

King County Regional Homelessness Authority New HMIS Agency Approval Process Policy - Agencies without HMIS data entry contract requirements

Applies to: Any agency/community based organization (CBOs) or city or local department that fits the above description and would like to request access to King County HMIS.

OVERVIEW

King County Regional Homelessness Authority (RHA) is committed to building effective systems of care with the goal of housing people while addressing the racial inequities in our system. We also recognize that solving homelessness in our community requires strategic partnership with our community.

In order to accomplish this, CBOs may need access to the Homeless Management Information System (HMIS) for purposes of service coordination and delivery with individuals experiencing homelessness that are not contracted providers with RHA. In addition, it provides more accurate reporting on the scope of services available in our community.

A. PURPOSE

The purpose of this document is to establish a policy and set of procedures for approving a new HMIS partner agency for participation in HMIS, ensuring data quality, security and privacy standards are upheld.

B. DEFINITIONS

HMIS Partner Agency: Agency/CBO/Government Entity that has a signed MOU with the RHA for participation in HMIS.

Requesting Agency: Agency/CBO/Government Entity that is requesting to participate in HMIS by becoming an HMIS Partner Agency.

C. POLICY

The Chief Community Impact Officer will use the following criteria when considering a Requesting Agency's request to become an HMIS Partner Agency. These criteria are approved by the CoC Advisory Board's System Performance Committee (SPC):

1. The Requesting Agency has a clear business case for access
2. The Requesting Agency has a demonstrated ability to collect and store client level data that meets standards outlined in the HMIS Continuous Data Quality Improvement Plan found on this [webpage](#)

3. The Requesting Agency provides services within the RHA [Theory of change and Racial Equity Framework](#)

D. PROCEDURE

1. All requests must be submitted via online application, a copy of these questions are included in *Appendix I- Community/Government Request for HMIS Access*.
2. The RHA Data Asset Manager and RHA System Performance Manager will review the application, and make a recommendation to the Chief Community Impact Officer who will approve or deny the request.
3. All applications, regardless of approval status, will be presented by the RHA Data Asset Manager to the System Performance Committee at the next monthly meeting.
4. The HMIS system administration team will onboard the agency via the normal new agency onboarding process within 30 days. Agencies will be required to sign a Partner Agency Privacy and Data Sharing Agreement (MOU) as well as the Partner Agency Technical Administrator and Security Officer Agreement and all users complete the required training outlined in the MOU.
5. In the case of denial, the requesting agency will have the option to appeal the decision to the System Performance Committee within 30 days of receiving the denial by submitting the appeal form included in *Appendix II- Community/Government Request Denial Appeal Form*.
 - a. The RHA Data Asset Manager will present appeals at the System Performance Committee at the meeting subsequent to appeal submission (so long as appeal is submitted at least one calendar week prior to the meeting, otherwise appeals may be considered at the following meeting.)
 - b. Appeals will be subject to a majority vote of the System Performance Committee. The RHA Data Asset Manager will notify the requesting agency of the final decision via email.
 - c. Decisions are good for one year from the date of the decision and at that time, the agency can reapply. If at anytime the agency receives a funding source that requires HMIS data entry, this decision will be overridden.
6. In the event there is a denial reversed, the HMIS System Administrator will then onboard the new agency using the normal process within 30 days.

Appendix I Community/Government Request for HMIS Access

Community/Government Request for HMIS Access

Thank you for your interest in becoming a community HMIS partner. In order to see approval for your agency to become a partner agency and sign the MOUs, etc. please answer the following questions:

Name of Requesting Agency

Name, Title and Contact Information of Requestor

Organization Type (Non Profit, Government, Religious, etc.)

Please list your primary funding source(s) type(s) and if you receive any government funding with requirements to enter in HMIS data? If so, what is the funding source name?

Briefly describe your organization/community group or agency, specifically, how does your organization provide services in relation to an [equity-based decision making framework](#).

Please describe your staffing and training plan for ensuring data entered is inline with the HMIS Continuous Data Quality Improvement Plan found on this [webpage](#).

Would you have a specific project(s) under which your agency would be entering data into the HMIS? If so, please briefly describe below.

What does your agency do to end homelessness and address racial inequity and what is your approach to services?

How do you plan on using the information in HMIS?

Would you be entering in Coordinated Entry for All (CEA) Assessments?

Please provide 1-2 references that can speak either to your data entry processes or the services you provide.

As you consider your participation, I would recommend reading and understanding the requirements by reviewing the [MOU](#). Although there is not a fee involved for participating, there is a commitment on staff time, data entry requirements, and training. Your request will be reviewed and we expect a response within 10 to 15 business days. Please feel free to contact Janelle Rothfolk, Data Asset Manager at the RHA at janelle.rothfolk@kchra.org with any questions or concerns you may have.

For RHA Staff Use Only:

Date Received: _____

Final Decision: _____

Date Requesting Agency Notified: _____

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Appendix II- Community/Government Request Denial Appeal Form

Community/Government Request Denial Appeal Form

Name of Requesting Agency

Name and Contact Information of Requestor

Please use this form to list the reasons that you feel that an appeal to the decision of HMIS participation denial is warranted.

For RHA Staff Use Only:

Date Decision brought to Committee: _____

Final Decision: _____

Date Requesting Agency Notified: _____

All Appeals are reviewed at the next monthly [System Performance Committee Meeting](#).

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