Stanislaus Community System of Care Collaborative Homeless Management Information System (HMIS) Data Quality Management Plan

Continuum of Care
CA-510 Turlock, Modesto/Stanislaus County

Stanislaus Community System of Care Collaborative, HMIS Administrator:

Community Services Agency
250 E Hackett Rd
Modesto CA 95358

Created: 11/30/2022
Approved by CoC: 05/16/2024

Table of Contents

Introduction

The Stanislaus Community System of Care Collaborative (CSOC), the HMIS Lead, and the housing and homeless service providers have created this Data Quality Management Plan (DQMP) to provide actionable, measurable steps to address data quality within the Homeless Management Information System (HMIS). Data quality with HMIS affects everything we do in our work to address and end homelessness, and its importance cannot be overstated.

While focusing on data quality for federally-funded projects that enter data into HMIS is necessary to ensure accurate reporting for those grants, any project that enters data into HMIS contributes to the overall picture of homelessness with the CSOC, and therefore, is expected to participate in this Data Quality Plan. All organizations participating in HMIS will be required to sign the HMIS Memorandum of Agreement prior to receiving access to HMIS. The Agreement requires the organization to abide by the baseline requirements, as laid out in this Data Quality Plan.

The reasons why data quality is important are many, including but not limited to:

- Good data helps the community understand its performance and determine if the right combination of strategies and resources have been deployed.
- High quality data is essential in developing an accurate picture of the community's homelessness system.
- The data entered into HMIS directly affects clients through the Coordinated Entry process and may determine for which services they may or may not appear to be eligible.
- Requirements based on funding the CSOC receives.
- Data quality, or lack thereof, can directly affect the funding opportunities for providers.
- Accurate reporting for federal, state, and local funding.

The CSOC, in conjunction with the HMIS Lead, ensure all providers have access to the tools they need to ensure high data quality, including training, data quality reports, encouragements to maintain a high level of data quality, and enforcements for non-responsiveness to data quality concerns. While the HMIS Lead is responsible for a large part of the overall DQMP, the CSOC will maintain a high level of involvement to ensure providers respond to data quality concerns and that data quality within the HMIS is both acknowledged and address on a continual basis, and in an objective, data-driven manner.

The following address how the CSOC will both encourage and enforce the DQMP, with the transparency about how a provider's data quality can bring about both encouragements and enforcements. DQMP is then broken out into the various components of data quality;

completeness, timeliness, accuracy, consistency, and bed coverage. The sections will address the baseline minimum requirements to maintain a sufficient level of data quality, and depending on the section, the baseline minimum requirement will be broken out by project type. The Data Quality Monitoring Visit Report and Improvement Plan is a tool that will be used for providers and end users consistently failing to maintain a baseline minimum requirement – specifics of how that will be determined and what the tool includes is described in that section.

The DQMP ends with an Appendix about the expectation of the HMIS Lead and data quality baseline minimum requirements for provider and system set-up and maintenance of the overall HMIS to ensure it runs effectively and efficiently. This section is used to assist the CSOC in ensuring the HMIS Lead is maintaining a high level of system set-up data quality to ensure accurate reporting on behalf of the CSOC.

The Data Quality Management Plan is an active, evolving tool that will change as the community and its HMIS data needs change.

Encouragements and Enforcements

The CSOC works with the HMIS Lead to ensure providers have access to all the support and tools they need to ensure a high level of data quality within the HMIS. The CSOC will monitor data quality, in conjunction with the HMIS Lead, and the following encouragements and enforcements are in place to ensure providers understand the importance of data quality with HMIS.

Encouragements
- The CSOC Board will make data quality a meeting agenda item at every Board meeting and will acknowledge providers meeting high level of data quality in the meeting minutes which will be posted on the CSOC's website.
- The CSOC will acknowledge the work of providers meeting a high level of data quality every quarter during the CSOC General Membership Meeting, via the CSOC e-newsletter, or other public forums that acknowledge the work done to address data quality in HMIS.
- The CSOC will use data quality in HMIS during the annual rank and review process for the CoC NOFA competition. In order to be eligible for CSOC dollars, projects will need to maintain a baseline threshold data quality requirement and will be awarded additional points for exceeding the baseline. Guidance on specifics of this process will be released each year with the local CoC NOFA competition process.
- The CSOC will work with state and local funders to also use data quality metrics when making funding allocation decisions to providers/projects. The CSOC will encourage

state and local funders to use the same process the CSOC uses during the annual rank and review process for the CoC NOFA competition.

- The CSOC will work with providers who not currently use HMIS and talk through the reasons why they do not use HMIS. Depending on the reasons, the CSOC will work with the providers to make HMIS a realistic option.
- As funding allows, the CSOC will waive/reimburse up to one license fee to providers maintaining a high level of data quality.

Enforcements

The CSOC will work with the HMIS Lead to monitor data quality at the user, project, organization, and system level assistance. Open communication is essential; at any point agencies may request HMIS Lead technical assistance. In the event of ongoing failure to meet data quality standards, then enforcements will be issued. All agencies using HMIS are required to comply with the DQMP. When agencies have difficulty achieving data quality compliance, the HMIS Lead will provide technical assistance depending on where data quality issues lie, and could include the following:

- Locking specific users out of HMIS until they receive additional training from the HMIS Lead prior to HMIS reinstatement.
- Suspending or terminating a user or agency's ability to enter data and generate reports through HMIS if data quality becomes a consistent issue that is not acknowledged or addressed.
- Restricting additional funding, or withholding funding, from projects until data quality meets, at a minimum, the baseline threshold for the given project type.
- Preventing agencies from applying for new or additional dollars during RFP processes.

Data Quality Benchmarks

Data Completeness

Data Completeness looks at how much of the data fields for any given client, project enrollment, provider, agency, or system are filled in or answered. The definition used in the CoC Data Quality Brief is: "The degree to which all required data is known and documented. Coverage and utilization are both forms of completeness." Data Completeness looks at missing or null values; "Data not collected" values; and depending on the data field, "Client doesn't know", "Client prefers not to answer", and/or "Other" values.

The homeless providers will generate, clean, and submit monthly Data Quality reports by the tenth of every month for review by the HMIS Lead. The HMIS Lead will review submitted reports and identify the providers who fall below the baseline requirements for Data Completeness for their project type. For consistent issues with Data Completeness, providers will be notified of additional issues to be addressed and be given a timeframe to correct issues. If consistent issues persist, providers may also be directed to create a Data Quality Improvement Plan (DQIP).

Street Outreach
- 80% of required data elements (only applies after client has a Date of Engagement and includes destination data)

Emergency Shelter
- 85% of required data elements

Services Only (excludes Coordinated Entry)
- 80% of required data elements

Transitional Housing
- 98% of required data elements

Rapid Rehousing
- 100% of required data elements

Permanent Supportive Housing
- 100% of required data elements

Coordinated Entry
- 100% of required data elements

Homelessness Prevention
- 90% of required data elements

These baseline requirements will be reviewed by the HMIS Governance Committee every 6 months from the date this plan becomes effective, to determine in any adjustments are needed.

Data Timeliness

Timeliness is the degree to which the data is collected and available when it is needed. Entering data into HMIS in a timely manner is necessary to ensure that clients receive the services they need in a quick and efficient manner. Additionally, timely data entry ensures that regular, accurate reporting can be done through HMIS. Users who enter data into HMIS in a timely manner are less likely to make data entry errors and are more likely to focus on overall data quality.

The HMIS Lead will run Data Timeliness reports on a monthly basis and send to providers. Those providers who fall below the baseline requirement for Data Timeliness for their project type will be asked to work with the HMIS Lead to make sure that they can meet the Data Timeliness standard moving forward. For consistent issues with Data Timeliness, providers may be directed to create a Data Quality Improvement Plan (DQIP).

Street Outreach
- Live time or within 72 hours of contact with the client

Emergency Shelter
- Live time or within 72 hours of contact with the client

Services Only (excludes Coordinated Entry)
- Live time or within 72 hours of contact with the client

Transitional Housing
- Live time or within 72 hours of contact with the client

Rapid Rehousing
- Live time or within 72 hours of contact with the client

Coordinated Entry
- Live time or with 72 hours of contact with the client

Homelessness Prevention
- Live time or within 72 hours of contact with the client

Non-Federally Funded Programs
- Live time or within 72 hours of contact with the client

- Agencies entering into HMIS for other agencies must gather all HMIS forms weekly, and input within 72 hours from receipt

Data Accuracy

Data accuracy is the degree to which data reflects the real-world client for services. Data Accuracy is not as easy to manage or monitor and requires specific reports that look at congruency between and among responses to data elements within the system, as well as checks between what the client has told an intake worker and what data is entered into HMIS.

The goal for all project types and all data entered into HMIS is 100% Data Accuracy. Those providers who show issues with Data Accuracy will be asked to clean up their data within 14 business day. For consistent issues with Data Accuracy, providers may be directed to create a Data Quality Improvement Plan (DQIP).

Data quality reports will look at Data Accuracy between and among responses to data elements including:

- Date of birth and project start date (ensure the two are not the same, especially for Head of Households).
- 3.917 data elements (ensure that the responses to residence prior to project entry, length of time in previous place, approximate date homelessness started, number of times experiencing homelessness in the last three years, and number of months experiencing homelessness in the last three years do not conflict with each other).
- Disabling Condition yes/no and types of disabling conditions (ensure these do not conflict).
- Health Insurance yes/no and sources of insurance (ensure these do not conflict).
- Income yes/no and sources of income (ensure these do not conflict).
- Non-Cash Benefits yes/no and sources of non-cash benefits (ensure these do not conflict).
- Domestic violence victim/survivor and subsequent data elements (if the first answer is no, are the questions answered, and vice versa).
- Relationship to head of household (are there multiple heads of household or no head of household?)
- Client location (is the client location defined as a community outside of the applicable CoC?)
- Veteran (is a minor-aged individual defined as a veteran?).
- A given project only includes clients of a specific gender (if that project is not dedicated to only serving a specific gender).

Additionally, the Longitudinal System Analysis Guide looks at specific data quality issues in relation to that system wide submission to HUD on an annual basis. These specific data quality and data accuracy pieces should be addressed in the reports run by the HMIS Lead on an ongoing basis

The CSOC, in partnership with the HMIS Lead, will also work with providers to review, at regular intervals, the data collected directly from the clients, either on paper forms or by being present during intakes with clients, and the data entered into HMIS to ensure that the data entered into HMIS matches the client's reality. This will be done, at a minimum, during annual formal onsite monitoring visits, and will also occur at other points throughout the year.

User Access and Consistency

Consistency is the degree to which the data is equivalent in the way it is collected and stored. Users with access to HMIS should be entering data on a regular and consistent basis, not only to prevent a backlog of data entry, but also to ensure users maintain familiarity with the HMIS and the workflows for which they are responsible.

The HMIS Lead will monitor user log in and access to HMIS monthly by running a report that shows when users last logged into the system. If users have not logged into HMIS within the last 30 days of the report run date, the HMIS will automatically inactivate the user's account. If a user requests to regain active status, they should contact the HMIS Lead. If there is no contact within 60 days to regain active status, the user will need to participate in new user training to regain active status in HMIS.

If the user is non-responsive to any inquiries about their access to HMIS, the HMIS Lead will contact the user's direct supervisor and include the CSOC Lead. If the HMIS Lead is informed that the user is no longer an active participant in HMIS data entry, the user's license to HMIS will be removed. If the direct supervisor of the user informs the HMIS Lead that the user is still an active user, the user will be required to connect directly with the HMIS Lead to complete any necessary remedial trainings to maintain a high level of data quality in the system.

HMIS Bed Coverage

Coverage is the degree to which all homeless providers within a CoC's geography enter all homeless clients into HMIS. Providers include those funded by the CoC and ESG Program, federal partner agencies, foundations, and private organizations. The importance of a high percentage of HMIS bed coverage for all project types is an emphasis of the HUD TA Data Strategy. Without a high percentage of HMIS bed coverage within a CSOC, the data with the HMIS is never complete and the story told with HMIS data about homelessness within the CSOC is never fully accurate. A lack of high HMIS bed coverage prevents CoCs from truly understanding how both their system, and the client served within their system are functioning.

While extrapolation techniques can work for some research and reporting purposes, the extrapolation will only be as accurate as the similarities between any given projects, processes, and clients served by the projects. Therefore, the goal for HMIS bed coverage for all project types is 100%.

The HMIS Lead, in conjunction with the CSOC, will ensure that bed coverage is as close to 100% as is possible for all project types. This includes a review of the CSOC's most recent Housing Inventory Chart (HIC) to know which providers participated in the most recent HIC but are not entering data into HMIS.

Ensuring a CSOC's HMIS bed coverage reaches 100%, and stays at 100%, also requires implementing a process to ensure that any new projects that become available to serve clients at-risk of or experiencing homelessness are communicated to the CSOC so that HMIS data entry can be encouraged and/or required for the new project.

Below are things to do to ensure the HMIS bed coverage reaches or maintains 100%:

- Review the HIC on a quarterly or semi-annual basis to ensure all projects (with the exception of Victim Services Providers) are entering data into HMIS
- If projects are included on the most recent HIC that do not enter data into HMIS, the CSOC and HMIS Lead should find out why this is the case and target any solutions to the specific reasons
- For any new project that becomes available with the CSOC that will serve clients at-risk of or experiencing homelessness, the CSOC should be made aware and work with the HMIS Lead to ensure the new project is encouraged and/or required to enter data into HMIS.

Data Quality Monitoring Visit

The HMIS Data Quality Monitoring Visit Report will be used at a minimum annually during project monitoring to ensure that all HMIS participating agencies are in compliance with HMIS policies and procedures, agency agreements, user agreements, and any other documents governing the use of HMIS. If deficiencies are identified in any area during the monitoring visit, the Data Quality Improvement Plan will be used to assist the agency in addressing issues using concrete, time-bound action steps.

If, at any time, the HMIS Lead documented one or more ongoing issues related to data quality with a given agency (ongoing is defined as the issue lasting longer than a specific period of time as defined by the CSOC and HMIS Lead consecutively with resolution), a Data Quality Improvement Plan will be implemented with the agency, with or without an accompanying monitoring visit. The partner agency has the right to provide the CoC Board with a rebuttal

letter. Once the CoC Board receives the letter, the CoC Board may request a hearing, after which the Board will have 45 days to provide the partner agency with a response.
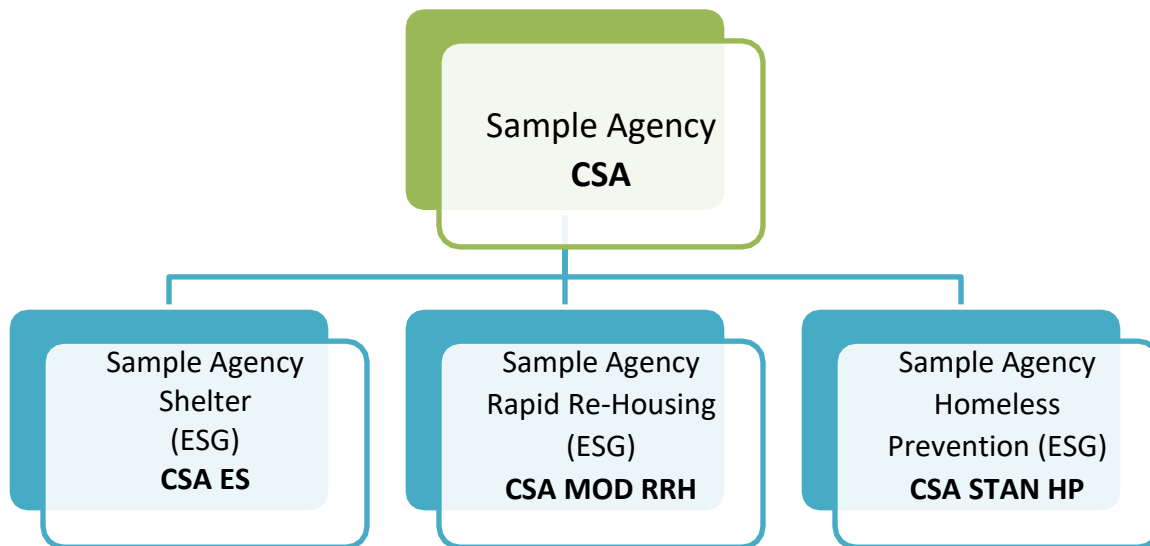
Appendix

HMIS data quality is mainly focused on the users, projects, providers, organizations, and CSOCs entering data into the system, ensuring that the "behind the scenes" or provider and system setup side of HMIS is completed correctly is vital to ensure accurate reporting and functionality.

Ensuring the provider and system setup of HMIS are done correctly is the responsibility of the HMIS Lead, with the support of the CSOC. Reviewing the provider and system setup of HMIS should be an ongoing process for the HMIS Lead. The processes taken to ensure provider and system setup should be documented and easily replicable based on that documentation.

Naming Conventions

Projects in HMIS should have a consistent naming convention that included, at a minimum, the Provider Name, Project Type, and Provider ID/Number. It may benefit the HMIS Lead to also include grant types (CSOC, ESG, SSVF, RHY, etc.) in the overall naming convention of projects to easily locate projects funded with specific funding streams.

If the HMIS supports different "levels" for projects, the HMIS Lead ensures that the "levels" are consistent across the system. For example, if the HMIS supports a "provider tree", the HMIS Lead ensure that the provider at the top of the "provider tree" is the Organization Name and that any projects operated by that provider are under that specific "provider tree" in the HMIS (see example).

```
                    Sample Agency
                         CSA
      ┌──────────────────┼──────────────────┐
 Sample Agency      Sample Agency      Sample Agency
   Shelter         Rapid Re-Housing      Homeless
    (ESG)               (ESG)        Prevention (ESG)
   CSA ES           CSA MOD RRH        CSA STAN HP
```

Project Descriptor Data Elements (PDDEs)

The Project Descriptor Data Elements (PDDEs) are the data elements required to be completed by the HMIS Lead to ensure projects in the system are set up correctly.

- Operating Start Date is completed
- If the project is no longer operational, Operating End Date is completed
- Project Type is defined to ensure projects are pulled correctly into reports
- Bed and Unit Inventory is up-to-date and is available for the Point in Time (PIT) and Longitudinal System Analysis (LSA) reports
- Specific workflow is defined by project type
- Specific grants and/or federal partner funding sources are identified
- Target populations are listed
- The CSOC(s) in which the provider operates is identified

Visibility

Ensuring the visibility in HMIS is set up correctly so that users can see what they are supposed to see and, alternatively, not see what they are not supposed to see, is critical. Visibility processes are different for every HMIS, and it is imperative that the HMIS Lead have a solid understanding on the visibility setup in the given system and how visibility is affected by project and user setup.

Appendix A. Data Quality Monitoring Visit Report and Improvement Plan

DATA QUALITY MONITORING VISIT REPORT

Date of Monitoring Visit: _____

Person Conducting Monitoring: _____

Name of Organization: _____

Organization Contact and Information: _____

Name of Project and Type of Project Monitored: _____

Organization Staff Present During Monitoring

Each baseline and expectation met below accounts for (_____) points for a total of (_____) allowable points.
Include the specific baseline requirements for the specific project type to be monitored:

Data Completeness baseline: _____ Baseline Met? _____ No

Data Timeliness baseline: _____ Baseline Met? _____ No

Data Accuracy baseline: _____ Baseline Met? _____ No

Data Consistency expectation met? _____ N

Coverage & Utilization expectation met? _____ N _____ Not applicable

Total Score: _____

Each item in the "observed" column accounts for (____) points for a total of (____) allowable points.
The combined total of the total score in the section above and the total score in the section below results in the specific project's monitoring visit score.

Projects with scores between (____) – (____) will be determined as "exceeding expectations".
Projects with scores between (____) – (____) will be determined as "meeting expectations".
Projects with scores between (____) – (____) will be determined as "below expectations".
Projects with scores between (____) – (____) will be determined as "severely at-risk".
For those in the "outcome" column defined as "Action Needed", the "Notes" section must include action steps with specific timelines.

Requirement	Observed		Outcome	Notes
Data Collection & Quality	_____	The project has not required the use of a Data Quality Improvement Plan to address data quality issues since the last monitoring visit	_____Action Needed _____In Compliance	
	_____	The organization documents the homeless status of clients served, as well as any other eligibility criteria for the project		
	_____	Intake workers and HMIS users understand the required data elements and how to present them to clients in a way to get accurate information		
	_____	The organization's paper intake forms, if applicable, include all data elements required to be entered into HMIS		
	_____	Random selection of client files show complete data collection process and match data entry in HMIS		

Upon completion of monitoring visit

Data Quality Improvement Plan Needed?   _____Yes   _____No

If yes, has plan been created?   _____Yes   _____No

Notes

[ ]

_____   _____
Person completing monitoring visit signature   Date

_____   _____
Monitored organization staff member signature   Date

DATA QUALITY IMPROVEMENT PLAN

Date of Data Quality Improvement Plan Implementation: _____

Name of Organization: _____

Organization Contact and Information: _____

Name of Project(s) Included in DQIP

Organization Staff Responsible for DQIP:

_____   _____
Staff Person   Role

_____   _____
Staff Person   Role

_____   _____
Staff Person   Role

HMIS Lead Staff Responsible for DQIP:

_____   _____
Staff Person   Role

_____   _____
Staff Person   Role

CoC Staff Responsible for DQIP:

_____   _____
Staff Person   Role

_____   _____
Staff Person   Role

Issue	Baseline Not Currently Being Met	How to Address	How Often and who is responsible	Date Completed
[Example] Destination data completeness rate an issue for three consecutive reporting periods	Destination data completeness less than 95% (includes "no exit interview completed" responses)	In-person meeting with agency, HMIS Lead, and CoC to discuss what's happening "in real life" and "real world" implications of poor destination data completeness rates	Initially – ongoing, if needed (Agency, HMIS Lead, CoC)	
		Review paper intake / exit assessments to ensure necessary data elements are included on the forms	Initially (Agency, with input from HMIS Lead as needed)	
		Provide refresher training to HMIS users to ensure data entry for destination data is completed accurately	Ongoing, if needed (HMIS Lead)	
		Run data completeness report every two weeks	Ongoing (Agency and HMIS Lead)	
		Increase in destination data completeness for at least three consecutive months	Ongoing (Agency and HMIS Lead)	

Additional Narrative:

If the Organization does not remain communicative and interactive with the HMIS Lead to address the issue by following through with the above steps, the CoC will consider this DQIP in default and will use incentives and enforcements available, including a loss of supports and dollars currently provided to the Organization.

Acknowledgement and Acceptance of Data Quality Improvement Plan

_____   _____
Program Manager/Organization Executive Director   HMIS Lead Manager/Director

_____   _____
Date   Date

_____
CoC Manager/Director

_____
Date

Appendix B. DQ Performance Monitoring and Improvement Strategies

Part I. User / Front-end Data Quality

Data Completeness

Why It Matters	How to Address	How Often
For accurate reporting and to analyze trends in homelessness data over time, data needs to be complete.	Data Completeness Reports with deadlines for fixing errors	Data Completeness Reports provided to individual users/agencies monthly or every other month
Attempt to have as few null, missing, data not collected, client refused, and client doesn't know options as possible	Report Cards that may be publicly available	Report Cards publicly available quarterly (by provider or project type)
Data completeness is the easiest thing to focus on when discussing overall data quality, because it is easy to tell if a client's HMIS record is complete or not.	Set a baseline for data completeness for each project type in Policies & Procedures	Review Policies & Procedures annually and review data completeness baselines for each project type
Data collection and data entry is not a one-time event and agencies should attempt to collect data for clients served over time, as working relationships are developed and trust is built	Provide one-on-one / remedial training for users	HMIS Lead offer one- on-one/remedial training for users on an ad-hoc / regular basis

Data Timeliness

Why It Matters	How to Address	How Often
To benefit clients most immediately, data needs to be entered into HMIS in a timely manner (most directly affects clients as it relates to Coordinated Entry)	• Data Quality Report that shows length of time between the date the information was gathered from the client (Project Start or other date) and the date the data was entered into HMIS • Ensure that agencies and projects entering data into HMIS have sufficient users / staff support to maintain a data timeliness standard • Showing, in real life, how lack of data timeliness directly affects clients (for example, a client not appearing on the Prioritization List for Coordinated Entry in time for a case conferencing meeting because the data was not entered into HMIS) • Agencies communicate with HMIS Lead about any other databases into which they have to enter data and take steps to avoid dual data entry, if possible.	• Data Quality Reports provided to individual users / agencies monthly / every other month • HMIS Lead talk with agencies / providers when new projects come online or agencies expand what activities they are doing in HMIS to ensure that the user base is sufficient to maintain a data timeliness baseline (proactive, not reactive – agencies talk with HMIS Lead before these changes / expansions occur, not during or after)
Data also needs to be entered into HMIS in a timely manner so that reports and data visualizations are accurate and include all clients served and all data elements collected	A baseline should be set in the Policies & Procedures – the baseline may differ by project types, with some requiring more stringent data timeliness standards than others	Review Policies & Procedures annually and review data timeliness baselines for each project type

Data Congruency

Why It Matters	How to Address	How Often

• There is incongruence when a client is marked as not having income overall, but then there is a specific income source recorded as "yes' with a monthly dollar amount.
 	
• This issue occurs most often when recording responses to the "HUD Verification" questions in HMIS:
   ○ Health Insurance Coverage
   ○ Disabling Conditions
   ○ Monthly Income
   ○ Non-Cash Benefits
 	
• Data congruency is an issue with responses to the 3.917 questions not being consistent among each other
	• HUD's Data Quality Framework, as well as other reports that look at answers that don't match each other in HMIS
	
	• A report that looks specifically at the 3.917 questions (Residence Prior to Project Entry, Length of Time in Previous Place, Approximate Date Homelessness Started, # of Times Experiencing Homelessness in Last 3 Years, and # of Months Experiencing Homelessness in Last 3 Years) and if any of the answers in that data set conflict with one another
	
	• Education and an understanding how the 3.917 answers can significantly skew the System Performance Measures
	
	• HMIS Lead provide ongoing trainings / ad hoc trainings about the 3.917 questions and how to answer them, as well as the HUD Verification questions and how to update them when changes occur in the client's situation
		• Data Quality Framework and / or other reports provided to users / agencies monthly / every other month
		
		• Review of System Performance Measures on a regular basis throughout the year to ensure the 3.917 answers are not skewing the data in any specific obvious way
		
		• HMIS Lead offer one- on- one / remedial training for users on an ad-hoc / regular basis
		
		• HMIS Lead offers ongoing education on the effect specific data elements have on the System Performance Measures

Data Accuracy

Why It Matters	How to Address	How Often

• Data completeness, in and of itself, does not speak to the accuracy of the data entered into HMIS and if that is a true reflection of the client's situation
 	
• When the data entered into HMIS is not a true reflection of the client's reality, this causes accuracy issues
 	
• Some of these can be difficult to determine, because HMIS doesn't know what HMIS doesn't know. A few, though, include:
   ○ Multiple open entries into the same project type for the same client
   ○ No defined Head of Household
   ○ Multiple defined Heads of Household
	• Report that look for multiple Heads of Household and no Head of Household issues
	
	• Report that looks at multiple open entries into the same project type for clients / households
	
	• Regular communication with users / agencies to ensure that the data in HMIS is a true reflection of the projects' reality (does overall client count make sense, demographics served make sense, services provided, dollars spent, etc.)
		• Reports that look at data accuracy provided to users / agency every month / every other month
		
		• Discussions between users / agencies and the HMIS Lead occur as needed, at least annually during HMIS Monitoring?

Other indicators:

Timely Entries into Project

How to Address	How Often	Why It Matters
• The sooner data is entered into HMIS, the sooner it is available for reporting purposes, prioritization purposes, data analysis purposes, making data- informed decisions, and more • Entering data in a timely manner also ensures that data is not lost or forgotten	• Same type of tools for the overall Data Timeliness piece, but focused on the Project Start Date for clients / households • Report of project / bed / unit utilization could also be helpful • A baseline should be set in the Policies & Procedures – the baseline may differ by project types, with some requiring more stringent data timeliness standards than others • For project types with a heavy lift for the number of clients seen and entered into the project (such as mass emergency shelters and Coordinated Entry), ensure sufficient staff are available to enter data into HMIS to maintain data timeliness baseline	• Data timeliness reports provided to users / agency monthly / every other month • Bed utilization provided to users / agency every other month / quarterly • Review HMIS P&Ps annually to edit / update the data timeliness • baseline by project type, as needed • Regular communication between users / agencies and HMIS Lead to ensure that the number of HMIS users is sufficient to maintain sufficient data timeliness

Timely Exits from Project

How to Address	How Often	Why It Matters
• Clients who are not exited from projects in a timely manner drive up the average length of time a client is served in the project • Can also cause overlapping open entries into the same project type for a client who transitions from, for example, one shelter to another if the client was not provided a timely exit in HMIS from the first shelter • Can cause the project to look like it is highly over- utilized	• Same type of tools for the overall Data Timeliness piece, but focused on the Project Start Date for clients / households • Report of project / bed / unit utilization could also be helpful • Report of clients who have been in a project type longer than normally anticipated (for example, Emergency Shelter longer than 90 days, Transitional Housing longer than 2 years, etc.) – a "No Exits" report • A baseline should be set in the Policies & Procedures – the baseline • may differ by project types, with some requiring more stringent data timeliness standards than others • For project types with a heavy lift for the number of clients seen and exited out of the project (such as mass emergency shelters and Coordinated Entry), ensure sufficient staff are available to enter data into HMIS to maintain data timeliness baseline	• Data timeliness reports provided to users / agency monthly / every other month • Bed utilization provided to users / agency every other month / quarterly • "No Exits" report provided to users / agency quarterly to verify accuracy of clients not exited from project / actively still served • Review HMIS P&Ps annually to edit / update the data timeliness baseline by project type, as needed • Regular communication between users / agencies and HMIS Lead to ensure that the number of HMIS users is sufficient to maintain sufficient data timeliness

All Clients Served Are Entered

How to Address	How Often	Why It Matters
• Ensuring that all clients that are served in a project are entered into the project in HMIS is important but can be difficult to report on • If the project is a shelter or housing project, the number of clients served can be compared to the number of beds / units available in the project to look for under-utilization • Ensure accurate entry of household members who enter the project after the Head of Household has been entered into the project	• Report of project / bed / unit utilization for project types • Comparison of number of clients entered into HMIS vs. what the agency has stated is their target number of clients served for any given period of time • Report of "orphaned" children for households who have entered projects at different times	• Reports on utilization provided to users / agencies every month / every other month • Review of clients entered into HMIS vs. what the grant states about the number of clients the agency will serve with the given project – quarterly? • Report of households who have entered into projects at varying times to users every month / every other month (depending on how often this occurs)

Part II. HMIS Setup Data Quality

While HMIS data quality is mainly focused on the users, projects, providers, agencies, and CoCs entering data into the system, ensuring that the "behind the scenes" or provider and system setup side of HMIS is completed correctly is vital to ensure accurate reporting and functionality. As an example, HMIS Leads and system administrators should ensure consistency between the CoC's Housing Inventory Count (HIC) Report and the projects that are reported in the Longitudinal System Analysis report, including verification of all homeless projects in the CoC, regardless of HMIS participation. Ensuring the provider and system setup of HMIS is done correctly is the responsibility of the HMIS Lead, with the support of the CoC. Reviewing the provider and system setup of HMIS should be an ongoing process for the HMIS Lead and the processes taken to ensure provider and system setup should be documented and easily replicable based on that documentation. The HMIS setup serves as the backbone for the entire system's accuracy and data quality.

Provider Naming Convention

While the specific convention any given HMIS Lead uses will be different, consistency within the way projects are named will assist in a streamlined user experience and organize the system.

Why It Matters	How to Address	How Often
Ensuring the naming convention in HMIS makes sense, and follows a sense of order, is important, not only for internal use, but if the HMIS Lead role ever shifts to another entity, the new entity will need to know what name is attached to what project in the system.	Ensure that the HMIS Lead has a consistent naming convention for the system that is documented and easily understood.	This should be reviewed at least annually, if not more often.
Naming conventions in HMIS assist in system organization, both on the user side and the setup side, and helps users know which project is which when they are entering data.	Use reports from HMIS to see what the provider names are currently, and if there is inconsistency among them, fix it.	When new providers/projects come online, ensure consistency in their naming in HMIS.

Project Descriptor Data Elements (PDDEs)

The Project Descriptor Data Elements are vital in ensuring accurate reporting. HUD's Project Setup Tool and video on how to build projects in HMIS correctly are great resources for HMIS Leads.

Why It Matters	How to Address	How Often
The PDDEs in HMIS is vital to ensuring accurate reporting, as it includes project type, grants received, CoC code, bed/unit inventory, etc.	Use reports from HMIS to ensure providers have the accurate PDDEs associated with them.	This should be reviewed at least annually, if not more often.
The PDDEs also increase the efficiency and accuracy of reporting for HIC, LSA, SPMs, and other federally required reports.	When new providers/projects come online, work with organizations to ensure there is sufficient information provided to include accurate PDDEs.	The HUD HMIS Data Standards also address PDDEs extremely thoroughly and any changes will be reflected in the most recent versions.

All Necessary Data Elements Available

Each HMIS software functions slightly differently, but all of them allow for the HMIS Lead to ensure that the data elements needed for each project are available to that project to complete.

Why It Matters	How to Address	How Often
The HMIS Lead must ensure that all required data elements, by project type and funding stream, are available to all projects that need them. Any locally required data elements also must be available to all projects that need them.	Review all assessments in HMIS – availability to providers, data elements included, and compare to HUD HMIS Data Standards dictionaries.	Any time new data standards are released, assessments should be reviewed for accuracy.
This is vital for accurate reporting, data completeness, maintaining HMIS to keep in line with HUD and Federal Partner standards, etc.	Use reports from HMIS that allow for viewing which data elements are included in which assessments and which projects have access to those assessments.	When new providers/projects come online, ensure appropriate access to all necessary data elements.

Visibility

Each HMIS software functions differently and HMIS Leads will need to understand how visibility works in the specific system to ensure that the visibility of client records in HMIS aligns with the CoC's Privacy Policy.

Why It Matters	How to Address	How Often
Visibility of providers, data elements, and client records is necessary to ensure a client's right to privacy is protected and that the data is shared in HMIS when allowed.	Visibility can be difficult to report on easily and may need to be reviewed manually, depending on the HMIS software used. • Review the default visibility settings of providers. • Review the default visibility of specific data elements and client records. • Review visibility groups to ensure all projects signed on to an Interagency Data Sharing Agreement are included in the group.	Visibility should be reviewed at least every six months and every time a major change occurs at any level.
Users must have access to the correct project types to enter data into HMIS for clients they serve. Users must have access to the appropriate data elements for the various project types in HMIS to ensure accurate and complete data entry for clients they serve.	Communication between HMIS Lead and users/organizations to ensure that the HMIS Lead knows what users need access to in HMIS, as well as how organizations would like their project visibility set up.	Ensure the documentation surrounding privacy and sharing is consistent with itself, including the client-facing ROI, HMIS Consumer Notice, Privacy Policy, HMIS P&Ps, etc. – these documents should always be reviewed in conjunction with each other and no less than annually.

Appropriate Workflows

Each HMIS software functions differently and HMIS Leads must understand the specific system to ensure the most efficient and effective workflow for any given project.

Why It Matters	How to Address	How Often
Ensure appropriate workflows for users for project types using the easiest/least cumbersome data entry process that allows for the highest data quality. HMIS data entry should not monopolize a user's time, as a person entering data into HMIS is usually juggling many other required tasks, including direct client care.	Ensure the HMIS Lead knows the workflows available for any given project type and weigh all pros and cons of any given workflow.	Communication between the users and HMIS Lead should occur on a regular/ongoing basis to ensure that the workflows set up in HMIS are not burdensome or overly time- consuming for users.
The more burdensome HMIS data entry is to users, the less likely it is to get high-quality data in the system.	Provide sufficient training materials in different venues – in-person trainings, webinars, visual guides, videos, etc. to ensure users who learn through different ways have access to sufficient resources. Provide ongoing trainings/ad hoc trainings to ensure users maintain high data quality.	HMIS Lead should be informed of any issues with the workflow as soon as it is discovered by users.

Documenting Changes Made in HMIS

Ensuring there is a "trail" for the changes made in HMIS over time is important so that all involved entities can ask and then know when and why something changed.

Why It Matters	How to Address	How Often
Documenting changes made to the setup of HMIS is important to maintain internal consistency. It is also important to have a history of what has been done to HMIS over time in the event that the HMIS Lead role shifts from one entity to another.	This could be done in different ways, including: • Reports from HMIS itself • An internally shared google document or excel spreadsheet • A PDF that is updated and made available publicly on a regular basis	Documentation of changes made in HMIS should occur any time a change is made. Sharing of that documentation can occur as the community sees fit.