice is available to all consumers upon request. Agencies participating in HMIS share information with other agencies partnered in HMIS unless they serve a protected population, in compliance with applicable federal and state law. The list of HMIS Partner Agencies is available to clients at intake and also posted at: https://www.icalliances.org/missouri-forms. Sharing information among agencies allows those agencies to work in a cooperative manner to provide you with better services.

You can share your personal information with other area agencies that participate in the network by completing a "Release of Information" form. This will allow those agencies to work in a cooperative manner to provide you with efficient and effective services.

Public Notice (Federal Register / Vol. 69, No. 146) / Effective August 30, 2004

Revised April 2021

HMIS606_002

<u>Agency Name Goes Here</u>
Homeless Missourians Information System (HMIS)
Privacy and Security Notice

A written copy of this Policy is available to all who request it.
It is also available on this agency's web site.

<u>I. PURPOSE</u>:

This notice describes the privacy policy of this agency. The policy may be amended at any time. We may use or disclose your information to provide you with services, and to comply with legal and other obligations. We assume that, by requesting services from our agency, you agree to allow us to collect information and to use or disclose it as described in this notice and as otherwise required by law.
The Homeless Missourians Information System (HMIS) was developed to meet a data collection requirement made by the United States Congress and the Department of Housing and Urban Development (HUD). Congress passed this requirement in order to get a more accurate count of individuals who are homeless and to identify the need for and use of different services by those individuals and families. We are collecting statistical information on those who use our services and report this information to a central data collection system.

In addition, many agencies in this area use HMIS to keep computerized case records. This information may be provided to other HMIS participating agencies. The information you may agree to allow us to collect and share includes: basic identifying demographic data, such as name, address, phone number and birth date; the nature of your situation and the services and referrals you receive from this agency. This information is known as your **Protected Personal Information or PPI.** All agencies using the HMIS share their data with other participating agencies, with the exception of *Blind Service Providers*. These *blind* agencies serve specific protected client populations, such as domestic abuse, sexual abuse, HIV/AIDS, alcohol and/or substance abuse, and mental health, and do not share client information.

GENERALLY, all personal information we maintain is covered by this policy. Generally, your personal information will only be used by this agency and other agencies to which you are referred for services.

Information shared with other HMIS agencies helps us to better serve our clients, to coordinate client services, and to better understand the number of individuals who need services from more than one agency. This may help us to meet your needs and the needs of others in our community by allowing us to develop new and more efficient programs. Sharing information can also help us to make referrals more easily and may reduce the amount of paperwork.

Maintaining the privacy and safety of those using our services is very important to us. Information gathered about you is personal and private. We collect information <u>only</u> when appropriate to provide services, manage our organization, or as required by law.

<u>II. CONFIDENTIALITY RIGHTS</u>:

This agency has a confidential policy that has been approved by its Board of Directors. This policy follows all HUD confidentiality regulations that are applicable to this agency, including those covering programs that receive HUD funding for homeless services. Separate rules apply for HIPPA privacy and security regulations regarding medical records.

This agency will use and disclose personal information from HMIS only in the following circumstances:

1. To provide or coordinate services to an individual.
2. For functions related to payment or reimbursement for services.
3. To carry out administrative functions including, but not limited to legal, audit, personnel, planning, oversight or management functions.
4. Databases used for research, where all identifying information has been removed.
5. Contractual research where privacy conditions are met.
6. Where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law. Instances where this might occur are during a medical emergency, to report a crime against staff of the agency or a crime on agency premises, or to avert a serious threat to health or safety, including a person's attempt to harm himself or herself.
7. To comply with government reporting obligations.
8. In connection with a court order, warrant, subpoena or other court proceeding where disclosure is required.

<u>III. YOUR INFORMATION RIGHTS:</u>

As a client receiving services at this agency, you have the following rights:

1. **<u>Access to your record</u>**. You have the right to review your HMIS record. At your request, we will assist in viewing the record within five working days.
2. **<u>Correction of your record</u>**. You have the right to request to have your record corrected so that information is up-to-date and accurate to ensure fairness in its use.
3. **<u>Refusal</u>**. Our ability to assist you depends on having certain personal identifying information. If you choose not to share the information we request, we reserve the right to decline to provide you with services as doing so could jeopardize our status as a service provider.
4. **<u>Agency's Right to Refuse Inspection of an Individual Record</u>**. Our agency may deny you the right to inspect or copy your personal information for the following reasons:
   a. information is compiled in reasonable anticipation of litigation or comparable proceedings;
   b. information about another individual other than the agency staff would be disclosed;
   c. information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the source of the information; or
   d. information, the disclosure of which would be reasonably likely to endanger the life or physical safety of any individual.
5. **<u>Harassment.</u>** The agency reserves the right to reject repeated or harassing requests for access or correction. However, if the agency denies your request for access or correction, you will be provided written documentation regarding your request and the reason for denial. A copy of that documentation will also be included in your client record.

6. **<u>Grievance</u>*.*** You have the right to be heard if you feel that your confidentiality rights have been violated, if you have been denied access to your personal records, or if you have been put at personal risk, or harmed. Our agency has established a formal grievance process for you to use in such a circumstance. **To file a complaint or grievance you should contact our <Insert person to contact> at: <Insert contact information for that person here.>**

<u>IV. HOW YOUR INFORMATION WILL BE KEPT SECURE:</u>

Protecting the safety and privacy of individuals receiving services and the confidentiality of their records is of paramount importance to us. Through training, policies, procedures and software, we have taken the following steps to make sure your information is kept safe and secure:

1. The computer program we use has the highest degree of security protection available.
2. Only trained and authorized individuals will enter or view your personal information.
3. Your name and other identifying information will not be contained in HMIS reports that are issued to local, state or national agencies.
4. Employees receive training in privacy protection and agree to follow strict confidentiality standards before using the system.
5. The server/database/software only allows individuals access to the information. Only those who should see certain information will be allowed to see that information.
6. The server/database will communicate using 128-bit encryption-an Internet technology intended to keep information private while it is transported back and forth across the Internet. Furthermore, identifying data stored on the server is also encrypted or coded so that it cannot be recognized.
7. The server/database exists behind a firewall-a device meant to keep hackers/crackers/viruses/etc. away from the server.
8. The main database will be kept physically secure, meaning only authorized personnel will have access to the server/database.
9. System Administrators employed by the HMIS and the agency support the operation of the database. Administration of the database is governed by agreements that limit the use of personal information to providing administrative support and generating reports using aggregated information. These agreements further insure the confidentiality of your personal information.

<u>V. BENEFITS OF HMIS AND AGENCY INFORMATION SHARING</u>:

Information you provide us can play an important role in our ability and the ability of other agencies to continue to provide the services that you and others in the community are requesting.

Allowing us to share your name results in a more accurate count of individuals and the services they use. Obtaining an accurate count is important because it can help us and other agencies:

1. Better demonstrate the need for services and the specific types of assistance needed in our area.
2. Obtain more money and other resources to provide services.
3. Plan and deliver quality services to you and your family.
4. Assist the agency to improve its work with families and individuals who are homeless.
5. Keep required statistics for state and federal funders, such as HUD.

VI. COMPLIANCE WITH OTHER LAWS

This agency complies with all other federal, state and local laws regarding privacy rights. Consult with an attorney if you have questions regarding these rights.

VII. PRIVACY NOTICE AMENDMENTS:

The policies covered under this Privacy Notice may be amended over time and those amendments may affect information obtained by the agency before the date of the change. All amendments to the Privacy Notice must be consistent with the requirements of the Federal Standards that protect the privacy of consumers and guide HMIS implementation and operation.

VIII. Web Site

We maintain a copy of the Privacy Notice on our web site at: **<Insert your web address here>**

CLIENT INFORMED CONSENT TO SHARE AND RELEASE OF INFORMATION (ROI)

OZARKS ALLIANCE TO END HOMELESSNESS
HOMELESS MANAGEMENT INFORMATION SYSTEM
CLIENT RELEASE OF INFORMATION

This agency participates in the Ozarks Alliance to End Homelessness (OAEH) Homeless Management Information System (HMIS) Sharing Group and the Missouri HMIS Network, collecting information about individuals and families that seek housing services in the OAEH tri-county service area. The information collected will be shared through HMIS, a computerized database, in order to coordinate and improve programs and services.

To provide the most effective services in moving people from homelessness to permanent housing, we need to collect some personal information. You may be asked to provide the following information:

- Name
- Race and Ethnicity
- Social Security Number
- Income Sources
- Veteran Status
- Birth Date
- Household Composition
- Housing History
- Education
- Legal History

** This information will be visible to the OAEH Sharing Group and the entire Missouri HMIS Network.*

In addition, you may be asked questions regarding:

- Physical and Mental Disabilities / Health Conditions
- Domestic Violence History

** This information will be visible only to the OAEH Sharing Group and not the rest of the Missouri HMIS Network.*

Information you provide will be used to better identify appropriate resources for you and your household.

- You have the right to not answer any questions asked. If you do not consent to share your information, the data entered into the system by this agency will not be shared with any other HMIS partner agency. Services will not be refused if you decide to not share your data in HMIS.
- If you agree to share your information, you have the right to revoke your consent at any time in writing by completing an updated ROI and indicating a different level of sharing consent. Upon completion of your revocation, any information entered into HMIS after that date will not be shared outside this agency.
- Regardless of consent to share with other agencies within the OAEH Sharing Group and the Missouri HMIS Network, your data is accessible to limited staff at the HMIS lead agency, the Institute for Community Alliances, and the software provider for the purposes of technical support. Additionally, non-identifying information is pulled into various reports and publications required for billing and analysis of performance measures; your name and identifying information will NEVER be included in ANY reports or publications.

How is your information protected?
Your information in HMIS is secured by limiting access to the database and with whom that information may be shared per federal HMIS Privacy Standards. Every person or agency that is authorized access to the information in the database has signed an agreement to maintain the security and confidentiality of the information. Aggregate or statistical data that is released from HMIS will not disclose any of your Protected Personal Information. Your data in HMIS will be archived after seven years.

Please Check Only One of the Following:

☐ Regarding personal information pertaining to me and my household, I authorize the sharing of collected information with other service agencies within the OAEH Sharing Group and Missouri HMIS Network. I understand that my personal information will not be made public and will only be used with strict confidentiality. I understand that I am not waiving any rights protected under Federal or Missouri law. I also understand that I may withdraw my consent at any time.

☐ I understand that some personal information about me and my household will be collected and shared in HMIS but DO NOT authorize information about health, disabilities, or domestic violence for myself or others in my household to be shared with other service agencies within the OAEH Sharing Group or the Missouri HMIS Network.

☐ I understand that my information will be entered into the HMIS system. However, I DO NOT consent to share any personal information in HMIS about me or my household with the OAEH Sharing Group or the Missouri HMIS Network.

_______________________________________ _______________________________

Head of Household Name (Printed) Date Head of Household Signature

Other Adults in Household (first and last names):

_______________________________ _______________________________

_______________________________ _______________________________

Staff Name (Printed) Date Staff Signature

____

Name of Agency

Upon request, we will provide you with a copy of the HMIS Consumer Notice, HMIS Privacy and Security Notice, and a current list of participating agencies in the OAEH Sharing Group and the Missouri HMIS Network.

For Staff Use Only

☐ Telephonic Consent: Staff obtained telephonic consent from client over the age of 18 listed above. Written consent must be obtained the first time the client is physically present at an organization with access to the HMIS system.

HMIS DATA STANDARDS

This document outlines the most relevant HMIS data standards for your project type, effective October 1, 2020.

Client Record

Client Names

- HMIS records should use a client's full, legal name whenever possible.
- This should include middle names and suffixes (Sr., Jr., II, III) as appropriate.
- Names must be properly capitalized.
- Name Data Quality
  - Full Name Reported: the client's full first and last legal names are recorded.
  - Partial, Street Name, or Code Name Reported: name that does not match official identification is utilized (e.g., nickname, street name for street outreach clients, etc.).
  - Client Doesn't Know: the client does not know their name. You must enter a false/made up name.
  - Client Refused: the client refuses to provide their name. You must enter a false/made up name.

Social Security Number (SSN)

- HMIS records should have the client's full SSN for all clients, including children.
- If a client declines to give their SSN, ask if they're willing to give the last four digits. If so, record the last four digits. Any digits they do not provide should be left blank. Do not fill in the missing digits with zeros or other characters.
- SSN Data Quality
  - Full SSN Reported (HUD): the client's full SSN has been provided and recorded.
  - Approximate or partial SSN reported (HUD): data other than a complete and valid 9-digit SSN is provided, regardless of reason (e.g., last four digits only).
  - Client doesn't know (HUD): the client does not know or does not have an SSN.
  - Client refused (HUD): the client refuses to provide any part of their SSN, regardless of reason.
  - Data not collected (HUD): the client was not asked for the SSN and there is no reasonable way to contact the client to request their SSN.

U.S. Military Veteran Status

For the purpose of HMIS, a veteran is:

- Anyone who has ever been on active duty in the armed forces of the U.S., regardless of discharge status or length of service; or
  - Army, Navy, Air Force, Marine Corps, and Coast Guard: active duty begins when a military member reports to a duty station after completion of training.
  - Reserves and National Guard: active duty is any time spent activated or deployed, either in the U.S. or abroad.
- Anyone who was disabled in the line of duty during a period of active duty training; or
- Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period if inactive duty training.
- Available responses:
  - Yes (HUD): Anyone who meets the definition of a veteran.
  - No (HUD): Anyone who does not meet the definition of a veteran, including all individuals under the age of 18.
  - Client doesn't know (HUD): Use only when the client does not know if they are a veteran.
  - Client refused (HUD): Use only when the client refuses to state if they are a veteran.
  - Data not collected (HUD): Use only when the client was not asked for their veteran status and there is no reasonable way to determine their veteran status.

Entry/Exits

Project Start Date

Criteria for determining Project Start Date:

- Other Service Projects: including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Project Exit Date

Criteria for determining Project Exit Date:

- Non-residential projects: The last day a contact was made, or a service was provided. Projects must have a clear and consistently applied procedure for determining when a client who is receiving supportive services is no longer considered to be participating in the project.

- For street outreach and supportive services projects, this is the last date the client was contacted, or services were provided. If a client "disappears," the Project Exit Date is the last day the client met with their case worker.
- If a client is contacted or provided services only on one day, the Project Start and Project Exit Dates will be the same day.

Destination

- Non-Residential projects: Record where the client is expected to stay after they complete or stop participation in services. This may be the same place that they were staying prior to starting in the project.
- Select the response that most closely matches where the client will be staying after exiting the project.
- "Other" should be used only as a last resort if the client's destination truly cannot be even loosely described by any of the available options. The response of "Other" is considered a negative outcome.
- "No exit interview completed" should be used only when absolutely necessary. If a client "disappears," projects should try to contact the client to determine where they went. The response of "No exit interview completed" is considered a negative outcome and is reported as missing data.

Client Demographics

Date of Birth (DOB)

- HMIS records should have the client's full date of birth for all clients, including children.
- Date of Birth Type
    - Full DOB reported: the client has provided their full date of birth.
    - Approximate or partial DOB reported: the client cannot remember their full or exact date of birth but knows their age within one year. Enter January 1 for the date, then the approximate year of birth in the year field.
    - Client doesn't know: an approximate or partial DOB was used because the client did not know their date of birth within one year.
    - Client refused: an approximate or partial DOB was used because the client refused to provide their date of birth or age.
    - Data not collected: the client was not asked for their DOB and there is no reasonable way to contact the client to request their DOB.

Gender

- Never use observations to determine the client's gender. Always ask the client and record the client's self-reported gender.
- Gender does not need to match legal documents.
- In the event that a client discloses being transgender, staff should ask the client if they would like to have their transgender status recorded in the system or not.
  - An individual who identifies as a transgender man should be offered the option of selecting "male" or "trans male."
  - An individual who identifies as a transgender woman should be offered the option of selecting "female" or "trans female."
- If a client does not identify as male, female, or transgender, the option of "Gender Non-Conforming" should be utilized.
- Available responses:
  - Female: Clients who live or identify as women and were assigned female at birth.
  - Male: Clients who live or identify as men and were assigned male at birth.
  - Trans Female (MTF or Male to Female): Clients who live or identify as women, even though they were assigned male at birth.
  - Trans Male (FTM or Female to Male): Clients who live or identify as men, even though they were assigned female at birth.
  - Gender Non-Conforming: Use for clients who do not identify as exclusively male or female.
  - Client doesn't know: Use only when the client does not know their gender.
  - Client refused: Use only when the client refuses to identify their gender.
  - Data not collected: Use only when the client was not asked for their gender and there is no reasonable way to contact the client to determine their gender.

Race

- Never use observations to determine client race(s). Always ask the client and record the client's self-reported race(s).
- HMIS records should have at least one race indicated for all clients, including children.
- If the client reports only one race, enter it into the Primary Race field and leave the Secondary Race field set to – Select –.
- If the client reports two races, enter one in the Primary Race field and enter the other in the Secondary Race field. The order of the responses does not matter.

- Available responses:
    - American Indian or Alaska Native: A person having origins in any of the original peoples of North, South, or Central America who maintains tribal affiliation or community attachment.
    - Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, but not limited to: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
    - Black or African American: A person having origins in any of the black racial groups of Africa.
    - Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
    - White: A person having origins in any of the original people of Europe, the Middle East, or North Africa.
    - Client doesn't know: Use only when the client does not know their race(s) from any of the five options above.
    - Client refused: Use only when the client refuses to identify their race(s) from any of the five options above.
    - Data not collected: Use only when the client was not asked for their racial identity and there is no reasonable way to contact the client to determine their race(s).

Ethnicity

- Never use observations to determine client ethnicity. Always ask the client and record the client's self-reported ethnicity.
- Available responses:
    - Non-Hispanic/Non-Latino: A person that does NOT have a Spanish culture of origin, regardless of race.
    - Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.
    - Client doesn't know: Use only when the client does not know their ethnicity.
    - Client refused: Use only when the client refuses to identify their ethnicity.
    - Data not collected: Use only when the client was not asked for their ethnicity and there is no reasonable way to contact the client to determine their ethnicity.

Relationship to Head of Household

- Exactly one individual must be identified as head of household at each project start, including for single individuals. All other household members must be marked as child, spouse or partner, other relation, or non-relation member.
- When a household is composed of adults and children, an adult must be indicated as the head of household.
- If the head of household leaves the household during the project stay, but others remain, another individual must be designated as the head of household.
- If the household presenting is entirely children or youth (where none of the youth presenting are the child of another youth being served by the project), each youth must be recorded as their own household.

Questions

Contact the ICA Missouri Helpdesk at mohmis@icalliances.org if you have any questions.

CASE PLANS

The table below outlines the Goal Types available when you select the associated **Goal Classification**.

Goal Classification	Goal Type
Economic	• Obtain access to benefits • Obtain access to insurance • Acquire subsidies allowing client to meet needs • Acquire employment allowing client to meet needs • Achieve income stability • Maintain income stability • Increase income above poverty level • Create/increase emergency savings • Obtain independence from social services • Reduce impact of crisis-related expenses • Reduce client debt
Education	• Improve educational attainment • Attain school readiness • Improve attendance over the school term • Enroll in classes • Improve educational achievement • Improve literacy skills • Complete vocational training • Obtain employable skills • Reduce impact of a learning disability
Environment and Safety	• Reduce exposure to allergens • Reduce exposure to chemicals • Reduce exposure to radon • Reduce exposure to toxins • Repair physical problems to housing
Health	• Increase health literacy • Increase involvement in healthcare decision making • Reduce preventable hospitalizations • Obtain assistive devices, services, animals, or technology • Reduce activity limitation • Increase survival time • Complete a transition of care • Reduce pain or distress • Reduce use of inappropriate medications • Increase medication compliance • Reduce self-harm injuries • Obtain diagnosis • Obtain medical evaluation after injury • Obtain treatment for condition • Increase understanding of condition • Increase prevention behaviors for those at risk for condition • Increase ability to manage condition

	• Obtain rehabilitation for condition • Obtain ongoing care • Obtain timely health services • Maintain stable primary care provider • Obtain preventative care • Obtain vaccinations • Obtain family planning assistance
Household Necessities	• Reduce impact of functional limitations • Enable access to healthy foods • Enable access to safe drinking water • Acquire personal necessities Acquire or replace housing fixtures/fittings
Housing	• Obtain emergency housing or shelter • Achieve housing stability • Maintain housing stability • Improve housing location
Legal	• Access legal aid • Reduce likelihood of re-offense • Increase understanding of legal situation • Obtain consumer advocacy assistance • Obtain criminal defense assistance • Obtain domestic violence assistance • Obtain immigration assistance
Other	• Used if classification/goal type is not available to choose from
Social Development and Relationships	• Transition to self-sufficiency from foster care • Increase social and emotional support • Increase participation in spiritual, recreational, community and civic activities • Reduce harassment • Increase adolescent-adult connection • Increase positive parenting behaviors • Increase positive interactions among household members • Reduce likelihood of domestic violence incidents

USER POLICY AND RESPONSIBILITIES AGREEMENT

All users have agreed to the following client confidentiality provisions:

1. Personal usernames and passwords must be kept secure and are not to be shared.
2. HMIS users will only view, obtain, disclose, or use the database information that is necessary to perform their job.
3. HMIS users will maintain HMIS data in such a way as to protect against revealing the identity of clients to unauthorized agencies, individuals or entities and will take these steps to prevent casual observers from seeing or hearing HMIS client information. Users must read, check, and abide by the following:
    a. The computer monitors of a workstation used to access HMIS will be positioned to prevent unauthorized persons from viewing HMIS data.
    b. Computer workstations used to access HMIS will never be left unattended when the database is open.
    c. Printed copies of HMIS information will be kept in a secure file and not le in public view.
    d. Printed copies of HMIS information not included in the client's file will be burned or shredded.
    e. Confidential client information will not be discussed with staff, clients, or clients' family members where it may be overheard by unauthorized persons.
4. Only objective observations and non-biased opinions are to be entered in the “comments” section of the client file on the HMIS. Mental and/or physical health information, profanity, and offensive language are not permitted to be entered in this section. Discriminatory and/or derogatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex and sexual orientation are not permitted in the HMIS.
5. A "Client Informed Consent to Share and Release of Information" form must be signed by the head of household that indicates if consent to share has been given. In addition, clients have a right to inspect, copy and request corrections to their HMIS records.
6. Any HMIS user found to be in violation of the HMIS Policies and Procedures, or the points of client confidentiality in this User Policy and Responsibilities form, may be denied access to the HMIS.