Homeless Management Information Systems (HMIS) Data Quality Standards

Ohio Balance of State Continuum of Care
Mahoning County Homeless Continuum of Care

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Introduction

This document describes the Homeless Management Information System (HMIS) data quality standards and the data quality monitoring plan for the Ohio Balance of State Continuum of Care (BoSCoC) and the Mahoning County Homeless Continuum of Care (MCHCoC). These HMIS data quality standards and the related data quality monitoring plan will be updated annually, considering the latest HMIS data standards and the Ohio BoSCoC and MCHCoC performance management needs.

Applicability of the HMIS Data Quality Standards

This HMIS Data Quality Standards document applies to all HMIS Participating Agencies located within the Ohio BoSCoC and MCHCoC, regardless of funding source. No HMIS Participating Agency is exempt from the standards or process laid out in this document.

What is an HMIS?

An HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about the individuals who access homeless and other human services in a community. Each CoC receiving Housing and Urban Development (HUD) funding is required to implement an HMIS to capture standardized data about all persons accessing the homeless and at-risk of homelessness assistance system. Furthermore, elements of HUD's annual CoC Program competition are directly related to a CoC's progress in implementing its HMIS.

In addition to CoC Programs and state-funded homeless programs, HMIS accommodates the following programs:

- The Supportive Services for Veteran Families (SSVF) program
- The Grant and Per Diem (GPD) program
- The Health Care for Homeless Veterans (HCHV) program
- Projects for Assistance in Transition from Homelessness (PATH) program
- Runaway Homeless Youth (RHY) program
- Youth Homelessness Demonstration Program (YHDP)
- Others as needed

HMIS Data and Technical Standards

In 2004, HUD published HMIS Data and Technical Standards in the Federal Register. The Standards defined the requirements for data collection, privacy safeguards, and security controls for all local HMIS. In March 2010, HUD published changes in the HMIS Data Standards Revised Notice. Every year or so, HUD publishes new data standards changes which are incorporated into data collection and workflows for the HMIS. The latest specifications can be found on the HUD Exchange.

What is Data Quality?

Data quality is a term that refers to the reliability and validity of client-level data collected in 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 about the data such as timeliness, completeness, and accuracy. In order to assess data quality, a community must first think about what data quality means and document this understanding in a data quality plan.

What are Data Quality Standards?

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

What is a Data Quality Monitoring Plan?

A data quality monitoring plan is a set of procedures that outlines a regular, on-going process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

Data Quality Standards

All Ohio BoSCoC and MCHCoC HMIS Participating Agencies must strive to adhere to the following data quality standards. These standards are in addition to those identified by HUD in the HMIS Data and Technical Standards. HMIS End Users and program staff should be familiar with both sets of requirements.

Data Timeliness

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection, or service transaction, and the data entry. Ideally, the data is entered during intake, but that is not always possible. The individual doing the data entry may be relying on handwritten notes or their own recall of a case management session, a service transaction, or a program exit date; therefore, the sooner the data is entered, the better chance the data will be correct. Timely data entry also ensures that the data is accessible when it is needed, either proactively (e.g. monitoring purposes, increasing awareness, meeting funded requirements), or reactively (e.g. responding to requests for information, responding to inaccurate information).

Data Timeliness Standard

All required data elements for each program type must be entered within five days (including weekends and holidays) of the client entering the program. Any client updates that occur during the program stay should be entered into HMIS within five days of data collection. Client records must be closed within five days of the client exiting the program.

Table 1

Stage of Data Entry	Number of Days to Enter Data (including weekends and holidays)
Program Entry[1]	5
Update data during program stay	5
Program Exit	5

[1] End Users can find their timeliness measure in R minor elevated > Data Quality > Data Entry Timeliness.

Data Completeness

All data entered into the HMIS must be complete and accurate. Missing or incomplete data (e.g., missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients.

Data Completeness Standard

The Ohio BoSCoC and MCHCoC have established acceptable ranges of 'Missing' and 'Client Doesn't Know/Client Prefers Not to Answer' responses, depending on the data element and the type of project entering data. The percentages listed in Table 2 represent the maximum percentages allowed per project type.

Table 2

Project Type	**CE**		**ES**		**PSH/RRH/HP/TH/SSO**		**SO**		**RHY**		**SSVF/GPD**	
Data Elements[2]	Missing[3]	Client Doesn't Know/Client Prefers Not to Answer	Missing	Client Doesn't Know/Client Prefers Not to Answer	Missing	Client Doesn't Know/Client Prefers Not to Answer	Missing	Client Doesn't Know/Client Prefers Not to Answer	Missing	Client Doesn't Know/Client Prefers Not to Answer	Missing	Client Doesn't Know/Client Prefers Not to Answer
All Data Elements Except those listed below	0%	2%	0%	2%	0%	2%	2%	5%	0%	5%	0%	2%
Veteran Status	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Social Security Number	0%	2%	0%	2%	0%	2%	2%	5%	0%	5%	0%	0%
Income as a Percent of AMI	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
VAMC Station Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
Move-In Date at Exit	NA	NA	N/A	N/A	0%	2% PSH 0% RRH only	NA	NA	0%	0%	0%	2% RRH only
Destination	25%	2%	10%	2%	2%	2%	15%	2%	2%	2%	2%	2%
Housing Assessment at Exit	N/A	N/A	N/A	N/A	2% HP only	2% HP only	N/A	N/A	N/A	N/A	N/A	N/A

[2] HMIS End Users can find which clients have incomplete data in R minor elevated > Data Quality > Provider-level.
[3] Missing includes blank fields, Data Not Collected, Other, No Exit Interview.

Anonymous Clients

Entering clients anonymously is permitted when the client requests this. However, it is advised that case managers be able to explain to their clients how HMIS client data is secured so that the client feels comfortable with their data being entered into the HMIS. The general advice if a client is uncomfortable and wants to be entered as anonymous is: “Inform, don’t pressure.”

Anonymous data undoubtedly hurts overall data quality for the CoC and the project itself, however, the client’s safety and feeling of security is of great concern as well. Having the personally identifying data is important because it is the only way we have of distinguishing that client from other client records in the database. Having identifying information also allows us to match people across systems for the purposes of studying delivery of services via the Ohio Human Services Data Warehouse. A client being entered as anonymous may be unintentionally duplicated.

For all anonymous clients, paper files should contain their HMIS Unique ID so if the client returns, the same number can be used.

The maximum allowed data quality measurement for Completeness includes anonymous clients.

Special Date of Birth (DOB) Data Entry Rules

Clients may not know or refuse to provide dates of birth in HMIS. This is expected to happen sometimes and is acceptable. However, not entering a client’s date of birth in HMIS will cause other required data elements such as Veteran Status and Prior Living Situation to be hidden.

To work around this issue, set Quality of DOB to ‘Approximate or Partial DOB reported’ and then enter an approximate date of birth for the client based on the following age ranges:

- Under 18: Use the Program Enrollment Date and subtract 10 from the year
- 18-24: Use the Program Enrollment Date and subtract 18 from the year
- 25-64: Use the Program Enrollment Date and subtract 25 from the year
- 65 and over: Use the Program Enrollment Date and subtract 65 from the year

Data Accuracy

Information entered into the HMIS needs to be valid, i.e. it needs to accurately represent information about the people that enter any of the homeless service programs contributing data to HMIS. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is worse than incomplete information. Thus, it should be emphasized to clients and staff that it is better to enter nothing than to enter inaccurate information. To ensure the most up-to-date and complete data, data correction should be performed once the error(s) is detected.

All data entered into the CoC’s HMIS shall reflect information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference. Recording inaccurate information is strictly prohibited, except in cases where a client refuses to provide correct personal information (see Anonymous Clients section below).

Data Accuracy Standard

The percentage of clients showing in each of the Data Quality Measurements for Accuracy should be no more than 0-2%, depending on project type and the measurement. (See Table 3 for details.)

Table 3

Data Quality Issue Types	Applicability of Standard by Project Type	Maximum Allowed
All Data Quality Issues marked as "High Priority" • Located in Rme – Data Quality – Region-Level	All Projects	0%
All Data Quality Issues marked as "Error" • Located in Rme – Data Quality – Program-Level and Region-Level	All Projects	2%

The Data Quality Issue Type of "Warning" is not listed above because not every Warning requires a correction in HMIS. Please email hmis@cohhio.org if you are unsure about Warnings.

Data Quality Monitoring Plan

The following section outlines how Ohio BoSCoC and MCHCoC HMIS data quality will be monitored, including adherence to the data quality standards referenced above. Any questions about data entry or policies regarding HMIS should be directed to hmis@cohhio.org.

Roles and Responsibilities

One person can serve under multiple of the following roles. All HMIS End Users are welcome to use any of the reporting available in R minor elevated, but the following informs what reports are meant to fulfill the responsibilities of each role.

Following are the responsibilities for various HMIS roles, as it pertains to monitoring and maintaining HMIS data quality.

All HMIS End Users

All HMIS End Users have access to R minor elevated so they can check their data quality on a regular basis (no less than monthly). To request access to R minor elevated, please email hmis@cohhio.org. To check data quality, HMIS End Users should review the following[4]:

- R minor elevated > Data Quality > Program-level

HMIS Agency Administrators

HMIS Agency Administrators have access to R minor elevated and should use it to check their agency's data quality. Information about data quality can be accessed via R minor elevated > Data Quality > Region-level report and can be reviewed for High Priority issues and Errors that exist in your organization. You may find it helpful to

[4] Any HMIS End Users with access to R minor elevated is welcome to look at any tab within R minor elevated. These are the suggested reports.

filter for your organization's name to see an ordered list of data quality issues that need to be addressed at your particular organization. It may be necessary to offer assistance to other HMIS End Users at your organization to be sure HMIS data is being entered correctly.

Homeless Planning Region Leadership

Agencies in leadership roles in their Homeless Planning Regions, such as HCRP Leads and Executive Committee chairs, can use the R minor elevated > Data Quality > Region-level report to check for High Priority issues and Errors that exist in your Homeless Planning Region. This report can help problem-solve data quality issues that are affecting any region-level reporting.

HMIS System Administrators

HMIS System Administrators train HMIS End Users on how to correctly enter data into HMIS, run reports as necessary, support current HMIS End Users, create and maintain documentation, keep HMIS End Users informed about any changes, maintain provider data, assist in submitting reports to HUD, contact agencies and assist HMIS End Users who are struggling to keep good HMIS data quality.

Data Quality Monitoring

HMIS End Users

HMIS End Users are responsible for checking all relevant Data Quality reports as outlined in this document on a monthly basis and making corrections or developing corrective action plans to address errors as needed. HMIS End Users should contact the HMIS Help Desk (hmis@cohhio.org) for any HMIS related questions. Additionally, HMIS End Users must be responsive to COHHIO HMIS staff when data quality issues are identified and engage in any needed corrective action.

HMIS System Administrators

HMIS System Administrators will review the R minor elevated > Data Quality > CoC-wide report monthly. The COHHIO HMIS team will contact the HMIS End Users at the projects with large numbers of High Priority issues and Errors. If the HMIS End Users do not respond, HMIS System Administrators will reach out to the HMIS Agency Administrator and/or Executive Director of the agency. If an agency does not adequately respond to the request for improvement, the issue will be raised with the HMIS Management Committee at the next monthly meeting and an action plan determined. If the agency still does not adequately respond to the request for improvement, the CoC Director or CoC Staff Lead may contact the appropriate funding agency regarding the issue and continued access to the HMIS may be jeopardized.

Compliance

If the agency fails to make corrections when HMIS System Administrators have informed them of needed corrective action, or if there are repeated or serious data quality errors, the HMIS System Administrators will notify CoC Staff, ODOD (if applicable) and the agency's Executive Director about specific plans to address non-compliance with the required HMIS participation and consequences for failing to follow the proposed plan of action.

Non-compliance with the standards laid out in this document may result in the grantee being placed on a Quality Improvement Plan (QIP), or similar improvement process, as described in the Ohio BoSCoC Quality Improvement Planning and Process document. The document can be found on the Performance and Monitoring page. Ongoing non-compliance after being placed on an improvement plan could result in loss of federal or state funding. Moreover, several funding sources now consider HMIS data quality when making funding decisions, including

ODOD's Supportive Housing Program, HCRP, and HUD's CoC Program. Low HMIS data quality performance, regardless of participation in a QIP, may result in denial or reductions of this funding.

Appendix A

Terms and Definitions

Client

A person receiving services or housing from the homeless system.

Homeless Management Information Systems (HMIS)

An HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about the individuals who access homeless and other human services in a community.

HMIS Data Quality

Refers to the reliability and validity of client-level data. HMIS data quality can be measured by the extent to which the client data in the system reflects actual information in the real world.

HMIS System Administrators

Coalition on Housing and Homelessness in Ohio (COHHIO) staff members who provide training, support, reporting, analysis, and quality improvement of the HMIS data.

Housing Stabilization Projects

The ODOD Homeless Crisis Response Program (HCRP) covers 3 different program types: Emergency Shelter, Rapid Rehousing, and Homelessness Prevention. ODOD uses the term “Housing Stabilization” to refer only to the Rapid Rehousing and Homelessness Prevention programs within the ODOD Homeless Crisis Response Program.

Project Types and Corresponding Funding Sources

Emergency Shelter (ES)

ODOD Homeless Crisis Response Program (HCRP), HUD Emergency Solutions Grant Program (ESG), Veterans Administration (VA) Community Contract, Runaway Homeless Youth (RHY), Other/Private funding

Transitional Housing (TH)

ODOD Supportive Housing Program (OSHP), HUD CoC Program, VA Grant Per Diem (GPD), Other/Private funding, Housing Opportunities for Persons With AIDS (HOPWA)

PH - Permanent Supportive Housing (PSH)

OSHP, HUD CoC Program, Section 8 Single Room Occupancy (SRO), Veterans Administration Supportive Housing (VASH), HOPWA, Other/Private funding

PH - Rapid Re-Housing (RRH)

ODOD HCRP, HUD ESG, VA Supportive Services for Veterans Families (SSVF), HUD CoC Program, Other/Private funding

Homelessness Prevention (HP)

ODOD HCRP, HUD ESG, SSVF, RHY, HOPWA, Other/Private funding,

Street Outreach

ESG Outreach, SHP Supportive Services Only (SSO) with Outreach, Projects for Assistance in Transition from Homelessness (PATH), Other/Private funding

Services Only Programs

SSO without Outreach, PATH, Other/Private funding