



# **North Dakota-500 Statewide Continuum of Care Data Quality Management Plan**

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CoC Board Approval: July 20, 2020  
CoC Membership Approval: August 5, 2020

Next Review: July 2021

## I. Introduction

- A. The North Dakota Continuum of Care (ND CoC) is a partnership of public and private entities and state and local government across the state aimed at ending homelessness in North Dakota. An end to homelessness means that we prevent it whenever possible and, if it does occur, the episode is rare, brief, and non-recurring. The Homeless Management Information System (HMIS) is a database used by Covered Homeless Organizations (CHOs) across North Dakota to provide an unduplicated count of persons experiencing homelessness in the state. HMIS is used to coordinate care; for evaluation and research to improve our homeless services system response; and for functions related to payment, reimbursement, and administration. The Institute for Community Alliances (ICA) serves as the HMIS Lead for the ND CoC and manages HMIS on the ND CoC's behalf.
- B. The ND CoC, in conjunction with ICA, have created this Data Quality Management Plan to provide actionable, measurable steps to address data quality within HMIS. Data quality within HMIS affects everything we do in our work to address and end homelessness, and its importance cannot be overstated.
- C. The Department of Housing and Urban Development (HUD) and other federal partners have also expressed their commitment to addressing data quality through the [HUD's Office of Special Needs Assistance Programs \(SNAPS\) Data Technical Assistance \(TA\) Strategy to Improve Data and Performance](#) and other briefs specifically addressing data in HMIS. Because HUD and the federal partners use data in HMIS to measure how we are doing to address and end homelessness across the country, they remain invested in the data in HMIS.
- D. While focusing on data quality for federally-funded projects that enter data into HMIS is necessary to ensure accurate reporting for those grants, any project that enters data into HMIS contributes to the overall picture of homelessness within the community, and therefore, is expected to participate in this Data Quality Management Plan. All CHOs participating in HMIS will be required to sign the [ND HMIS Participating CHO Agreement](#) prior to receiving access to HMIS. The Agreement requires the CHO to abide by the baseline requirements, as laid out in this Data Quality Management Plan.
- E. The reasons why data quality is important are many, including but not limited to:
  1. Requirements based on federal, state, and local funding;
  2. Lack of data quality can directly affect the funding opportunities for providers;
  3. Allows accurate reporting for federal, state, and local grants;
  4. Provides the community accurate information to tell the story of homelessness as realistically and completely as possible; and
  5. Data entered into HMIS directly affects clients through the Coordinated Access, Referral, and Entry System (CARES) process and may determine for which services they may or may not appear to be eligible.
- F. The ND CoC will work in conjunction with ICA to ensure all providers have access to the tools they need to ensure high data quality, including training, data quality reports, incentives to maintain a high level of data quality, and enforcements for non-responsiveness to data quality concerns. While the HMIS Lead is responsible for a large part of the overall Data Quality Management Plan, the ND CoC will maintain a high level of involvement to ensure providers respond to data quality concerns and

that the data quality within the HMIS is both acknowledged and addressed on an ongoing, iterative, continual basis and in an objective, data-driven manner.

- G. The following addresses how the ND CoC will both incentivize and enforce the Data Quality Management Plan, with transparency about how a provider's data quality can bring about both incentives and enforcements. The Data Quality Management Plan is then broken out into the various components of data quality – completeness, coverage, utilization, timeliness, accuracy, and consistency. The sections will address the baseline minimum requirements to maintain a sufficient level of data quality, and depending on the section, the baseline minimum requirement will be broken out by project type. The HMIS Data Quality & Monitoring Visit Report is a tool that will be used for project monitoring. The Data Quality Improvement Plan (DQIP) will be used with providers and end users consistently failing to maintain a baseline minimum requirement – specifics of how that will be determined and what the tool includes is described in that section.
- H. The Data Quality Management Plan ends with an Appendix about the expectation of the HMIS Lead and the data quality baseline minimum requirements for CHOs and system set-up and maintenance of the overall HMIS to ensure it runs effectively and efficiently. This section is used to assist the ND CoC in ensuring the HMIS Lead is maintaining a high level of system set-up data quality to ensure accurate reporting on behalf of the ND CoC.
- I. The Data Quality Management Plan is a living, evolving tool that will change as the community and its HMIS data needs change.

## **II. Incentives and Enforcements**

- A. The ND CoC works with the HMIS Lead to ensure providers have access to all the support and tools they need to ensure a high level of data quality within the HMIS. The ND CoC will monitor data quality, in conjunction with the HMIS Lead, and the following incentives and enforcements are in place to ensure providers understand the importance of data quality within HMIS.
- B. Incentives
  - 1. The Board of Directors will make data quality an agenda item at every meeting and will acknowledge CHOs meeting a high level of data quality in the meeting minutes, which will be posted on the ND CoC's website.
  - 2. The ND CoC will acknowledge the work of CHOs meeting a high level of data quality in quarterly meetings and other public forums that acknowledge the work done.
  - 3. The ND CoC will use data quality in HMIS during the annual rank and review process for the CoC Notice of Funding Availability (NOFA) competition.
  - 4. The ND CoC will work with state and local funders to use data quality metrics when making funding allocation decisions to CHOs.
- C. Enforcements
  - 1. Implementation of a Data Quality Improvement Plan when CHOs and/or users consistently fail to meet the baseline requirements as laid out in this Data Quality Management Plan.
  - 2. Removing access to HMIS for specific CHOs or users until remedial or additional training is received from the HMIS Lead and data quality is shown to be a focus.

3. Restricting additional funding, or withholding funding, from projects until data quality meets, at a minimum, the baseline threshold requirements for the given project type.
4. Preventing organizations from applying for new or additional dollars during Request for Proposal (RFP) processes.

### III. Data Completeness

- A. Data Completeness looks at how much of the data fields for any given client, project enrollment, CHO, or system are filled in or answered. The definition used in the [CoC Data Quality Brief](#) is: “The degree to which all required data is known and documented.” Data Completeness looks at missing or null values; “data not collected” values; and depending on the data field, “client doesn’t know”, “client refused”, and/or “other” values.
- B. Data Completeness is usually one of the first pieces of overall data quality that is addressed because it is the simplest to measure – it is easy to report on what is or is not in HMIS, based on what is required to be in HMIS for any given project type.
- C. The HMIS Lead will run Data Completeness reports every other month and send to CHOs. CHOs who fall below the baseline requirement for Data Completeness for their project type will be asked to clean up their data within a certain timeframe. For consistent issues with Data Completeness, CHOs may be directed to create a DQIP.

Project Type	Baseline Requirements
Street Outreach (SO)	<ul style="list-style-type: none"> <li>• 90% of required data elements (only applies after client has a Date of Engagement)</li> <li>• Includes destination data</li> </ul>
Emergency Shelter (ES)	<ul style="list-style-type: none"> <li>• 95% of required data elements</li> <li>• 25% destination data</li> </ul>
Supportive Services (SSO)	<ul style="list-style-type: none"> <li>• 90% of required data elements</li> <li>• Includes destination data</li> </ul>
Transitional Housing (TH)	<ul style="list-style-type: none"> <li>• 98% of required data elements</li> <li>• Includes destination data</li> </ul>
Rapid Rehousing (RRH)	<ul style="list-style-type: none"> <li>• 99% of required data elements</li> <li>• Includes destination data</li> </ul>
Permanent Supportive Housing (PSH)	<ul style="list-style-type: none"> <li>• 99% of required data elements</li> <li>• Includes destination data</li> </ul>

Coordinated Access, Referral, Entry, and Stabilization System (CARES)	<ul style="list-style-type: none"> <li>99% of required data elements (only applies after client/household reaches a specific point in the process and is considered engaged)</li> <li>60% destination data</li> </ul>
Homelessness Prevention (HP)	<ul style="list-style-type: none"> <li>99% of required data elements</li> <li>Includes destination data</li> </ul>

#### IV. Data Timeliness

- A. Entering data into HMIS in a timely manner is necessary to ensure that clients receive the services they need in a quick and efficient manner. Additionally, timely data entry ensures that regular, accurate reporting can be done through HMIS. Users who enter data into HMIS in a timely manner are less likely to make data entry errors and are more likely to focus on overall data quality. The [SNAPS Data TA Strategy to Improve Data and Performance](#) encourages communities to enter data into HMIS within two hours for crisis response projects and within 24 hours for PSH projects.
- B. The baseline requirements for data timeliness by project type are applicable to all components of the client record, including but not limited to: project start dates, updates and annual assessments, services provided, referrals provided, contacts, and project exit dates.
- C. The HMIS Lead will run Data Timeliness reports every other month and send to CHOs. CHOs who fall below the baseline requirement for Data Timeliness for their project type will be asked to work with the HMIS Lead to make sure that they can meet the Data Timeliness standard moving forward. For consistent issues with Data Timeliness, providers may be directed to create a DQIP.

Project Type	Baseline Requirement
Street Outreach (SO)	<ul style="list-style-type: none"> <li>Live time or within five calendar days of contact with the client</li> <li>Project exit 90 days after no contact with client (back dated to date of last contact with client)</li> </ul>
Emergency Shelter (ES)	<ul style="list-style-type: none"> <li>Live time or within five calendar days of contact with the client</li> <li>Project exit two weeks after no shelter stay for client in a night-by-night shelter (back dated to date of last shelter stay for client)</li> </ul>
Supportive Services (SSO)	<ul style="list-style-type: none"> <li>Live time or within seven calendar days of contact with the client</li> </ul>
Transitional Housing (TH)	<ul style="list-style-type: none"> <li>Live time or within seven calendar days of contact with the client</li> </ul>
Rapid Rehousing (RRH)	<ul style="list-style-type: none"> <li>Live time or within ten calendar days of contact with the client</li> </ul>

Permanent Supportive Housing (PSH)	<ul style="list-style-type: none"> <li>• Live time or within ten calendar days of contact with the client</li> </ul>
Coordinated Access, Referral, Entry, and Stabilization System (CARES)	<ul style="list-style-type: none"> <li>• Live time or within two calendar days of contact with the client</li> <li>• Project exit 90 days after no contact with client or known activity in the homeless services system (back dated to date of last contact with client)</li> </ul>
Homelessness Prevention (HP)	<ul style="list-style-type: none"> <li>• Live time or within seven calendar days of contact with the client</li> </ul>

**V. Data Accuracy**

- A. Data Accuracy is not as easy to manage or monitor and requires specific reports that look at congruency between and among responses to data elements within the system, as well as checks between what the client has told an intake worker and what data is entered into HMIS.
- B. The HMIS Lead will run Data Accuracy reports every other month and send to providers. The goal for all project types and all data entered into HMIS is 100 percent accuracy. Those providers who show issues with Data Accuracy will be asked to clean up their data within a certain timeframe. For consistent issues with Data Accuracy, providers may be directed to create a DQIP.
- C. Data quality reports will look at Data Accuracy between and among responses to data elements including, but not limited to:

Data Element	Check for Accuracy
Date of Birth and Project Start Date	<ul style="list-style-type: none"> <li>• Ensure the two are not the same dates, especially for heads of household</li> </ul>
3.917 Prior Living Situation data elements	<ul style="list-style-type: none"> <li>• Ensure responses for prior living situation, length of stay in prior living situation, approximate date homelessness started, number of times the client has experienced homelessness in the last three years, and number of months experiencing homelessness in the last three years do not conflict among each other</li> </ul>
Disabling Condition	<ul style="list-style-type: none"> <li>• Ensure the Yes/No answer does not conflict with the specific types of disabling conditions</li> </ul>
Health Insurance	<ul style="list-style-type: none"> <li>• Ensure the Yes/No answer does not conflict with the specific types of health insurance</li> </ul>
Monthly Income	<ul style="list-style-type: none"> <li>• Ensure the Yes/No answer does not conflict with the specific sources of monthly income</li> </ul>
Non-Cash Benefits	<ul style="list-style-type: none"> <li>• Ensure the Yes/No answer does not conflict with the specific sources of non-cash benefits</li> </ul>
Domestic Violence Victim/Survivor	<ul style="list-style-type: none"> <li>• Ensure congruency among the three different data elements specific to domestic violence</li> </ul>

Relationship to Head of Household	<ul style="list-style-type: none"> <li>• Ensure there is one, and only one, head of household for any given household (including clients served individually)</li> </ul>
Veteran Status	<ul style="list-style-type: none"> <li>• Ensure minor-aged individuals are not defined as veterans</li> </ul>
Project Population Specifics	<ul style="list-style-type: none"> <li>• Ensure that projects only serving individuals are serving individuals</li> <li>• Ensure that projects only serving families with children are serving families with children</li> <li>• Ensure that projects only serving clients of a specific gender are serving clients of that gender</li> <li>• Ensure that projects only serving clients of a specific age range are serving clients of that age range</li> </ul>

- D. Additionally, the [Longitudinal System Analysis \(LSA\) Guide](#) (see Appendix A in the LSA Guide) looks at specific data quality issues in relation to that systemwide submission to HUD on an annual basis. These specific data quality and data accuracy pieces should be addressed in the reports run by the HMIS Lead on an ongoing basis.
- E. The ND CoC, in conjunction with the HMIS Lead, will also work with CHOs to review, at regular intervals, the data collected directly from clients, either on paper forms or by being present during intakes with clients, and the data entered into HMIS to ensure that the data entered into HMIS matches the client’s reality. This will be done, at a minimum, during annual formal onsite monitoring visits, and will also occur at other points throughout the year.

## VI. Data Consistency

- A. Users with access to HMIS should be entering data on a regular and consistent basis, not only to prevent a backlog of data entry, but also to ensure users maintain familiarity with HMIS and the workflows for which they are responsible. Furthermore, the data entered into HMIS should have consistency across the system. For example, veteran status should mean the same thing at one CHO as it does at another CHO when collecting that data element to enter into HMIS.
- B. The HMIS Lead will monitor user log in and access to HMIS every other month by running a report that shows when users last logged into the system. If users have not logged into HMIS within the last 30 days of the report run date, the HMIS Lead will contact the user and ask if they still need access to the system. If the user responds that they do still need access, the HMIS Lead will ensure that the user has maintained sufficient data quality and does not need remedial training. If the user does not have a high level of data quality, the HMIS Lead will provide remedial training for the user.
- C. If the user is non-responsive to any inquiries about their access to HMIS, the HMIS Lead will contact the user’s direct supervisor. If the HMIS Lead is informed that the user is no longer an active participant in HMIS data entry, the user’s access to HMIS will be removed. If the direct supervisor of the user informs the HMIS Lead that the user is still an active user, the user will be required to connect directly with the HMIS

Lead to complete any necessary remedial trainings to maintain a high level of data quality in the system.

- D. Should the HMIS not hear from either the user or the user's direct supervisor, the user's access to HMIS will be removed.

### **VIII. Bed Coverage and Utilization**

- A. Reviewing bed and unit utilization for projects that serve clients is a good way to determine whether the data in HMIS is accurate for the clients served in the project at any given point, and if there is a possible deficiency in exiting clients from the project in a timely manner (over-utilization) or entering clients into the project in a timely manner (under-utilization).
- B. Every other month, the HMIS Lead will review utilization data for projects that provide beds and units to clients for the following project types:
  1. Emergency Shelter
  2. Transition Housing
  3. Rapid Rehousing
  4. Permanent Supportive Housing
- C. CHOs with utilization under 85 percent or over 110 percent for any project will receive communication from the HMIS Lead to verify that this utilization was accurate for the time period, and if so, the CHO will need to provide a reason for the low or high utilization. If the utilization is not correct, the CHO will work with the HMIS Lead to ensure that all clients who were served in the time period are entered into the project (under-utilization) and that all clients who were exited in the time period are exited from the project (over-utilization).

### **IX. HMIS Bed Coverage**

- A. The importance of a high percentage of HMIS Bed Coverage for all project types is an emphasis of the [HUD SNAPS Data TA Strategy to Improve Data and Performance](#). Without a high percentage of HMIS Bed Coverage within a community, the data within HMIS is never wholistic and the story told with HMIS data about homelessness within the community is never fully accurate. A lack of high HMIS Bed Coverage prevents communities from truly understanding how both their system, and the clients served within their system, are functioning.
- B. While extrapolation techniques can work for some research and reporting purposes, the extrapolation will only be as accurate as the similarities between any given projects, processes, and clients served by the projects. Therefore, the goal for HMIS Bed Coverage for all project types is 100 percent.
- C. The HMIS Lead, in conjunction with the ND CoC, will ensure that bed coverage is as close to 100 percent as is possible for all project types. This includes a review of the most recent Housing Inventory Chart (HIC) to know which providers participated in the most recent HIC but are not entering data into HMIS.
- D. Ensuring the community's HMIS Bed Coverage reaches 100 percent, and stays at 100 percent, also requires implementing a process to ensure that any new projects that become available to serve clients at-risk of or experiencing homelessness are communicated to the ND CoC so that HMIS data entry can be encouraged and/or required for the new project.

- E. Strategies to increase and/or maintain HMIS Bed Coverage:
1. Review the HIC quarterly to ensure all projects are entering data into HMIS, except for Victim Service Providers (VSPs).
  2. For any projects that do not enter data into HMIS and are included on the HIC, create an action plan to address.
  3. For any new project that becomes available that will serve clients at-risk of or experiencing homelessness, ensure a clear and transparent process for communicating that to the ND CoC and HMIS Lead.
  4. Work with state and local funders to understand the importance of HMIS and encourage all funders to require the use of HMIS for grantees.

**X. HMIS System Coverage**

- A. A high percentage of HMIS System Coverage is imperative for the community to understand the various ways in which a client is entering the homeless services system. This includes the following types of projects that do not have beds/units associated:
1. Street Outreach
  2. Homelessness Prevention
  3. Diversion and Rapid Resolution
  4. Coordinated Access, Referral, Entry and Stabilization System
  5. Day Shelter
  6. Supportive Services/Case Management
  7. Drop-in Center
- B. If any of the above project types are dedicated and/or prioritized to serve clients at-risk of or experiencing homelessness in the community, the goal is for the data to be entered into HMIS for clients served. The HMIS Lead, in conjunction with the ND CoC, will ensure that system coverage is as close to 100 percent as is possible for all project types.
- C. Ensuring a community's HMIS System Coverage reaches 100 percent, and stays at 100 percent, also requires implementing a process to ensure that any new projects that become available to serve clients at-risk of or experiencing homelessness are communicated to the ND CoC so that HMIS data entry can be encouraged and/or required for the new project.
- D. Strategies to increase and/or maintain HMIS System Coverage
1. Review the services available to serve clients at-risk of or experiencing homelessness on a quarterly basis.
  2. The ND CoC will work with CHOs to provide a simple, streamlined process to communicate about new projects operating within the community at least 21 days before the project is operational.
  3. Work with state and local funders to streamline the funding allocation process and align HMIS requirements across the community, regardless of funding source.

## **XI. HMIS Data Quality & Monitoring Visit Report**

- A. The HMIS Data Quality & Monitoring Visit Report (Appendix ?) will be used annually during project monitoring to ensure that all HMIS participating CHOs are in compliance with HMIS policies and procedures, CHO agreements, user agreements, and any other documents governing the use of HMIS. If data quality deficiencies are identified in any area during the monitoring visit, the DQIP will be used to assist the CHO in addressing issues using concrete, time-bound action steps. If deficiencies other than data quality issues are identified during the monitoring visit, the HMIS Data Quality & Monitoring Visit Report will be used to define action steps with specific deadlines to address them.
- B. New CHOs, projects, and end users will be monitored for data quality within 20 days of receiving access to HMIS. The HMIS Lead will run data quality reports to measure completeness, timeliness, and accuracy to ensure errors or deficiencies are caught and addressed quickly. While this may not require an onsite visit component, any deficiencies found will be addressed directly with the CHO, project, or end user through a webinar, review training, or other defined step.

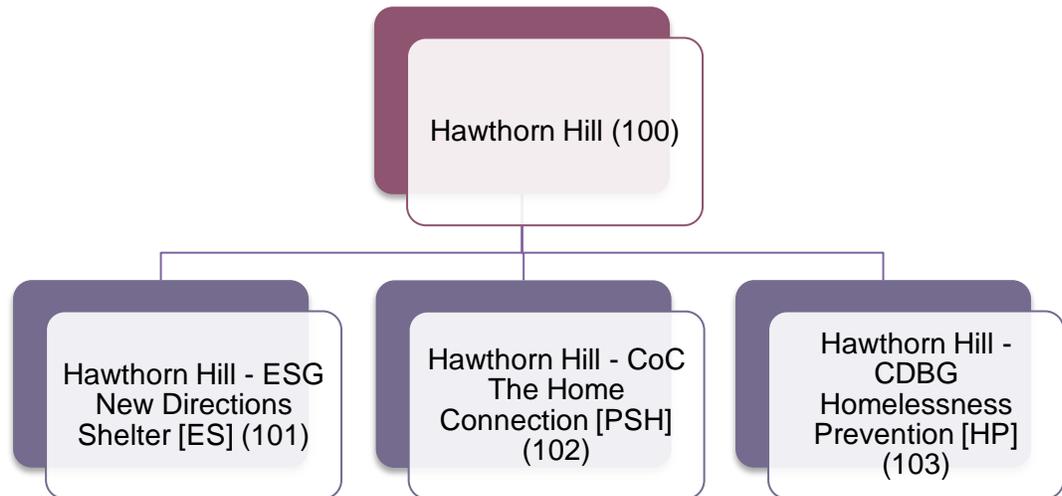
## **XII. Data Quality Improvement Plan**

The DQIP (Appendix D) will be used when a monitoring visit results in required action/follow-up steps. Additionally, if, at any time, the HMIS Lead has documented one or more ongoing issues related to data quality with a given CHO (ongoing is defined as the issue lasting longer than three months consecutively without resolution), a DQIP will be implemented with the CHO, with or without an accompanying monitoring visit.

## **XIII. System Setup Quality**

- A. While HMIS data quality is mainly focused on the users, projects, and CHOs entering data into the system, ensuring that the “behind the scenes” or provider and system setup side of HMIS is completed correctly is vital to ensure accurate reporting and functionality.
- B. Ensuring the provider and system setup of HMIS is done correctly is the responsibility of the HMIS Lead, with the support of the ND CoC and CHOs. Reviewing the provider and system setup of HMIS should be an ongoing process for the HMIS Lead and the processes taken to ensure provider and system setup should be documented and easily replicable based on that documentation.
- C. Naming Conventions
  - 1. Projects in HMIS should have a consistent naming convention that includes, at a minimum, the CHO Name, Project Type, and CHO ID/Number. It may benefit the HMIS Lead to also include grant types (CoC, Emergency Solutions Grant (ESG), Projects for Assistance in Transition from Homelessness (PATH), Supportive Services for Veteran Families (SSVF), Runaway and Homeless Youth (RHY), etc.) in the overall naming convention of projects to easily locate projects funded with specific funding streams.
  - 2. If the HMIS supports different “levels” for projects, the HMIS Lead ensures that the “levels” are consistent across the system. For example, if the HMIS supports a “CHO tree”, the HMIS Lead ensures that the CHO at the top of the “CHO tree”

is the CHO Name and that any projects operated by that CHO are under that specific “CHO tree” in the HMIS (example below).



3. The HMIS Lead will document the Naming Convention used and create a “CHO tree” that mimics what is in HMIS for easy reference.

#### D. Project Descriptor Data Elements (PDDEs)

1. The Project Descriptor Data Elements (PDDEs) are the data elements required to be completed by the HMIS Lead to ensure projects in the system are set up correctly. PDDEs include:
  - a. Operating Start Date completed and accurate based on when the project began providing services.
  - b. If the project is no longer operational, Operating End Date completed.
  - c. Project Type defined based on the type of services provided.
  - d. Bed and Unit inventory is up-to-date and available, when applicable.
  - e. Continuum of Care Code, Geocode, Zip Code, and other location data is complete.
  - f. Specific workflow is defined by project type.
  - g. Specific grants and/or federal partner funding sources are identified.
  - h. Target populations are listed.
2. The HMIS Lead will document how this is done in the system, how often they review and update the PDDEs, and any changes that have been made over time to the process.

#### E. Visibility

1. Ensuring the visibility in HMIS is set up correctly so that users can see what they are supposed to see and, alternatively, what they are not supposed to see, is critical. Visibility processes are different for every HMIS, and it is imperative that the HMIS Lead have a solid understanding on the visibility setup in the given system and how visibility is affected by project and user setup.

2. The HMIS Lead will document how the visibility is set up in the system and any changes made to it over time.

**XIV. Appendices**

- A. [Appendix A: Roles and Responsibilities Worksheet](#)
- B. [Appendix B: ND HMIS Participating CHO Agreement](#)
- C. [Appendix C: HMIS Data Quality Monitoring Visit Report](#)
- D. [Appendix D: HMIS Data Quality Improvement Plan](#)
- E. [Appendix E: HMIS Data Quality Performance Monitoring and Improvement Strategies](#)

## Appendix A: Roles and Responsibilities Worksheet

**Background:** The different roles associated with HMIS data collection, operations, policy and procedure development, and data quality (DQ) monitoring and reporting can all play a meaningful part upholding a CoC's Data Quality Management Plan. This worksheet is intended as an exercise for CoCs to review each role/responsibility and consider which entity should be responsible for carrying out the task in their CoC. Keep in mind for some communities, roles and responsibilities listed may be filled by a single entity, shared across stakeholders, or not assigned at all. CoCs should note this on the worksheet and utilize this document to ensure clear expectations across stakeholders. More or less of roles and responsibilities may exist in a community, and the checklist should be customized locally to account for these differences.

### Data Collection and Entry

Collect HUD assessment data from clients	
Enter HUD entry assessment data in HMIS	
Update HMIS to reflect change in income, benefits, etc.	
Collect HUD exit assessment data from clients (including exit destination)	
Enter HUD exit assessment data in HMIS	
Dismiss clients from programs in HMIS	
Make or change a bed/unit reservation for a client	
Merge duplicate clients across the HMIS	
Secure paper forms according to privacy and confidentiality standards	
Maintain workstation security	

### HMIS Operations

Develop and deliver training for new end users	
Provide remedial or refresher training to end users	
Develop and deliver training for medium to advanced-level users	
Maintain documentation of completed training requirements	
Authorize/provide HMIS access or licenses to new end users	
Remove HMIS access or licenses due to violation or end of employment at the HMIS CHO	
Review HMIS data standards updates for correctness and completeness	
Manage project set up tasks	
Provide troubleshooting/technical assistance via service desk activities	
Solicit feedback from HMIS stakeholders on HMIS policies and operations	
Provide communications about upcoming agency specific HMIS changes	

Provide communications about CoC-wide or HUD-mandated HMIS changes	
Document workflow needs by program	
Implement program-level workflow, features, and functionality	
Monitor the HMIS vendor against the terms and conditions of the contract	
Update and revise the HMIS vendor contract	
Review HMIS software functionality updates for correctness and accuracy	
Test new features and functionality	

### **Policies and Procedures**

Develop data quality plans, policies, and procedures, including DQ benchmarks for timeliness, completeness, accuracy, and consistency	
Approve data quality plans, policies, and procedures, including DQ benchmarks for timeliness, completeness, accuracy, and consistency	
Review data quality plans, policies, and procedures for appropriateness in relation to CoC's needs	
Implement DQ plans, policies, and procedures	
Conduct monitoring and oversight of end users to ensure HMIS activities are implemented with fidelity to approved plans, policies, and procedures	
Develop program- and user-level forms and documents (such as HMIS end user agreement or client releases of information)	
Define roles and responsibilities of HMIS end users	
Define roles and responsibilities of the HMIS decision-making entity across the CoC (e.g., board of directors, designated committee, or work group)	
Define roles and responsibilities of HMIS Lead	
Review and approve HMIS data requests for external research/evaluation projects	
Provide HMIS data to external researchers/evaluators	
Participate in the HMIS Work Group	
Participate in the HMIS Training Subcommittee	

## Monitoring and Reporting

Monitors data quality for completeness (client and program)	
Monitor data quality for timeliness	
Monitor data quality for accuracy	
Monitor data quality for consistency	
Analyze project-level and system-level trends in DQ performance	
Running data quality/validation reports	
Correct low-quality data across the HMIS implementation	
Correct low-quality data at the program level	
Communicate low data quality performance to appropriate stakeholders (e.g., discussing improvement strategies with agencies or elevating issues up to DQ enforcement entity when necessary)	
Communicate high data quality performance to appropriate stakeholders (e.g., public recognition)	
Evaluate current DQ monitoring processes and identify new protocols for continuous improvement	
Evaluate current DQ incentives and enforcements and identify new resources for continuous improvement	
Review HUD reports prior to submission	
Submit HUD reports in Sage or HDX	
Manage program-level reporting requirements by service and/or funder	
Conduct Point in Time Count reports as required by the CoC	
Provide Housing Inventory reports to the CoC	
Develop and review data dashboards/visualizations, if applicable	

## Appendix B: ND HMIS Participating CHO Agreement

Any CHO participating in the ND CoC’s HMIS is expected to adhere to the data quality standards as laid out in the Data Quality Management Plan. This includes baseline requirements for the following pieces of data quality:

- **Data Completeness:** How many of the required data elements in HMIS are completed for any given client.
- **Data Timeliness:** How long does it take for the data to be entered into HMIS once it is collected from the client.
- **Data Accuracy:** How much does the data entered into HMIS reflect the client’s or project’s reality.
- **Data Consistency:** How equally the data elements are explained, interpreted, and entered into HMIS.

This CHO is entering data into HMIS for the following project(s):

\_\_\_\_\_

Project Name: \_\_\_\_\_

Project Type: \_\_\_\_\_

\_\_\_\_\_

Project Name: \_\_\_\_\_

Project Type: \_\_\_\_\_

\_\_\_\_\_

Project Name: \_\_\_\_\_

Project Type: \_\_\_\_\_

The above project(s) are required to abide by the following baseline requirements, as laid out in the Data Quality Management Plan:

### I. Data Completeness

Project Type	Baseline Requirements
Street Outreach (SO)	<ul style="list-style-type: none"> <li>• 90% of required data elements (only applies after client has a Date of Engagement)</li> <li>• Includes destination data</li> </ul>
Emergency Shelter (ES)	<ul style="list-style-type: none"> <li>• 95% of required data elements</li> <li>• 25% destination data</li> </ul>
Supportive Services (SSO)	<ul style="list-style-type: none"> <li>• 90% of required data elements</li> <li>• Includes destination data</li> </ul>
Transitional Housing (TH)	<ul style="list-style-type: none"> <li>• 98% of required data elements</li> <li>• Includes destination data</li> </ul>

Rapid Rehousing (RRH)	<ul style="list-style-type: none"> <li>• 99% of required data elements</li> <li>• Includes destination data</li> </ul>
Permanent Supportive Housing (PSH)	<ul style="list-style-type: none"> <li>• 99% of required data elements</li> <li>• Includes destination data</li> </ul>
Coordinated Access, Referral, Entry, and Stabilization System (CARES)	<ul style="list-style-type: none"> <li>• 99% of required data elements (only applies after client/household reaches a specific point in the process and is considered engaged)</li> <li>• 60% destination data</li> </ul>
Homelessness Prevention (HP)	<ul style="list-style-type: none"> <li>• 99% of required data elements</li> <li>• Includes destination data</li> </ul>

## II. Data Timeliness

Project Type	Baseline Requirement
Street Outreach (SO)	<ul style="list-style-type: none"> <li>• Live time or within five calendar days of contact with the client</li> <li>• Project exit 90 days after no contact with client (back dated to date of last contact with client)</li> </ul>
Emergency Shelter (ES)	<ul style="list-style-type: none"> <li>• Live time or within five calendar days of contact with the client</li> <li>• Project exit two weeks after no shelter stay for client in a night-by-night shelter (back dated to date of last shelter stay for client)</li> </ul>
Supportive Services (SSO)	<ul style="list-style-type: none"> <li>• Live time or within seven calendar days of contact with the client</li> </ul>
Transitional Housing (TH)	<ul style="list-style-type: none"> <li>• Live time or within seven calendar days of contact with the client</li> </ul>
Rapid Rehousing (RRH)	<ul style="list-style-type: none"> <li>• Live time or within ten calendar days of contact with the client</li> </ul>
Permanent Supportive Housing (PSH)	<ul style="list-style-type: none"> <li>• Live time or within ten calendar days of contact with the client</li> </ul>
Coordinated Access, Referral, Entry, and Stabilization System (CARES)	<ul style="list-style-type: none"> <li>• Live time or within two calendar days of contact with the client</li> <li>• Project exit 90 days after no contact with client or known activity in the homeless services system (back dated to date of last contact with client)</li> </ul>
Homelessness Prevention (HP)	<ul style="list-style-type: none"> <li>• Live time or within seven calendar days of contact with the client</li> </ul>

### III. Data Accuracy

Data Element	Check for Accuracy
Date of Birth and Project Start Date	<ul style="list-style-type: none"><li>• Ensure the two are not the same dates, especially for heads of household</li></ul>
3.917 Prior Living Situation data elements	<ul style="list-style-type: none"><li>• Ensure responses for prior living situation, length of stay in prior living situation, approximate date homelessness started, number of times the client has experienced homelessness in the last three years, and number of months experiencing homelessness in the last three years do not conflict among each other</li></ul>
Disabling Condition	<ul style="list-style-type: none"><li>• Ensure the Yes/No answer does not conflict with the specific types of disabling conditions</li></ul>
Health Insurance	<ul style="list-style-type: none"><li>• Ensure the Yes/No answer does not conflict with the specific types of health insurance</li></ul>
Monthly Income	<ul style="list-style-type: none"><li>• Ensure the Yes/No answer does not conflict with the specific sources of monthly income</li></ul>
Non-Cash Benefits	<ul style="list-style-type: none"><li>• Ensure the Yes/No answer does not conflict with the specific sources of non-cash benefits</li></ul>
Domestic Violence Victim/Survivor	<ul style="list-style-type: none"><li>• Ensure congruency among the three different data elements specific to domestic violence</li></ul>
Relationship to Head of Household	<ul style="list-style-type: none"><li>• Ensure there is one, and only one, head of household for any given household (including clients served individually)</li></ul>
Veteran Status	<ul style="list-style-type: none"><li>• Ensure minor-aged individuals are not defined as veterans</li></ul>
Project Population Specifics	<ul style="list-style-type: none"><li>• Ensure that projects only serving individuals are serving individuals</li><li>• Ensure that projects only serving families with children are serving families with children</li><li>• Ensure that projects only serving clients of a specific gender are serving clients of that gender</li><li>• Ensure that projects only serving clients of a specific age range are serving clients of that age range</li></ul>

Should this organization fail to uphold the data quality standards, this organization shall implement a Data Quality Improvement Plan, as discussed and defined in the Data Quality Management Plan. Failure to comply with a created Data Quality Improvement Plan could result in the following:

- Loss of user licenses
- Loss of access to HMIS as a CHO
- Restriction of additional funding, or withholding funding
- Prevention of CHOs from applying for new or additional funding

#### **IV. Responsibilities**

- A. The responsibilities of this CHO related to this Agreement include the following:
1. Maintain a high level of HMIS data quality, using the baseline requirements as laid out in the Data Quality Management Plan as the baseline threshold for meeting the expectation;
  2. Seek assistance from the HMIS Lead and/or ND CoC when there are questions about HMIS and HMIS data quality;
  3. Be responsive to questions and requests from both the HMIS Lead and ND CoC related to HMIS data quality; and
  4. Inform the HMIS Lead and ND CoC when changes occur within this organization that specifically relate to HMIS and/or HMIS data quality, including but not limited to:
    - a. Inform the HMIS Lead when an existing HMIS user no longer needs access to the system, within 24 hours of no longer needing access;
    - b. Inform the HMIS Lead when a new HMIS user needs to receive training on HMIS data entry;
    - c. Inform the HMIS Lead and ND CoC when an existing HMIS project ends, at least 21 days prior to the project's termination; and
    - d. Inform the HMIS Lead and ND CoC when a new HMIS project needs to be created, at least 21 days prior to the project's beginning.
- B. The responsibilities of the HMIS Lead related to this Agreement include the following:
1. Provide sufficient training, resources, materials, and follow-up to this CHO and its HMIS users to ensure a high level of understanding related to entering data into HMIS;
  2. Respond to this CHO's questions and concerns related to HMIS and HMIS data quality;
  3. Provide tools for this CHO to monitor its own data quality in HMIS; and
  4. Ensure this CHO and its HMIS users understand the data entry requirements related to the specific project(s) this organization enters into HMIS.
- C. The responsibilities of the ND CoC related to this Agreement include the following:
1. In conjunction with the HMIS Lead, ensure this CHO understands the Data Quality Management Plan and its importance;
  2. Provide a clear and transparent process, as addressed in the Incentives and Enforcements section of the Data Quality Management Plan, for providing this CHO with incentives and enforcements as it relates to HMIS data quality;
  3. Ensure the HMIS Lead and this CHO have sufficient resources to be as proactive in HMIS data quality monitoring as possible; and
  4. In conjunction with the HMIS Lead, determine the consequences for this CHO should they fail to abide by this Agreement or a Data Quality Improvement Plan.

This Agreement is effective from the date of signature and will be in effect until this Agreement is updated or the CHO is no longer participating in HMIS.

\_\_\_\_\_  
Signature of Executive Director/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Signature of HMIS Lead

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ND Continuum of Care

\_\_\_\_\_  
Date

# Appendix C: HMIS Data Quality Monitoring Visit Report

Date of Monitoring Visit: \_\_\_\_\_

Person Conducting Monitoring: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Organization Contact and Information: \_\_\_\_\_

Name of Project Monitored: \_\_\_\_\_

Type of Project Monitored: \_\_\_\_\_

**Organization Staff Present During Monitoring**

--

**Each baseline and expectation met below accounts for (\_\_\_\_) points for a total of (\_\_\_\_) allowable points.**

**Include the specific baseline requirements for the specific project type to be monitored:**

Data Completeness Baseline \_\_\_\_\_ Baseline Met?  Yes  No

Data Timeliness Baseline: \_\_\_\_\_ Baseline Met?  Yes  No

Data Accuracy Baseline \_\_\_\_\_ Baseline Met?  Yes  No

Data Consistency expectation met?  Yes  No

Coverage & utilization expectation met?  Yes  No  N/A

**Total Score:** \_\_\_\_\_

Each item in the “observed” column accounts for (\_\_\_\_) points for a total of (\_\_\_\_) allowable points.

For those in the “outcome” column defined as “Action Needed”, the “Notes” section must include action steps with specific timelines.

Requirement	Observed	Outcome	Notes
Data Collection & Quality	The project has not required the use of a Data Quality Improvement Plan to address data quality issues since the last monitoring visit	<input type="checkbox"/> Action Needed	
	The organization documents the homeless status of clients served, as well as any other eligibility criteria for the project	<input type="checkbox"/> In Compliance	

		Intake workers and HMIS users understand the required data elements and how to present them to clients in a way to get accurate information		
		The organization's paper intake forms, if applicable, include all data elements required to be entered into HMIS		
		Random selection of client files show complete data collection process and match data entry in HMIS		
<b>Total Score</b>				

The combined total of the total scores in the sections above results in the specific project's monitoring visit score.

Projects with scores between (\_\_\_\_) – (\_\_\_\_) will be determined as "exceeding expectations".

Projects with scores between (\_\_\_\_) – (\_\_\_\_) will be determined as "meeting expectations".

Projects with scores between (\_\_\_\_) – (\_\_\_\_) will be determined as "below expectations".

Projects with scores between (\_\_\_\_) – (\_\_\_\_) will be determined as "severely at-risk".

**Upon completion of monitoring visit**

Data Quality Improvement Plan needed?        Yes        No

    If yes, has plan been created?                Yes        No

**Notes**

\_\_\_\_\_  
Monitor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Executive Director/Representative

\_\_\_\_\_  
Date

# Appendix D: HMIS Data Quality Improvement Plan

Date of Data Quality Improvement Plan Implementation: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Organization Contact and Information: \_\_\_\_\_

Name of Project(s) included in DQIP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Organization Staff Responsible for DQIP:

Staff Person	Role
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Staff Person	Role
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Staff Person	Role
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## HMIS Lead Staff Responsible for DQIP:

Staff Person	Role
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Staff Person	Role
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## CoC Staff Responsible for DQIP:

Staff Person	Role
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Staff Person	Role
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Issue	Baseline Not Currently Being Met	How to Address	How Often and who is responsible	Date Completed

**Additional Narrative:**

If the CHO does not remain communicative and interactive with the HMIS Lead to address the issue by following through with the above steps, the CoC will consider this DQIP in default and will use incentives and enforcements available, including a loss of supports and dollars currently provided to the CHO.

Acknowledgement and Acceptance of Data Quality Improvement Plan

\_\_\_\_\_  
Signature of Executive Director/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
HMIS Lead Manager/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
CoC Coordinator

\_\_\_\_\_  
Date

## Appendix E: HMIS Data Quality Performance Monitoring and Improvement Strategies

### I. User/Front-end Data Quality

#### A. Data Completeness

Why It Matters	How to Address	How Often
For accurate reporting and to analyze trends in homelessness data over time, data needs to be complete	Data Completeness Reports with deadlines for fixing errors	Data Completeness Reports provided to individual users/CHOs monthly/every other month
Attempt to have as few null, missing, data not collected, client refused, and client doesn't know options as possible	Report Cards that may be publicly available	Report Cards publicly available quarterly (by provider or project type)
Data completeness is the easiest thing to focus on when discussing overall data quality, because it is easy to tell if a client's HMIS record is complete or not	Set a baseline for data completeness for each project type in Policies & Procedures	Review Policies & Procedures annually and review data completeness baselines for each project type
Data collection and data entry is not a one-time event and agencies should attempt to collect data for clients served over time, as working relationships are developed and trust is built	Provide one-on-one/remedial training for users	HMIS Lead offer one-on-one/remedial training for users on an ad-hoc/regular basis

## B. Data Timeliness

Why It Matters	How to Address	How Often
<p>To benefit clients most immediately, data needs to be entered into HMIS in a timely manner (most directly affects clients as it relates to Coordinated Entry)</p>	<p>Data Quality Report that shows length of time between the date the information was gathered from the client (Project Start or other date) and the date the data was entered into HMIS</p> <p>Ensure that agencies and projects entering data into HMIS have sufficient users/staff support to maintain a data timeliness standard</p> <p>Showing, in real life, how lack of data timeliness directly affects clients (for example, a client not appearing on the Prioritization List for Coordinated Entry in time for a case conferencing meeting because the data was not entered into HMIS)</p> <p>Agencies communicate with HMIS Lead about any other databases into which they have to enter data and take steps to avoid dual data entry, if possible</p>	<p>Data Quality Reports provided to individual users/agencies monthly/every other month</p> <p>HMIS Lead talk with agencies/providers when new projects come online or agencies expand what activities they are doing in HMIS to ensure that the user base is sufficient to maintain a data timeliness baseline (proactive, not reactive – agencies talk with HMIS Lead before these changes/expansions occur, not during or after)</p>
<p>Data also needs to be entered into HMIS in a timely manner so that reports and data visualizations are accurate and include all clients served and all data elements collected</p>	<p>A baseline should be set in the Policies &amp; Procedures – the baseline may differ by project types, with some requiring more stringent data timeliness standards than others</p>	<p>Review Policies &amp; Procedures annually and review data timeliness baselines for each project type</p>

### C. Data Congruency

Why It Matters	How to Address	How Often
<p>When the answer to whether or not a client has any monthly income overall, but then there is a specific income source recorded as a “yes” with a monthly dollar amount, this is incongruity</p> <p>This issue occurs most often when recording responses to the “HUD Verification” questions in HMIS:</p> <ul style="list-style-type: none"> <li>• Health Insurance Coverage</li> <li>• Disabling Conditions</li> <li>• Monthly Income</li> <li>• Non-Cash Benefits</li> </ul> <p>Data congruency is an issue with responses to the 3.917 (Prior Living Situation) questions not being consistent among each other</p>	<p>HUD’s Data Quality Framework, as well as other reports that look at answers that don’t match each other in HMIS</p> <p>A report that looks specifically at the 3.917 questions (Residence Prior to Project Entry, Length of Time in Previous Place, Approximate Date Homelessness Started, # of Times Experiencing Homelessness in Last 3 Years, and # of Months Experiencing Homelessness in Last 3 Years) and if any of the answers in that data set conflict with one another</p> <p>Education and an understanding how the 3.917 answers can significantly skew the System Performance Measures</p> <p>HMIS Lead provide ongoing/ad hoc trainings about the 3.917 questions and how to answer them, as well as the HUD Verification questions and how to update them when changes occur in the client’s situation</p>	<p>Data Quality Framework and/or other reports provided to users/CHOs monthly/every other month</p> <p>Review of System Performance Measures on a regular basis throughout the year to ensure the 3.917 answers are not skewing the data in any specific obvious way</p> <p>HMIS Lead offer one-on-one/remedial training for users on an ad-hoc/regular basis</p> <p>HMIS Lead offer ongoing education on the effect specific data elements have on the System Performance Measures</p>

#### D. Data Accuracy

Why It Matters	How to Address	How Often
<p>Data completeness, in and of itself, does not speak to the accuracy of the data entered into HMIS and if that is a true reflection of the client's situation</p> <p>When the data entered into HMIS is not a true reflection of the client's reality, this causes accuracy issues</p> <p>Some of these can be difficult to determine, because HMIS doesn't know what HMIS doesn't know. A few, though, include:</p> <ul style="list-style-type: none"> <li>• Multiple open entries into the same project type for the same client</li> <li>• No defined Head of Household</li> <li>• Multiple defined Heads of Household</li> </ul>	<p>Reports that look for multiple Heads of Household and no Head of Household issues</p> <p>Reports that looks at multiple open entries into the same project type for clients/households</p> <p>Regular communication with users/CHOs to ensure that the data in HMIS is a true reflection of the projects' reality (does overall client count make sense, demographics served make sense, services provided, dollars spent, etc.)</p>	<p>Reports that look at data accuracy provided to users/CHO every month/every other month</p> <p>Discussions between users/CHOs and the HMIS Lead occur as needed, at a minimum, annually during HMIS Monitoring</p>

F. Other indicators

1. Timely Entries into Project

How to Address	How Often	Why It Matters
<p>The sooner data is entered into HMIS, the sooner it is available for reporting purposes, prioritization purposes, data analysis purposes, making data-informed decisions, and more</p> <p>Entering data in a timely manner also ensures that data is not lost or forgotten</p>	<p>Same type of tools for the overall Data Timeliness piece, but focused on the Project Start Date for clients/households</p> <p>Report of project/bed/unit utilization could also be helpful</p> <p>A baseline should be set in the Policies &amp; Procedures – the baseline</p> <p>May differ by project types, with some requiring more stringent data timeliness standards than others</p> <p>For project types with a heavy lift for the number of clients seen and entered into the project (such as mass emergency shelters and CARES), ensure sufficient staff are available to enter data into HMIS to maintain data timeliness baseline</p>	<p>Data timeliness reports provided to users/CHOs monthly/every other month</p> <p>Bed utilization provided to users/CHOs every other month/quarterly</p> <p>Review HMIS P&amp;Ps annually to edit/update the data timeliness baseline by project type, as needed</p> <p>Regular communication between users/CHOs and HMIS Lead to ensure that the number of HMIS users is sufficient to maintain sufficient data timeliness</p>

## 2. Timely Exits from Project

How to Address	How Often	Why It Matters
<p>Clients who are not exited from projects in a timely manner drive up the average length of time a client is served in the project</p> <p>Can also cause overlapping open entries into the same project type for a client who transitions from, for example, one shelter to another if the client was not provided a timely exit in HMIS from the first shelter</p> <p>Can cause the project to look like it is highly over-utilized</p>	<p>Same type of tools for the overall Data Timeliness piece, but focused on the Project Start Date for clients/households</p> <p>Report of project/bed/unit utilization could also be helpful</p> <p>Report of clients who have been in a project type longer than normally anticipated (for example, Emergency Shelter longer than 90 days, Transitional Housing longer than 2 years, etc.) – a “No Exits” report</p> <p>A baseline should be set in the Policies &amp; Procedures – the baseline</p> <p>May differ by project types, with some requiring more stringent data timeliness standards than others</p> <p>For project types with a heavy lift for the number of clients seen and exited out of the project (such as mass emergency shelters and Coordinated Entry), ensure sufficient staff are available to enter data into HMIS to maintain data timeliness baseline</p>	<p>Data timeliness reports provided to users/CHOs monthly/every other month</p> <p>Bed utilization provided to users/CHOs every other month/quarterly</p> <p>“No Exits” report provided to users/CHOs quarterly to verify accuracy of clients not exited from project/actively still served</p> <p>Review HMIS P&amp;Ps annually to edit/update the data timeliness baseline by project type, as needed</p> <p>Regular communication between users/CHOs and HMIS Lead to ensure that the number of HMIS users is sufficient to maintain sufficient data timeliness</p>

3. All Clients Served are Entered

How to Address	How Often	Why It Matters
<p>Ensuring that all clients that are served in a project are entered into the project in HMIS is important but can be difficult to report on</p> <p>If the project is a shelter or housing project, the number of clients served can be compared to the number of beds/units available in the project to look for under-utilization</p> <p>Ensure accurate entry of household members who enter the project after the Head of Household has been entered into the project</p>	<p>Report of project/bed/unit utilization for project types</p> <p>Comparison of number of clients entered into HMIS vs. what the agency has stated is their target number of clients served for any given period of time</p> <p>Report of “orphaned” children for households who have entered projects at different times</p>	<p>Reports on utilization provided to users/CHOs every month/every other month</p> <p>Review of clients entered into HMIS vs. what the grant states about the number of clients the agency will serve with the given project – at a minimum, quarterly</p> <p>Report of households who have entered into projects at varying times to users every month/every other month (depending on how often this occurs)</p>

**II. HMIS Setup Data Quality**

While HMIS data quality is mainly focused on the users, projects, providers, CHOs, and CoCs entering data into the system, ensuring that the “behind the scenes” or provider and system setup side of HMIS is completed correctly is vital to ensure accurate reporting and functionality. As an example, HMIS Leads and system administrators should ensure consistency between the CoC’s Housing Inventory Count (HIC) Report and the projects that are reported in the Longitudinal System Analysis report, including verification of all homeless projects in the CoC, regardless of HMIS participation. Ensuring the provider and system setup of HMIS is done correctly is the responsibility of the HMIS Lead, with the support of the CoC. Reviewing the provider and system setup of HMIS should be an ongoing process for the HMIS Lead and the processes taken to ensure provider and system setup should be documented and easily replicable based on that documentation. The HMIS setup serves as the backbone for the entire system’s accuracy and data quality.

#### A. Provider Naming Convention

While the specific convention any given HMIS Lead uses will be different, consistency within the way projects are named will assist in a streamlined user experience and organize the system.

Why It Matters	How to Address	How Often
Ensuring the naming convention in HMIS makes sense and follows a sense of order is important, not only for internal use, but if the HMIS Lead role ever shifts to another entity, the new entity will need to know what name is attached to what project in the system.	Ensure that the HMIS Lead has a consistent naming convention for the system that is documented and easily understood.	This should be reviewed at least annually, if not more often.
Naming conventions in HMIS assist in system organization, both on the user side and the setup side, and helps users know which project is which when they are entering data.	Use reports from HMIS to see what the provider names are currently, and if there is inconsistency among them, fix.	When new CHOs/projects come online, ensure consistency in their naming in HMIS.

#### B. Project Descriptor Data Elements (PDDEs)

The Project Descriptor Data Elements are vital in ensuring accurate reporting. HUD's [Project Setup Tool](#) on how to build projects in HMIS correctly is a great resource for HMIS Leads.

Why It Matters	How to Address	How Often
The PDDEs in HMIS are vital to ensuring accurate reporting, as it includes project type, grants received, CoC code, bed/unit inventory, etc.	Use reports from HMIS to ensure providers have the accurate PDDEs associated with them.	This should be reviewed at least annually, if not more often.
The PDDEs also increase the efficiency and accuracy of reporting for HIC, LSA, SPMs, and other federally required reports.	When new CHOs/projects come online, work with organizations to ensure there is sufficient information provided to include accurate PDDEs.	The <a href="#">HUD HMIS Data Standards</a> also address PDDEs extremely thoroughly and any changes will be reflected in the most recent versions.

C. All Necessary Data Elements Available

Each HMIS software functions slightly differently, but all of them allow for the HMIS Lead to ensure that the data elements needed for each project are available to that project to complete.

Why It Matters	How to Address	How Often
The HMIS Lead must ensure that all required data elements, by project type and funding stream, are available to all projects that need them. Any locally required data elements also must be available to all projects that need them.	Review all assessments in HMIS – availability to CHOs, data elements included, and compare to <a href="#">HUD HMIS Data Standards</a> dictionaries.	Any time new data standards are released, assessments should be reviewed for accuracy.
This is vital for accurate reporting, data completeness, maintaining HMIS to keep in line with HUD and Federal Partner standards, etc.	Use reports from HMIS that allow for viewing which data elements are included in which assessments and which projects have access to those assessments.	When new CHOs/projects come online, ensure appropriate access to all necessary data elements.

D. Visibility

Each HMIS software functions differently and HMIS Leads will need to understand how visibility works in the specific system to ensure that the visibility of client records in HMIS aligns with the CoC's Privacy Plan.

Why It Matters	How to Address	How Often
Visibility of providers, data elements, and client records is necessary to ensure a client's right to privacy is protected and that the data is shared in HMIS when allowed.	<p>Visibility can be difficult to report on easily and may need to be reviewed manually, depending on the HMIS software used.</p> <ul style="list-style-type: none"> <li>Review the default visibility settings of providers.</li> <li>Review the default visibility of specific data elements and client records.</li> <li>Review visibility groups to ensure all projects signed on to an Interagency Data Sharing Agreement are included in the group.</li> </ul>	Visibility should be reviewed at least every six months and every time a major change occurs at any level.

<p>Users must have access to the correct project types to enter data into HMIS for clients they serve.</p> <p>Users must have access to the appropriate data elements for the various project types in HMIS to ensure accurate and complete data entry for clients they serve.</p>	<p>Communication between HMIS Lead and users/CHOs to ensure that the HMIS Lead knows what users need access to in HMIS, as well as how CHOs would like their project visibility set up.</p>	<p>Ensure the documentation surrounding privacy and sharing is consistent with itself, including the client-facing ROI, HMIS Consumer Notice, Privacy Plan, HMIS P&amp;Ps, etc. – these documents should always be reviewed in conjunction with each other and no less than annually.</p>
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#### E. Appropriate Workflows

Each HMIS software functions differently and HMIS Leads must understand the specific system to ensure the most efficient and effective workflow for any given project.

Why It Matters	How to Address	How Often
<p>Ensure appropriate workflows for users for project types using the easiest/least cumbersome data entry process that allows for the highest data quality. HMIS data entry should not monopolize a user's time, as a person entering data into HMIS is usually juggling many other required tasks, including direct client care.</p>	<p>Ensure the HMIS Lead knows the workflows available for any given project type and weigh all pros and cons of any given workflow.</p>	<p>Communication between the users and HMIS Lead should occur on a regular/ongoing basis to ensure that the workflows set up in HMIS are not burdensome or overly time-consuming for users.</p>
<p>The more burdensome HMIS data entry is to users, the less likely it is to get high-quality data in the system.</p>	<p>Provide sufficient training materials in different venues – in-person trainings, webinars, visual guides, videos, etc. to ensure users who learn through different ways have access to sufficient resources.</p> <p>Provide ongoing trainings/ad hoc trainings to ensure users maintain high data quality.</p>	<p>HMIS Lead should be informed of any issues with the workflow as soon as it is discovered by users.</p>

## F. Documenting Changes Made in HMIS

Ensuring there is a “trail” for the changes made in HMIS over time is important so that all involved entities can ask and then know when and why something changed.

Why It Matters	How to Address	How Often
Documenting changes made to the setup of HMIS is important to maintain internal consistency. It is also important to have a history of what has been done to HMIS over time if the HMIS Lead role shifts from one entity to another.	This could be done in different ways, including: <ul style="list-style-type: none"><li data-bbox="732 470 1029 533">• Reports from HMIS itself</li><li data-bbox="732 558 1040 653">• An internally shared google document or excel spreadsheet</li><li data-bbox="732 678 1065 806">• A PDF that is updated and made available publicly on a regular basis</li></ul>	Documentation of changes made in HMIS should occur any time a change is made. Sharing of that documentation can occur as the community sees fit.