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| HMIS Data Quality Plan |
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Data Quality Plan

The preparation and development of this plan included a review of HUD guidelines and data quality plans from HMIS implementations from around the country. This plan was developed using the common 5 elements of a Data Quality Monitoring Plan; Timeliness, Completeness, Accuracy, Monitoring, and Compliance (Incentives and Enforcement). The plan below describes how to implement a data quality and monitoring plan.

# What is Data Quality?

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. With good data quality, the CoC can “tell the story” of the population experiencing homelessness. The quality of data is determined by assessing certain characteristics such as ***timeliness, completeness,*** and ***accuracy***.

# 5 components to good Data Quality Standards

## Timeliness

Timeliness reduces human errors that may happen when too much time has elapsed between data collection and data entry. It also ensures data is accessible when needed, either proactively (e.g. monitoring purposes, increasing awareness, meeting funding requirements), or reactively (e.g. responding to requests for information, responding to inaccurate information).

## Completeness

Partially complete or missing data (e.g. missing digit(s) in a SSN, missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients. Expectations for data completeness include All Clients Entered into the HMIS and analysis of the HUD data elements. To check the completeness of All Clients Entered, a project will need to check report numbers of All Clients against manual records.

## Accuracy

Accurate data ensures that the CoC’s HMIS is the best possible representation of reality as it relates to the persons experiencing homelessness and the programs serving them. Accuracy can be difficult to assess as it depends on the client providing correct data and the intake worker’s ability to document and enter the data accurately. Accuracy is best determined by comparing records in the HMIS to paper records, or the records of another reliable provider. For example, a SSN in question can be compared to a paper case file or SSI benefit application.

A primary way to ensure that data is understood, collected, and entered consistently across all programs in the HMIS is to provide regular training, refresher courses, and “cheat sheets”, or quick reference guides, for collection and data entry. Additionally, consistency in intake forms, how well forms match data entry methods, wording of questions, etc. are all excellent practices for achieving the best possible accuracy of data.

## Monitoring

Data Quality must be monitored to ensure that the standards for timeliness, completeness, and accuracy are met and that data quality issues are identified and resolved.

## Incentives & Enforcement

Incentives and enforcement of the policies outlined in this plan reinforce the importance of good data quality and ensure that the data quality of any one entity does not jeopardize the validity of the data in the system or jeopardize funding of a larger community.

# Definition of Record

HMIS seeks to document the story of homelessness though the collection of a series of data elements for each client. While each of these data elements is significant it is the entire record which is essential for documentation. Any missing or erroneous elements can create a distorted story. Therefore, data quality must be measured on the completeness of the entire record.

The CHIN Data Quality plan uses a combination of Universal Data Elements and Program Specific Data Elements to establish a complete record. These data elements are listed below:

* First Name
* Last Name
* Social Security Number
* Date of birth
* Race
* Ethnicity
* Gender
* Veteran Status
* Disabling Condition
* Residence prior to program entry
* Project entry date
* Project exit date
* Destination
* Relationship to Head of Household
* Client Location
* Length of Time on Street, in an Emergency Shelter or Safe Haven
* Housing Status
* Income sources at entry
* Income sources at exit
* Non-cash benefit received from any source in the past 30 days (at entry)
* Non-cash benefit received from any source in the past 30 days (at exit)
* Health Insurance
* Domestic Violence
* % of AMI (county median income)
* Address Prior to Entry

# Data Quality Policy and Thresholds

## Timeliness

Reducing the time period between data collection and data entry will increase the accuracy and completeness of client data and ensure**s** data is accessible for agency, community level, and federal reportin**g.** There is not a report in the HMIS that can measure the timeliness of data entry. [DECISION POINT 1: establish a way of measuring across the CoC –create a report to check date of data entry to enrollment date, time stamp papers and spot check, other DECISION POINT 2: establish # of days for data entry]

* Emergency Shelter (ES): within 10 days of service start date
* Transitional Housing (TH): within 2 weeks of program entry
* Permanent Supportive Housing (PSH): within 2 weeks of program entry
* Services Only: within 10 days of program entry
* Prevention/Rapid Re-housing only: within 10 days of program entry
* ALL programs: All data must be entered and updated as required by funders. Data for each month must be reviewed and updated by the 10th day after Data Completeness Report Cards are published

*Funder-required updates to assessment information (disabilities, income, non-cash benefits, etc.) will continue to be required on the already established funder-required schedule*.

## Accuracy

Accuracy is an important aspect of HMIS data, however it is hard to measure without direct access to records. Methodologies such as field consistency and random audits will allow CHIN staff to measure accuracy in the system. It is the responsibility of the participating program to ensure accurate reporting. CHIN staff can assist in these efforts b y providing requested reports and a means to check for incongruent data, i.e. clients reported as “Chronically Homeless” but do not have a disability recorded in the HMIS.

## Completeness

### Universal and Required Data Elements

Completeness of data will be measured using the Data Completeness Report Card available to all agencies via ART in the HMIS.

[DECISION POINT 1: measure only HUD elements or add additional elements, DECISION POINT 2: determine % complete levels]

Tier 1: Data must be 100% complete, as measured in the Data Completeness Report Card. Although accuracy is difficult to measure, there is an expectation that participating agencies enter accurate data.

Tier 2: Data must be 90% complete and accurate.

Tier 3: Data are important but will not be monitored for completeness or accuracy.

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| **Data Element** | **Required for**  | **Tier** | **% complete** |
| **First Name** | **All** | 1 | 100% |
| **Last Name** | **All** | 1 | 100% |
| **Social Security Number** | **All** | 1 | 100% |
| **Date of Birth** | **All** | 1 | 100% |
| **Race** | **All** | 2 | 90% |
| **Ethnicity** | **All** | 2 | 90% |
| **Gender** | **All** | 2 | 90% |
| **Veteran Status** | **Adults** | 1 | 100% |
| **Disabling Condition** | **Adults** | 2 | 90% |
| **Residence Prior to Program Entry** | **HoH and Adults** | 2 | 90% |
| **Project Entry Date** | **All** | 1 | 100% |
| **Project Exit Date** | **All** | 1 | 100% |
| **Destination** | **HoH and Adults** | 1 | 100% |
| **Relationship to HoH (New)** | **All** | 3 |  |
| **Client Location (New)** | **HoH**  | 3 |  |
| **Length of Time on Street, in an Emergency Shelter or Safe Haven (New)** | **HoH and Adults** | 3 |  |
| **Housing Status** | **HoH and Adults** | 2 | 90% |
| **Income Source at Entry** | **HoH and Adults** | 1 | 100% |
| **Income Source at Exit** | **HoH and Adults** | 1 | 100% |
| **Non-Cash Benefit Received (Y/N) (Entry)** | **HoH and Adults** | 1 | 100% |
| **Non-Cash Benefit Received (Y/N) (Exit)** | **HoH and Adults** | 1 | 100% |
| **Health Insurance (New)** | **All** | 3 |  |
| **Domestic Violence** | **HoH and Adults** | 1 | 100% |
| **% of AMI (County median income)** | **HoH** | 1 | 100% |
| **Address Prior to Entry (New)** | **HoH and Adults** | 3 |  |

## Monitoring Processes [DECISION POINT: review/develop monitoring process]

* All agencies agree to participate in the Data Quality Plan
* The Data Completeness Report Card will be reviewed by each agency and the CoC at the beginning of each month.
* Data Correction: Participating agencies will have until the 10th of each month to correct data. Agencies will rerun their Data Completeness Report Card showing corrected data.
* Monthly Review: Each CoC will have a Data Committee that will review the Data Completeness Report Card against reports and benchmarks. The committee will work with agencies to identify training needs and improve data quality.
* CoC Review: The CoC Data Committee will provide a brief update on progress related the Data benchmarks at the monthly CoC meeting.

## Compliance Incentives and Enforcement [DECISION POINT: review/develop incentives and enforcement]

Agencies meeting the Data benchmarks are periodically reviewed by the CoC Data Committee. Agencies that fail the meet the Data benchmarks may be asked to submit a written plan that details corrective action. Corrective action may include additional training for current end users, assigning new or additional staff HMIS data entry and monitoring responsibilities, increased data quality monitoring, and other actions as appropriate. The plan is then submitted to and monitored by the CoC’s DQ Subcommittee. Should the problem persist, the DQ subcommittee may make a recommendation to suspend the agency’s ability to enter data into the HMIS, and will contact any appropriate state and federal funders.