# Battle Creek Calhoun County Homeless Management Information System Data Quality Monitoring Plan

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#### Introduction

This document describes the formalized Michigan Statewide Homeless Management Information System (HMIS) Data Quality Standards and the Data Quality Monitoring plan for the Battle Creek/Calhoun County Continuum of Care (CoC). This document was developed in coordination with the Michigan Statewide HMIS lead agency (Michigan Coalition Against Homelessness, referred to as MCAH) and the Battle Creek/Calhoun County HMIS. This document includes data quality standards spelled out within the HMIS Operating Policies and Procedures document, as well as, supporting guidance created by the HMIS lead agency. The standards described in this document apply to all MIHMIS participating agencies regardless of funding source.

### 1. HMIS Defined

The purpose of the Homeless Management Information System (HMIS) is to:

- a) Record and store client-level information about the number, characteristics and needs of persons who use prevention, homeless housing and supportive services.
- b) To produce an unduplicated count of persons experiencing homelessness for each Continuum of Care
- c) To understand the extent and nature of homelessness locally, regionally and nationally
- d) To understand patterns of service usage and measure the effectiveness of projects and systems of care.

The HMIS Program is administered by the U.S. Department of Housing and Urban Development (HUD) through the Office of Special Needs Assistance Programs (SNAPS) as its comprehensive data response to the congressional mandate to report annually on national homelessness. It is used by all projects that target services to persons experiencing homelessness within SNAPS, the office of HIV-AIDS Housing, the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Veterans Affairs (VA) to measure project performance and participate in benchmarking of the national effort to end homelessness.

The HMIS Data Standards have been jointly established by the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Veterans Affairs, collectively referred to as the Federal Partners, to allow for standardized data collection on individuals and families experiencing homelessness and receiving assistance from programs funded by these federal partners.

This document follows the standards established in the FY 2022 HMIS Data Standards (effective October 1, 2021) and the FY 2022 HMIS Data Dictionary. The standards set forth by this document will remain in effect unless and until updated.

## 2. Data Quality Defined

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.

### 3. Data Quality Standards Defined

Data quality standards set expectations for the quality of data entered in the HMIS and provide guidance to the HMIS participating providers on how to capture and enter reliable and valid data for persons accessing the homeless assistance system.

## 4. Data Quality Monitoring Plan Defined

Maintaining a standard of excellence around data quality ensures communities can "tell the story" of the population experiencing homelessness. It directly affects the clients being served through coordinated entry by streamlining data entry used by case managers to quickly house those seeking services. The quality of data are determined by assessing certain characteristics about the data and includes timeliness, completeness, and accuracy.

## The Battle Creek/Calhoun County Data Quality Monitoring Plan

The Battle Creek/Calhoun County HMIS participating agencies recognize that the data produced from the HMIS are critical to meet the reporting and compliance requirements for participating agencies and the MIHMIS implementation as a whole. As such, all HMIS participating agencies are expected to meet the data quality benchmarks described in this document

To achieve this, participating agencies will monitor the HMIS data on a monthly basis to quickly identify and resolve issues that affect the completeness, timeliness, accuracy and consistency of the data. All monitoring will be done in accordance with this Data Quality Monitoring Plan with support from the HMIS System Administrator.

The purpose of monitoring is to ensure the agreed upon data quality benchmarks are met to the greatest extent possible, and that data quality issues are quickly identified and resolved. This plan sets expectations for the Battle Creek/Calhoun County HMIS, participating agencies, and end users to ensure valid and reliable data are captured on all persons accessing homelessness services in the state of Michigan.

## The plan includes:

- a) Identifying the data entered into HMIS and the goals set for these data.
- b) Addressing the various components of data quality completeness, timeliness, accuracy, consistency, coverage, and utilization by providing the minimum standard requirements that HMIS-participating agencies entering data into the HMIS must meet.
- c) How agencies will monitor data quality and how these standards will be enforced.

# 1. Universal Data Elements (UDE's)

- a) The HMIS Universal Data Elements (UDE's) are elements required to be collected by all agency projects participating in the HMIS, regardless of funding source.
  - Projects funded by any one or more of the Federal Partners must collect the UDEs, as do projects that are not funded by any Federal Partner (e.g., missions) but who have agreed to enter data as part of the CoC's HMIS implementation.
  - The UDE's form the basis for producing unduplicated estimates of the number of people experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homeless, and patterns of service use, including information on shelter stays and homelessness over time.
  - The UDE's are the foundation on which the Longitudinal System Analysis (LSA) is developed. The LSA informs the Annual Homeless Assessment Report (AHAR), which provides Congress with national estimates of the current state of homelessness across the United States and the use of homeless assistance programs. The AHAR is a critical resource for informing the U.S. Interagency Council on Homelessness and other Federal Partners on the nature of homelessness in the United States and provides a unique longitudinal lens to inform homelessness policy nationwide. The LSA is also used locally via the Stella tool to inform communities on how their specific homeless information changes over time. UDE's also help local communities to better target resources and position programs to end homelessness.
- b) There are two types of UDEs.
- Universal Identified Elements (3.01 3.07) are collected once for each client record (see Fig 1.1).
- Universal Project Stay Elements (3.08-3.917) are collected for each project enrollment (see Fig 1.2).

## Figure 1.1 Universal Identifier Elements (One and Only One per Client Record)

- 3.01 Name
- 3.02 Social Security Number
- 3.03 Date of Birth
- 3.04 Race
- 3.05 Ethnicity
- 3.06 Gender
- 3.07 Veteran Status

## Figure 1.2 Universal Project Stay Elements (One or More Values Per Client or Household Project Stay)

- 3.08 Disabling Condition
- 3.10 Project Start Date
- 3.11 Project Exit Date3.12

Destination

3.15 Relationship to Head of

Household

- 3.16 Client Location
- 3.20 Housing Move-In-Date
- 3.917 Prior Living Situation

## 2. Program Specific Data Elements (PSDEs)

c) The Program Specific Data Elements (PSDEs - Figure 1.3) are additional data elements that are required by at least one Federal Partner in order to meet their statutory and regulatory requirements. Some of these PSDE's are collected across a majority of Federal Partner programs. Projects may choose to capture more detailed information (or finer response categories), but only if this information can be exactly mapped to the required response categories described in this section. For reporting purposes, an HMIS must be able to produce required reports using the response categories exactly as they are presented in this section.

XXX CoC may elect to require all participating in HMIS to collect a subset of the data elements contained in this section to obtain consistent information across a range of projects that can be used to plan service delivery, monitor the provision of services, and identify client outcomes. LPBs and projects are encouraged to develop their own data collection protocols and assessment tools to fully assess their client service needs.

## Figure 1.3 Common Program Specific Data Elements (PSDE)

- 4.02 Income and Sources
- 4.03 Non-Cash Benefits
- 4.04 Health Insurance
- 4.05 Physical Disability
- 4.06 Developmental Disability
- 4.07 Chronic Health Condition
- 4.08 HIV/AIDS
- 4.09 Mental Health Problem
- 4.10 Substance Abuse
- 4.11 Domestic Violence
- 4.12 Current Living Situation
- 4.13 Date of Engagement
- 4.14 Bed night Date
- 4.19 Coordinated Entry Assessment
- 4.20 Coordinated Entry Event

## 3. Project Descriptor Data Elements (PDDEs)

- d) The Project Descriptor Data Elements (PDDEs) are intended to identify the organization, specific project, and the project details to which an individual client record in an HMIS is associated. They enable the HMIS to:
  - Associate client-level records with the various projects that the client will enroll in across continuum projects;
  - Clearly define the type of project the client is associated with the entire time they receive housing or services;
  - Identify which Federal Partner programs are providing funding to the project; and
  - Track the bed and unit inventory and other information, by project, which is relevant for the Longitudinal Systems Analysis (LSA/AHAR), System Performance Measures (SPM), Housing Inventory Counts (HIC), Point-in-Time Counts (PIT), and utilization analysis.

The project descriptor data is entered and managed in HMIS by the Battle Creek/Calhoun County HMIS Lead in conjunction with the participating agency HMIS Administrator. They are created at the initial project setup within the HMIS and should be reviewed annually, at minimum, and as often as needed to ensure that reporting is accurate. In the case of client and service data entered by non-continuum projects (e.g., food pantries or other services that might be used by people who are not experiencing homelessness) project pages must identify them as such using the correct PDDEs to ensure that data are excluded from any required reporting on continuum projects.

The following Project Descriptor Data Elements are required for project page setup in the HMIS:

# Figure 1.4 - Project Descriptor Data Elements (PDDEs)

- 2.01 Organization Information 2.02 Project Information
- 2.03 Continuum of Care

Information

- 2.06 funding Sources
- 2.07 Bed and Unit Inventory Information

## **Data Quality Components**

| Component    | Requirement  |  |  |
|--------------|--|--|--|
| Completeness | 100% of clients entered  |  |  |
|              | Complete identifying information is entered  |  |  |
|              | Electronic Release of Information (eROI) is entered                                |  |  |
|              | All UDE's are entered  |  |  |
|              | All services are entered   |  |  |
|              | All exit data are collected and entered  |  |  |
| Timeliness   | 100% of clients are entered live or within 7 business days                         |  |  |
|              | Data are updated in a timely manner  |  |  |
| Accuracy     | Data are entered exactly as the client has responded (either in the case of a face |  |  |
|              | to face intake or backdating from a hard copy assessment)                          |  |  |
|              | Efforts are made to eliminate unknown and missing data                             |  |  |
| Consistency  | Common interpretation of questions   |  |  |
|              | Common interpretation of client responses  |  |  |
|              | All users understand the fields that must be answered for a specific project type  |  |  |

# Use of Client Refused/Client Doesn't Know and Missing/Null Data

In HMIS, the ultimate goal is to collect 100% of all data elements for all household members. There are instances where this may not be possible for all clients. The Battle Creek/Calhoun County has established an acceptable range of null/missing and unknown/don't know/refused responses depending on the data element and the project type.

- Missing data elements are data elements that were either not collected, or were collected but were not entered, into HMIS.
- Don't know/refused data elements are those data elements that were not collected because the client either didn't remember the information or refused to answer the question. Don't know/refused should only be used when it comes from the clients' perspective, that is, when it is a direct client response. It cannot be used to denote that the information was not collected.
- Participating agencies and end users are expected to collect and record the most complete data possible. Only when a client refuses to provide personal information and the project funder does not prohibit it, it is permissible to enter incomplete client data. If a client refuses to provide the required data elements, record the answer as "refused."

## 1. Data Completeness Standard

- a) All data entered into HMIS must be complete. Missing or incomplete data (e.g., missing digits in a Social Security Number (SSN), missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients. Incomplete data limits understanding and the ability to utilize data for the analysis of program outcomes. Missing data could prevent the client from receiving needed services services that could help them become permanently housed and end their episode of homelessness.
- b) If a client's record already exists in the HMIS, the agency must not create a duplicate record as this can affect an agency's overall data completeness and accuracy rates. A client may not wish to provide information to the HMIS (it is their right) and a participating agency cannot deny services to any client refusing to be entered in the HMIS. However, in order for HUD-funded providers to accurately complete reports for their projects, either a deidentified client record must be created in the HMIS or the client's information and services must be tracked on paper.
- c) The Battle Creek/Calhoun County requires that all participating agencies enter 100% of their clients into HMIS within 7 business days of data collection. If the information is not entered on the same day it is collected, the participating agency must assure that the date associated with the information is the date on which the data was collected by ensuring that:
  - a. Data are entered into the system using the Enter Data As function.
  - b. Backdating the information into HMIS<sup>1</sup>
  - c. Entering the project start/exit data and the UDEs

| HMIS Project Type                           | Completeness Standard (% of Required Data Entered into the HMIS) |
|---|--|
| Coordinated Entry                           | 100%   |
| Emergency Shelter (includes motel projects) | 100%   |
| Homelessness Prevention                     | 100%   |
| Permanent Supportive Housing                | 100%   |
| Rapid Rehousing                             | 100%   |
| Street Outreach                             | 100% - only applies after client has                             |
|   | a date of engagement   |
| Supportive Services Only (Excludes          | 100%   |
| Coordinated Entry)                          |  |
| Transitional Housing                        | 100%   |

## 2. Data Timeliness Standard

a. Entering data in a timely manner can reduce human errors that occur when too much time has passed between the data collection or service transaction, and the data entry. Ideally, the data is entered "live" during intake, but that is not always possible. Data not entered on intake must be noted on a hard copy assessment and that data should be entered within 7 business days. Timely data entry ensures that the data are accessible when it is needed, either proactively (e.g., for monitoring purposes, increasing awareness, meeting funder requirements), or reactively (e.g., for responding to requests for data/information from a case manager as part of local housing prioritization committee)

Timeliness Standard (Length of Time from data collection to entry into the HMIS)

| imeliness Standard (Length of Time from data collection to entry into the HMIS)            |   |   |  |   |  |
|--|---|---|--|---|--|
| HMIS Project   | Entry   | Exit  | Contacts/Entr                            | Annual Updates  |  |
| Туре   |   |   | У  |   |  |
| Coordinated Entry  | Live or within 7<br>business days of<br>contact | Live or within 7<br>business days of<br>contact (back-dated to<br>date of last contact)   | N/A                                      | N/A   |  |
| Homelessness<br>Prevention   | Live or within 7<br>business days of<br>contact | Live or within 7<br>business days of<br>contact   | N/A                                      | N/A   |  |
| Emergency Shelter<br>(Night by Night<br>Shelter utilizing the<br>entry/exit<br>workflow)   | Live or within 7<br>business days of<br>contact | Live or within 7 business days of project exit (back- dated to date of last shelter night stay, the morning of the day the client did not return) | N/A                                      | N/A   |  |
| Emergency Shelter<br>(utilizing shelter<br>stay connected to<br>an entry/exit<br>workflow) | Live or within 7<br>business days of<br>contact | Live or within 7 business days of project exit (back- dated to date of last shelter night stay, the morning of the day the client did not return) | N/A                                      | N/A   |  |
| Permanent<br>Supportive Housing  | Live or within 7<br>business days of<br>contact | Live or within 7<br>business days of<br>contact   | N/A                                      | within 30 days<br>before or after a<br>client's yearly<br>anniversary |  |
| Rapid Rehousing  | Live or within 7<br>business days of<br>contact | Live or within 7<br>business days of<br>contact   | N/A                                      | within 30 days<br>before or after a<br>client's yearly<br>anniversary |  |
| Street Outreach  | Live or within<br>24 hours of<br>contact        | Live or within 24<br>hours of contact   | Live or within<br>24 hours of<br>contact |   |  |
| Supportive Services Only (excludes Coordinated Entry                                       | Live or within 7<br>business days of<br>contact | Live or within 7<br>business days of<br>contact   | N/A                                      | N/A   |  |
| Transitional<br>Housing  | Live or within 7<br>business days of<br>contact | Live or within 7<br>business days of<br>contact   | N/A                                      | within 30 days<br>before or after a<br>client's yearly<br>anniversary |  |

# 3. Data Accuracy Standard

a. Information entered into HMIS needs to be valid and to accurately represent the information on the people who enter any of the homeless service programs contributing data to the HMIS. All data entered into HMIS must reflect the information provided by the client, as documented by the intake worker or case manager updating the client supplied information. As a benchmark, it is better to enter "client doesn't know" or "refused" than to enter inaccurate information. Knowingly recording inaccurate information is strictly prohibited. To ensure the most up-to-date and complete data, data correction should be performed once an error is detected.

The Battle Creek/Calhoun County has set a goal of at least 95% accuracy to ensure validity of program outcome analysis, including state and federal reporting.

| Data Quality Measurements                         | Data Element | Applicability<br>Type         | Maximum Allowed  |
|---|--------------|-------------------------------|--|
| Name  | 3.01         | All projects                  | 5%   |
| Relationship to Head of Household                 | 3.15         | All projects                  | 5%   |
| 3.917 and homeless history                        | 3.917        | All projects                  | 5%   |
| questions   |              |                               |  |
| Disabling Condition                               | 3.08         | All projects                  | 5%   |
| Income and Non- Cash Benefit and Health Insurance | 4.02/4.03    | All projects                  | 5%   |
| Domestic Violence and                             | 4.11         | All projects                  | 5%   |
| dependencies                                      |              |                               |  |
| Veteran Status                                    | 3.07         | All projects                  | 5%   |
| Client Location                                   | 3.16         | All projects                  | 5%   |
| Housing Move in Date                              | 3.20         | All projects                  | 5%   |
| Federal Partner Funding Source                    | 2.06         | All projects                  | 5%   |
| Missing Entry/Exits                               | 3.10/3.11    | All projects                  | 5%   |
| Incorrect Entry Type                              |              | All projects                  | 5%   |
| Duplicate Entry/Exits                             | 3.10/3.11    | All projects                  | 5%   |
| Missing Exit Dates                                | 3.11         | All projects                  | 5%   |
| Unknown Destinations                              | 3.12         | All projects                  | 20% Coordinated Entry<br>20% Emergency Shelters<br>20% Street Outreach<br>10% all others |
| Coordinated Entry Assessment                      | 4.19         | Coordinated<br>Entry Projects | 5%   |
| Coordinated Entry Event                           | 4.20         | Coordinated<br>Entry Projects | 5%   |
| Interim/Annual Assessments                        | N/A          | PH Projects                   | 5%   |
| Inactive Provider Pages                           | N/A          | All closed projects           | 5%   |

# 4. Consistency Standard

a. Data consistency means that data are understood, collected, and entered in the same way across all projects in HMIS. Consistency directly affects the accuracy of data. The workflow data entry trainings hosted by HMIS provide the end user the standardized step by step instructions on how to accurately enter data for the desired project. Hard copy workflows and assessments are available for participating agencies to keep as a guide.

## **Project Page Set Up**

a. In order for participating agencies to ensure data is reported correctly to their funders, it is critical that each agency project page is set up per the prescribed guidance from MCAH. This guidance is based on the written instructions provided by the funder(s) and includes all of required elements. All required elements must have the correct information entered so projects data can be included in federal reports. In addition, proper set up ensures the end users enter client data as required. Detailed instructions can be found on the HMISlearningcenter.org and as part of the HMIS Policies and Procedures document.

| Provider Page Set Up Items  |
|---|
| Provider Page Name  |
| Contact Information   |
| HUD Standards Information(Project type, bed/unit inventories, funder type/grant term) |
| Assessments   |
| Services  |
| Inactive Provider Pages   |

## **Bed Coverage and utilization**

- b. HMIS provider page configuration includes an area to record the bed and unit inventory for each residential project created in the system (those offering lodging). This includes projects entering data into HMIS and those who are NOT participating in HMIS. The information is recorded for use in tracking utilization, data quality analysis and reporting. The information entered must be accurate as these data will be counted in the yearly Housing Inventory Count (HIC). The HIC is reported annually to HUD, (along with the Point In Time (PIT) count) and reflects the number of beds and units available for use on the last Wednesday in January. Additionally, each HUD funded housing project's APR/CAPER includes bed/unit usage on the last Wednesday of January, April, July, and October.
- c. Completing the Bed and Unit inventory is a complex component of the Provider Page Set Up process. The MCAH HMIS team can help support participating agencies complete their inventory. In addition, there are guidance documents on the HUD Exchange:

  <a href="https://files.hudexchange.info/resources/documents/HMIS-Project-Descriptor-Data-Elements-Manual.pdf">https://files.hudexchange.info/resources/documents/HMIS-Project-Descriptor-Data-Elements-Manual.pdf</a>.

d. The Battle Creek/Calhoun County requires bed/unit inventories to be updated whenever any substantial changes in a project occur. The MCAH Learning Center website includes a document titled "Updating Bed and Unit Inventories" and other resources that provide guidance for all HMIS participating agencies to follow when updating project bed/unit inventories.

# Figure 1.8 – Bed and Unit Inventory data elements

Houshold Type
Bed Type (ES Only)
Availability (ES Only)
Bed Inventory
Dedicated Bed Inventory
Unit Inventory
Inventory Start Date (Optional)
Inventory End Date (Optional)
HMIS Participating Beds

Fixed bed: beds that are located in a residential homeless assistance facility dedicated for use by persons who are homeless. It is a set number of beds for a specific household type.

Voucher beds: beds that are located outside of a residential homeless facility and can include hotels/motels/apartments. There is no set number and these must be calculated per the HUD instructions.

## **Data Quality Reports Schedule EXAMPLE**

The Battle Creek/Calhoun County requires that all HMIS participating agencies monitor data quality on a monthly basis, at the minimum. To this end, the Data Quality Review Guidance Document was created to assist the HMIS System Administrators, Agency Administrators and End Users in running the required reports and cleaning/fixing data.

| Report Run Date               | Data Cleanup                  | Summary Page Returned         |
|-------------------------------|-------------------------------|-------------------------------|
| 10 <sup>th</sup> of the month | 15 <sup>th</sup> of the month | 20 <sup>th</sup> of the month |

The participating agency **HMIS Agency Administrator (AA)** will run the required reports on the 11<sup>th</sup> of each month. The AA will:

- Send reports to end users for data clean up
- Work with end users when questions arise.
- Rerun reports to ensure data are complete and error free. Complete the Participating Agency
  Monthly Data Quality Monitoring Form, gather the required agency signatures, and return it
  to the HMIS System Admin to be reviewed and filed.

The **HMIS System Admin** will collect all the required summary documents by the 20th of each month. The SA1 will:

- Review the summary document for each agency's projects
- Work with the AA on areas of continued quality improvement paying close attention to the accuracy percentages spelled out in this document (section above).
- Work with the Agency Admin to assist in higher level data quality related issues.
- Report to the performance and Outcomes Committee.
  - Review monthly report issues to ensure communities are within the threshold of data quality plan initiatives

## The Battle Creek/Calhoun County Performance and Outcomes Committee

- Review monthly report issues with the HMIS System Admin to ensure communities are within the threshold of data quality plan initiatives
- When necessary, create a Data Quality Improvement Plan with any community struggling to meet the data quality threshold
- Monitor the Data Quality Improvement Plan and work directly with the community to ensure the benchmarks are being met.

## **Data Quality Improvement Plan**

In response to an agency in need of continued data quality improvement, the Battle Creek/Calhoun County System Admin will create an agency Data Quality Improvement Plan. This is a detailed plan with emphasis on the area of concern, including measurable goals, activities to meet those goals, a monitoring plan, a communication plan and an evaluation plan.

# **Appendix**

**2022 HUD Data Standards Manual Document- Link** 

**2022 HUD Data Dictionary Document – Link** 

**HMIS Policies and Procedures Document-Link** 

**Data Quality Reports Document** 

**Data Quality Reports Summary Page Document** 

**Data Quality Improvement Plan Document**