



HMIS DOCUMENT

# HMIS DATA QUALITY PLAN

**FY 2023 - 2024**

## Purpose

The purpose of this document is to outline the Data Quality Plan (DQP) for the FL-507 Continuum of Care (CoC). This document describes the elements of the Data Quality Plan, which are used to evaluate effectiveness of the information contained within the Homeless Management Information System (HMIS).

The Data Quality Plan was created, reviewed and revised by the HMIS Lead Agency Staff, the HMIS Advisory Committee, and the CoC Technical Expertise Committee. This plan was reviewed and approved by the Central Florida Commission on Homelessness (CFCH) Managing Board on behalf of the CoC.

## Scope

This document applies to all active HMIS Users working with FL-507 CoC projects that participate in HMIS, including the following project types:

- Emergency Shelter (ES)\*
- Transitional Housing (TH)
- Permanent Supportive Housing (PSH)
- Rapid ReHousing (RRH)
- Street Outreach (SO)
- Homeless Prevention (HP)
- Supportive Services Only (SSO)

\*includes by ES – Entry/Exit (EE) and ES – Night by Night (NBN)

This document is not intended to serve as an exhaustive list of all areas of data collection that may need additional monitoring for quality. This document outlines the data that will be evaluated by the HMIS Lead Agency for quality, with particular emphasis on how the quality of data supports high-level reporting and compliance requirements to the Department of Housing and Urban Development (HUD). The data will be evaluated in adherence with the HUD HMIS Data Standards.

HMIS Users working with other project types, including Coordinated Entry (CE), Other Permanent Housing (OPH), or Other (OT) will not be evaluated by the baselines established within this document. However, other measures of data quality evaluation may be required by funders, agency leadership, or other requirements outside of the scope of this document. To that end, the CoC encourages all HMIS Users to use best practices when entering any data into the HMIS, as supported by the HMIS Lead Agency's training curriculums.

**Please refer to the HMIS website for:**

FY 2024 HMIS Data Dictionary

<https://files.hudexchange.info/resources/documents/HMIS-Data-Dictionary-2024.pdf>

FY 2024 HMIS Data Standards Manual

<https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2024.pdf>

## Introduction to Data Quality

The HMIS Lead Agency, in conjunction with the CoC and key stakeholders, strives to ensure that all users have access to the tools they need to establish and maintain high quality data within the HMIS system. These tools include regularly scheduled training sessions, data quality reports, encouragements, and enforcements to address non-responsiveness to data quality concerns. It is the responsibility of the HMIS Lead Agency to prepare and execute the Data Quality Plan (DQP). The HMIS Lead Agency and the CoC will work together to verify that HMIS data quality is both acknowledged and addressed on an ongoing, iterative, and continual basis and in an objective, data-driven manner.

Data entered into the HMIS is used by the CoC to inform the community, stakeholders, and the overall public about homelessness and efforts to ensure that homelessness is brief, rare, and non-recurring - therefore, a high standard of HMIS data quality is imperative. The HMIS Lead Agency will ensure that the facets of the DQP are measurable, actionable, and iterative. The primary indicators of data quality - timeliness, completeness, accuracy, and consistency - will be monitored. Additionally, reports regarding primary indicators of data quality will be disseminated to Agency Liaisons for the applicable project types addressed in the Scope of the DQP. It is the goal of the HMIS Lead Agency for all HMIS users to be aware of their influence on data quality and support practices that ensure all data within the HMIS system is reliable and high quality, as defined by the data quality benchmarks described in the DQP.

# Primary Indicators of Data Quality

## Timeliness:

Timeliness is the length of time between initial data collection and the entry of that data into the HMIS. The sooner data is entered into HMIS, the sooner it is available for reporting, prioritization, and data analysis purposes. Timely entry of data into the HMIS also reduces the potential for errors. The goal is for data to be entered within 3 days. Data entered beyond the 3 days will be considered an error, with the timeliness benchmark error rate set below.

The data quality benchmark for timeliness are as follows:

	ES	TH	PSH	RRH	SO	HP	SSO
Benchmark Error Rate	15%	15%	15%	15%	15%	15%	15%

In addition to timeliness for entering data, Enrollment Length will be evaluated for Emergency Shelter projects to ensure that clients enrolled in these projects are exited in a timely manner. Enrollment Length for these project types should not exceed 180 days, with the Enrollment Length benchmark error rate set below.

The data quality benchmarks for Enrollment Length are as follows:

	ES	TH	PSH	RRH	SO	HP	SSO
Benchmark Error Rate	15%	N/A	N/A	N/A	N/A	N/A	N/A

Data timeliness will be measured using the following process:

- A quarterly timeliness report will be run using the Data Quality Report for each applicable project.
- A quarterly Enrollment Length report will be run using the Clients in Programs Report for Emergency Shelter projects.
- Data from the reports will be imported into Salesforce.
- The percentage of records that do not meet the timeliness benchmark will be calculated for each project.
- This percentage of records that do not meet the timeliness benchmark will be included in the Data Quality Scorecard provided to Agency Liaisons at their scheduled quarterly Monitoring meetings.

## Completeness:

Completeness is the degree to which all Universal Data Elements (UDE) and Program Specific Data Elements (PSDE) are known and documented. Higher completeness supports the ability of projects to provide comprehensive and quality care to people experiencing homelessness. The goal of data completeness is to minimize the amount of UDEs and PSDEs that are “missing” or “unknown”.

Errors in data completeness will be identified by measuring error rates for the following:

- Name
- Social Security Number (SSN)
- Date of Birth (DoB)
- Race/Ethnicity
- Gender
- Veteran Status
- Exit Destination
- Chronicity (ability to calculate Chronic Status) - includes Prior Living Situation
- Inactive Records (Missing Current Living Situation)\*

\*Street Outreach Only

The data quality benchmarks for completeness are as follows:

	ES	TH	PSH	RRH	SO	HP	SSO
Name	1%	1%	1%	1%	1%	1%	1%
SSN	5%	5%	1%	5%	10%	5%	10%
DoB	1%	1%	1%	1%	1%	1%	1%
Race/Ethnicity	1%	1%	1%	1%	1%	1%	1%
Gender	1%	1%	1%	1%	1%	1%	1%
Veteran Status	1%	1%	1%	1%	1%	1%	1%
Exit Destination	5%	5%	1%	1%	5%	1%	1%*
Chronicity	15%	10%	1%	5%	15%	N/A	N/A
Inactive Records	N/A	N/A	N/A	N/A	15%	N/A	N/A

\*Exit Destination not evaluated for SSO projects with the Auto Exit feature.

Data completeness will be measured using the following process:

- A quarterly completeness report will be run using the Data Quality Report for each project to account for missing or null UDE values.
- Data from the reports will be imported into Salesforce.
- A percentage of completeness for each benchmark will be included in the Data Quality Scorecard provided to Agency Liaisons at their scheduled quarterly Monitoring meetings.

### Accuracy:

Accuracy is the degree to which all Universal Data Elements (UDE) and Program Specific Data Elements (PSDE) are reflective of reality as determined by sufficient and verifiable information. The goal is to establish a high level of accuracy for UDEs and PSDEs that can be verified against other known information. Errors in data accuracy will be identified by outlining conflicting data for the following:

- Disabling condition (yes for condition, no condition listed. No for condition, condition listed)
- Income (Yes for income, no income listed. No for income, income listed)
- Relationship to head of household

The data quality benchmarks for accuracy are as follows:

	ES	TH	PSH	RRH	SO	HP	SSO
Disabling Condition	1%	5%	1%	1%	1%	5%	N/A
Income at Start	10%*	15%	5%	10%	5%	5%	N/A
Income at Annual	15%	15%	10%	10%	15%	5%	N/A
Income at Exit	5%**	15%	5%	10%	1%**	5%	N/A
Relationship to HoH	1%	1%	1%	1%	1%	1%	1%

\*Income at Start not evaluated for Night by Night (NBN) Emergency Shelters projects

\*\*Income at Exit not evaluated for Night by Night (NBN) Emergency Shelter or Street Outreach projects with the Auto Exit feature.

Data accuracy will be measured using the following process:

- Quarterly accuracy reports will be run using the Data Quality Report.
- Data from the report will be imported into Salesforce.
- A percentage of accuracy for each benchmark will be included in the Data Quality Scorecard provided to Agency Liaisons at their scheduled quarterly Monitoring meetings.

### Consistency:

Consistency is the adherence to standard operating procedures regarding HMIS use. Consistency is measured by the degree to which HMIS users are utilizing their login credentials to update and maintain data in the HMIS, as established by their agency roles. Consistent use of a user login promotes security, as it ensures that those who do not need a login, or employees who are no longer with the organization, will not have unapproved access to HMIS.

Data consistency will be measured using the following process:

- For security purposes, ClientTrack (our HMIS Software) will automatically inactivate users after 90 days of unsuccessful login. After a user has been inactivated, they must reach out to the HMIS team (through the Zendesk ticketing system) for their login credentials to be reinstated.
- During quarterly Data Quality Monitors agency liaisons will have the opportunity to review inactive users within their organization to determine if permanent inactivation is required.
- At any time (or when necessary) the HMIS team may choose to run the User Access report in Data Explorer to review inactive users and communicate with agency liaisons to determine if permanent inactivation of inactive users is necessary.

## Monitoring:

### Quarterly:

On a quarterly basis, data for each of the four primary indicators of data quality will be aggregated, recorded, and analyzed for each project within the scope of the DQP. Data Quality Scorecards will be created and disseminated to projects so that they are aware of whether or not they are meeting data quality benchmarks. Agencies with projects which do not meet the benchmarks set for the project type at the time of quarterly monitoring will be placed on a Data Quality Improvement Plan (DQIP).

### Annually:

An Annual Data Quality Report will be provided to the CoC and the CFCH Managing Board to highlight progress made on the primary indicators of data quality.

## Encouragements and Enforcements:

The CoC and the HMIS Lead Agency will use encouragements and enforcements for data quality assurance. Using a quarterly analysis process, the HMIS Lead Agency will keep track of data quality improvements for each project and will provide Data Quality Scorecards to Agency Liaisons at scheduled quarterly Monitoring meetings. Additionally, the HMIS Lead Agency will acknowledge top performing agencies in the quarterly HMIS newsletter. During the analysis of annual data quality as part of the Notice of Funding Opportunity (NOFO) application process, each project's data quality performance may be used as a factor to determine fund allocation. Additional funds may be granted to agencies with top performing projects. Data Quality Improvement Plans will be implemented when further attention is needed to ensure that errors are fixed and do not continue to occur.

## Data Quality Improvement Plan:

The Data Quality Improvement Plan (DQIP) is the process by which the HMIS Lead Agency enforces data quality improvement when errors have been identified which are not being addressed at the project level. The CoC will be informed that a DQIP is in progress.

The DQIP is carried out in the following steps:

- HMIS Data Analyst will identify when an agency with projects that do not meet baseline requirements for data quality needs to be put on a DQIP.
- The HMIS Operations Manager will review the agencies identified by the HMIS Data Analyst as in need of a DQIP, and will make final approval to move forward.
- The Partner Success Specialist will meet with the Agency Liaison to discuss their data quality and the improvements that need to be made. A plan will be formed which describes the actions that need to be taken to improve data quality with a deadline for when the improvements must be completed.
- The Partner Success Specialist - The DQIP form will be filled out which outlines which primary indicator(s) of data quality (timeliness, accuracy, completeness, and/or consistency) have not met requirements according to the DQP.
- The HMIS Data Analyst and the Partner Success Specialist will follow up once the DQIP is complete to verify that data quality meets standards. The DQIP will be extended if data quality still does not meet baseline/benchmarks. Continuous failure to complete DQIP deadlines and standards will result in further consequences. Consequences will be determined on a case-by-case basis with input from the CoC and other relevant stakeholders.

## Document History

<b>Date of Revision</b>	<b>Document Version</b>	<b>Revision Notes</b>
12/01/2021	1.0	Creation of document.
03/28/2023	2.0	Added SSO projects to plan. Added SSO benchmarks. Added Enrollment Length to be assessed for Emergency Shelter projects. Added Inactive Records to be assessed for Street Outreach projects only. Removed Domestic Violence from Accuracy evaluation. Changed reports run from APR to Data Quality Report (for Timeliness, Accuracy, and Completeness). Added that Clients in Programs report is used for Enrollment Length evaluation. Changed report for Consistency from SP User Login report to Data Explorer report. Updated Consistency timeframe from 90 days to 7 days. Remove evaluation of Chronicity for HP projects. Removed evaluation of Income at Start and Income at Exit for NBN Emergency Shelters.
12/21/2023	3.0	Added 2024 Data Standards references. Combined Race and Ethnicity in Completeness benchmarks. Removed all references to monthly monitoring which is now done quarterly. Updated consistency section with new procedure (reports no longer pulled every 30 days).
02/27/2024	4.0	Added information about Auto Exit projects. Projects with Auto Exit feature will not be evaluated for Income at Exit (Street Outreach (SO) projects). Additionally, SSO projects with the Auto Exit feature will not be evaluated for Exit Destination.