

# Data Quality Monitoring Plan

## CONTENTS

Timeliness .....	2
Completeness.....	3
Accuracy/Consistency .....	4
Data Quality Process/Monitoring .....	4
Incentives/Enforcement .....	5
Progress Charts.....	5

## Timeliness

- Purpose: To ensure data is accessible for agency, community level, and federal reporting and to improve data accuracy. Reducing the time period between data collection and data entry will increase the accuracy and completeness of client data.
- Current Standard (may vary by program type):
  - Emergency Shelter (ES): within 10 days of service start date
  - Transitional Housing (TH): within 2 weeks of program entry
  - Permanent Supportive Housing (PSH): within 2 weeks of program entry
  - Services Only: within 10 days of program entry
  - FHPAP/Prevention/Rapid Rehousing only: within 10 days of program entry
  - ALL PROGRAMS: All Data must be entered and updated as required by funders. Data for each quarter must be entered, complete, and current by the 15<sup>th</sup> of the month following each quarter. (*April 15 Q1; July 15 for Q2; October 15 for Q3; and January 15 for Q4*)
    - Included data elements that will be monitored are:
      - Universal Data Elements (HUD and MN required)
      - Entry/Exits
      - Services
    - Funder-required updates to assessment information (disabilities, income, non-cash benefits, residence, etc.) will continue to be required on the already established funder-required schedule.

## Completeness

- Purpose is to ensure that MN and each CoC can accurately describe the clients and services provided to clients who are accessing services. A complete record also is important for reporting for the use of data in any community level reporting as well as for HUD required processes such as NOFA and AHAR which can affect funding for the CoC and its providers.
- Current Standard:
  - All clients receiving homeless, prevention, and outreach services have a record in HMIS
    - Goal of less than 5% of clients are anonymous
      - Exception for providers who must enter all clients anonymous such as domestic violence and legal services providers
      - Exception for outreach clients. Up to 10% of outreach clients may be entered anonymously.
    - Client choice in signing the consent form takes precedent and staff should not pressure clients into agreeing to have their information identifiable if the client does not wish to do so. However, high percentages of anonymous clients may indicate staff or agency understanding of the consent form process may need review and/or clarification.
  - All data entered into HMIS is complete (based on funder requirements)
    - Universal Data Elements: “Missing”, is less than 2% and “don’t know or refused” is less than 3% in any one field.
      - Exception for SS#. This may have up to 2% missing, and 8% don’t know, or refused.
        - Exception for providers who must enter all clients anonymously. All SS# will be listed as Refused. All other elements will be completed with up to 5% “don’t know or refused”.
        - Exception for Date of birth. Less than 1% of client records shall be missing date of birth. If client declines to give his/her DOB, an approximate DOB will be entered.
    - Program Specific Data Elements: “Missing”, is less than 2% and “don’t know or refused” is less than 3% in any one field
  - Bed Utilization rates: Emergency Shelters, Transitional Housing, and Permanent Supportive Housing programs and CoC Coordinators will review utilization rates quarterly using data in HMIS.
    - ICA HMIS staff will send quarterly utilization reports to CoC Coordinators to review and pass on to programs. This process can help determine whether or not data is being completely entered. Low utilization or utilization over 100% can be a sign that data is not being entered or exited correctly. It can also indicate changes in programs, such as bed counts, that must be accurately counted.

## Accuracy/Consistency

- Purpose: To ensure that data in HMIS is collected and entered in a common and consistent manner. To ensure that client information is truthful and accurate.
- *This section will likely roll out at a later time than the Timeliness and Completeness standards as we take additional time to plan and design the elements with a variety of groups including HMIS staff, funders, CoC Coordinators, agencies, and users.*

## Data Quality Process/Monitoring

- Purpose: To ensure that the standards for timeliness, completeness, and accuracy are met and that data quality issues are identified and resolved.
- Current Standard:
  - Agencies and CoC Coordinators provide timely updates to CoC HMIS staff regarding any changes to programs.
    - Notify ICA HMIS staff of program changes within 30 days of changes (new beds, closed program, etc.) by email [mnhmis@icalliances.org](mailto:mnhmis@icalliances.org).
  - At the start of each quarter, HMIS will send a reminder email to CoC Coordinators about upcoming DQ report deadline.
    - CoC Coordinators will forward reminder email to their program providers/agencies.
  - HMIS will run quarterly data quality reports and bed utilization rate reports and will provide these reports to the CoC Coordinator/Funder/Grantee to review.
    - HMIS will send reports to the above parties on the 22<sup>nd</sup> of the month, or next business day thereafter, following the end of each quarter. (January, April, July, October)
  - CoC Coordinators/Funders/Grantees will review the reports and request that program providers make any necessary changes to their data.
    - Program providers will review their data and make necessary corrections to meet the above data standards within two weeks.
    - Program providers/agencies can run program specific or agency wide reports to review their data and make corrections (See Data Quality Monitoring Plan Report Instructions for more details on running data quality reports.)
  - HMIS staff will assist providers in correcting data and updating program information as needed.

## Incentives/Enforcement

- After the two week data correction deadline for the quarter, HMIS staff will run another set of data quality reports and submit them to the CoC Coordinators/Funders/Grantees. ICA HMIS staff will provide a list of agencies that have not improved their data and/or still exceed the data quality error goals.
- HMIS staff will also provide a list of agencies that have not improved their data since the previous quarter, or who have had multiple quarters with insufficient progress.
- ICA staff will supply twice a year progress charts (See Progress Chart below).
- Programs which are identified as having continued data quality issues will undergo the following process: (process still under review and subject to change)
  - Program does not improve data quality over two consecutive quarters
    - CoC /funder/grantee contact agency
    - ICA HMIS staff offers walkthrough support
  - Program does not improve data quality over three consecutive quarters
    - CoC/Funder/Grantee contacts agency
    - ICA HMIS staff identifies which users require additional training
    - License suspension until follow-up is possible
  - Program does not improve data quality five quarters out of eight
    - CoC Coordinator/Funder/Grantee determine appropriate action
      - Lost points on CoC competition or similar consequence
      - Increased monitoring
      - Additional interventions as determined by CoC Coordinator/Funder/Grantee, ICA Staff, and Agency Staff.
- Incentives to be determined

## Progress Charts

- These charts will be provided semi-annually and may include the following information:

<b>Name of Project and SPID</b>	<b>Project has no errors</b>	<b>Improved data during correction period</b>	<b>Missing data exceeds goal – including # of anonymous clients</b>	<b>Missing data but does not exceed goal</b>	<b>Number of quarters in the past two years without improvement</b>
Sample project 1 (2479)		Yes	No	Yes	1
Sample project 2 (3549)		No	Yes	Yes	3
Sample project 3 (1157)	✓	N/A	No	No	0
Sample project 4 (621)		No	No	Yes	2