|  |  |
| --- | --- |
| **Policy / Procedure**: HMIS Data Quality Plan | SC-CHAP letters |
| **Procedure Number**: 405 |
| **Date Approved by SCCHAP**: 7/12/2016 |
| **Date of Last Revision/Review**: 7/12/2016 |

**Purpose:** The purpose of this plan is to ensure the reliability and validity of client level data collected in the HMIS.

**Policy:** It is the policy of the Continuum to facilitate the ability of the members and the CoC as a whole to achieve statistically valid and reliable data and set expectations to capture reliable and valid data on persons accessing our homeless assistance programs.

**Procedures:**

1. All data shall be entered into the HMIS in a timely manner.
   1. Upon entry into agency program, client data must be entered into HMIS ≤ 7 calendar days.
   2. Upon exit from agency program, client exit must be entered into HMIS ≤ 7 calendar days.  
        
      **Standard 90% of the time.**
2. The Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) was adopted as the pre-screen assessment tool for all clients at intake to assist our providers leverage the full range of housing interventions across our entire homeless population.   
     
   The VI-SPDAT will be used on all CoC program clients (**unaccompanied minors in emergency shelter are exempt**) – **Standard 100%**
3. Data Completeness: The CoC requires that all data is completely and accurately entered into the HMIS.   
     
   100% of all homeless clients served by the CoC are to be entered into the system detailing basic, services and special needs data (HMIS/APR Data Used to Determine Compliance). Key elements that will be measured are:
   1. Null/missing values
   2. Client don’t know/refused responses (HUD Universal Data Elements)
   3. Name or Client ID
   4. SS (last 4 digits)
   5. Date of Birth
   6. Race
   7. Ethnicity
   8. Gender
   9. Veteran Status
   10. Disabling Condition
   11. Residence Prior to Program Entry
   12. Destination
   13. Relationship to Head of Household
   14. Client Location
   15. Length of Time on the street, in an emergency shelter or safe haven
   16. Accuracy  
         
       **Standard ≤5% of the time**.  
         
       **Note: Program specific data elements are required for each project type. However, the standard for data completeness remains the same**.
4. Mainstream Resources and Employment**:**
   1. Changes in total cash income for leavers with one or more sources of cash income ALL Programs - **Standard 81%**
   2. Changes in non-employment cash income for leavers ALL Programs **- Standard 81%**
   3. Changes in employment income for leaversin TH, PH and SSO programs **– Standard 20%**
   4. Changes in employment income for leavers in Safe Haven programs – **Standard 5%**
   5. Changes in total cash income for stayers with one or more sources of cash income – **Standard 50%**
   6. Changes in non-employment cash income for stayers – **Standard 70%**
   7. Changes in employment income for stayers – **Standard 10%**
   8. Changes in employment income for stayers in Safe Haven programs – **Standard 2%**
5. Housing Performance:
   1. PSH and RRH
      1. Retention in Permanent Housing: Percentage of participants who either remain in the PH project as of the end of the reporting period, or who have exited to another permanent housing destination – **Standard 95%**
      2. Occupancy Rates: Overall average occupancy rates for reporting period – **Standard 90%**
   2. Transitional Housing:
      1. Percentage of participants who exit the program to a permanent housing destination – **Standard 85%**
      2. Occupancy Rates: Overall average occupancy rates for reporting period – **Standard 90%**
   3. Supportive Services Only:
      1. Exit to Permanent Housing: Percentage of participants who exit the program to a permanent housing destination – **Standard 85%**
      2. Exit to Positive Housing Destination: Percentage of participants who exit the program to a positive housing destination – **Standard 85%**
   4. Safe Haven:
      1. Exit to Permanent Housing or Care Setting: Percentage of participants who exit the program to a permanent housing destination or specialized care setting – **Standard 85%**
      2. Occupancy Rate: Overall average occupancy rate for reporting period – **Standard 90%**
6. Consistency: All data entered into HMIS shall be collected and entered in a consistent manner for all programs. All intake and data entry personnel will complete an initial training with the HMIS Systems Administrator before accessing the live HMIS. All HMIS users must recertify annually. The HMIS System Administrator has developed the HMIS data entry process for each program type and is to be followed.  
     
   All users must also complete the Michigan Coalition Against Homelessness Privacy and Security Training with a passing score of ≥ 80%.  
     
   All users must execute a HMIS User Agreement with the Michigan Coalition Against Homelessness.  
     
   **Agencies must meet this standard 100% of the time**.
7. Monitoring: Data quality, completeness and consistency will be monitored by the Continuous Quality Improvement (CQI) Committee and the HMIS System Administrator.   
     
   Reports for each individual agency and the overall performance of the CoC will be distributed quarterly to individual agencies and the Board.   
     
   It is the responsibility of all agency administrators to ensure that the minimum data elements are fulfilled.   
     
   Programs that consistently fail to meet standards will be contacted by the CQI Committee Chair and the HMIS System Administrator notifying them of their deficiencies. Additional training will be made available to resolve data entry issues.   
     
   It is the responsibility of the agency to correct all data deficiencies identified by the CQI Committee or HMIS System Administrator in a timely manner.  
     
   If data quality deficiencies go unresolved following multiple attempts to resolve documented issues, the Board will re-evaluate whether or not to suspend agency funding.  
     
   It is the goal of the CoC to have all data accepted for inclusion in the Annual Housing Assessment Report. Agencies must have all identified deficiencies for the current grant term corrected 1 month prior to the AHAR submission date.  
     
   **Agencies must meet this standard 100% of the time.**

Additional References:

Policy 310 Continuous Quality Improvement and Data Quality Assurance

Policy 500 Grant Applications and Scoring Criteria

Policy 404 HMIS Joint Governance Charter