Data Quality Management Program (DQMP) Part 1: Overview of a DQMP

Mike Lindsay
&
Natalie Matthews

Who's in the Room?

What type of organization do you represent?

- CoC Lead Organization
- HMIS Lead Organization
- Homeless Service Provider
- Government Organization (local, state, or federal)
- Other Service Provider (healthcare, mental health, etc.)
- Other

Learning Objectives

- Learn about the core elements of a Data Quality Management Program (DQMP)

- Identify how a DQMP fits into HUD's Data Strategy

- Develop actionable steps to prepare for a DQMP
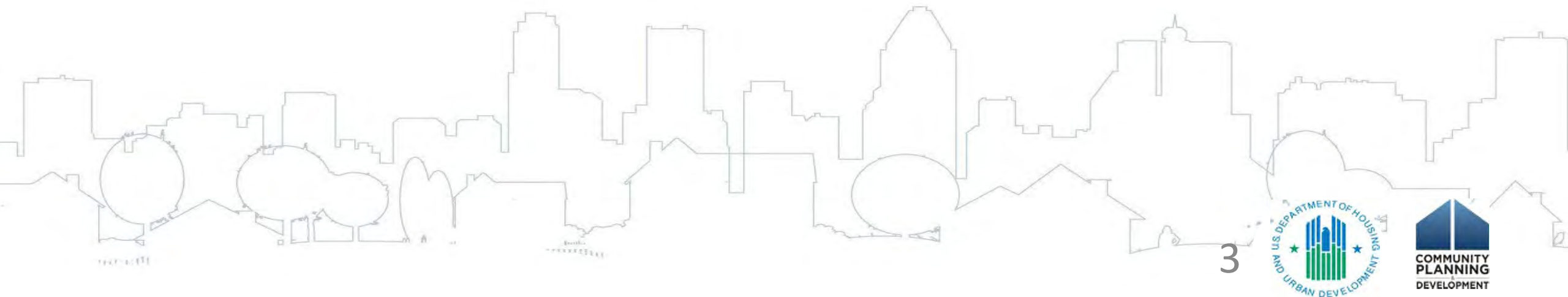
SNAPS Data TA Strategy

[HUD SNAPS Data TA Strategy to Improve Data & Performance](#)

Data Quality is implicated in all three strategies
- Directly related to Strategies 1 & 2

Let's talk for a second
- Who has seen this?
- How does it make you feel?
- Do these seem realistic?

Strategy # 1

Characteristic: Expert Homeless Management Information System (HMIS) Leads and System Administrators		
Current status (or near-term)	**Majority of CoCs in 3-5 years**	**Advanced CoCs in 3-5 years**
▪ Software provider: HMIS Leads are entrusted by CoCs to manage software provider contracts/ relationships, and act as fiduciary on behalf of the CoC ▪ End User: HMIS Leads support all end users and administrators meet DQ standards (Strategy 2) ▪ CoCs: HMIS Leads ensure data is high quality for use in planning/ review and ranking	▪ Software provider: HMIS Leads monitor software providers to the terms of the contract, or are provided with accreditation by software providers ▪ End User: HMIS Leads have developed training curricula to meet the unique needs of beginner, intermediate, and advanced users ▪ CoCs: HMIS Leads support data literacy across CoC planning	▪ Software provider: HMIS Leads conduct frequent monitoring of software providers and have access to all programming specs/ logic, terminology assumptions, and report generation functionality ▪ End User: HMIS Leads collect data from end users pre- and post-training, and use the results to enhance training curricula and delivery ▪ CoCs: HMIS Leads provide/manage/ merge and de-duplicate high quality data to support cross-system care coordination and planning efforts
Characteristic: CoCs have data-driven leaders		
Current status (or near-term)	**Majority of CoCs in 3-5 years**	**Advanced CoCs in 3-5 years**
▪ CoC has a data subcommittee	▪ CoC shares a vision to end homelessness ▪ CoC supports culture of performance	▪ CoCs are engaged with and sharing data and performance metrics across systems of care

Strategy # 2

Characteristic: Bed Coverage across Continuum (funded and unfunded)		
Current status (or near-term)	**Majority of CoCs in 3-5 years**	**Advanced CoCs in 3-5 years**
▪ 100% required providers and less than 100% non-required providers contribute to HMIS	▪ 100% all homeless service providers contribute to HMIS	▪ 100% homeless providers and non-homeless service providers contribute to shared data environment

Characteristic: Quality data = Timely Accurate Comprehensive		
Current status (or near-term)	**Majority of CoCs in 3-5 years**	**Advanced CoCs in 3-5 years**
▪ 100% complete ▪ Less than 100% accurate ▪ No timeliness standard	▪ 100% accurate ▪ 100% complete ▪ Projects directly enter data within 2 hours for crisis response and project start/ project exit ▪ PSH projects directly enter data within 24 hours	▪ 100% accurate ▪ Customized local data elements are limited to information needed to report, serve and house clients. ▪ 100% complete ▪ Timeliness meets Coordinated Entry placement and referral needs

Strategy # 3

STRATEGY 3:
Continuums and stakeholders use data to improve efforts to end homelessness

Characteristic: Continuum of Care (CoC) uses data for system planning		
Current status (or near-term)	**Majority of CoCs in 3-5 years**	**Advanced CoCs in 3-5 years**
▪ Using project-level performance data to make rating and ranking decisions and set local performance goals	▪ Aligning homeless system resources to meet needs of people experiencing homelessness	▪ Using all data sources (including data from non-homeless systems of care) to prevent and end homelessness
Characteristic: Continuum of Care (CoC) uses data for coordination of care		
Current status (or near-term)	**Majority of CoCs in 3-5 years**	**Advanced CoCs in 3-5 years**
▪ Multiple homeless providers coordinating to provide housing and services to individuals (or groups of individual)	▪ All homeless providers removing systemic barriers to housing and services	▪ Homeless providers and non-homeless systems of care coordinating to remove systemic barriers to housing and services
Characteristic: Continuum of Care (CoC) uses data to prioritize existing resources for neediest clients		
Current status (or near-term)	**Majority of CoCs in 3-5 years**	**Advanced CoCs in 3-5 years**
▪ HUD defines vulnerability (to what) and communities are using all available resources for most vulnerable persons	▪ Homeless system uses RRH for progressive engagement and 100% of PSH is highly targeted	▪ Data from non-homeless systems of care is used to prioritize highly vulnerable persons, plus highly targeted prevention (based on local evidence)

Definition of Data Quality

Data quality refers to the reliability and comprehensiveness of a community's data, as collected in HMIS
- Do you have sufficient data to accurately reflect the demographics, needs, experiences, and outcomes of persons experiencing homelessness in your community?

Impacts of not having sufficient data quality
- Inability to leverage data for system planning and design efforts
- Frustration with HMIS; viewed as a burden and not a resource

Components of data quality:
- Completeness (including system coverage)
- Timeliness
- Accuracy
- Consistency

Requirements for Data Quality

Per the 2004 HUD Data and Technical Standards:

4.2.2 Data Quality

Baseline Requirement: "PPI collected by a CHO must be relevant to the purpose for which it is to be used. To the extent necessary for those purposes, PPI should be accurate, complete, and timely."

[2004 Data & Technical Standards](#)

Requirements for Data Quality

Per the CoC Interim Rule:

578.7 Responsibilities of the Continuum of Care

(b) *Designating and Operating an HMIS.* The Continuum of Care must:

  (1) Designate a single Homeless Management Information System (HMIS)
       for the geographic area;

  (2) Designate an eligible applicant to manage the Continuum's HMIS,
       which will be known as the HMIS Lead;

  (3) Review, revise, and approve a privacy plan, security plan, and data
       quality plan for the HMIS.

[CoC Interim Rule](#)

Why a Data Quality Management Program?

What is a DQMP?

| Identifying your Baseline	Ensuring CoC Buy-In	Develop your DQ Plan
Set enforcement and improvement expectations	Execute Enforceable Agreements	Ongoing monitoring and continuous improvement

Phase 1: Identifying your Baseline

- Identify your baseline across all components of data quality
  - DQ Framework report can be leveraged for completeness, timeliness
  - Accuracy is often the hardest to measure
    - Think about ways to have data checked by other stakeholders to ensure accuracy (includes sharing data at meetings and doing monitoring)
  - Consistency is also very hard to measure
    - Consider how well you are training users on data collection, look at help tickets, training evaluations, etc. to get a sense of how well users are understanding the various data collection and workflow requirements for HMIS

Discussion on Baseline

- Do you know your baseline?

- What challenges did you face in identifying your baseline?

- How did you overcome those challenges?
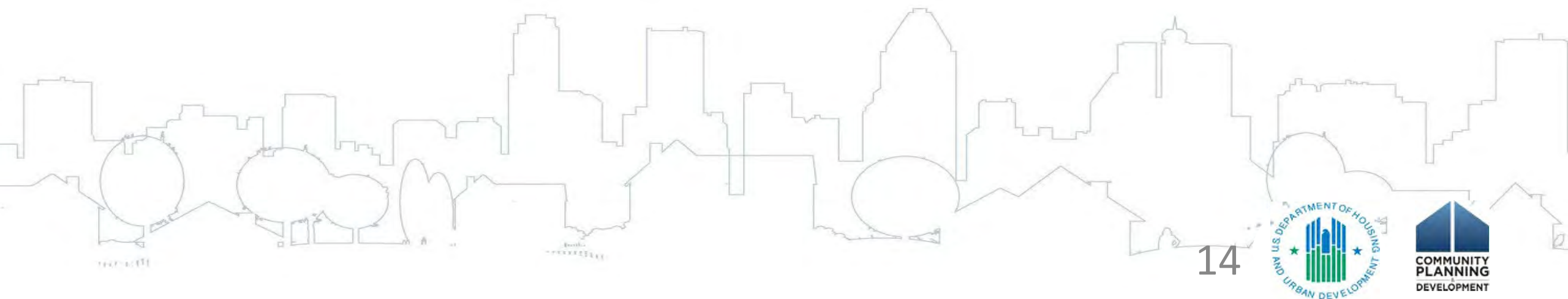
Phase 2: Ensuring CoC Buy-In

- Important to clarify up front what the expectations are for the DQMP
  - CoC will need to review and approve the DQ Plan
  - CoC should also be heavily involved in determining expectations for monitoring and compliance
- This work cannot and should not fall just on the shoulders of the HMIS Lead Agency

Discussion on Ensuring CoC Buy-In

- How frequently does your CoC leadership review data quality reports and data analysis?

- Does your CoC leadership see value in HMIS? Are they champions of the system? If not, how can you address that during Phase 2?

Phase 3: Develop Your DQ Plan

- Define DQ expectations across all four components of DQ
- Note any distinctions between DQ expectations based on differences in project type and/or data element
- Set expectations of user agencies, of the HMIS Lead Agency and of the CoC
  - Monitoring, compliance, reporting, performance, etc.
- Don't develop it alone! Get stakeholder feedback and input
- Align your expectations with HUD's in its strategy

17

Phase 4: Expectations for Enforcement

- These should be developed in collaboration with the CoC
- Consider both how you'll support agencies/users and if there will be any period of gradual enforcement
- Explore ways that other funds can encourage improved data quality
- Be prepared for this to take some time; writing the DQ Plan and setting expectations is just the start of this work

Phase 5: Enforceable Agreements

- Should be completed by all agencies participating in HMIS
- Provide guidance on what the consequences are for failure to meet the standards in the DQ Plan, as well as the incentives
- Identify the process for notification of failure to meet a standard
- Provide training and ongoing communication on expectations in both agreements and DQ Plan

19

Discussion on DQ Plans and Agreements

- How often is your DQ Plan reviewed and approved by the CoC?
- Does the DQ Plan seem to be in alignment with the HUD Data Strategy?
- Do you have agreements in place? How often are they completed?

Phase 6: Ongoing Monitoring and Continuous Improvement

- Transparency with results is key; consider who will run reports (HMIS Lead? Agencies), how often they will be run and where they will be shared

- Monitoring should be done against all components of data quality; can be self-monitoring as well as done by a third party (such as the HMIS Lead)

- Establish a tool for monitoring, clarify how often it will be done and share your results

- Allow space for improvement and collaboration

- Celebrate successes

- Tie DQ efforts to other CoC efforts, such as Stella and the ability to leverage HMIS for coordinated entry and system planning

- Think back to Strategy 3 for your WHY and be sure to reinforce this message, give this DQ work a purpose that is broader than HMIS from the start

Action Planning for your DQMP

- DQMP Action Planning worksheet is intended to allow you to take what we've talked about today, and turn it into a series of next steps that you can complete locally to either adopt or improve your DQMP

Q&A
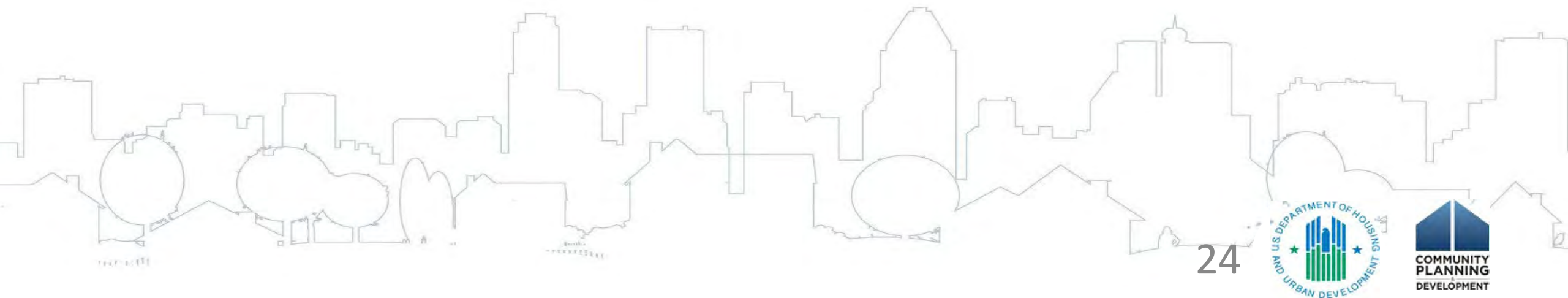
Next Steps

- Attend Part 2, where we'll go into depth on how to establish your DQMP
- Don't wait for perfection, start making progress now
- Think of this as an iterative and ongoing process
- User your DQMP Action Planning worksheet
- Be on the lookout for a HUD resource on DQMPs

Evaluate This Session on Your Conference App!
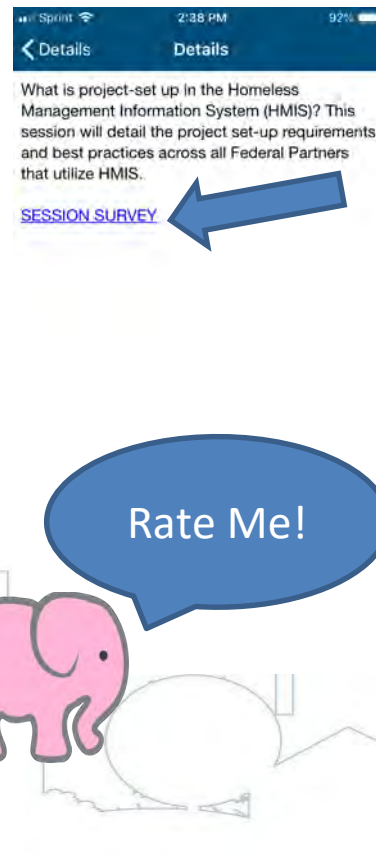## (It takes 5 minutes to complete)
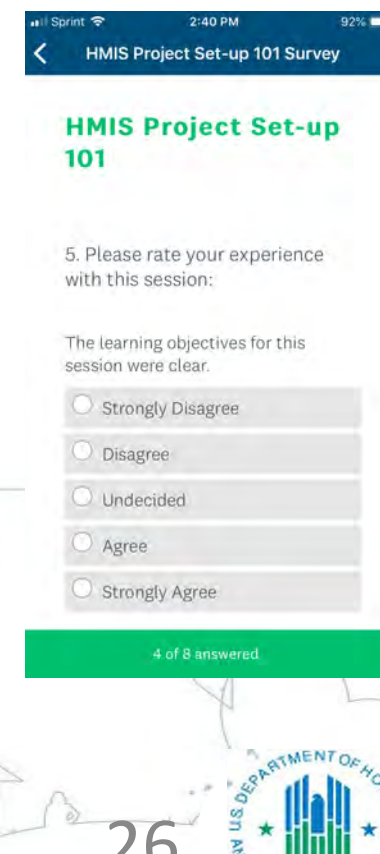
1) Select the name of the session from the agenda tab.
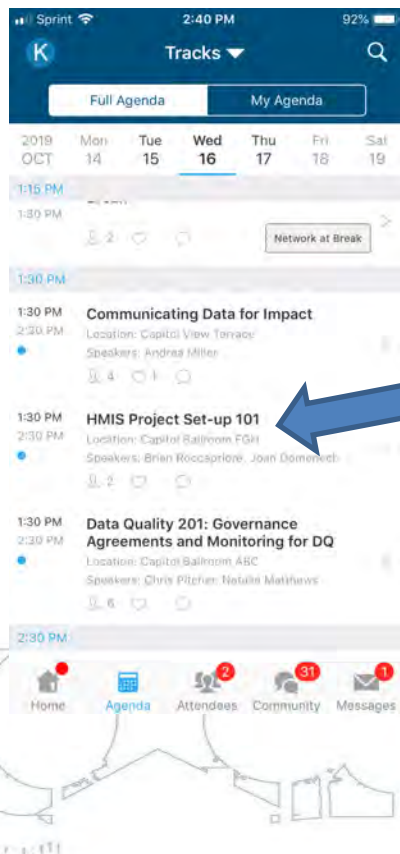
2) Select "See More" under the Overview.
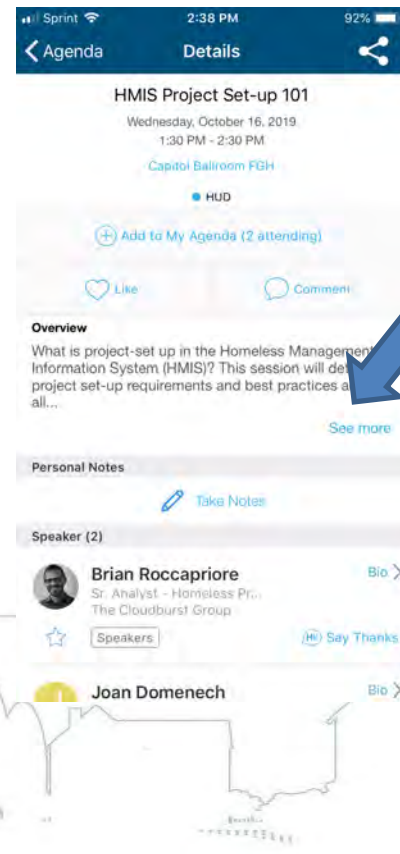
3) Select "SESSION SURVEY" under Details.

4) Complete the Evaluation and Select "Done".

Rate Me!

Thank you!

Mike Lindsay

ICF

Michael.Lindsay@icf.com

Natalie Matthews

Abt Associates Inc.

Natalie_Matthews@abtassoc.com