



HMIS DOCUMENT

HMIS DATA QUALITY PLAN

FY2019 - FY2021

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Purpose

The purpose of this document is to describe the Data Quality Plan for the FL-507 Continuum of Care (CoC). This document describes the elements of the data quality plan used by the CoC Governance Committee to evaluate effectiveness of the Homeless Management Information System (HMIS). This document is valid for the period of October 1, 2018 through September 30, 2021 unless amended during this period. Refer to the Document History section of this document for details about the current version.

Please refer to the HMIS website for:

Glossary of HMIS Definitions and Acronyms

<https://www.hmiscfl.org/training/datadefinitions/>

FY 2020 HMIS Data Standards Data Dictionary

<https://www.hmiscfl.org/wp-content/uploads/2020/02/HMIS-Data-Dictionary.pdf>

Update on HUD HMIS Data Standards

<https://www.hmiscfl.org/hudresources/>

Introduction to Data Quality

What is Data Quality?

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. With good data quality, the CoC can “tell the story” of the population experiencing homelessness. The quality of data is determined by assessing certain characteristics such as timeliness, completeness, and accuracy.

Components of Data Quality

Timeliness:

Timeliness reduces human errors that may happen when too much time has elapsed between data collection and data entry. Timely data also ensures data is accessible when needed.

Completeness:

Partially complete or missing data (e.g. missing digit(s) in a Social Security number (SSN), missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients.

Accuracy:

Accurate data ensures that the CoC’s HMIS is the best possible representation of reality as it relates to the persons experiencing homelessness and the programs serving them. Accuracy can be difficult to assess as it depends on the client providing correct data and the intake worker’s ability to document and enter the data accurately. Accuracy is best determined by comparing records in the HMIS to paper records, or the records of another reliable provider. For example, a SSN in question can be compared to a paper case file or SSI benefit application. A primary way to ensure that data is understood, collected, and entered consistently across all programs in the HMIS is to provide regular training, refresher courses, and “cheat sheets”, or quick reference guides, for collection and data entry. Additionally, consistency in intake forms, how well forms match data entry methods, wording of questions, etc. are all excellent practices for achieving the best possible accuracy of data.

Monitoring:

The CoC recognizes that the data produced from the HMIS is critical to meet the reporting and compliance requirements of individual agencies and the CoC as a whole. As such, all CoC agencies are expected to meet the data quality benchmarks described in this document.

To achieve this, the HMIS data will be monitored on a monthly basis to quickly identify and resolve issues that affect the timeliness, completeness, and accuracy of the data. All monitoring will be done in accordance with the data quality monitoring plan, with full support of the CoC membership. Data is reviewed by the CoC System Planning and Project Evaluation Committee.

Incentives & Enforcement:

Data Quality data will be used to evaluate project effectiveness within the various project types. Higher scoring projects will have an increased chance of gaining additional funding reallocated from lower performing projects.

Benchmarks/Improvement Goals

Timeliness

All data needs to be entered into HMIS in a timely manner. The following timeliness benchmarks are set. Benchmarks established through CoC & Project Engagement, HMIS Data & the HMIS Committee Members.

- **Emergency Shelter (ES):** Client information must be entered within 1 business day.
- **Transitional Housing (TH):** All Universal Data Elements (UDE) and relative services will be entered within 2 business days of intake.
- **Permanent Housing (PSH & RRH):** All Universal Data Elements (UDE) and relative services will be entered within 3 business days of intake.
- **Outreach:** Limited entry data collected and entered within 2 business days of first contact (Date of Contact). Upon engagement (Current Living Situation) for services, all remaining Data Elements entered within 2 business days.

Timeliness will be measured using the canned **CoC APR report, section 6e – Data Quality: Timeliness**. An example of the report output is shown in Figure 1.

6e - Data Quality: Timeliness		
Time For Record Entry	Number of Project Entry Records	Number of Project Exit Records
0 days	8	0
1 - 3 days	4	2
4 - 6 days	3	0
7 - 10 days	1	1
11+ days	8	1

Figure 1 – Timeliness Results Example

Table 1 shows the timeliness improvement goals for each project type included in this Plan. The baseline values are taken from FY2018 final data.

Project Type	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
ES	85%	85%	90%	95%
TH	71%	75%	80%	85%
PSH	21%	45%	60%	75%
RRH	64%	65%	75%	85%
SSO	57%	65%	75%	85%
SO	76%	80%	90%	100%

Table 1 – Data Quality Goals by Project Type

Completeness – Universal Data Elements (UDEs) and Program Specific Data Elements (PSDEs)

Completeness answers the questions: “Are all of the clients we serve being entered into HMIS? Are all of the necessary data elements being recorded into HMIS?”

Completeness of data will be measured using the CoC APR, questions 6a through 6d, as shown in Table 2 below.

Source: CoC APR Question	ES	SO	TH	RRH	PSH
6a – Data Quality: Personally Identifiable Information Overall % Error Rate	<5%	<5%	<5%	<5%	<5%
6b – Data Quality: Universal Data Elements	<5% error rate (each data element)	<5% error rate (each data element)	<5% error rate (each data element)	<5% error rate (each data element)	<5% error rate (each data element)
6c – Data Quality: Income and Housing Data Quality (Entry)	<5%	<5%	<5%	<5%	<5%
6c – Data Quality: Income and Housing Data Quality (Interim)	<15%	<15%	<15%	<15%	<15%
6c – Data Quality: Income and Housing Data Quality (Exit)	<5%	<5%	<5%	<5%	<5%
6d – Data Quality: Chronic Homelessness	<5% of records unable to calculate	<5% of records unable to calculate	<5% of records unable to calculate	<5% of records unable to calculate	<5% of records unable to calculate

Table 2

Tables 3 - 7 show the incremental improvements in data completeness required of providers beginning in FY2019.

CoC APR Question	Emergency Shelter			
	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
6a - Data Quality: Personally Identifiable Information Overall % Error	<10%	<5%	<4%	<3%
6b - Data Quality: Universal Data Elements	<15%	<10%	<5%	<4%
6c – Data Quality: Income and Housing Data Quality (Entry)	<25%	<15%	<10%	<5%
6c – Data Quality: Income and Housing Data Quality (Interim)	<35%	<15%	<10%	<5%
6c – Data Quality: Income and Housing Data Quality (Exit)	<25%	<15%	<10%	<5%
6d - Data Quality: Chronic Homelessness	<15%	<10%	<5%	<4%

Table 3 – Emergency Shelter Data Quality Goals

CoC APR Question	Street Outreach			
	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
6a - Data Quality: Personally Identifiable Information Overall % Error	<10%	<5%	<4%	<3%
6b - Data Quality: Universal Data Elements	<5%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Entry)	<5%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Interim)	<50%	<25%	<15%	<5%
6c – Data Quality: Income and Housing Data Quality (Exit)	<5%	<5%	<4%	<3%
6d - Data Quality: Chronic Homelessness	<0%	<0%	<0%	<0%

Table 4 – Street Outreach Data Quality Goals

CoC APR Question	Transitional Housing			
	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
6a - Data Quality: Personally Identifiable Information Overall % Error	<15%	<10%	<5%	<4%
6b - Data Quality: Universal Data Elements	<5%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Entry)	<25%	<15%	<10%	<5%
6c – Data Quality: Income and Housing Data Quality (Interim)	<100%	<75%	<50%	<25%
6c – Data Quality: Income and Housing Data Quality (Exit)	<20%	<15%	<10%	<5%
6d - Data Quality: Chronic Homelessness	<20%	<15%	<10%	<5%

Table 5 – Transitional Housing Data Quality Goals

CoC APR Question	Rapid Rehousing			
	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
6a - Data Quality: Personally Identifiable Information Overall % Error	<15%	<10%	<5%	<4%
6b - Data Quality: Universal Data Elements	<5%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Entry)	<10%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Interim)	<100%	<75%	<50%	<25%
6c – Data Quality: Income and Housing Data Quality (Exit)	<10%	<5%	<4%	<3%
6d - Data Quality: Chronic Homelessness	<10%	<5%	<4%	<3%

Table 6 - Rapid Rehousing Data Quality Goals

CoC APR Question	Permanent Supportive Housing			
	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
6a - Data Quality: Personally Identifiable Information Overall % Error	<10%	<5%	<4%	<3%
6b - Data Quality: Universal Data Elements	<5%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Entry)	<15%	<10%	<5%	<4%
6c – Data Quality: Income and Housing Data Quality (Interim)	<60%	<50%	<25%	<10%
6c – Data Quality: Income and Housing Data Quality (Exit)	<10%	<5%	<4%	<3%
6d - Data Quality: Chronic Homelessness	<50%	<25%	<10%	<5%

Table 7 – Permanent Supportive Housing Data Quality Goals

CoC Specific Completeness Requirements

The FL-507 CoC has additional data completeness standards as shown in Table 8 below.

Data Element	Required for:	Tier	% Complete
County Homeless	All	1	100%
Client Residence / Last Permanent Address (PSH & RRH Providers)	All	1	100%

Table 8 – CoC Specific Data Quality Goals

Housing Inventory

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

The formula for calculating bed utilization is:

Number of Beds Occupied / Total Number of Beds
(Bed utilization rate is reported as a percentage)

Acceptable range of bed/unit utilization rates for established projects is given below.

Emergency Shelters	75%-105%
Transitional Housing	80%-105%
Permanent Supportive Housing	85%-105%

The CoC recognizes that new projects may require time to reach the projected occupancy numbers and will not expect them to meet the utilization rate requirement during the first operating year.

Bed utilization rates will be determined using the following reports:

ART 0629 Housing Inventory Count (ES, TH project types)

ART 0628 HIC Supplement (PSH, RRH project types)

CoC APR (for each housing/lodging project)

 Question 7b Point-In-Time Count of Persons on the Last Wednesday

 Question 8b Point-In-Time Count of Households on the Last Wednesday

Shown below in Table 10 are the performance improvement goals for each housing/lodging project type.

Project Type	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
ES	>80%	>80%	>90%	>100%
TH	>80%	>80%	>90%	>100%
PSH/RRH	>80%	>80%	>90%	>100%
Outreach	>80%	>80%	>90%	>100%

Table 10 – Bed Utilization Rate Improvement Goals

Monitoring

The following general guidelines apply to the Data Monitoring and Auditing Plan. Further details can be found in the separate Data Monitoring and Auditing Plan.

- All agencies agree to participate in the Data Quality Plan.
- The Data Completeness Report Card for the previous quarter will be reviewed by each agency and the CoC at the beginning of each quarter.
- Participating agencies will have until the 10th business day following each quarter to correct data. Agencies will rerun their Data Completeness Report Card showing corrected data.
- The CoC System Planning and Project Evaluation Committee will review the Data Completeness Report Card against benchmarks given above in this document. The CoC System Planning and Project Evaluation Committee will work with agencies to identify training needs and improve data quality.
- The CoC System Planning and Project Evaluation Committee will provide a brief update on progress related to data quality benchmarks at monthly CoC meetings and/or as requested by the CoC board.

The Data Monitoring and Auditing Plan is located on the I Drive of the HSN file server.

Incentives and Enforcement

Agencies that fail to meet the Data Quality benchmarks may be asked to submit a written plan that details corrective action. Corrective action may include additional training for current end users, assigning new or additional staff HMIS data entry and monitoring responsibilities, increased data quality monitoring, and other actions as appropriate. The plan is then submitted to and monitored by the CoC's System Planning and Project Evaluation Committee subcommittee. Should the problem persist, the CoC System Planning and Project Evaluation Committee subcommittee 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.

Data Quality Reporting Requirements

This section of the document includes references to reports required to meet data quality requirements described within this document and other helpful reports. Steps/processes to successfully run these reports are contained within separate documents, specific to each report.

CoC APR Report

When to use: Data quality and project performance are primarily being measured by the CoC using this report.

Location of Report: This report is located with the Reports menu item on the ServicePoint home screen.

Instructions for using this report: I:\Training\Training Curriculum Materials\HMIS CoC APR

ART 0260 Report

Location of Report: This current version of this report resides in the ART Gallery Reports folder within ServicePoint.

Instructions for using this report: Instructions are located on the file server at location:

ART 0628 Report

Location of Report: This current version of this report resides in the ART Gallery Reports folder within ServicePoint.

Instructions for using this report: Instructions are located on the file server at location:

ART 0629 Report

Location of Report: This current version of this report resides in the ART Gallery Reports folder within ServicePoint.

Instructions for using this report: Instructions are located on the file server at location:

ART 0640 Report

Location of Report: This current version of this report resides in the ART Gallery Reports folder within ServicePoint.

Instructions for using this report: Instructions are located on the file server at location:

Data Completeness Report Card

Location of Report Card: This current version of this report card resides in the ART Gallery Reports folder within ServicePoint.

Instructions for using this report: Instructions are located on the file server at location:

Document History

Date of Revision	Document Version #	Revision Notes
2018/03/27	1.0	First draft release of document
2018/04/25	1.1	Updated Style formatting of document, second draft for internal HSN review.
2019/10/14	1.2	Updated Benchmarks
2020/01/28	1.3	Updated Benchmarks, Table 1. Removed Duplicate Table 9.

HMIS Advisory Committee

Central Florida Commission on
Homelessness (CFCH)

CoC FL-507

March 10, 2020

Agenda



- **Introductions (5 mins)**
- **HMIS Policy & Procedures (45 mins)**
 - **Advisory Committee structure**
 - **HMIS Participation Requirements**
 - **Focus on Application Process**
 - **2020 Data Quality Plan (DRAFT)**
- **Official HUD Reports (5 mins)**
 - **SPM - 2020 Official Submission**
- **HMIS Training & Support (5 mins)**
 - **HMIS/UCF CoC-APR Support Development**
- **Questions and New Topics/Issues**

Introductions

- **Your Name**
- **Your Agency**
- **How familiar are you with the CoC APR report?**
 - **What does CoC APR stand for?**
 - **What are the minimal requirements to run the CoC APR?**

HMIS Policy & Procedures

Update on Previous Items:

- **HMIS Advisory Committee Structure**
 - Accepting all self-nominations
 - Service terms - one year, renewal for up to three years

- **HMIS Participation Requirements**
 - Was previously referred to as “HMIS Inclusion / Exclusion Criteria”
 - Was reviewed at the previous meeting
 - NEW: Application Process

HMIS Participation Requirements

- **New Agencies/Organizations Added:**
 - SALT Outreach Inc.
 - Simply Healthcare (Medicaid Mgmt Agency Pilot)
- **New Agencies/Organizations Process:**
 - Block by Block, Inc.
 - WellCare/Staywell (MMA Pilot)
 - Aetna (MMA Pilot)
- **New Agencies/Organizations Inquiries:**
 - Images of Glory, Inc.

HMIS Data Quality Plan

FY2019 - FY2021

- **Purpose**

- Compliance with HUD HMIS Lead Agency governance requirements
- Framework for evaluating HMIS Lead Agency implementation of HMIS
- Criteria for project type adherence to the objectives set in the plan

HMIS Data Quality Plan

FY2019 - 2021



- **Components of Data Quality**
 - Timeliness
 - Completeness
 - Accuracy
 - Monitoring
 - Incentives & Enforcement
- **Homework Assignment**
 - Review and provide feedback by May 1st.

Official HUD Reports

Recent Submission

- **System Performance Measures (SysPM):**
submitted February 27, 2020

Next Due Date for Submission:

- **Point-In-Time (PIT):** due by April 30, 2020
- **Housing Inventory Count (HIC):** due by April 30,
2020

HMIS Training & Support



HMIS / UCF Institute for Health Improvement (IHI) - CoC-APR Support Development Project

- Six UCF/IHI interns are in the process of being oriented regarding HMIS and specifically trained on how the CoC-APR evaluates project data quality and performance.
- Three HMIS projects (not agencies) will be targeted for a structured interview by the interns regarding their understanding and use of the CoC-APR

HMIS Training & Support



Regular Monthly Training Opportunities

See current dates at hmiscfl.org/training

- New User Training
- Refresher Training
- Agency Liaison Training
- Reporting Training
- Other topics
 - New LMS Courses Avail! - HUD UDEs/DQ

Questions or New Topics and Issues



Next meeting date:

Tuesday, May 12, 2020
10:30 am to 12:00 pm



HSN HMIS Team

Agustin “Tino” Paz

HMIS Operations
Manager

Angel Jones

HMIS Partner Success
Manager

Brittney Behr

HMIS Data Analyst

Chuck Vroman

HMIS System Success
Specialist

Racquel McGlashen

HMIS Partner Success
Specialist

FY2019 - Performance Measurement Module (Sys PM)

Summary Report for FL-507 - Orlando/Orange, Osceola, Seminole Counties CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)		Median LOT Homeless (bed nights)	
	Submitted FY 2018	FY 2019	Submitted FY 2018	FY 2019	Submitted FY 2018	FY 2019
1.1 Persons in ES and SH	5173	5249	76	72	36	31
1.2 Persons in ES, SH, and TH	5735	5757	93	88	48	39
				-5		-5
				-5		-9

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

FY2019 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2019	% of Returns	FY 2019	% of Returns	FY 2019	% of Returns	FY 2019	% of Returns
Exit was from SO	225	17	8%	14	6%	16	7%	47	21%
Exit was from ES	1250	202	16%	86	7%	108	9%	396	32%
Exit was from TH	455	39	9%	21	5%	20	4%	80	18%
Exit was from SH	0	0		0		0		0	
Exit was from PH	861	41	5%	24	3%	41	5%	106	12%
TOTAL Returns to Homelessness	2791	299	11%	145	5%	185	7%	629	23%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

3/9/2020 5:32:23 PM

FY2019 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2018 PIT Count	January 2019 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2053	2010	-43
Emergency Shelter Total	1183	1180	-3
Safe Haven Total	0	0	0
Transitional Housing Total	510	494	-16
Total Sheltered Count	1693	1674	-19
Unsheltered Count	360	336	-24

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2018	FY 2019	Difference
Universe: Unduplicated Total sheltered homeless persons	6015	5978	-37
Emergency Shelter Total	5401	5412	11
Safe Haven Total	0	0	0
Transitional Housing Total	937	854	-83

FY2019 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults (system stayers)	439	428	-11
Number of adults with increased earned income	18	13	-5
Percentage of adults who increased earned income	4%	3%	-1%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults (system stayers)	439	428	-11
Number of adults with increased non-employment cash income	126	121	-5
Percentage of adults who increased non-employment cash income	29%	28%	-1%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults (system stayers)	439	428	-11
Number of adults with increased total income	133	127	-6
Percentage of adults who increased total income	30%	30%	0%

FY2019 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults who exited (system leavers)	483	285	-198
Number of adults who exited with increased earned income	96	46	-50
Percentage of adults who increased earned income	20%	16%	-4%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults who exited (system leavers)	483	285	-198
Number of adults who exited with increased non-employment cash income	66	56	-10
Percentage of adults who increased non-employment cash income	14%	20%	6%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults who exited (system leavers)	483	285	-198
Number of adults who exited with increased total income	153	91	-62
Percentage of adults who increased total income	32%	32%	0%

FY2019 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2018	FY 2019	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	5378	5436	58
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1434	1486	52
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3944	3950	6

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2018	FY 2019	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	6713	6696	-17
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1791	1865	74
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4922	4831	-91

FY2019 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2019 (Oct 1, 2018 - Sept 30, 2019) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2018	FY 2019	Difference
Universe: Persons who exit Street Outreach	670	729	59
Of persons above, those who exited to temporary & some institutional destinations	40	40	0
Of the persons above, those who exited to permanent housing destinations	181	186	5
% Successful exits	33%	31%	-2%

Metric 7b.1 – Change in exits to permanent housing destinations

FY2019 - Performance Measurement Module (Sys PM)

	Submitted FY 2018	FY 2019	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing destinations	5640	5717	77
Of the persons above, those who exited to permanent housing	2403	2416	13
% Successful exits	43%	42%	-1%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2018	FY 2019	Difference
Universe: Persons in all PH projects except PH-RRH	912	974	62
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	868	925	57
% Successful exits/retention	95%	95%	0%

FY2019 - SysPM Data Quality

FL-507 - Orlando/Orange, Osceola, Seminole Counties CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports in order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

FY2019 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2015-2016	2016-2017	2017-2018	2018-2019	2015-2016	2016-2017	2017-2018	2018-2019	2015-2016	2016-2017	2017-2018	2018-2019	2015-2016	2016-2017	2017-2018	2018-2019	2015-2016	2016-2017	2017-2018	2018-2019
1. Number of non-DV Beds on HIC	839	897	1105	1149	1065	1148	709	662	1379	1776	1890	1932	173	217	836	836				
2. Number of HMIS Beds	705	814	1006	1034	1006	857	370	358	296	674	1066	1089	173	215	836	836				
3. HMIS Participation Rate from HIC (%)	84.03	90.75	91.04	89.99	94.46	74.65	52.19	54.08	21.46	37.95	56.40	56.37	100.00	99.08	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	3667	4940	3710	5536	1757	853	1003	858	566	949	1176	1205	1568	2032	2775	2586	54	28	454	379
5. Total Leavers (HMIS)	2995	4091	2934	4773	1163	577	741	616	104	104	189	215	993	839	1509	1359	29	18	267	267
6. Destination of Don't Know, Refused, or Missing (HMIS)	255	377	631	540	105	51	73	39	10	19	22	20	80	84	105	35	0	1	42	110
7. Destination Error Rate (%)	8.52	9.22	21.51	11.31	9.03	8.84	9.85	6.33	9.62	18.27	11.64	9.30	8.06	10.01	6.96	2.58	0.00	5.56	15.73	41.20

**DRAFT - For review and discussion at the HMIS
Advisory Committee**



HMIS Document

Participation Requirements

for

Central Florida Commission on Homelessness Members

Homeless Services Network of Central Florida

4065-D L.B. McLeod Road

Orlando, FL 32811

Phone: (407) 893-0133

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HMIS About

A Homeless Management Information System (HMIS) is a local information technology system used to collect participant-level data on the provision of housing and services to persons experiencing and at-risk of experiencing homelessness.

Central Florida's HMIS system is operated by Homeless Services Network of Central Florida (HSN) on behalf of the Central Florida Commission on Homelessness (HUD CoC FL-507). The HMIS digital platform and commitment to share work with program participants across multiple Commission on Homelessness partners is the backbone of this community's work to ensure homelessness is rare, brief and non-recurring. The collection of data made possible through this collaboration represents thousands of interactions with persons experiencing the trauma of homelessness every day. This growing and evolving resource enables provision of better and more effective services; reduces lengths of homelessness; supports housing retention; combats returns to homelessness; enables open and transparent accountability to all community stakeholders; and creates pathways to data-driven decision-making that enables continuous system improvement. As a result, Central Florida's HMIS is of priceless value. These participation requirements are indicative of the concerns to protect and advance the work made possible through HMIS.

Participation Requirements

Our goal is to rigorously and thoroughly document the work being done by organizations and groups actively involved in the Central Florida Commission on Homelessness's collaborative efforts to end homelessness in our community.

1. The organization or group must be a member in good standing of the Central Florida Commission on Homelessness (CFCH). Minimum membership requirements include a commitment to regular participation in community planning, minimally demonstrated by attendance at two (2) monthly member meetings annually. In support of the overall work to end homeless in our community we strongly encourage participation on at least one CFCH committee. Your participation strengthens collective action toward our common goals.
2. The organization or group agrees to work collaboratively within CFCH's coordinated entry process to focus on serving the most vulnerable participants experiencing homelessness to securely shelter and/or permanently house them as quickly as possible, with the least amount of programmatic barriers. This commitment is carried out by actively engaging in coordinated entry training, workshops and coordination meetings.
3. The organization or group must have an established (minimum 12 months) record of services and programs explicitly dedicated to provide either direct homeless services or other support services for persons precariously housed within the CFCH geographical area (i.e., Orange, Osceola & Seminole Counties). An organization or group with comparable experience outside of our CoC and wanting to engage within our CoC will also be considered.
4. Entities must be legally established organizations or groups, including, but not limited to:
 - a. City, county, state, or federal governments that operate homeless services that are available to area residents within our boundaries (i.e., dept. of human services, community planning dept., dept. of children and families).

- b. Organizations with IRS criteria for being tax-exempt (i.e. 501(c)3)
 - c. Faith-based groups meeting IRS criteria as having a charitable purpose and providing direct social/homeless services without discrimination and that are not limited exclusively to its constituents or members.
 - d. Corporations that provide substantial services to or whose business activities have substantial interaction with persons experiencing homelessness that are aligned with CFCH's purposes and mission (ex., Corp. providing medical/behavioral health services; social enterprises; etc.).
5. The organization or group must sign the HMIS Agency Partner Agreement and commit to comply with HMIS program participation fees, basic and annual user training requirements as well as adhere to all HMIS policies, especially regarding respecting and protecting participant privacy and confidentiality.
6. The organization or group must also refrain from any actions that use the confidential information in HMIS beyond its intended purpose; or that are reasonably likely do harm to participants in any way, including but not limited to:
 - a. actions that may directly or indirectly give rise to the imposition of penalties, fines or other adverse impacts on participants.
 - b. actions that rely on or are substantially informed by HMIS data, whether alone or in tandem with other sources of information, for the purpose of increasing market share or otherwise gaining a commercial advantage over competitors.
7. The organization or group must affirm that it has previously complied with and will continue to comply with all additional laws, regulations or policies that govern members of the applicable industry or profession with regard to its participation in HMIS and use of HMIS data (ex., marketing and solicitation).
8. The organization or group must continuously maintain a physical presence in one or more of Orange, Osceola or Seminole Counties. For purposes of this policy, "physical presence" means an office or other fixed, announced location where a representative of the organization or group may be contacted during a fixed period of time on no less than a weekly basis.

Terms of Agreement

Before gaining access to the HMIS System all interested parties must complete required introductory trainings and sign an HMIS User Agreement committing to:

- Appointment of an HMIS agency liaison
- Adherence to HMIS Security Plan.
- Adherence to basic standards for the applicable project type
- Adherence to minimum data quality and project performance thresholds
- Agreement to participate in monitoring/continuous improvement
- Adherence to any additional written Data Sharing Agreement that may apply.

Beyond the guidelines outlined in the HMIS participation requirements, CFCH reserves the right to exclude from participation in HMIS any organization that we have adequate reason to believe could be hurtful to the well-being of

individuals, groups, or the community as a whole (i.e., insight violence against). Potential grounds for exclusion or removal from the HMIS system may include—but isn't limited to:

- service non-delivery,
- fraud,
- misrepresentation,
- discrimination,
- criminal activities,
- inability to provide ongoing and reliable services

Application Process

In Progress

Appeals Process

Any denial of access shall be provided in writing by Homeless Services Network of Central Florida, Inc., explaining where it appears that the application does not clearly align with the participation requirements. All denials can be appealed through the following process and sent to hmis@hsncfl.org.

1. Application should respond directly to the rationale for denial in writing, stating how initial information given within the application may have been incorrect, misperceived, or misunderstood.
2. Application will be reviewed by appropriate Homeless Services Network management team (including but not limited to the CEO, COO, CES Operations Manager, HMIS Operations Manager and CFCH Program Coordinator) . If after review it is determined that the organization is aligned with the participation requirements the denial will be reversed and notification will be provided in writing within 10 business days of the appeal submission.
3. If the initial denial is confirmed by the HSN management team, the organization will be notified that the appeal will proceed before the CFCH HMIS Advisory Committee for review. The organization will receive a written notification (via HSN) of the CFCH HMIS Advisory Council review within 60 days of the initial appeal. If the denial is confirmed the organization will be given clear instructions regarding how participation requirements may be satisfied. This may include, but is not limited to an invitation to reapply once there is: confirmation of charitable purpose; demonstration of additional service to target population; restoration of membership in and participation in CFCH, etc.
4. In the event the applicant is unsatisfied at the conclusion of this process, they may ask in writing for a final review by the CFCH Managing Board. The applicant should describe in detail why participation requirements in this document and the response from the appeals process does not fully take into consideration the essential need for HMIS access, as well as the opportunity unrealized to serve those experiencing homelessness. After review, the CFCH Managing Board may recommend changes in the CFCH Participation Requirements policy. Policy guidance provided to the CFCH HMIS Advisory Committee and HSN will prompt an automatic review of the application. A confirmation of denial by the CFCH Managing Board shall be the final decision in the arbitration of the appeal.

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FY2019 - Performance Measurement Module (Sys PM)

Summary Report for FL-507 - Orlando/Orange, Osceola, Seminole Counties CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)		Median LOT Homeless (bed nights)	
	Submitted FY 2018	FY 2019	Submitted FY 2018	FY 2019	Submitted FY 2018	FY 2019
1.1 Persons in ES and SH	5173	5249	76	72	36	31
1.2 Persons in ES, SH, and TH	5735	5757	93	88	48	39
				-5		-5
				-5		-9

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

FY2019 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2019	% of Returns	FY 2019	% of Returns	FY 2019	% of Returns	FY 2019	% of Returns
Exit was from SO	225	17	8%	14	6%	16	7%	47	21%
Exit was from ES	1250	202	16%	86	7%	108	9%	396	32%
Exit was from TH	455	39	9%	21	5%	20	4%	80	18%
Exit was from SH	0	0		0		0		0	
Exit was from PH	861	41	5%	24	3%	41	5%	106	12%
TOTAL Returns to Homelessness	2791	299	11%	145	5%	185	7%	629	23%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

3/9/2020 5:32:23 PM

FY2019 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2018 PIT Count	January 2019 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2053	2010	-43
Emergency Shelter Total	1183	1180	-3
Safe Haven Total	0	0	0
Transitional Housing Total	510	494	-16
Total Sheltered Count	1693	1674	-19
Unsheltered Count	360	336	-24

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2018	FY 2019	Difference
Universe: Unduplicated Total sheltered homeless persons	6015	5978	-37
Emergency Shelter Total	5401	5412	11
Safe Haven Total	0	0	0
Transitional Housing Total	937	854	-83

FY2019 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults (system stayers)	439	428	-11
Number of adults with increased earned income	18	13	-5
Percentage of adults who increased earned income	4%	3%	-1%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults (system stayers)	439	428	-11
Number of adults with increased non-employment cash income	126	121	-5
Percentage of adults who increased non-employment cash income	29%	28%	-1%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults (system stayers)	439	428	-11
Number of adults with increased total income	133	127	-6
Percentage of adults who increased total income	30%	30%	0%

FY2019 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults who exited (system leavers)	483	285	-198
Number of adults who exited with increased earned income	96	46	-50
Percentage of adults who increased earned income	20%	16%	-4%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults who exited (system leavers)	483	285	-198
Number of adults who exited with increased non-employment cash income	66	56	-10
Percentage of adults who increased non-employment cash income	14%	20%	6%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults who exited (system leavers)	483	285	-198
Number of adults who exited with increased total income	153	91	-62
Percentage of adults who increased total income	32%	32%	0%

FY2019 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2018	FY 2019	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	5378	5436	58
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1434	1486	52
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3944	3950	6

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2018	FY 2019	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	6713	6696	-17
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1791	1865	74
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4922	4831	-91

FY2019 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2019 (Oct 1, 2018 - Sept 30, 2019) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2018	FY 2019	Difference
Universe: Persons who exit Street Outreach	670	729	59
Of persons above, those who exited to temporary & some institutional destinations	40	40	0
Of the persons above, those who exited to permanent housing destinations	181	186	5
% Successful exits	33%	31%	-2%

Metric 7b.1 – Change in exits to permanent housing destinations

FY2019 - Performance Measurement Module (Sys PM)

	Submitted FY 2018	FY 2019	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing destinations	5640	5717	77
Of the persons above, those who exited to permanent housing	2403	2416	13
% Successful exits	43%	42%	-1%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2018	FY 2019	Difference
Universe: Persons in all PH projects except PH-RRH	912	974	62
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	868	925	57
% Successful exits/retention	95%	95%	0%

FY2019 - SysPM Data Quality

FL-507 - Orlando/Orange, Osceola, Seminole Counties CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports in order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

FY2019 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2015-2016	2016-2017	2017-2018	2018-2019	2015-2016	2016-2017	2017-2018	2018-2019	2015-2016	2016-2017	2017-2018	2018-2019	2015-2016	2016-2017	2017-2018	2018-2019	2015-2016	2016-2017	2017-2018	2018-2019
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3. HMIS Participation Rate from HIC (%)	84.03	90.75	91.04	89.99	94.46	74.65	52.19	54.08	21.46	37.95	56.40	56.37	100.00	99.08	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	3667	4940	3710	5536	1757	853	1003	858	566	949	1176	1205	1568	2032	2775	2586	54	28	454	379
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HMIS DOCUMENT

HMIS DATA QUALITY PLAN

FY2019 - FY2021

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Purpose

The purpose of this document is to describe the Data Quality Plan for the FL-507 Continuum of Care (CoC). This document describes the elements of the data quality plan used by the CoC Governance Committee to evaluate effectiveness of the Homeless Management Information System (HMIS). This document is valid for the period of October 1, 2018 through September 30, 2021 unless amended during this period. Refer to the Document History section of this document for details about the current version.

Please refer to the HMIS website for:

Glossary of HMIS Definitions and Acronyms

<https://www.hmiscfl.org/training/datadefinitions/>

FY 2020 HMIS Data Standards Data Dictionary

<https://www.hmiscfl.org/wp-content/uploads/2020/02/HMIS-Data-Dictionary.pdf>

Update on HUD HMIS Data Standards

<https://www.hmiscfl.org/hudresources/>

Introduction to Data Quality

What is Data Quality?

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. With good data quality, the CoC can “tell the story” of the population experiencing homelessness. The quality of data is determined by assessing certain characteristics such as timeliness, completeness, and accuracy.

Components of Data Quality

Timeliness:

Timeliness reduces human errors that may happen when too much time has elapsed between data collection and data entry. Timely data also ensures data is accessible when needed.

Completeness:

Partially complete or missing data (e.g. missing digit(s) in a Social Security number (SSN), missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients.

Accuracy:

Accurate data ensures that the CoC’s HMIS is the best possible representation of reality as it relates to the persons experiencing homelessness and the programs serving them. Accuracy can be difficult to assess as it depends on the client providing correct data and the intake worker’s ability to document and enter the data accurately. Accuracy is best determined by comparing records in the HMIS to paper records, or the records of another reliable provider. For example, a SSN in question can be compared to a paper case file or SSI benefit application. A primary way to ensure that data is understood, collected, and entered consistently across all programs in the HMIS is to provide regular training, refresher courses, and “cheat sheets”, or quick reference guides, for collection and data entry. Additionally, consistency in intake forms, how well forms match data entry methods, wording of questions, etc. are all excellent practices for achieving the best possible accuracy of data.

Monitoring:

The CoC recognizes that the data produced from the HMIS is critical to meet the reporting and compliance requirements of individual agencies and the CoC as a whole. As such, all CoC agencies are expected to meet the data quality benchmarks described in this document.

To achieve this, the HMIS data will be monitored on a monthly basis to quickly identify and resolve issues that affect the timeliness, completeness, and accuracy of the data. All monitoring will be done in accordance with the data quality monitoring plan, with full support of the CoC membership. Data is reviewed by the CoC System Planning and Project Evaluation Committee.

Incentives & Enforcement:

Data Quality data will be used to evaluate project effectiveness within the various project types. Higher scoring projects will have an increased chance of gaining additional funding reallocated from lower performing projects.

Benchmarks/Improvement Goals

Timeliness

All data needs to be entered into HMIS in a timely manner. The following timeliness benchmarks are set. Benchmarks established through CoC & Project Engagement, HMIS Data & the HMIS Committee Members.

- **Emergency Shelter (ES):** Client information must be entered within 1 business day.
- **Transitional Housing (TH):** All Universal Data Elements (UDE) and relative services will be entered within 2 business days of intake.
- **Permanent Housing (PSH & RRH):** All Universal Data Elements (UDE) and relative services will be entered within 3 business days of intake.
- **Outreach:** Limited entry data collected and entered within 2 business days of first contact (Date of Contact). Upon engagement (Current Living Situation) for services, all remaining Data Elements entered within 2 business days.

Timeliness will be measured using the canned **CoC APR report, section 6e – Data Quality: Timeliness**. An example of the report output is shown in Figure 1.

6e - Data Quality: Timeliness		
Time For Record Entry	Number of Project Entry Records	Number of Project Exit Records
0 days	8	0
1 - 3 days	4	2
4 - 6 days	3	0
7 - 10 days	1	1
11+ days	8	1

Figure 1 – Timeliness Results Example

Table 1 shows the timeliness improvement goals for each project type included in this Plan. The baseline values are taken from FY2018 final data.

Project Type	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
ES	85%	85%	90%	95%
TH	71%	75%	80%	85%
PSH	21%	45%	60%	75%
RRH	64%	65%	75%	85%
SSO	57%	65%	75%	85%
SO	76%	80%	90%	100%

Table 1 – Data Quality Goals by Project Type

Completeness – Universal Data Elements (UDEs) and Program Specific Data Elements (PSDEs)

Completeness answers the questions: “Are all of the clients we serve being entered into HMIS? Are all of the necessary data elements being recorded into HMIS?”

Completeness of data will be measured using the CoC APR, questions 6a through 6d, as shown in Table 2 below.

Source: CoC APR Question	ES	SO	TH	RRH	PSH
6a – Data Quality: Personally Identifiable Information Overall % Error Rate	<5%	<5%	<5%	<5%	<5%
6b – Data Quality: Universal Data Elements	<5% error rate (each data element)	<5% error rate (each data element)	<5% error rate (each data element)	<5% error rate (each data element)	<5% error rate (each data element)
6c – Data Quality: Income and Housing Data Quality (Entry)	<5%	<5%	<5%	<5%	<5%
6c – Data Quality: Income and Housing Data Quality (Interim)	<15%	<15%	<15%	<15%	<15%
6c – Data Quality: Income and Housing Data Quality (Exit)	<5%	<5%	<5%	<5%	<5%
6d – Data Quality: Chronic Homelessness	<5% of records unable to calculate	<5% of records unable to calculate	<5% of records unable to calculate	<5% of records unable to calculate	<5% of records unable to calculate

Table 2

Tables 3 - 7 show the incremental improvements in data completeness required of providers beginning in FY2019.

CoC APR Question	Emergency Shelter			
	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
6a - Data Quality: Personally Identifiable Information Overall % Error	<10%	<5%	<4%	<3%
6b - Data Quality: Universal Data Elements	<15%	<10%	<5%	<4%
6c – Data Quality: Income and Housing Data Quality (Entry)	<25%	<15%	<10%	<5%
6c – Data Quality: Income and Housing Data Quality (Interim)	<35%	<15%	<10%	<5%
6c – Data Quality: Income and Housing Data Quality (Exit)	<25%	<15%	<10%	<5%
6d - Data Quality: Chronic Homelessness	<15%	<10%	<5%	<4%

Table 3 – Emergency Shelter Data Quality Goals

CoC APR Question	Street Outreach			
	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
6a - Data Quality: Personally Identifiable Information Overall % Error	<10%	<5%	<4%	<3%
6b - Data Quality: Universal Data Elements	<5%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Entry)	<5%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Interim)	<50%	<25%	<15%	<5%
6c – Data Quality: Income and Housing Data Quality (Exit)	<5%	<5%	<4%	<3%
6d - Data Quality: Chronic Homelessness	<0%	<0%	<0%	<0%

Table 4 – Street Outreach Data Quality Goals

CoC APR Question	Transitional Housing			
	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
6a - Data Quality: Personally Identifiable Information Overall % Error	<15%	<10%	<5%	<4%
6b - Data Quality: Universal Data Elements	<5%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Entry)	<25%	<15%	<10%	<5%
6c – Data Quality: Income and Housing Data Quality (Interim)	<100%	<75%	<50%	<25%
6c – Data Quality: Income and Housing Data Quality (Exit)	<20%	<15%	<10%	<5%
6d - Data Quality: Chronic Homelessness	<20%	<15%	<10%	<5%

Table 5 – Transitional Housing Data Quality Goals

CoC APR Question	Rapid Rehousing			
	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
6a - Data Quality: Personally Identifiable Information Overall % Error	<15%	<10%	<5%	<4%
6b - Data Quality: Universal Data Elements	<5%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Entry)	<10%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Interim)	<100%	<75%	<50%	<25%
6c – Data Quality: Income and Housing Data Quality (Exit)	<10%	<5%	<4%	<3%
6d - Data Quality: Chronic Homelessness	<10%	<5%	<4%	<3%

Table 6 - Rapid Rehousing Data Quality Goals

CoC APR Question	Permanent Supportive Housing			
	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
6a - Data Quality: Personally Identifiable Information Overall % Error	<10%	<5%	<4%	<3%
6b - Data Quality: Universal Data Elements	<5%	<5%	<4%	<3%
6c – Data Quality: Income and Housing Data Quality (Entry)	<15%	<10%	<5%	<4%
6c – Data Quality: Income and Housing Data Quality (Interim)	<60%	<50%	<25%	<10%
6c – Data Quality: Income and Housing Data Quality (Exit)	<10%	<5%	<4%	<3%
6d - Data Quality: Chronic Homelessness	<50%	<25%	<10%	<5%

Table 7 – Permanent Supportive Housing Data Quality Goals

CoC Specific Completeness Requirements

The FL-507 CoC has additional data completeness standards as shown in Table 8 below.

Data Element	Required for:	Tier	% Complete
County Homeless	All	1	100%
Client Residence / Last Permanent Address (PSH & RRH Providers)	All	1	100%

Table 8 – CoC Specific Data Quality Goals

Housing Inventory

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

The formula for calculating bed utilization is:

Number of Beds Occupied / Total Number of Beds
(Bed utilization rate is reported as a percentage)

Acceptable range of bed/unit utilization rates for established projects is given below.

Emergency Shelters	75%-105%
Transitional Housing	80%-105%
Permanent Supportive Housing	85%-105%

The CoC recognizes that new projects may require time to reach the projected occupancy numbers and will not expect them to meet the utilization rate requirement during the first operating year.

Bed utilization rates will be determined using the following reports:

ART 0629 Housing Inventory Count (ES, TH project types)

ART 0628 HIC Supplement (PSH, RRH project types)

CoC APR (for each housing/lodging project)

 Question 7b Point-In-Time Count of Persons on the Last Wednesday

 Question 8b Point-In-Time Count of Households on the Last Wednesday

Shown below in Table 10 are the performance improvement goals for each housing/lodging project type.

Project Type	Baseline Value	FY2019 Goal	FY2020 Goal	FY2021 Goal
ES	>80%	>80%	>90%	>100%
TH	>80%	>80%	>90%	>100%
PSH/RRH	>80%	>80%	>90%	>100%
Outreach	>80%	>80%	>90%	>100%

Table 10 – Bed Utilization Rate Improvement Goals

Monitoring

The following general guidelines apply to the Data Monitoring and Auditing Plan. Further details can be found in the separate Data Monitoring and Auditing Plan.

- All agencies agree to participate in the Data Quality Plan.
- The Data Completeness Report Card for the previous quarter will be reviewed by each agency and the CoC at the beginning of each quarter.
- Participating agencies will have until the 10th business day following each quarter to correct data. Agencies will rerun their Data Completeness Report Card showing corrected data.
- The CoC System Planning and Project Evaluation Committee will review the Data Completeness Report Card against benchmarks given above in this document. The CoC System Planning and Project Evaluation Committee will work with agencies to identify training needs and improve data quality.
- The CoC System Planning and Project Evaluation Committee will provide a brief update on progress related to data quality benchmarks at monthly CoC meetings and/or as requested by the CoC board.

The Data Monitoring and Auditing Plan is located on the I Drive of the HSN file server.

Incentives and Enforcement

Agencies that fail to meet the Data Quality benchmarks may be asked to submit a written plan that details corrective action. Corrective action may include additional training for current end users, assigning new or additional staff HMIS data entry and monitoring responsibilities, increased data quality monitoring, and other actions as appropriate. The plan is then submitted to and monitored by the CoC's System Planning and Project Evaluation Committee subcommittee. Should the problem persist, the CoC System Planning and Project Evaluation Committee subcommittee 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.

Data Quality Reporting Requirements

This section of the document includes references to reports required to meet data quality requirements described within this document and other helpful reports. Steps/processes to successfully run these reports are contained within separate documents, specific to each report.

CoC APR Report

When to use: Data quality and project performance are primarily being measured by the CoC using this report.

Location of Report: This report is located with the Reports menu item on the ServicePoint home screen.

Instructions for using this report: I:\Training\Training Curriculum Materials\HMIS CoC APR

ART 0260 Report

Location of Report: This current version of this report resides in the ART Gallery Reports folder within ServicePoint.

Instructions for using this report: Instructions are located on the file server at location:

ART 0628 Report

Location of Report: This current version of this report resides in the ART Gallery Reports folder within ServicePoint.

Instructions for using this report: Instructions are located on the file server at location:

ART 0629 Report

Location of Report: This current version of this report resides in the ART Gallery Reports folder within ServicePoint.

Instructions for using this report: Instructions are located on the file server at location:

ART 0640 Report

Location of Report: This current version of this report resides in the ART Gallery Reports folder within ServicePoint.

Instructions for using this report: Instructions are located on the file server at location:

Data Completeness Report Card

Location of Report Card: This current version of this report card resides in the ART Gallery Reports folder within ServicePoint.

Instructions for using this report: Instructions are located on the file server at location:

Document History

Date of Revision	Document Version #	Revision Notes
2018/03/27	1.0	First draft release of document
2018/04/25	1.1	Updated Style formatting of document, second draft for internal HSN review.
2019/10/14	1.2	Updated Benchmarks
2020/01/28	1.3	Updated Benchmarks, Table 1. Removed Duplicate Table 9.