HMIS Data Quality Plan

Lee County Continuum of Care

09/03/2019

Developed by Lee County Human and Veteran Services and the Data Committee of the Lee County Homeless Coalition

Record of Changes

Version	Changes	Approved by Governing Board	Signature of Governing Board Chair/Co-Chair
Original	Original approved by Data Subcommittee	09/04/2019	See Original
Original	Approved by CoC Governing Board	9/12/2019	

I.   INTRODUCTION

This document describes the Homeless Management System (HMIS) data quality plan for The Lee County Continuum of Care (CoC). HMIS is a locally administered electronic system that stores client-level information about persons who access homeless services in a community. The document includes a Data Quality Plan and protocols for ongoing data quality monitoring that meet requirements set forth by the Department of Housing and Urban Development (HUD). It is developed by the HMIS Administrator (Lee County Department of Human and Veteran Services), and in coordination with the Data Committee of the CoC Homeless Coalition, HMIS participating agencies, and other community service providers. This HMIS Data Quality Plan is to be updated annually, considering the latest HMIS Data Standards and locally developed Data Quality Thresholds.

A. HMIS Data and Technical Standards

Each CoC receiving HUD funding is required to implement and participate in HMIS to capture standardized data about all persons accessing homeless assistance in the area. The Homeless Management Information System complies with HUD's official data and technical standards published on HUD's Resource Exchange.

In 2010, the U.S. Interagency Council on Homelessness (USICH) affirmed HMIS as the official method of measuring outcomes for homelessness in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Many federal partners that provide services to specific homeless populations have joined to work in a coordinated effort to end homelessness using HMIS data:

> **U.S. Department of Housing and Urban Development (HUD)**
> **U.S. Department of Health and Human Services (HHS)**
> **U.S. Department of Veteran Affairs (VA)**

In June of 2019, HUD published the FY 2020 HMIS Data Standards to ensure consistent reporting across federal agencies. The 2020 Data Standards revise and replace the 2017 HMIS Data Standards, which guide client- and program-level data reporting. The Data Standards identify Universal Data Elements and Program Specific Data Elements that are required of all homeless programs participating in the HMIS.

B. What is Data Quality?

Data quality is the reliability and validity of client-level data collected. Good data quality accurately reflects actual client information in the real world and has the ability to tell a client's story. It also aids case management in assessing client needs and determining appropriate services. Data quality is determined by several factors such as timeliness, completeness, and accuracy. For system performance measurement, HUD's expectation is that HMIS data be complete and accurate dating back to October 1, 2012.

C. What is a Data Quality Plan?

A data quality plan is a community-level document that assists the CoC in achieving statistically valid and reliable data. The plan sets expectations for both the community and the end users to capture reliable and valid data on persons accessing the homeless assistance system. The plan:

- Establishes specific data quality benchmarks for timeliness, completeness, accuracy, and consistency;
- Identifies the responsibilities of all parties within the CoC with respect to data quality; and establishes a timeframe for monitoring data quality on a regular basis.

D. What is a Data Quality Monitoring Plan?

A data quality-monitoring plan is a set of procedures that outlines a regular, on-going process for analyzing and

reporting on the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. This plan includes roles and responsibilities for the CoC, the HMIS Administrator, and the Data Committee.

II   DATA QUALITY PLAN

A. Data Entry Expectations:

The Data Elements captured in HMIS are detailed in the FY 2020 HMIS Data Standards, which are available online at www.hudexchange.info. This resource includes information on required data elements, when they should be captured (at entry or exit), and which types of programs are responsible for capturing them. All programs participating in HMIS should review their policies and procedures to ensure that that they are meeting HUD's baseline compliance requirements.

1. Universal Data Elements

The Universal Data Elements are baseline data collection elements required for **all** projects reporting data into the HMIS. One, and only one record of each of the below data elements should exist in HMIS. These include:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status

2. Universal Project Stay Elements

The Universal Project Stay Elements are additional data elements required for **all** projects reporting data into the HMIS. One or more values per client or household project stay may exist in HMIS. These include:

- Disabling Condition
- Project Start Date
- Project Exit Date
- Destination
- Relationship to Head of Household
- Client Location
- Housing Move-in Date
- Prior Living Situation

3. Program Specific Data Elements

Program Specific Data Elements (PDEs) differ from the Universal Data Elements (UDEs) in that no one project must collect every single element in this section. Required data elements are dictated by the reporting requirements set forth by each Federal partner for the projects they fund. A Partner may require all of the fields or response categories or may specify which of the fields or response categories are required for their report. Data Quality Thresholds are included in Appendix C of the Data Quality Plan outlining required data elements and thresholds for each Federal partner.

The Program Specific Data Elements include the following:

- Income and Sources
- Non-Cash Benefits
- Health Insurance
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health
- Substance Abuse
- Domestic Violence
- Current Living Situation
- Date of Engagement
- Bed-Night Date
- Coordinated Entry Assessment
- Coordinated Entry Event

B. Benchmarks and Goals:

1. Timeliness

Timeliness answers the question: "Is the necessary client information entered into HMIS within a reasonable period of time?"

When data is entered in a timely manner, it can reduce human error due to too much time between data collection and data entry. Relying on notes or memory of a conversation can lead to incorrect or incomplete data entry. Timely data entry also ensures accessibility of information for the entire CoC for Coordinated Entry and project evaluation.

Each type of project has different expectations on timely data entry. Timeliness is measured by comparing the enrollment entry/exit date to the assessment entry/exit created date. Timeliness cannot be edited, only improved going forward – but assessment information dates should match the date the client interview occurred.

Data entry timeframe by project type:

- **Emergency Shelter projects**: Universal Data Elements and Housing Move-In Date must be entered within **2** business days.
- **Transitional Housing projects:** Universal Data, Program-Specific Data, and Housing Move-In Date must be entered within **2** business days.
- **Permanent Housing projects:** Universal Data, Program-Specific Data, and Housing Move-In Date must be entered within **2** business days.
- **Rapid Re-Housing projects:** Universal and Program-Specific Data Elements must be entered within **2** business days.
- **Prevention projects**: Universal and Program-Specific Data Elements must be entered within **2**

business days.

- **Supportive Services Only (including SSVF) projects**: Universal and Program- Specific Data Elements must be entered within **2** business days.
- **Outreach Projects**: Limited data elements must be entered within **3** business days of each outreach encounter. Universal Data Elements should be collected upon engagement in services.

2. Completeness

Completeness answers the question: "Are all of the clients we serve being entered into HMIS? Are all of the necessary data elements being recorded into HMIS?"

Complete data is the key to assisting clients in finding the right services and benefits to end their homelessness. Incomplete data may hinder an organization's ability to provide comprehensive care to the clients it serves. Incomplete data can also negatively impact the CoC's ability to make generalizations of the population it serves, track patterns in client information and changes within the homeless population, and adapt strategies appropriately. HMIS data quality is also part of funding applications, including CoC and ESG funding. Low HMIS data quality scores will impact, and could result in denial of future funding requests.

Lee County CoC's goal is to collect 100% of all data elements. Therefore, the Data Committee, with the CoC Governing Board's approval, will establish Data Quality Thresholds. (see Table 1 through 6, Appendix A). The Data Quality Thresholds set an acceptable range of "null/not collected", and "client doesn't know/client refused" responses, depending on the data element. To determine compliance, percentages will be rounded (example: .04% becomes 0%).

All programs using the HMIS shall enter data on one hundred percent (100%) of the clients they serve. These standards will be reviewed and revised annually to make sure the thresholds are reasonable.

3. Accuracy

Accuracy answers the question: "Does HMIS data accurately reflect true client information? Are the necessary data elements being recorded in HMIS in a consistent manner?"

Information entered into the HMIS needs to be valid, i.e. it needs to accurately represent information on the people that enter any of the homeless service programs contributing data to the HMIS. The best way to measure accuracy of client data is to compare the HMIS information with more accurate sources, such as a social security card, birth certificate, or driver's license. To ensure the most up-to-date and complete data, data entry errors should be corrected on a monthly basis.

Data consistency will ensure that data is understood, collected, and entered consistently across all projects in the HMIS. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they don't collect it in a consistent manner, then the data may not be accurate. All data in HMIS shall be collected and entered in a common and consistent manner across all programs. To that end, all intake and data entry workers will complete an initial training before accessing the live HMIS system, and access additional training opportunities offered by the HMIS Lead.

4. Data Consistency Checks

The HMIS staff will check data accuracy and consistency at least quarterly by running reports that check for entry errors such as duplicate files created, overlapping enrollments or inconsistent assessment responses. The HMIS team reserves the right to provide HMIS client identification numbers to the CoC for program auditing or monitoring purposes.

III   DATA QUALITY MONITORING PLAN

A. Roles and Responsibilities:

1. CoC Governing Board

The CoC Governing Board will provide approval for this plan and any future amendments, overall direction to the HMIS team and provide oversight of the Data Committee. Additionally, the CoC Governing Board will enforce measures of community data quality.

2. HMIS Lead (Lee County Human and Veteran Services)

Report Maintenance

The HMIS Administrator is responsible for building reports and making them available to HMIS participating agencies and the CoC. This includes the data quality reports necessary for data correction. The HMIS staff will be responsible for the ongoing maintenance of existing reports as well, which includes changes in reports as updates are made to the system.

Training

The HMIS team at Lee County Human and Veteran Services is also responsible for providing the necessary training to HMIS participating agencies the CoC. Currently, the HMIS team offers the following trainings: New User Training, Management Training, Report Training, HMIS Security Awareness Training, Refresher Training, and Role Specific training. In addition, HMIS staff is available to provide technical assistance to users that need help correcting data entry errors.

Quarterly Monitoring

On a quarterly basis, the HMIS staff will provide to the Data Committee data quality reports for all agencies using HMIS, and provide additional training to those agencies that need to improve their data quality. The quarterly reports for the Data Committee will provide information on timeliness, bed utilization rates, and data completeness for all projects.

3. Data Committee

The Data Committee, a committee of the Lee County Homeless Coalition, is responsible for reviewing data quality reports quarterly and working with HMIS staff and providers to correct data that does not comply with community-wide standards as established in this Data Quality Plan. The Data Committee will maintain an ongoing relationship with HMIS to identify training needs for the continuum based on the reports provided by the HMIS Team.

The quarterly data quality reports provided by the HMIS Team to the Data Committee will include program specific data elements for programs funded through the following sources: CoC, ESG, HOPWA, PATH, VA, and a Universal Data Quality Report. The Universal Data Quality Report will include all agencies that do not have program-specific data element requirements based on a Federal funding source.

4. Implementation Plan

This Data Quality Plan was be submitted to the CoC Governing Board for approval on September 12, 2019. Quarterly data quality reports will be produced by the HMIS team starting with data for the Third Quarter of 2019. Data quality reports to be reviewed by the Data Committee at their monthly meeting in starting in November 2019. HMIS partner agencies, which will be subject to the plan, will be expected to be in compliance with the Data Quality Plan by October 1, 2020, at which point the oversight plan will go into binding effect.

5. Oversight Plan

The HMIS Team will provide quarterly data quality reports as described above to the Data Committee members with a corrective action plan for agencies that are out of compliance. The Data Committee will discuss and vote to approve the recommended plan. An e-mail should be sent by the HMIS Lead to the agencies identified as having data quality issues within 5 business days of the committee meeting, and saved for record keeping purposes. The HMIS team will work with agencies to complete the corrective action plan.

At the next quarterly review, if the agency has not completed the corrective action plan, or does not show significant improvement in the areas identified by the HMIS Team, the Data Committee Chair will report the agency with issues to the CoC Governing Board. Additionally, the Data Committee may require that the agencies provide a second corrective action plan, which may include HMIS refresher training for all staff members in the project and technical assistance to the agencies' program manager(s).

If the data quality issues are not resolved by the third quarterly review, the Data Committee may also request a meeting with agency administration, and recommend to the CoC Governing Board that the agency's access to HMIS and any funding be suspended until issues are resolved.

Appendix A: Data Quality Thresholds

Table 1

Universal Data Quality Thresholds 2020

All Projects		Universal Thresholds									
		Emergency Shelter		TH, PSH		Prev, RRH		Street Outreach		Supportive Services Only/Other Homeless Assistance provider	
Universal Data Element	Client Type: All Clients, Adults, or HoH	Acceptable % Null/Not Collected	Acceptable % Client Doesn't know/Refused	Acceptable % Null/Not Collected	Acceptable % Client Doesn't know/Refused	Acceptable % Null/Not Collected	Acceptable % Client Doesn't know/Refused	Acceptable % Null/Not Collected	Acceptable % Client Doesn't know/Refused	Acceptable % Null/Not Collected	Acceptable % Client Doesn't know/Refused
Name	All	5%	5%	5%	5%	5%	5%	10%	15%	5%	5%
Social Security Number	All	5%	5%	5%	5%	5%	5%	10%	15%	5%	5%
Date of Birth	All	5%	5%	5%	5%	5%	5%	10%	15%	5%	5%
Race	All	5%	5%	5%	5%	5%	5%	10%	10%	5%	5%
Ethnicity	All	5%	5%	5%	5%	5%	5%	10%	10%	5%	5%
Gender	All	5%	5%	5%	5%	5%	5%	10%	10%	5%	5%
Veteran Status	Adults	5%	5%	5%	5%	5%	5%	10%	10%	5%	5%
Disabling Condition	All	5%	5%	5%	5%	5%	5%	10%	10%	5%	5%
Project Start Date	All	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Project Exit Date	All	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Destination	All	35%	20%	25%	5%	25%	5%	20%	20%	10%	5%
Relationship to Head of House	All	5%	5%	5%	5%	5%	5%	5%	15%	5%	5%
Prior Living Situation	HoH	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%

Table 2

Program Specific Data Quality Thresholds 2020

		ESG			
Project Type	**Client Type**	**RRH**	**Street Outreach***	**Emergency Shelter**	**Homelessness Prevention**
Data Elements	**All Clients, Adults, or HoH**	**Acceptable % Null/Not Collected/Doesn't know/Refused**	**Acceptable % Null/Not Collected/Doesn't know/Refused**	**Acceptable % Null/Not Collected/Doesn't know/Refused**	**Acceptable % Null/Not Collected/Doesn't know/Refused**
Income and sources	Adults	5%	15%	5%	5%
Non-Cash Benefits	Adults	5%	15%	5%	5%
Health Insurance	HoH	5%	15%	5%	5%
Physical Disability	HoH	5%	15%	5%	5%
Developmental Disability	HoH	5%	15%	5%	5%
Chronic Health Condition	HoH	5%	15%	5%	5%
HIV/AIDS	HoH	5%	15%	5%	5%
Mental Health Problem	HoH	5%	15%	5%	5%
Substance Abuse	HoH	5%	15%	5%	5%
Domestic Violence	Adults	5%	15%	5%	5%
Contact	Adults	N/A	15%	N/A	N/A
Date of Engagement	Adults	N/A	15%	N/A	N/A
Housing Move-in Date	All	5%	N/A	N/A	N/A
Housing Assessment at Exit	All	N/A	N/A	N/A	5%

* Street Outreach Programs will only be responsible for data quality on clients with a Date of Engagement

Table 3

Program Specific Data Quality Thresholds 2020

Project Type		CoC		
		RRH	**PSH**	**Homelessness Prevention**
Data Elements	**Client Type** **All Clients, Adults, or HoH**	Acceptable % Null/Not Collected/Doesn't know/Refused	Acceptable % Null/Not Collected/Doesn't know/Refused	Acceptable % Null/Not Collected/Doesn't know/Refused
Income and sources	Adults	5%	5%	5%
Non-Cash Benefits	Adults	5%	5%	5%
Health Insurance	HoH	5%	5%	5%
Physical Disability	HoH	5%	5%	5%
Developmental Disability	HoH	5%	5%	5%
Chronic Health Condition	HoH	5%	5%	5%
HIV/AIDS	HoH	5%	5%	5%
Mental Health Problem	HoH	5%	5%	5%
Substance Abuse	HoH	5%	5%	5%
Domestic Violence	Adults	5%	5%	5%
Housing Move-in Date	All	5%	N/A	N/A
Housing Assessment at Exit	All	N/A	N/A	5%

* Street Outreach Programs will only be responsible for data quality on clients with a Date of Engagement

Table 4

Program Specific Data Quality Thresholds 2020

HOPWA

Project Type	Client Type	PH	TH
Data Elements	All Clients, Adults, or HoH	Acceptable % Null/Not Collected/Doesn't know/Refused	Acceptable % Null/Not Collected/Doesn't know/Refused
Income and sources	Adults	5%	5%
Non-Cash Benefits	Adults	5%	5%
Health Insurance	HoH	5%	5%
Physical Disability	HoH	5%	5%
Developmental Disability	HoH	5%	5%
Chronic Health Condition	HoH	5%	5%
HIV/AIDS	HoH	0%	0%
Mental Health Problem	HoH	5%	5%
Substance Abuse	HoH	5%	5%
Domestic Violence	HoH	5%	5%
T-cell (CD4) and Viral Load	HoH	5%	5%
Housing Assessment at Exit	HoH	5%	5%

Table 5

Program Specific Data Quality Thresholds 2020

Project Type		PATH	
	Client Type	Supportive Services Only	Street Outreach*
Data Elements	All Clients, Adults, or HoH	Acceptable % Null/Not Collected/Doesn't know/Refused	Acceptable % Null/Not Collected/Doesn't know/Refused
Income and sources	Adults	5%	15%
Non-Cash Benefits	Adults	5%	15%
Health Insurance	HoH	5%	15%
Physical Disability	HoH	5%	15%
Developmental Disability	HoH	5%	15%
Chronic Health Condition	HoH	5%	15%
HIV/AIDS	HoH	5%	15%
Mental Health Problem	HoH	5%	15%
Substance Abuse	HoH	5%	15%
Contact	Adults	5%	15%
Date of Engagement	Adults	5%	15%
PATH Status	HoH	5%	15%
Connection with SOAR	HoH	5%	15%

* Street Outreach Programs will only be responsible for data quality on clients with a Date of Engagement

Table 6

Program Specific Data Quality Thresholds 2020

VA

Project Type / Data Elements	Client Type All Clients, Adults, or HoH	SSVF: RRH Acceptable % Null/Not Collected/Doesn't know/Refused	SSVF: HP Acceptable % Null/Not Collected/Doesn't know/Refused
Income and sources	Adults	5%	5%
Non-Cash Benefits	Adults	5%	5%
Health Insurance	HoH	5%	5%
Veteran's Insurance	HoH	5%	5%
Percent of AMI (SSVF Eligibility)	HoH	5%	5%
Last Permanent Address	HoH	5%	5%
VMAC Station Number	HoH	5%	5%
SSVF HP Targeting Criteria	HoH	5%	5%
Connection with SOAR	HoH	5%	5%
Last Grade Completed	HoH	5%	5%
Employment Status	HoH	5%	5%
Residential Move in Date	All	5%	N/A