



# Homeless Management Information System (HMIS)

## Data Quality Plan

Developed by the HMIS Data Center for the Texas Balance of State Continuum of Care

# Texas Balance of State Continuum of Care Data Quality Plan

For the Texas HMIS



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## CONTACT INFORMATION

Learn more about HMIS Data Center: <http://www.thn.org/hmis> (hopefully)

The HMIS Data Center provides ongoing guidance, information, training and technical assistance to all participating agencies and users in the Texas Balance of State.

An agency can request additional training or onsite visits from our staff at any time: <http://thn.org/balance-of-state-continuum-of-care/hmis-support-center>

ClientTrack training environment:  
<https://www.clienttrack.net/txboshmis> training  
(to request login credentials, contact [HMIS Data Center](#).)

ClientTrack live environment: <https://www.clienttrack.net/txboshmis/>  
(to request login credentials, you must [request a training](#).)

For issues related to HMIS & ClientTrack submit a ticket via ClientTrack following these instructions:

For anything else, contact the HMIS Data Center: [hmis@thn.org](mailto:hmis@thn.org)



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# Texas Balance of State Continuum of Care Data Quality Plan

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[Type Your Organization's Name Here]

Texas Homeless Network

Covered Homeless Organization (CHO)

HMIS Lead Agency

## PURPOSE

This document describes the Homeless Management Information System (HMIS) Data Quality Plan for the Texas Balance of State (BoS) Continuum of Care (CoC). The plan includes assurances and controls to maintain high data quality that meet requirements set forth by the U.S. Department of Housing and Urban Development (HUD) and responsibilities shared with the Covered Homeless Organization (CHO). The Texas Homeless Network (THN) in its capacity as the HMIS Lead Agency has developed the plan, in consultation with the CoC HMIS Committee.

The plan is to be updated annually, considering the latest HMIS Data Standards and CoC performance objectives.

## BACKGROUND

An HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about the men, women and children who access homeless and other human services in a community. Each CoC receiving HUD funding is required to implement an HMIS to capture standardized data about everyone accessing the homeless assistance system. Furthermore, elements of HUD's annual CoC funding competition are directly related to a CoC's progress in implementing its HMIS.

In 2004, HUD published HMIS Data and Technical Standards in the Federal Register, which defined the requirements for data collection, privacy safeguards and security controls for all local HMIS. In March 2010, HUD updated the Data Standards [Revised Notice] incorporating additional data collection requirements for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) funded under the American Recovery and Reinvestment Act (ARRA). The current HMIS Data Standards, published in the 2014 along with the HMIS Data Dictionary, were developed by the U.S. Department of Health and Human Services (HHS), HUD, and U.S. Department of Veterans Affairs (VA) in the effort to provide communities with baseline data collection requirements and assist the common goal of ending homelessness.

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Currently, the HMIS Federal Partners are developing the 2016 HMIS Data Standards, which should come into effect starting October 2016.

The federal partners and their programs include:

- U.S. Department of Housing and Urban Development (HUD)
  - Office of Special Needs Assistance Programs (SNAPS)
    - Continuum of Care (CoC) Program
    - Emergency Solutions Grants (ESG) Program
    - Housing Opportunities for Persons with AIDS program (HOPWA)
    - HUD-Veterans Affairs Supportive Housing (HUD/VASH)
    - Rural Housing Stability Assistance Program (RHSP)
- U.S. Department of Health and Human Services (HHS)
  - Administration for Children and Families (ACYF) – Family and Youth Service Bureau (FYSB)
    - Runaway and Homeless Youth (RHY)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
    - Projects for Assistance in Transition from Homelessness (PATH)
- U.S. Department of Veteran Affairs (VA)
  - Supportive Services for Veteran Families Program (SSVF)
  - Community Contract Emergency Housing (HCHV/EH)
  - Community Contract Residential Treatment Program (HCHV/RT)
  - Domiciliary Care (HCHV/DOM)
  - VA Community Contract Safe Haven Program (HCHV/SH)
  - Grant and Per Diem Program (GPD)
  - Compensated Work Therapy Transitional Residence (CWT/TR)

As you can see, we are all working together towards the same goal.

Let's talk some more about why the information you collect is valuable and what it means to the CoC.

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## UNIVERSAL DATA ELEMENTS

It all begins with the Universal Data Elements.

What if I tell you that the data you enter into HMIS tells a story about the population experiencing homelessness? How exactly can the CoC «tell a story about homelessness» in the Texas Balance of State? With your data! What does that even mean? Good questions.

To end homelessness, we must recognize the scope of the problem first. How big is it, where is hitting the most, what kind of projects are required, all these questions and many more get answered thanks to the information you collect and carefully enter into HMIS. You tell us what is working and what needs to change and the more accurate your data is, the better solutions we can provide. You want to end homelessness as much as we do.

To recap: the information you collect is the first step on a long series of tasks that enables our community to work confidently towards ending homelessness. Every step is critical to the goal. I love Social Work! Now that we are speaking the same language, you are ready for the universal data elements part.

The Universal Data Elements (UDE) are the basis for producing the Annual Homeless Assessment Report (AHAR). Yes, your data provides national estimates of the current state of homelessness across the country, and the use of homeless assistance programs to Congress. Your data is used locally to inform state and local communities on how their specific homeless information compares nationally. They also help local communities to better target resources, and position programs to end homelessness. Your data is your contribution to the task. The Point-in-Time? Yes! Housing Inventory? Yes! Everything is connected, you see.

Now you know why the demographic characteristics of people experiencing homeless, and patterns of service use are critical to truly prevent homelessness before it occurs.

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**[REQUIRED]** Universal Data Elements for ALL projects participating in HMIS:

<u>Name</u>	<u>Project Entry Date</u>
<u>Social Security Number</u>	<u>Project Exit Date</u>
<u>Date of Birth</u>	<u>Destination</u>
<u>Race</u>	<u>Client ID</u>
<u>Ethnicity</u>	<u>Family Name</u>
<u>Gender</u>	<u>Relationship to Head of Household</u>
<u>Veteran Status (adults only)</u>	<u>Client Location</u>
<u>Disabling Condition</u>	<u>Length of Time on Street, in ES or</u>
<u>Residence Prior to Project Entry</u>	<u>SH</u>

So there you have them: The Universal Data Elements. Required for ALL participating projects in HMIS as opposed to optional. Is that all? Not quite, depending on who is funding your project, you have Program Specific Data Elements to collect.

## **PROGRAM SPECIFIC DATA ELEMENTS**

Unlike EDE, the Program Specific Data Elements are specific to each Federal partner and for 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.

These Program Specific Data Elements are required by more than one Federal Partner only to participating projects:

<u>Housing Status</u>	<u>Domestic Violence</u>
<u>Income and Sources</u>	<u>Contact</u>
<u>Non-Cash Benefits</u>	<u>Date of Engagement</u>
<u>Health Insurance</u>	<u>Services Provided</u>
<u>Physical Disability</u>	<u>Financial Assistance Provided</u>
<u>Developmental Disability</u>	<u>Referrals Provided</u>
<u>Chronic Health Condition</u>	<u>Residential Move-In Date</u>
<u>HIV/AIDS</u>	<u>Housing Assessment Disposition</u>
<u>Mental Health Problem</u>	<u>Housing Assessment at Exit</u>
<u>Substance Abuse</u>	

Now before we jump into the plan, let's talk you.

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## HMIS PLAYERS

We have 2 kinds of end-users in HMIS:

### **HMIS User**

The HMIS User has received training provided by the HMIS Data Center and has current access to HMIS. Read the HMIS User Agreement for reference.

### **Local HMIS Administrator**

We call this the bridge, the liaison between your agency and the HMIS Data Center. If you are the local HMIS Local Admin, you are required to attend a monthly call with the HMIS Program Manager to discuss current HMIS-related issues.

The HMIS Administrator has additional responsibilities that will be addressed in the following Data Quality Plan.

Look for the **[LOCAL HMIS ADMINISTRATOR]** alert. Read the HMIS Local Admin Agreement for reference.

## DATA QUALITY PLAN

This refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the universal data elements entered in the system reflects actual information in the real world. With good data quality, the CoC can tell an accurate story about the population experiencing homelessness.

The plan defines conditions, assigns responsibilities and establishes standard procedures to improve quality. As a result, a data quality plan can better position the CoC to achieve strategic objectives. This is after all a collaboration effort.

The plan specifies metrics for relevant and measurable attributes utilized to assess data quality: **timeliness**,  
**completeness**,  
**accuracy**, and  
**consistency**.



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## Timeliness

Timeliness is closely associated with relevance.

If the data entry is delayed, the data may no longer be relevant for the needs of users. The entry of correct data in a timely manner reduces human error (relying on handwritten notes or memory). Timely data entry ensures better management, either proactively (monitoring, increasing awareness, meeting funder requirements), or reactively (requests for information, responding to inaccurate information).

While every effort should be made to complete all data entry in electronic records at the time of service there are occasional circumstances that prevent that goal. In order to comply with reasonable quality standards, THN establishes the following policy regarding client record data entry:

	<b>Universal Data Elements</b>	<b>Check-In Check-Out</b>	<b>Assessments</b>	<b>Personal Identifiable Information</b>
<b>* 1 business day *</b>				
<b>* 3 business days*</b>				
<u>Emergency Shelter</u>	<b>1</b>	<b>1</b>	<b>3</b>	
<u>Housing Projects</u>	<b>3</b>	<b>3</b>	<b>3</b>	
<u>HMIS Programs (HP, R-RH, SSVF, RHY)</u>	<b>1</b>		<b>1</b>	
<u>Services Only</u>	<b>3</b>		<b>3</b>	
<u>Outreach</u>				<b>3</b>

## Completeness

Complete HMIS data is required to fully understand the demographic characteristics and service use of clients in the system. It is also crucial to assist clients in finding the right services, projects and/or benefits to end their homelessness experience as quick as possible.

Complete data facilitates confident reporting and analysis on the nature and extent of homelessness, such as:

- Unduplicated counts of clients served locally
- Patterns of use of people entering and exiting the homeless assistance system
- Estimation of the effectiveness of the BoS homeless system

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## Projects required to use the BoS HMIS must enter data on 100% of the clients served.

Missing data negatively affects the ability to provide comprehensive care to clients. Eligibility determination, for instance, is directly tied to the data provided. Therefore, all CHOs agree, upon HMIS implementation, to adopt and enforce intake and assessment procedures that align with data collection requirements to prevent incomplete data.

While the CoC goal is to collect 100% of all data elements, this may not be possible in all cases. However, bear in mind that while “client doesn’t know” and “client refused” are eligible responses to individual client intake and assessment questions, the CoC defines acceptable rates for total “unknown” responses at the program level based on data element and project type considerations.

The HMIS Data Center in partnership with the local HMIS Administrator will assess completeness monthly.

The **[LOCAL HMIS ADMINISTRATOR]** will (1) run the reports on HMIS, and (2) send a copy to [THN HMIS](#) for analysis by the 5<sup>th</sup> day of the month.

Upon review, if and when THN finds the average completeness failing to satisfy requirements, it will notify the **[LOCAL HMIS ADMINISTRATOR]** to provide an explanation and implement a plan for corrective action as needed.

### **Bed Utilization**

For shelters and housing projects, one of the primary features of the HMIS is its ability to record the number of client stays or bed nights at a homeless residential facility. A program’s bed utilization rate is the number of beds occupied as a percentage of the entire bed inventory.

Once you enroll a client in your housing project (emergency, transitional, or permanent), s/he needs to be checked-in to a bed or unit. The client remains in that bed or unit until s/he is transferred to another bed or unit, or is exited from the project. Let me rephrase that: Your client stays checked-in until she exits the project. Then, s/he must also be checked-out of the bed or unit.

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New projects need not to worry about reaching projected occupancy numbers and will not expect them to meet the utilization rate requirement during the first operating year.

## A project's bed utilization rate is a great indicator of data quality.

Low utilization rate could reflect low occupancy, but it could also indicate that data is not being entered in the HMIS for every client served.

A high utilization rate could reflect that the program is over capacity, but it could also indicate that clients have not been properly discharged from the program in the HMIS.

Housing Program Type	Target Utilization Rate (%)	Acceptable Rate (%)
Emergency Shelter	75%	65%
Transitional Housing	95%	65%
Permanent Supportive Housing	95%	65%

### **Accuracy**

The data in the Texas BoS HMIS needs to exhibit a fair representation of reality as it relates to homeless clients and the projects that serve them. Thus, all data entered into the BoS HMIS must be a reflection of information provided by the client, as documented by the data collector or otherwise updated by the client and documented for reference.

## Recording inaccurate information is strictly prohibited, except in cases when a client refuses to provide correct personal identifiable information.

CHO's will make their best effort to record accurate data by implementing appropriate policies and procedures. The best way to measure accuracy of client data is to compare the information with more accurate sources, such as a social security card, birth certificate, or driver's license.

In general, false or inaccurate information is less useful than incomplete information. Ergo, it should be emphasized to clients and staff that it is better

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to enter “don’t know”, “refused” or “data not collected”, than to enter inaccurate information.

Inaccurate data is only acceptable when a client refuses to provide his/her PII, as well as that of dependents, and the program, in accordance with all other requirements, does not prohibit it. In these cases, it is permissible for the CHO to enter client data under an alias that will not be made visible or accessible to any other agency.

The CHO is responsible for any internal duplication of services as a result of inaccurate data. If accurate information is later obtained, then the CHO should correct the client data in a timely manner; upon correction and provision of client consent to release information, the client data may be shared with agencies in BoS HMIS.

THN will request CHO to confirm quarterly report findings for accuracy.

## Reports exclude all outreach contacts NOT formally enrolled in a project.

If the CHO is unable to certify accuracy, THN will review source documentation based on random sampling. The CHO is responsible for providing any and all documentation for the purposes of the review. In consultation with THN, the CHO will implement a plan for corrective action based upon the findings.

### **Consistency**

Consistency refers to the standard and uniform practice for implementation, data collection and data entry across all programs in the BoS HMIS. Inconsistency hinders an agency’s ability to satisfy requirements as they relate to timeliness, completeness and accuracy.

To assure quality, all prospective CHO’s will implement BoS HMIS in consultation with THN, provide access to project assets (e.g. intake and assessment forms, eligibility requirements) and comply with THN’s recommendations consistent with best practice.

THN may delay or cancel implementation if the agency does not faithfully participate in the process. Upon implementation, all BoS HMIS users shall

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complete training before they may access the system.

Consistency will be monitored by THN with a weekly report to identify instances of duplicated client records. To resolve duplication, THN may request additional information to properly identify clients with incomplete data and rule out any false positives. If duplication persists, the user in question must participate in additional training.

If, after implementation, the CHO wishes to use BoS HMIS for other programs or make adjustments to current program configurations, the **[LOCAL HMIS ADMINISTRATOR]** must submit a written or electronic change request to THN. THN shall review, request additional information and decide upon any requests consistent with best practice.

## MONITORING

The HMIS Data Center in collaboration with the local HMIS Administrator will conduct routinely scheduled reports to assess the quality.

Every month, by the 15<sup>th</sup>, a sample of the Data Quality reports will be posted at the THN website for the purposes of facilitating compliance review by participating agencies and the CoC Data Committee.

Participating agencies will have 10 days to correct data, if required.

Our findings can and will identify training needs to improve data quality and they will be addressed at the monthly CoC meeting.

Programs continuing in default will have HMIS access to those programs suspended until the HMIS Data Center feels the program could begin correctly entering information.

After the two initial warnings, a program still not adhering to the minimum data entry requirements will be made permanently inactive and licenses will be revoked until the agency can demonstrate to HMIS staff that minimum data requirements are capable of being fulfilled.

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The HMIS Data Center reserves the right to request any HMIS User to re-train. Not complying with the request will revoke all login credentials to the system.

On the other hand, the CoC Data Committee will periodically recognize agencies that meet the data quality benchmarks.

For agencies that fail to meet the data quality benchmarks, the CoC may ask the agency to submit a written plan that details how they will take corrective action. The plan will be submitted to, and monitored by, the CoC's Performance Coordinator. Should the problem persist, the CoC's Performance Coordinator may make a recommendation to suspend the agency's ability to enter data into the HMIS, and will contact any appropriate state and federal funders.

## AUDIT FREQUENCY

Below are some of the reports considered for data assessment, who is responsible for creating them and what frequency should they occur.

	Weekly	Monthly	Quarterly	Annually
<b>UDQ</b>		<b>HMIS Admin</b>		
<b>Enrollments v Check-ins</b>		THN HMIS		
<b>Duplicates</b>	THN HMIS			
<b>Timeliness</b>		THN HMIS		
<b>Completeness</b>		THN HMIS	THN HMIS	
<b>User Activity</b>		THN HMIS		
<b>AHAR</b>			THN HMIS	THN HMIS
<b>Site Visit</b>				THN HMIS
<b>Data Quality Certification</b>			<b>HMIS Admin</b>	

Additionally, agencies are required to submit a quarterly Data Quality Certification (Appendix B) for all participating HMIS programs. The certification will include any findings and recommended corrective actions.

If the agency fails to make corrections, or if there are repeated or egregious data quality errors, the HMIS Staff may notify the agency's funders or

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community partners about non-compliance with the required HMIS participation.

HMIS data quality certification is now part of several funding applications, including for CoC and ESG programs. Low HMIS data quality scores may result in denial of this funding.

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## APPENDICES

<b>Appendix</b>	<b>Document Title</b>
Appendix A	Universal Data Elements
Appendix B	Data Quality Certification – Emergency and Day Shelter
Appendix C	Data Quality Certification – Permanent, Transitional Housing and Supportive Services Only
Appendix D	Data Quality Certification – Street Outreach



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**UNIVERSAL DATA ELEMENTS**

All UDEs must be obtained from each adult and unaccompanied youth who applies for services through the homeless assistance system. Most Universal Data Elements are also required for children age 17 years and under.

Universal Data Element	Permanent Housing, Supportive Services Only, Transitional Housing			Emergency Shelter/Day Shelter			Street Outreach		
	T A R G E T	Acceptable NULL / Missing	Acceptable "Client don't know", "Client Refused"	T A R G E T	Acceptable NULL / Missing	Acceptable "Client don't know", "Client Refused"	T A R G E T	Acceptable NULL / Missing	Acceptable "Client don't know" / "Client Refused"
Name	100%	0 %	0%	0 %	0 %	0%	75%	0 %	5%
Social Security Number	100%	0 %	5%	0 %	0 %	5%	75%	0 %	50%
Date of Birth	100%	0 %	0%	0 %	0 %	2%	75%	0 %	30%
Race	100%	0 %	5%	0 %	0 %	5%	75%	0 %	30%
Ethnicity	100%	0 %	5%	0 %	0 %	5%	75%	0 %	30%
Gender	100%	0 %	0%	0 %	0 %	0%	75%	0 %	5%
Veteran Status (adults only)	100%	0 %	5%	0 %	0 %	5%	75%	0 %	30%
Disabling Condition	100%	0 %	5%	0 %	0 %	5%	75%	0 %	30%
Residence Prior to Project Entry	100%	0 %	0%	0 %	0 %	0%	100%	0 %	0%
Project Entry Date	100%	0 %	0%	0 %	0 %	0%	100%	0 %	0%
Project Exit Date	100%	0 %	0%	0 %	0 %	0%	100%	0 %	0%
Destination	100%	0 %	2%	75 %	0 %	30%	75%	0 %	N/A
Client ID	100%	0 %	0%	0 %	0 %	0%	100%	0 %	0%
Family Name	100%	0 %	0%	0 %	0 %	0%	100%	0 %	0%
Relationship to Head of Household	100%	0 %	0%	0 %	0 %	0%	100%	0 %	0%
Client Location	100%	0 %	0%	0 %	0 %	0%	100%	0 %	0%
Length of Time on Street, in ES or SH	100%	0 %	0%	0 %	0 %	0%	100%	0 %	0%

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## Emergency Shelter and Day Shelter Projects Certification

Bed Utilization and Data Quality

[Agency and Program Name]

Data Certification for [ ] Quarter of [Year]

Months: [ ]

I have reviewed the data for the period beginning on the first day of the month to the last day of the month. I have compared the aggregate data reports to the detail and result reports and have made a good faith effort to correct deficiencies in the client data shown on the reports. I have reviewed the following (as applicable to my program) and understand that the CoC's goal is 100% for all Universal data elements (unless otherwise stated in the Data Quality Plan) and must provide an explanation for data elements that are below the benchmark:

### Universal Data Elements

My agency's data quality: \_\_\_ does or \_\_\_ does not meet the CoC's 80% + data completeness standard. If it does not, provide justification: \_\_\_\_\_

\_\_\_\_\_

### Program Specific Data Elements

Percentage for entry questions are: \_\_\_ less than 80% or \_\_\_ 80% or more. Justification for less than 80% missing answers: \_\_\_\_\_

\_\_\_\_\_

Percentage for exit questions are: \_\_\_ less than 65% or \_\_\_ 65% or more. Justification for less than 80% missing answers: \_\_\_\_\_

\_\_\_\_\_

### Bed Utilization (Required for Emergency Shelter programs only)

\_\_\_ Bed Utilization is more than 65% and less than 105% (local target is 75%)

\_\_\_ Bed Utilization is **under 65%**: I have verified that clients have been properly entered and exited, and verify that the bed utilization is actually under 65%.

Justification for low utilization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ Bed Utilization is **over 105%**: I have verified that clients have been properly entered and exited, and verify that the bed utilization is actually over 105%.

Justification for high utilization: \_\_\_\_\_

\_\_\_\_\_

### Last Service Date (Required for Outreach and Supportive Services programs only)

Clients who have not received services within the last 90 days: \_\_\_ have or \_\_\_ have not been exited from their programs. Please provide an explanation if they have not: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

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## Permanent Housing, Supportive Services Only, and Transitional Housing Projects Certification

### Bed Utilization and Data Quality

[Agency and Program Name]

Data Certification for [ ] Quarter of [Year]

Months: [ ]

I have reviewed the data for the period beginning on the first day of the month to the last day of the month. I have compared the aggregate data reports to the detail and result reports and have made a good faith effort to correct deficiencies in the client data shown on the reports. I have reviewed the following (as applicable to my program) and understand that the CoC's goal is 100% for all Universal data elements (unless otherwise stated in the Data Quality Plan) and must provide an explanation for data elements that are below the benchmark:

### Universal Data Elements

My agency's data quality: \_\_\_ does or \_\_\_ does not meet the CoC's 95% + data completeness standard. If it does not, provide justification: \_\_\_\_\_

\_\_\_\_\_

### Program Specific Data Elements

Percentage for entry questions are: \_\_\_ less than 95% or \_\_\_ 95% or more. Justification for less than 98% missing answers: \_\_\_\_\_

\_\_\_\_\_

Percentage for exit questions are: \_\_\_ less than 80% or \_\_\_ 80% or more. Justification for less than 98% missing answers: \_\_\_\_\_

\_\_\_\_\_

### Bed Utilization (Required for Emergency Shelter programs only)

\_\_\_ Bed Utilization is more than 65% and less than 105% (local target is 90%)

\_\_\_ Bed Utilization is **under 65%**: I have verified that clients have been properly entered and exited, and verify that the bed utilization is actually under 65%.

Justification for low utilization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ Bed Utilization is **over 105%**: I have verified that clients have been properly entered and exited, and verify that the bed utilization is actually over 105%.

Justification for high utilization: \_\_\_\_\_

\_\_\_\_\_

### Last Service Date (Required for Outreach and Supportive Services programs only)

Clients who have not received services within the last 90 days: \_\_\_ have or \_\_\_ have not been exited from their programs. Please provide an explanation if they have not: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

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## Street Outreach Projects Certification

### Data Quality

[Agency and Program Name]

Data Certification for [ ] Quarter of [Year]

Months: [ ]

I have reviewed the data for the period beginning on the first day of the month to the last day of the month. I have compared the aggregate data reports to the detail and result reports and have made a good faith effort to correct deficiencies in the client data shown on the reports. I have reviewed the following (as applicable to my program) and understand that the CoC's goal is 100% for all Universal data elements (unless otherwise stated in the Data Quality Plan) and must provide an explanation for data elements that are below the benchmark:

### Universal Data Elements

My agency's data quality: \_\_\_ does or \_\_\_ does not meet the CoC's 60% + data completeness standard. If it does not, provide justification: \_\_\_\_\_

\_\_\_\_\_

### Program Specific Data Elements

Percentage for entry questions are: \_\_\_ less than 60% or \_\_\_ 60% or more. Justification for less than 60% missing answers: \_\_\_\_\_

\_\_\_\_\_

Percentage for exit questions are: \_\_\_ less than 60% or \_\_\_ 60% or more. Justification for less than 60% missing answers: \_\_\_\_\_

\_\_\_\_\_

### Last Service Date (Required for Outreach and Supportive Services programs only)

Clients who have not received services within the last 90 days: \_\_\_ have or \_\_\_ have not been exited from their programs. Please provide an explanation if they have not: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_