HMIS and DV ClientTrack Data Quality Plan

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Introduction

To better understand the nature of homelessness, HUD requires the use of a structured data system called a Homeless Management Information System (HMIS). This data system is a software application capable of collecting and reporting information as specified in HUD Notice and Regulations found in the HUD [Data and Technical Standards Final Notice](#) which the current version was published in 2004.

Pursuant to the standards outlined in the CoC Rule 578.7(b) 3 Responsibilities of the Continuum of Care (CoC): Designating and operating an HMIS, the following is the Data Quality Plan for the Indiana Balance of State 502 (IN BoS 502) Continuum of Care. The calculations, client universe, and applicable data for the Data Quality Plan use the design specifications for [HUD's Annual Performance Report](#). The Data Quality Plan is reviewed and revised on an annual basis or as needed by the Performance and Outcomes Committee of the Board of Directors in the IN BOS 502 Continuum of Care (CoC).

Quality data entered in the HMIS permits longitudinal data analysis to identify system duplication, high-frequency users, performance, and recidivism among many different possibilities.

This data quality plan defines the three most important data elements, it outlines data quality benchmarks, and lays out the data quality monitoring plan to be implemented in the Indiana Balance of State. The data quality monitoring plan, which is part of this document, outlines the process to ensure the data quality expectations and benchmarks are being met by organizations in our Balance of State using HMIS/DV ClientTrack. The Data Quality and Monitoring Plan will help the Balance of State IN-502 present and report more reliable data to identify the areas needing the most attention in our planned efforts to end homelessness as a continuum of care.

Data Quality Elements

Something to remember about data quality is that data is only useful when it truly describes the reality of the topic or population it is representing. Data quality is not the end goal; rather, reporting quality data to ultimately make informed decisions that contribute to helping unhoused persons to have access to a stable housing situation in a community of their choice is the end goal. Data quality is indispensable for accurate reporting, representative funding, and transparent communications about the reality of homelessness in the Indiana Balance of State.

According to the Data Quality Toolkit created by HUD, for data or information to be relevant and useful, it needs to have three basic elements: Timeliness, Completeness, and Accuracy. This means that data entered in the HMIS system needs to be entered within a given time frame, it needs to be complete for all the data elements required in the system, and the information entered needs to be accurate to best represent the populations we are serving.

Timeliness

Timeliness means that data is entered closer to the date of occurrence and that data is entered within a given period as required by the HMIS Data Standards. For example, timely data is data entered within the first 5 calendar days of intake and data entered within the 60-day window from the project start date for annual assessments. Below are standards for timeliness for data elements and assessments that usually have higher error rates.

Data Entry

Project Types	Data Elements	Timeliness
All HMIS project types	All Universal Data Elements (UDE) see FY 2024 HMIS Data Standards for a complete list. **Universal Identifier Elements (One and Only One per Client Record)** 3.01 Name 3.02 Social Security Number 3.03 Date of Birth 3.04 Race and Ethnicity 3.06 Gender 3.07 Veteran Status **Universal Project Stay Elements (One or More Value(s) Per Client, One Value Per Project Stay)** 3.08 Disabling Condition 3.10 Project Start Date 3.11 Project Exit Date 3.12 Destination 3.15 Relationship to Head of Household 3.16 Enrollment CoC 3.20 Housing Move-In Date	Enter all client information required within the first 5 calendar days from the client's entry into the program.

Annual Assessment

Project Types	Collection Point	HUD Timeliness	IN-BoS HMIS Team Timeliness
All HMIS project types	Annual Assessment	According to the FY2024 HMIS Data Standards data elements collected an annual assessment must be entered within 30 days prior or 30 days after the anniversary of the project start date.	Due to some months having 28/29, 30, or 31 days, keeping track of the 60-day window to enter annual assessments can be tricky. To avoid confusion, we encourage end users to:

			- Have a 30-day window timeframe instead (i.e., 15 days before or 15 days after the anniversary of the project start date - Use the [Notifications Function how to guide](#) to use notifications to timely enter annual assessments.

VISPDAT Update

Project Types	Assessment	Timeliness
All Coordinated Entry Projects	VI-SPDAT	Update every 90 days from the project start date until the client is exited due to lack of contact or other reasons.

Completeness

All participating HMIS Organizations are expected to collect the data elements required by HUD, the CoC, or other federal entities (such as the Veteran Administration) for their programs. All residential programs and HUD funded programs are required to collect the Universal Data Elements (UDE) and Project Descriptor Data Elements (PDDE) on all clients who are enrolled. You can find the list and rationale for each UDE and PDDE in the FY 2024 HMIS Data Standards.

To enforce complete data, our assessments are grouped by workflows (to avoid missing assessments) and have mandatory fields designed to reduce the number of missing responses. **End users should not create blank assessments and save them against an enrollment to be filled in later**. This tends to create more missing responses.

In some instances, such as assisting a client in crisis or waiting to compile all the information required before entering an assessment, an end user may pause the workflow. When a paused workflow is not resumed, however, it will lead to incomplete and missing data, which will create poor data quality. Therefore, if there is a paused workflow, it must be resumed before creating any other assessments.

Missing responses occur when data is not collected. "Data not collected" is a response option provided by HUD that should only be used rarely, since it indicates the question was not asked. In contrast, although they do not provide the required information, "Client doesn't know" and "Client prefers not to answer" are valid options that accurately reflect the client's response. "Requirements for data collection (including specific elements and frequency) not explicitly mentioned in this document should be obtained from documentation from the funding source, other regulation, or other federal notice.

Universal Data Elements

HMIS Universal Data Elements (UDEs) are required to be collected by all projects participating in HMIS, regardless of funding source according to the 2024 HMIS Data

Standards. Projects that are not funded by any federal partner but have agreed to enter data as part of the CoC's HMIS implementation are also required to collect UDEs.

The UDEs help de-duplicate data, as to have a better estimate of the number of people experiencing homelessness tracked by the HMIS. Having timely, complete, and accurate UDEs entered in the system are the foundation for the reporting of the Longitudinal System Analysis (LSA) report, which provides Congress with information about the current state of homelessness in our state. This report informs on the needs, trends, and resources available in our Balance of State, and is available not only to Congress and federal partners, but also to local communities and people serving unhoused communities in the front lines.

The UDEs list is as follows:

- Name
- Social Security Number
- Date of Birth
- Race and Ethnicity
- Gender
- Veteran Status
- Disabling Condition
- Project Start Date
- Project Exit Date
- Destination
- Relationship to Head of Household
- Enrollment CoC
- Housing Move-In Date (only applicable for RRH, PSH, and OPH projects)

Program-specific Data Elements

Collecting complete program specific data elements is necessary for accurate program reporting and overall system performance. The list below is a list of the most common program specific data elements that must be collected at time of entry and/or exit.

- Income and Sources
- Non-Cash Benefits
- Health Insurance
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS Status
- Mental Health Disorder
- Domestic Violence
- Current Living Situation
- Date of Engagement
- Bed-Night Date
- Coordinated Entry Activity

For more information on the funder/program component and project type applicability, refer to the 2024 HMIS Data Standards on page 74.

Accuracy

Accuracy means the data entered is truthful and reliable to the responses provided by the client. "Client doesn't know" and "Client prefers not to answer" are valid answers that, when reported by the client, contribute to the accuracy of the data. Completeness contributes to the accuracy of the data. For example, if the client's name is Jane Doe, entering "J D" would be incomplete and inaccurate.

Accuracy can be improved by real-time data entry. However, if it makes sense for your process, you can wait to gather all the data required from the client, and then

enter it to ensure its completeness and accuracy. For example, if a program has a two-step process for intakes (one basic eligibility interview and one in-depth goal setting and plan setting interview), the records will be more accurate after the second interview. Entering the data after the second interview reduces the need to go back and edit records.

Accuracy impacts the ability we have to de-duplicate records and accurately reflect the total number of unduplicated clients served by program type and project. Duplication impacts other data elements that affect the System Performance Measures, Longitudinal System Analysis, Housing Inventory Count, and Point-In-Time count among other reports, thus not accurately reflecting the state of homelessness in our Balance of State.

Data input in the system is a main determinant of the annual funding allocated by the federal Housing and Urban Development agency through the Notice of Funding Opportunity (NOFO), which is one of the reasons why implementing timeliness, completeness, and accuracy in data entry is so important.

Project Entry and Exit Dates

1. By Project Type

All residential projects use project entry and exit dates to identify length of stay in a program. For example, the project entry date is the date the client or family moved into the shelter or moved into the apartment in a tenant-based rental assistance program. Similarly, the project exit date should be the date the client or family moves out of the shelter or apartment or stops receiving services.

Project entry and exit dates for day shelter, supportive services only, and outreach program components operate differently.

For day shelters, the enroll date will be the day the client or household first receives services.

For supportive services only and street outreach project types, the enroll date is the date that the client or household agreed to participate in services with the project. **The date of the initial contact or the first outreach attempt is not the enrollment date.**

Project exit date for day shelter, supportive services only, and outreach programs is the day that the client or household is no longer being actively served in the program. As an example, an intensive case management program exit date could be the agreed upon service contract end date or the date of the final case management meeting. For some of these project types there is no definitive final meeting or pre-defined service contract end date.

2. By Household Composition

A very common mistake that affects the accuracy of the data is entering and exiting members of the same household on the wrong dates or not exiting clients at all. This not only impacts the accuracy of the data, but also the bed coverage of the project that is reported in the Housing Inventory Count, Point-in-Time Count, and Longitudinal System Analysis reports.

The standards for entering and exiting clients to accurately reflect the number of clients being served in each project are as follows:

Standards for Project Start Date Data Entry				
	Household members enter the project at the same time	All household members leave the project at the same time	Other adult household member leaves the project	"New case member" is enrolled under existing HoH
Household with at least 1 adult and 1 child	*Same project start date*	*Same project exit date*	*Only exit adult who left the project*	*New case member(s) have a different project*

				start date than HoH (e.g., a newborn)
Household with 2+ adults	*Same project start date*	*Same project exit date*	*Only exit adult who left the project*	*New case member(s) have a different project start date than HoH*
Household with only children	*Same project start date*	*Same project exit date*	*n/a*	*New case member(s) have a different project start date than HoH*

Standards for Project Exit Date Data Entry			
	All household members exit the project at the same time	Household members exit the project on different dates	Only head of household exits the project
Household with at least 1 adult and 1 child	*Exit children and adults with the same project exit date*	Children should not be left enrolled in a project by themselves.	*Children should be exited on the same date as the head of household if accurate*
Household with 2+ adults	*Exit all adults with the same project exit date*	Exit dates must reflect the dates when household members left the project.	*Switch the other remaining adult to "Self", so the enrollment has a new head of household*

Household with only children	*Exit all household members with the same project exit date*	Exit dates must reflect the dates when household members left the project.	*Switch the other child to "Self", so the enrollment has a new head of household*

Following the standards above will contribute to having an accurate count of people in the system, as well as an accurate representation of their length of time homeless and the resources and services that have been provided to them.

Data Quality Benchmarks

Data quality error rates are determined by the number of client records that are either missing or have conflicting dates for one or more data elements and/or assessments and other data gathered in the system.

Not every data element has the same benchmark for data quality, but every data element has a benchmark that projects should strive for to have a more timely, complete, and accurate data to report and to utilize at a local and national level.

The tables below are a breakdown of data elements for which there are data quality benchmarks.

The benchmarks were set based on aggregated APR and CAPER reports ran for FY2023 for each project type. The benchmarks below are attainable goals that projects should strive for to continually improve their data quality.

Q6A – Personally Identifiable Information

Acceptable range of error rate for data elements in the HUD Data Quality Report						
Personally Identifiable Information Data Elements	Permanent Supportive Housing / TBRA	Rapid Re-Housing	Transitional Housing	Emergency Shelter	Street Outreach	ESG Prev. STRMU
	Error Rate	Error Rate	Error Rate	Error Rate	Error Rate	Error Rate
3.1 Name	0%	0%	0%	0%	<1%	0%
3.2 Social Security Number	<5%	<5%	<10%	<25%	<25%	<10%
3.3 Date of birth	0%	0%	0%	0%	<5%	0%
3.4 Race	0%	<2%	0%	<2%	<2%	<2%
3.5 Ethnicity	0%	<2%	0%	<2%	<2%	<2%
3.6 Gender	0%	0%	0%	0%	0%	0%

Q6B – Universal Data Elements

Acceptable range of error rate for data elements in the HUD Data Quality Report						
Universal Data Elements	PSH	RRH	TH	ES	SO	ESG Prev.
	Error Rate	Error Rate	Error Rate	Error Rate	Error Rate	Error Rate
3.7 Veteran	<2%	<2%	<2%	<2%	<2%	<3%
3.10 Project Start/Entry Date	0%	0%	0%	0%	0%	0%

3.15 Relationship to the Head of Household	0%	0%	0%	0%	0%	0%
3.16 Client Location	0%	0%	0%	0%	0%	0%
3.8 Disabling Condition	<1%	<3%	<2%	<5%	<5%	<5%

Q6C – Income and Housing Data Quality

Income and Housing Data Quality Data Elements	PSH	RRH	TH	ES and Non-HUD SSO	SO	ESG Prev.
	Error Rates	Error Rates	Error Rates	Error Rates	Error Rates	Error Rates
3.12 Destination	<5%	<2%	<20%	<25%	<30%	<15%
4.2 Income and Sources at Start	<5%	<10%	<5%	<10%	<8%	<10%
4.2 Income and Sources at Annual Assessment	<25%	<25%	<50%	<50%	<50%	<50%
4.2 Income and Sources at Exit	<5%	<5%	<20%	<25%	<30%	<15%

Data Elements Applicability

Furthermore, different elements apply to different client universes in our data quality section of the Annual Performance Report (APR). For example, some data elements only

apply to adults, not to all clients enrolled in the program, such as "Veteran Status". If a program had a total of 30 clients enrolled during the reporting period, 12 of them adults with 3 of the persons marked as missing Veteran Status, then the rate of missing would be 25%, not 10%. Even if a client is outside the applicable universe (like children for Veteran Status), the information may still be required for data entry. For age-specific elements such as Veteran Status, the standard will apply when they are 18 years old.

Please see the table below to understand what data elements apply to which client universe.

First Name	All Clients
Last Name	All Clients
SSN	All Clients
Date of Birth	All Clients
Gender	All Clients
Ethnicity	All Clients
Race	All Clients
Veteran Status	All Adults
Disabling Condition	All Clients
Living Situation & Prior living situation	Head of Household and adults
Project Entry Date	All Clients
Project Exit Date	All Clients
Destination	All Head of Households & adults
Relationship to Head of Household	All Clients
Client Location	Head of Household
Income and Sources	Head of Household and adults
Non-Cash Benefits	Head of Household and adults
Health Insurance	All Clients
Physical Disability	All Clients
Developmental Disability	All Clients

Chronic Health Condition	All Clients
HIV/AIDS	All Clients
Mental Health Problem	All Clients
Substance Abuse	All Clients
Domestic Violence	Head of Household and adults
Residential Move-In Date	All Clients – SSVF, RRH
Housing Assessment at Exit	All Clients (HOPWA and CE)
Contact	All Street Outreach Clients – Head of household and adults (CE)
Date of Engagement	All Street Outreach Clients (ES Outreach, CoC Outreach & PATH)
Services Provided	All Clients enrolled in SSVF, PATH, RHY and HOPWA
Financial Assistance Provided	All Clients enrolled in SSVF, RRH, HOPWA
Program Entry	All Clients
Program Exit	All Clients
Housing Move In	All Clients- Head of Household and adults

While most data errors are recorded or tracked for elements at program entry, data elements collected at program exit are just as important as this is the basis for measuring outcomes and progress. Therefore, it is expected that all HUD-funded and non-HUD funded programs have exit assessments for every client entered. "No exit interview" completed should be rarely used unless the client has absconded from your program.

Q6D – Chronic Homelessness

Q6E – Timeliness
Timeliness is "the number of days between project start date and completing the master assessment."

All projects are expected to enter all their client entry and exit records within the first 7 days from the event.

Q6F – Street Outreach and Emergency Shelters

Data Element	Emergency Shelter	Street Outreach
% of inactive records	<50%	<50%
Rate of Engagement	>90%	>50%

Monitoring Plan

A monitoring plan will help IHCDA and subrecipients work together to ensure the information in the Homeless Management Information System is accurate, complete, and reliable to help the Indiana Balance of State key players take effective action to help end homelessness in our Balance of State. To ensure the benchmarks and expectations mentioned above are met, roles and responsibilities will be outlined in the next subsections.

These benchmarks are expected to be met on a quarterly basis. Agencies should review their data monthly and at least quarterly by running their respective APR and/or CAPER report and using the APR/CAPER Review Tool to address data quality issues.

Roles and Responsibilities

HMIS Team/Data Quality Analysts

The HMIS team will host three data quality coffee talk webinars per project type such as emergency shelter, transitional housing, street outreach, coordinated entry, permanent supportive housing, and homeless prevention and rapid re-housing in a calendar year. As part of the data quality coffee talk series, the HMIS team will run APR and CAPER

reports according to the project type and will share key highlights from the data quality with all site administrators and registrants to the webinar for each project type.

Moreover, the HMIS team will provide training and create resources as needed to address the most common data quality issues, with the intent to empower end users in the understanding and ease with addressing data quality issues.

Lastly, the HMIS team will host data quality office hours twice a year, to give end users an opportunity to ask questions about data quality and learn from what other end users are doing in the field to improve their data quality.

The HMIS team reserves the right to make changes to the data quality coffee talk series schedule and format as seen fit to best meet the current needs of the data quality for each project type and the CoC as a whole.

Agencies and End Users

Agencies using HMIS/DVCT must continuously work on improving their data quality. Agencies are expected to run an APR/CAPER along with using the APR/CAPER Review Tool at least once each quarter to promptly address data quality issues that are outside of the established benchmarks in this data quality plan.

Agencies should have an established process in which a staff member(s) is designated to run reports and review and correct data quality issues. Agencies should also ensure their data entry staff as well as case management and management staff, as appropriate, attend the quarterly data quality coffee talks pertinent to the project(s) they have.

Lastly, agencies will report to the HMIS team through a Yes or No poll about whether they have run an APR/CAPER for each project type in their agency every quarter.

Failure to correct errors by the agency will result in the HMIS team reporting to the Performance and Outcomes Committee of the Indiana BoS CoC Board of Directors for

further action/correction. Input will be sought on how your performance could impact funding.

Incentives

Agencies have the responsibility to ensure their data quality meets and exceed standards set in this data quality plan. To support in these efforts the HMIS team will monitor aggregate data to reach out to agencies who might need more support. Moreover, the HMIS team will provide a digital certificate to agencies who meet and exceed the forementioned standards.

Agencies will need to run their APR/CAPER at least once a quarter and review and correct data issues that have higher error rates than the established benchmarks in this data quality plan using the APR/CAPER Review Tool to receive the digital certificate of data quality excellence. This digital certificate will be made available to the agency through the designated site administrator and could be used to encourage staff to improve their intake, data usage, and reporting.

The Impact of Data Quality

Data quality is not about getting error rates close to zero percent. Data quality is about making sure the data that is being entered is usable by decision-makers at the federal, state, and local levels to determine the state of homelessness and actions needed to help people experiencing homelessness obtain permanent housing in the community of their choice.

There are four federal reports the HMIS team submits at different times during the year that are a result of the data entered in the system for that fiscal year, although data from previous fiscal years could potentially have an impact depending on the nuances of the data entry.

Below there are brief descriptions of each federal report and an explanation of what kind of data that is unput in the system affects one or more of the components of each federal report. The intention of the description and explanation mentioned in a previous paragraph is to help end users see the reach and impact their data entry and system usage have at a national, state, and local levels to determine the best courses of action to help people who are unhoused.

System Performance Measures

Entering complete, accurate, and timely information in the system ensures that the System Performance Measures accurately reflect how the clients in the HMIS system are moving through the homeless support system for the Continuum of Care.

The SPM report analyzes the performance of the system in our Continuum of Care by measuring the following criteria. Note that under each measure there is one or more bullet points that refer to data elements that influence how each measure is calculated.

Measure 1: The Length of Time Persons Remain Homeless

- Project exit Date – clients must be exited as of the date they left the project or stopped receiving services.
- Housing move-in date – all head of households enrolled in a PSH or RRH project who moved into housing must have a housing move-in date.
- Prior Living Situation 3.917 – the "date this episode of homelessness started" is crucial in determining chronic homelessness, and thus the length of time a person has been homeless.

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

- Exit destination – all exited clients must have an accurate exit destination as part of their exit interview.

Measure 3: Number of Homeless Persons

- Project start date – clients must have an accurate project start date recorded in their intake assessment.
- Project exit date - clients must be exited as of the date they left the project or stopped receiving services.
- Housing move-in date - all head of households enrolled in a PSH or RRH project who moved into housing must have a housing move-in date.

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

- Financial assessment – a financial assessment must be collected at project start and project exit date to capture the changes in income for the clients.
- Annual assessment – clients who have been enrolled in a project for 365 days or more must have an annual assessment completed within the 30-day window explained in this document.

Measure 5: Number of Persons who Become Homeless for the First Time

- End users must search for existing clients before creating a new client record.
- End users must request for client merges for duplicate clients by reaching out to the helpdesks.

Measure 6: Homeless Prevention and Housing Placement of Persons Defined by Category 3 of HUD's Homeless Definition in CoC Program-funded projects. – not applicable for the Indiana Balance of State.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

- Exit destination – all exited clients must have an accurate exit destination as part of their exit interview.

- Housing move-in date – all head of households enrolled in a PSH or RRH project who moved into housing must have a housing move-in date.

Housing Inventory Count and Point-in-Time Count

- Run a Point-in-Time report as of the date of the count for all ES and TH projects that use HMIS in your agency and verify that the total number of clients in pages 1, 2, and 3 of the report are correct.
- Exit all clients in ES, TH, RRH, PSH, and SH who are no longer in the program enrollment as of the date they left the project.
- Enter a housing move-in date for all head of households in RRH and PSH who moved into housing as of the date they did.
- For non-RHY projects, ensure that children in households with at least one child and one adult are exited along with the head of household. This avoids data issues with children showing as enrolled by themselves in non-RHY projects.

Longitudinal Systems Analysis

The Longitudinal Systems Analysis (LSA) report aims to show how the local homeless response system coordinates its efforts to serve the community to address homelessness.

The Longitudinal Systems Analysis (LSA) report is produced from the Homelessness Management Information System (HMIS) and submitted annually to HUD to provide information about how households experiencing homelessness use their system of care.

End users can contribute in the following ways to accurately report the Indiana BoS data.

- Making sure that each household has one head of household only per project enrollment.

- Exiting clients as of the date they left the project and not the default day.

- Conducting exit interviews

- Entering Housing Move-In Dates for all head of household who have moved into housing as of the date they in fact moved into housing.

- Correctly entering the "Date Homelessness Started" of the date this episode of homelessness started.

- Ensuring all clients have a date of birth.

Frequently Asked Questions

<u>What if I cannot gather all the Social Security Numbers from all my clients?</u>

According to the 2024 HMIS Data Standards, only the last 4 digits of a social security number should be collected for all clients. If no SSN is provided, "Client doesn't know" and "Client prefers not to answer" are acceptable answers. Do not enter "x" or zeros as the last 4 digits since this will cause data issues.

<u>What if people refuse to answer or do not know how to identify their race?</u>

You will not be penalized if people report they either do not want to identify with one or more races, or if they do not know how to identify their race. However, you should give clients an opportunity to identify their race if they want to and record it accordingly. "Client doesn't know" and "Client prefers not to answer" are acceptable responses.

<u>What does it mean when I have an error rate for Income and Sources at Start and Exit?</u>

If the master assessment date or the other entry assessments have a different date than the project start date, this will cause issues with income and sources at start. The same thing goes for the exit assessments and the project exit date. They need to be the same or it will cause issues.

<u>What does it mean when I have an error rate for Income and Sources at Annual Assessment?</u>

This means you did not enter the annual assessment within the 60-day window (or 15-day window according to this document), or that an annual assessment was entered incorrectly. Meaning, you entered the annual assessment under Common Client Assessments, instead of the program enrollment.

<u>Who should be reported as a veteran?</u>

Veteran Status is defined as a person who has ever served on active duty. Persons who were in reserves or National Guard and not called up to active duty for other than training purposes should answer "No" to this question. Programs that require a stricter eligibility standard on veteran status (such as SSVF, Veterans Administration) would still operate as normal and would still input the information for their enrolled clients as normal.

<u>How does data quality impact my funding?</u>

ESG, CoC, and HOPWA recipients are evaluated on their data and data quality when they submit their close-out reports. These reports may not be accepted by IHCDA or HUD if they have too many errors. It is important to utilize the resources for data quality (see section below) to address data quality before final reports are due. At the minimum, checking data quality at mid-year and one month before grant close-out would be recommended by the IHCDA grants team.

Data Quality Resources for End Users

APR/CAPER Review Tool

The APR/CAPER Review Tool is great for drilling down on data quality errors and making corrections at the client level. It also provides a breakdown of the number of clients, their demographics, and programmatic specifics such as length of time homeless before housing move-in, number of contacts, rate of engagement, etc.

As a CoC, we expect organizations to address all missing data elements and error rates. Permanent and Transitional housing programs should have few missing data points for

the Universal and Program Descriptor Data Elements. For all programs, the rate of "Don't Know/Refused" responses should be kept to a minimum. Clients identifying as Hispanic/Latino tend to show higher rates of "Don't Know" or "Refused" for race. However, if possible, these answers should be kept to a minimum. For more information about reporting race and definitions, please see the 2024 HMIS Data Standards.

Lastly, if the date of birth is after the date the record was created, it will throw data issues, since a record should not be created for a client who is not yet born at the time of creating a new record.

Data Quality Coffee Talks

The Data Quality Coffee Talk Series is divided by project type (i.e., Emergency Shelter, Transitional Housing, Permanent Supportive Housing, Rapid Re-Housing and Homeless Prevention, Coordinated Entry, and Street Outreach).

In each coffee talk, the HMIS team presents information about the number of clients served, the data quality wins from the previous year, data quality improvements, and how to make improvements in specific data elements issues relating to a specific project type.

The coffee talk series happens three times a year for all project types mentioned above. This gives an opportunity for end users to work on their data quality in between series, so those improvements can be reviewed in the following webinars.

Data Quality Office Hours are also available in between series for anyone who has questions about their data or any general data quality question or concerns.

A library of past data quality coffee talks recordings can be found here.

Other Resources
- 2024 HMIS Data Standards Manual: A Guide for HMIS End Users and HMIS Leads/System Administrators
- IHCDA HMIS Resources Website

- o [PATH Program Manual](#)
- o [VA Program HMIS Manual](#)
- o [RHY Program Manual](#)
- o [CoC Program Manual](#)
- o [HOPWA Program Manual](#)
- o [ESG Program Manual](#)
- [IHCDA HMIS Data Portal](#)