U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

INITIAL PRIVACY ASSESSMENT (IPA)

Office of Special Needs Assistance Programs

LGBTQ Youth Homelessness
Prevention Initiative:
Planning Phase Documentation
Strategy

CPD/SNAPS 9-24-14

INTRODUCTION

What is an Initial Privacy Assessment?

An Initial Privacy Assessment (IPA) is designed to assess whether a Privacy Impact Assessment (PIA), a Privacy Act system of records notice (SORN), and/or other related privacy documents are required. The responses to the IPA will provide a foundation for both a PIA and a SORN should either or both be required, and will also help to identify any policy concerns.

The IPA incorporates the matters previously addressed in the Department's Privacy Identifiable Information (PII) Survey, and thus replaces the survey.

When should an IPA be completed?

An IPA should be completed during the system's design phase, whether the system is electronic or contains only records in paper form, and should be completed before commencement of any testing or pilot project of an information system. Additionally, an IPA should be completed any time there is a change to the information system to determine whether there are any privacy issues as a result of such a change.

Who should complete the IPA?

The IPA should be written and reviewed by a combination of the component's (e.g., Privacy Act Officer, System Owner, Project Leaders), and the program-specific office responsible for the system.

How is the IPA related to the Capital Planning and Certification and Accreditation process?

Upon completion and approval of the IPA by the Privacy Officer the official document may be uploaded into the C&A tool, and provided as part of the IT Capital Planning process as validation of the completed evaluation. The completed IPA demonstrates that the program components have consciously considered privacy and related requirements as part of the overall system design. For an IT system that does not require a C&A, such as a minor application that runs on a system that does require a C&A, an IPA still should be completed to determine if other related privacy documentation are required for that system or project.

Where should the completed IPA be sent?

A copy of the completed IPA should be sent to the Office of Privacy via email to Donna.Robinson.Staton@HUD.gov and Nadine.Craft@HUD.gov. The Privacy Officer will review the IPA and determine what additional privacy documentation is required, and then will advise the Program component accordingly.

Initial Privacy Assessment

I. INFORMATION ABOUT THE PROJECT/SYSTEM

Date submitted for review:	9/24/14		
Project Name/Acronym:			
LGBTQ Youth Homelessness I	Prevention Initiative:		
Planning Phase Documentation Strategy			
System Owner/Contact Info	rmation: Operated by CPD/SNAPS. 202.708.4300		
Project Leader/Contact Info	ormation: Matthew Aronson, matthew.k.aronson@hud.gov		
1. Which of the followingPaper-Only	describes the type of records in the system:		
Combination of Paper a	nd Electronic		
Electronic-Only			
Other: Please describe t Records	the type of project including paper based Privacy Act System of		
Note: For this form purpose t	here is no distinction made hetween technologies / systems		

* **Note:** For this form purpose, there is no distinction made between technologies/ systems managed by contractors. All technologies/systems should be initially reviewed for potential privacy impact.

2. Provide a general description of the system or project that describes: (a) the functionality of the system and the purpose that the records and/or system serve; (b) who has access to information in the system; (c) how information in the system is retrieved by the user; (d) how information is transmitted to and from the system; and (e) interconnections with other systems.

The United States Interagency Council on Homelessness (USICH) set a goal to end homelessness among youth by 2020. To achieve this goal, communities will need to develop and implement strategies that respond to the experiences and needs of youth experiencing homelessness in their communities. Research has documented, for example, that approximately 20% to 40% of youth experiencing homelessness are lesbian, gay, bisexual, transgender (LGBT) or questioning (Q) their sexual orientation or gender identity (Ray, 2006). With this disparity in mind and to support USICH's 2020 goal, the U.S. Departments of Education, Housing and Urban Development, Health and Human Services, and Justice, along with USICH and in partnership with the True Colors Fund, created the LGBTQ Youth Homelessness Prevention Initiative ("Initiative"). This Initiative began in two communities in March 2014 with a strategic planning process that ends on September 30,

2014. Beginning on October 1, 2014, both communities will begin to move forward with implementing their local plans. HUD and its partners provided extensive technical assistance to both communities to develop local plans that will reduce and prevent homelessness for LGBTQ youth at-risk of, or experiencing, non-chronic homelessness.

This Initiative emerged because LGBTQ youth are significantly overrepresented in the homeless youth population. Furthermore, systems and services designed to meet their needs and prevent homelessness are often lacking in communities. To inform national and local strategies that can address this disparity, the Initiative has five objectives:

- (1) To facilitate better local collaboration between stakeholders working with youth, including non-traditional partners such as libraries and local establishments;
- (2) To improve, through screening and assessment, identification of LGBTQ youth at risk of or experiencing episodic homelessness;
- (3) To identify, coordinate, and improve policies and interventions to prevent LGBTQ youth homelessness;
- (4) To reduce homelessness among LGBTQ youth and improve their outcomes in the areas of permanent connections, stable housing, education, employment, and well-being; and,
- (5) To inform national strategies for preventing homelessness among LGBTQ youth.

The Initiative is a multi-year endeavor occurring in Hamilton County (Cincinnati), Ohio and Harris County (Houston), Texas.

The purpose of this information collection is to document how the two communities have approached their planning process for this Initiative, including factors supporting and impeding planning as well as lessons learned. Analysis of this information will yield findings that can inform replication of the Initiative in other communities and will also produce documentation that will immediately guide implementation of the local plans. To support implementation of the local plans, the technical assistance team will share and discuss findings with the communities to ensure that findings and lessons learned are useful to and support the initiatives of both communities. Ultimately and importantly, this will contribute to the federal partners' and the youth homelessness prevention field's understanding of community change and the benefits of initiatives to prevent LGBTQ youth homelessness. The technical assistance team will submit a separate plan to frame an implementation phase evaluation.

Qualitative and survey data will not be shared or reported in ways that reveal individual identities.

3.	H	ave the IPA been reviewed and approved by the Departmental Privacy Officer
\geq		YES
		NO (Please contact component privacy official before submitting official IPA.)

4. S	Status of	System or Project	
	This is	a new system or project in	n development
Specif	fy expect	ed production date:	Do not complete Section II.
	This is	an existing system or proje	ect.
		estions and process are the er the system is now fully nic.	e same,
After	complet	ting Section I, complete S	ection II.
5. S	System o	r project personal identi	fiers/sensitive information
YES	S NO	personal identifiers/ se telephone number, date of	ect collect, maintain use or disseminate other ensitive information (i.e., name, home address, home of birth, gender status, income/financial data. tory, criminal record, etc.)?
		Qualitative and survey reveal individual identi	data will not be shared or reported in ways that ties.
If yes,	, briefly d	lescribe the types of inforn	nation about individuals in the system.
i	nformati		iduals identify particular individuals (i.e., is the ecific individuals, often referred to as personally
	YES		
	NO (If no, indicate below how the information is not identifiable to specific individuals.		
	-	ative and survey data wi dual identities.	ll not be shared or reported in ways that reveal
		personally identifiable i es, contractors, or consul	nformation in the system pertain only to government ltants?
	YES (If	yes, specify individual type	e.)
	NO (If r	no, indicate below how the	information is not identifiable to specific individuals.
	-	ive and survey data will : ial identities.	not be shared or reported in ways that reveal

p	ublished in	the Fede	ral Register	to cover the syst	em? (Please consult l in responding to th	with the
	YES					
	NO					
Т	he informa	tion is or	ganization-l	evel. No persona	l/sensitive informa	ntion is collected.
9. S	SN usage					
YES	NO Do the project or system collect, maintain, use, or disseminate Social Security Numbers (SSNs)? (This includes truncated SSNs)				Social Security	
	N	umbers (S	55NS): (1111S 1	nciudes truncated	. 55NS)	
Qualitative and survey data will not be shared or reported in ways that reveal individual identities.						
If yes,	please prov	ide the pu	rpose/legal a	uthority authorizi	ng the solicitation of	SSNs:
10. Is	s there a Ce	rtificatio	n & Accredit	ation record for y	your system?	
	YES (If y	yes, indica	te the follow	ng:)		
Con	fidentiality		.ow	Moderate	High	Undefined
Inte	grity		.ow	Moderate	High	Undefined
Ava	ilability		ow	Moderate	High	Undefined
	NO (If n	o, please i	dentify the F	ISMA-reported sys	stem whose C&A cov	ers this system.)
	DO NOT	KNOW				
		ntive and s lual identi		will not be share	d or reported in wa	ys that reveal
II. E	XISTING S	YSTEM O	R PROJECT			
 When was the system developed? If an existing system, has the system undergone any changes since April 17, 2003? 						

	YES (If yes, explain the nature of those changes and proceed to Question 3.)
	NO (If no, proceed to question 5.)
3.	Do the changes to the system or project involve a change in the type of records maintained, the individuals on whom records are maintained, or the use or dissemination of information from the system?
	YES
	NO
See A	Above
4.	Please indicate if any of the following changes to the system or project have occurred: (Mark all boxes that apply.)
	A conversion from paper-based records to an electronic system.
	A change from information in a format that is anonymous or non-identifiable to a format that is identifiable to particular individuals.
	A new use of an IT system, including application of a new technology that changes how information in identifiable form is managed. (For example, a change that would create a more open environment and /or avenue for exposure of data that previously did not exist.)
	A change that results in information in identifiable form being merged, centralized, or matched with other databases.
	A new method of authenticating the use of an access to information in the identifiable form by members of the public.
	A systematic incorporation of databases of information in identifiable form purchased or obtained from commercial or public sources.
	A new interagency use of shared agency function that results in new uses or exchanges of information in identifiable form.
	A change that results in a new use of disclosure of information in identifiable form.
	A change that results in new items of information in identifiable form being added into the system.

5 .	Does a PIA for the system already exist?
	YES (If yes, provide the date and title of the PIA and whether the PIA is posted on the Privacy Office webpage.
	NO.

IPA Determination/Approval

(To be completed by the Privacy Office)

DAT	DATE REVIEWED:			
REV	REVIEWERS NAME:			
	This is <u>NOT</u> a Privacy Sensitive Pridentifiers/sensitive information	roject – the project contains no personal 1		
	This <u>IS</u> a Privacy Sensitive Projec	rt		
	PTA sufficient at this time			
	A PIA is required			
con	MMENTS:			
Program Director Signature [Title]		Date		
Dep	artmental Privacy Officer Signature	Date		