Miami-Dade County Homeless Trust Homeless Management Information System (HMIS) Data Quality Standards

Miami-Dade County Continuum of Care (CoC)

Miami-Dade County Homeless Trust Homeless Management Information System Data Quality Standards

Overview

The Miami-Dade County Homeless Trust (Homeless Trust) is the HMIS lead agency responsible for system administration and project management of the Miami-Dade County CoC's Homeless Management Information System (CoC HMIS.) For implementation of its CoC HMIS, the Homeless Trust develops these policy standards and subsequent procedures of data usage for all CoC HMIS users and user agencies. These data quality standards serve to maintain or improve the data quality of the data entered into the CoC HMIS. All CoC agencies are responsible for maintaining their own compliance with federal regulations as well as any outside applicable regulations such as the Health Insurance Portability and Accountability Act (HIPAA) standards.

Table of Contents

I. Introduction	4
A. Applicability of the HMIS Data Quality Standards	4
B. What is an HMIS	4
C. HMIS Data and Technical Standards	4
D. What is Data Quality?	4
E. What are Data Quality Standards?	5
F. What is a Data Quality Monitoring Plan?	5
II. Data Quality Standards	5
A. Data Timeliness	
Data Timeliness Standard	
B. Data Completeness	
Data Completeness Standard	
C. Data Accuracy	
Data Accuracy Standard:	
D. Bed/Unit Utilization Rates	7
	_
III. Data Quality Monitoring Plan	8
A. D. L I D	
A. Roles and Responsibilities	
B. Data Quality Monitoring	
C. Compliance	
IV. Standards for inclusion in the Housing Inventory Count	0
TV STANDARDS TO FINCUSION IN THE HOUSING INVENTORY COUNT	9

I. Introduction

This document describes the Homeless Management Information System (HMIS) data quality standards and the data quality monitoring plan for the Miami-Dade County Continuum of Care (CoC). This document was developed by the Miami-Dade County Homeless Trust (Homeless Trust), the HMIS Lead Agency, for the CoC HMIS participating agencies and community service providers. These CoC HMIS Data Quality Standards and the related data quality monitoring plan will be updated as needed, considering the latest CoC HMIS data standards.

A. Applicability of the HMIS Data Quality Standards

This HMIS Data Quality Standards document applies to all HMIS participating agencies located within the CoC, regardless of funding source. No CoC HMIS participating provider is exempt from the standards or process laid out in this document.

B. 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, or is in the process of preparing to accommodate, the following programs:

- The Supportive Services for Veteran Families (SSVF) program
- Projects for Assistance in Transition from Homelessness (PATH) program
- Runaway Homeless Youth (RHY) program
- Housing Opportunities for Persons with AIDS (HOPWA) program

C. 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 incorporating additional data collection requirements for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) funded under the American Recovery and Reinvestment Act (ARRA). In 2014, HUD published the 2014 Data and Technical Standards¹, which accommodates more programs, like SSVF, RHY, PATH, and HOPWA, as well as removed references to HPRP.

D. 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.

1 The HMIS Data and Technical Standards can be found at https://www.hudexchange.info/news/federal-partners-release-final-2014-hmis-data-standards/

E. 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 providers on how to capture and enter reliable and valid data for persons accessing the homeless assistance system.

F. 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.

II. Data Quality Standards

All CoC HMIS participating providers 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. CoC HMIS Users and program staff should be familiar with both sets of requirements.

A. 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).

1. Data Timeliness Standard

All required data elements for access points must be entered within five days, and ES, SH, TH and PH providers within fifteen days (excluding weekends and holidays) of the client entering the program. Any client updates that occur during the program stay should be entered into CoC HMIS within fifteen days of data collection, or five days for access points. Client records must be closed within fifteen days of the client exiting the program, or five days for access points.

Stage of Data Entry	Street Outreach and Access Points: Number of Days to Enter Data (excluding weekends and holidays)	ES, SH, TH and PH: Number of Days to Enter Data (excluding weekends and holidays)
Program Entry	5	10
Update data during program stay	5	10
Program Exit	5	10

Table 1

B. Data Completeness

All data entered into the CoC HMIS must be complete. Missing or incomplete data (e.g., missing digit(s) in a Social Security Number (SSN), missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients.

1. Data Completeness Standard

The percentage of required data elements identified as 'missing' or 'client doesn't know/client refused' should be no more than 0% to 10%, depending on project type and data element. (See Table 2 for details.)

The COC has established an acceptable range of 'missing' and 'client doesn't know/client refused' responses, depending on the data element and the type of project entering data. The percentages listed in the last two columns represent the maximum percentages allowed.

Data Quality Standards

Data Elements*	Applicability of Standard by Project Type	Max Allowed % of error or percentage unable to calculate
Personal Identifiable Information (name, social security number, date of birth, race, ethnicity, gender)	All Projects*	2%
Universal Data Elements (Veteran Status, Project Start Date, Relation to HoH, Client Location, Disabling Condition)	All Projects	0%
VAMC Station Code & Income as a percentage of AMI	SSVF Projects	0%
Chronic Homelessness	All HUD Projects	5%
Domestic Violence	All HUD Projects	5%
Housing Move In Date	All PH Projects	0%
Income and Housing Data Quality (Destination and Income and Sources at start, annual assessment & exit)	ES Projects Only	10% (data not collected other, unknown)
	All Projects except ES	2%
Housing Assessment at Exit	HOPWA and HP Only	2%

Table 2

^{*}End Users can find their Data Completeness measures in the Data Quality: Entry Exits and Assessments report.

C. Data Accuracy

Information entered into the HMIS needs to be valid, standards are only applicable to clients who have a date of engagement. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is worse than incomplete information, since with the latter, it is at least possible to acknowledge the gap. 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 be a reflection of 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).

1. Data Accuracy Standard:

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

Data Quality Measurements for Accuracy*	Applicability of Standard by Project Type	Max Allowed
All Data Accuracy measures	All Projects	3%
in the Data Quality reports not listed below		
Duplicate Entry Exits	All Projects	0%
Future Entry Exits	All Projects	0%
Incorrect Entry Type	All Projects	0%
Mismatched Household IDs	All Projects	0%
Children Only Households	All Projects except RHY	0%
Missing Head of Household	All Projects	0%
Needs without Services	SSVF, PATH, RHY, HOPWA,	0%
	and Housing Stabilization	
	projects only	
Service Dates fall outside of	SSVF, PATH, RHY, HOPWA,	0%
Entry and Exit Dates	and Housing Stabilization	
	projects only	
Missing Entry / Exits	SSVF, PATH, RHY, HOPWA,	0%
	and Housing Stabilization	
	projects	

Table 3

D. 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 assistance project. The count of clients in a project on a given night is compared to the number of beds reported in the Housing Inventory Chart (HIC) to return the agency's Bed Utilization percentage. The generally acceptable range of bed utilization rates for established projects who have been in operation for at least 12 months is 65% - 105%.

Data Quality Standards

Project Types	Lowest Acceptable Bed Utilization Rate	Highest Acceptable Bed Utilization Rate
ES, TH, SH & PH (all types)	65%	105%

Table 4

III. Data Quality Monitoring Plan

The CoC 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. Additionally, projects that are accurately showing bed utilization rates outside of the acceptable range, should notify the Homeless Trust's COC HMIS staff of the reasons for the variation and the appropriate action will be determined.

The following section outlines how the CoC 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 homelesstrust@miamidade.gov.

A. Roles and Responsibilities

- HMIS Users: Enter quality data following the relevant workflow issued at CoC HMIS trainings, and adhere to data quality standards outlined in the previous section of this document.
- Agency Administrators and Users with ART licenses: Agency Administrators will
 train agency staff on the use of the HMIS system. In addition to the responsibilities
 assigned to HMIS Users, Agency administrators will run all required reports monthly and
 compare the results to the data quality standards. The monthly reports agency
 administrators should run include but are not limited to:
 - 1. Data Quality All Workflows
 - 2. Data Quality Services
 - 3. Bed Utilization by Provider
 - 4. Desk Time

PATH, SSVF, and RHY projects should use the Data Quality reports listed above, but may also have program-specific Data Quality reports that check data elements not included in the reports listed above. Check with an HMIS administrator for more information.

- Homeless Trust CoC HMIS Staff: Train agency Administrators on how to correctly
 enter data into HMIS and how to run reports as necessary, support current users, create
 and maintain documentation, keeping users informed about any changes, maintain
 provider data, assist in submitting reports to HUD, and monitor and report on data
 quality.
- Homeless Trust CoC Grant Managers at COC: Homeless Trust CoC grant managers
 monitor COC grantees periodically. Grant managers are to fill out their monitoring tool
 using grant applications and HMIS data. Site visits will include comparing paper files to
 the data entered into HMIS to check for data accuracy and completeness.

B. Data Quality Monitoring

Data Entry Staff/HMIS End Users: Data entry staff/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. Additionally, data entry staff/HMIS End users must be responsive to Homeless Trust's CoC HMIS staff when data quality issues are identified and engage in any needed corrective action.

Homeless Trust CoC HMIS Staff: The Homeless Trust CoC HMIS Staff will conduct periodic reviews of data quality reports and report any findings to the contact person at the agency responsible for HMIS data entry. Reports will include recommended corrective actions as needed. Data quality is important to providing accurate System Performance Measure progress reports to the Board in order to facilitate the identification of system gaps and promote timely planning.

C. Compliance

If the agency fails to make corrections when Homeless Trust CoC HMIS staff has informed them of needed corrective action, or if there are repeated or serious data quality errors, the Homeless Trust COC HMIS Staff will notify the Homeless Trust Asst. Executive Director about non-compliance with the required HMIS participation.

Non-compliance with the standards laid out in this document may result in the grantee being placed on a Quality Improvement Plan (QIP). Ongoing non-compliance after being placed on a QIP could result in loss of federal, state or local funding. Moreover, several funding sources now consider HMIS data quality when making funding decisions, including U.S. HUD CoC NOFA, HCRP and other Food and Beverage funded services receiving financial assistance for the benefit of persons experiencing homelessness, SAMHSA, and the State's Office on Homelessness. Low HMIS data quality performance, regardless of participation in a QIP, may result in denial or reductions of this funding.

IV. Standards for inclusion in the Housing Inventory Count

All providers receiving Continuum of Care (CoC), Food and Beverage (F&B) and Emergency Solutions Grant (ESG) funding must participate in HMIS and therefore the Housing Inventory Count (HIC) and respectively the Point In Time (PIT) count. Providers voluntarily participating in HMIS must serve persons experiencing homelessness to be included in the HIC and PIT. The CoC may place providers voluntarily participating in HMIS, whose annual entries a represented by more than 10% of persons whose prior living situation was something other than a homeless situation, on Performance Improvement Plans; and ultimately exclude them from the HIC and PIT if the program continues to serve persons who were not homeless at intake.

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.

Miami-Dade County Homeless Trust (Homeless Trust) – the lead agency for the Miami-Dade CoC implementation of HMIS. The Homeless Trust is the grant administrator for HUD funding.

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

Project Types and Corresponding Funding Sources

- Emergency Shelter (ES): Homeless Trust Food & Beverage, 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): HUD CoC Supportive Housing Program (SHP), VA Grant Per Diem (GPD), Other/Private funding.
- PH Permanent Supportive Housing (PSH): Homeless Trust Food & Beverage, HUD
 CoC SHP, HUD CoC Rental Assistance, HUD HOME, Section 8 Single Room Occupancy
 (SRO), Veterans Administration Supportive Housing (VASH), Other/Private funding, HUD
 Housing Opportunities for Persons with AIDS (HOPWA)
- PH Rapid Re-Housing (RRH): HUD CoC HCRP*, HUD ESG, VA Supportive Services for Veterans Families (SSVF), HUD HOME, Other/Private funding
- Homelessness Prevention (HP): HUD CoC HCRP*, HUD ESG, SSVF, RHY, Other/Private funding
- Street Outreach: Homeless Trust Food & Beverage, ESG Outreach, SHP Supportive Services Only (SSO) with Outreach, Projects for Assistance in Transition from Homelessness (PATH), Other/Private funding
- **Supportive Services Only Programs (SSO):** Homeless Trust Food & Beverage, SSO without Outreach, PATH, Other/Private funding