HMIS Data Quality Plan

(Data Quality Plan would be effective January 2015)
CoC Board Approved September 25, 2014

Introduction

In order to better understand the nature of homelessness, HUD required the use of a structured data system called a Homeless Management Information System (HMIS). This data system is a software application capable of collecting and reporting information as specified in HUD Notice and Regulations. The standards regulating the collection are the HMIS Data Standards with the 2010 standards being the most recent. New HMIS Data Standards will be implemented in October 2014. The regulations for Privacy and Security are found in the Data and Technical Standards Final Notice which the current version was published in 2004. Pursuant to the standards outlined in the CoC Rule (578.7(b)3 Responsibilities of the Continuum of Care: Designating and operating an HMIS) , the following is the Data Quality Plan for the IN BOS 502 Continuum of Care. The calculations, client universe, and applicable data for the Data Quality Plan use the design specifications for HUD's Annual Performance Report. The Data Quality Plan is reviewed and revised on an annual basis by the Data Collection & Evaluation Committee and the Board of Director in the IN BOS 502 Continuum of Care (CoC).

Quality data entered into the HMIS permits longitudinal data analysis to identify system duplication, high-frequency users, progress, and recidivism among many different possibilities. In order to ensure that data can be used in the future, present data must be accurate and complete. This document guides the policy and expectation for data quality in the IN BOS 502 Continuum of Care.

Collection Expectations

All Contributing HMIS Organizations (CHOs) are expected to collect the data elements required by HUD, the CoC, or other federal entity (such as the VA) for their programs.   While the Data and Technical Standards outline the minimum requirements, the CoC may require stricter standards for collection and reporting. All residential programs and HUD funded programs are required to collect the Universal Data Elements and Program Data Elements on all clients who are enrolled. Additional data elements may be required by the CoC for planning purposes, community outcomes, gaps analysis, or other reporting purposes.

Data Elements

Not all elements will apply to every program from a CHO. Some elements apply to certain program types or programs with specific sources for funding.   This plan calls on definitions for data elements and reporting logic established by HUD. If conflict arises between program requirements established in notice and this document, the stricter applies. This document provides a brief explanation of some elements. Full description for elements can be found in the Data Standards.

The scope of this document focuses on accuracy, completeness, and timeliness of data rather than required elements for all existing programs in the IN BOS 502 HMIS. Requirements for data collection

(including specific elements and frequency) not explicitly mentioned in this document should be obtained from documentation from the funding source, other regulation, or other federal notice.

The expectation of the IN BOS 502 CoC is to have all Program Descriptor Data Elements. These elements are not entered by Contributing HMIS Organizations, but the HMIS Lead or provided by the HMIS software itself.

The follow are data elements that are covered by this plan

Name	Physical Disability
Social Security Number	Developmental Disability
Date of Birth	Chronic Health Condition
Race	HIV/AIDS
Ethnicity	Mental Health Problem
Gender	Substance Abuse
Veteran Status	Domestic Violence
Disabling Condition	Date of Contact (All Street Outreach)
Residence Prior to Project Entry	Date of Engagement (Street Outreach, PATH)
Project Entry Date	Services Provided (SSVF, HOPWA, PATH and
Project Exit Date	RHY)
Destination	Financial Assistance Provided (HOPWA, SSVF)
Relationship to Head of Household	Referrals Provided (PATH, RHY)
Client Location (which CoC)	Residential Move-In Date (RRH, SSVF)
Length of time on street, in ES or Safe Haven	Housing Assessment Disposition (Coordinated
Housing Status	Access)
Income and Sources	Housing Assessment at Exit
Non-Cash Benefits	Medical Assistance (HOPWA)
Health Insurance	

Data Quality Benchmarks

Completeness

Different programs types will have different benchmarks based on the nature of their program. In general, the allowed rate of "Missing" elements is minimal (≤2%) for all program types. Because system restrictions, high rates of "Missing" elements indicates a repeated incorrect entry process.

Permanent and Transitional housing programs should have few missing data points for the Universal and Program Data Elements. The rate of Don't Know and Refused responses should also be close to zero. For instances of Don't Know/Refused for race in cases of client identifying as Hispanic/Latino, it is understood to have a higher rate, but should be kept to a minimum. Permanent housing programs include (but not limited to) the CoC Rental Assistance Programs (formerly S+C) and long term HOPWA. Transitional housing programs include (but not limited to) formerly SHP Transitional Housing and Grant and Per Diem Housing.

The rationale behind strict benchmarks is the length of time should allow for increased and more accurate data collection. Emergency Shelters should have less than a combined 10% rate for missing, don't know, or refused for each element. Supportive Services Only programs (including HUD defined SSO and other non-residential based case management service programs) should have less than a 5% rate of unknown information for missing, don't know, or refused for each element at entry. These benchmarks are expected to be met on a quarterly basis. Agency should review their data monthly.

While most data errors are recorded or tracked for elements at program entry, data elements collected at program exit are just as important as it is the basis for measuring outcomes and progress. Therefore, it is expected that all HUD funded and non-HUD funded residential programs have exit assessments for every client entered.

<p align="center">Calculating rate of response</p>

Different elements have a different client universe to which it applies on our Data Quality section of the APR. For example, calculating the rate of Missing or Don't Know/Refused only applies to adults, not to all clients enrolled in the program. If a program had a total of 30 clients enrolled during the reporting period, 12 of them adults and had 3 persons marked as missing Veteran Status. The rate of missing would be 25%, not 10%. Even if a client is outside the applicable universe (like children for Veteran Status), the information may still be required for data entry. For age specific elements such as Veteran Status, the standard will apply when they are 18 years old.

Data Element	Universe
First Name	All Clients
Last Name	All Clients
SSN	All Clients
Date of Birth	All Clients
Gender	All Clients
Ethnicity	All Clients
Race	All Clients
Veteran Status	All Adults
Disabling Condition	All Adults
Residence Prior to Project Entry	Head of Household and adults
Project Entry Date	All Clients
Project Exit Date	All Clients
Destination	All Head of Households & adults
Relationship to Head of Household	All Clients
Client Location	Head of Household
Length of time on street, in ES or Safe Haven	Head of Household and adults
Housing Status	Head of Household and adults
Chronic Homelessness Status	All Clients
Income and Sources	Head of Household and adults
Non-Cash Benefits	Head of Household and adults
Health Insurance	All Clients
Physical Disability	All Clients
Developmental Disability	All Clients

Chronic Health Condition	All Clients
HIV/AIDS	All Clients
Mental Health Problem	All Clients
Substance Abuse	All Clients
Domestic Violence	Head of Household and adults
Residential Move-In Date	All Clients - RRH
Housing Assessment at Exit	All Clients
Contact	All Street Outreach Clients – Head of household and adults
Date of Engagement	All Street Outreach Clients (ES Outreach, CoC Outreach & PATH)
Services Provided	All Clients enrolled in SSVF, PATH and HOPWA
Financial Assistance Provided	All Clients enrolled in SSVF, HOPWA

Specific Benchmarks

In order to better align with future reporting requirements and future standards, the follow benchmarks are grouped by program type.   All other program types are currently setup in our HMIS or will be soon.

Benchmarks should be calculated dividing the number identified as missing or don't know/refused by the number in the client universe as described above. Programs should strive for lower than benchmark rates. For data that is marked as missing, the assessment itself is missing from the enrollment. All program types should strive for a 0% rate of missing.

Clarification for agencies with multiple program components:

Some agencies may have multiple program components simultaneously serving clients. It is the expectation that each program component be tracked separately. For example, a shelter program offers an additional supportive service program near project exit and after the client has exited the project. The services and enrollment information for the supportive services should not be recorded under the same project of the emergency shelter, but as a separate program under the Supportive Services Only component. The reason for tracking multiple program components separately is to fulfill HUD's reporting requirements for specific program types. In the previous example, any stay in an emergency shelter is reported as a bed night (and still homeless) to HUD.

Permanent Supportive Housing

Max Missing = 0%

Max Don't Know/Refused: ≤2%

Transitional Housing

Max Missing: ≤2%

 Max Don't Know/Refused: ≤2%

Emergency Shelter

Max Missing: ≤2%

Max Don't Know/Refused: ≤10%

Day Shelter

Max Missing: ≤2%

Max Don't Know/Refused: ≤10%

Homeless Prevention

Max Missing: ≤2%

Max Don't Know/Refused: ≤5%

Rapid Rehousing

Max Missing: ≤2%

Max Don't Know/Refused: ≤5%

Supportive Services Only

Max Missing at Entry: ≤2%

Max Don't Know/Refused at Entry: ≤5%

Outreach

Max Missing at Entry: ≤2%

Max Don't Know/Refused at Entry: ≤10%

Coordinated Access

Max Missing at Entry: TBD

Max Don't Know/Refused at Entry: TBD

Special Mention on Data Elements

Veteran Status is defined as a person who has ever served on active duty. Persons who were in reserves or National Guard and not called up to active duty should answer "No" to this question. Programs that require a stricter eligibility standard on veteran status (such as SSVF) would still operate as normal and would still input the information for their enrolled clients as normal.

Project Entry and Project Exit Dates

All residential projects use project entry and exit dates to identify length of stay in a program. For example, the project entry date is the date the client or family moved into the shelter or moved into the apartment in a tenant based rental assistance program. Similarly, the project exit date should be the date the client or family moves out of the shelter or apartment.

Project entry and exit dates for day shelter, supportive services only, and outreach program components operate differently. For day shelters, the enroll date will be the day the client or household first receives services. For supportive services only and outreach project types, the enroll date is the date that the client or household agreed to enter into services with the project. The date of the initial contact or the first outreach attempt are not the enroll dates. Project exit date for day shelter, supportive services only, and outreach programs is the day that the client or household is no longer being actively served in the program. As an example, an intensive case management program exit date could be the agreed upon service contract end date or the date of the final case management meeting. For some of these project types there is no definitive final meeting or pre-defined service contract end date.

Timeliness Standards

It is expected that CHOs and individual end users enter data that is complete, accurate, and timely. Data that is entered closer to the date of occurrence tends to be more complete and more accurate. Therefore, data should not be entered in large amounts at an end of a quarter or reporting year.

Data for high volume programs such as emergency shelters should have their information entered within one to two weeks maximum. Programs with lower volume but stricter collection requirements such as TH, PSH, Prevention, and Rapid Rehousing programs should have their enrollment and service data entered within 2 weeks of the date of occurrence. Individual agencies may require stricter timeliness standards for entry.

System Enforcement

For enforcing complete data, our assessments are grouped by workflows (to avoid missing assessments) and have mandatory fields designed to reduce the number of Missing responses. End users should not create blank assessments and save them against an enrollment to be filled in later. This tends to create more Missing responses.

Accuracy

When data is entered, it should reflect the most accurate answer for the client. Linked with completeness, if accuracy is poor, then data is unreliable. Accuracy can be improved by real-time entry (entered during a client meeting) or end of day entry. Accuracy can also be improved by waiting to enter client and enrollment information until all of the information has been gathered, rather than entering data a piece at a time. For example, if a program has a two-step process for intakes (one basic eligibility interview and one in depth goal setting and plan setting interview), the records will be more accurate after the second interview. Entering the data after the second interview reduces the need to go back and edit records.

Monitoring

End users can run a report for data quality at any time in the system. The HMIS Team will run the data quality report for all CHO programs/organizations quarterly during the first calendar week of the months (January, April, June and September) and email the results and recommendations to a designated end user of the organization. The designated end user will be the Site Administrator or Executive Director if no other person is identified. If there is need for follow up, the HMIS Team will run the data quality check after 14 calendar dates from the results email. If the benchmarks are still not met, then measures as needed will be taken.

While data quality reports can verify that information is entered, it can only identify that data is present not that it is accurate. To check for accuracy, client level data held by the organization will be checked against the data in HMIS during grant monitoring.

Bed Coverage

While high standards of data quality can increase reliability of data, increased coverage of data increases validity. Bed coverage will be calculated consistently with the HIC. Our CoC will achieve the following targets for bed coverage: 100% of HUD required organizations; 50% of non-HUD required beds (excluding HUD-VASH vouchers). Bed coverage will be assessed annually by the HMIS Lead.