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1. HMIS Data Quality Plan

1.1 INTRODUCTION

This document describes the Homeless Management Information System (HMIS) data quality plan for the Metropolitan Denver Homeless Initiative (MDHI) Continuum of Care (CoC). This document includes data quality standards and expectations, as well as data quality components and protocols for ongoing data quality monitoring which meet requirements set forth by the Department of Housing and Urban Development (HUD). This HMIS Data Quality Plan shall be updated annually, and shall include the latest HMIS data standards set by HUD and MDHI.

1.2 HMIS Data and Technical Standards

HMIS is a locally administered electronic data collection tool used to collect ongoing longitudinal data on homeless or at-risk families and individuals who receive assistance from community homeless and other human services providers. The longitudinal data collected can be used to increase the community’s understanding of the size, characteristics and needs of the population for grant writing, program/system-wide performance evaluation, and to advance effective fact-based funding and legislative decision making and to ensure that clients are served efficiently and effectively. In July 2003, the Department of Housing and Urban Development (HUD) published a draft notice of the HMIS Technical Data Standards. In July 2004, HUD finalized and published the HMIS Technical Data Standards in the Federal Register. HUD’s objective was to encourage communities around the nation to set up an HMIS. The notice specified which data elements should be collected in order to ensure consistency across the nation and established minimum baseline policies and procedures for privacy, confidentiality and security standards designed to protect client level data. In 2005, the Annual Homeless Assessment Report (AHAR) reporting process was established. This process identified the procedures to collect/report HMIS data to Congress to be used for federal appropriation decisions. HUD also stated that collecting HMIS data would earn points for the CoC in the SuperNOFA grant application ratings. The vision was that as communities participated in HMIS, more accurate information would be collected. This information would be more reflective of the plight of the homeless and at-risk population and nationally a better understanding would result. In 2010, HUD amended the HMIS Technical Data Standards. HMIS is the de-facto database for homeless and at-risk data collection efforts; as the standards continue to evolve they will produce data that can positively impact funding/policies decisions that solve the problem of homelessness in the United States and communities at-large.

1.3 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. No data collection system has a quality rating of 100%. However, to meet MDHI’s goals of presenting accurate and consistent information on homelessness, it is critical that the HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, the goal is to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact on the homeless service system. To that end, our CoC will assess the quality of our data by examining characteristics such as timeliness, completeness, and accuracy.
1.4 What is a Data Quality Plan?

A data quality plan is a community-level document that facilitates the ability of the CoC to achieve statistically valid and reliable data. The data quality plan’s purpose is to standardize and communicate expectations, and to provide guidance and support for all participating agencies. A data quality plan is generally developed by the Continuum of Care and the HMIS Lead Agency with input from community stakeholders and is formally adopted by the CoC. In short, a data quality plan sets expectations for agencies that use HMIS to capture reliable and valid data on persons accessing the homeless assistance system.

1.5 What is a Data Quality Monitoring Plan?

A data quality monitoring plan is a set of procedures which outline a regular, on-going process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.
2. DATA QUALITY PLAN COMPONENTS

2.1 Data Components

It is important that our community has the ability to understand the characteristics of the clients that are served. Service providers, community leaders and CoC leadership need to be able to articulate the impact of our efforts. To ensure that this is possible, agencies must use either the Program Specific Data Set or the Universal Data Set. All housing programs (S+C, SSO-ARP, SRO, ESG-RR/HP, Transitional, Permanent and Permanent Supportive Housing programs) should use the Program Specific Data Set. All shelters, service only programs, outreach and other programs without an APR reporting requirements should use the Universal Data Set.

All data quality evaluations will be based on the timeliness, completeness and accurate collection of the appropriate data set. Failure to comply with the data standards described below will be addressed on a case-by-case basis.

2.2 Data Timeliness

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection/service transaction and the data entry. The individual doing the data entry has to rely on handwritten notes or their own recall of a case management session, a service transaction, or a program exit date; therefore, the sooner the data is entered, the better the chance the data will be correct. Timely data entry also ensures that the data is accessible when it is needed, either proactively (for monitoring purposes, increasing awareness, or meeting funded requirements), or reactively (in response to requests for information, or to respond to inaccurate information).

- **Emergency Shelters:** Universal Data Elements and Housing Check-In/Check-Out must be entered within 5 business days.
- **Transitional and Permanent Supportive Housing Programs:** Universal Data Elements, Program-Specific Data Elements, and Housing Check-In/Check-Out must be entered within 5 business days.
- **ESG Rapid Re-Housing and Homelessness Prevention Programs:** Universal and Program-Specific Data Elements must be entered within 5 business days.
- **Outreach Programs:** Limited data elements must be entered within 3 business days of the first outreach encounter. Upon engagement for services, all remaining Universal Data Elements must be entered within 5 business days.
- **Supportive Services Only Programs (w/APR):** Universal Data Elements, Program-Specific Data Elements, and Housing Check-In/Check-Out must be entered within 5 business days.
- **Supportive Services Only Programs (w/o APR):** Universal Data Elements must be entered within 5 business days.

*Agency Self-Assessment Procedure:*

- **Data Entry Timeliness Reports** – This report should be used to evaluate whether data entry has been done in accordance with HUD’s specified turnaround timeframe of 5 business days. It is important that agencies be able to measure the timeliness of their data entry. This report, accessed via the AES Ad-hoc Reporting Tool, will help identify any short-coming associated with meeting this data entry objective. Each agency must run this report on a quarterly basis to evaluate anyone within the agency who may be having difficulties meeting the 5 day turnaround requirement. (Agencies who do not meet the timeliness requirement should begin running this report on a monthly basis versus a quarterly basis.
Agencies should run a separate report for each program type, and a written corrective action plan should be put in place to address any employees who do not enter data in accordance with the data timeliness requirements. A copy of the written corrective action plans should be emailed to the HMIS Help Desk.

2.3 Data Completeness

All data entered into the HMIS shall be complete. Partially complete or missing data (e.g., missing digit(s) in a SSN, missing the year of birth, missing information on disability or veteran status) can negatively affect our ability to provide comprehensive care to clients. It is every HMIS user’s responsibility to report an accurate picture of the homeless and at-risk population that facilitates accurate reporting and analysis.

MDHI’s goal is to collect 100% of all data elements for all household members. However, MDHI recognizes that this may not be possible in all cases. Therefore, an acceptable range of null/missing and unknown/don’t know/refused responses has been established, depending on the data element and the program type. Missing data elements are data elements that were either not collected or collected but were not entered into HMIS. Don’t know/refused data elements are those data elements that were not collected because the client either doesn’t remember the information or refuses to answer the question. Don’t know/refused is from the clients’ perspective and is not used to denote that the information was not collected.

Participating agencies will make their best effort to record accurate data. Only when a client refuses to provide his or her or dependent’s personal information and the program funder does not prohibit it, it is permissible to enter incomplete client data. Some recommended procedures to follow are:

- If a client will not provide their date of birth, you may collect the age and set the date of birth to 1/1/XXXX, where XXXX is the actual year of birth.
- If a client refuses to provide the remaining identifiable elements, record the answer as “refused”.

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

Overall completeness requirements by program type are:

Emergency Shelters (overnight—night to night entry, no reserved bed): overall 85%
Emergency Shelters (program—reserved bed): overall 85%
Transitional and Permanent Supportive Housing Programs: overall 95%
ESG Rapid Re-Housing and Homelessness Prevention Programs: overall 95%
Outreach Programs: overall 75%
Supportive Services Only Programs (w/APR): overall 95%
Supportive Services Only Programs (w/o APR): overall 85%
Acceptable range of missing (null) and unknown (don’t know/refused) responses by program type:

<table>
<thead>
<tr>
<th>Data Element</th>
<th>TH, PSH, HUD SSO, ESG RRH, ESG HP, Emergency Shelter (program—reserved bed)</th>
<th>Emergency Shelter (night to night entry, no reserved bed), Non-HUD SSO</th>
<th>Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>First &amp; Last Name</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
</tr>
<tr>
<td>Full SSN</td>
<td>0% 2.5%</td>
<td>N/A N/A</td>
<td>N/A N/A</td>
</tr>
<tr>
<td>SSN (at least last 4 digits)</td>
<td>N/A N/A</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
</tr>
<tr>
<td>Date of Birth (DOB)*</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
</tr>
<tr>
<td>Race</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
</tr>
<tr>
<td>Ethnicity Hispanic or Latino(a)</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
</tr>
<tr>
<td>Gender</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
</tr>
<tr>
<td>Veteran Status (Adults)</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
<td>10% 10%</td>
</tr>
<tr>
<td>Disabling Condition (Adults)</td>
<td>0% 2.5%</td>
<td>0% 30%</td>
<td>0% 10%</td>
</tr>
<tr>
<td>Prior Living Situation</td>
<td>0% 2.5%</td>
<td>0% 30%</td>
<td>10% 10%</td>
</tr>
<tr>
<td>Length of Stay</td>
<td>0% 2.5%</td>
<td>0% 30%</td>
<td>10% 10%</td>
</tr>
<tr>
<td>Continuously Homeless</td>
<td>0% 2.5%</td>
<td>0% 30%</td>
<td>10% 10%</td>
</tr>
<tr>
<td>Times Homeless</td>
<td>0% 2.5%</td>
<td>0% 30%</td>
<td>10% 10%</td>
</tr>
<tr>
<td>Evicted</td>
<td>0% 2.5%</td>
<td>0% 30%</td>
<td>0% 2.5%</td>
</tr>
<tr>
<td>Reasons</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
<td>10% 10%</td>
</tr>
<tr>
<td>Zip Code of Last Permanent Address</td>
<td>0% 2.5%</td>
<td>0% 30%</td>
<td>20% 20%</td>
</tr>
<tr>
<td>Family Type</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
<td>5% 5%</td>
</tr>
<tr>
<td>Marital Status</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
<td>20% 20%</td>
</tr>
<tr>
<td>Housing Status (Entry)</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
<td>0% 2.5%</td>
</tr>
<tr>
<td>Housing Status (Exit)</td>
<td>0% 2.5%</td>
<td>N/A N/A</td>
<td>N/A N/A</td>
</tr>
<tr>
<td>Income &amp; Benefits (Entry)</td>
<td>0% 2.5%</td>
<td>N/A N/A</td>
<td>N/A N/A</td>
</tr>
<tr>
<td>Income &amp; Benefits (Exit)</td>
<td>0% 2.5%</td>
<td>N/A N/A</td>
<td>N/A N/A</td>
</tr>
<tr>
<td>Category</td>
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<td>2.5%</td>
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</tr>
<tr>
<td>-------------------------------</td>
<td>----</td>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td>Destination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for Leaving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health (Entry)**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Abuse (Entry)**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment (Entry)**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education (Entry)**</td>
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<td></td>
</tr>
<tr>
<td>Health (Exit )**</td>
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<tr>
<td>Domestic Abuse (Exit)**</td>
<td></td>
<td></td>
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<tr>
<td>Employment (Exit)**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education (Exit)**</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Date-of-Birth (DOB) – if client is not aware of their DOB use their age to calculate the year and enter the DOB in as 01/01/XXXX (which denotes the year associated with the age).

** The completeness requirement applies to each of the questions in the category.

MDHI will utilize the data completeness standards in the chart above as we collect and review baseline data for HMIS Data Quality Completeness for the CoC. We will examine the findings and amend the above standards as appropriate.

**Agency Self-Assessment Procedure:**

- **Data Completion Scores** - Using the appropriate DQ reports (Universal or Program Specific) all agencies should evaluate if all client level data that is entered into HMIS adheres to the appropriate program type completeness score. These reports must be generated and evaluated by the agency on a quarterly basis. (Agencies who do not meet the timeliness requirement should begin running this report on a monthly basis versus a quarterly basis until they have corrected any issues.) Corrective action should be taken if necessary to ensure that the agency meets or exceeds the goal for the appropriate program type. Should an agency fall short of the data completeness requirements, a written corrective action plan must be submitted to the HMIS Help Desk via email.

**2.4 Bed/Unit Utilization Rates and or Service Volume Rate**

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 the 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 the HMIS. This feature is currently under development, and this section will be updated upon completion.
2.5 Data Accuracy & Consistency

Accuracy of data in an HMIS can be difficult to assess. It depends on the client’s ability to provide the correct data and the intake worker’s ability to document and enter the data accurately. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they don’t collect it in a consistent manner, then the data may not be accurate. Accuracy will be assessed based on the monitoring activities outlined in the Data Quality Plan. Information entered into the HMIS needs to be valid, i.e. it needs to accurately represent information on the people that enter any of the homeless service programs contributing data to the HMIS. Inaccurate data may be intentional or unintentional. In general, false or inaccurate information is worse than incomplete information, since with the latter, it is at least possible to acknowledge the gap. Thus, it should be emphasized to clients and staff that it is better to enter nothing (or preferably “don’t know” or “refused”) than to enter inaccurate information. To ensure the most up-to-date and complete data, data entry errors should be corrected as they are detected.

All data entered into the MDHI HMIS shall be a reflection of information provided by the client, as documented by the intake worker or otherwise documented by the client. Data entered into the data base must meet a 100% accuracy rate. Recording inaccurate information is strictly prohibited, unless in cases when a client refuses to provide correct personal information (see below). Data consistency will ensure that data is understood, collected, and entered consistently across all programs in the HMIS. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they don’t collect it in a consistent manner, then the data may not be accurate. All data in HMIS shall be collected and entered in a common and consistent manner across all programs. To that end, all intake and data entry workers will complete an initial training before accessing the live HMIS system.

Agency Self-Assessment Procedure:

- **Data Accuracy**: Agencies are ultimately responsible for the accuracy of their data. In order to ensure accuracy, source documentation must be reviewed on a consistent basis. It is each agency’s responsibility to develop a self-monitoring plan to evaluate/audit the accuracy of their HMIS entered data. Agencies must designate agency personnel (HMIS Site Administrator) to perform quarterly accuracy audits. The HMIS Site Administrator is responsible for ensuring that accuracy of data entered into HMIS by sampling the data. They can use the following methods:

  **Sampling**: Unless a more accurate method is available (e.g., client interview, third party verification, etc.), a sampling of client source documentation can be performed to measure the data accuracy rate. Agencies will be required to self-audit **10%** of their client records on a monthly/quarterly basis, comparing the source information to that entered in the HMIS. The Agency audit form should be completed and kept for the HMIS Lead Agency staff’s annual review.

- **Data Consistency Checks**: The HMIS Site Administrator should check data accuracy and consistency by running program enrollment reports to analyze the completion of enrollments, interim assessments and exits. For example, the following instances will be flagged and reported as errors:
  - Mismatch between exit/entry data
  - Conflicting assessments
  - Household composition error
3. DATA QUALITY MONITORING

3.1 Roles and Responsibilities

- **Agency** – Each agency’s Executive Director and/or empowered officer has the option to designate an agency representative to act as the agency’s HMIS Site Administrator. If the agency chooses not to designate an HMIS Site Administrator it is the responsibility of the Executive Director to ensure compliance with the policies and procedures of this manual. Agencies are ultimately responsible for the quality of their data. If agencies abide by the policies and procedures outlined in the Policy and Procedure manual and monitor the integrity and security of client data, it will ensure that they perform well in an audit. Agencies will be held responsible for the security of their client’s data and will be held accountable for the liability for any misuse of the software by agency staff. Performing the quarterly CoC APR Data Collection Tool detailed in the Section 2.2 of this manual will ensure that agencies are aware of their Data Quality performance. It is the responsibility of the agency to coordinate with the HMIS Lead Agency Support Staff to conduct the Agency Site Visit. The agency will make available 10% of client records (5% audited agency records and 5% of randomly selected unaudited records).

- **HMIS Lead Agency Support Staff** - Notify Agency contact 30 days in advance of a site visit. Conduct the site visit in a professional, consistent and fair manner. Provide guidance to increase the understanding and definition of federal policies, procedures, guidelines and best practices. Provide oversight/monitoring of CoC Data Quality and Security standards.

- **MDHI CoC Staff** - Notify Agency contact 30 days in advance of a site visit. Conduct the site visit in a professional, consistent and fair manner. Provide guidance to increase the understanding and definition of federal policies, procedures, guidelines and best practices. Provide oversight/monitoring of CoC quality and security standard.

3.2 Monitoring Frequency

- Data Timeliness, Data Completeness and Data Accuracy: quarterly review by agency
- Program Audit: annual audit by HMIS Lead Agency
- Other: Data quality monitoring may be performed outside of the regularly scheduled reviews, if requested by program funders or other interested parties (the agency itself, HMIS Lead Agency, CoC, HUD, or other Federal and local government agencies)

3.3 Compliance

- **Data Timeliness**: The average timeliness rate in any given month should be within the allowed timeframe.
- **Data Completeness**: There should be no missing (null) data for required data elements. Responses that fall under unknown (don’t know or refused) should not exceed the allowed percentages in any given month (see Data Completeness section for standards). Housing providers should stay within the allowed utilization rates.
- **Data Accuracy**: The percentage of client files with inaccurate HMIS data should not exceed 10%. (For example, if the sampling includes 10 client files, then 9 out of 10 of these files must have the entire set of corresponding data entered correctly in HMIS.)
3.4 Data Quality Reporting and Outcomes

The HMIS Lead Agency Staff will send data quality report generation reminders to the agency’s HMIS contact on a monthly basis. The HMIS Lead Agency Staff will evaluate data quality monthly and ensure that agencies that fall below the proposed standards are notified of any deficiencies. Notifications will include any findings and recommended corrective actions. If the agency fails to make corrections or if there are repeated or egregious data quality errors HMIS Lead Agency Staff will make MDHI aware of the agency’s performance. Additionally, any patterns of errors at a participating agency will be reported to the Agency Executive Director for corrective action.

- Participating agencies are expected to correct data errors within 30 days of notification. Poor data quality that has not been addressed for 3 consecutive months will be brought to the attention of MDHI. If after the agency notification, during the next quarter there has been insufficient improvement in performance it will be reported to CoC and agency’s funders.

- Programs will be considered to be out of compliance with their contract agreements if they do not demonstrate a good faith effort to make necessary data corrections after 3 consecutive months of data quality that does not meet the standards outlined in this manual.
Appendix

TERMS & DEFINITIONS

1. **Data Quality Benchmarks** – Quantitative measures used to assess the validity and reliability of the data. These include measures for:
   - **Timeliness** – Is the client information, including intake data, program entry dates, and services provided, and program exit dates entered into the HMIS within a reasonable period of time? *Example: Client information is entered within 2 working days of intake.*
   - **Completeness** – Are all of the clients receiving services being entered into the HMIS? Are all of the appropriate data elements being collected and entered into the HMIS? *Example: All programs using the HMIS shall enter data on 100 percent of the clients they serve. Example: Missing information does not exceed 5 percent for the HUD Universal and Program-Specific Data Elements for all clients served.*
   - **Accuracy** – Does the HMIS data accurately and consistently match information recorded on paper intake forms and in client files? Are HMIS data elements being collected in a consistent manner? *Example: 95 percent of data entered into an HMIS must reflect what clients are reporting. Example: HMIS users will record the full, legal name of the client (first and last) into the system. Do not use nicknames or aliases.*

2. **Data Quality Monitoring Plan** – A set of procedures that outlines a regular, on-going process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

3. **Data Quality Plan** – A community-level document that facilitates the ability of a CoC to achieve statistically valid and reliable data. A data quality plan is generally developed by the HMIS Lead Agency with input from community stakeholders, and is formally adopted by the CoC. At a minimum, the plan should:
   - Identify the responsibilities of all parties within the CoC that affect data quality.
   - Establish specific data quality benchmarks for timeliness, completeness, and accuracy.
   - Describe the procedures that the HMIS Lead Agency will take to implement the plan and monitor progress to meet data quality benchmarks.
   - Establish a timeframe for implementing the plan to monitor the quality of data on a regular basis.

4. **Data Quality Standards** – A national framework for ensuring that every Continuum of Care can achieve good quality HMIS data. It is anticipated that HUD will propose Data Quality Standards that 1) establishes administrative requirements and, 2) sets baseline data quality benchmarks for timeliness, completeness, and accuracy.

5. **Homeless Management Information Systems (HMIS)** – A locally administered, electronic data collection system that stores longitudinal person-level information about the men, women, and children who access homeless and other human services in a community. Each CoC receiving HUD funding is required to have a functional HMIS. Furthermore, elements of HUD’s annual CoC funding competition are directly related to a CoC’s progress in implementing its HMIS.
6. HMIS Data Elements

- **Program Descriptor Data Elements (PDDE)** – data elements recorded about each project in the CoC, regardless of whether the project participates in the HMIS. PDDEs are updated at least annually. HUD’s Program Descriptor Data Elements as set forth in the HMIS Data Standards Revised Notice, March 2010, Data Elements 2.1 through 2.13.

- **Universal Data Elements (UDEs)** – baseline data collection that is required for all programs reporting data into the HMIS. HUD’s Universal Data Elements are set forth in the HMIS Data Standards Revised Notice, March 2010, Data Elements 3.1 through 3.15.

- **Program Specific Data Elements (PDEs)** – data provided about the characteristics of clients, the services that are provided, and client outcomes. These data elements must be collected from all clients served by programs that are required to report this information to HUD. HUD’s Program-specific Data Elements are set forth in HMIS Data Standards Revised Notice, March 2010, Data Elements 4.1 through 4.15H.

- **Annual Performance Report Program Specific Data Elements** – the subset of HUD’s Program-specific Data Elements required to complete the SHP Annual Performance Report (APR) set forth in the HMIS Data Standards Revised Notice, March 2010, Data Elements 4.1 through 4.14

7. HMIS Data Quality – Refers to the reliability and validity of client-level data. HMIS data quality can be measured by the extent to which the client data in the system reflects actual information in the real world.

8. HMIS Reports

- **Annual Homeless Assessment Report (AHAR)** – HUD’s annual report to Congress on the nature and extent of homelessness nationwide.

- **Annual Performance Report (APR)** – A reporting tool that HUD uses to track program progress and accomplishments of HUD homeless assistance programs on an annual basis. Formerly known as the Annual Progress Report.

- **Universal Data Quality** – AES report that returns a list of clients enrolled in a particular program with universal data answers, and includes flags for missing answers.

- **Ad-Hoc Reporting** – AES custom reporting utility that can be used for data quality analysis.

9. HMIS Staff – Staff members of the HMIS Lead Agency that are responsible for user training, user support, reporting, analysis, and quality improvement of the HMIS data.

10. Program Types and Corresponding Funding Sources

- Emergency Shelter (ES): ESG Shelter, VA Community Contract, Other/Private funding

- Transitional Housing (TH): SHP TH, VA GPD, Other/Private funding

- Permanent Supportive Housing (PSH): SHP PH, SPC, Sec. 8 SRO, VASH, Other/Private funding + SHP Safe Haven (for purposes of this DQ Plan)

- Rapid Re-Housing (RRH): ESG RRH, SSVF RRH, Other/Private funding

- Homelessness Prevention (HP): ESG HP, SSVF HP, Other/Private funding

- Outreach: ESG Outreach, SHP SSO with Outreach, PATH, Other/Private funding

- Supportive Services Only Programs (SSO): SHP SSO without Outreach, HHSP, HVRP, Other/Private funding