

CT COALITION TO END HOMELESSNESS



# CT HMIS Data Quality Plan

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## **What is a DQ Plan?**

A data quality plan is a document that helps guide the CoC in attaining the most valid and reliable data in CT HMIS. The plan identifies benchmarks for data quality, identifies the roles and responsibilities of all parties responsible for data quality, and includes procedures and timeframes for implementation and monitoring.

## **What is Data Quality**

Data quality is a measurement of the reliability and validity of client-level data gathered and entered into CT HMIS. Several factors influence good data quality: timeliness of entry, completeness of the data, and accuracy of the data. Adhering to a strong data quality plan will ensure better outcome reporting, easier submissions of grant performance reports such as the HUD Annual Performance Report (APR), and supports the submission of the Annual Homeless Assessment Report (AHAR) and System Performance Measures Report (SPMs).

## **Why do we need a DQ Plan?**

Data quality is critical to the work of ending Homelessness in CT. Along with the mandate that federally funded projects must enter data into HMIS, the database allows for much more than just meeting a requirement. Good data quality helps agencies, CoCs, Coordinated Access Networks (CANs), and the State report on performance outcomes, allows for case managers to have all of the information necessary to help their clients, and provides a way to view system performance overall. When data quality is not where it should be, it affects the entire system. It can impact clients who may have to spend time correcting erroneous information with a case manager. It can negatively impact overall data quality scores for the CoC which could affect competitiveness in the HUD NOFA competitions. It could also impact an agency's ability to continue receiving funds from federal sources if consistently poor data goes to HUD in required reports. Data is a driving force in being able to end homelessness and having a strong Data Quality Plan can help the entire state improve.

## **Roles & Responsibilities**

### **Agencies**

Individual agencies are at the front line of good data quality. Fostering a culture that uses data to make programmatic decisions will also encourage staff to enter data accurately, completely, and timely. Project staff can run the “Client Data Quality - 2017 Data Standards” for their project to quickly identify any necessary additions or corrections. Agency HMIS Data Coordinators (HDCs), can run the “Client Data Quality - 2017 Data Standards” on one or all of their agencies projects to get a sense of how the agency’s data quality appears. The HDC should run the report as often as possible to catch issues before they become problematic, with the recommendation that the report is run and reviewed at least once per month. This includes doing client file spot checks to ensure the data in a client file matches what was entered into HMIS. When agencies determine someone is struggling to maintain good data quality, they should strongly consider sending the staff person for additional training.

### **CoCs**

The Continuum of Care should regularly review the “Client Data Quality - 2017 Data Standards” report for the CoC’s projects. Because data quality is critical to the operation of the entire system, all projects in the CoC should be included in the reporting, not just HUD Funded projects.

### **HMIS Lead**

The HMIS Lead ensures the HMIS is operational and able to meet the specifications outlined by HUD and other federal partners. Additionally, the HMIS lead ensures that all required reports are available and functional in the system. In an effort to help make the Data Quality reporting more user friendly, the HMIS Lead will also develop and implement a data dashboard that will be updated quarterly.

## **Components of a DQ Plan**

### **Timeliness**

Best practices for entering data into CT HMIS indicate that data should be entered in real time to reduce human error that can occur when there is a lag between data collection and data entry. Entering data real time, or as close to real time as possible, ensures data is available whenever it's needed—including for grant reporting and overall system monitoring.

### **Completeness & Consistency**

In order to provide the best possible service to people experiencing homelessness, complete and consistent data is critical. While HUD has not provided specific percentages of acceptable rates of missing or unknown data, there are statewide data standards that encourage no more than 5% of a given data element to have missing or unknown data. The goal, however, is 100% completion whenever possible. Complete data also includes entering the data for all clients served. Additionally, complete data also refers to the completeness of bed utilization in the system. Consistent data refers to agencies collecting data using the same definitions and entering data that has no contradictions. Consistent data has no values that are impossible: child veterans and pregnant males, as some examples.

### **Accuracy**

Accuracy of CT HMIS data is also critical in being able to provide the best possible service to clients. This means that the data entered in CT HMIS matches the data in the client's case file. This standard is the most difficult to monitor as it requires comparisons between the CT HMIS record and corresponding evidence in a file. Having accurate data ensures that CT HMIS will provide the most realistic representation of our homeless system at any given time.

### **Monitoring**

Monitoring data quality should be done at multiple levels. The primary and most important level is the Agency. Agency HMIS Data Coordinators (HDCs) should run the data quality report for all of their projects at least monthly to quickly identify issues that need to resolution. The CoC should also monitor data quality to be prepared for AHAR, NOFA, System Performance Measures, and any other CoC level reporting that may be necessary. Finally the CT HMIS Lead Organization will run and monitor data quality reports on a statewide level and produce dashboard reports quarterly to that end.

### **Incentives and Enforcement**

Incentives and Enforcement of the standards in this Data Quality Plan help encourage and reinforce the

importance of data to the homelessness system in CT. Agencies should create internal policies to help staff recognize the importance of good data quality and provide recognition of improvements. When agencies identify a particular staff member having difficulty with their data entry and data quality, the staff person can receive a free HMIS retraining.

## Training

The CT HMIS System Administrator is responsible for providing training to all HMIS users in CT. This training will cover all of the information a front-line staff person will need to ensure good data quality. Along with training, the CT HMIS help desk is available to assist staff with any HMIS related technical support they may need.

## Data Quality Benchmarks and Goals

### Timeliness

In an effort to have the most robust Homeless Management Information System possible, CT HMIS Participating Agencies need to adhere to timely data entry standards. HUD has also mandated that each Continuum of Care have specific standards in place in order to accurately reflect the number of people currently receiving homelessness related services throughout the system at any given time.

#### **Per Policy 302: Data Quality Management Plan in the HMIS Policies & Procedures Document:**

*Data entry should be current within the scheduled number of days from intake, exit, service provision, or any other client interaction which necessitates any form of data entry. The timeliness schedule is determined by type of program and client contact.*

**Best practices indicate that real-time data entry is the preferred standard as it leads to better data quality and a higher level of accuracy.** However, in the provision of homelessness services, real time data entry is not always possible, but entry deadlines must exist to ensure the system's integrity. To that end, the CT HMIS Steering Committee has adopted the following timeliness standards by project type.

**Coordinated Entry:** All Coordinated Entry Assessment data, including Coordinated Access Network Enrollments, must be completed within 1 business day of the appointment; however real time data entry is preferable. This includes updating the appointment outcome from "referred" to the appropriate option as a result of meeting with the client.

**Emergency Shelter:** Emergency shelter data must be entered within 1 business day; however real time data entry is preferable. This includes entering intake data, client information updates, services provided, and client exits with an appropriate exit destination.

**Street Outreach:** Street outreach data must be entered within 1 business day. This includes intake/project entry data and client exits with an appropriate exit destination.

**Transitional Housing:** Transitional Housing data must be entered within 2 business days. This includes intake/project entry data, periodic assessments, and client exits with an appropriate exit destination.

**Permanent Housing Projects (Including Rapid Re-Housing and Permanent Supportive Housing):** All data entry must be entered within 3 business days. This includes intake/project entry data, periodic assessments, and client exits with an appropriate exit destination.

**Services Only and Other Project Types Not Listed:** All data entry must be entered within 5 business days. This includes intake/project entry data, periodic assessments, and client exits with an appropriate exit destination.

### **Additional Timeliness Considerations**

Timely data entry also includes correcting any data quality issues if notified by a representative of the CoC, the CT HMIS Lead Organization, or the CT HMIS System Administrator. In the event an agency's HMIS Data Coordinator receives notification of data issues needing rectification, the corrections must be made within 1 business day. If the issues are extensive and will take more than 1 day, the HDC must provide a reasonable estimate of the time necessary to correct the data. To that end, HDCs must respond to their CoC, CT HMIS Lead, or HMIS System Administrator within 1 business day to provide that information. If an HDC is out of the office due to vacation, illness, etc., there must be an alternate contact person at the organization who can respond to the request or let the requestor know when a response will be received.

## Completeness

Universal Data Element	Universal Data Elements by Program Type Benchmark for % Null/Missing and % Unknown/Don't Know/Refused (percentage not greater than)															
	ES		TH		PH		SSO		Safe Haven		Outreach		Prevention		Rapid Rehousing	
	% Null / Missing	% Unknown / Don't Know / Refused	% Null / Missing	% Unknown / Don't Know / Refused	% Null / Missing	% Unknown / Don't Know / Refused	% Null / Missing	% Unknown / Don't Know / Refused	% Null / Missing	% Unknown / Don't Know / Refused	% Null / Missing	% Unknown / Don't Know / Refused	% Null / Missing	% Unknown / Don't Know / Refused	% Null / Missing	% Unknown / Don't Know / Refused
3.1 <sup>12</sup> Name	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
3.2 Social	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.3 Date of	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.4 Race	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.5 Ethnicity	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.6 Gender	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.7 Veteran	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.8 Disabling Condition	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.10 Project Start	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.11 Project Exit Date	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.12 Destination	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.15 Relation to Head of Household	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.16 Client Location	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.20 Housing Move-in Date	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.917 A Living Situation (ES, SO, SH)	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
3.917 B Living Situation (TH, PH, SSO, CE)	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%

### Completeness: Clients Served

100% of clients served should be entered into CT HMIS. If programs do not enter all of the data on the clients they serve, the HMIS data reports will not accurately reflect the reality of our homeless population size and the potential needs of our clients.

### Completeness: Bed Utilization

Bed utilization for shelter programs measures the rate of beds used for shelter clients. Low utilization rates can



indicate a program operating under capacity or it could be a sign that 100% of clients served were not entered into HMIS. Shelters should run their “DOH Shelter Utilization v2” to monitor the utilization rates in HMIS.

### **Accuracy**

Data entered into CT HMIS must be valid. It needs to represent information on the people experiencing homelessness in the state accurately. Inaccurate data is worse than missing data as it can potentially change our understanding of a person’s homeless experience and their level of need. For example, if a program serves only men, a female client record would likely be an inaccuracy. Agency HMIS Data Coordinators should spot check the HMIS data against data in client charts at least once per month as a means of ensuring accurate was entered into the system.

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## **Monitoring**

### **Agency Monitoring**

There are several reports in CT HMIS to help agencies monitor their data quality. These reports include the “Client Data Quality - 2017 Data Standards,” “CoCAPR – 2017,” and the “DOH Shelter Utilization v2.” Each of these reports has functionality built in to allow for sub-report level data to provide client detail that will help end users determine where their data errors are.

### **CoC Monitoring**

CoCs monitor data quality as a part of their annual evaluations. These evaluations lead to the rating and ranking of projects for HUD funding; therefore, it is critical to have the best possible data quality to help ensure a project gets all of the review points associated with it.

### **Statewide Monitoring**

CCEH will create a data dashboard for quarterly analysis of data quality across the system. This will allow agencies and CoCs to get a snapshot of the state of data quality without the need to run reports in HMIS. Additionally, CCEH will review data for inactive clients and will provide information to agencies on how to find their inactive clients so that they can be corrected.

## **Incentives and Enforcement**

### **Agencies**

Agencies should be creative to find ways of incentivizing excellent data quality. Actively monitoring data quality within the organization will lead to agencies being able to easily identify high performing staff, those who’ve shown great improvement and those who may still struggle with data entry. When an agency identifies a staff person continuing to struggle with their data quality, the option for retraining exists.

### **CoC**

CoCs incentivize data quality through their monitoring processes. The better the data quality, the better your data reflects the progress a program is making with their clients. This can lead to high monitoring scores which can lead to a higher rank for the HUD NOFA process.

### **Statewide**

The HMIS Lead will provide data dashboards to the state of CT so that anyone can review data quality. The data quality results will be publicly available on the CCEH website. The availability of this information should incentivize agencies to have the best possible data quality for public viewing.

## Training

The HMIS System Administrator is responsible for providing training to all CT HMIS users in CT. This training will cover all of the information a front-line staff person will need to ensure good data quality. Along with training, the CT HMIS help desk is available to assist staff with any HMIS related technical support they may need.

Each month, the HMIS System Administrator offers multiple training classes. The topics of these classes includes Rapid Re-Housing/Support Services for Veteran Families/Homeless Prevention & Services Only; Emergency Shelter; Transitional Housing, Permanent Supportive Housing, Shelter Plus Care, Department of Housing AIDS projects; PATH, Coordinated Access, and Reporting in HMIS.

## Implementation Plan

- Month 1-Introduce Plan to Steering Committee with Feedback from DOH and DMHAS representatives
- Month 2-Receive Feedback from Steering Committee
- Month 3-Revise HMIS Policies & Procedures to include Data Quality Plan. Disseminate updated P&P to end users
- Months 4-6-Agencies become more comfortable with running and evaluating the data in the Data Quality, APR, and Shelter Utilization Reports (where applicable).