

DRAFT

HMIS Data Quality Plan  
Muskegon County Continuum of Care

Approved by:  
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## Introduction

Every Woman’s Place, known as the Homeless Management Information System Lead Agency (“HMIS Lead”), administers HMIS on behalf of the MCHCCN, and is governed by the CoC Steering Council. The CoC is a local body comprised of stakeholders invested in ending homelessness in Muskegon County, and may include but is not limited to: nonprofit homeless providers, victim service providers, faith based organizations, local government, businesses, advocates, public housing agencies, school district and city colleges, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans including the Veterans Administration (VA), and homeless and formerly homeless persons and families.

Throughout the CoC, there are certain agencies, usually the service provider agencies that are directly interacting with homeless clients, that actively use and contribute to the HMIS. Any agency with access to the HMIS is required to sign an Agency Partnership agreement and is known as a “participating agency”. Collectively, the HMIS Lead, and all participating agencies make up the MCHCCN HMIS Collaborative (“Collaborative”, “we”, or “us”).

## Development Process

The HMIS data quality plan was developed through a collaborative effort across service providers, HMIS Lead, and was spearheaded by the HMIS Data Committee.

## Definition of Data Quality

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflect actual information in the real world. With good data quality, the MCHCCN can “tell the story” Of the population experiencing homelessness. The quality of data is determined by assessing certain characteristics such as timeliness, completeness, and accuracy. To assess data quality, HMIS Lead has thought about what data quality means to the MCHCCN implementation and has documented this understanding in this data quality plan.

## What is a Data Quality Plan?

A data quality plan is a community-level document that facilitates the ability of the MCHCCN to achieve statistically valid and reliable data. A data quality plan sets expectations for both the community and the end users to capture reliable and valid data on persons accessing the homeless assistance system.

## What is a Data Quality Monitoring Plan?

A data quality monitoring plan is a set of procedures that outlines a regular, ongoing process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the project and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

## HMIS Software

WellSky ServicePoint is the HMIS provider that has been adopted as the statewide software product. For the purpose of this document, HMIS refers to ServicePoint and all modules, assessments, and reporting capacities, standard or customized, contained therein.

## Section 1

The Data Quality Standards for MCHCCN outlined in this plan are applicable to all projects participating in HMIS, with exceptions as noted under each standard. Unless otherwise noted, all participating projects are expected to achieve and maintain the data quality standards; this also includes those projects that are not funded by HUD or other governmental funding bodies.

### 1.1 Timeliness

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection/service transaction and the data entry. Entering data as close as possible to the incident or activity is also essential to the effectiveness of the Coordinated Entry System (CES). It is important for the By Name List generated from HMIS to have accurate data on individuals and households experiencing homelessness and those who have entered permanent housing. Data entry is required within two calendar days of event to allow for the appropriate individuals to be added to the By Name List, connected to a Skilled Assessor, or removed from the process of connection to permanent housing as appropriate. This expectation is for the following types of data entry:

- New project enrollments (“Entries”)

When a client is initially enrolled in a project, the following information must be entered into HMIS within two days:

- *Name*
- *Gender*
- *Date of Birth*
- *Household composition*
- *Project Entry Date*
- *Project*

- Exits from project enrollments (“Exits”)

- *Reason for Leaving*
- *Destination*

When a client is exited from a project in HMIS, they should be exited as of the date they last utilized the bed/services provided by the project. (For example, if a client last received services from a project on

1/10/2019, they should be exited from the project on 1/10/2019, even if the user is doing the data entry on a future date.)

Clients can often disappear from a project for several days or weeks before returning again for services.

*o For all bed-based project types (Emergency Shelter, Safe Haven, Transitional Housing, and various Permanent Housing projects), projects should exit clients from their project in HMIS no more than two (2) days after their last stay.*

*o For all other project types (Services Only, Rapid Re-Housing, Street Outreach, Day Shelter, Homelessness Prevention, Other), projects should exit clients from their project in HMIS no more than seven (7) days after their last contact.*

This helps ensure clients are not perpetually enrolled in a project in HMIS despite no longer being served, which assists in providing exact locations for clients when trying to house them through Coordinated Entry System. If a client returns to a project, a new Entry record should be created.

One element that falls outside of the two-day rule is that of housing move-in dates. Movement into housing at Permanent Housing projects (“Housing Move-in Dates”) should be documented within two business days of the client moving into their unit. This is not applicable to non-permanent housing projects. For further clarification, if a client enters a project on a Wednesday, the Entry record should be created in HMIS on or before Friday. The time of day the data is created in HMIS is irrelevant. The complete assessment should be entered as close to the Entry creation as possible. However, the expectations for adding the remaining assessment responses are listed below, with special emphasis on submitting responses to Housing Status and the Chronic Homeless questions (i.e., client’s living situation, length of stay, approximate start date of homelessness, etc.) as quickly as possible.

- *For Emergency Shelters: All remaining information should be input within 3 days of the client enrolling in the project*

- *For Outreach programs and Engagement programs: Data elements in the Outreach Sub-Assessment are entered within 2 days of the first contact as the client is in the engagement process. Upon enrollment in services, a complete assessment must be done and entered within 7 days of the client enrolling in the project*

- *For all other project types: All remaining information should be input within 7 days of the client enrolling in the project*

An exception is made for clients born into or joining a family already enrolled in a project. For children joining households, this only applies to children under the age of 18 who are being reunified with their guardian(s), this does not apply to children over the age of 18. These entry records should be created within one month of the child’s enrollment/birth. The acceptable **Threshold for compliance is 90% for all program types. Every program must follow the timeframe outlined in the plan**

## 1.2 Completeness

The purpose of completeness is to ensure sufficient data on clients, their demographic characteristics, and service use to facilitate confident reporting and analysis on the extent and characteristics of the homelessness including the following:

- ❖ *Unduplicated counts of clients served within the MCHCCN*
- ❖ *Patterns of use of persons entering and exiting the homeless assistance system*
- ❖ *Evaluation of the effectiveness of homeless systems*

### 1.3 All Clients Served

All projects participating in HMIS are required to comply with the data standards. Data entered needs to be valid and accurately represent information on the clients being served.

#### *Universal Data Elements (UDE)*

All CoC funded projects are required to collect all universal data elements, which include:

- |                             |  |
|-----------------------------|--|
| 3.01 Name                   | 3.10 Project Start Date                |
| 3.02 Social Security Number | 3.11 Project Exit Date                 |
| 3.03 Date of Birth          | 3.12 Destination                       |
| 3.04 Race                   | 3.15 Relationship to Head of Household |
| 3.05 Ethnicity              | 3.16 Client Location                   |
| 3.06 Gender                 | 3.20 Housing Move in Date              |
| 3.07 Veteran Status         | 3.917 Prior Living Situation           |
| 3.08 Disabling Condition    |  |

The purpose of the UDEs is to ensure that all service providers participating in the MCHCCN HMIS are documenting the data elements necessary to produce Continuum-wide unduplicated count of clients served. This provides accurate counts for various reporting requirements, including the Annual Performance Report (APR) and the Longitudinal System Analysis (LSA) collected by the U.S. Department of Housing and Urban Development (HUD), plus, other reporting requirements. This also ensures that the CoC has sufficient client data to conduct basic analysis on the extent and characteristics of the populations they serve.

Providers enter UDEs as part of the Entry Assessment. This assessment is available to users following their submission of the client’s Entry information that includes which Household Members are participating in the program, the Entry Type, and the Entry Date.

As indicated in Section 2.1, Entry Dates and the associated information should be entered within an expected time frame and should accurately reflect the entrance of the client(s) into each project. The Entry Date should be the date the client(s) begin their participation in a program, either their participation in an intake assessment, their receipt of services, their outreach by program staff member, or their receipt of a night of shelter. The Entry Assessment is completed with information obtained at this Entry Date.

Similarly, Providers enter specific Data Elements as a part of the Exit Assessment once the clients have completed and/or left the program. This assessment becomes available to users once they have

indicated the household members who are leaving the program, the reason for leaving, the destination, and the Exit Date. The Exit Assessment should be completed on the final day in which the clients receive a service or remain sheltered or housed within a program. Clients with an “unknown” reason for leaving often do not return to the program as expected. These clients should have their Exit information recording as close to their last date of participation in the program as possible and should include information collected on or relevant to the date of the Exit Assessment.

Our community is evaluated regularly by HUD on its collection of UDEs. As such, all clients who receive services and have their information entered into HMIS should have complete data for all UDEs. **The percentage of all clients served with “null/missing” UDEs or without full and valid responses in the MCHCCN HMIS should be no higher than 5%.**

#### *Program Specific Data Elements (PDEs)*

As outlined in the HUD Data standards, which Program Specific Data Elements are required is dictated by the reporting requirements set forth by each Federal partner for each of their projects. For the purposes of consistency, elements in the Entry Assessment are required for all projects participating in HMIS in MCHCCN. This is to ensure all service providers participating in the MCHCCN HMIS are documenting the data elements necessary to produce the Annual Performance Report, the HUD CoC Outcome Measures, and to ensure the CoC has sufficient client data to conduct analysis on the extent and characteristics of the populations they serve.

All PDEs in the Entry Assessment as listed below are to be entered for all clients served.

- A. *Housing Status*
- B. *Income and Sources*
- C. *Non-cash benefits*
- D. *Disability type*
- E. *Domestic Violence*
- F. *Health Insurance*

Please refer to Appendix for a listing of all PDEs. Note that element 3 through 8 are drop-down options for disability type in the Disability sub-assessment.

**The percentage of all clients served with null/missing PDEs as listed in the Entry Assessments or without full and valid responses in the MCHCCN HMIS should be no higher than 5%. Clients in PSH programs should have a 0% error rate.**

### **1.4 Bed/Unit Utilization Rates**

One of the primary features of an HMIS is the ability to record the number of clients stays or bed nights at a homeless residential facility. Case managers or shelter staff enter a client into HMIS and will be trained to assign the clients to a bed and/or a unit. The client remains there until he or she exits the program. When the client exits the program, he or she is also exited from the bed or unit in HMIS.

Low utilization rates could indicate that the residential facility was not very full, but it could also mean the HMIS data elements are not being entered for every client served. High utilization rates could mean the bed provider was over capacity, but it could also mean the program staff have not properly exited clients from the system.

The utilization rate is determined by comparing the number of clients entered into the project versus what the project's unit and bed inventory.

Acceptable range of bed/unit utilization rates:

- *Emergency Shelters: 80%-105%*
- *Transitional Housing: 80% - 105%*
- *Permanent Supportive Housing: 85% - 105%*
- *Safe Haven: 85% - 105%*

### **1.5 Data Accuracy and Consistency**

The purpose of accuracy is to ensure that the data in the MCHCCN HMIS are the best possible representation of reality as it relates to homeless persons and the programs that serve them.

Staff entering information into the HMIS database must enter information as stated by the client. Every project must enter data on clients in the same way over time, regardless of which staff person is recording the data in HMIS. Recording inaccurate information is strictly prohibited.

#### **1.5 Consistency**

To ensure that data collected and entered into HMIS are consistent across all projects:

- A. Every HMIS user will have to complete a new user training on the system, policies, procedures, and protocols prior to receiving access to the system. Current users are required to take an annual recertification course.
- B. A standardized intake assessment as specified by the HMIS Lead must be used by all providers to collect data in a consistent manner.
- C. New agencies that join the CoC are required to review and understand all policies and procedures including data quality requirements.
- D. Providers will make every effort to record accurate data.

#### **1.6 Anonymous and Naming Conventions**

Providers will comply with all applicable federal and state laws regarding protection of client privacy. Entering anonymous clients impacts an accurate aggregate count of client information in Continuum-wide reports. Anonymous entry of clients will not be allowed into the MCHCCN database. In lieu of creating an anonymous record for a client, providers can instead lock that client's record in order to adhere to a client's privacy preference.

## 1.7 Data Plan Monitoring

The MCHCCN recognizes that data from HMIS are critical to meet the reporting and compliance requirements of individual agencies and the CoC as a whole.

To ensure that all projects are in compliance with the requirements and exceptions outlined in this plan, the HMIS Data Committee will monitor and process on a quarterly basis to identify and resolve any issues that affect the timeliness, completeness and accuracy of the data. The results will also be shared with CoC on a quarterly basis. All monitoring will be done in accordance with the Data Quality Monitoring Plan.

## Section 2

### Data Quality Monitoring Plan

The Data Quality Monitoring Plan entails a set of procedures that outlines a regular, ongoing process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the project and aggregate system levels. This plan serves as the primary tool for tracking and improving data quality for the MCHCCN. The following sections are covered under this monitoring plan:

- A. Roles and Responsibilities
- B. HMIS Lead Timelines
- C. Timelines for Data Quality reports
- D. Compliance and Monitoring frequency
- E. Data Quality Reports and Outcomes

### 2.1 Roles and Responsibilities

*HMIS Data Committee:* The HMIS Data Committee provides authorization for, and oversight of data related issues. They support the efforts of the Committee by addressing technical issues relating to data and reporting. They will also support the incentives described in the data quality plan.

*Contributing HMIS Organizations:* Providers are responsible for entering and correcting client data. It is the Agency Administration role to oversee the process. It is recommended that each project run data quality reports on a monthly basis to meet the required HUD benchmarks. The CEO/Executive Director is ultimately responsible for all activity associated with agency staff access to and use of HMIS.

The HMIS Administrator will collect the data quality reports monthly at the HMIS data committee. The HMIS Administrator will assemble a quarterly report to be presented to the CoC.

### 2.2 HMIS Lead Timeliness

It is the responsibility of the HMIS Lead to submit five important reports on behalf of the MCHCCN

**Commented [GU1]:** There are only 4 listed below

**Commented [GU2R1]:** The PIT/HIC are two separate reports that are submitted together.

- A. HMIS Annual Performance Report (APR) The HMIS Lead is to submit the HMIS CoC APR annually at the end of the HUD grant period. The APR must be submitted within 90 days of the grants end date.
- B. System Performance Measurement Report (SPM) The HMIS Lead is to submit the MCHCCN SPM report annually at the end of the HUD fiscal year. The HUD fiscal year begins October 1 and ends September 30<sup>th</sup> the following year.
- C. Longitudinal System Analysis (LSA): The HMIS Lead is to submit the MCHCCN LSA report annually. The LSA replaces the former Annual Homeless Assessment Report (AHAR).
- D. Point in Time/Housing Inventory (PIT/HIC): The HMIS Lead is to submit the MCHCCN PIT/HIC report. This report looks at the homelessness and housing capacities for a single given night of the year. Typically conducted on the 3<sup>rd</sup> Wednesday in January.

All data quality reports will follow the above HUD reporting timelines to achieve compliance, completeness, and accuracy of data for submission.

### **2.3 Timelines for Data Quality Reports**

While it is highly recommended that every project run the reports on a regular basis, each of the projects are required to be in compliance and submit the results of the reports to the HMIS Lead on a monthly basis. APR reports for each program will be submitted monthly at the Data Committee. The HMIS Administrator will then compile a quarterly report for the Steering Council. The data quality process will be administered four times annually, generally during the months of January, April, July and October.

### **2.4 Compliance and Monitoring Frequency**

It is the responsibility of the Agency’s CEO and/or Executive Director along with the staff to ensure compliance with all data quality requirements and will be notified if their program does not meet any or all of the requirements. The Committee and the staff understand that imposing multiple changes and expecting providers to comply with the changes can be challenging. Providers may be allowed to work on an alternative timeline for compliance if such challenges are communicated to the Data Committee in a timely manner.

Approval of such requests to work on an alternative timeline will be made on a case-by-case basis and communicated by the MCHCCN Steering Council. To ensure integrity, the Committee will provide oversight and monitor these requests on a quarterly basis.

For all HUD-funded projects, lack of compliance with data quality requirements may result in forfeiting points in the annual local NOFA Evaluation Instrument, as determined annually by Rank and Review Committee. If, for unforeseen reasons, data issues arise during important reporting periods (such as LSA, CoC Competition etc.), it will be the agency’s responsibility to determine an alternative plan to ensure data are entered and corrected in the system to meet reporting deadlines and be in compliance.

### **2.5 Data Quality Reports and Outcomes**

HUD requires as a part of the data quality plan that a set of standard reports be created. For the MCHCCN, there will be standard reports for all Program Types and some Program Type specific

reports. Report details along with submission criteria and deadlines will be communicated every quarter by the Lead to the Agency Administrator. All reports will comply with the HUD Data Standards and their requirements.

## Appendix C:

### Exhibit 1- Universal and Program-Specific Data Elements

	HMIS Program Specific Data Element	Homelessness Prevention	Permanent Supportive Housing	Rapid Re-Housing	Supportive Services Only - CE	Supportive Service Only – non-CE	Transitional Housing
4.02	Income and Sources	X	X	X		X	X
4.03	Non-Cash Benefits	X	X	X		X	X
4.04	Health Insurance	X	X	X		X	X
4.05	Physical Disability	X	X	X		X	X
4.06	Developmental Disability	X	X	X		X	X
4.07	Chronic Health Condition	X	X	X		X	X
4.08	HIV/AIDS	X	X	X		X	X
4.09	Mental Health Disorder	X	X	X		X	X
4.10	Substance Use Disorder	X	X	X		X	X
4.11	Domestic Violence	X	X	X		X	X
4.12	Current Living Situation				X	Only for SSO-Street Outreach	
4.13	Date of Engagement					Only for SSO-Street Outreach	
4.19	Coordinated Entry Assessment	CES	CES	CES	X		CES
4.20	Coordinated Entry Event	CES	CES	CES	X		CES
C1	Well-being		X				
C2	Moving On Assistance Provided		X				
C3	Youth Education Status		X*	X*	X*	X*	X*
R7	General Health		X				
W5	Housing Assessment at Exit	X					

Further information regarding the universal data elements can be found in the

### Exhibit 4-1 HHS: PATH Program Specific Element Visibility – Collection Requirements

All PATH projects are required to collect all of the Universal Data Elements and the relevant Program Specific Data Elements. These elements should be collected for every member of the household.

The Program-Specific Data Elements to be collected by each PATH project are as shown below:

X = data collection required

Δ = data collection is not required but encouraged

Element Number	HMIS Program Specific Data Element	Street Outreach	Services Only
3.01	Name	x	x
3.02	Social Security Number	x	x
3.03	Date of Birth	x	x
3.04	Race	x	x
3.05	Ethnicity	x	x
3.06	Gender	x	x
3.07	Veteran Status	x	x
3.08	Disabling Condition	x	x
3.10	Project Start Date	x	x
3.11	Project Exit Date	x	x
3.12	Destination	x	x
3.15	Relationship to Head of Household	x	x
3.16	Client Location	x	x
3.917	Prior Living Situation	x	x
4.02	Income and Sources	x	x
4.03	Non-Cash Benefits	x	x
4.04	Health Insurance	x	x
4.05	Physical Disability	x	x
4.06	Developmental Disability	x	x
4.07	Chronic Health Condition	x	x
4.08	HIV/AIDS	o	o
4.09	Mental Health Disorder	x	x
4.10	Substance Use Disorder	x	x
4.11	Domestic Violence	x	x
4.12	Current Living Situation	x	x
4.13	Date of Engagement	x	x
P1	Services Provided – PATH Funded	x	x
P2	Referrals Provided - PATH	x	x
P3	PATH Status	x	x
P4	Connection with SOAR	x	x

Further information regarding PATH Program specific data elements can be found in the [PATH Program HMIS Manual](#).

#### Exhibit 4-2 HHS: RHY Program Specific Element Visibility – Collection Requirements

Within HMIS, different funding sources and projects require collection of different program specific information. The Program Specific Data Elements are elements that are designed and managed by at least one of the HMIS federal partner programs. Some of program specific data elements are collected across most federal partner programs; these are called “Common” Program Specific Data Elements. The Common Elements used by RHY-funded projects are elements 4.2-4.13. These elements should be collected for every member of the household.

The table below shows all program specific elements in which at least one RHY program component is required to collect information.

X = data collection required

Number	Element	BCP - es	BCP - p	MGH	SOP	TLP	DEMO
4.02	Income and Sources			x		x	x
4.03	Non-Cash Benefits	x	x	x		x	x
4.04	Health Insurance	x	x	x	x	x	x
4.05	Physical Disability	x	x	x	x	x	x
4.06	Developmental Disability	x	x	x	x	x	x
4.07	Chronic Health Condition	x	x	x	x	x	x
4.09	Mental Health Problem	x	x	x	x	x	x
4.10	Substance Abuse	x	x	x	x	x	x
4.12	Current Living Situation				x		
4.13	Date of Engagement				x		
R1	Referral Source	x	x	x		x	x
R2	RHY: BCP Status	x	x				
R3	Sexual Orientation	x	x	x	x	x	x
R4	Last Grade Completed	x	x	x		x	x
R5	School Status	x	x	x		x	x
R6	Employment Status	x	x	x		x	x
R7	General Health Status	x	x	x		x	x
R8	Dental Health Status	x	x	x		x	x
R9	Mental Health Status	x	x	x		x	x
R10	Pregnancy Status	x	x	x	x	x	x
R11	Formerly a Ward of Child Welfare/Foster Care Agency	x	x	x		x	x
R12	Formerly a Ward of Juvenile Justice System	x	x	x		x	x
R13	Family Critical Issues	x	x	x		x	x
R14	RHY Service Connections	x	x	x		x	x
R15	Commercial Sexual Exploitation/Sex Trafficking	x	x	x	x	x	x
R16	Labor Trafficking	x	x	x	x	x	x
R17	Project Completion Status	x		x		x	x
R18	Counseling	x	x	x		x	x
R19	Safe and Appropriate Exit	x		x		x	x
R20	Aftercare	x	x	x		x	x

Further information regarding the RHY program specific data elements can be found on the [RHY Program HMIS Manual](#).

### Exhibit 4-3 HUD: CoC Program Specific Element Visibility – Collection Requirements

Common data elements are collected by most projects funded by a federal partner. CoC funded projects must collect most of the common data elements and are necessary to generate the Annual Performance Report. These elements should be collected for every member of the household.

The following chart indicates which elements are required for each of the CoC components:

X = data collection is required

CES = data collection is determined by how the CoC has structured the coordinated entry system in their area. Placement of the element would be required for any project that is conducting an assessment for the coordinated entry system. This may be across multiple projects or sited in a central access point or coordinated intake center.

	HMIS Program Specific Data Element	Homelessness Prevention	Permanent Supportive Housing	Rapid Re-Housing	Supportive Services Only - CE	Supportive Service Only - non-CE	Transitional Housing
4.02	Income and Sources	X	X	X		X	X
4.03	Non-Cash Benefits	X	X	X		X	X
4.04	Health Insurance	X	X	X		X	X
4.05	Physical Disability	X	X	X		X	X
4.06	Developmental Disability	X	X	X		X	X
4.07	Chronic Health Condition	X	X	X		X	X
4.08	HIV/AIDS	X	X	X		X	X
4.09	Mental Health Disorder	X	X	X		X	X
4.10	Substance Use Disorder	X	X	X		X	X
4.11	Domestic Violence	X	X	X		X	X
4.12	Current Living Situation				X	Only for SSO-Street Outreach	
4.13	Date of Engagement					Only for SSO-Street Outreach	
4.19	Coordinated Entry Assessment	CES	CES	CES	X		CES
4.20	Coordinated Entry Event	CES	CES	CES	X		CES
C1	Well-being		X				
C2	Moving On Assistance Provided		X				
C3	Youth Education Status		X*	X*	X*	X*	X*
R7	General Health		X				
W5	Housing Assessment at Exit	X					

Further information regarding the CoC program specific data elements can be found in the [CoC HMIS Program Manual](#).

#### Exhibit 4-4 HUD: ESG Program Specific Element Visibility – Collection Requirements

Common Program Specific elements are data collected by most projects funded by one of the federal partners. The following chart indicates which elements are required for collection for each of the ESG component types. ESG projects must collect data according to the chart below to generate the CSV-CAPER Report. X = data collection is required

\* Data collection is determined by how the CoC has structured the coordinated entry system in their area. Placement of the elements would be required for any project that is conducting an assessment or recording an event for the coordinated entry system. This may be across multiple projects or sited in a central access point or coordinated intake center.

Number	Element	ES entry/ exit	ES Night-by-night	Homelessness Prevention	RRH	Street Outreach
4.02	Income and Sources	x		x	x	x
4.03	Non-Cash Benefits	x		x	x	x
4.04	Health Insurance	x		x	x	x
4.05	Physical Disability	x	x	x	x	x
4.06	Developmental Disability	x	x	x	x	x
4.07	Chronic Health Condition	x	x	x	x	x
4.08	HIV/AIDS	x	x	x	x	x
4.09	Mental Health Disorder	x	x	x	x	x
4.10	Substance Use Disorder	x	x	x	x	x
4.11	Domestic Violence	x	x	x	x	x
4.12	Current Living Situation		x			x
4.13	Date of Engagement		x			x
4.14	Bed Night		x			
4.19	Coordinated Entry Assessment	X*	X*	X*	X*	X*
4.20	Coordinated Entry Event	X*	X*	X*	X*	X*
W5	Housing Assessment at Exit			x		

Further information regarding the ESG program specific data elements can be found in the [ESG Program Manual](#).

#### Exhibit 4-5 VA Program Specific Element Visibility – Collection Requirements

All VA-funded projects participating in HMIS are required to collect and enter Universal Data Elements and relevant Program-Specific Data Elements. These elements should be collected for every member of the household. The Program Specific Data Elements to be collected by each VA- funded project are shown below:

X = data collection is required

O = Data collection optional at the discretion of grantee

Element	Name	SSVF: RRH	SSVF: HP	HCHV: All	GPD: All
3.01 -3.917	Universal Data Elements	X	X	X	X
4.02	Income and Sources	X	X	X	X
4.03	Non-Cash Benefits	X	X	X	X
4.04	Health Insurance	X	X	X	X
4.05	Physical Disability			X	X
4.06	Developmental Disability			X	X
4.07	Chronic Health Condition			X	X
4.08	HIV/AIDS			X	X
4.09	Mental Health Disorder			X	X
4.10	Substance Use Disorder			X	X
4.11	Domestic Violence	X	X	X	X
4.19	Coordinated Entry Assessment			O	O
4.20	Coordinated Entry Event			O	O
V1	Veteran's Information	X	X	X	X
V2	Services Provided – SSVF	X	X	O	O
V3	Financial Assistance – SSVF	X	X		
V4	Percent of AMI (SSVF Eligibility)	X	X		
V5	Last Permanent Address	X	X		
V6	VMAC Station Number	X	X	X	X
V7	HP Targeting Criteria		X		
P4	Connection with SOAR	X	X		O
R4	Last Grade Completed	X	X		
R6	Employment Status	X	X		X

X = Data collection required O = Data collection optional at the discretion of grantee

Further information regarding the VA program specific data elements can be found in the [VA Program HMIS Manual](#).

## Section 3

### Appendix A: Terms and Definitions

**By-Name List**, also known as the One List – A real-time catalog of the names of existing clients within the homeless prevention system, the By-Name List is an important tool for coordinated entry as it supplements other tools used to track homelessness (such as the Point-in-Time count), aids in assessing existing clients' needs, and helps in tracking individuals' entry into and exit out of the homeless prevention system.

**Coordinated Entry System** – MCHCCN Coordinated Entry System serves as a front door to connect people facing homelessness to housing and supports in an accessible, equitable, transparent manner. This allows all partners in the MCHCCN to collaborate to improve access and outcomes for people without permanent housing while delivering trauma informed services

**Data Quality Benchmarks** – Quantitative measures used to assess the validity and reliability of the data. These include measures for timeliness, completeness and accuracy.

**Data Quality Monitoring Plan** – A set of procedures that outlines a regular, on-going process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

**Data Quality Plan** – A community-level document that facilitates the ability of a CoC to achieve statistically valid and reliable data. A data quality plan is generally developed by the HMIS Lead Agency with input from community stakeholders and is formally adopted by the CoC. At a minimum, the plan should:

- Identify the responsibilities of all parties within the CoC that affect data quality.
- Establish specific data quality benchmarks for timeliness, completeness, and accuracy.
- Describe the procedures that the HMIS Lead Agency will take to implement the plan and monitor progress to meet data quality benchmarks.
- Establish a timeframe for implementing the plan to monitor the quality of data on a regular basis.

**Data Quality Standards** – A national framework for ensuring that every Continuum of Care can achieve good quality HMIS data. It is anticipated that HUD will propose Data Quality Standards that 1) establishes administrative requirements and, 2) sets baseline data quality benchmarks for timeliness, completeness, and accuracy.

**Homeless Management Information Systems (HMIS)** – A Homeless Management Information System (HMIS) is the information system designated by a local Continuum of Care (CoC) to comply with the requirements of CoC Program interim rule 24 CFR 578. It is a locally administered data system used to record and analyze client, service and housing data for individuals and families who are homeless or at risk of homelessness.

**HMIS Data Quality** – Refers to the reliability and validity of client-level data. HMIS data quality can be measured by the extent to which the client data in the system reflects actual information in the real world.

#### ***HMIS Reports***

- **System Performance Measurement (SPM)** – HUD’s annual report to Congress on the nature and extent of homelessness nationwide.
- **Annual Performance Report (APR)** – A reporting tool that HUD uses to track program progress and accomplishments of HUD homeless assistance and HPRP Programs on an annual basis. Formerly known as the Annual Progress Report.

• **Longitudinal System Analysis (LSA)** - Contains the data used to write the AHAR. LSA data can also be used to support other purposes.

**Program Specific Data Elements (PDEs)** – Program Specific Data Elements differ from the Universal Data Elements in that no one project must collect every single element in this section. Which data elements are required is dictated by the reporting requirements set forth by each Federal partner for each of their programs. A Partner may require all of the fields or response categories in a data element or may specify which of the fields or response categories are required for their report.

**Project Descriptor Data Elements (PDDE)** – Project Descriptor Data Elements (PDDE) are completed within the HMIS for each project that is able to enter data into the HMIS. The PDDEs include information used to identify each organization using the HMIS and all of the projects associated with an organization.

**Universal Data Elements (UDEs)** – HMIS Universal Data Elements are elements required to be collected by all projects participating in HMIS, regardless of funding source. UDE's establish the baseline data collection requirements for all contributing CoC projects. They are the basis for producing unduplicated estimates of the number of persons experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of persons experiencing homeless, and patterns of service use, including information on shelter stays and homelessness over time.

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## Appendix B: Acronyms

Acronyms	
AHAR-Annual Homeless Assessment Report	HP-Homelessness Prevention
AIRS-Alliance of Information and Referral Systems	HUD- Housing and Urban Development
APR-Annual Performance Report	LSA-Longitudinal System Analysis
AA- Agency Administrator	MGH-Maternity Group Homes for Pregnant and Parenting Youth
BCP-Basic Center Program	NOFA-Notice of Funding Availability
BCP-es-Basic Center Program-Emergency Shelter	PATH- Projects for Assistance in Transition from Homelessness
BCP-p-Basic Center Program-Homelessness Prevention	PDDE- Project Descriptor Data Element
CAPER-Consolidated Annual Performance and Evaluation Report	PDE-Program Specific Data Element
CDBG-Community Development Block Grant	PPI-Personal Protected Information
CoC-Continuum of Care	PSH-Permanent Supportive Housing
CRS-Contract Residential Services	RHY- Runaway and Homeless Youth
DEMO-Demonstration Grants	ROI- Release of Information
DOB-Date of Birth	RRH-Rapid Re-Housing
DV-Domestic Violence	SH- Safe Haven
ES-Emergency Shelter	SHP-Supportive Housing Program
ESG-Emergency Solutions Grant	SOP-Street Outreach Program
EVHI-Ending Veterans Homelessness Initiative	SRO- Single Room Occupancy
GPD-Grant Per Diem	SSI-Supplemental Security Income
HCHV-Healthcare for homeless veterans	SSN- Social Security Number
HMIS-Homeless Management Information System	SSO-Supportive Services for Veterans Families
HoH-Head of Household	TANF- Temporary Assistance for Needy Families
Homeless Emergency Assistance and Rapid Transition to Housing HIPAA- Health Insurance Portability and Accountability Act of 1996	TLP-Transitional Living Program
	UDE-Universal Data Element