E.6

HOMELESS CONTINUUM OF CARE OF STARK COUNTY
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
DATA QUALITY PLAN

I. INTRODUCTION

a. Purpose

i. This document contains the Data Quality Plan for the Homeless Continuum of Care of Stark County HMIS (hereinafter HCCSC HMIS). The document includes the Data Quality Plan and protocols for ongoing data quality monitoring that meet the requirements set forth by the Department of Housing and Urban Development (HUD). It is developed by HCCSC HMIS (HMIS Lead Agency and HMIS Committee), in coordination with the HMIS Participating Agencies and community service providers. This HMIS Data Quality Plan is to be updated annually, considering the latest HMIS data standards and locally developed performance plans.

b. HMIS Data and Technical Standards

i. HCCSC HMIS abides by the federal regulations currently in effect concerning Data and Technical Standards.

c. Data Quality

i. Definition: “Data quality” is measured by the extent to which the Participant data in the HMIS reflects actual information in the real world.

ii. Plan: A Data Quality Plan is a set of standards and benchmark expectations for both HCCSC as a whole and the HMIS Users to capture reliable and valid data on persons accessing the homeless assistance system.

d. Data Quality Monitoring Plan

i. A Data Quality Monitoring Plan is a set of procedures that outlines an ongoing 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, and designates responsibilities for this process.

II. DATA QUALITY COMPONENTS

a. Timeliness
i. **Definition:** HMIS Users must minimize the amount of time that passes between the data collection/service transaction and the data entry into HMIS.

ii. **Benchmarks:**

1. **Emergency Shelters:** Universal Data Elements (refer to appropriate section of the most current HMIS Data Standards Manual) and Shelter Check-In/Check-Out are entered within 5 workdays of intake.

2. **Transitional and Permanent Supportive Housing Programs:** Universal Data Elements (refer to appropriate section of the most current HMIS Data Standards Manual), Program-Specific Data Elements (refer to appropriate section of the most current HMIS Data Standards Manual) and Shelter Check-In/Check-Out are entered within 5 workdays of intake.

3. **Rapid Re-Housing, ESG, HOPWA, Homelessness Prevention, and Shelter Diversion Programs:** Universal Data Elements (refer to appropriate section of the most current HMIS Data Standards Manual) and Program-Specific Data Elements (refer to appropriate section of the most current HMIS Data Standards Manual) are entered within 5 workdays of intake (eligibility established).

4. **Outreach Programs:** Limited data elements are entered within 5 workdays of the first outreach encounter. Upon engagement for services, all remaining Universal Data Elements (refer to appropriate section of the most current HMIS Data Standards Manual) are entered within 5 workdays.

5. **Services Only Programs:** Universal Data Elements (refer to appropriate section of the most current HMIS Data Standards Manual) are entered within 5 workdays.

6. **All Programs:** Data for the month must be entered into the HMIS by the fifth working day of the month following the reporting period.

b. **Completeness**

i. **Definition:** HMIS Users must minimize the amount of unknown or missing data in the HMIS.

ii. **Benchmarks:**

---

E.6

---
1. All data entered into the HMIS shall be complete.
   
a. The HCCSC recognizes that collecting 100% of all data elements may not be possible in all cases. Therefore, the HCCSC has established an acceptable range of null/missing and unknown/Participant doesn't know/refused responses, depending on the data element and the type of program entering data (see chart below).

   **Acceptable Amount of Missing (Null) and Unknown (Client Doesn't Know/Refused) Responses:** (updated June 2016, originally adopted 01/14/2014)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>TH/PSH/RRH/SH/HOPWA/HP/SS</th>
<th>ES/Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Missing</td>
<td>Unknown</td>
</tr>
<tr>
<td>First &amp; Last Name</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>SSN</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Race</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Gender</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Veteran Status (Adults)</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Disabling Condition</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Residence Prior to Entry</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Project Entry Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Project Exit Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Destination</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Relationship to HoH</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Participant Location</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Length of Time on Street, in ES, or in SH</td>
<td>0%</td>
<td>10%</td>
</tr>
</tbody>
</table>

2. All Participants Served
   
a. All programs using the HMIS shall enter data on one hundred percent (100%) of the Participants they serve.

3. Bed/Unit Utilization Rates
   
a. Case managers or shelter staff enter a Participant into the HMIS and assign him or her to a bed and/or a unit. The Participant remains there until he or she exits the program. When the Participant exits the program, he or she is also exited from the bed or unit in the HMIS.
b. Formula: The formula for calculating bed utilization is:

\[
\text{Number of Beds or Units Occupied} \\
\text{Total Number of Beds or Units}
\]

c. Acceptable ranges: Acceptable ranges of bed or unit utilization rates for established projects are:

i. Emergency Shelters: 90%-105%
ii. Transitional Housing: 80%-105%
iii. Permanent Supportive Housing: 85%-105%
iv. New Project Exception: The HCCSC recognizes that new projects may require time to reach the projected occupancy numbers and will not expect them to meet the utilization rate requirement during the first operating year.

c. **Accuracy and Consistency**

i. **Definition for Accuracy:** HMIS Users must enter data that reflects the information provided by the Participant.

ii. **Benchmark for Accuracy:** Knowingly recording inaccurate information is strictly prohibited. Participating Agencies shall report data errors to the HMIS Administrator within five working days of finding an error. Within five working days of receipt, the HMIS User at the Participating Agency will either correct the error or provide supporting documentation. HMIS Administrator will have final decision-making authority.

iii. **Definition of Consistency:** HMIS Users maintain a common understanding and practice of each data element, its response categories, and meaning.

iv. **Benchmark for Consistency:** All data in HMIS shall be collected and entered in a common and consistent manner across all programs. All HMIS Users must complete an initial training before accessing the live HMIS system; furthermore; all HMIS Users must recertify their knowledge of data consistency practices on an annual basis.

d. **Monitoring**

i. **Definition:** The ongoing 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.
E.6

ii. **Benchmark:** At a minimum, all HMIS agencies are expected to meet the data quality benchmarks described in this document. All HMIS data will be monitored on a monthly basis and in accordance with the Data Quality Monitoring Plan.

e. **Incentives and Compliance Assurance**

i. **Benchmark for Incentives:**

1. Agencies that meet the data quality benchmarks will be recognized periodically by the HCCSC HMIS Committee.

2. Agencies that exceed data quality benchmarks will be recognized periodically on the HCCSC’s public website.

ii. **Benchmark for Compliance Assurance:**

1. To ensure that service providers have continued access to the expectations set forth in the Data Quality Plan and information about their comparative success in meeting those expectations, the following protocol will be used:

   a. The Data Quality Plan will be posted to the HCCSC’s public website.

   b. HMIS Administrators will run monthly Annual Performance Reports (APRs) for all projects for the purposes of facilitating compliance review by the 20th day of each month for the previous month. Participating Agency Administrators are able to run Data Quality Reports on their projects at any time.

   c. Participating Agencies will have 10 days to correct data.

   d. The HCCSC HMIS Committee will regularly review Participating Agency Data Quality Reports for compliance with the data quality benchmarks.

   e. HCCSC HMIS will work with Participating Agencies to identify training needs to improve data quality.
f. The HCCSC HMIS Committee will provide a brief update on progress related to the data quality benchmarks at each HCCSC members’ meeting.

2. Compliance with all changes in data quality elements shall be achieved within six (6) months of the approval of the change to this Data Quality Plan.

3. Agencies that fail to meet the data quality benchmarks may be asked by the HCCSC HMIS Committee to submit a written plan that details how they will take corrective action. The plan will be monitored by the HMIS Committee. Should the issues persist, they will be brought before the Collaborative Applicant and HCCSC Board of Directors, at which time the HMIS Committee may make a recommendation to suspend the agency’s ability to enter data into the HMIS, and will contact the agency’s state and federal funders with HCCSC Board of Directors approval.