

# Alameda County Homeless Management Information System 2024 Data Quality Policies and Procedures

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## General Objective:

Data Quality (DQ) is built on five pillars: Timeliness; Completeness; Accuracy; Consistency; and Coverage. The policies and procedures provided in this document are designed to strengthen each of these pillars. This will improve data reliability and help measure the effectiveness of the provision of homeless services within Alameda County. Our intent is to empower our community partners to review data quality regularly and effectively and make consistent improvements in their data quality measures.

## Data Quality Standards

The following data quality standards are the minimal standards to be met by all agencies 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. To ensure that all HMIS users have the necessary support to meet the Alameda County HMIS DQ Standards, all HMIS users must complete required HMIS training before gaining access to the system, and all Coordinated Entry Users must complete required Coordinated Entry training before gaining access to the system.

Data Type	Benchmark (Minimum)
Project Descriptor Data Elements (Completeness)	95%
Universal Data Elements (Completeness)	95% *
Project Specific Data Elements (Completeness)	95%
Timeliness	95%
Accuracy	100%
Consistency	100%
CoC System Bed Coverage in HMIS – Federally Funded	100%
CoC System Bed Coverage in HMIS – Non-Federally Funded	85%
Bed Utilization (ES)	75% MIN – 103% MAX
Bed Utilization (RRH)	75% MIN – 103% MAX
Bed Utilization (PSH)	75% MIN – 103% MAX

\*Street Outreach Projects - Only applies after client has a Date of Engagement

## Data Quality Components

### TIMELINESS:

Timeliness measures the time period between a program entry or program exit date and when the data is entered into HMIS. The shorter the period between the time the data was collected and the time the data was entered, the more beneficial the data is to the community to track services and provide accurate reporting. Timeliness data are used to inform and improve ACHMIS decisions on providing client services. Timely data support good client outcomes.

Timeliness Data Source: DQR Q6 and Q1 or APR Q6e and Q5a							
Data Entry / Days after collection	Project Starts	% of Total	Project Exits	% of Total	Year 1 Goals	Year 2 Goals	Year 3 Goals
0-3 days	DQR Q6 row 1 + 2	DQR Q6 row 1 + 2 / Q1 row 1 as %	DQR Q6 row 1 + 2	DQR Q6 row 1 + 2 / Q1 row 5 as %	>75% of client entries	>85% of client entries	>95% of client entries
4+ days	DQR Q6 row 3 + 4 + 5	DQR Q6 row 3 + 4 + 5 / Q1 row 1 as %	DQR Q6 row 3 + 4 + 5	DQR Q6 row 3 + 4 + 5 / Q1 row 5 as %	<25% of client entries	<15% of client entries	<5% of client entries

### Policy:

Participating agencies/jurisdictions are required to use the Alameda County Continuum of Care (CoC) standard forms as the basis for collecting hard copy input for Universal Data Elements (UDEs) required by HUD at project enrollment, annual updates, and project exit. Additional fields may be added to provider forms as needed by each agency.

### Standard:

The goal of the Alameda County CoC is for 95% of project entry and exit data to be entered in the HMIS within three days of actual Project Start, Project Exit, or Service Provision date.

### Procedure:

Participating agencies/jurisdictions must run the HUD Annual Performance Report (APR) or HMIS Data Quality Report (DQR)<sup>1</sup> at the project level at least once a month to monitor overall agency performance. Agency Liaisons must also run this report on a quarterly basis to share and discuss with the Funder Liaison.

Reports must be run at the project level to identify underperforming projects. The information is used to identify potential workflow issues or staffing issues that are contributing to delayed data entry.

HMIS Lead must present timeliness reporting to HMIS Committee on a quarterly basis.

The CoC must add timeliness to the scoring criteria for the annual CoC Local Competition for funding.

### Best Practice:

Running reports on a monthly basis (agency staff or Agency Liaison) and correcting data quality issues uncovered by the reports builds a culture of timeliness.

Workflow and staffing issues are discovered early which greatly reduces the systemwide impact of data issues. Timeliness metrics must be included in program contracts and monitoring, as well as performance incentives and reporting requirements for funding.

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<sup>1</sup> The HUD Annual Performance Report (APR) includes additional data points not required for the data quality report so may take longer to run, and the HMIS Data Quality Report (DQR) is more specific and may run more quickly. Either report is acceptable for the purposes of the data quality plan.

## COMPLETENESS

Completeness is a measure of whether all the required data elements are entered into HMIS, and whether all the persons being served are reported in HMIS. Error rates include missing data, data not collected, client doesn't know, client refused, and fields with data quality issues. To ensure that programs are eligible for federal, state, and county funding, data must be collected, among other requirements, for all clients being served and/or assessed.

There are two categories of data elements used in HMIS:

1. Universal Data Elements (UDE) - Required of all projects that participate in the Alameda County Homelessness Management Information System (ACHMIS).
2. Program Specific Data Elements (PSDE) - Requirements vary by project type and funding source.

The table below shows the current Data Completeness thresholds by project type for each type of data element collected in HMIS: Universal Data Elements, Program Specific Data Elements at Entry, and Program Specific Data Elements at Exit.

<b>Personally Identifiable Information - Data Source: DQR Q2 or APR Q6a</b>				
Data Element	Error Count	% of Error Rate	Maximum Acceptable Error Rates (ES, TH, RRH, PSH)	Maximum Acceptable error rates for Street Outreach Programs
Name (3.1)	DQR Q2 row 1 col 1+2+3	DQR Q2 row 1 col 4 as %	5%	15%
Social Security Number (3.2)	DQR Q2 row 2 col 1+2+3	DQR Q2 row 2 col 4 as %	10%	20%
Date of Birth (3.3)	DQR Q2 row 3 col 1+2+3	DQR Q2 row 3 col 4 as %	5%	15%
Race Ethnicity (3.4)	DQR Q2 row 4 col 1+2	DQR Q2 row 4 col 4 as %	10%	20%
Gender (3.6)	DQR Q2 row 6 col 1+2	DQR Q2 row 6 col 4 as %	5%	15%
Overall Score*		DQR Q2 row 7 col 4 as %	10%	20%
<b>Universal Data Elements – Data Source: DQR Q3 or APR Q6b</b>				
Data Element	Error Count	% of Error Rate	Maximum Acceptable Error Rates (ES, TH, RRH, PSH)	Maximum Acceptable error rates for Street Outreach Programs
Veteran Status (3.7)	DQR Q3 row 1 col 1	DQR Q3 row 1 col 2 as %	5%	15%
Project Start Date (3.10)	DQR Q3 row 2 col 1	DQR Q3 row 2 col 2 as %	5%	15%
Relationship to Head of Household (3.15)	DQR Q3 row 3 col 1	DQR Q3 row 3 col 2 as %	5%	15%
Disabling Condition (3.8)	DQR Q3 row 4 col 1	DQR Q3 row 4 col 2 as %	5%	15%
<b>Income and Housing Data Quality – Data Source: DQR Q4 or APR Q6c</b>				
Data Element	Error Count	% of Error Rate	Maximum Acceptable Error Rates (ES, TH, RRH, PSH)	Maximum Acceptable error rates for Street Outreach Programs
Destination (3.12)	DQR Q4 row 1 col 1	DQR Q4 row 1 col 2 as %	5%	15%
Income and Sources (4.2) at Start	DQR Q4 row 2 col 1	DQR Q4 row 2 col 2 as %	5%	15%
Income and Sources (4.2) at Annual Assessment	DQR Q4 row 3 col 1	DQR Q4 row 3 col 2 as %	5%	15%
Income and Sources (4.2) at Exit	DQR Q4 row 4 col 1	DQR Q4 row 4 col 2 as %	5%	15%
Non-Cash Benefits (4.3) at Start	DQR Q4 row 5 col 1	DQR Q4 row 5 col 2 as %	5%	15%

Non-Cash Benefits (4.3) at Annual Assessment	DQR Q4 row 6 col 1	DQR Q4 row 6 col 2 as %	5%	15%
Non-Cash Benefits (4.3) at Exit	DQR Q4 row 7 col 1	DQR Q4 row 7 col 2 as %	5%	15%
<b>Annual Assessment Data</b> Source: APR Q16				
Annual Assessment	Error Count	% of Error Rate	Maximum Acceptable Error Rates (ES, TH, RRH, PSH)	Maximum Acceptable error rates for Street Outreach Programs
Adults Missing Annual Assessment	APR Q16 row 12 col 2	APR Q16 row 12 col 2 / Q5a row 8 as %	5%	15%
<b>Chronic Homelessness - Data Source: DQR</b> Q5 or APR Q6d				
Starting into Project Type	% of Error Rate		Maximum Acceptable Error Rates	
ES, SH, Street Outreach	DQR Q4 row 1 col 7 as %		5%,15% for Street Outreach	
TH	DQR Q4 row 2 col 7 as %		5%	
PH (all)	DQR Q4 row 3 col 7 as %		5%	

\*If overall score has more than 5% error rate those errors must be attributable to errors in race/ethnicity and/or social security number

### Policy:

All data on standard collection forms must be collected. Error rates include missing data, data not collected, client doesn't know, client refused, and fields with data quality issues. To ensure that programs are eligible for federal, state, and county funding, data must be collected, among other requirements, for all clients being served and/or assessed. Those collecting data must attempt to have as few null, missing, "data not collected," "client refused," and "client doesn't know" field entries as possible.

### Standard:

5%\* or less error rate for ES, TH, RRH, PSH, Supportive Services Only, Homeless Prevention, Coordinated Entry and Other projects.

The Annual Assessment must be completed on all clients enrolled more than twelve months. The Annual Assessment must be completed within thirty days before or after the client's anniversary date.

### Procedure:

Participating agencies/jurisdictions must run the HUD Annual Performance Report or the HMIS DQ Report looking specifically at Personally Identifiable Information, Universal Data Elements, Income and Housing DQ, and Chronic Homelessness to ensure % error rates are within the standard guidelines listed above.

At a minimum the reports must be run on an agency-wide basis at least once a month to monitor overall agency performance. The information is used to identify data collection and data entry problems and resolutions to those problems such as staff training.

Completeness will be reviewed at the Agency Liaison Meeting that is convened monthly and facilitated by the HMIS Lead. Agencies should be prepared to share their performance, discuss challenges, and develop strategies to improve performance. Agency Liaisons must also run this report on a quarterly basis to share and discuss with the Funder Liaison.

### Best Practice:

Running reports on a bimonthly basis and correcting issues uncovered by the reports builds a culture of completeness. Workflow and staffing issues are discovered early which greatly reduces the systemwide impact of data entry errors.

## ACCURACY

Accuracy is a measure of how well the client record reflects the client experience. Accuracy is the most difficult to measure objectively. We look for indicators that are inconsistent within the client record. We also look for indicators that project data is unlike other similar projects. Accuracy is best checked by comparing project hard copy files (if available) to project data elements.

### Policy:

Agency staff must maintain electronic client records in HMIS that accurately reflect the current situation. This must include maintaining the client's enrollment information and ensuring that project census data accurately reflects the project population on any given night or period of operation.

### Standard:

Client characteristics (and demographics) and program data elements must be consistent with project eligibility requirements (for example veteran status, family structure, income requirements, etc.)

100% of PSH and 98.4% RRH entries must have move-in dates documented in HMIS once participant has moved in.

The enrolled project population must match the project capacity (+/- 5%). Exceptions must be established and reported to the HMIS lead for the Housing Inventory Count (HIC) monthly.

Current Living Situation Assessments must be conducted every calendar month for those actively enrolled in Coordinated Entry.

Program enrollments must be reviewed for:

- Multiple open entries into the same project type for the same client
- No defined head of household
- Multiple defined heads of household

### Procedure:

Participating agencies/jurisdictions must run the HUD Annual Performance Report, DQ Report, Missing Move-In Date Report and Project Households With Issues In Hoh Determination Report, in order to assure an acceptable level of data quality. In addition to required reports, there are many community reports located in the data quality section of the HMIS reporting tool that are relevant and helpful.

At a minimum, required reports must be run on an agency-wide basis at least once a month to monitor overall system performance. The information is used to identify potential data accuracy issues.

Accuracy must be reviewed at the Agency Liaison Meeting that is convened monthly and facilitated by the HMIS Lead. Agencies should be prepared to share their performance, discuss challenges, and develop strategies to improve performance. Agency Liaisons must also run this report on a quarterly basis to share and discuss with the Funder Liaison.

Accuracy must be reviewed by the HMIS Committee on at least a quarterly basis. Accuracy metrics must be included in program incentives and reporting requirements for funding.

Accuracy – Data Source: Missing Move-In Dates APR Q5a		
Project	Count in HMIS	Maximum Acceptable Error Rates
PSH – missing move-in date	Missing Move-In Dates	0%
RRH – missing move-in date	Missing Move-In Dates	1.6%

#### *Best Practice:*

Running reports on a monthly basis and correcting issues uncovered by the reports builds a culture of accuracy. Workflow and staffing issues are discovered early which greatly reduces the systemwide impact of data issues.

## CONSISTENCY

Consistency is the degree to which all data is collected, entered, stored, and reflective of the use of HMIS as a standard operating procedure. Consistency will be representative of how well completeness, accuracy, and timeliness standards have been operationalized across the data collection and entry stages. Consistency may also refer to the data storage, table structure, and overall reliability of the HMIS database management process. In this regard, consistency bridges data quality across data collection, entry, and management stages and enables shared responsibility across multiple HMIS stakeholders.

As with accuracy, strong data consistency also relies on excellent training—both for data collection and entry, as well as for project setup and report structures. Consistency in data entry for project types from provider to provider is essential. For example, a permanent supportive housing (PSH) project run by Provider A must have the same workflow as a PSH project run by Provider B. All stakeholders have a role in ensuring data consistency.

#### *Policy:*

Client and project data should be collected on data collection forms that are standardized and maintained by the CoC and communicated to the HMIS Lead. Supplemental data should be collected on supplemental assessments defined by the program funder. Agencies can collect additional supplemental data by coordinating with HMIS staff to develop a supplemental assessment that maintains data consistency across the CoC.

#### *Standard:*

All clients must have one single record; providers must avoid creating duplicate clients.

Project enrollments must be completed on forms that include all data elements required by the CoC.

Coordinated entry assessments must be completed using designated project-specific online assessments approved by the CoC and implemented in the HMIS.

Supplemental project data must be collected on supplemental forms and entered on supplemental data entry screens common to that project type.

Supplemental agency data should be collected on supplemental forms and entered on supplemental screens common to that agency's projects.

#### *Procedure:*

Participating agencies/jurisdictions must run the HUD Annual Performance report and any community reports found in the data quality section of the reporting tool. At a minimum, the reports must be run on an agency-wide basis at least once a month to monitor overall system performance. The reports can be run at the project level to identify underperforming projects. The information will be used to identify potential workflow issues or staffing issues that are contributing to delayed data entry. Agency Liaisons must also run this report on a quarterly basis to share and discuss with the Funder Liaison.

#### *Best Practice:*

Running reports on a monthly basis and correcting issues uncovered by the reports builds a culture of consistency. Workflow and staffing issues are discovered early which greatly reduces the systemwide impact of data issues.

Agencies must use regular reporting to ensure that project performance is meeting or exceeding project expectations and is consistent with project expectations.

## COVERAGE

Coverage is the measure of how completely bed and unit inventory information is captured in HMIS. Coverage is measured at the project level by dividing the total number of beds represented in HMIS (the numerator) by the total number of beds available in the project (the denominator). At the agency and system level, coverage is measured by dividing the total number of beds for a given project type by the total number of beds available for that project type, e.g.,  $x \text{ Beds Utilized} / y \text{ Beds Available} = \text{Total Utilization}$ .

### Policy:

All housing dedicated to improving the living situation of homeless people in Alameda County must capture client and project data in HMIS.

### Standard:

Goal of 90% coverage across emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing that appear in the Housing Inventory Count (HIC).

### Procedure:

Agencies must ensure that all beds are recorded in and enrolled through HMIS, regardless of funding source.

Agency Liaisons must also run the HIC report on a quarterly basis to share and discuss with the Funder Liaison.

The HMIS Lead must present coverage rates to the HMIS Committee twice a year.

Partner agencies must communicate changes in bed capacity as soon as possible to the HMIS Lead for incorporation in the Housing Inventory Chart (HIC).

Coverage – Data Source: HIC				
HIC Beds - HH Type - Bed Type	HIC Beds Count	HMIS Beds	% HMIS Bed Coverage	Acceptable % Coverage
Year-Round ES Beds for HH w/o Children	Sum of Beds by type	Sum of HMIS Beds by type	HMIS Beds / Beds as %	90%
Year-Round ES Beds for HH with Children	Sum of Beds by type	Sum of HMIS Beds by type	HMIS Beds / Beds as %	90%
Year-Round ES Beds for HH with only Children	Sum of Beds by type	Sum of HMIS Beds by type	HMIS Beds / Beds as %	90%
Total Seasonal Beds	Sum of Beds by type	Sum of HMIS Beds by type	HMIS Beds / Beds as %	90%
Overflow Beds	Sum of Beds by type	Sum of HMIS Beds by type	HMIS Beds / Beds as %	90%
Year-Round PH Beds for HH w/o Children	Sum of Beds by type	Sum of HMIS Beds by type	HMIS Beds / Beds as %	90%
Year-Round PH Beds for HH with Children	Sum of Beds by type	Sum of HMIS Beds by type	HMIS Beds / Beds as %	90%
Year-Round PH Beds for HH with only Children	Sum of Beds by type	Sum of HMIS Beds by type	HMIS Beds / Beds as %	90%
Year-Round TH Beds for HH w/o Children	Sum of Beds by type	Sum of HMIS Beds by type	HMIS Beds / Beds as %	90%
Year-Round TH Beds for HH with Children	Sum of Beds by type	Sum of HMIS Beds by type	HMIS Beds / Beds as %	90%
Year-Round TH Beds for HH with only Children	Sum of Beds by type	Sum of HMIS Beds by type	HMIS Beds / Beds as %	90%



## Data Quality Monitoring and Reporting Process

To ensure a high level of data quality in ACHMIS, it is necessary to establish individual responsibilities for Participating Agencies as well as the HMIS Lead/System Administrators.

The following section outlines the steps and specific actions to review and improve data quality in the ACHMIS. This process must be completed every quarter.

### HMIS Lead: Sends Data Quality Corrections to Agency Liaison

- HMIS Lead generates the Data Quality Correction Report (DQCR) for all active projects in the ACHMIS for the previous quarter.
- HMIS Lead sends Agency liaisons the DQCR, which flags errors specified within the five data quality parameters, Timeliness, Completeness, Accuracy, Consistency, and Coverage, across fields associated with the Universal Data Elements (UDE) for active enrollments during the previous quarter.

### Agency: Correct missing data/errors in HMIS

- Agencies complete missing information where possible and make appropriate corrections to the clients' enrollments in HMIS according to the DQ errors highlighted in the Data Quality Correction Report.
- Agencies review the Data Quality Corrections Reference Guide to see a description of the data quality errors highlighted in the report and see instructions on how to correct data issues.

### HMIS Lead: Runs and publishes Data Quality Report Cards

- HMIS Lead publishes the Data Quality Report Cards Dashboard which assesses Data Completeness, Accuracy, and Timeliness for active enrollments during the previous quarter in all the projects participating in AC
- The Data Quality Report Cards Dashboard includes the percentage of data errors and valid responses for each UDE by project, the Average Data Completeness Score for each project, and the average number of days it takes agencies to record intake, exit, and services information in HMIS for each project.

In preparation for the data quality monitoring and reporting process, Agency Liaisons must utilize the additional reports and tools that HMIS Lead has made available to review the data quality in their projects. These reports and tools are explained further in the appendices of this document.

## Incentives and Standards Reinforcement

This section describes actions that the Alameda County CoC may take to encourage agencies to have high data quality, and the interventions needed to assist projects that have not been able to meet the data quality thresholds. The implementation of incentives and standards enforcement will allow the HMIS Lead to prioritize the projects that need to be assisted with additional technical support.

### **Incentives**

The HMIS Lead will report agencies with projects meeting data quality thresholds for all four quarters in the calendar year to the HMIS Committee.

The HMIS Lead will publish the list of agencies with projects that met data quality thresholds for all four quarters in the calendar year on the HMIS website.

### **Standards Reinforcement:**

The HMIS Lead will provide technical support to projects with at least four data elements under 75% in any quarter.

The HMIS Lead will report agencies with projects requiring technical support in 4 consecutive quarters to the HMIS Committee.

If an agency applies for funding approved by the HMIS Committee and has projects targeted for technical support in at least four consecutive quarters, the agency will be required to address data quality issues in their application.

The HMIS committee will review projects targeted for technical support in 4 consecutive quarters and not receiving funding requiring HMIS participation to determine the appropriateness of the project's continued HMIS participation.

Projects removed from HMIS may reapply for access after three months.

## Appendices

### Appendix A: Timeliness Reports

Timeliness reports show the time it takes for Homeless Services Providers to record intake, exit, and services information in ACHMIS for each project on a client level. These reports must be run every quarter in preparation for the Data Quality Report Cards publication. The following HMIS reports are located in the Reports Page of HMIS, under the Data Analysis tab, Data Quality section.

#### Project Start Data Timeliness Report:

This report shows the number of days taken to record Project Start data into HMIS for each client enrollment.

#### Services Data Timeliness Report:

This report shows the number of days taken to record Services data into HMIS for each client enrollment.

#### Project Exit Data Timeliness Report:

This report shows the number of days taken to record Project Exit data into HMIS for each client enrollment.

### Appendix B: Completeness Reports

Completeness reports assess the degree to which all required data elements are answered in HMIS for all the clients to whom these data elements apply. Homeless Services Providers must run and review Completeness Reports quarterly to identify incomplete or missing information. The following reports are located in the Reports Page of HMIS, under the Data Analysis tab, Data Quality section.

#### Universal Data Elements (UDE) Completeness Report:

This report shows the client responses to the UDE defined by HUD in the [FY 2024 HMIS Data Standards Manual](#). These data elements must be collected by all projects participating in ACHMIS, regardless of funding source.

#### Common Program Specific Data Elements (PSDE) reports:

##### PSDE at Entry Completeness Report:

This report shows the client responses to the Common PSDE at Project Entry defined by HUD in the [FY 2024 HMIS Data Standards Manual](#). These data elements are collected across most HMIS Federal Partner programs at the start of the clients' enrollments.

##### PSDE at Exit Completeness Report:

This report shows the client responses to the Common PSDE at Project Exit defined by HUD in the [FY 2024 HMIS Data Standards Manual](#). These data elements are collected across most HMIS Federal Partner programs at the end of the clients' enrollments.

#### Federal Partner Program Specific Data Elements:

The following reports show the client responses to the data elements developed by each Federal Partner defined by HUD in [the HMIS Federal Partner Programs Manual](#). These data elements can be limited to one or two federal partner programs or a single component of one of the Federal Partner programs.

#### HOPWA Specific Data Elements:

This report shows the client responses to the Federal Program Specific Data Elements that need to be collected by HOPWA funded projects as defined in the [HOPWA Program HMIS Manual](#).

### PATH Specific Data Elements

This report shows the client responses to the Federal Program Specific Data Elements that need to be collected by PATH funded projects as defined in the [PATH Program HMIS Manual](#).

### RHY Specific Data Elements

This report shows the client responses to the Federal Program Specific Data Elements that need to be collected by RHY funded projects as defined in the [RHY Program HMIS Manual](#).

### VA Specific Data Elements

This report shows the client responses to the Federal Program Specific Data Elements that need to be collected by Department of Veterans Affairs (VA) funded projects as defined in the [VA Program HMIS Manual](#).

### Appendix C: Accuracy Reports

[Dashboard: Alameda CE Dashboard \(Current Living Situation Assessment & CE Enrollment DQ\)](#)

Missing Move-in Dates: Missing Move-in Dates (Data Analysis)

[DQXX-120-AD] Project Households with issues in HoH determination

### Appendix D: Consistency Reports

[HUDX-227-AD] Annual Performance Report

[HUDX-225-AD] HMIS Data Quality Report

### Appendix E: Coverage / Bed Utilization Reports

Entry/Exit Program Bed Utilization Over the Reporting Period

HIC: [HUDX-123-AD] Housing Inventory (HIC)

### Appendix F: HMIS Annual Monitoring Tool

Universal Data Elements (UDE) - Required of all projects that participate in HMIS.

Program Specific Data Elements (PSDE) - Requirements vary by project type and funding source.

HMIS Lead - Annual HMIS & Data Quality Monitoring Checklist			
Timeframe Monitored (Start-to-End Dates):			
	<b>Monthly Monitoring Standards – If answer is no, add comment</b>	<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	Project has submitted UDE report on time each month?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Project is meeting completeness standards for UDEs each month?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Project has submitted PSDE report on time each month?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Project has met PSDE benchmarks each month?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Random Quarterly Monitoring Standards – If answer is no, add comment</b>	<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	PDDEs - Has project had a random quarterly monitoring for PDDEs? If yes, list quarter(s) monitored:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Are the projects PDDEs current and accurate as required by the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Has the project notified the CoC HMIS Administrator of changes as required by the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Timeliness</b> - Has project had a random quarterly monitoring for timeliness? If yes, list quarter(s) monitored:	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	Are entries and contacts being recorded as required by the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Are exits being recorded as required by the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Street Outreach Only: Are contacts being recorded as required by the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Street Outreach Only: Are no-contact exits being recorded as required by the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Accuracy</b> - Has project had a random quarterly monitoring for accuracy? If yes, list quarter(s) monitored:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Are accuracy measures being updated/addressed as required by the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Consistency</b> - Has project had a random quarterly monitoring for consistency? If yes, list quarter(s) monitored:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Are consistency measures being updated/addressed as required by the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Bed Utilization</b> - Has project had a random quarterly monitoring for bed utilization? If yes, list quarter(s) monitored:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Does the project utilization fall within standards specified in the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Annual Monitoring Standards – If answer is no, add comment</b>		<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<b>PDDEs</b> – Did the project respond to the annual PDDE monitoring as required by the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>PDDEs</b> – Is the projects:		
<input type="checkbox"/>	- Organization information accurate?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	- Project information accurate?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	- CoC information accurate?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	- Funding source information accurate?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	- Bed and unit inventory accurate?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Accuracy</b> – Did the project respond to the annual accuracy monitoring as required by the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Accuracy</b> – Are accuracy measures being updated/addressed as required by the Data Quality Plan standard?	<input type="checkbox"/>	<input type="checkbox"/>

## FY 2024 Alameda County Clarity HMIS Training & User Support

In collaboration with Alameda County HMIS Lead and other key partners, Bitfocus, Inc. provides current information and training about best practices for using Clarity Human Services software and relevant updates to meet funder expectations. Ongoing training helps to ensure data accuracy, user satisfaction, and high-quality client services.

### Topic-Specific & Special Initiative Trainings

The Alameda County HMIS Lead team partners with the Bitfocus to provide several customized trainings for users and key partners throughout the year, focusing on current needs and priorities. Trainings are offered online and are recorded for future viewing. Clarity HMIS System users are notified of training and support opportunities in advance by email and via the monthly e-newsletter.

**The calendar for the current training year is included at the end of this document.** Past training topics have included:

- Reporting
- Duplicate Clients
- Managing Households
- Client History
- Overlapping Enrollments

### Monthly Agency Forums

All agencies participating in Clarity HMIS System must identify one staff person as the “Agency Liaison” who acts as the primary liaison between the agency and the Alameda County Clarity HMIS Administration team. The Agency Liaison manages user accounts, project setup requests, in-house support of internal Clarity Human Services System users. The Alameda County Clarity HMIS Administration team hosts monthly forums to bring all Clarity HMIS Agency Liaisons together in order to discuss current issues and/or see demonstrations of specific features. Forum agendas may include:

- Announcements from the Continuum of Care Leadership

- Review of features or new software functionality
- Peer-to-peer troubleshooting of Clarity HMIS use and data quality.
- Assistance with agency Annual Performance Report
- Updates on current initiatives and HUD Data Standards

### New Users/Refresher General Training

Bitfocus, Inc. and Alameda County HMIS Lead offers [pre-recorded](#), [unit-based online training](#) to new users which provides a comprehensive overview of the Clarity Human Services software. This training is mandatory for all new users before the user is provided access to the system. This training can also be a useful refresher for any Clarity Human Services System user and can be accessed as needed. Users can find more information and register for the training on the website [here](#).

Bitfocus is also working with Alameda County HMIS Lead to develop additional workflow-specific modules that will allow for a customized new user and/or refresher training experience based on user role, project type, and other factors. We expect to begin releasing additional modules mid-year.

### Technical Assistance

The Alameda County System Administration team provides 1:1 technical assistance to individual Clarity Human Services System users and/or on-site/virtual refresher trainings to staff groups at participating agencies. These sessions are scheduled by request and are initiated by Agency Leads or Alameda County HMIS.

## Online Support and Resources

### Online Support and Resources

The Alameda County HMIS Lead , Bitfocus, Inc., Team has developed many online resources and reference guides for Clarity Human Services System users. Users can access online resources, manuals, report guides, forms, and FAQs via the following websites:

- Information specific to Clarity HMIS - <https://alameda.clarityhs.com/login>
- General Clarity Human Services information - <http://get.clarityhs.help>
- Information about Coordinated Entry - <https://homelessness.acgov.org/coordinated-entry.page?>

### Alameda County Clarity Human Services System Helpdesk

All Alameda County Clarity Human Services System users are welcome to contact the Helpdesk with issues, questions, and/or requests. Some requests may need approval from an agency's Agency Liaison or by the Alameda County System Administrator before the Helpdesk can proceed.

- Open a Help Desk Ticket by emailing: [alameda@bitfocus.com](mailto:alameda@bitfocus.com)
- Instant message with Help Desk by visiting the **Chat with Us** area of the [Alameda County Clarity Human Services website](#).

## Training Evaluation and Feedback

Bitfocus, Inc. is committed to providing effective trainings that meet the training goals and objectives developed in coordination with Alameda County HMIS Lead. The Alameda County HMIS Lead will use a combination of qualitative and quantitative methods to solicit feedback on the trainings provided. Methods may include:

- Data analysis to compare data quality issues.
- Training evaluations and surveys



## FY 2024 Training and Support Calendar

FY2024	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Topic Specific	SPM & HIC/PIT	Report Library/ Data Quality Review	TBD – DEMO Scenario Days (Common mistakes)	DQ Report	Exit Destination and Data Quality Review	TBD – DEMO Scenario Days (Common mistakes)	DQ Report	Report Library/ Data Quality Review		Longitudinal Systems Analysis (LSA) and Systems Performance Measures (SPM) Training		
FY2024	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Agency Forums	Monthly Agency User & Liaison Mtg	Monthly Agency User & Liaison Mtg	Monthly Agency User & Liaison Mtg	Monthly Agency User & Liaison Mtg	Monthly Agency User & Liaison Mtg	Monthly Agency User & Liaison Mtg	Monthly Agency User & Liaison Mtg	Monthly Agency User & Liaison Mtg	Monthly Agency User & Liaison Mtg	Monthly Agency User & Liaison Mtg	No Meeting	No Meeting

**Clarity Human Services General Trainings**

The Clarity Human Services General Training Refresher will be offered as a training, quarterly on every 3<sup>rd</sup> Tuesday for existing users who want to refresh their knowledge on how to navigate Clarity HMIS. Understanding how to enter data into Clarity HMIS will ensure that the data collected is accurate and reliable. The General Refresher Training will review:

- Searching for clients
- Managing ROI's
- Managing Households
- Data Quality

To see past trainings where General Refreshers are reviewed, please visit the [Alameda County HMIS website](http://alameda.bitfocus.com) (alameda.bitfocus.com) [User and Liaisons Training Materials](#) page on the [Alameda County HMIS website](http://alameda.bitfocus.com).

FY2024	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	General Refresher Training			General Refresher Training			General Refresher Training			General Refresher Training		

**Alameda County: Privacy and Security**

The [Alameda County: Privacy and Security Training](#) is a required component of gaining access to Clarity Human Services in Alameda County. As an end user of the system, you will be required to complete this training prior to gaining access to the system, as well as renew your certification annual.

For Alameda: Privacy and Security renewal, users will be notified when their anniversary date is approaching so that they may complete the training prior to the expiration of their certification.

Newsletter	<p><b>Alameda County Clarity Human Services System E-News</b></p> <p>The Alameda County System Administration team produces a monthly e-newsletter that is distributed to all Clarity Human Services System users using the email addresses affiliated with the user accounts in Clarity Human Services. In addition, other agency staff can opt-in to receive the newsletter by subscribing via the <a href="http://alameda.bitfocus.com">Alameda County HMIS website</a> (alameda.bitfocus.com). The e-newsletter offers further user support by providing updates on helpful tips, system features, reports, and upcoming deadlines for Clarity Human Services System reporting to HUD and other funders.</p> <p>If you are not currently a user of Clarity Human Services, you can still receive the Newsletter! Sign up to receive the monthly <a href="#">Newsletter</a> at the <a href="http://alameda.bitfocus.com">Alameda County HMIS website</a> (alameda.bitfocus.com), where you will also be able to review Newsletter archives.</p>
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Q&A	<p>There are often when users may have questions or need support. Aside from Alameda County HMIS Support, and the Bitfocus Help Desk, Alameda County HMIS is happy to provide you with a <b>monthly Q&amp;A Session that occurs every second Tuesday of the month at 10a</b>. During the Q&amp;A Session, Alameda County HMIS and Bitfocus will provide you with support to help troubleshoot your questions and walk you through the steps to help answer your questions. Join in for live demos, and step-by-step instructions on how to navigate and enter data into the system and improve your overall Data Quality. The Q&amp;A Session is not mandatory, but we encourage users to join when possible and feel free to hop in with questions and hop out. You are also welcome to listen in. If you would like to attend, please register by going to the <a href="http://alameda.bitfocus.com">Alameda County HMIS website</a>. (alameda.bitfocus.com) and navigating to the Events page   <a href="#">HERE</a></p>
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FY2024	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	HMIS Monthly Q&A Session	HMIS Monthly Q&A Session	HMIS Monthly Q&A Session	HMIS Monthly Q&A Session	HMIS Monthly Q&A Session	HMIS Monthly Q&A Session	HMIS Monthly Q&A Session	HMIS Monthly Q&A Session	HMIS Monthly Q&A Session	HMIS Monthly Q&A Session	HMIS Monthly Q&A Session	HMIS Monthly Q&A Session
	Alameda County CE Q&A Session	Alameda County CE Q&A Session	Alameda County CE Q&A Session	Alameda County CE Q&A Session	Alameda County CE Q&A Session	Alameda County CE Q&A Session	Alameda County CE Q&A Session	Alameda County CE Q&A Session	Alameda County CE Q&A Session	Alameda County CE Q&A Session	Alameda County CE Q&A Session	Alameda County CE Q&A Session



Are we capturing certain fields (e.g., race, language, health and wellness)? Are they creating racial equity issues? What are the barriers to getting these data into HMIS?					What fields are missing data? Is this a race equity issue?					
>> Report out to OAC committee (where CE Entity is) on fields that have missing data > conversation about what questions may / may not be the right ones to be asking.						x	x			
<b>Document Readiness</b>										
What is required for document readiness?			x							
Can we find a way to upload and save documents in HMIS?			x							
What are the options for sharing documents across agencies to facilitate this process?			x							
What data sharing agreements might be needed for certain features? Universal ROI? User-defined ROI?			x							
<b>Workgroup</b> support of document-readiness conversation and progress.				x	x					