

# Santa Barbara County HMIS Data Quality Plan

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## Continuum of Care:

CA-603 Santa Maria/Santa Barbara County

## HMIS Lead Agency:

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## 1. Introduction

### What is Data Quality?

Data quality is a term that refers to the reliability and validity of client-level in the Homeless Management Information System (HMIS). It is measured by the extent to which data in the system reflects actual information in the real world. With good data quality a Continuum of Care (CoC) can accurately tell its story of the individuals and families it serves.

### What is a Data Quality Plan?

A data quality plan 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 your agency's programs and services. All HMIS Lead Agencies are required to develop and implement a data quality plan, per the HUD HMIS Proposed Rule (December 2011).

## Roles and Responsibilities

### Roles and Responsibilities of the HMIS Lead Agency

The HMIS Lead Agency will provide the following services to assist HMIS Partner Agencies in correctly entering data in HMIS, and in addressing data quality issues:

- Provide HMIS End User trainings and workflow documents,
- Provide an HMIS license to at least one staff person per Partner Agency,
- Post data quality reports and information on how to correct any identified data quality issues on the CoC's HMIS web portal,
- Provide technical assistance to Partner Agencies requesting assistance in identifying what steps need to be taken in order to correct data quality issues,
- Provide other services as contracted with the CoC and/or Partner Agency.

### Roles and Responsibilities of Partner Agencies

The HMIS Partner Agency will commit to performing the following duties to ensure the agency is correctly entering data in HMIS and addressing data quality issues:

- Designating at least one agency employee as a Technical Administrator (contact person) who can engage with the HMIS Lead Agency on data quality issues. The Technical Administrator must obtain an HMIS license and is tasked with running and distributing HMIS reports to all agency End Users in a timely manner.

The Partner Agency will measure completeness by running APRs, Report Cards, and other reports, then distribute those reports to End Users tasked with improving data completeness.

It is the responsibility of the Partner Agency Technical Administrator, program managers and executives to ensure End Users tasked with correcting data quality issues do so in a timely manner.

## 2. Revision History

These Policies and Procedures and Security Plan shall be reviewed and, if necessary, revised at least annually by the Continuum of Care. See Section 6.6 of the Administrative Policies and Procedures for more details on changes of this and other documents.

| <b>Date</b> | <b>Author</b> | <b>Description</b>                                                             |
|-------------|---------------|--------------------------------------------------------------------------------|
| 11/30/2013  | N/A           | Full revision referencing all HUD standards and 2011 HEARTH HMIS Proposed Rule |
| 10/20/2017  | HomeBase      | Technical revisions based on best practices in other communities.              |

### 3. Data Quality Standards

There are three general types of programs (housing, emergency shelters, and street outreach), each with a set of data elements that are required for every adult client. All required elements, regardless of program type, must have 0% Null rates. Don't Know and Refused rates vary by program.

#### Data Completeness

Partner Agencies must strive for 0% Null (missing) data for required data elements. Don't Know or Refused responses should not exceed these allowed percentages.

| Permanent and Transitional Housing |         |  |
|------------------------------------|---------|--|
| Data Element                       | DK or R |  |
| SSN                                | NA      |  |
| Date of Birth                      | 1%      |  |
| Race                               | 5%      |  |
| Ethnicity                          | 5%      |  |
| Gender                             | 1%      |  |
| Veteran Status                     | 5%      |  |
| Disabling Condition                | 1%      |  |
| Specified Disability               | 0%      |  |
| Residence prior to entry           | 0%      |  |
| LP Zip                             | 5%      |  |
| Housing Status @ entry             | 5%      |  |
| Housing Status @ exit              | 5%      |  |
| Income Received @ entry            | 0%      |  |
| Income Received @ exit             | 10%     |  |
| Income Source @ entry              | 0%      |  |
| Income Source @ exit               | 10%     |  |
| Non-Cash Rec'd @ entry             | 5%      |  |
| Non-Cash Rec'd @ exit              | 10%     |  |
| Non-Cash Source @ entry            | 0%      |  |
| Non-Cash Source @ exit             | 10%     |  |
| Domestic Violence                  | NA      |  |

| Emergency Shelters       |         |  |
|--------------------------|---------|--|
| Data Element             | DK or R |  |
| SSN                      | NA      |  |
| Date of Birth            | 2%      |  |
| Race                     | 5%      |  |
| Ethnicity                | 5%      |  |
| Gender                   | 2%      |  |
| Veteran Status           | 5%      |  |
| Disabling Condition      | 5%      |  |
| Specified Disability     | 5%      |  |
| Residence prior to entry | 5%      |  |
| LP Zip                   | 10%     |  |
| Housing Status           | 0%      |  |
| Income Received          | 10%     |  |
| Non-Cash Benefits        | 10%     |  |
| Domestic Violence        | NA      |  |

| Street Outreach      |         |  |
|----------------------|---------|--|
| Data Element         | DK or R |  |
| SSN                  | NA      |  |
| Date of Birth        | 10%     |  |
| Race                 | 10%     |  |
| Ethnicity            | 10%     |  |
| Gender               | 10%     |  |
| Veteran Status       | 10%     |  |
| Disabling Condition  | 10%     |  |
| Specified Disability | 10%     |  |
| LP Zip               | 15%     |  |
| Domestic Violence    | NA      |  |

## 4. Minimizing Data Quality Issues

HMIS End Users can minimize data quality issues by:

- Entering client data as soon as possible,
- Reviewing Counts Reports and correcting any issues in My Clients with Null UDEs,
- Reviewing a data quality Report Card at least once a month and correcting any issues identified on the report card.

### Data Timeliness

End Users should enter client data as soon as possible after program entry or service provision. The more time that passes between collecting and entering data, the greater the odds are that there will be data quality issues. Data quality reports should be run at least once per month throughout the year, and may need to be run more frequently in programs with large volume or high turnover. In the weeks prior to submitting a report (e.g.: AHAR), data quality reports may need to be run on a daily basis. Recommended Data Quality Reports: ART 243, ART 252, ART 260 and ART 631.

### Recommended timeframe for data entry by program type:

- Permanent Supportive and Transitional Housing: Universal Data Elements (UDEs) and Program specific data elements and program entry/exit within 3 workdays.
- Emergency Shelters: UDE and entry/exit within 1 workday.
- Street Outreach: Limited data elements within 3 days of obtaining Client Informed Consent and Release of Information Authorization. All remaining UDEs and Program specific data elements within 3 workdays of client's date of engagement.

### Counts Reports

The “My Clients with NULL UDEs” alerts a Case Manager if a client is missing one or more universal data elements (UDEs). If a number displays (other than zero), click on that number. Client(s) information will appear, including the UDE(s) requiring attention.

| Counts Report                         |                                              |
|---------------------------------------|----------------------------------------------|
| My Clients With An Entry But No Exit: | My Clients With NULL UDEs:                   |
| 0                                     | 0                                            |
| My Clients With Expiring ROIs:        | My Clients Currently Checked Into A Shelter: |
| 0                                     | 0                                            |

## Report Card

HMIS End Users with an ART (Advanced Reporting Tool) license can run the Data Quality Report Card (ART 243 or 252). Every Partner Agency should have at least one HMIS End User with an ART license. Ask your Agency Technical Administrator to provide you with a Data Quality Report Card on a regular basis (example: monthly).

The Data Quality Report Card summary page (example below) gives a snapshot of your data quality. If there are any data quality issues, click on the Client Detail tab. The Client Detail tab lists one client per row. Reading across the row: every column with **Null** means that data element is missing from the client's program entry or program exit.

| GRADE BASED ON COUNT FOR EACH ELEMENT:                             | HUD UDE ONLY            | Additional ONLY                  | HUD Verification ONLY     | OVERALL             |
|--------------------------------------------------------------------|-------------------------|----------------------------------|---------------------------|---------------------|
|                                                                    | <b>A</b>                | <b>A</b>                         | <b>A</b>                  | <b>A</b>            |
|                                                                    | 100.00%                 | 99.85%                           | 97.70%                    | 99.51%              |
| Data Element                                                       | Required for            | Number of Applicable Entry Exits | Number of Non-Null Values | Percentage Complete |
| HUD Universal Data Elements:                                       |                         |                                  |                           |                     |
| Name                                                               | All                     | 306                              | 306                       | 100.00%             |
| Social Security Number                                             | All                     | 306                              | 306                       | 100.00%             |
| Date of Birth                                                      | All                     | 306                              | 306                       | 100.00%             |
| Race                                                               | All                     | 306                              | 306                       | 100.00%             |
| Ethnicity                                                          | All                     | 306                              | 306                       | 100.00%             |
| Gender                                                             | All                     | 306                              | 306                       | 100.00%             |
| Veteran Status                                                     | Adults                  | 124                              | 124                       | 100.00%             |
| Disabling Condition (Y/N)                                          | All                     | 306                              | 306                       | 100.00%             |
| Residence Prior to Project Entry                                   | Adults/HoH              | 124                              | 124                       | 100.00%             |
| Length of Stay in Previous Place                                   | Adults/HoH              | 124                              | 124                       | 100.00%             |
| Destination (Exit)                                                 | Adults/HoH at Exit      | 108                              | 108                       | 100.00%             |
| Relationship to Head of Household                                  | All                     | 306                              | 306                       | 100.00%             |
| Client Location                                                    | HoH ONLY                | 95                               | 95                        | 100.00%             |
| Additional Data Elements:                                          |                         |                                  |                           |                     |
| Domestic Violence                                                  | Adults/HoH              | 124                              | 124                       | 100.00%             |
| Services Not Included                                              | N/A                     | N/A                              | N/A                       | N/A                 |
| Income Received (Y/N)                                              | Adults/HoH              | 124                              | 124                       | 100.00%             |
| Non-Cash Benefit Received (Y/N)                                    | Adults/HoH              | 124                              | 124                       | 100.00%             |
| Covered by Health Insurance (Y/N)                                  | All                     | 306                              | 305                       | 99.67%              |
| HUD Verification:<br>(Elements measure completeness at entry ONLY) |                         |                                  |                           |                     |
| Disability Type                                                    | All                     | 306                              | 297                       | 97.06%              |
| Income Source                                                      | Adults/HoH              | 124                              | 118                       | 95.16%              |
| Income Amount (for all valid sources)                              | Adults/HoH Recv Inc = Y | 98                               | 98                        | 100.00%             |
| Non-Cash Source                                                    | Adults/HoH              | 124                              | 122                       | 98.39%              |
| Health Insurance Type                                              | All                     | 306                              | 301                       | 98.37%              |

## 5. When to Correct Data Quality Issues

In general, correcting data quality issues should begin approximately 2 months before a report is due to be submitted. The three most important reports in the Santa Maria / Santa Barbara Continuum of Care are:

- Annual Homeless Assessment (AHAR) – typically due December 1st
- Annual Performance Review (APR) – traditionally run through December 31st
- Point-in-Time Count (PIT) – typically conducted during the last week in January

Because these reports are due in December/January, the most useful period in which to correct data is October/November. Therefore, early each October, the Continuum of Care will issue a reminder to all agencies to begin correcting and completing their data from the previous 12 months, and will offer technical assistance and training as needed to providers who may be struggling to achieve adequate data quality. Providers are expected to utilize this training as needed, and to make a special effort each October and November to achieve adequate data quality, so that the community can submit qualifying reports to HUD and continue to renew community funding for all providers.

Utilizing Counts Reports allows Case Managers and other data entry staff to address data quality issues at any time. Effective use of the Counts Reports should reduce the amount of time needed to address data quality issues prior to the date of report submission.

Two reports will address most data quality issues:

- Counts Report: My Clients With Null UDEs
- ART 243 Report Card OR ART 252 Report Card
  - ART 243: Services only programs
  - ART 252: Programs that use entry/exits



## 6. How to Correct Data Quality Issues

Two reports identify the majority of data quality issues:

- My Clients With NULL UDES
- Either the ART 243 Report Card or the ART 252 Report Card
  - ART 243: Services only programs (programs that do not use program entry/exit)
  - ART 252: programs that use entry/exits

### My Clients With NULL UDEs Counts Report:

- Clients can be tagged as “my client” by a Case Manager or other End User as appropriate
- A tagged client missing one or more UDEs will appear as a number on the dashboard report
- Click on the number
- Scroll across the report to see which UDE(s) the client is missing
- Click on the client’s ID (first column, number in blue)
- Click on the program entry. Click Save & Continue
- Update UDE(s). Click Save & Exit

### The ART 243 (services) or ART 252 (entry/exit) Report Card:

The Report Card will help you answer two important data quality questions:

- Are all my clients correctly entered in HMIS?
- Do my clients have all their UDEs answered?

| Report Card             | Missing Client                                                                                                                                                   | Should not be on list                                                                                                                                                                                      |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ART 243<br>(Services)   | No service provided by your program within date range.                                                                                                           | One or more services entered within date range.                                                                                                                                                            |
|                         | <b>Solution:</b> enter service(s)                                                                                                                                | <b>Solution:</b> delete service(s)                                                                                                                                                                         |
| ART 252<br>(entry/exit) | No program entry in date range. <b>OR</b> there is an issue with the date of the entry and/or exit. <b>OR</b> The wrong provider was selected for program entry. | Client mistakenly given a program entry <b>OR</b> program exit date is incorrect.                                                                                                                          |
|                         | <b>Solution:</b> Create program entry <b>OR</b> Change date of entry/exit to fall within report date range. <b>OR</b> Select the correct provider for the entry. | <b>Solution:</b> Delete entry/exit <b>OR</b> Change the date of the program exit to an earlier date. Example: if the date range of 252 report is Jan 1-July 1, the exit end date must be July 1 or earlier |

## 7. Annual Homeless Assessment Report (AHAR)

### Submission Criteria:

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- AHAR data must be generated from HMIS
- Communities must have at least 50% of beds community-wide in HMIS, excluding domestic violence beds
- Communities must collect accurate entry and exit data for all clients served
- Communities must have reasonably low rates of missing data
- Occupancy rates must be between 65%-105%

### Recommended Data Quality Process

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#### Number other than zero in your My Clients With NULL UDEs?

- Click on the number. It may take a minute for the report to load
- Scroll across the report to see which UDE(s) the client is missing
- Click on the client's ID (first column, number in blue)
- Click on the program entry. Click Save & Continue
- Update UDE(s). Click Save & Exit

#### Review the 243 or 252 Data Completeness Report Card:

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- Go to Tab C: Client Detail
- Starting with column #3 (SSN), each column is a UDE
- See NULL in a column? Look to left: 1<sup>st</sup> column is the client's HMIS number
- Access client in HMIS. Click on the program entry. Click Save & Continue
- Update UDE(s). Click Save & Exit

### Uploading AHAR data to HDX:

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#### Your Continuum's Lead HMIS Agency will upload AHAR data to HDX

- Preparing APR data for upload may uncover additional data quality issues
- If there are additional data quality issues, please contact your Agency Admin or HMIS Lead

## 8. Annual Performance Report (APR)

### Submission Criteria:

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- APR data must be generated from HMIS, and must be submitted in e-snaps
- Programs must make reasonable efforts to record all universal and program-specific data elements on all clients
- Programs must enter bed inventory with the number of HMIS participating beds

### Recommended Data Quality Process

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#### Number other than zero in your My Clients With NULL UDEs?

- Click on the number. It may take a minute for the report to load
- Scroll across the report to see which UDE(s) the client is missing
- Click on the client's ID (first column, **number in blue**)
- Click on the program entry. Click **Save & Continue**
- Update UDE(s). Click **Save & Exit**

#### Review the 243 or 252 Data Completeness Report Card:

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- Go to Tab C: Client Detail
- Starting with column #3 (SSN), each column is a UDE
- See **NULL** in a column? Look to left: 1<sup>st</sup> column is the client's HMIS number
- Access client in HMIS. Click on the program entry. Click **Save & Continue**
- Update UDE(s). Click **Save & Exit**

### Uploading APR data to SAGE:

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#### Your Agency Technical Administrator will upload APR data to SAGE

- Preparing APR data for upload to Sage may uncover additional data quality issues that will need to be corrected
- If there are additional data quality issues, your Agency Administrator will contact you for assistance

## 9. Bed Coverage Rate Requirement

In addition to the data quality requirements specified above, residential programs are also subject to Bed Coverage Rate standards, described below.

The HMIS Proposed Rule (December 2011) specifies that HMIS Leads must establish data quality benchmarks, including minimum bed coverage rates, for the Continuum(s) of Care.

### What is Bed Coverage?

HMIS bed coverage rate refers to the proportion of beds in a community that participate in HMIS. The HMIS bed coverage rate is equal to the total number of HMIS-participating beds divided by the total number of beds in a community.

#### Example:

Total Emergency Shelter Beds in HMIS= 80

Total Emergency Shelter Beds in a community= 100

Bed coverage=  $80/100 = 80\%$  **Emergency Shelter Bed Coverage**

Bed coverage rates must be calculated separately for emergency shelter, safe haven, transitional housing, and permanent housing. HMIS Leads may establish different benchmarks for different types of projects.

### What is an HMIS Participating Bed?

An HMIS participating bed is a bed on which required client information is collected in an HMIS and is disclosed at least once annually in HMIS. The required client information includes both Universal Data Elements (UDE's) and Program-Specific Data Elements, as specified in the HUD HMIS Data Standards.

### Santa Barbara Bed Coverage Standards

The bed coverage rate standards for Santa Barbara County's programs are as follows\*:

| Program Type         | Bed Coverage Rate |
|----------------------|-------------------|
| Emergency Shelter    | 85%               |
| Transitional Housing | 85%               |
| Permanent Housing    | 85%               |
| Safe Haven           | 85%               |

\* Although 80% is the standard that HUD has applied for High Performing Communities per the HEARTH Interim Rule, the Notice of Funding Availability for the Fiscal Year 2017 Continuum of Care Program Competition awarded points for bed coverage rates of 85 percent or higher. Moreover, 100% is the ideal goal for bed coverage rate towards which all CoCs should strive.

## 10. Service-Volume Coverage Rate Requirement

In addition to the bed coverage requirements specified above, programs are also subject to the Service-Volume Coverage standards described below.

The HMIS Proposed Rule (December 2011) specifies that HMIS Leads must establish data quality benchmarks, including service-volume coverage rates, for the CoC.

### What is Service-Volume Coverage?

Service-Volume Coverage rates measure the level of non-shelter program participation in HMIS. This measure applies to non-shelter programs only. Service-volume coverage is calculated for each HUD-defined category of non-shelter program, such as Supportive Services Only programs and Outreach programs.

The service-volume coverage rate is equal to the number of persons served annually by the projects that participate in HMIS divided by the number of persons served annually by all Continuum of Care projects within each HUD-defined category of non-shelter program.

#### Example for year 2010:

Total # Persons Served by HMIS-Participating Outreach Programs= 800

Total # Persons Served by all CoC Outreach Programs= 1000

Service Coverage=  $800/1000= 80\%$  **Outreach Program Service-Volume Coverage**

### Santa Barbara Service-Volume Coverage Standards

The Service-Volume Coverage rate standards for Santa Barbara County's programs are as follows\*:

| Program Type                            | Service-Volume Coverage Rate |
|-----------------------------------------|------------------------------|
| Supportive Services Only (SSO) Programs | 80%                          |
| Outreach Programs                       | 80%                          |
| Other Non-Shelter Programs              | 80%                          |

\* Although 80% is the standard that HUD has applied for High Performing Communities per the HEARTH Interim Rule, 100% is the ideal goal for Service-Volume Coverage towards which all CoCs should strive.

## 11. Forms Control

All forms required by these Policies and Procedures are available in on the HMIS web portal. Completed forms must be filed as described in the chart below and maintained for 7 years.

### Filing of Completed Forms

| Form ID #     | Form title                                                       | Responsibility for maintaining file of signed forms |
|---------------|------------------------------------------------------------------|-----------------------------------------------------|
| 1MOU-20171020 | Memorandum of Understanding                                      | HMIS Lead Agency                                    |
| 1CC-20171020  | Compliance Certification Checklist                               | HMIS Lead Agency                                    |
| 1EU-20171020  | HMIS End User Agreement                                          | Partner Agency Technical Administrator              |
| 1ROI-20171020 | Client Informed Consent and Release of Information Authorization | Partner Agency End User                             |
| 1SI-20171020  | Standardized Intake                                              | N/A                                                 |

Form ID Syntax: Version Number + Form Code – YYYYMMDD of last revision