Butte Countywide Homeless Continuum of Care

HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) DATA STANDARDS & DATA QUALITY MANAGEMENT PLAN

Butte Countywide Homeless Continuum of Care

For use by the CoC Council, CoC Coordinator, HMIS Committee, HMIS Lead Agency, HMIS Software System Provider, Contributing HMIS Organizations (CHO), CHO Agencies, and all End Users

Created October 1, 2025
Approved by CoC on November 17, 2025

CONTENTS

PURPOSE

This document describes the Homeless Management Information System (HMIS) data quality standards and the data quality monitoring plan for the Butte Countywide Homeless Continuum of Care (CoC).

It further discusses the CoC's goal to continuously improve the four pillars of data quality; completeness, timeliness, accuracy, and consistency of its data and establishes the policies and procedures for meeting this goal as a community. This document aims to strengthen each of these pillars by providing all Contributing HMIS Organizations (CHOs) and the CoC with a shared context and a clear understanding of roles and responsibilities in its execution.

These HMIS data quality standards and the related data quality monitoring plan will be updated, when necessary, considering the latest HMIS Data Standards and the performance management needs of the CoC.

APPLICABILITY OF THE HMIS DATA QUALITY STANDARDS

This HMIS Data Quality Standards document applies to all HMIS Participating Agencies located within the CoC, regardless of funding source. No HMIS Participating Agency is exempt from the standards or processes in this document.

WHAT IS HMIS?

An HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about individuals and households who access homeless and other human services in a community. Each CoC receiving funds from the United States Department of Housing and Urban Development (HUD) is required to implement an HMIS to capture standardized data about all persons accessing the homeless and at-risk of homelessness assistance system. Furthermore, elements of HUD's annual CoC Program competition are directly related to a CoC's progress in implementing its HMIS.

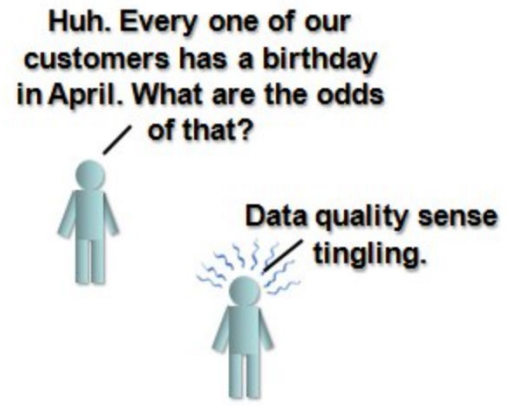
HMIS DATA AND TECHNICAL STANDARDS

In 2004, HUD published HMIS Data and Technical Standards in the Federal Register. The Standards defined the requirements for data collection, privacy safeguards, and security controls for all local HMIS. In March 2010, HUD published changes in the HMIS Data Standards Revised Notice. Every two years, HUD publishes new data standard changes which are incorporated into data collection and workflows for HMIS. The latest specifications can be found on the HUD Exchange.

WHAT IS DATA QUALITY?

Data quality is a term that refers to the reliability and validity of data collected in HMIS. It is measured by the extent to which data in the system reflects actual information in the real world. With good data quality, CoCs, states and the federal government can "tell the story" of the population experiencing homelessness.

The quality of data is determined by assessing certain characteristics about the data such as timeliness, completeness, and accuracy. In order to assess data quality, a community must first think about what data quality means and document their understanding in a data quality plan.



WHAT ARE DATA QUALITY STANDARDS?

Data quality standards set expectations for the quality of data entered into HMIS and provide guidance to HMIS Participating Agencies on how to capture and enter reliable and valid data for persons accessing the homeless service system.

The data standards set forth in the Data Quality Plan 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.

WHAT IS A DATA QUALITY MONITORING PLAN?

A data quality monitoring plan (DQMP) is 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 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.

ROLES AND RESPONSIBILITIES

Title & Description of Role	Tasks
HMIS Lead Management of HMIS Assigned initiative (PIT, etc.) and policy issues. Vendor management. Basic Training.	Oversight, review, and support of policy and procedures. Ensure adherence to DQMP, monitoring process and compliance. Assist in identification and correction of data quality issues with CHOs. Provide support, technical assistance, and basic HMIS training. System Administration tasks. Ensure data quality reports are available and accurate. Create self-monitoring tools for data quality. Assist in identification and correction of data quality issues with CHOs. Understand data quality elements required by HUD and Federal Partner programs. Communicate regularly with CoC, HMIS/CES Committee, and CHOs to ensure resources are available to address data quality concerns. Support creation of data quality management plan and subsequent tools/ reports to support the implementation of the plan.
HMIS/CES Committee HMIS Oversight	Review and approve data quality plan. Set data quality benchmarks. Review data quality reports. Work with providers and the HMIS lead to develop and implement solutions for improving data quality.
HMIS Providers/ Participating Agencies/CHO Administrator Set the tone for agency's commitment to data quality. Monitor project data quality. Prepare for APR/ report requirements. Resolve any data quality findings	Adherence to HMIS policies and procedures, including the data quality management plan.
CHO Agency Administrator (s) Serve as the primary contact (s) for all communications regarding the quality of data entered into HMIS.	Serve as a subject matter expert for the HMIS Provider. Support agency end users with system navigation and data quality. Ensure end users receive necessary training for HMIS and conduct agency/program specific training for agency end users. Maintain quality and accuracy of client data, user data and project information for the agency. Communicate project and funding updates and change to HMIS Lead, including changes to bed/ unit inventory. Review project set up requests and custom report requests prior to submission to HMIS Lead.
HMIS End Users HMIS Data Entry and adherence to HMIS policies and procedures, including the data quality management plan.	Enter data with completeness, accuracy, timeliness, and consistency.

HMIS DATA TYPES

For the purposes of the Data Quality Plan (DQP), HMIS data elements are grouped into four types. Universal Data Elements (UDEs), Program Specific Data Elements (PSDEs), and Project Data Descriptor Elements (PDDEs), are designations derived from the HUD Data Dictionary. "Administrative" data elements reflect measures of data quality that are derived from data system metadata and calculated performance metrics.

PROJECT DATA DESCRIPTOR ELEMENTS(PDDES)

The Project Descriptor Data Elements (PDDEs) contain basic information about projects in HMIS. PDDEs are the 'building blocks' of these systems, enabling the following functions:

- Marking project data for inclusion or exclusion for federal reporting;
- Association of client-level records with the various projects in which clients will enroll in across project types;
- Definition of the type of project with which the client is associated the entire time they received housing or services;
- Identification of federal partner programs providing funding to the project; and
- Documentation of bed and unit inventory and other information relevant for federal reporting and strategic planning related to system capacity and utilization.

PDDEs are entered and managed by HMIS administrators in collaboration with each agency CHO. They are created at initial project setup within the data system and updated as changes occur to project or funding and are subject to annual review by data system administrators.

HUD requires that the CoC (typically via the data system Lead) collect project descriptor information for all continuum projects within its jurisdiction participating in HMIS by collecting and entering client-level HMIS data elements as well as all residential continuum projects, regardless of their participation in HMIS.

UNIVERSAL DATA ELEMENTS (UDES)

The Universal Data Elements (UDEs) establish the minimum data collection requirements for all CHO projects entering data into HMIS, regardless of funding source. Personally Identifiable Information (PII) and UDEs (3.01 through 3.07, per the HMIS Data Standards) 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.

PROGRAM SPECIFIC DATA ELEMENTS (PSDES)

Program Specific Data Elements (PSDEs) were designed by HUD for projects which receive funding from Federal partners. As a result, the requirements related to collecting PSDEs will vary based on funding source and project type . The HUD Exchange Federal Partners landing page serves a gateway to the manuals that provide the specific PSDE data collection requirements per program and project type.

PSDEs, 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. The "Common Program Specific Data Elements," which are the PSDEs that are collected across most Federal Partner programs, are presented in the table below.

ADMINISTRATIVE DATA QUALITY MEASURES

This document defines "Administrative Data Quality Measures" as metrics derived from other HMIS elements that establish validity or describe the relationship between data captured in the HMIS and the overall amount of data available in the community it is charged with collecting.

Timeliness refers to the number of days between when information was collected and when that information was entered into the HMIS.

Bed/Unit Coverage refers to the percentage of a community's bed/units which are available for persons experiencing homelessness, which are included in HMIS. It is a function of a project's overall HMIS-participation status. The CoC aims to have this be as close to 100% as possible.

Utilization refers to the occupancy percentage for available units/beds in CoC residential projects. Overly high or low utilization may reflect issues with PDDE data that must be corrected by agency CHO Administrators.

User Metadata are captured automatically by HMIS and are used to understand the patterns of system access and data entry for organizations.

MISSING DATA RESPONSES TO HMIS ELEMENTS

Required HMIS data elements left blank in HMIS are considered "missing" for data quality purposes. However, to distinguish between cases where data collection was not attempted or recorded and those where a client declined to provide the information, most required HMIS data elements provide the options "Client doesn't know," "Client prefers not to answer," and/or "Data not collected" to be recorded in place of a blank value. **Although non-blank, these *may* have a negative impact on data quality.**

It is not the intention of HUD, Federal Partners, or the CoC 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 service needs.

USAGE OF "CLIENT PREFERS NOT TO ANSWER" AND "CLIENT DOESN'T KNOW" RESPONSES

These options are considered poor data quality but are provided to allow a response to be recorded for elements required to proceed with an assessment when a client is unwilling or unable to provide a response. **These are never to be used in place of asking a client for information or in a situation where there was no opportunity to collect information.** It is expected that service providers will attempt to collect responses to all required fields and develop rapport with clients to encourage responsiveness.

It is also expected if a client provides a response indicating they do not know information, a case worker will assist the client in finding the information when and if appropriate.

USAGE OF "DATA NOT COLLECTED"

HMIS requires users to input a non-blank response for required HMIS data elements. In cases where information was not collected or is unknown to the end user entering the data, this response may be used. However, **it is expected that this will be a last resort when information cannot be obtained through consulting the client or reference of other records**.

AUTOMATIC EXITS & EXIT DESTINATION COMPLETENESS IN HMIS

Upon agency request and subject to existing policies and procedures, CoC HMIS system administrators may set up projects to automatically exit clients after a set number of days of non-activity. This approach is most often employed to reduce data entry burden and address Exit record timeliness issues for Street Outreach projects and Emergency Shelter projects utilizing a Night-by-Night workflow.

However, their use comes with significant trade-offs for data quality: faulty exits may be created if contact/bed night services are not recorded in a timely manner, and all system-generated exits will have missing data for the Exit Destination element. At this time, there is no uniform requirement to utilize either an automated or manual workflow. HMIS Lead reserves the right to approve or deny automation requests based on the expected impact to data quality.

DATA QUALITY STANDARDS AND BENCHMARKS

All HMIS Participating Agencies must strive to adhere to the following data quality standards. These standards are in addition to those identified by HUD in the HMIS Data and Technical Standards. HMIS End Users and program staff should be familiar with both sets of requirements.

Project Type Key			
CE	Coordinated Entry	**RRH**	Rapid Re-housing
HP	Homelessness Prevention	**SO**	Street Outreach
ES (E/E; NbN)	Emergency Shelter (Entry/Exit workflow, Night-by-Night workflow)	**SSO**	Supportive Services Only
PSH / OPH	Permanent Supportive Housing / Other Permanent Housing	**TH**	Transitional Housing

DATA TIMELINESS

Entering data in a timely manner can reduce human error, which can occurs when too much time has elapsed between the data collection, service transaction, and data entry. **Ideally, the data is entered as soon as it is collected**, but that is not always possible. Persons completing data entry may be relying on handwritten notes or their own recall of a case management session, a service transaction, or a program exit; therefore, the sooner the data is entered, the better chance the data will be correct. Timely data entry ensures data is accessible when needed, either proactively (e.g. monitoring purposes, increasing awareness, meeting funded requirements), or reactively (e.g. responding to requests for information, responding to information).

DATA TIMELINESS STANDARD

The CoC has determined all data in HMIS must be entered within three (3) calendar days (including weekends and holidays) of the date of occurrence; this includes but is not limited to enrollment, assessments, data updates, services provided, and exits.

Table 1

Stage of Data Entry	**Number of Days to Enter Data (including weekends and holidays)**
Program Entry	3
Update data during program stay	3
Program Exit	3

TIMELINESS

The CoC encourages all CHO's to aspire to 100% of data being entered into HMIS in a live and timely manner to facilitate HMIS being a tool for day-to-day business operations. However, the CoC recognizes 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 project type:

Table 3

Project Type	Client Event	Timeliness Standard (time between event occurrence and data entry)
CE and ES (NbN)	Current Living Situation	Within **72 hours** of client contact/service[1]
	Entry	
	Exit	
ES (E/E), HP, SSO, and TH	Entry	Within **72 hours** of client contact/service
	Exit	
PSH / OPH and RRH	Entry	Within **72 hours** of client contact/service
	Move-in	Within **72 hours** of client contact/service
	Exit	Within **72 hours** of client contact/service
SO	Entry	Within **72 hours** of client contact/service
	Current Living Situation	
	Exit (completed or terminated program)	
	No-Contact Exits	After 90-days of no contact, project exit needs to be recorded by the end of the 90th day of no-contact.

[1] Users should back-date to the date of last shelter night stay, NOT the date the client did not return.

Table 4

Timeliness Standard	Benchmark (Minimum)
Information Entered within 72 hours of occurrence	95% - 100%

COMPLETENESS

HUD's CoC Data Quality Brief defines data completeness as "The degree to which all required data is known and documented." For the purposes of the DQMP's standards, completeness is measured as the percentage of non-missing values for each non-administrative HMIS data element at each point of data collection.

The CoC encourages all CHOs contributing to its data systems to aspire to 100% collection of all data elements but recognize that this may not be realistic or possible in all cases. To further support continuous data improvement in this area, the CoC has created minimum percentage requirements for data completeness, which apply equally to each element of the UDE and PSDE data types, respectively.

Table 2

Completeness Standard	**Benchmark (Minimum)**
Project Descriptor Data Elements (PDDEs)	95%
Universal Data Elements (UDEs)	95% (PSH, OPH, RRH) 90% (CE, HP, TH) 80% (ES, SSO, SO)*
Project Specific Data Elements (PSDEs)	95% (PSH, OPH, RRH) 90% (CE, HP, TH) 80% (ES, SSO, SO)*

*Street Outreach Projects – Only applies after client has a Date of Engagement tracked

ACCURACY

Data quality measures of accuracy consider the degree to which the information present in HMIS reflect the actual situations of clients. Data accuracy is not easy to manage or monitor, requiring reference to sources of documentation external to HMIS as well as regular auditing of responses in the data systems for internal logical congruence.

Accuracy is the most difficult to measure objectively. One way to measure for accuracy is to look for indicators that are inconsistent within the client record. Another way is to look for indicators that project data is unlike other similar projects. CHOs 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.

Table 5

Accuracy Standard	**Benchmark (Minimum)**
PDDEs, UDEs, PSDEs	100%

External Record Standards

To ensure accurate reporting of events, CoC leadership will cross-reference HMIS data against internal agency documentation as part of the annual HMIS monitoring process. **The goal is that 100% of client external agency records match the client's information entered into the HMIS, but a minimum of 95% is acceptable.**

Data System Correction Standard

Due to the complexity of data accuracy, specific standards have not been developed. Some amount of data incongruity may be unavoidable; however, CHO's should strive to minimize data incongruity that occurs. It is expected that CHOs will respond to requests to correct internal Data System accuracy errors within the timeframe parameters of the request. It is expected that accuracy corrections may be included as part of the quarterly Data Quality Monitoring process.

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. The HMIS Lead will work with HMIS/CES Committee to ensure congruence across HMIS participating agencies, while CHOs are expected to meet the following standards by through their user management practices.

Table 6

Consistency Standard	**Benchmark (Minimum)**
Consistency (All information is provided to all clients in the same way)	100%

Initial User Training Standard

All CHO's data-contributing staff must complete an initial basic training prescribed by the CoC & HMIS Lead before being granted access to any of the HMIS. As soon as the initial basic training has been completed, staff will then attend a training with their agency CHO Administrator to learn agency and program specific HMIS requirements. Agency CHO Administrators will then certify to the HMIS Lead that staff are qualified to access HMIS and enter data.

Annual Training Standard

For HMIS users, the CoC has established minimum annual HMIS training requirements.

User Activity Standard

End users must log into HMIS at least once in a 30-day period to maintain active user status. After 30-days of no use, the user account will be made inactive by the data system administrator.

STANDARDS FOR PROJECT DESCRIPTOR DATA ELEMENTS (PDDES)

As CHO Administrators do not enter PDDE information directly, meeting PDDE benchmarks requires active participation in HMIS information gathering and monitoring processes. In addition to responding to *ad hoc* requests for information in a timely manner, **CHO's are required to notify the HMIS leads of any project and funding changes (including updates to bed/unit inventory) as soon as possible but no later than the 5th business day of month immediately following the month the update/change occurs.** Updates and changes to PDDEs in HMIS can be communicated to the HMIS Lead by submitting an email to HMISHelp@buttecounty.net.

STANDARDS FOR CLIENT, ENROLLMENT, AND ASSESSMENT DATA (UDES & PSDES)

In its CoC Data Quality Brief, HUD identifies data quality for client, enrollment, and assessment data as having four components: completeness, timeliness, accuracy, and consistency. The tables below provide a brief overview of these components, whereas the following sections address the standards the DQMP applies to CHOs.

Completeness	Timeliness	Accuracy	Consistency
All clients entered	Data are entered soon after collection	Truthfulness from clients	Common interpretation of questions
Complete identifying data entered	Changing data are kept up to date and are entered soon after collection	Accurate data entered by staff	Common interpretation of client answers
Complete characteristics fields entered	Data are entered soon after collection	Logical discrepancies between data elements entered for the same client are minimized	Common knowledge of what fields are required
All required enrollment, service, assessment, and exit data entered	Data are entered soon after collection		

HMIS BED/UNIT COVERAGE

Bed coverage is the number of beds/units in HMIS which are available for persons experiencing homelessness in the CoC's geographic area. The following project types are considered for this measure:

- Emergency Shelter (ES)
- Transitional Housing (TH)
- Rapid Re-Housing (RRH)
- Permanent Supportive Housing (PSH)
- Other Permanent Housing (OPH) - Includes "Housing without Services" and "Supportive Housing without Services" designations.

As a lack of bed coverage limits the CoC's ability to evaluate its clients' needs and project performance in addition to reducing the overall comprehensibility of its Data Systems, ensuring that bed coverage is as close to 100% is a high priority for CoC leadership. CoC leadership will focus on project types in the CoC that have less than 85% bed coverage for improvement efforts.

Table 7

Bed Coverage in HMIS Standard	Benchmark (Minimum)
CoC System Bed Coverage in HMIS – Federally Funded	100% *
CoC System Bed Coverage in HMIS – Non-Federally Funded	85%*

*This applies to ES, PSH, OPH, RRH and TH programs only

BED UTILIZATION

Utilization applies to residential (shelter and housing) projects and is measured as the percentage of project inventory that is being used to shelter/house a client in a given period. This measure not only serves to identify issues with client access to resources or bottlenecks in referral processes but also can serve as an indication of inaccurate or incomplete inventory or enrollment data.

The CoC acknowledges that the factors impacting utilization differ between project types and has set benchmarks accordingly. **Emergency Shelter & Transitional Housing projects are to maintain bed utilization between 65% - 105%. Permanent housing projects are to maintain bed utilization between 85% - 105%.**

Situations where a change in inventory records is necessary are defined by HUD in the Data Standards Manual. Refer to the PDDE Data Quality Standards for the requirements for reporting inventory changes.

Table 8

Bed Coverage in HMIS Standard	Benchmark (Minimum)
Bed Utilization (ES)	75% - 105%
Bed Utilization (RRH)	85% - 105%
Bed Utilization (PSH, OPH)	85% - 105%

CHO SELF-MONITORING TOOLS

CHOs are encouraged to self-monitor their data quality performance using reports available in the HMIS. This section details resources that are currently available for self-monitoring.

HUD DATA QUALITY REPORT

The HMIS Lead recommends that CHOs run the HUD Data Quality Report to self-monitor **completeness** data quality for the HMIS Universal Data Elements (UDEs). Additionally, this report can be used to verify that enrollment data is up to date by comparing overall client counts against other data sources.

Documentation for running and interpreting this report can be found (on the HMIS software provider's website) and technical specifications can be found within the HUD Standard Reporting Terminology Glossary.

APR AND CAPER REPORTS

It is recommended CHOs run the HUD Annual Performance Report (APR), the CAPER report, and/or the HMIS Data Quality Report monthly, at the project level, to monitor overall performance, to self- monitor **completeness** data quality for the Program Specific Data Elements (PSDEs). Running reports at the project level allows CHOs to identify underperforming project and can be used to help identify potential workflow issues or staffing issues contributing to delayed or incomplete data entry.

The APR & CAPER reports also provide more detail for **accuracy verification** and **Entry/Exit timeliness monitoring** than the HUD Data Quality Report, including demographic breakouts, client resources and barriers, and program-specific performance measures (e.g., number of outreach contacts prior to engagement; days from enrollment to housing move-in).

EVA REPORTING TOOL

Eva is a web-based data analysis tool that can help HMIS Leads and System Administrators:

- Assess the accuracy and completeness of the data collected within their HMIS.
- Understand their homeless response system's flow and performance.

Eva analyzes data from all HMIS project types and is not limited to the project types included in the Longitudinal System Analysis (LSA) or System Performance Measures (SPM) reports.

REPORT LIBRARY

HMIS provides a standard set of "canned" reports that can be used for data quality self-monitoring. These typically allow the user to select a series of parameters on a report setup page, may be run immediately or scheduled, and are easily exportable after running.

LSA AND SPM

This information is designed to build stakeholders' understanding of how the data in HMIS affects federal report requirements.

WHAT IS THE LSA?

The Longitudinal Systems Analysis (LSA) is a federal report submitted to HUD that informs the Annual Homelessness Assessment Report to Congress (for more, see **this page on the HUD Exchange**).

A critical aspect of the **McKinney-Vento Homeless Assistance Act**, as amended, is a focus on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to homeless assistance programs and funding sources that operate independently in a community. The LSA report provides HUD and CoCs with critical information about how people experiencing homelessness use their system of care.

Each client enrolled within the period will be listed along with many data elements that denote their demographics (Age, Gender, Race) as well as information collected about their project stay such as Household Type, Health Conditions and Prior Residence. Complete and accurate HUD Universal Data Elements, Common Data Elements and Program Specific Data Elements are critical to accurately reporting how people experiencing homelessness are using the systems of care in the Butte Countywide Homeless Continuum of Care.

WHAT IS THE SPM?

The intent of the System Performance Measures (SPM) report is to encourage CoCs, in coordination with Emergency Solutions Grants Program recipients and all other homeless assistance stakeholders in the community, to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD. HUD uses system-level performance information as a competitive

element in its annual CoC Program Competition and to gauge the state of the homeless response system nationally.

THE SEVEN SYSTEM-LEVEL PERFORMANCE MEASURES

HUD has developed the following seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness:

1. Length of time persons remain homeless.
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness.
3. Number of homeless persons.
4. Jobs and income growth for homeless persons in CoC Program-funded projects.
5. Number of persons who become homeless for the first time.
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects.
7. Successful housing placements, (placed in or can retain permanent housing).

WHAT IS NEEDED FOR THE LSA?

While the HMIS Lead ultimately submits both the LSA and SPMs on behalf of the CoC, it is critical that all stakeholders understand the importance of these submissions, and that providers participate in data quality improvement processes to ensure high quality submissions. Consistent engagement with monthly data quality reports ensures a solid foundation for ensuring that the data is as accurate as possible. As we work through the submission, the HMIS Lead may reach out to providers with specific data quality, including use and availability, concerns. Timely participation in the process is essential to the success of the Continuum of Care. The HMIS Lead submits data to HUD for Federal Fiscal Years, (example: FY2023 (10/1/2022-9/30/2023).

Data Completeness, Accuracy, Timeliness, and Consistency affect both the LSA and the SPM reports. For each data element relevant to the respective measure, accurate client-level data must be gathered about each client served. The data must also be entered into the HMIS correctly and timely. Correct entry and exit dates, destination, income and sources, and residential/housing move-in dates are some of the most crucial data elements for these reports. Client identifier information used for deduplicating clients across project enrollments is also important for a CoC to review. Without accurate deduplication results, the measures may not reflect the reality of system use. When considering data quality to improve the accuracy of the report, prioritize review of these data elements for the data analysis period.

The HMIS Lead works on identifying data errors throughout the year that affect the LSA and SPM. As issues are identified, they will reach out to providers and organizations to correct their projects' data. Making required corrections in a timely manner is extremely important.

NOTE: The LSA and SPM directly impacts the funding the CoC's receive annually from HUD. The results of both the LSA and SPMs are directly tied to specific Notice of Funding Opportunity (NOFO) points, including but not limited to CoC Program Funding. Inaccurate, incomplete, and low performing submissions lead to a reduction in points. In a competition where EVERY POINT MATTERS, even a small deduction can mean a difference in the number of projects funded by CoC funds.

LSA AND SPM REPORT TIMELINES

Organizations will be alerted to the timeline via the HMIS Lead and/or by their CoC.

- LSA: Usually opens for submission in late October and is due mid-January.
- SPM: Usually opens for submission in late November and is due late February.

WHICH PROJECTS DO THE LSA AND SPM EFFECT?

The LSA and SPM reports on data from specific continuum projects, REGARDLESS OF FUNDING SOURCE. The chart below indicates whether specific project type participate in each.

Project Type	LSA	SPM
Street Outreach (SO)	No	Yes
Supportive Services Only (SSO)	No	No
Emergency Shelter (ES) - Entry/Exit (E/E)	Yes	Yes
Emergency Shelter (ES) - Night-by-Night (NbN)	Yes	Yes
Transitional Housing (TH)	Yes	Yes
Rapid Rehousing (RRH) With or Without Services	Yes	Yes
Permanent Supportive Housing (PSH)	Yes	Yes
Permanent Housing: Housing Only (PH-H)	No	Yes
Permanent Housing: Housing with Services (PH-S)	No	Yes

DATA QUALITY MONITORING PROCESSES

Routine data quality monitoring at the CoC level will be conducted by the HMIS Lead. Routine data quality monitoring at the CHO level will be done by CHO Administrators at the CHO, project, and user level. This ensures the CoC and all data contributing CHOs meet the data quality goals defined in this DQMP. In response to findings from monitoring, the HMIS Lead will request corrections and provide support to improve the quality of data at the point of entry into HMIS.

The HMIS Lead will perform quarterly data integrity check on CoC wide HMIS data, which will include the following steps:

- Run the latest version of the HUD EVA Data Quality Tool;
- Notify CHO Administrators of finding and timelines for correction;
- Notify CHO Executive Director, or equivalent, if CHO Administrator is not responsive to required corrective actions; and
- Notify HMIS/CES Committee regarding any uncorrected data quality issues.

DATA COMPLETENESS

All data entered into HMIS must be complete. Missing or incomplete data (e.g., missing digit(s) in a Social Security Number (SSN), missing the year of birth, missing information on disability or veteran status) can negatively affect the ability to provide comprehensive care to clients.

DATA COMPLETENESS STANDARD

The percentage of required data elements identified as ‘data not collected, ‘client doesn’t know’ or ‘client prefers not to answer’ should be no more than 0% to 10%, depending on project type and data element. (See Table 9 for details.)

The CoC has established an acceptable range of ‘data not collected, ‘client doesn’t know’ and ‘client prefers not to answer’ responses, depending on the data element and the type of project entering data. The percentages listed in the last two columns represent the maximum percentages allowed.

Table 9

Data Elements	Applicability of Standard by Project Type/Funding	Data Not Collected Maximum Allowed	Client Prefers Not to Answer OR Client Doesn't Know Maximum Allowed
All Data Elements *Except those listed below*	All Projects except RHY[1]	0%	2%
All Data Elements *Except those listed below*	RHY	0%	5%
Veteran Status	All Projects	0%	0%
Social Security Number	SSVF Projects	0%	0%
Income as a Percent of AMI	SSVF Projects	0%	0%
VAMC Station Code	SSVF Projects	0%	0%
Move-In Date at Exit	All RRH Projects	0%	0%
Destination	ES Projects Only	10%	2%
	All Projects except ES	2%	2%
Housing Assessment at Exit	Prevention Only	2%	2%

[1] For PATH data, standards are only applicable to clients at exit.

ANONYMOUS CLIENTS

Entering clients anonymously is permitted when the client requests this. However, it is advised that case managers be able to explain to their clients how HMIS client data is secured so that the client feels comfortable with their data being entered into the HMIS. The general advice if a client is uncomfortable and wants to be entered as anonymous is: "Inform, don't pressure."

Anonymous data undoubtedly hurts overall data quality for the CoC and the project itself, however, the client's safety and feeling of security is of great concern as well. Having the personally identifying data is important because it is the only way we have of distinguishing that client from other client records in the database. Having identifying information also allows us to match people across systems for the purposes of studying delivery of services. A client being entered as anonymous may be unintentionally duplicated.

For all anonymous clients, paper files should contain their HMIS Unique ID so if the client returns, the same number can be used.

The maximum allowed data quality measurement for completeness includes anonymous clients.

DATA ACCURACY

Information entered into the HMIS needs to be valid, i.e., it must accurately represent information about the people accessing any homeless service programs contributing data to HMIS. Inaccurate data may be intentional or unintentional. **False or inaccurate information is worse than incomplete information**

To ensure the most up-to-date and complete data, data correction should be performed immediately, once the error(s) is detected. All data entered into HMIS shall reflect information provided by the client, as documented by an intake worker, case manager, or otherwise updated by the client and documented for reference. Recording inaccurate information is strictly prohibited. If a client refuses to provide 'correct' personal information, end users should enter the information provided by the client, as HMIS is a self-reporting system. The general advice if a client is uncomfortable and doesn't want to share their information is "Inform, don't pressure". It is important for persons collecting information from a client to provide them with the Privacy Quick Guide, obtain an Informed Consent, and to take time with clients inform them, and answer any questions they have.

DATA ACCURACY STANDARD

The percentage of clients showing in each of the Data Quality Measurements for Accuracy should be no more than 0-2%, depending on project type and the measurement. (See Table 5 for details.)

DATA QUALITY MONITORING PLAN

The following section outlines how HMIS data quality will be monitored, including adherence to the data quality standards referenced above. Any questions about data entry or policies regarding HMIS should be directed to HMISHelp@buttecounty.net.

ROLES AND RESPONSIBLITIES

One person can serve under multiple of the following roles. All HMIS End Users, with access, are welcome to use any of the reporting available in HMIS, but the following informs what reports are meant to fulfill the responsibilities of each role.

Following are the responsibilities for various HMIS roles, as it pertains to monitoring and maintaining HMIS data quality.

HMIS Lead Agency

HMIS System Administrators train HMIS End Users on how to correctly enter data into HMIS, run reports as necessary, support current HMIS End Users, create and maintain documentation, keep HMIS End Users informed about any changes, maintain provider data, submit reports to HUD, contact agencies and assist HMIS End Users who are struggling to keep good HMIS data quality.

HMIS/CES Committee

The HMIS/CES Committee, can use the Data Quality reports and EVA on a CoC wide level to check for High Priority issues and Errors that exist in the CoC. This can help problem-solve data quality issues that are affecting the entire CoC.

Agency CHO Administrators

HMIS CHO Administrators have access to reports and should use it to check their agency's data quality. Information about data quality can be accessed via Reports > Data Quality Reports and should be reviewed for regularly. Additionally, CHO Administrators can use EVA to find High Priority issues and Warnings that exist in the organization's data. Using these tools, CHO Administrators can access an ordered list of data quality issues that need to be addressed at their organization. It may be necessary to offer assistance to HMIS End Users at the organization to be sure HMIS data is being entered correctly.

CHO Administrators shall check all relevant Data Quality reports as outlined in this document on a minimum of a quarterly basis and make corrections or develop a corrective action plan to address errors as needed. The HMIS Lead Agency will contact Agency CHO Administrators of agencies with large numbers of High Priority issues and Errors. If the Agency CHO Administrator does not respond in a timely manner, the HMIS Lead Agency will reach out to the Executive Director of the agency. If an agency does not adequately respond to the request for improvement, the issue will be raised with the HMIS/CES Committee at the next monthly meeting and an action plan will be determined. If the agency still does not adequately respond to the request for improvement the agency's continued access to the HMIS may be jeopardized.

HMIS End Users

HMIS End Users are responsible for entering data accurately, timely and completely. HMIS End Users should contact the agency CHO Administrator and/or HMIS Help Desk (HMISHelp@buttecounty.net) for any HMIS related questions. Additionally, HMIS End Users must be responsive to the HMIS Lead Agency when data quality issues are identified and engage in any needed corrective action.

COMPLIANCE

If the agency fails to make corrections when the HMIS Lead Agency has informed the errant agency of needed corrective action, or if there are repeated or serious data quality errors, the HMIS Lead Agency will notify the HMIS/CES Committee who will develop an action plan, and the agency's Executive Director about specific plans to address non-compliance with the required HMIS participation and consequences for failing to follow the proposed plan of action.

Non-compliance with the standards laid out in this document may result in the agency being placed on a Quality Improvement Plan (QIP), or similar improvement process, as described in the Quality Improvement Planning and Process document (Appendix B). The document can be found on the HMIS/CES webpage. Ongoing non-compliance after being placed on an improvement plan could result in loss of federal or state funding.

Moreover, several funding sources now consider HMIS data quality when making funding decisions, including but not limited to HUD's CoC Program. Low HMIS data quality performance, regardless of participation in a QIP, may result in denial or reductions of this funding. The CoC reserves the right to use HMIS Data Quality as one portion of scoring for future RFPs.

APPENDICES

- Appendix A; Data Quality Improvement Planning and Process
- Appendix B; Data Quality Improvement Plan
- Appendix C; Butte Countywide Homeless Continuum of Care Data Quality Checklist
- Appendix D; Data Quality Performance Monitoring Improvement Strategies

DOCUMENT REVISION HISTORY

Date	Version	Editor/Author	Notes
10/01/2025	1.0	Elisa Rawlinson	Initial Draft – New Version of Data Quality Plan
10/27/2025	1.0	HMIS/CES Committee	Approved by HMIS/CES Committee on 10/27/2025 Approved by CoC All Members on 11/17/2025

APPENDIX A

DATA QUALITY IMPROVEMENT PLANNING AND PROCESS

BACKGROUND AND INTRODUCTION

The Butte Countywide Homeless Continuum of Care (CoC) HMIS/CES Committee developed and implemented the Quality Improvement Plan (QIP) to take an intentional and systematic approach to improving homeless program performance.

WHAT IS A QUALITY IMPROVEMENT PLAN?

The CoC's HMIS/CES Committee uses a QIP based on a continuous quality improvement process, which consists of the following steps:

- Plan the timeline, activities, and the tools to be used (reports) to measure outcomes
  - Define actions needed to correct data quality and establish clear guidelines and expectations
- Implement actions needed to improved data collection and quality
- Verify the results and complete a full analysis
- Institute workflow/data collection/date entry changes within agency related to lessons learned from the analysis

See the blank Data Quality Improvement Plan Template (Appendix B) for more information.

QUALITY IMPROVEMENT PROCESS OVERVIEW

PROCESS OVERVIEW

QIPs are used to address a variety of project issues. HMIS Lead Agency staff notify agency of their need to develop a QIP and the performance areas on which their QIP should focus. Once the QIP is developed, agency shall implement the QIP and engage in quarterly monitoring with HMIS Lead Agency staff for one year, at which time CoC staff evaluate project improvement and make a determination about QIP termination, continuation, or other action.

COC HMIS/CES COMMITTEE

The CoC's HMIS/CES Committee is responsible for reviewing program performance, identifying which agencies need to develop QIPs, and implementing QIPs for issues related to project performance. In its role as HMIS Lead Agency, the Butte County Department of Employment and Social Services (DESS) is responsible for chairing the HMIS/CES Committee, and as such has been charged with monitoring and assisting with assessing QIP implementation. Any questions or concerns pertaining to the QIP process should be directed to the HMIS Lead, at HMIShelp@buttecounty.net

AGENCY SELECTION

The HMIS/CES Committee reviews agency performance annually. Any agency that has not met performance goals, as outlined in the Performance Management Plan, for multiple reporting periods, may be identified by the committee as needing a QIP.

HMIS Lead Agency staff will contact organizations directly if they are required to develop a QIP.

DEVELOPMENT AND IMPLEMENTATION OF QIP

QIP DEVELOPMENT: THE BASICS

When needed, agency must develop a QIP that addresses every identified performance concern. Agency will be given the opportunity to receive individualized technical assistance from HMIS Lead Agency staff as they begin developing their QIPs.

QIPs must address all issues of concern noted, the QIP tool must be fully completed, and agency must adhere to all timelines and goal dates outlined in QIP correspondence.

QIP DURATION

Agency must develop QIPs that are six months in length, unless otherwise noted.

TERMINATING OR CONTINUING A QIP

The HMIS/CES Committee and HMIS Lead Agency staff will evaluate the extent to which the QIP satisfactorily improved performance on targeted areas. If improvement is sufficient, the agency will be notified of the termination of the QIP and no further action will be needed.

If the Committee and the HMIS Lead Agency determine that an agency has not made adequate improvement during the QIP process, then the agency may be required to complete another six months of QIP implementation. A continuing QIP may involve revision of the QIP developed by the agency and/or changes to the monitoring process.

QIP MONITORING AND EVALUATION

Agencies will participate with HMIS staff in quarterly monitoring discussions regarding QIP progress and program improvement. In these discussions, agency will be expected to report, at minimum, on the following items:

- Progress in implementing each activity identified in the QIP
  - Assure QIP activities are implemented/completed
  - If activity not fully implemented/completed, then agency must be able to report on status of implementation, expected completion dates, etc.
- Progress in meeting stated QIP performance goal
  - Assure QIP performance goal is met
  - If QIP goal not met, then agency must be able to report on status of implementation, expected completion dates, etc.
  - If QIP goal not met, then agency may be informed that QIP will continue for additional year
- Progress in assuring that the data obtained through the QIP is accurate, thorough, and analyzed
  - Assure quality data is obtained
- Progress in reporting trends and findings from the QIP
  - Assure trends and findings are noted
- Progress in prioritizing issues that need further review and consideration
  - Assure that issues are prioritized

DETERMINING SUCCESS OR FAILURE OF QIP

The HMIS/CES Committee and HMIS Lead Agency will evaluate agency's progress in meeting the QIP goals identified to determine if agency has successfully implemented QIP and if the QIP can be terminated. If all identified QIP goals have been achieved, then the QIP will most likely be terminated upon completion of the six-month QIP period. Achievement of QIP goals is not necessarily the only condition that could lead to successful QIP termination. Agencies who can clearly demonstrate significant progress towards meeting their goals, and who have fully and successfully implemented all QIP activities and participated in quarterly monitoring, may also have their QIPs successfully terminated.

In general, the success of a QIP process (and, ultimately, its termination) will be determined based on the following:

- Agency participated in the required QIP process
- Agency fully implemented identified QIP activities
- Agency participated in regular monitoring and provided sufficient status updates on QIP implementation and progress on program improvement
- Agency made significant progress on and/or met their QIP goals

Agencies who have not met their QIP goals, have made only slight (or no) progress in their areas targeted for improvement, or have not fully implemented all the activities identified in their QIP may be required to continue their QIP for another six months. Continuing a QIP may also involve revising the plan or increasing frequency of monitoring. As the second QIP termination date nears, the agency will be evaluated again on the extent to which they were successful on the items identified above. If the Committee and HMIS Lead Agency staff determine that the agency successfully completed their QIP, then the QIP will be terminated, and no further action will be needed. If the Committee determines that their QIP failed for a second consecutive period, then the agency may be required to develop a QIP for a third six-month period or may be at risk of losing renewal HUD CoC funding, if applicable, or losing access to HMIS.

Agencies who do not develop required QIPs or do not participate in regular monitoring, when required by the Committee and HMIS Lead Agency staff to do so, will be considered to have failed in their QIP. These agencies may be at risk for not being included in the CoC's consolidated application for HUD CoC funding and could risk losing access to HMIS.

IMPACT OF QIP ON COC COMPETITION

RENEWAL COC APPLICATIONS

Agencies with a current first or second QIP in place at the time of the annual HUD CoC Competition may have their project evaluation score and/or project ranking impacted.

NEW COC APPLICATIONS

Agencies with a current first QIP in place are not prohibited from submitting a new CoC project application. However, new project applications may be scored, in part, on the applicant's required QIP participation, implementation, and program improvement.

APPENDIX B

DATA QUALITY IMPROVEMENT PLAN

QIP BASIC INFORMATION

Complete the following chart and submit one copy with the QIP.

Project Name	
Project Type	
Agency	
Grant Administrator's Name	
Grant Administrator's E-Mail Address	
Grant Administrator's Telephone Number	
Contact Name	
Contact's E-Mail Address	
Contact's Telephone Number	
Person(s) Responsible for QIP Implementation and Oversight	

QIP SUMMARY

Complete one chart for each non-performing objective identified in the Performance Indicator Chart.

Problem / Need / Situation				
Goal	**Activities**	**Timeline / Goal Dates**	**Outputs**	**Outcomes**

APPENDIX C – HMIS LEAD/AGENCY CHO DATA QUALITY CHECKLIST

Butte Countywide Homeless Continuum of Care Data Quality Checklist

Agency: _____ Program: _____

Agency Staff Met With: _____

	Item	Action	Response
1.	CHO MOU	MOU is on file with both HMIS Lead and CHO Agency, is current and up to date.	☐ Met ☐ Unmet
2.	End User Agreement	All end user agreements for active and inactive users are on file with CHO and up to date.	☐ Met ☐ Unmet
3.	End User Background Check	All end user background checks for active and inactive users are on file with CHO and up to date.	☐ Met ☐ Unmet
4.	End User Verification of Receipt of the Privacy & Security Plan	All end user verifications of receipt of the Privacy & Security Plan, for active and inactive users are on file with CHO and up to date.	☐ Met ☐ Unmet
5.	Public Notice	Posted and easily visible in program intake areas.	☐ Met ☐ Unmet
6.	Privacy Notice	Posted on agency website.	☐ Met ☐ Unmet
7.	Informed Consent in HMIS for all active clients	HMIS Lead will pull report 1 month prior to site visit; CHO will work with staff to ensure all Informed Consents are in the system and up to date.	☐ Met ☐ Unmet
8.	Agency Data Quality & Completeness	Review of agency program-level data quality report reviewed with CHO Administrator. If necessary, plan to correct issues will be developed.	☐ Met ☐ Unmet
9.	Agency Data Accuracy	Review of agency program-level data accuracy where HMIS record is compared to record(s) on file with agency.	☐ Met ☐ Unmet
10.	Bed/Unit Review (ES, TH, PH, RRH Only)	Review bed/unit inventory in HMIS make corrections (if necessary) to amount, dates of changes and target populations.	☐ Met ☐ Unmet

Follow-Up Notes and Plan for Unmet Needs:

APPENDIX D – DATA QUALITY PERFORMANCE MONITORING IMPROVEMENT STRATEGIES

Data Completeness		
Why it Matters	**How to Address**	**How Often**
For accurate reporting and to analyze trends in homelessness data over time, data needs to be complete.	CHO Administrator reviews Data Quality Reports; identifies staff who need assistance; work with staff by providing deadlines for fixing errors & training on how to interview clients and elicit information.	Minimum of once quarterly, recommended monthly.
Attempt to have as few "null", "data not collected", "client prefers not to answer", and "client doesn't know" options as possible	Review Data Quality Reports or Program Details Report.	Minimum of once quarterly, recommended monthly.

Data Timeliness		
Why it Matters	**How to Address**	**How Often**
To benefit clients most immediately, data needs to be entered into HMIS in a timely manner. Timely data entry ensures reports and data visualizations are accurate	CHO Administrator reviews Data Quality reports that show length of time between the date the information was gathered from the client (Project Start or other date) and the date the data was entered into HMIS.	Minimum of once quarterly, recommended monthly.

Data Accuracy		
Why it Matters	**How to Address**	**How Often**
Accuracy of the data entered into HMIS must be a true/accurate reflection of the client's situation. When the data entered into HMIS does not accurately reflect the client's reality, it causes accuracy issues.	CHO Administrator reviews EVA reports, program rosters, program details reports, and/or other reports that can assist in confirming accuracy. Regular communication with users, agency supervisors to ensure data in HMIS is a true reflection of the projects'/clients' reality, this includes but is not limited to: • Does overall client count, demographics, and services provided make sense? • Are there clients with multiple overlapping program enrollments? • Is there a defined Head of Household? • Are there minors enrolled without parents?	Minimum of once quarterly, recommended monthly.