Chicago Homeless Management Information System (HMIS)

Data Quality Plan

chicago alliance

making homelessness history

1

An All Chicago partner

Table of Contents

The Chicago Homeless Management Information System (HMIS) implementation is led by the Chicago Alliance to End Homelessness (CAEH) in close collaboration with the Chicago Planning Council on Homelessness (Planning Council). In turn, the Planning Council relies on a number of committees and task groups to develop policy recommendations and provide guidance on implementation activities. These groups are committed to balancing the interests and needs of all stakeholders involved, including but not limited to homeless men, women, and children; service providers; funders; and policy makers.

1. Introduction

1.1 Development Process

The HMIS data quality plan was developed through a collaborative effort across service providers, the Department of Family & Support Services (DFSS), HMIS Lead, and was spearheaded by the Data Quality Steering Committee (DQSC), a subcommittee of the HMIS Committee.

1.2 Definition of Data Quality

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 reflect 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 such as timeliness, completeness, and accuracy.

In order to assess data quality, DQSC has thought about what data quality means to the Chicago implementation and has documented this understanding in this data quality plan.

1.3 What is Data Quality Plan?

A data quality plan is a community-level document that facilitates the ability of the CoC to achieve statistically valid and reliable data. A data quality plan sets expectations for both the community and the end users to capture reliable and valid data on persons accessing the homeless assistance system.

1.4 What is a Data Quality Monitoring Plan?

A data quality monitoring plan is a set of procedures that outlines a regular, ongoing process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the project 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.

1.5 HMIS Software

The Bowman Systems software product, ServicePoint, has been adopted by the Chicago

Continuum of Care (CoC) as the official HMIS for CoC providers. For the purposes of this documents, HMIS refers to ServicePoint and all modules, assessments, and reporting capacities, standard or customized, contained therein.

2. Data Quality Standards

The Data Quality Standards for Chicago's Continuum of Care (CoC) outlined in this plan are applicable to all projects participating in HMIS, with exceptions as noted under each standard. Unless otherwise noted, all participating projects using ServicePoint, including interfacing projects, are expected to achieve and maintain the data quality standards.

For the Chicago CoC, the definitions for the different Program Types will follow the Program Models Chart (PMC). Providers are expected to review the PMC to identify the appropriate program for their projects and comply with the requirements outlined in this plan.

2.1 Timeliness

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection/service transaction and the data entry. Timely data entry ensures the data are accessible when they are 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 Entry Timeframe by Program Type

❖ Emergency Shelters: Entry/Exits, Assessment, and Service Transactions as appropriate are entered within *48 hours.*
❖ Interim Housing providers: Entry/Exits, Assessment, Service Transactions and related data are entered within *48 hours*.
❖ Rapid Re-housing and Homelessness Prevention programs: Entry/Exits, Assessments, Service Transactions and related data are entered within *1 week (5 business days)*
❖ Transitional, Permanent Supportive Housing and A Safe Havens: Entry/Exits, Assessment, Service Transactions and related data are entered within *1 week (5 business days)*
❖ Supportive Service Only Program: Entry/Exits, Assessment, Service Transactions and related data are entered for every client within *1 week (5 business day)*
  Note: SSVF Programs due to the Program Type code will be considered as Supportive Services
❖ PATH: Entry/Exits, Service Transactions and related assessment data (including the Outreach Sub-Assessment prior to enrollment) are entered within *1 week (5 business days)*
❖ Outreach programs and Engagement programs: Data elements in the Outreach Sub-Assessment are entered within *48 hours* of the first contact as the client is in the engagement process. Upon enrollment in services, a complete assessment must be done and entered within *1 week (5 business days)*
❖ Interface Agencies: Entry/Exits, Assessments and Service Transactions as appropriate are uploaded into the system by the *5th business day of the following month*.

2.2   Completeness

The purpose of completeness is to ensure sufficient data on clients, their demographic characteristics, and service use to facilitate confident reporting and analysis on the extent and characteristics of the homelessness including the following:

❖ Unduplicated counts of clients served at the local level
❖ Patterns of use of persons entering and exiting the homeless assistance system
❖ Evaluation of the effectiveness of homeless systems

2.2.1 <u>All Clients Served</u>

All projects participating in HMIS are required to comply with the data standards. Data entered need to be valid and accurately represent information on the clients being served.

<u>Universal Data Elements (UDE)</u>
The purpose of the UDEs is to ensure that all service providers participating in Chicago CoC HMIS are documenting the data elements necessary to produce Continuum-wide unduplicated count of clients served. This provides accurate counts for various reporting requirements, including the HUD Annual Performance Report (APR) and the Annual Homeless Assessment Report (AHAR), plus other reporting requirements. This also ensures that the CoC has sufficient client data to conduct basic analysis on the extent and characteristics of the populations they serve.

Providers enter UDEs as part of the Comprehensive Assessment. This assessment is available to users following their submission of the client's Entry information that includes which Household Members are participating in the program, the Entry Type, and the Entry Date. As indicated in Section 2.1, Entry Dates and the associated information should be entered within an expected time frame and should accurately reflect the entrance of the client(s) into each project. The Entry Date should be the date the client(s) begin their participation in a program, either their participation in an intake assessment, their receipt of services, their outreach by program staff member, or their receipt of a night of shelter. The Comprehensive Assessment is completed with information obtained at this Entry Date.

Similarly, Providers enter specific Data Elements as a part of the Entry Assessment once the clients have completed and/or left the program. This assessment becomes available to users once they have indicated the household members who are leaving the program, the reason for leaving, the destination, and the Exit Date. The Exit Assessment should be completed on the final day in which the clients receives a service or remain sheltered or housed within a program. Clients with an "unknown" reason for leaving often do not return to the program as expected. These clients should have their Exit information recording as close to their last date of participation in the program as possible and should include information collected on or relevant to the date of the Exit Assessment.

The percentage of UDEs with "null/missing" for all clients served in the Chicago CoC HMIS will be no higher than 5%.

Program Specific Data Elements (PDEs)
As outlined in the new HUD Data standards, which Program Specific Data Elements are required is dictated by the reporting requirements set forth by each Federal partner for each of their projects. For the purposes of consistency, elements in the Comprehensive Assessment are required for all projects participating in HMIS in Chicago. This is to ensure all service providers participating in Chicago CoC HMIS are documenting the data elements necessary to produce the Annual Performance Report, the HUD CoC Outcome Measures, and to ensure the CoC has sufficient client data to conduct analysis on the extent and characteristics of the populations they serve.

All PDEs in the Comprehensive Assessment as listed below are to be entered for all clients served.
   a) Housing Status
   b) Income and Sources
   c) Non-cash benefits
   d) Disability type
   e) Domestic Violence
   f) Health Insurance

Please refer to Exhibit 1.3 in Appendix A for a listing of all PDEs. Note that elements 3 through 8 are drop-down options for disability type in the Disability sub-assessment.

The percentage of PDEs as listed in the Comprehensive Assessments with "null/missing" for all clients served in the Chicago CoC will be no higher than 5%.

Exception: The Homelessness Prevention Call Center (HPCC) currently enters data in a HPCC customized assessment. HPCC is required to only be in compliance with the UDEs.

2.2.2 Bed/Unit Utilization Rates

One of the primary features of an HMIS is the ability to record the number of client stays or bed nights at a homeless residential facility. Case managers or shelter staff enter a client into HMIS and will be trained to assign the clients to a bed and/or a unit. The client remains there until he or she exits the program. When the client exits the program, he or she is also exited from the bed or unit in HMIS.

Low utilization rates could indicate that the residential facility was not very full, but it could also mean the HMIS data are not being entered for every client served. High utilization rates could mean the bed provider was over capacity, but it could also mean the program staff have not properly exited clients from the system.

Acceptable range of bed/unit utilization rates:
Emergency Shelters: ***80%-105%***
Interim Housing: ***80% - 105%***
Transitional Housing: ***80%-105%***
Permanent Supportive Housing: ***85%-105%***
Safe Haven: ***85% - 105%***

2.3 Data Accuracy and Consistency

The purpose of accuracy is to ensure that the data in the Chicago CoC's HMIS are the best possible representation of reality as it relates to homeless persons and the programs that serve them.

Staff entering information into the HMIS database must enter information as stated by the client. Every project must enter data on clients in the same way over time, regardless of which staff person is recording the data in HMIS. Recording inaccurate information is strictly prohibited.

2.3.1 Consistency

To ensure that data collected and entered into HMIS are consistent across all projects:
a) Every HMIS user will have to complete a new user training on the system, policies, procedures, and protocols prior to receiving access to the system. Current users are allowed to register for refresher trainings as needed.
b) A standardized intake assessment as specified by the HMIS lead must be used by all providers to collect data in a consistent manner.
c) New agencies that join the CoC are required to review and understand all policies and procedures including data quality requirements.
d) Providers will make every effort to record accurate data.

2.3.2 Anonymous and Naming Conventions:

Providers will comply with all applicable federal and state laws regarding protection of client privacy.

Entering anonymous clients impacts an accurate aggregate count of client information in Continuum-wide reports. Anonymous entry of clients will not be allowed into the Chicago CoC database. The HMIS Lead will work with the providers currently entering clients as anonymous and address policy related issues to develop a transition or an alternate plan and comply with the Standard Operating Procedures (SOP).

2.4 Data Plan Monitoring

The Chicago Continuum recognizes that data from HMIS are critical to meet the reporting and   compliance requirements of individual agencies and the CoC as a whole.

To ensure that all projects are in compliance with the requirements and expectations outlined in this   plan, the Data Quality Steering Committee will monitor the process on a quarterly basis to identify   and resolve any issues that affect the timeliness, completeness and the accuracy of data. The results   will also be shared with the HMIS Committee and the Planning Council on a quarterly basis.
All monitoring will be done in accordance with the Data Quality Monitoring Plan (DQMP)
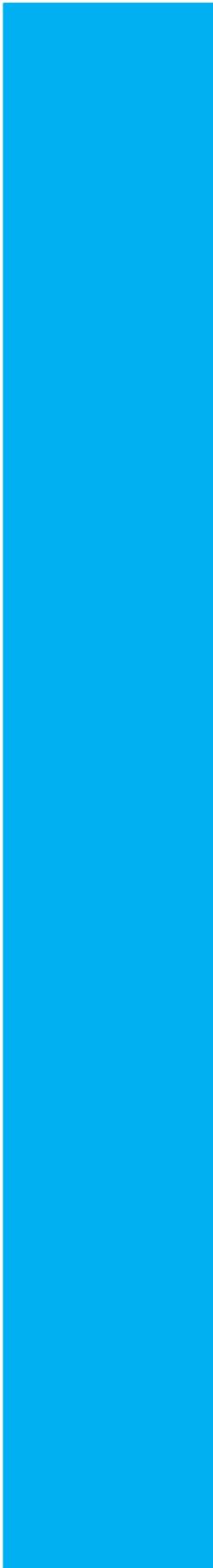
SECTION 1

Data Quality Monitoring Plan

Data Quality Monitoring Plan

The Data Quality Monitoring Plan entails a set of procedures that outlines a regular, ongoing process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the project and aggregate system levels. This plan serves as the primary tool for tracking and improving data quality for the Chicago continuum.

The following sections are covered under this monitoring plan:
   a) Roles and Responsibilities
   b) HMIS Lead Timelines
   c) Timelines for Data Quality reports
   d) Compliance and Monitoring frequency
   e) Data Quality Reports and Outcomes

3.1 Roles and Responsibilities

HMIS Committee: The HMIS Committee provides authorization for, and oversight of, the Data Quality Steering Committee. They will support the efforts of the Committee by enforcing the incentives described in the data quality plan.

Data Quality Steering Committee: The Committee—a sub-committee of the HMIS Committee—is responsible for the oversight of the HMIS Lead for data quality. They will review data quality reports, work with the HMIS Lead to identify steps necessary to correct data/data collection levels and to identify training needs, review the benchmark and goals spreadsheets, and report progress to the HMIS Committee and the Planning Council.

Contributing HMIS Organizations: Providers are responsible for entering and correcting client data. It is the Agency Technical Administrator (ATA)'s role to oversee the process. It is recommended that each project run data quality reports on a monthly basis to meet the required HUD benchmarks. The CEO/Executive Director is ultimately responsible for all activity associated with agency staff access to and use of HMIS.

3.2 HMIS Lead Timelines

It is the responsibility of the HMIS Lead to submit two important reports on behalf of the Chicago Continuum
   a) Annual Homeless Assessment Report (AHAR): The AHAR period begins on October 1 and ends on September 30 of the following year.
   b) CoC Annual Performance Report (APR): The HMIS Lead is to submit a CoC APR annually at the end of the HUD grant period. The HUD grant each year begins on May 1 and ends on April 30 of the following year.
   All data quality reports will follow the above HUD reporting timelines to achieve compliance, completeness and accuracy of data for submission.

3.3 Timelines for Data Quality Reports

While it is highly recommended that every project run the reports on a monthly basis, each of the projects are required to be in compliance and submit the results of the reports to the HMIS Lead on a quarterly basis. Specific timeliness and guidelines for submission will be communicated each quarter to the ATAs. The data quality process will be administered four times annually, during the months of January, April, June/July and October.

3.4 Compliance and Monitoring Frequency

It is the responsibility of the Agency's CEO and/or Executive Director along with the staff to ensure compliance with all data quality requirements and will be notified if their program does not meet any or all of the requirements. The Committee and the staff understands that imposing multiple changes and expecting providers to comply with the changes can be challenging. Providers may be allowed to work on an alternative timeline for compliance if such challenges are communicated to the Lead in a timely manner.

Approval of such requests to work on an alternative timeline will be made on a case by case basis and communicated by the Lead. To ensure integrity, the Committee will provide oversight and monitor these requests on a quarterly basis.

For all HUD-funded projects, lack of compliance with data quality requirements may result in forfeiting points in the annual local NOFA Evaluation Instrument, as determined annually by HUD McKinney Vento (HMV) Committee. Similar negative impact may occur on DFSS evaluations and grants which requires the use of HMIS reporting. If, for unforeseen reasons, data issues arise during important reporting periods (such as AHAR, CoC Competition etc.), it will be the agency's responsibility to determine an alternative plan to ensure data are entered and corrected in the system to meet reporting deadlines and be in compliance.

Timeliness:
The ATAs will be required to run a customized report that will aid in measuring the timeliness of data entry into the system. While the ATAs are encouraged to run this report as often as possible, they will be required to submit the reports every quarter to the Lead.

Acceptable threshold for compliance is 95% for all program types. Every program must follow the timeframe outlined in the plan.

All projects will have to comply with a gradual implementation plan at the time of roll out.
Quarter 1: Projects are expected to achieve 50% compliance.
Quarter 2: Projects are expected to achieve 75% compliance.
Quarter 3: Projects are expected to achieve 85% compliance.
Quarter 4: Projects are expected to achieve 95% compliance.

Data Completeness and Accuracy:
Completeness will be measured through the quarterly process to ensure all providers are in compliance for the data elements and bed utilization rates with the thresholds mentioned in the Data Quality Plan (DQP).

The ATAs are required to run a customized report that will check data accuracy and completeness and are required to submit this report to the Lead, following the submission requirements. All requirements will be communicated by the Lead every quarter.

3.5 Data Quality Reports and Outcomes

HUD requires as a part of the data quality plan that a set of standard reports be created. For the Chicago CoC, there will be standard reports for all Program Types and some Program Type specific reports. Report details along with submission criteria and deadlines will be communicated every quarter by the Lead to the ATA. All reports will comply with the HUD Data Standards and their requirements.

3.6 Incentives

Agencies that are in compliance with all data quality requirements in a given quarter will be recognized publicly by the HMIS Lead (e.g. through newsletter, website, within the CoC). Agencies that meet data quality requirements for four consecutive quarters will receive an incentive that will be determined by the DQSC (e.g. certificate of achievement, training opportunity)
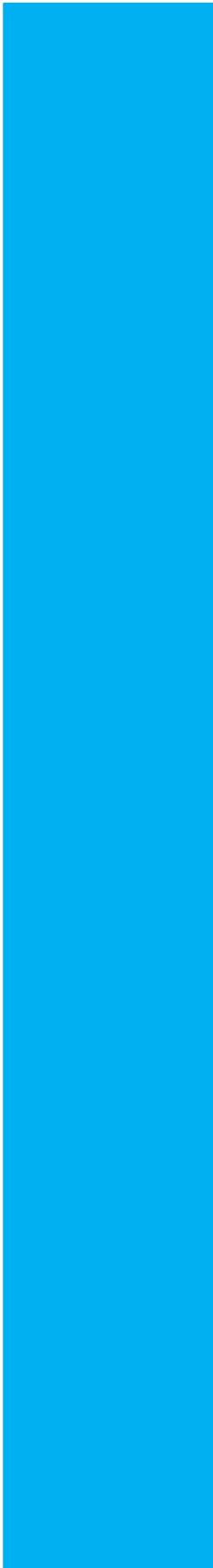
SECTION 2

Version Updates

Version Updates:

Version No	Revised Section # :	Revised Date:	Revised By:	Comments, if any
1.1	Appendix A	08.04.2014	HMIS Lead	Changes to the Appendix tables and verbiage to align with the new HUD Data Technical Standards 2014.
1.1	2.2	08.04.2014	HMIS Lead	Added verbiage to align with the new ES and IH workflow with the use of ShelterPoint and SkanPoint.
1.2 & 1.3	Section 2	11.12.2014	HMIS Lead	Reviewed and approved by the DQSC Committee, verbiage changes to the DQ Monitoring Plan section
1.4		11.19.2014		Changes approved by the HMIS Committee

SECTION 3

Appendix A: Universal Program-Specific Data Elements

Appendix A: Universal and Program-Specific Data Elements

Exhibit 1: Universal Data Element Collection Summary

Data Element	Collected For				When Collected		
	All	**HoH**	**HoH and Adults**	**Adults**	**Record Creation**	**Project Entry**	**Update**
3.1 Name	X				X		
3.2 Social Security Number	X				X		
3.3 Date of Birth	X				X		
3.4 Race	X				X		
3.5 Ethnicity	X				X		
3.6 Gender	X				X		
3.7 Veteran Status				X	X		
3.8 Disabling Condition				X	X		
3.9 Residence Prior to Project Entry			X		X		
3.10 Project Entry Date	X				X		
3.11 Project Exit Date	X					X	
3.12 Destination			X			X	
3.13 Personal ID	X				X		
3.14 Household ID	X				X		
3.15 Relationship to Head of Household	X				X		
3.16 Client Location		x			X	X	
3.17 Length of Time on Street, in an Emergency Shelter or Safe			X		X		

Exhibit 4-1 HHS: PATH Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which least one PATH program component is required to collect information.

X = data collection required

Δ = data collection is pending approval; as of publication of the Data Dictionary collection is at the discursions of the grantee

Number	Element	Street Outreach	Services Only
4.1	Housing Status	x	x
4.2	Income and Sources	Δ	Δ
4.3	Non-Cash Benefits	Δ	Δ
4.4	Health Insurance	Δ	Δ
4.5	Physical Disability	x	x
4.6	Developmental Disability	x	x
4.7	Chronic Health Condition	x	x
4.8	HIV/AIDS	Δ	Δ
4.9	Mental Health Problem	x	x
4.10	Substance Abuse	x	x
4.12	Contact	x	x
4.13	Date of Engagement	x	x
4.14 A	Services Provided - PATH Funded	x	x
4.16 A	Referrals Provided - PATH	x	x
4.20	Path Status	x	x
4.21	Connection with SOAR	Δ	Δ

Exhibit 4-3 HUD: CoC Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which least one CoC program component is required to collect information.

X = data collection is required

* = data collection is required only for Supportive Services Only components which are funded to provide Street Outreach

? = data collection is determined by how the CoC has structured the coordinated assessment in their area. Placement of the element   would be required for any project that is conducting a coordinated assessment. This may be across multiple projects or sited in a   central   access point or coordinated intake center.

Number	Element	Homelessness Prevention	Permanent Supportive Housing	Rapid ReHousing	Supportive Services Only	Transitional Housing
4.2	Income and Sources	x	x	x	x	x
4.3	Non-Cash Benefits	x	x	x	x	x
4.4	Health Insurance	x	x	x	x	x
4.5	Physical Disability	x	x	x	x	x
4.6	Developmental Disability	x	x	x	x	x
4.7	Chronic Health Condition	x	x	x	x	x
4.8	HIV/AIDS	x	x	x	x	x
4.9	Mental Health Problem	x	x	x	x	x
4.10	Substance Abuse	x	x	x	x	x
4.11	Domestic Violence	x	x	x	x	x
4.12	Contact				*	
4.13	Date of Engagement				*	
4.17	Residential Move-in Date			x		
4.18	Housing Assessment Disposition	?	?	?	?	?
4.19	Housing Assessment at Exit	x				

Exhibit 4-4 HUD: ESG Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which at least one ESG program component is required to collect information.

X = data collection is required

? = data collection is determined by how the CoC has structured the coordinated assessment in their area. Placement of the element would be required for any project that is conducting a coordinated assessment. This may be across multiple projects or sited in a central access point or coordinated intake center.

| Number	Element	ESG e/e	ESG nbn	Homelessness Prevention	RRH	Street Outreach
4.2	Income and Sources	x		x	x	x
4.3	Non-Cash Benefits	x		x	x	x
4.4	Health Insurance	x		x	x	x
4.5	Physical Disability	x	x	x	x	x
4.6	Developmental Disability	x	x	x	x	x
4.7	Chronic Health Condition	x	x	x	x	x
4.8	HIV/AIDS	x	x	x	x	x
4.9	Mental Health Problem	x	x	x	x	x
4.10	Substance Abuse	x	x	x	x	x
4.11	Domestic Violence	x	x	x	x	x
4.12	Contact		x			x
4.13	Date of Engagement		x			x
4.17	Residential Move-in Date				x	
4.18	Housing Assessment Disposition	?	?	?	?	?
4.19	Housing Assessment at Exit				x	

Exhibit 4-6 VA Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which least one VA program component is required to collect information.

X = data collection is required
⬛ = data collection is optional

Number	Element	HCHV/EH	HCHV/RT	HCHV/DOM	HCHV/SH	GPD	CWT/TR	SSVF
4.2	Income and Sources							x
4.3	Non-Cash Benefits							x
4.4	Health Insurance							x
4.14 D	Services Provided – SSVF							x
4.15 B	Financial Assistance - SSVF							x
4.17	Residential Move-in Date							x (RRH only)
4.41	Veteran's Information							x
4.42	Percent of AMI (SSVF Eligibility)							x
4.43	Address Prior to Entry							x
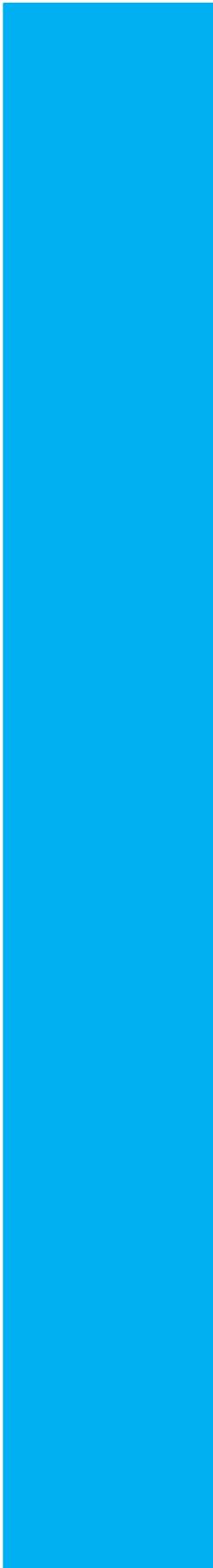
SECTION 4

Appendix B: Terms and Definitions

Appendix B: Terms and Definitions

Data Quality Benchmarks – Quantitative measures used to assess the validity and reliability of the data. These include measures for timeliness, completeness and accuracy.

Data Quality Monitoring Plan -- 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 Plan – A community-level document that facilitates the ability of a CoC to achieve statistically valid and reliable data. A data quality plan is generally developed by the HMIS Lead Agency with input from community stakeholders, and is formally adopted by the CoC. At a minimum, the plan should:

- o Identify the responsibilities of all parties within the CoC that affect data quality.
- o Establish specific data quality benchmarks for timeliness, completeness, and accuracy.
- o Describe the procedures that the HMIS Lead Agency will take to implement the plan and monitor progress to meet data quality benchmarks.
- o Establish a timeframe for implementing the plan to monitor the quality of data on a regular basis.

Data Quality Standards – A national framework for ensuring that every Continuum of Care can achieve good quality HMIS data. It is anticipated that HUD will propose Data Quality Standards that 1) establishes administrative requirements and, 2) sets baseline data quality benchmarks for timeliness, completeness, and accuracy.

Homeless Management Information Systems (HMIS) -- A Homeless Management Information System (HMIS) is the information system designated by a local Continuum of Care (CoC) to comply with the requirements of CoC Program interim rule 24 CFR 578. It is a locally-administered data system used to record and analyze client, service and housing data for individuals and families who are homeless or at risk of homelessness.

Project Descriptor Data Elements (PDDE) – refer to these elements as Project Descriptor because they describe the   project (or the unit of an organization which is providing the service or lodging).

Universal Data Elements (UDEs) – HMIS Universal Data Elements are elements required to be collected by all projects   participating in HMIS, regardless of funding source. UDE's establish the baseline data collection requirements for all   contributing CoC projects. They are the basis for producing unduplicated estimates of the number of persons   experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of   persons experiencing homeless, and patterns of service use, including information on shelter stays and homelessness   over time.

Program Specific Data Elements (PDEs) – Program Specific Data Elements differ from the Universal Data Elements in   that no one project must collect every single element in this section. Which data elements are required is dictated by the   reporting requirements set forth by each Federal partner for each of their programs. A Partner may require all of the fields   or response categories in a data element or may specify which of the fields or response categories are required for their   report.

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 Reports

- o **Annual Homeless Assessment Report (AHAR)** – HUD's annual report to Congress on the nature and extent of   homelessness nationwide.
- o **Annual Performance Report (APR)** – A reporting tool that HUD uses to track program progress and accomplishments   of HUD homeless assistance and HPRP Programs on an annual basis. Formerly known as the Annual Progress Report.

For a complete Glossary of HMIS Definitions and Acronyms, see Appendix A of the HMIS Standard Operating Procedures**, [click here](#).**