DATA QUALITY PLAN

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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 the KY Balance of State (BoS) 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, validity, and completeness of the client-level data collected in the KYHMIS. It is measured 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)

Data Quality Reporting and Outcomes

- On the 15th of every month (or as seen fit), KHC's Data and Reporting team will run Data Quality Reports for each project in the BoS CoC.

  - Reports will be run with a 1-year date range starting and ending on the month the report is being run (ex: if the reports are being run in March 2023, then the date range would be March 2022-March 2023)

  - Agencies are responsible for running a Data Quality Framework report on their own for each of their projects <u>before</u> the 15th of every month and correcting and

cleaning up data quality errors. Note- the Data Quality report the HMIS team will run is more comprehensive than the Data Quality Framework Report and will therefore catch more possible issues than what agencies may see when running the Data Quality Framework.

- Once the Data and Reporting team has run and reviewed Data Quality, KHC will send a Monitoring Report to the contact person responsible for the KYHMIS data entry.

  o Reports will include any findings and recommended corrective actions.

- If errors are present on the report, then the agency will need to either correct them or send back a Data Quality Corrective Action Form detailing a brief explanation of the error and any corrective actions that are being taken.

  o If the agency fails to make corrections or send back a Corrective Action Form in a timely manner, or if there are repeated or egregious data quality errors, the Data and Reporting team shall:

    ▪ Notify the projects funders or community partners about non-compliance with the required KYHMIS participation.

    ▪ Put the agency on a Data Quality Improvement Plan (DQIP)

  o KYHMIS data quality is now part of several funding applications, including CoC and ESG programs. Low KYHMIS data quality may result in a denial of this funding.

Data Quality Scores:

Data Quality will be evaluated by a percentage of data completeness and timeliness. Grades will be posted on the Partner Agency Portal and will be updated on a monthly basis.

Data Completeness

Policy:

All data entered 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.

In addition, effective October 1, 2024, Service Transactions and Case Plans/Goals must be entered into KYHMIS for all households served. The information entered into Service

Transactions and Case Plans/Goals should be complete and accurate and should reflect services and activities provided by the program. Accurate and Complete data is vital for informed decision making, program evaluation, and helping clients access the support they need to end their episode of homelessness.

The BoS 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 (Note: some of these choices will be changing in language with the new Data Standards).

Require For:	Field and Responses	Entry	Update	Annual	Exit	DKR	Missing
		Data Collection Point				Acceptable Level	
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%

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 Housing Contract Administration Partner Agency Portal.

- When a user does not complete the correct fields in the correct workflow, reports will show "null" "missing," or "non-HUD acceptable" errors.

- The KYHMIS team will measure completeness and timeliness by running reports for each project at the discretion of the CoC on a monthly basis, but 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 and the HUD Data Standards/HMIS Lead Series.

- Options for reports to measure timeliness and completion are:

    o Data Quality Framework
    o CoC APR
    o ESG CAPER
    o Service Transactions Provider Report
    o Services and Case Plans SAP Report
    o EVA (open source)

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

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).

All data should be entered into HMIS within 3 business days after intake

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

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 the most-up-to-date and complete data, data entry errors should be corrected on a monthly basis.

All data entered into the KYHMIS shall reflect information provided by the client as documented by the intake worker or case manager or otherwise updated by the client and documented for reference. Entering data into HMIS in a timely manner can decrease the amount of data accuracy issues.

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.

<u>Aliases</u>

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.

<u>Data Accuracy Monitoring</u>

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. KHC staff 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.

Feedback will be provided to the agency after review. Agencies will then either confirm/deny information and/or make any necessary changes

<u>Data Consistency Checks</u>

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.

Compliance:

If the agency fails to make corrections, fails to communicate with KHC staff, 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. At this time, the agency will be placed on a *Data Quality Improvement Plan (DQIP)* which may include but is not limited to license suspension/replacement, holding grant funds, deducting points on future grant applications, working with KHC staff to work through questions/issues/struggles, additional data accuracy reviews, additional training for agency data entry workers at the cost of the agency etc.

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

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 CoCs 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.

Ultimate Responsibility
Policy:

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