

# Alaska HMIS Data Quality Plan

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## IMPORTANT ACRONYMS

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**ACEH:** Anchorage Coalition to End Homelessness

**AK:** Alaska

**AKCH2:** Alaska Coalition on Housing and Homelessness

**AKHMIS:** Alaska Homeless Management Information System

**AMHTA:** Alaska Mental Health Trust Authority

**CoC:** Continuum of Care

**DQP:** Data Quality Plan

**DQIP:** Data Quality Improvement Plan

**ESG:** Emergency Solutions Grant

**HHS:** Department of Health and Human Services

**HIC:** Housing Inventory Count

**HMIS:** Homeless Management Information System

**HUD:** Department of Housing and Urban Development

**ICA:** Institute for Community Alliances

**LSA:** Longitudinal System Analysis

**PDDEs:** Project Descriptor Data Elements

**PII:** Personally Identifying Information

**PIT:** Point in Time Count

**PSDEs:** Program Specific Data Elements

**SPMs:** System Performance Measures

**UDEs:** Universal Data Elements

**VA:** Department of Veterans Affairs

# 1 INTRODUCTION

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## 1.1 Background

The HMIS Data Standards have been jointly established by the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Veterans Affairs (VA) to allow for standardized data collection on individuals and families experiencing homelessness and receiving assistance from programs funded by these federal partners.

*A Homeless Management Information System (HMIS) is the information system designated by a local Continuum of Care (CoC) to comply with the requirements of CoC Program interim rule 24 CFR 578. It is a locally-administered data system used to record and analyze client, service, and housing data for individuals and families who are homeless or at risk of homelessness.*

*HMIS is administered by the U.S. Department of Housing and Urban Development (HUD) through the Office of Special Needs Assistance Programs (SNAPS) as its comprehensive data response to the congressional mandate to report annually on national homelessness. It is used by all projects that target services to persons experiencing homelessness within SNAPS and the office of HIV-AIDS Housing. It is also used by other Federal Partners from the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Veterans Affairs and their respective programs to measure project performance and participate in benchmarking of the national effort to end homelessness. From the [FY 2020 HMIS Data Standards](#)*

In August of 2019, HUD published the [FY 2020 HMIS Data Standards](#) and the [FY 2020 HMIS Data Standards Data Dictionary](#), the current HMIS Data Standards at the time of this document's creation. These [FY 2020 HMIS Data Standards](#) went into effect October 1, 2019, and remain in effect unless and until updated.

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***All projects and programs entering data into HMIS, regardless of funding source, are required to provide data consistent with these standards.***

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## 1.2 What is Data Quality and Why Does it Matter?

Data quality is the extent to which the information contained in HMIS accurately represents the real-world clients and situations it is meant to describe.

High quality data within HMIS is integral to all work towards ending homelessness because it:

- Provides a clearer understanding of homelessness within the community, which:
  - o Allows for data-informed decisions at both the project- and system-levels;
  - o Enables a CoC, and projects within a CoC, to tell the story of homelessness as realistically and completely as possible for use in advocacy and community education;
- Provides direct care staff with immediate access to important client information that can streamline daily activities and may result in improved service delivery and prompt referrals for clients;
- May directly affect clients through the Coordinated Entry process and may determine which services they may or may not appear to be eligible for;
- Results in more accurate and complete reports for funders and stakeholders, which can affect:
  - o Meeting the requirements for CoC and other federal funding streams;
  - o The funding opportunities providers apply for; and
  - o A provider's ability to obtain funding to provide needed services to individuals at risk of and/or experiencing homelessness.

### 1.3 What is an HMIS Data Quality Plan?

An HMIS Data Quality Plan is a system-wide document that supports a CoC to achieve statistically valid and reliable data in their local HMIS. The plan intends to accomplish the following:

- Identify the **responsibilities** of all parties within the CoC with respect to HMIS data quality;
- **Establish specific data quality standards** for timeliness, completeness, accuracy, and consistency;
- Describe the **procedures for implementing the plan and monitoring** progress toward meeting data quality standards, including:
  - o Defining how improvement opportunities in data quality are addressed; and
  - o Establishing timelines for monitoring data quality on a regular basis.

## 2 THE ALASKA HMIS DATA QUALITY PLAN

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### 2.1 Purpose

The Alaska HMIS Data Quality Plan has been developed to provide actionable, measurable steps to address data quality within the Alaska Homeless Management Information System (AKHMIS), which includes both HUD-defined Alaska CoCs: Anchorage (AK-500) and Balance of State (AK-501).

### 2.2 Overview

The Alaska HMIS Data Quality Plan begins by identifying the data entered into HMIS, and then explains the quality standards and goals set forth by the CoCs for these data. The plan addresses the various components of data quality – completeness, timeliness, accuracy, consistency, coverage, and utilization – and provides the standards (minimum requirements) that HMIS-participating organizations entering data into HMIS must meet. Finally, the plan provides how data quality will be monitored and how the Alaska CoCs will incentivize and enforce these standards. Attachments to this plan include an [HMIS Monitoring Tool](#) for project monitoring, and an outline of a [Data Quality Improvement Plan](#) for use in situations where an organization's data quality consistently has room for improvement and the organization requires extra assistance to meet data quality standards.

### 2.3 Participation

All federally funded homeless services projects are required to use HMIS and must meet certain data quality expectations to ensure accurate reporting for those grants. However, as all providers that enter data into the HMIS contribute to the overall picture of homelessness within the state of Alaska, all providers will be expected to participate in this Alaska HMIS Data Quality Plan, regardless of funding source.

### 2.4 Roles and Responsibilities

The Alaska HMIS Data Quality Plan sets expectations for the Alaska CoCs, the Alaska HMIS Advisory Board, the Institute for Community Alliances (ICA) as the HMIS Lead, participating organizations, and end users to ensure valid and reliable data is captured on all persons accessing homelessness services in the state of Alaska. The Roles and Responsibilities of each party are outlined in the Alaska HMIS Governance Documents (attached in [Appendix A](#)).

The CoCs work will with ICA to ensure all projects have access to the tools they need to achieve high data quality. This includes training and data quality reports for monitoring, as well as incentives to maintain a high level of data quality and accountability for non-responsiveness to data quality concerns. ICA will be responsible for a majority of monitoring by providing data quality reports on within the Data Quality Plan, and the CoCs and the Alaska HMIS Advisory Board are charged with ensuring organizations respond to and act upon data quality concerns appropriately to ensure that the overall data quality within HMIS is acknowledged and improved in an

ongoing, objective, and data-driven manner. The CoCs and AKHMIS Advisory Board will work with ICA to ensure that targeted assistance is provided by ICA and data corrections are carried out by the organization and/or end user in a timely manner

## **2.5 Data Quality Agreement**

All organizations participating in HMIS will be required to sign a Data Quality Management Program - Organization Agreement for access to HMIS. This Agreement will require the organization to participate in and abide by the processes and standards provided within this document.

This Alaska HMIS Data Quality Plan is a living, evolving tool that will change as the community and its HMIS data needs change. Most changes will be discussed with the end users prior to being implemented to secure organization buy-in. As changes are made, providers will need to sign an updated Agreement.

# **3 HMIS DATA**

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## **3.1 Universal Data Elements**

### **3.1.1 Purpose/Importance**

The Universal Data Elements (UDEs), as defined and mandated for collection by HUD, establish the minimum data collection requirements for all homeless housing and/or service projects entering data into HMIS, regardless of funding source.

These elements collect information on the basic demographics of the population being served, including personally identifying information (PII), and therefore are critical to an HMIS's ability to produce unduplicated estimates of the number of people at-risk of or currently experiencing homelessness. Additionally, these elements provide information about access and use of homeless assistance projects, including patterns of service use, information on shelter stays, and episodes of homelessness over time.

### **3.1.2 Collection**

All projects participating in HMIS are required to collect the UDEs, regardless of funding source. The Personally Identifying Information (PII) UDEs (3.01 through 3.07) must be collected once per client, regardless of how many project stays that client has in the system. The remaining UDEs (3.08 through 3.917) are to be collected at least once per project stay.

Personally Identifying Information

- 3.01 Name
- 3.02 Social Security Number
- 3.03 Date of Birth
- 3.04 Race
- 3.05 Ethnicity
- 3.06 Gender
- 3.07 Veteran Status

Demographic & Project Access Information

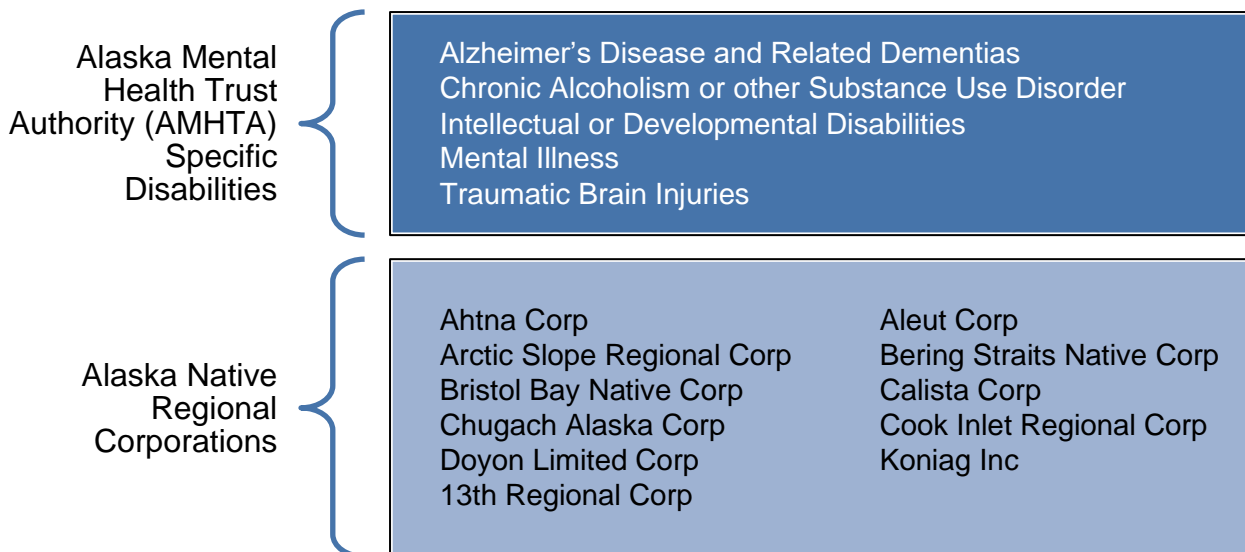
- 3.08 Disabling Condition
- 3.10 Project Start Date
- 3.11 Project Exit Date
- 3.12 Destination
- 3.15 Relationship to Head of Household
- 3.16 Client Location
- 3.20 Housing Move-In Date (PH only)
- 3.917 Prior Living Situation

## 3.2 Alaska Specific Data Elements

### 3.2.1 Purpose

The Alaska Specific Data Elements, as designed by the Alaska CoCs, collect information that is important to Alaska-specific organizations that address and provide funding for Alaska-specific issues. The data elements were created to provide for the data collection necessary to fulfill the reporting requirements of these Alaska-specific programs, to ensure that homeless services organizations can continue to secure this funding. All new Alaska Specific Data Elements must be approved by the Alaska CoCs and AKHMIS Advisory Board. Collection

Regardless of the funding source, all projects participating in HMIS are required to collect the Alaska Specific Data Elements. These data elements should be collected upon client entry into a project and then updated as necessary to accurately reflect changes in a client’s situation.



### 3.3 Program Specific Data Elements

#### 3.3.1 Purpose

The Program Specific Data Elements (PSDEs) have been designed by HUD to allow projects that receive funding from any HMIS Federal partner, such as the U.S. Department of Health and Human Services (HHS) or the U.S. Department of Veterans Affairs (VA) to meet the statutory and regulatory data collection and reporting requirements of these programs. HMIS is required to provide for the collection of these data elements in support of these projects,

PDSEs, as defined by HUD, provide additional information about the characteristics of clients, the services they are provided, and program outcomes. Many of these data elements represent repeated transactions and were designed to collect information that may change over time.

#### 3.3.2 Collection

PSDEs may be collected at project start, update, annual assessment, project exit and/or at every event occurrence. Not all PDSEs are required for collection by all projects, and some HMIS-participating projects may only collect the UDEs and not collect any PSDEs at all. The [HUD Exchange Federal Partners landing page](#) serves as a gateway to the manuals that provide the specific PDSE data collection requirements per program and HMIS project type.

HMIS-participating organizations are encouraged to actively work with ICA to ensure that they collect the information required by their funders at all appropriate event occurrences.

The table below provides the “Common Program Specific Data Elements”, which are the PSDEs that are collected across most Federal Partner programs. These Common PDSEs are listed along with their collection point within a client’s project stay:

| <b>Common PSDE</b>                | <b>Collection Point</b> |                   |               |                          |                     |
|-----------------------------------|-------------------------|-------------------|---------------|--------------------------|---------------------|
|                                   | <i>Project Start</i>    | <i>Occurrence</i> | <i>Update</i> | <i>Annual Assessment</i> | <i>Project Exit</i> |
| 4.02 Income and Sources           | X                       |                   | X             | X                        | X                   |
| 4.03 Non-Cash Benefits            | X                       |                   | X             | X                        | X                   |
| 4.04 Health Insurance             | X                       |                   | X             | X                        | X                   |
| 4.05 Physical Disability          | X                       |                   | X             |                          | X                   |
| 4.06 Developmental Disability     | X                       |                   | X             |                          | X                   |
| 4.07 Chronic Health Condition     | X                       |                   | X             |                          | X                   |
| 4.08 HIV/AIDS                     | X                       |                   | X             |                          | X                   |
| 4.09 Mental Health Problem        | X                       |                   | X             |                          | X                   |
| 4.10 Substance Abuse              | X                       |                   | X             |                          | X                   |
| 4.11 Domestic Violence            | X                       |                   | X             |                          |                     |
| 4.12 Current Living Situation     |                         | X                 |               |                          |                     |
| 4.13 Date of Engagement           |                         | X                 |               |                          |                     |
| 4.14 Bed-Night Date               |                         | X                 |               |                          |                     |
| 4.19 Coordinated Entry Assessment |                         | X                 |               |                          |                     |
| 4.20 Coordinated Entry Event      |                         | X                 |               |                          |                     |



## 3.4 Project Descriptor Data Elements

### 3.4.1 Purpose

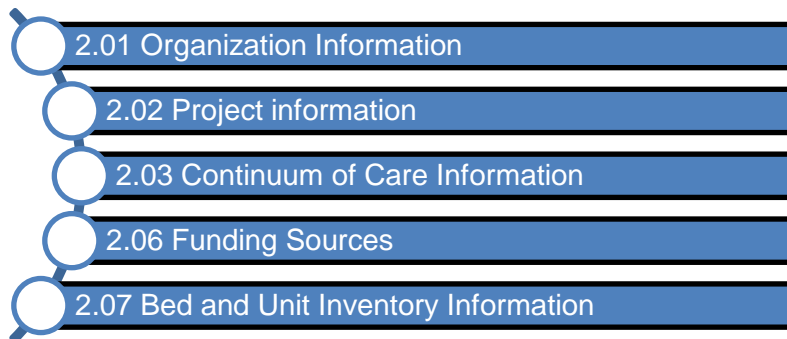
The Project Descriptor Data Elements (PDDEs), as defined by HUD, contain basic information about the projects participating in HMIS and help ensure HMIS is a consistent and comprehensive database of information about homelessness. The PDDEs are the 'building blocks of HMIS. They enable HMIS to:

- Associate client-level records with the various projects in which clients will enroll in across project types;
- Identify which federal partner programs are providing funding to the project; and
- Record bed and unit inventory and other information, by project, which is relevant for the Longitudinal System Analysis (LSA), System Performance Measures (SPMs), Housing Inventory Counts (HIC), Point In Time (PIT) counts, and bed utilization reporting.

### 3.4.2 Collection

PDDEs are entered and managed by ICA in collaboration with each HMIS-participating organization, not HMIS end users. They are created at initial project setup within HMIS, and HMIS-participating organizations must work closely with ICA to review these at least once annually, including to provide updated information about their projects within 15 days after the start of a new federal fiscal year.

The required PDDEs are the following, with each comprised of multiple sub-elements of project information:



## 4 DEFINING DATA QUALITY

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### 4.1 Four Components of Data Quality

HUD identifies data quality as having four components: completeness, timeliness, accuracy, and consistency. These components are defined below, and further described later in this document.

|                     |   |
|---------------------|---|
| <b>Completeness</b> | All clients entered<br>Complete identifying data entered<br>Complete characteristics fields entered<br>All services entered<br>Complete exit data entered |
| <b>Timeliness</b>   | Data are entered soon after collected<br>Changing data are kept up to date  |
| <b>Accuracy</b>     | Truthfulness from clients<br>Accurate data entered by staff   |
| <b>Consistency</b>  | Common interpretation of questions<br>Common interpretation of client answers<br>Common knowledge of what fields to answer                                |

## 4.2 Usage of Client Refused and Client Doesn't Know Response Options

Most required HMIS data elements provide for the options of “Client doesn't know” or “Client refused” to be recorded for the client's response. These options are considered poor data quality but are provided to allow a response to be recorded for required elements within an assessment when these situations do occur, so a client may still be provided assistance. These are never to be used in place of asking a client for information, or in a situation where information was not collected. As described by the [FY 2020 HMIS Data Standards](#):

*It is not the intention of the Federal Partners that clients be denied assistance if they refuse or are unable to supply the information. However, some information may be required by projects or public or private funders to determine eligibility for housing or services, or to assess needed services.*

*The "Client doesn't know" or "Client refused" responses should not be used to indicate that the case manager or data entry person does not know the client's response. Nor are these responses to be assumed without first asking the client to provide the information. Some clients may decline to provide responses to some fields but case managers or data entry staff may not make that decision for them. At a national level, in every project type, a majority of clients are willing to provide identifying information. If a project is experiencing a high rate of client refusals as compared to similar projects, CoCs should consider implementing trainings around interviewing or trust-building techniques to support client engagement. A deeper engagement with clients may lead to more rapid movement off the street and placement in housing, consistent with meeting federal goals to end homelessness and improvement on HUD's System Performance Measures.*

## 4.3 Missing Data Responses

“Missing data” is a category that represents all invalid and null responses to a required data element in HMIS. As described by the [FY 2020 HMIS Data Standards](#):

*The HMIS Data Standards assume that fields for which data are not collected will be left blank (i.e., 'missing'). In situations where a system requires a response to all data fields before saving a record, the system must use a specific response category to indicate that data were not collected.... “Data not collected” continues to be identified as a response option in these HMIS Data Standards. It is not a response option necessary in every system or in every element. The element is required for use by any HMIS system which requires a response to an element before allowing the user to move forward in the system. Adding the response option of “data not collected” enables a user who did not collect or simply does not have the information to enter a*

*response that does not present a false answer. HMIS systems which require entry of any element for the system to progress must implement the “data not collected” response for all elements that require a response. “Data not collected” must equate to missing data or null values as appropriate for transfer and reporting purposes.*

## 5 ALASKA HMIS PROJECT DATA QUALITY STANDARDS

### 5.1 Purpose

The following data quality standards are the minimal standards to be met by all organizations entering data into HMIS. When data quality standards are met, reporting is more reliable and can be used to evaluate service delivery, project design and effectiveness, and efficiency of the system.

### 5.2 Completeness

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***“Are all of the required data elements for clients served recorded in HMIS?”***

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#### 5.2.1 Definition

Data Completeness is the percentage of data fields for any given client, project enrollment, provider, organization, or system that are filled in or answered. The definition used in the [CoC Data Quality Brief](#) is: “The degree to which all required data is known and documented.”

Incomplete or missing data always consists of null and “data not collected” values, and may include “client doesn’t know”, “client refused”, and/or “other” values for some data elements.

#### 5.2.2 Importance

Complete data is critical to finding the right services for clients to end their homelessness experience. Incomplete data can negatively impact the CoCs’ ability to make population-level assessments, analyze patterns in client information, identify changes within the homeless population, and adapt strategies appropriately. HMIS data quality is also part of funding applications, including CoC- and ESG-funding, and low HMIS data quality scores may impact renewal funding or future funding requests.

#### 5.2.3 Standards/Minimum Requirements

Data completeness is evaluated for the past 12 months to ensure organizations are completing records to the best of their ability, including updating records and entering in additional information that is gained as client interactions take place. The Alaska CoCs encourage all HMIS-participating organizations to aspire to 100% collection of all data elements (Universal, Alaskan, and Program Specific), but recognize that 100% data completeness may not be realistic or possible in all cases.

Ultimately, the encouragement to take ownership of quality data is organization-driven. Therefore, the CoCs have created minimum requirements for the past 12 months of project data completeness based on HMIS project type to accommodate all situations and ensure all HUD requirements are met, provided in the table below:

| HMIS Project Type | Completeness Standard (% of Required Data Entered in HMIS)  |
|-------------------|---|
| Coordinated Entry | 95% of required data elements (only applies after client reaches a specific point in the Coordinated Entry process) |
| Emergency Shelter | 95% of required data elements, 25% of required destination data   |

| HMIS Project Type   | Completeness Standard (% of Required Data Entered in HMIS)                         |
|---|--|
| Homelessness Prevention   | 95% of required data elements  |
| Permanent Supportive Housing                                      | 98% of required data elements  |
| Rapid Rehousing   | 98% of required data elements  |
| Street Outreach ( <i>Clients with a Date of Engagement only</i> ) | 90% of required data elements (only applies after client has a Date of Engagement) |
| Supportive Services Only ( <i>Excludes Coordinated Entry</i> )    | 95% of required data elements  |
| Transitional Housing  | 95% of required data elements  |

## 5.3 Timeliness

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***“Is the required client information entered into HMIS within the required period of time?”***

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### 5.3.1 Definition

Data timeliness is the length of time between when HMIS information is collected and when that information is entered into HMIS. Data timeliness cannot be edited and can only be improved going forward.

### 5.3.2 Importance

Entering data into HMIS in a timely manner is necessary to ensure that clients receive or make connections to the services they need in a quick and efficient manner. Timely data entry also ensures that data is accessible when it is needed, whether for monitoring purposes, meeting funding requirements, or for responding to requests for information. Finally, when data is entered in a timely manner, it helps reduce human error that can occur when too much time has elapsed between the data collection/service transaction and the data entry.

### 5.3.3 Standards/Minimum Requirements

The Alaska CoCs encourage all HMIS-participating organizations to aspire to 100% of data being entered into HMIS in a timely manner. However, the CoCs recognize that this may not be realistic or even possible in all cases, and therefore have created the following minimum requirements for data timeliness based on HMIS project type:

| HMIS Project Type  | Client Event | Timeliness Standard (Length of Time to Data Entry in HMIS)  |
|--|--------------|---|
| Coordinated Entry  | Entry        | Live time or within 5 days of contact   |
|  | Exit         | Live time or within 5 days of contact (back-dated to date of last contact)  |
| Homelessness Prevention  | Entry, Exit  | Live time or within 5 days of contact   |
| Emergency Shelter - Utilizing only an entry/exit workflow                      | Entry        | Live time or within 5 days of shelter stay  |
|  | Exit         | Live time or within 5 days of project exit ( <i>back-dated to date of last shelter night stay, the morning of the day the client did not return</i> ) |
| Emergency Shelter - Utilizing shelter stay connected to an entry/exit workflow | Entry        | Live time or within 5 days of shelter stay  |
|  | Exit         | Live time or within 5 days of project exit ( <i>back-dated to date of last shelter night stay, the morning of the day the client did not return</i> ) |

| HMIS Project Type   | Client Event                | Timeliness Standard (Length of Time to Data Entry in HMIS)   |
|---|-----------------------------|--|
| Emergency Shelter - Utilizing shelter stay disconnected from an entry/exit workflow | Shelter Stay                | Live time or within 5 days of departure ( <i>back-dated to date of last shelter stay, the morning of the day the client did not return</i> )   |
|   | Entry                       | Live time or within 5 days of the client's first shelter night stay  |
|   | Exit (formal project exit)  | Live time or within 5 days of project exit   |
|   | Auto-Exit (no-contact exit) | After 14 days without a shelter stay, project exit needs to be recorded within 5 days ( <i>back-dated to date of last shelter night stay, the morning of the day the client did not return</i> ) |
| Permanent Supportive Housing  | Entry, Exit                 | Live time or within 5 days of contact  |
| Rapid Rehousing   | Entry, Exit                 | Live time or within 5 days of contact  |
| Street Outreach   | Contacts, Entry             | Live time or within 24 hours of contact  |
|   | Exit (formal project exit)  | Live time or within 24 hours of project exit   |
|   | Auto-Exit (no-contact exit) | After 90 days of no contact, project exit needs to be recorded within 5 days ( <i>back-dated to date of last contact</i> )   |
| Supportive Services Only ( <i>excludes Coordinated Entry</i> )                      | Entry, Exit                 | Live time or within 5 days of contact  |
| Transitional Housing  | Entry, Exit                 | Live time or within 5 days of contact  |

## 5.4 Accuracy

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***“Does HMIS data accurately reflect true client information?” and “Are all of my clients in HMIS/In the correct project?”***

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### 5.4.1 Definition/Importance

Information entered in HMIS needs to accurately represent the clients who are served by any homeless service projects contributing data to HMIS. Inaccurate data, sometimes referred to as incongruent data, is evaluated at both the client and household levels, and highlights data elements that appear to rationally conflict with one or more other data elements.

Data accuracy is not easy to manage or monitor and requires specific reports that look at congruency between and among responses to data elements within the system, as well as checks between what the client has told an intake worker and what data is entered into HMIS. Additionally, the [Longitudinal System Analysis Guide](#) (see Appendix A in the LSA Guide) looks at specific data quality measures in relation to the community-wide report submission to HUD on an annual basis.

The CoCs and the ALASKA HMIS Advisory Board, in partnership with ICA, work with projects to review, at regular intervals, the data collected directly from clients, and the data entered into HMIS to ensure that the data entered into HMIS matches the client's reality.

### 5.4.2 Standards

**External Record Standard:** It is expected that 100% of client paper form data must match the client's HMIS data record, but a minimum of 98% is acceptable.

**Quarterly Correction Standard:** Due to the complexity of data accuracy, specific standards have not been developed. Some amount of data incongruity may be reasonable depending on a client's or a household's

situation; however, providers should strive to minimize data incongruity that occurs without explanation to help ensure the data reported by the HMIS is accurately reflecting the state of homelessness in Alaska.

Instead, timely corrections/updates to the following data elements, if and as necessary, are expected of all project types and all data entered into HMIS on a quarterly basis (as per the usual monitoring process):

| UDE Accuracy Measure   | Data Element(s) Involved   | Accuracy Test  |
|--|--|--|
| <b>Date of Birth &lt;&gt; Project Start Date</b>             | 3.03 Date of Birth   | 3.03 is not the same date as 3.10 for Heads of Household   |
|  | 3.10 Project Start Date  |  |
| <b>Household Error</b>                                       | 3.15 Relationship to Head of Household                             | At least one, and only one, Head of Household per household (no HoH is an error, multiple HoH is an error)                                   |
|  |  | No infant or young child Heads of Household (under X years of age)   |
| <b>Prior Living Situation and Dependencies are Congruent</b> | 3.917 Prior Living Situation                                       | <i>Dependencies (Approx. Date, Time, and Months)</i> answered if 3.917/Length of Time indicate the client came from a homelessness situation |
|  | Length of time in previous place                                   |  |
|  | Approximate date homelessness started                              |  |
|  | Number of times experiencing homelessness in the last three years  |  |
|  | Number of months experiencing homelessness in the last three years |  |
| <b>Disabling Condition has a Source</b>                      | 3.08 Disabling Condition   | If Yes to 3.08, then Yes to at least one 4.## and Yes to corresponding <i>Disabling? dependency</i>  |
|  | 4.05 Physical Disability   | If Yes to <i>Disabling? Dependency</i> for any 4.##, then Yes to the corresponding 4.##  |
|  | 4.06 Developmental Disability                                      |  |
|  | 4.07 Chronic Health Condition                                      |  |
|  | 4.08 HIV/AIDS  |  |
|  | 4.09 Mental Health Problem   |  |
|  | 4.10 Substance Abuse   |  |
| <b>Monthly Income has a Source</b>                           | 4.02 Income  | If Yes to 4.02, then Yes to at least one <i>source</i><br>If a <i>Source</i> is selected, then 4.02 must be Yes                              |
|  | Sources  |  |
| <b>Non-Cash Benefits has a Source</b>                        | 4.03 Non-Cash Benefits   | If Yes to 4.03, then Yes to at least one <i>source</i><br>If a <i>Source</i> is selected, then to 4.03 must be Yes                           |
|  | Sources  |  |
| <b>Health Insurance has a Type</b>                           | 4.04 Health Insurance  | If Yes to 4.04, then Yes to at least one <i>Source</i><br>If a <i>Type</i> is selected, 4.04 must be Yes                                     |
|  | Types  |  |
| <b>Domestic Violence and Dependencies are congruent</b>      | 4.11 Domestic Violence   | If Yes to 4.11, <i>dependencies (When and Fleeing)</i> are answered; if No to 4.11, <i>dependencies</i> are not answered                     |
|  | When experience occurred   | If answered, 4.11 is Yes and other <i>dependency</i> is answered   |
|  | Are you currently fleeing  |  |
| <b>Veterans are Not Minors</b>                               | 3.07 Veteran Status  | 3.07 is not Yes for clients under 18 years of age  |
|  | 3.03 Date of Birth   |  |
| <b>Client Location is Appropriate to Project</b>             | 3.16 Client Location   | 3.16 for a client enrollment matches 2.03 for the project  |
|  | 2.02 Project Information   |  |
|  | 2.03 Continuum of Care Information                                 |  |

| UDE Accuracy Measure                  | Data Element(s) Involved  | Accuracy Test   |
|---------------------------------------|---------------------------|---|
| Project funding sources match clients | 2.02 Project Information  | <b>Specific to a Project – examples include:</b> Age (Minor-/Youth-/Adult-only); Household (Singles-/Families-only); Gender (Single-Gender) Veteran (Veteran-dedicated); Disabling Condition Required |
|                                       | 2.06 Funding Sources      |   |
|                                       | Clients in project        |   |
| Housing Move-In Date is Accurate      | 3.20 Housing Move-In Date | Ensure the 3.20 does not predate 3.10   |
|                                       | 3.10 Project Start Date   |   |

## 5.5 Consistency

---

***“Are the required data elements being recorded in HMIS in a consistent manner across projects?”***

---

### 5.5.1 Definition/Importance

Data consistency means that data is understood, collected, and entered in the same way across all projects in HMIS. Consistency directly affects the accuracy of data.

### 5.5.2 Standards

**Initial User Training Standard:** All data entry workers must complete an initial training before they will be allowed to access the live HMIS system. Additional training opportunities beyond initial training are available and readily offered by ICA.

Training is also offered for intake workers who do not do data entry, to ensure they understand the purpose and importance of the information they are collection.

**Monthly Activity User Standard:** Users must log into HMIS and enter data at least once per month to maintain active user status. Users must enter data on a regular and consistent basis to maintain HMIS access to prevent a backlog of data entry and to ensure they maintain familiarity with HMIS and the workflows for which they are responsible.

**User Employment Standard:** ICA must be notified by an organization within 72 hours of any existing HMIS user no longer being employed at the organization.

## 6 ALASKA HMIS SYSTEM-WIDE DATA QUALITY STANDARDS

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### 6.1 Bed Coverage

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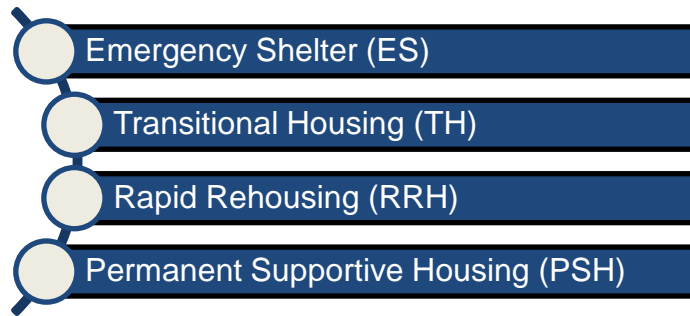
***“To what degree are the beds dedicated to serving clients at-risk of and experiencing homelessness entered into HMIS?”***

---

#### 6.1.1 Definition

HMIS bed coverage is the number of homelessness services program beds in the CoC’s geographic area that contribute data to HMIS.

The following HMIS Project Types contribute to bed coverage:



### 6.1.2 Importance

The importance of a high percentage of HMIS Bed Coverage for all project types is an emphasis of the [HUD TA Data Strategy](#), as a lack of HMIS bed coverage prevents CoCs from truly understanding how both their system and the clients served within their system are functioning.

### 6.1.3 Standards

**85% Coverage of Lodging Projects Standard:** The CoCs will ensure that bed coverage is as close to 100% as is possible for applicable project types, and the CoCs will focus on project types with less than 85% bed coverage for improvement efforts.

## 6.2 Bed Utilization

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*“To what degree are the beds in HMIS occupied by clients?”*

---

### 6.2.1 Definition/Importance

Utilization is the number of beds that are filled by a client within a given period of time. Bed and unit utilization analysis is a good way to determine whether the data in HMIS is accurate for the clients served in the project at any given point and if there is a possible deficiency in exiting clients from the project in a timely manner (over-utilization) or entering clients into the project in a timely manner (under-utilization).

### 6.2.2 Standards

**Between 85% and 110% Utilization Standard:** Organizations are expected to have an 85-110% bed utilization rate for all lodging projects types.

## 6.3 Homeless Response System Coverage

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*“Are all of the clients we serve entered into HMIS?”*

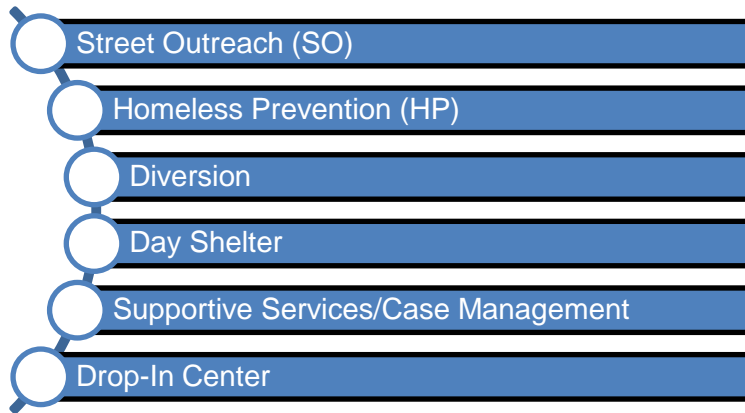
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### 6.3.1 Definition

The homeless response system includes other types of projects that provide homelessness services but do not provide lodging to clients. If any service project types are dedicated and/or prioritized to serve clients at-risk of or experiencing homelessness in the community, the goal is for the data to be entered into HMIS for clients served.



The following types of projects that do not have beds/units associated:



### 6.3.2 Importance

A high percentage of HMIS Homeless Response System Coverage is imperative for the community to understand the various ways in which a client is entering the homeless response system beyond projects that provide beds/lodging for clients.

### 6.3.3 Standards

**System Coverage Standard:** The CoCs will work to ensure that system coverage is as close to 100% as possible for all project types.

## 7 MONITORING

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### 7.1 Purpose

Ongoing HMIS data quality monitoring will be conducted to the goal of ensuring organizations maintain a high level of data quality at all times with a minimal amount of data clean-up. Data quality issues that are the result of problems with a data entry process will be noticed more quickly with regular monitoring, which means corrections to processes can be implemented earlier to minimize the amount of corrections that will be necessary. Additionally, it can be easier to make corrections to more recent records where a client is still available and/or before a problem is compounded by information added at a later date.

### 7.2 General Process

Data are evaluated for the past 12 months to ensure organizations are completing records to the best of their ability, including updating records and entering in additional information that is gained as client interactions take place. HMIS data will be monitored regularly at the user-, project-, organization-, and system-levels to ensure that the above standards are met by all HMIS-participating organizations. A current copy of this Alaska HMIS Data Quality Plan will be posted to [ICA's website](#) to ensure that HMIS-participating organizations are aware of the minimum data entry standards they are required to meet. See Appendix D HMIS Data Monitoring Process.

The CoCs and Alaska HMIS Advisory Board will work with ICA to monitor data quality. HMIS-participating organizations will receive reports from ICA regarding their HMIS data quality, as well as specific information regarding the nature of any inaccuracies and the methods by which to correct them. ICA and the struggling organization and/or end user will work together to develop a plan and timeline to strive towards improvement.

Organizations that consistently do not meet the minimum data entry standards set forth herein will be asked by the CoC to work with the Alaska HMIS Advisory Board and ICA to improve and meet the standards moving forward (for further information see 8.3 [Data Quality Improvement Plan](#)).

### 7.3 Completeness Monitoring

ICA runs Data Completeness reports on the previous 12 months of project data on a quarterly basis and sends these reports to each HMIS-participating organization. CoCs will receive a summary report of this information.

Organizations with projects that fall below the standards for data completeness for that project type are asked to clean up their data within one month, but this timeframe may be changed to accommodate individual situations upon approval by the AKHMIS Advisory Board.

For persistent data completeness issues, projects may be contacted by the AKHMIS Advisory Board to discuss the implementation of a Data Quality Improvement Plan (DQIP) (see 8.3 [Data Quality Improvement Plan](#)).

### 7.4 Timeliness Monitoring

ICA runs Data Timeliness reports for the previous 12 months of data entry on a quarterly basis and sends these reports to each HMIS-participating organization.

Organizations with projects that fall below the standards for data timeliness for that project type are asked to work with ICA to make sure that they can meet the Data Timeliness standard moving forward.

For persistent data timeliness issues, projects may be contacted by the AKHMIS Advisory Board to discuss the implementation of a Data Quality Improvement Plan (DQIP) (see 8.3 [Data Quality Improvement Plan](#)).

### 7.5 Accuracy Monitoring

ICA runs Data Accuracy reports on the previous 12 months of data entry on a quarterly basis and sends these reports to each HMIS-participating organization. CoCs and the Alaska HMIS Advisory Board will also receive a summary report of this information.

The CoCs and the Alaska HMIS Advisory Board, in partnership with ICA, work with projects to review, at regular intervals, the data collected directly from clients, and the data entered into HMIS to ensure that the data entered into HMIS matches the client's reality. This is done, at a minimum, during annual monitoring, and may also occur at other points throughout the year.

Organizations with projects that show improvement opportunities with data accuracy are asked to clean up their data within one month, but this timeframe may be changed to accommodate individual situations upon approval by the AKHMIS Advisory Board.

For persistent data accuracy concerns, projects may be contacted by the AKHMIS Advisory Board to discuss the implementation of a Data Quality Improvement Plan (DQIP) (see 8.3 [Data Quality Improvement Plan](#)).

### 7.6 Consistency Monitoring

ICA will run regular reports on HMIS User activity to monitor existing users at least quarterly to show when users last logged into the system. ICA will provide a list to each organization of all users who have access to HMIS at least quarterly and the organization's data contact will notify ICA if any user on this list no longer requires access to HMIS.

### 7.7 System-Wide Monitoring

#### 7.7.1 Bed Coverage & System Coverage

The CoCs will review and update the CoCs' most recent Housing Inventory Chart (HIC) to know which projects participated in the most recent HIC but are not entering data into HMIS (excluding Victim Services Projects) on a quarterly or semi-annual basis.

Ensuring a CoC's HMIS Coverage reaches 100%, and stays at 100%, requires implementing a process to ensure that any new projects that become available to serve clients at-risk of or experiencing homelessness are communicated to the CoC so that HMIS data entry is encouraged and/or required for the new project.

The CoCs will work with the strategies below with the goal of increasing HMIS Bed and Response System coverage to 100%:

| <b>Strategies to Increase and/or Maintain HMIS Bed Coverage</b>   |
|---|
| The CoC ensures that all new projects that become available within the CoC that serve clients at-risk of or experiencing homelessness, are encouraged, and/or required to enter data into HMIS. |
| Provide a streamlined, simple process for new organizations and/or projects to communicate to the CoC about new projects operating within the community.  |
| Work with state and local funders to understand the importance of HMIS and encourage all funders to require the use of HMIS for grantees.   |

### **7.7.2 Bed Utilization**

ICA will regularly calculate and review bed utilization data. Organizations with a project with utilization under 85% or over 110% will be contacted by ICA for more information to verify that this utilization is accurate for the time period, which will be shared with the relevant CoC.

If the utilization is not correct, the organization will work with ICA to ensure that all clients who were served in the time period are entered into the project (remedying under-utilization) and that all clients who were exited in the time period are exited from the project (remedying over-utilization).

ICA will also review bed utilization regularly with the Alaska HMIS Advisory Board.

## **8 DATA QUALITY IMPROVEMENT**

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The Alaska HMIS Advisory Board will work with ICA to ensure HMIS-participating organizations have access to all the support and tools they need to achieve a high level of data quality within HMIS. The following processes are designed to demonstrate to organizations the importance of data quality within HMIS, and encourage its prioritization within their daily functions.

### **8.1 Incentives**

Organizations that consistently make timely corrections to their data will minimize their workload going forward. Additionally, they will improve their funding outlook with complete and accurate data to provide to possible funders to prove their need.

HMIS-participating organizations who consistently achieve high levels of data quality, and those who make significant improvements, are publicly acknowledged at least every quarter.

|                                      |   |
|--------------------------------------|---|
| <b>CoC Board</b>                     | The CoC Boards make data quality a standing agenda item at Board meetings, and publicly acknowledge projects meeting a high level of data quality.  |
| <b>CoC General Membership</b>        | The CoCs acknowledge the work of projects meeting a high level of data quality and/or making improvements to data quality at the CoCs' General Membership Meetings, via the CoC e-newsletter, and/or other public forums. |
| <b>CoC Rank &amp; Review Process</b> | The CoCs use data quality metrics to evaluate projects during the rank and review process   |

## 8.2 Continuous Data Quality Improvement Process

An HMIS-participating organization with an identified data quality improvement opportunity is permitted a minimum of one month to correct their data or processes. The CoC, Alaska HMIS Advisory Board, and ICA may offer additional support and/or training to the participating organization until such a time as the organization effectively demonstrates an ability to meet with minimum data entry standards. Determination of ability is at the discretion of the Alaska HMIS Advisory Board.

## 8.3 Data Quality Improvement Plan

A Data Quality Improvement Plan (DQIP) is a detailed work plan intended to support and enhance an organization's data quality in a specific area.

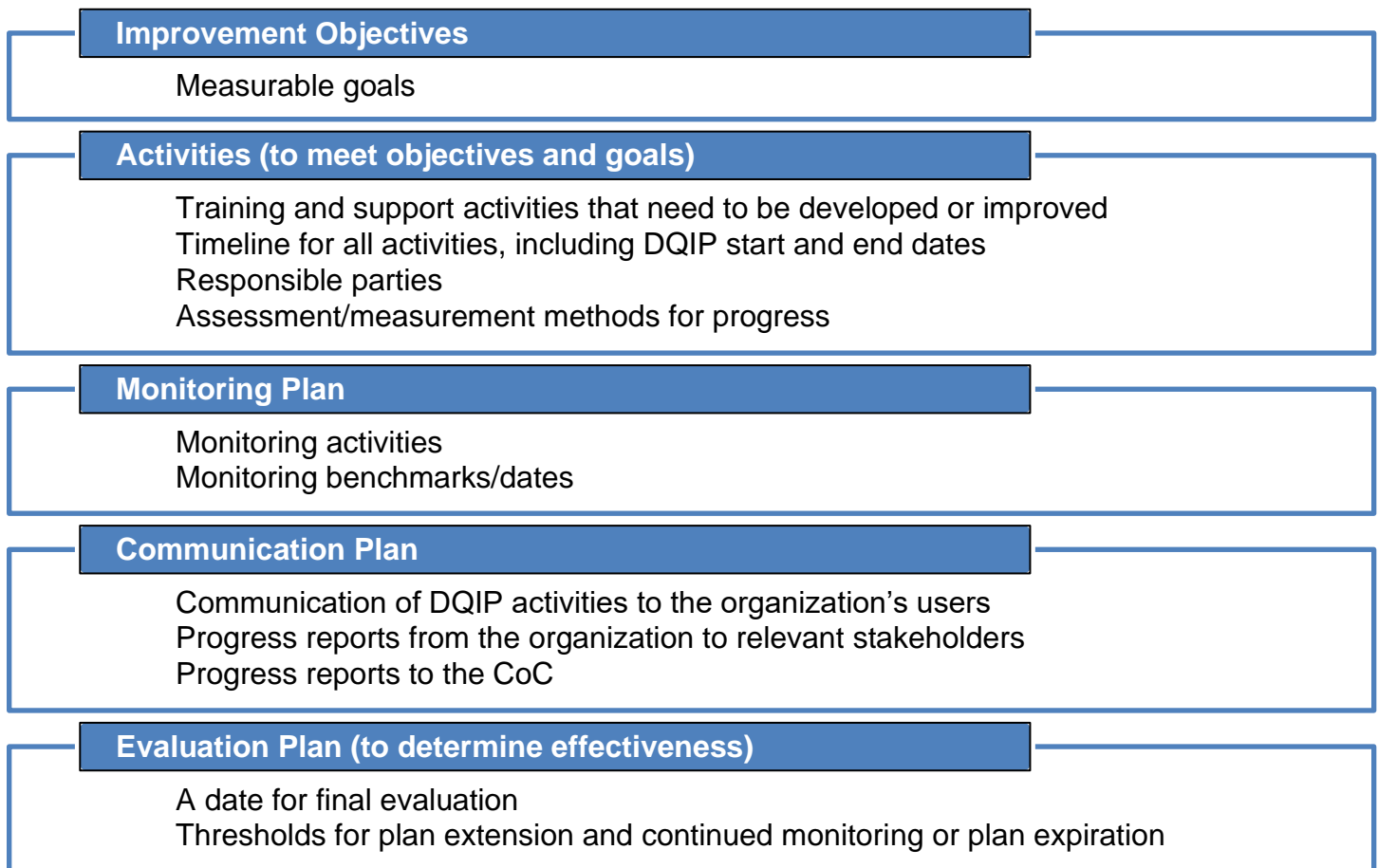
A DQIP is a collaborative effort between the organization, the Alaska HMIS Advisory Board, and ICA, with the Alaska HMIS Advisory Board and ICA providing support to the organization with appropriate resources and training to ensure the goals and objectives in the DQIP are successfully achieved. A DQIP also requires ongoing communication with the CoC, including CoC notification before any DQIP is initiated and information on progress toward goals and objectives.

### 8.3.1 Initiation

A DQIP may be advised when an annual monitoring visit or quarterly data quality reports document one or more ongoing improvement opportunities related to data quality within a given organization (i.e., ongoing is defined as the improvement opportunity lasting longer than a specific period of time as defined by the CoC, the Alaska HMIS Advisory Board and ICA without resolution).

### 8.3.2 Components

An effective Quality Improvement Plan includes a description of the following elements:



### 8.3.3 Evaluation

Dependent upon DQIP evaluation results, the appropriate process from the options below will take place:

1. Organizations that meet required minimum standards will have their DQIP concluded and will return to the regular monitoring and oversight process.
2. Organizations that do not meet data quality standards by the end of their DQIP period, but have shown improvement, may have their DQIP extended to facilitate and ensure continued improvement. Such an extension plan will be a collaborative decision between the CoC, the AKHMIS Advisory Board, ICA, and the organization.
3. Organizations that do not meet data quality standards by the end of their DQIP period and have not shown improvement or active engagement in their DQIP will be reported to the CoC for further review of the situation. The CoC will engage the organization, the AKHMIS Advisory Board, and ICA in communication regarding next steps.

Organizations that continue to demonstrate a complete inability to meet minimum data quality standards and a lack of engagement may have their HMIS access suspended, at the discretion of the CoC and the Alaska HMIS Advisory Board, to preserve the integrity of HMIS and ensure that other organizations do not suffer due to poor data quality from another organization. Suspension will be a last resort and will not occur without all other options being considered nor without extensive communication between the CoC, the AKHMIS Advisory Board, and the organization.

See [Appendix B](#) for a sample Data Quality Improvement Plan template.

## 8.4 HMIS Annual Monitoring Tool

The CoCs, the Alaska HMIS Advisory Board, and ICA will use a standard HMIS Annual Monitoring Tool to evaluate how compliant an organization entering data into HMIS is with this Data Quality Plan, HMIS policies and procedures, organization agreements, user agreements, and any other documents governing the use of HMIS.

If data quality improvement opportunities are identified in any area during the evaluation, a Data Quality Improvement Plan may be created to assist the organization in addressing improvement opportunities using concrete, time-bound action steps.

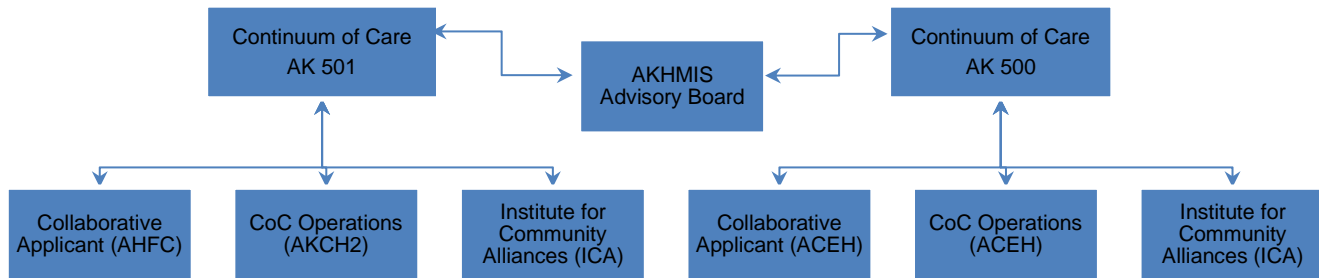
## 8.5 New Project Monitoring

New organizations, projects, and end users are monitored for data quality within 20 days of receiving access to HMIS. ICA will run data quality reports to ensure data entry is running smoothly and to find any fundamental issues with project set-up or data entry processes that are negatively impacting data quality to address them quickly. New project Monitoring results will be addressed directly with the organization, project, or end user through a webinar, review training, or other defined step. See [Appendix C](#) for HMIS Annual Monitoring Tool.

Appendix

- A. Specific Responsibilities of the Parties
- B. Data Quality Improvement Plan
- C. HMIS Annual Monitoring Tool
- D. HMIS Data Monitoring Process
- E. HMIS Participating Organization Agreement

## APPENDIX A: SPECIFIC RESPONSIBILITIES OF THE PARTIES



### 1. Alaska Balance of State Continuum of Care and the Anchorage Continuum of Care

The two Alaska Continua of Care serve as the HMIS governance body, providing oversight, project direction, policy setting, and guidance for the HMIS project. It is the responsibility of the Continua to:

- a. Designate the HMIS Lead, when applicable, the software to be used for HMIS, and approve any changes to the HMIS Lead Agency or software.
- b. Obtain and maintain the contract with the selected software vendor.
- c. Request revision to any HMIS operational agreement, policy, procedure, privacy plan, security plan, and data quality plan for HMIS developed by ICA, reviewed by Alaska HMIS Advisory Board, and recommended to the CoC governing bodies for approval.
- d. Ensure recipients and subrecipients are participating in HMIS and are in compliance with the Privacy Plan, Security Plan and Data Quality Plan.
- e. Ensure HMIS is administered in compliance with the requirements prescribed by [HUD HMIS Data Standards](#).
- f. Conduct outreach to homeless assistance agencies not using HMIS and encourage these agencies and other mainstream programs serving people experiencing homelessness to participate in HMIS.
- g. Work to inform elected officials, government agencies, the nonprofit community, and the public about the role and importance of HMIS and HMIS data.
- h. Promote the effective use of HMIS data, including its use to measure the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs.
- i. Provide all local information as necessary for compilation of the Continuum of Care Housing Inventory Count and Point-in-Time Count, System Performance Measures, and support ICA in preparing required annual reports.
- j. Publicly post Governance Charters, HMIS Policies and Procedures, and other relevant documentation.
- k. Ensure agency and user compliance with the [HUD HMIS Data Standards](#), and all HMIS operational agreements, policies, and procedures via regular reporting from ICA.
- l. Approve ICA recommendations to terminate a user license or restrict the HMIS participation of a



Partner Agency.

## 2. Alaska HMIS Advisory Board

The HMIS operates under a model of shared governance by the two Alaska Continua of Care. The Continua exercise the following responsibilities for HMIS governance through the Alaska HMIS Advisory Board:

- a. Serve as the primary conduit of two-way and consistent communication between ICA, and the two Alaska Continua of Care, the Alaska Balance of State Continuum of Care, and the Anchorage Continuum of Care.
- b. Monitor and govern to continuously improve the HMIS.
- c. Ensure the HMIS scope aligns with the requirements of agencies, HUD, and other stakeholder groups. Address any issue that have major implications for the HMIS, such as [HUD HMIS Data Standards](#) revisions or HMIS Vendor performance problems to provide recommendations to the CoC boards.
- d. Review HMIS operational policies procedures, and protocols developed by the ICA and submit recommended documents to each CoC Board of Directors or equivalent CoC governing body for approval.
- e. More information on the purpose, responsibilities, and structure of the Alaska HMIS Advisory Board shall be found in the Alaska HMIS Advisory Board Governance Charter.

## 3. ICA Role in AK HMIS

The CoCs designate ICA to administer HMIS operations on its behalf, and to provide HMIS technical administrative functions at the direction of the Continua through the CoC governing bodies and achievements outlined in the contractual agreement. ICA is responsible for managing and administering HMIS operations and activities, as designated by the CoC. ICA exercises these responsibilities at the direction of the CoC Boards. These responsibilities are contingent on receipt of the appropriate funding from participating Continua and Partner Agencies. The responsibilities of ICA, as contract agreement warrants, include:

### *1. General*

- a. Responsible for the activities and tasks outlined in the HUD [HMIS System Administrator Checklist](#)
- b. Determine the parameters of the HMIS as it relates to continuity of service, ability to limit access to the data, hosting responsibilities, general security and maintenance issues, data storage, back-up and recovery, customization, compliance with HUD Data Standards, reporting needs, training, and technical support. Provide overall staffing for the operation of the HMIS.
- c. Develop policies, procedures, and protocols for functions essential to the viability and success of the HMIS including, but not limited to: operational agreements, data privacy, data quality, analysis, reporting, and data sharing protocols to be reviewed by the Alaska HMIS Advisory Board and approved by the two continua boards.
- d. Maintain all HMIS policies, procedures, and protocols for functions essential to the viability and success of the HMIS including, but not limited to operational agreements, data privacy, data quality,

analysis, reporting, and data sharing protocols.

- e. Obtain signed Partner Agency Agreements, Interagency Data Sharing Agreements, and User Agreements.
- f. Invoice the two Continua of Care in Alaska for HMIS fees.
- g. Monitor Partner Agencies and users to ensure compliance with HMIS operational agreements, policies, and procedures on behalf of, and at the direction of, the Alaska HMIS Advisory Board.
- h. Convene a minimum of four meetings of the Alaska HMIS Advisory Board annually.
- i. Participate as a voting or non-voting member of the Alaska Continua's Board of Directors or equivalent decision-making body.
- j. Attend the HMIS or Data Committee meetings of the two Alaska Continua, as needed.
- k. Provide and maintain the ICA website.
- l. Comply with [HUD HMIS Data Standards](#) (including anticipated changes to the current [HUD HMIS Data Standards](#)) and all other applicable laws.
- m. Responsible for HMIS meeting HUD compliance standards annually.

*II. Administer the software, including:*

- a. Ensure the software vendor complies with the responsibilities designated below in Section D.3 and communicate to the Alaska HMIS Advisory Board and the CoCs if compliance is compromised.
- b. Report any concerns with the software vendor to the Alaska HMIS Advisory Board.
- c. Inform Continua and agencies how each major software release will change or impact current workflow and operations.
- d. Ensure software is in compliance with current [HUD HMIS Data Standards](#), local privacy policies, and other applicable law, and abides by any restrictions clients have placed on their own data.

*III. Administer HMIS end users, including:*

- a. Provide and manage end user licenses, including authorizing usage and the level of access to HMIS for all users.
- b. Provide the necessary training for the organizations and users within the CoCs, such as: New User Training, Management Training, Report Training, HMIS Security Training, and Refresher Training.
- c. Provide specific training for Program Directors and end users.
- d. Provide all training and user guidance needed to ensure appropriate system use, data entry, data reporting, and data security and confidentiality.
- e. Maintain documentation of user training completion.
- f. Outreach to Partner Agencies to provide end user support.
- g. Develop and maintain a how-to manual and / or visual guide that provides data entry guidance for users.

- h. Maintain an email helpdesk for user support.
- i. Communicate at least monthly with users through an e-newsletter. The e-newsletter will provide information on upcoming regulatory changes, software upgrades, current HMIS news, grants, training, etc.

#### *IV. Ensure Data Quality*

- a. Ensure all client and homeless program data are collected in adherence to the current [HUD HMIS Data Standards](#), the HMIS Policies and Procedures, and local additional requirements.
- b. Develop and implement a Data Quality Plan for review by the Alaska HMIS Advisory Board and final approval through the two CoCs.
- c. Monitor data quality and generate data quality reports to inform the CoCs about data quality regularly as described in the Data Quality Plan.
- d. Provide to the Alaska Data Quality Committee, a subcommittee of the AKHMIS Advisory Board, and the CoCs data quality reports on a quarterly basis. For all HMIS-participating organizations and offer additional training to those organizations that need to improve their data quality. The quarterly reports for the Alaska Data Quality Committee will provide information on timeliness, bed utilization rates, and data completeness for all projects.
- e. Assist Partner Agencies and users to rectify data quality concerns.
- f. Provide technical assistance to users that need help correcting data entry errors.
- g. Refer unresponsive agencies and agencies failing to meet data quality standards to CoC Leadership for review, with possible consequences outlined the data quality plan.
- h. Carry out aggregate data extraction and reporting under the guidance of the Alaska HMIS Advisory Board.
- i. Assist Partner Agencies with agency-specific data collection and reporting needs, such as the Annual Performance Report and other program reports (within reason and within constraints of budget and other duties).
- j. Develop HMIS data entry workflow and requirements for HMIS data and reporting to meet Partner Agency reporting requirements.

#### *V. Reporting*

- a. Responsible for the ongoing maintenance of existing reports, which includes changes in reports as updates are made to the system.
- b. Complete or provide assistance for the completion HUD CoC Program Notice of Funding Availability, Consolidated Annual Performance Evaluation Report, CoC 10 Year Plans, Partner Agency Annual Performance Reports, Housing Inventory Counts, Point-in-Time Counts, System Performance Measures, and other reports to funders from agencies federally mandated to use HMIS.
- c. Inform HMIS policies and procedures and recommended data entry workflow align with collecting the data necessary to complete the reports listed above.
- d. Construct, run, and publish all necessary system-wide reports to meet federal and local reporting

compliance.

- e. Provide aggregate reports to groups or stakeholders requesting HMIS information within the constraints detailed in the HMIS Policies and Procedures Manual.

*VI. Satisfactory Assurances Regarding Confidentiality and Security:*

It is understood that HMIS will contain client information that may be subject to the privacy and security protections and requirements of [HUD HMIS Standards](#), HIPAA Privacy Rule, other law, and local HMIS privacy and security policies and procedures. ICA hereby agrees that it will use protected client information only for purposes permitted by agreement with Partner Agencies and as permitted by the applicable law and standards. Furthermore, ICA agrees it will make use of all safeguards required by [HUD Privacy Standards](#), HIPAA Privacy Rule, where appropriate, other law, and local HMIS privacy and security policies and procedures in order to prevent any unauthorized disclosure of protected client information.

- a. Develop and implement security and confidentiality plans required by the [HUD HMIS Standards](#).
- b. Assist Partner Agencies to rectify agency data security and privacy concerns.

# APPENDIX B: DATA QUALITY IMPROVEMENT PLAN

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Period of Data Quality Improvement Plan (DQIP) Implementation: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Organization Contact and Information: \_\_\_\_\_

Name of Project(s) Included in DQIP

\_\_\_\_\_  
*Organization Staff Responsible for DQIP* \_\_\_\_\_  
*Role*

\_\_\_\_\_  
*Organization Staff Responsible for DQIP* \_\_\_\_\_  
*Role*

\_\_\_\_\_  
*Organization Staff Responsible for DQIP* \_\_\_\_\_  
*Role*

\_\_\_\_\_  
*ICA Staff Responsible for DQIP* \_\_\_\_\_  
*Role*

\_\_\_\_\_  
*ICA Staff Responsible for DQIP* \_\_\_\_\_  
*Role*

\_\_\_\_\_  
*CoC Staff Responsible for DQIP* \_\_\_\_\_  
*Role*

\_\_\_\_\_  
*CoC Staff Responsible for DQIP* \_\_\_\_\_  
*Role*

| Issue | Baseline Not Currently Being Met | How to Address | How Often and who is responsible | Target Date | Progress Notes | Date Completed |
|-------|----------------------------------|----------------|----------------------------------|-------------|----------------|----------------|
|       |                                  |                |                                  |             |                |                |
|       |                                  |                |                                  |             |                |                |
|       |                                  |                |                                  |             |                |                |

**Additional Narrative:**

**Acknowledgement and Acceptance of Data Quality Improvement Plan**

\_\_\_\_\_

*Program Manager/Organization Executive Director*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*ICA Manager/Director*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*CoC Manager/Director*

\_\_\_\_\_

*Date*

## APPENDIX C: HMIS ANNUAL MONITORING TOOL

### 1. Organization Privacy & Security Verifications

| <b>Privacy Procedural</b>  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| The Consumer Notice is displayed in a public location and is explained to clients upon intake, and extra copies of the HMIS Consumer Notice, Privacy Policy, HMIS Policies and Procedures, and Organization Privacy and Security Policies and Procedures are available for clients.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Clients are provided an opportunity to ask questions about the Consumer Notice.  | <input type="checkbox"/> | <input type="checkbox"/> |
| All HMIS data in hard-copy and all signed forms are stored in a secure location (protected from public/ unauthorized access).  | <input type="checkbox"/> | <input type="checkbox"/> |
| Workstations are located in a non-public location OR monitored to prevent public/unauthorized access and screens face away from public view.   | <input type="checkbox"/> | <input type="checkbox"/> |
| HMIS user credentials (Passwords and Usernames) are not being shared between users, and not written down in plain view or saved within browser (login-required password managers are allowed).   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Data Security</b>   | <b>Yes</b>               | <b>No</b>                |
| A secure internet connection is used to access the HMIS.   | <input type="checkbox"/> | <input type="checkbox"/> |
| A firewall is installed, active, and automatically updating (or updated regularly) on each workstation computer OR on the network.   | <input type="checkbox"/> | <input type="checkbox"/> |
| All workstation computers have updated operating systems.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatically updating antivirus software is Installed and active on all workstation computers.  | <input type="checkbox"/> | <input type="checkbox"/> |
| All workstation computers use an updated browser to access the HMIS (that is NOT Internet Explorer).   | <input type="checkbox"/> | <input type="checkbox"/> |
| All workstations have an automatic, password-protected screensaver that activates after 5 minutes (or less) of inactivity.   | <input type="checkbox"/> | <input type="checkbox"/> |
| ** Unauthorized access to devices is restricted by turning off File Sharing and Network Discovery (recommendation only; not required).   | <input type="checkbox"/> | <input type="checkbox"/> |
| If devices are used in the field they are encrypted upon lock-out  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Compliance</b>  | <b>Yes</b>               | <b>No</b>                |
| The Organization has a Client Grievance Policy and Procedure allowing clients to submit comments regarding HMIS data privacy and security.   | <input type="checkbox"/> | <input type="checkbox"/> |
| The Organization ensures the HMIS is only accessed and used by persons with current, signed User Agreements with their own personal HMIS license.  | <input type="checkbox"/> | <input type="checkbox"/> |
| The Organization has a current, executed HMIS Participation Agreement on file with ICA and if applicable, a signed or executed Interorganizational Data Sharing and Coordinated Services Agreement   | <input type="checkbox"/> | <input type="checkbox"/> |
| The Organization follows Security and Privacy Policies and Procedures for HMIS data that are compliant with HMIS requirements (e.g., addressing management, handling, storage, communication, and disposal of hard-copy and/or electronic Personally Identifiable Information (PII)/Personal Protected Information (PPI)). | <input type="checkbox"/> | <input type="checkbox"/> |
| The Organization regularly monitors itself for compliance with Organization and HMIS privacy and security policies.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Current HMIS data elements are being collected.  | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                          |                          |
|---|--------------------------|--------------------------|
| The Organization notifies ICA when any HMIS User is no longer employed at the Organization or and/or no longer needs access to the HMIS.              | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Project Type Specific Procedures</b>   | <b>Yes</b>               | <b>No</b>                |
| Supportive Service Only Projects, including Day Shelter and Outreach Projects: Staff know and are following the Organization and CoC Discharge Policy | <input type="checkbox"/> | <input type="checkbox"/> |
| RHY Projects: Contact Logs are being created and follow ups being recorded.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Street Outreach Project: Outreach contacts are being recorded.  | <input type="checkbox"/> | <input type="checkbox"/> |

2. Project Verifications - Replicate & complete this section for EACH project

**Project Name:** \_\_\_\_\_ **Funding Source(s):** \_\_\_\_\_

Inventory

| Bed Type                      | Number of Beds |
|-------------------------------|----------------|
| Chronically Homeless Veterans |                |
| Youth Veterans                |                |
| Other Veterans                |                |
| Chronically Homeless Youth    |                |
| Other Youth                   |                |

| Bed Type                       | Number of Beds |
|--------------------------------|----------------|
| Any Other Chronically Homeless |                |
| Non-Dedicated Beds             |                |
| Total Bed Inventory            |                |
| Total Unit Inventory           |                |
|                                |                |

Data Quality Check

| Date Data Checked:       |   |                          |                          |
|--------------------------|---|--------------------------|--------------------------|
| ✓                        | Standard  | Yes                      | No                       |
| <input type="checkbox"/> | Are entries and contacts being recorded within the timeliness standards in the Data Quality Plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Are exits being recorded within the timeliness standards in the Data Quality Plan?                | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Project is meeting completeness standards for UDEs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Project is meeting completeness standards for Destinations?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Project is meeting completeness standards for Prior Living Situations ?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Project is meeting completeness standards for AK-specific DEs?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Project is meeting completeness standards for PSDEs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | CoC-funded Only: Project is meeting completeness standards for Annual updates?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Supportive Services Only: Clients being exited/discharged appropriately?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Outreach Only: Contact are being recorded?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Is Bed and Unit Inventory current in HMIS?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Are Data Accuracy measures being updated/addressed as necessary?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Are all active HMIS users entering data <b>on a regular basis</b> ?                               | <input type="checkbox"/> | <input type="checkbox"/> |

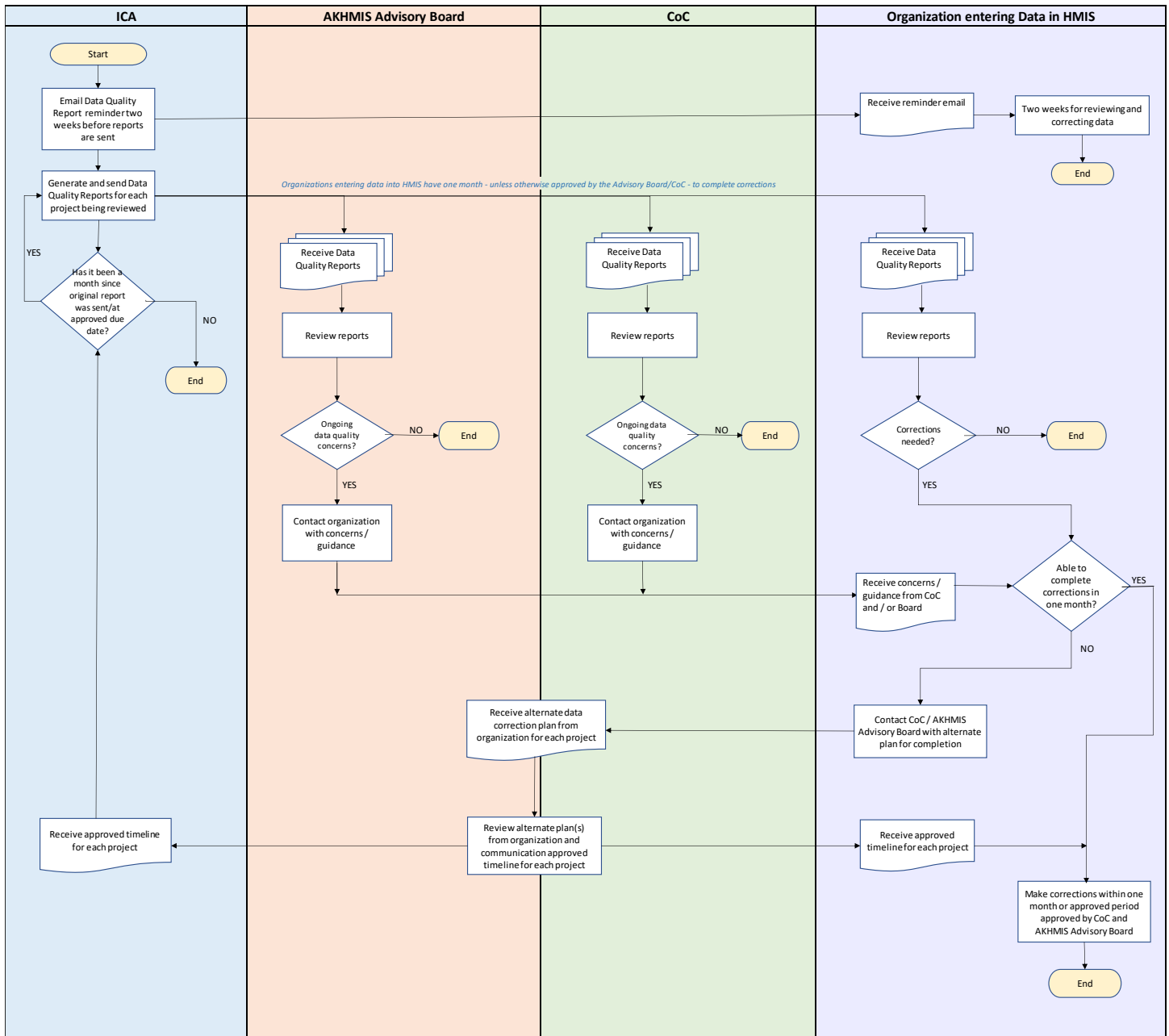


Comments:

**Completed By:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

# APPENDIX D: HMIS DATA MONITORING PROCESS

Level Two: AKHMIS System Quarterly Monitoring



## APPENDIX E: HMIS – PARTICIPATING ORGANIZATION AGREEMENT

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Any organization participating in the CoC’s HMIS is expected to adhere to the data quality standards as laid out in the Data Quality Plan. This includes baseline requirements for the following pieces of data quality:

- **Data Completeness** (how many of the required data elements in HMIS are completed for any given client)
- **Data Timeliness** (how long does it take for the data to be entered into HMIS once it is collected from the client)
- **Data Accuracy** (how much does the data entered into HMIS reflect the client’s or project’s reality)
- **Data Consistency** (how equally the data elements are explained, interpreted, and entered into HMIS)

This organization is entering data into HMIS for the following project(s): **list out the project names and types**

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The above project(s) are required to abide by the following baseline requirements, as laid out in the Data Quality Management Plan: **list out the specific baseline requirements as laid out in the DQMP for completeness, timeliness, and accuracy**

Data Completeness: \_\_\_\_\_

Data Timeliness: \_\_\_\_\_

Data Accuracy: \_\_\_\_\_

Should this organization fail to uphold the data quality standards, this organization shall implement a Data Quality Improvement Plan, as discussed and defined in the Data Quality Plan. Failure to comply with a created Data Quality Improvement Plan could result in the following: **list out specific results of failing to comply with a Data Quality Improvement Plan**

- Loss of user licenses
- Loss of access to HMIS as an organization
- Decreased funding

The responsibilities of this organization related to this Agreement include the following:

- Maintain a high level of HMIS data quality, using the baseline requirements as laid out in the Data Quality Plan as the baseline threshold for meeting the expectation.
- Seek assistance from the ICA and/or CoC when there are questions about HMIS and HMIS data quality.
- Be responsive to questions and requests from both ICA and the CoC related to HMIS data quality.
- Inform ICA and the CoC when changes occur within this organization that specifically relate to HMIS and/or HMIS data quality, including but not limited to:
  - Inform ICA when an existing HMIS user no longer needs access to the system, within 24 hours of no longer needing access.
  - Inform ICA when a new HMIS user needs to receive training on HMIS data entry.
  - Inform the CoC and ICA when an existing HMIS project ends, at least 21 days prior to the project's termination.
  - Inform the CoC and ICA when a new HMIS project needs to be created, at least 21 days prior to the project's beginning.

The responsibilities of ICA related to this Agreement include the following:

- Provide sufficient training, resources, materials, and follow-up to this organization and its HMIS users to ensure a high level of understanding related to entering data into HMIS.
- Respond to this organization's questions and concerns related to HMIS and HMIS data quality;
- Provide tools for this organization to monitor its own data quality in HMIS.
- Ensure this organization and its HMIS users understand the data entry requirements related to the specific projects this organization enters into HMIS.

The responsibilities of the CoC related to this Agreement include the following:

- In conjunction with ICA, ensure this organization understands the Data Quality Plan and its importance.
- Provide a clear and transparent process, as addressed in the Data Quality Improvement section of the Data Quality Plan, for providing this organization with incentives and improvement process as it relates to HMIS data quality.
- Ensure ICA and this organization have sufficient resources to be as proactive in HMIS data quality monitoring as possible.
- In conjunction with ICA, determine the consequences for this organization should they fail to abide by this Agreement or a Data Quality Improvement Plan.

This Agreement is effective from the date of signature and will be in effect until this Agreement is updated or the organization is no longer participating in HMIS.

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HMIS Participating Organization & Signature

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Date

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Institute for Community Alliances (ICA) Signature

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Date

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Continuum of Care & Signature

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Date