# *Data Quality*

This policy describes the Kentucky Homeless Management Information System (KYHMIS) data quality plan for the All KYHMIS projects. The Data Quality Policy applies to all the KYHMIS participating projects located within All CoC, regardless of funding source. No CoC KYHMIS participating project is exempt from the standards or procedures laid out in this manual.

Data quality is a term that refers to the reliability and validity of the client-level data collected in the KYHMIS. It is measures by the extent to which the client data in the system reflects actual information in the real world. With good data quality, the CoC can “tell the story”. The plan shall be updated annually, considering the latest KYHMIS data standards and CoC Board developed performance policies and procedures.

***Monitoring Frequency***

* Monthly Review: Data Timeliness and Data Completeness
* Quarterly Review: Data Accuracy
* Other: Data quality monitoring may be performed outside of the regularly scheduled reviews. If requested by project funders or other interested parties (agency itself, KYHMIS Lead Agency, CoC, HUD, VA, Cabinet for Health and Family Services, or other Federal and local government or advocacy groups)

***Compliance***

* Failure to comply with these standards will result in suspension of all licensed agency users until KYHMIS training is completed, as well as the suspension of draw requests.
* The KYHMIS team may require additional training for agency data entry workers at the cost of the agency.

***Data Quality Reporting and Outcomes***

* The KYHMIS team will send data quality monitoring reports to the contact person at the project responsible for the KYHMIS data entry.
* Reports 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 KYHMIS team shall notify the projects’ funders or community partners about non-compliance with the required KYHMIS participation.
* KYHMIS data quality is now part of several funding application, including CoC and ESG programs. Low KYHMIS data quality may result in denial of this funding.

***Data Completeness***

**Policy:**

All data entered into KYHMIS shall be complete. Partially complete or missing data can negatively affect the ability to provide comprehensive care to clients and advocacy efforts. Missing data could mean the client does not receive needed services – services that could help them become permanently housed and end their episode of homelessness.

All CoC’s goal is to collect 100% of all data elements. However, the CoC recognizes that this may not be possible in all cases. Therefore, the CoC has established an acceptable range of “Client Doesn’t Know”/ “Client Refused”/ “Data Not Collected” responses, depending on the data element and the type of project entering data.

All projects using the KYHMIS shall enter data on one hundred percent (100%) of the clients they serve.

**Procedure:**

* All projects have the option to complete more data assessment fields. The KYHMIS staff will establish additional assessment fields when such requests are received by the KYHMIS Help Desk.
* When a user does not complete the correct fields in the correct workflow, reports will report “nulls,” “missing,” or “non-HUD acceptable” errors.
* The KYHMIS team will measure completeness by running reports for each project separately at the discretion of the CoC Lead System Administrator, no less than quarterly.
* The KYHMIS team reserves the right to restrict/lessen any acceptable levels, based on guidance from the project’s funding source.
* Options for reports to measure timeliness are:
	+ ART 640 Data Quality Framework
	+ ART 625 HUD CoC APR
	+ ART 631 HUD CoC APR Detail
	+ ART 213 UDE Completeness
	+ ART 227 Project Descriptor Elements Data Quality
	+ ART 253 – Income Data Quality

The current HUD Data Standards can be found at <https://www.hudexchange.info/resource/3826/hmis-data-standards-manual/>

* Acceptable range of Client Doesn’t Know and Client Refused responses:

|  |  |
| --- | --- |
| **Data Collection Point** | **Acceptable** **Level** |
| **Require For:** | **Field and Responses** | **Entry** | **Update** | **Annual** | **Exit** | **DKR** | **Missing** |
| All | Name | Yes |  |  |  | 0% | 0% |
| All | Social Security Number | Yes |  |  |  | 5% | 0% |
| All | Date of Birth | Yes |  |  |  | 2% | 0% |
| All | Race | Yes |  |  |  | 0% | 0% |
| All | Ethnicity | Yes |  |  |  | 2% | 0% |
| All | Gender | Yes |  |  |  | 0% | 0% |
| All | Veteran Status | Yes |  |  |  | 2% | 0% |
| All | Disabling Condition | Yes |  |  |  | 5% | 0% |
| All | Residence Prior to Project Entry | Yes |  |  |  | 5% | 0% |
| All | Length of Stay in Previous Place | Yes |  |  |  | 2% | 0% |
| All | Zip Code of Last Permanent Address | Yes |  |  |  | 2% | 0% |
| All | Destination |  |  |  | Yes | 5% | 0% |
| All | Relationship to Head of Household | Yes |  |  |  | 2% | 0% |
| All | Client Location | Yes | Yes |  |  | 0% | 0% |
| All | Length of Time On Street, in an Emergency Shelter or Safe Haven | Yes |  |  |  | 2% | 0% |
| All | Extent of Homelessness | Yes |  |  |  | 2% | 0% |
| All | Housing Status | Yes |  |  |  | 5% | 0% |
| All | Income and Sources | Yes | Yes | Yes | Yes | 5% | 0% |
| All | Non-Cash Benefits | Yes | Yes | Yes | Yes | 5% | 0% |
| All | Health Insurance / Medical Assistance | Yes | Yes | Yes | Yes | 5% | 0% |
| All | Physical Disability | Yes |  |  | Yes | 5% | 0% |
| All | Developmental Disability | Yes |  |  | Yes | 5% | 0% |
| All | Chronic Health Condition | Yes |  |  | Yes | 5% | 0% |
| All | HIV/AIDS | Yes |  |  | Yes | 5% | 0% |
| All | Mental Health Problem | Yes |  |  | Yes | 5% | 0% |
| All | Substance Abuse | Yes |  |  | Yes | 5% | 0% |
| All | Domestic Violence | Yes | Yes |  |  | 5% | 0% |
| Street Outreach /PATH | Contact | Yes | Yes |  | Yes | 0% | 0% |
| Street Outreach /PATH | Date of Engagement |  | Yes |  |  | 0% | 0% |
| All | Residential Move in Date | Yes | Yes |  |  | 5% | 0% |
| All | Housing Assessment Disposition |  |  |  | Yes | 2% | 0% |
| All | Housing Assessment at Exit |  |  |  | Yes | 2% | 0% |
| PATH | PATH Status |  | Yes |  |  | 2% | 0% |
| PATH | Connection with SOAR |  |  |  | Yes | 2% | 0% |
| HOPWA | Medical Assistance | Yes | Yes |  | Yes | 0% | 0% |
| VA SSVF | Veteran's Information | Yes |  |  |  | 0% | 0% |
| VA SSVF | Percent of AMI (SSVF Eligibility) | Yes |  |  |  | 0% | 0% |
| VA SSVF | Last Permanent Address | Yes |  |  |  | 2% | 0% |

***Data Entry Time Limits***

**Policy:**

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection, or service transition, and the data entry. Timely data entry also ensures that the data is accessible when it is needed, either proactively (e.g. monitoring purposes, increasing awareness, meeting funding requirements), or reactively (e.g. responding to requests for information, responding to inaccurate information).

Data entry timeframes by project type (business days only):

|  |  |
| --- | --- |
| Project Type | Timeframe (within time of occurrence) |
| Street Outreach | 3 Days  |
| Emergency Shelter | 3 Days |
| Transitional Housing  | 3 Days |
| Rapid Re-Housing | 3 Days |
| Permanent Supportive Housing  | 3 Days |
| Supportive Services Only | 3 Days |
| Homelessness Prevention  | 3 Days |
| Other | 3 Days |

**Procedure:**

* The KYHMIS team will measure timeliness by running reports for each project separately.
* Options for reports to measure timeliness are:
	+ ART 640 – Data Quality Framework

***Data Accuracy and Consistency***

**Policy:**

Information entered in the KYHMIS needs to be valid and accurately represent information on the client that enter any of the service programs contributing data to the KYHMIS. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is worse than incomplete information, since with the latter, it is at least possible to acknowledge the gap. Thus, it should be emphasized to clients and staff that it is better to enter a “Client Doesn’t Know or “Client Refused” answer than to enter inaccurate information. To ensure that most-up-to-date and complete data, data entry errors should be corrected on a monthly basis.

All data entered into the KYHMIS shall be a reflection of information provided by the client, as, documented by the intake worker or case manager or otherwise updated by the client and documented for reference.

All data in the KYHMIS shall be collected and entered in a common and consistent manner across all projects. All intake, case workers, and entry workers will complete an initial training before accessing the live KYHMIS, please see training requirements in this Manual.

Aliases

Participating projects will make their best efforts to record accurate date. Only when a client refuses to provide his or hers or dependent’s personal information and the project funder does not prohibit it, it is permissible to enter client data under an alias. To do so, the project must follow these steps:

* Create the client record, including any family, under an assumed first and last name.
* Set the date of birth to 1/1/XXXX, where XXXX is the actual year of birth.
* Set the SSN as XXX-XX-0000, where the 0000 is the actual last four of the SSN
* Skip any other identifiable elements or answer them as “Client Refused (HUD)”
* Make a notation of the alias in the client file and include the corresponding KYHMIS Client ID number.

If a client’s record already exists in the KYHMIS, the project CAN NOT create a new alias record. Client records entered under aliases may affect the project’s overall data completeness and accuracy rates. The project is responsible for any duplication of services that results from hiding the actual name under an alias.

Compliance Sampling

Unless a more accurate method is available, a sampling of client source documentation can be performed by the project funder to measure the data accuracy rate. The project funder will request a number of client files or intake forms and compare the source information to the KYHMIS. Only those parts of the client file that contain the required information will be reviewed, excluding any non-relevant, personal, or project-specific information unless deemed appropriate by the project funder.

Data Consistency Checks

The KYHMIS team may check data accuracy and consistency by running project pre-enrollment, co-enrollment, or post-enrollment data analysis to ensure that the data flows in a consistent and accurate manner. For example, the following instances will be flagged and reported as errors:

* Mismatch between entry/exit data in subsequent enrollment cases.
* Co-enrollment or overlapping enrollment in the same project type.
* Conflicting assessment information.
* Household composition errors.

**Procedure:**

* The KYHMIS team at any time may request source documentation.
* The Agency staff is responsible to make the documentation available upon request.
* The KYHMIS team will send a list of Client ID numbers that will be reviewed.

***Housing Inventory Count***

**Policy:**

Agencies must have 100 percent data accuracy on all annual and quarterly housing inventory forms.

Bed/Unit Occupancy Rates

One of the primary features of the KYHMIS is the ability to record the number of client stays or bed nights at a residential facility.

 Acceptable range of bed/unit occupancy rates for established projects:

* Emergency Shelters: 75% - 105%
* Transition Housing: 85% - 105%
* Permanent Supportive Housing: 85% - 105%

All CoC recognizes that new projects may require time to reach the projected occupancy numbers and will not expect them to meet the required occupancy rates during the first operating quarter.

**Procedure:**

* Projects deemed emergency shelters, transitional housing, or permanent housing projects **must** submit a Housing Inventory Count form within seven business days of the last Wednesday of January (annual).
* Projects must show a bed occupancy rate that is above standard and less than 105 percent, per HUD standards.
* The Executive Director must submit a written explanation with the form if the project is below or above said standards.
* If an agency does not submit or comply with above standard, KHC staff will contact the Executive Director within five business days of due date.
* The Executive Director will have five business days to comply.
* If an agency does not re-submit an accurate report after five business days, the appropriate KHC staff member will notify all project representatives to hold all agency draw requests and all agency user licenses will be suspended for training requirements.
* Failure to comply with these standards will result in suspension all licensed agency users, as well as the suspension of draw requests.

***License Suspension and/or Replacement***

**Policy:**

At any time, KHC and/or CoC HMIS Lead reserve the right to suspend a user’s license if a user is having difficulty entering client-level data and providing accurate reports. KYHMIS staff and HCA staff can recommend and require the Executive Director to assign a different staff member or volunteer to attend training, become licensed, and enter client-level data.

Violation of Data Quality and Integrity

**Policy:**

In its discretion, KHC and/or CoC HMIS Lead may hold funds or deduct points on future grant applications for agencies that violate the data quality policies and procedures.

**Procedure:**

* Such action will be conducted in accordance with the KYHMIS Internal Policies and Procedures Manual.

Ultimate Responsibility

**Policy:**

Executive Directors are responsible for complying with all applicable report submissions, as defined in the reporting matrix for their projects.