



## SACRAMENTO STEPS FORWARD

Ending Homelessness. Starting Fresh.

### HMIS DATA COMMITTEE

Thursday, July 11, 2019 | 10:00 AM – 11:30 AM

1331 Garden Highway, Sacramento, CA 95833 - VCR Conference Room (2<sup>nd</sup> Floor)

**Meeting Purpose:** To inform members of the results of the first Annual HMIS Re-Certification Quiz, the Data Security Audit Implementation Plan, the Data Quality Implementation Plan, and the 2020 HMIS Data Standards changes, including the new Coordinated Entry Data Elements.

<b>I. Welcome &amp; Introductions</b>				
<b>II. April 11, 2019 Meeting Minutes</b>	Volunteer		10:05 AM (5 minutes)	Action
<b>III. Annual HMIS Re-Certification Quiz Implementation Plan</b> - Recap Process - Support Plans - SSF Web—based Trainings	-Presenter(s): Tina Wilton, Data Administrator		10:10 AM (15 minutes)	Information
<b>IV. Data Security Audit Implementation Plan</b> - New Schedule: 8/1/19 - 8/30/19 - Review HMIS Annual Security Checklist	-Presenter(s): Tina Wilton, Data Administrator		10:25 AM (25 minutes)	Action
<b>V. Data Quality Implementation Plan</b> - Implementing a Data Quality Strategy Memo - <b>UPDATE</b>	-Presenter(s): Michele Watts, Chief Programs Officer		10:50 AM (10 minutes)	Information
<b>VI. 2020 HMIS Data Standards</b> - 10/1/19 Implementation Date - Coordinated Entry data elements go live date 4/1/2020	-Presenter(s): Tina Wilton, Data Administrator		11:00 AM (25 minutes)	Information
<b>VII. Meeting Adjourned</b> Next Quarterly HMIS Data Committee Meeting: <b>October 10, 2019</b>				

**HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)  
HMIS DATA COMMITTEE MEETING MINUTES**

**Thursday, April 11, 2019**

10:00 AM – 11:30 AM

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**Attendance:**

Anastasiya Hernandez, St. Johns  
Anna Bilik, DHA  
Benjamin Uhlenhop, Next Move  
Cynthia Hunt, Cottage Housing  
Elyse Jarvis, SHRA

Erica Plumb, Mercy Housing  
Jill Fox, VOA  
Lorrie Lorell, TLCS  
Mixtli Gonzalez, LSS  
Veronica Williams, VOA

**SSF**

Michele Watts  
Chris Weare  
Lindsay Moss  
Tina Wilton

Agenda Item	Notes
I. <b>Welcome &amp; Introductions</b> (Erica Plumb, Co-Chair)	
II. <b>Approval of Introductions</b> (Erica Plumb, Co-Chair)	<ul style="list-style-type: none"> <li>January 10, 2019 Minutes were M/S Lorrie Lorell / Benjamin Uhlenhop, approved as presented by unanimous vote</li> </ul>
<b>III. Business Items</b>	
<p><b>A. Data Quality Implementation Plan</b></p> <ul style="list-style-type: none"> <li>Implementing a Data Quality Strategy Memo</li> <li>Top 5 by Program</li> <li>Final review &amp; approval - <b>ACTION</b></li> </ul>	<ul style="list-style-type: none"> <li>Presenting the Data Quality Implementation Plan to the CoC Advisory Board for review and approval was M/S Jill Fox / Veronica Williams, approved as presented by unanimous vote</li> <li>Data Quality Implementation plan to go to the CoC Advisory Board next.</li> <li>SSF will distribute 2 reports/dashboards to HMIS &amp; Data Committee and individual agencies               <ul style="list-style-type: none"> <li>➤ Data Quality Dashboard for Data Errors                   <ul style="list-style-type: none"> <li>▪ Large report de-identified to show agency error rates to the Data Committee for review</li> <li>▪ Individual reports to agencies to correct their errors</li> </ul> </li> <li>➤ Report on Missing or Expired ROI's</li> </ul> </li> <li>SSF will provide trainings to agencies on understanding and using the Data Quality Error Dashboard/report</li> <li>Review at next HMIS &amp; Data Committee the combined results of the Committee reviewing the Error report and SSF providing the trainings to the agencies to correct their errors</li> <li>October Meeting: review entire process and evaluate what is working and what needs improvement</li> </ul> <p>Meeting Discussion</p> <ul style="list-style-type: none"> <li>Ben stated he has been running his APR on regular basis to keep their data clean. That doing this on a monthly basis has made data clean up a manageable process</li> <li>Erica asked about opportunities for agencies to get direct training</li> <li>SSF has agreed to provide trainings to agencies. The intention is to promote a collaborative process between agencies and SSF in Data Quality correction.</li> </ul>

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<p><b>B. Annual HMIS Re-Certification Quiz Implementation Plan</b></p> <ul style="list-style-type: none"> <li>- HMIS User Re-Certification Process Memo</li> <li>- Annual Re-Certification Test</li> <li>- Final review &amp; approval - <b>ACTION</b></li> </ul>	<ul style="list-style-type: none"> <li>• HMIS Re-Certification Quiz Implementation Plan was M/S Benjamin Uhlenhop / Mixti Gonzalez, approved as presented by unanimous vote</li> <li>• Friday, April 19, 2019: Email to the Directors and Program Supervisors alerting them of the process and dates of required the Re-Certification Quiz for all HMIS End Users</li> <li>• Monday, May 13, 2019: Email to ALL HMIS End Users alerting them of the required Re-Certification Quiz. Describing the Quiz and the dates of the Quiz Period.</li> <li>• Friday, May 24, 2019: Email to ALL HMIS End Users providing instructions and the link for the Quiz</li> <li>• Monday, May 27<sup>th</sup> – June 7<sup>th</sup>, 2019: HMIS Re-Certification Quiz Period</li> <li>• Monday, June 3<sup>rd</sup>, 2019: Reminder to all HMIS Users that they have 1 week remaining.</li> <li>• Tuesday, May 28 – June 14, 2019: Send notices to HMIS Users the results of their quiz</li> <li>• Monday, June 10<sup>th</sup>, 2019: Notify HMIS Users and their supervisors their accounts will be suspended, for all HMIS User who either failed or did not take the quiz</li> <li>• Monday, June 10<sup>th</sup>, 2019 – ongoing: Work with any HMIS Users and their supervisors who need additional support to pass the quiz.</li> </ul> <p>Meeting Discussion</p> <ul style="list-style-type: none"> <li>• Elyse brought up the concern that some staff may be on vacation, family leave, or otherwise unavailable to complete the Quiz in the time allotted. <ul style="list-style-type: none"> <li>➢ SSF agreed to hear concerns and accommodate staff when reasonable requests are made.</li> </ul> </li> <li>• Jill suggested providing each HMIS End User with the approximate amount of time needed to complete the Quiz <ul style="list-style-type: none"> <li>➢ SSF had also considered this. This information will be provided in all outgoing emails regarding the Quiz and is also in the instructions on the Quiz itself.</li> </ul> </li> <li>• Can folks get a list of their active users? <ul style="list-style-type: none"> <li>➢ Yes, SSF can provide a list to providers of their active HMIS users.</li> </ul> </li> </ul>
<p><b>C. Data Security Audit Implementation Plan</b></p> <ul style="list-style-type: none"> <li>- Annual Security Audit Procedure Memo</li> <li>- HMIS Annual Security Checklist</li> <li>- Final review &amp; approval - <b>ACTION</b></li> </ul>	<ul style="list-style-type: none"> <li>• Data Security Audit Implementation Plan was M/S Benjamin Uhlenhop / Mixti Gonzalez, approved as presented by unanimous vote</li> <li>• SSF will confirm with Agencies who they will identify as their Partner Agency Security Officer, as per the HMIS Privacy &amp; Security Plan</li> <li>• Friday, April 19, 2019: Email to Agency Partner Agency Security Officer alerting of the Annual Audit process and 30 day due date.</li> <li>• SSF will distribute list of missing or expired ROI's for each agency. (Active clients in their programs.)</li> </ul>

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	<ul style="list-style-type: none"> <li>• May 24, 2019: Completed Audit Tool and any Compliance Plans due</li> <li>• May 25, 2019 – ongoing: SSF to support agencies with their Compliance Plans</li> </ul> <p>Meeting Discussion</p> <ul style="list-style-type: none"> <li>• Audit Tool was developed prior to Chris being at SSF</li> <li>• Missing or Expired ROI Report: This will be available to all agencies. SSF will provide instructions and trainings as needed.</li> <li>• The Audit Tool and process instructions will be provided to the Agency's Partner Agency Security Officer, as per the HMIS Privacy &amp; Security Plan (pg 14)</li> <li>• Erica brought the question, do agencies have to be in compliance at the end of the Audit period <ul style="list-style-type: none"> <li>➢ No, Agencies will only be required to submit a reasonable plan as to how and when they will be in compliance.</li> </ul> </li> <li>• Follow up question: What is the follow-up to Agency Submitted Compliance Plans? <ul style="list-style-type: none"> <li>➢ Per Michele: Being that this will be our first audit, the plan is to be generous and work collaboratively with Agencies towards resolving areas where they are out of compliance.</li> <li>➢ Each Agency with a Compliance Plan would need to be address individually as it is expected that there may be varying needs</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• There was brief discussion regarding the concern of agencies that are not required to participate in HMIS to be invested in the processes of the Data Quality Plan, Data Security Audit, and the HMIS Re-Certification Quiz. How do we get these agencies invested in the process? <ul style="list-style-type: none"> <li>➢ Nothing was definitively determined other than encouragement with incentives rather than consequences.</li> </ul> </li> <li>• Lindsay proposed publicly listing an HMIS calendar on the SSF website to highlight: <ul style="list-style-type: none"> <li>➢ Upcoming Meetings (e.g., HMIS &amp; Data Committee, HMIS End User Meeting, etc.)</li> <li>➢ Upcoming Trainings (e.g., HMIS New User, VI-SPDAT, etc.)</li> <li>➢ HMIS Re-Certification Quiz – all pertinent dates</li> <li>➢ Data Security Audit – all pertinent dates</li> </ul> </li> </ul>
<p><b>VI. Adjorn</b> Next Quarterly HMIS &amp; Data Committee Meeting: July 11, 2019</p>	<p>On next Agenda:</p> <ul style="list-style-type: none"> <li>➢ Review how the HMIS Re-Certification process went</li> <li>➢ Review how Data Security Audit process went</li> </ul>



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**HMIS Re-Certification Quiz Summary of Results**  
Thursday, July 11, 2019

<b>HMIS Re-Certification Quiz Summary of Results</b>											
	# of Users	PART 1				PART 2				# of Accounts De-Activated	# of Staff with Support Plans
		PASSED	Re-Take	In Review	Not Taken	PASSED	Corrections Needed	In Review	Not Taken		
<b>TOTALS</b>	371	341	5		26	302	30	0	40	35	27
		91.67%	1.34%	0.00%	6.99%	81.18%	8.06%	0.00%	10.75%	9.41%	7.92%

- Requested staff from 33 Agencies to complete the Quiz
- 9 Agencies had all their staff pass both parts with no Support Plans
- 5 Agencies lost all access to HMIS
  - 1 to 5 users only, most only had 1 user
  - 2 Agencies reported they do not use HMIS
  - 2 Agencies in contact with HMIS and are in support of Re-Cert Process
  - 1 Agency, their only HMIS User recently left the Agency and they are currently in re-hire process
  - 4 Agencies have had no active program enrollments since Oct 2018
  - Staff from 3 of the Agencies did not participate in attempting the Quiz
  - 2 Staff from 2 of the Agencies only attempted Part 1 of the Quiz
- Deactivated Accounts
  - 63% did not attempt either Part of the Quiz
  - 20% only attempted Part 1, and 43% of those attempted did not pass
  - 17% did not pass and failed to submit a Support Plan
- No major issues with the Quiz technology
  - Google form had zeros issues
  - Training Database
    - Some confusion between the Training Database and our Live Database
    - Some users experienced some glitches if Internet Explorer was used
- Feedback from End Users
  - Some thought it was more difficult than expected
  - It took longer to complete for some Users
  - Users whom had limited duties within HMIS disliked the one size fits all quiz
    - Vignettes were more confusing for these Users
  - Many Users expressed appreciating the learning experience of the Quiz
- Part 1, Multiple Choice Quiz
  - 48% Passed on first attempt
  - 41% Passed on second attempt
  - 10% Passed after 3 or more attempts (greatest number of attempts being 4)
- Part 2, Vignettes
  - 51% Passed on first attempt
  - 31% Passed on second attempt
  - 19% Passed after 3 or more attempts



## **MEMORANDUM**

**Date:** April 5, 2019  
**To:** COC HMIS and Data Committee  
**From:** Sacramento Steps Forward  
**Subject:** **Annual Security Audit Procedures**

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This memo details the process Sacramento Steps Forward (SSF) will employ to conduct the annual security audit with all HMIS using agencies.

On a date to be determined by the Committee, Sacramento Steps Forward will send out a notice providing agencies with 30 days notice that they will need to complete a Security self-audit.

The audit materials will be distributed on the date to be determined by the Committee, and agencies will be given 30 days to return the audit. The audit consists of two major tasks. Each agency will review a security check list and certify that they are in compliance with each item on the checklist. The checklist is attached to this memo. For items agencies cannot certify that they are in compliance, they may note that action is needed. The audit response then must include a plan for gaining compliance to that item.

The second component audits the Release of Information (ROI) consent forms that should be on file for all publically viewable HMIS profiles. This audit will be conducted in this manner:

1. SSF will generate reports of active system clients for each agency. A sample report is attached to this memo. The report indicates the number of active agency clients who do not have an ROI consent form uploaded in the HMIS. The report also lists the clients who are missing the consent form.
2. Each agency will be responsible for uploading valid, signed ROI consent forms into the client privacy section of that client's HMIS profile. An agency will be required to upload either 25% of their agency clients who are missing the forms or 100 clients, whichever is less.
3. There are multiple ways that the agency can fulfill this requirement:
  - a. The agency can check the client privacy section and confirm that client is set to public, requiring a valid consent form. If they are not set to public, then no action for that client is required.
  - b. The agency may also check whether a consent form has been uploaded into the HMIS Files section. If there is a valid ROI consent form, the agency may download it and then re-upload it into the client profile privacy section of the HMIS.
  - c. If the agency has a paper signed paper consent form for the client, they may upload that form into the client profile privacy section of the HMIS.
  - d. If another agency obtained the consent, the agency may review the program history for that client to determine who may have the signed consent form. The agency then may ask that agency to fax over the form. Once obtained it should be uploaded to the client profile privacy section of the HMIS.



- e. The agency may also seek to obtain a newly signed electronic or paper consent form from the client and place that in the client profile privacy section of the HMIS.

DRAFT



Sample Missing ROI Report  
 28 Clients are missing ROI  
 7 ROIs must be uploaded for audit  
 Agency may choose which 7 to upload

### Release of Information Status

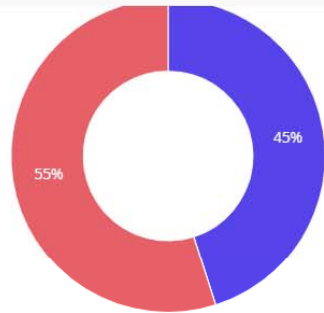
5m ago

**FILTERS** Enrollment Period is in the past 30 days Programs [My Agency Only] is "Countywide - State ESG RRH"

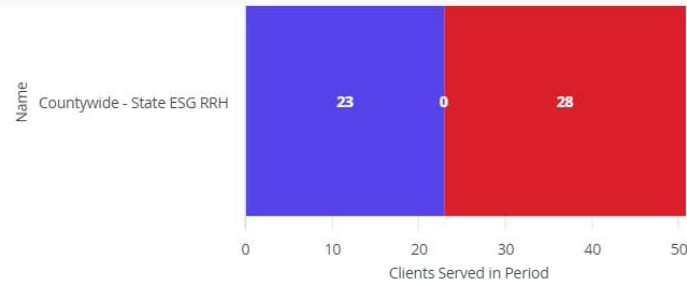
Universe: Clients who were active in your agency's programs in the Enrollment Period

ROI Status: Indicator added to client profile regarding ROI completion. To be valid it cannot be: - Expired - Belonging to an adult and indicated as 'household'

Consumer Release of Information (Doc)



● Clients with Consent ● Clients w/o Consent



● Clients with Consent ● Aged Out of HH Consent ● No Valid Consent Status

### ROI Checks: Client-level Report

Client-level detail for clients who do currently have a valid status on file

	Unique Identifier	Link to Client (click)	Current Age	Program	Assigned Staff	Project Start Date	Project Exit Date	Aged Out of Household Consent	No Consent on File
1	713C782EC	<a href="#">78897</a>	67	Countywide - State ESG RRH	Teaeli Anderson	2019-03-21	∅	0	1
2	DA401D373	<a href="#">79627</a>	9	Countywide - State ESG RRH	Sarbjit Kaur	2019-01-14	2019-03-08	0	1
3	64E24A250	<a href="#">61646</a>	41	Countywide - State ESG RRH	Kendra Munroe	2019-01-03	∅	0	1
4	0C44E5829	<a href="#">79791</a>	11	Countywide - State ESG RRH	Teaeli Anderson	2019-01-02	∅	0	1
5	C33A908AA	<a href="#">79792</a>	19	Countywide - State ESG RRH	Teaeli Anderson	2019-01-02	∅	0	1
6	492457FBA	<a href="#">78799</a>	13	Countywide - State ESG RRH	Teaeli Anderson	2019-01-02	∅	0	1
7	3731F4B78	<a href="#">80944</a>	8	Countywide - State ESG RRH	Teaeli Anderson	2019-01-02	∅	0	1





## HMIS ANNUAL SECURITY CHECKLIST

Agency Name: \_\_\_\_\_

Date of Audit: \_\_\_\_\_

Agency Staff Member Completing Checklist: \_\_\_\_\_

Agency Manager Responsible for Audit: \_\_\_\_\_

- Using this Security Certification Checklist document, your agency must certify that it adheres to the Security Plan or provide a plan for remediation of non-compliant systems, including milestones to demonstrate elimination of the shortfall over time.
- Signatures indicate that agency understands of this audit and vouches for its results.
- Please communicate any security questions, requests, or security breaches to the HMIS Administrator.

REQUIREMENT	ASSESSMENT		OUTCOME	FOLLOW-UP
<b>Agreements, Certifications &amp; Licenses</b>  Does the Agency have all user agreements and certifications on file as well as agency related participation agreements and documentation?	Yes	No		<input type="checkbox"/> Action Needed  <input type="checkbox"/> In Compliance
			Does the agency have a signed copy of their most recent Agency Participation Agreement	
			Does the agency have a designated HMIS contact person? Name: _____	
			All users have signed User License Agreements on file	
			All users completed Privacy and Security Training (and have documentation of training)	
			All users have completed applicable user training (and have documentation of training)	
<b>Privacy: Posted HUD Public Notice</b>  Does the agency have a posted privacy notice in places visible to clients such as a lobby or intake rooms?	Yes	No		<input type="checkbox"/> Action Needed  <input type="checkbox"/> In Compliance
			Posted HUD Public Notice  Location: _____	



REQUIREMENT	ASSESSMENT		OUTCOME	FOLLOW-UP
<b>Privacy: Privacy Notice</b>  Does the agency have a standard privacy notice?	Yes	No		
			<input type="checkbox"/> Action Needed	
			<input type="checkbox"/> In Compliance	
			Does the agency use the standard CoC Privacy Notice?	
			<b>OR</b>	
			Does the agency notice have the following:	
			<ul style="list-style-type: none"> <li>Specifies the purpose for collection of client information</li> </ul>	
			<ul style="list-style-type: none"> <li>Brief description of policies and procedures including vulnerable population protections.</li> </ul>	
			<ul style="list-style-type: none"> <li>Data collection, use and purpose limitations, including de-identified data</li> </ul>	
			<ul style="list-style-type: none"> <li>Client right to copy/inspect/correct record</li> </ul>	
			<ul style="list-style-type: none"> <li>The client compliance procedure</li> </ul>	
		<ul style="list-style-type: none"> <li>Notice to consumer that Privacy Notice may be updated over time and applies to all client info within the agency</li> </ul>		
		Copy obtained		
		Privacy Notice is posted on the web at		
<b>Privacy: Hard Copy Data</b>  Does the agency protect hard copy data from unauthorized viewing or access?	Yes	No		
			<input type="checkbox"/> Action Needed	
			<input type="checkbox"/> In Compliance	
			<ul style="list-style-type: none"> <li>Are paper files locked in a drawer/file cabinet</li> </ul>	
		<ul style="list-style-type: none"> <li>Are offices locked when not occupied</li> </ul>		
		<ul style="list-style-type: none"> <li>Are there any visible client files or reports on-site</li> </ul>		



REQUIREMENT	ASSESSMENT		OUTCOME	FOLLOW-UP
<b>Privacy: Release of Information</b>  Does the agency use appropriate releases of information and are they consistent in collecting them with clients	Yes	No		
			Agency collects ROI's from all intake clients	
			Agency uses the CoC HMIS standardized ROI applicable to its level of sharing	<input type="checkbox"/> Action Needed <input type="checkbox"/> In Compliance
			OR	
			<i>(if using a modified ROI, review to make sure the following is included)</i>	
			<ul style="list-style-type: none"> <li>A brief description of HMIS including a summary of the HUD Public Notice</li> </ul>	
			<ul style="list-style-type: none"> <li>A specific description of the Client Dashboard and an opportunity for the client to request that the screen be closed</li> </ul>	
			<ul style="list-style-type: none"> <li>A description of the agency's sharing partners (if any) and a description of what is shared</li> </ul>	
			<ul style="list-style-type: none"> <li>A specified end date on the release</li> </ul>	
			<ul style="list-style-type: none"> <li>Clients are presented with a copy of the agency privacy notice</li> </ul>	
<b>Privacy: Special Considerations</b>  Does the agency have policies in place to assist with specific populations and special needs?	Yes	No		
			Agency has a procedure to assist clients who are hearing impaired or do not speak English as a primary language. For example: <ul style="list-style-type: none"> <li>Provisions for Braille or audio</li> <li>Available in multiple languages</li> <li>Available in large print</li> </ul>	<input type="checkbox"/> Action Needed <input type="checkbox"/> In Compliance
<b>Computer Systems: Virus Protection and System Updates</b>  Do all computers have virus protection with automatic updates?	Yes	No		
			Verified through spot check of several computers	<input type="checkbox"/> Action Needed <input type="checkbox"/> In Compliance
			Software and version:	
			Date last update:	
		OS updates are run regularly		



REQUIREMENT	ASSESSMENT		OUTCOME	FOLLOW-UP
<b>Computer Systems: Firewall</b>  Does the agency use a firewall to protect internal network servers and local user computers?	Yes	No		
			<input type="checkbox"/> Action Needed	
			<input type="checkbox"/> In Compliance	
			<b>Single Computer</b> Individual workstation  Software and version:	
			<b>Multiple (Networked) Computer Agencies:</b> Network firewall  Model and version:	
<b>Computer Systems: Physical Access</b>	Yes	No		
			<input type="checkbox"/> Action Needed	
			<input type="checkbox"/> In Compliance	
			All workstations in secured locations (locked offices)	
			Workstations are logged off when not manned	
			All workstations are password protected	
<b>Data Collection</b>  Does the agency have consistent systematic processes for entering client data in the system?	Yes	No		
			<input type="checkbox"/> Action Needed	
			<input type="checkbox"/> In Compliance	
			Agency has a procedure to ensure the First and Last Names and the DOB is accurate	
			Agency is documenting the homeless status of clients at intake according to the reporting and eligibility guidelines issued by HUD	
			All users have been trained on the definition of homelessness and its' application	
		Income and non-cash benefits are being updated at least annually at exit		
		If using paper, the intake data collection forms correctly align with the workflow		



REQUIREMENT	ASSESSMENT		OUTCOME	FOLLOW-UP
<b>Data Collection</b> (cont.)	Yes	No		
			100% of clients are entered into the system within five (5) days of intake	
			At minimum, all UDE's are collected. Data collected is appropriate for funding.	
			Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.	
			Agencies are properly collecting discharge destinations	
			Spot check of various random clients shows all required program information is being collected	
<b>Data Quality Checks</b>  Agency staff regularly run reports to verify data quality and completeness. Staff correct data quality errors in a timely manner.	Yes	No		
			Agency Security Officer/staff regularly run data quality reports	<input type="checkbox"/> Action Needed <input type="checkbox"/> In Compliance
			Report frequency:	
			Agencies are updating grant and program setups at least annually	
			Staff regularly correct data entry errors and missing program elements	
			Unexited client reports are monitored routinely	
<b>Trainings and User Meetings</b>  Does the agency have regular trainings for users and regular meetings regarding HMIS issues?	Yes	No		
			Agency has regular trainings and refresher meetings	<input type="checkbox"/> Action Needed <input type="checkbox"/> In Compliance
			Agency has regular user meetings documented by meeting minutes (at least quarterly)	
			Agency Security Officer/staff member have participated in Reports Training	
			Agency representative participates in local committee meetings or forums as defined by the CoC	
			Agency has a regular CQI process implemented to problem solve and monitor internal procedures and performance	

## MEMORANDUM

**Date:** April 5, 2019  
**To:** COC HMIS and Data Committee  
**From:** Sacramento Steps Forward  
**Subject:** **Implementing a Data Quality Strategy**

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This memo summarizes a proposed data quality implementation strategy which incorporates feedback provided at the January meeting.

## CONTEXT

While the Sacramento COC has had a Data Quality Plan in place for several years, it has not, to date, executed a robust implementation plan that has had a positive impact in the community's ability to combat homelessness.

Renewing the plan and its implementation is necessary because our CoC is increasingly evaluated, both directly and indirectly, by the quality of its HMIS data and because the ability of the CoC to engage in programmatic improvements is constrained by data quality. Major examples include:

1. Each year in the NOFA process HUD has been increasing the weight that it places on system performance measures and data quality for the allocation of CoC grants. Now these measures account for over 25% of the total points awarded to CoCs.
2. HUD also demands that CoCs demonstrate improvements in key system performance metrics. Poor data quality practices, such as failing to record exits to permanent placements, negatively impacts Sacramento's metrics and impedes the ability of the CoC to manage improvements.
3. Timely and accurate data is essential to a smoothly functioning Coordinate Entry system where clients are matched to appropriate housing opportunities and are quickly placed.
4. Improved data also facilitates case conferencing by providing more accurate and up to date information on clients' needs.

The current data quality plan outlines a data monitoring and improvement process with four steps:

1. **Reporting.** The plan calls for the HMIS and Data Committee to review quarterly reports on data quality. The reports were generated by an agency-level, Clarity report and then summarized into a single comparative report.
2. **Inform Agencies.** The Committee then informed agencies of their errors and asked them to correct them.
3. **Monitoring.** Agencies were provided 30 days to make corrections.
4. **Enforcement.** The Plan called for SSF to provide training to agencies that needed to improve data quality and to withdraw access to the HMIS for agencies that failed to make those improvements.

This process has never been fully implemented for a number of reasons. The quarterly reports were time consuming to run and collate. SSF currently does not have the staff resources to perform that process quarterly. The COC Board never adopted a dissemination strategy nor did SSF develop user-friendly trainings. There was no mechanism in place to monitor whether corrections were made or not, and finally, the penalty for non-compliance was counter-productive.

## **OPTIONS FOR AN IMPROVED PROCESS**

The Sacramento CoC needs an improved process that identifies sources of errors and empowers agencies to correct data while avoiding an excessive burden on agencies or SSF. The following options were proposed by SSF and discussed by the Committee at the January meeting.

### ***Reporting***

Past reporting consisted of a summary level report that compared the performance of different projects, and a project level report that provided detailed information for a specific project. Clarity has been developing dashboard capabilities that will enable us to generate these data more effectively. They can either be displayed directly in the HMIS in the form of dashboards or printed out in hard copy reports to be distributed to agencies.

The Committee reviewed a list of errors on which it could focus for inter-program comparisons of error rates. These included:

- % of data errors in profile screens
- % of errors in program enrollment screens
- % errors with exit destinations
- % of errors with missing housing move-in dates
- % errors with income and benefits data elements
- % of inactive records
- Timeliness of data input for project start records
- Timeliness of data input for project exit records

Alternatively, the CoC could begin by focusing on a smaller set of key variables:

- % errors with exit destinations
- % of errors with missing housing move-in dates
- % errors with income and benefits data elements
- % of inactive records

In addition, SSF can generate specific error reports for each agency. These reports can be more comprehensive and include the following errors:

- Errors for all elements in profile screens
- Errors for all elements in program enrollment screens
- Errors for all elements in program exit screens
- Timeliness of data input for project start records
- Timeliness of data input for project exit records
- Inactive records

Additionally, agency specific reports will allow each agency to view possible data errors and then link directly into the HMIS record to make corrections.

### ***Informing Agencies***

Agencies can be informed of their comparative performance either by publishing an identified list of agencies with their error rates, by sharing deidentified ranking of agencies and their error rates, or by private communications with each agency.

The Committee was interested in having Agencies receive a notification when their error rates exceeded a specific threshold, but this option cannot be implemented until appropriate thresholds are established.

Agencies can be informed of the specific errors in their data by agency-specific dashboard that can be produced within the HMIS.

### ***Monitoring Agency Performance***

The current Data Quality Plan establishes stringent data quality thresholds with the expectation that 90% of the data elements will have zero errors. This expectation is too stringent because some entries that are included as errors (e.g., client refused or client does not know) are beyond the control of the HMIS user. The Committee suggested that thresholds should be adjusted over time as we learn more about current error rates.

### ***Incentive and Enforcement***

Well-designed incentives and enforcement of standards will be important to improving data quality. The Committee did not arrive at a consensus on an appropriate plan, though there is consensus that additional training is required.

## **RECOMMENDATIONS**

SSF recommends the following process to move forward.

### ***Reporting/ Informing Agencies/ Monitoring Agency Performance***

Starting at the July HMIS and Data Committee meeting, SSF will share deidentified data comparing the performance of programs on the following metrics:

- % errors with income and benefits data elements
- % errors with exit destinations
- % with no services in past 90 days
- % of errors with missing housing move-in dates

A sample report is attached called “Top 5 by Program”. SSF will meet with each Agency prior to the July meeting to inform each Agency about DQ issues and provide them an opportunity to correct errors. SSF will provide access to the Agency level reporting to assist in correcting data and provide appropriate training on how to use the tool.

In the 3<sup>rd</sup> quarter HMIS Data meeting, SSF will provide an update on data cleanup progress and share a snapshot of the comparative data issues with Agency information included.

### ***Incentive and Enforcement***

SSF will provide training on the data quality tool to be provided to agencies. Agencies will then be provided access to the DQ improvement tool once they are trained. Further assessment of appropriate



incentives and enforcement can be considered in the 3<sup>rd</sup> quarter meeting after initial progress on DQ can be evaluated. These incentives can be piloted for one quarter followed by approval by the full CoC Board

**Expected Action of Committee**

SSF recommends approving this course of action and sending the recommendation to the CoC Advisory Board.

