4100 E. Piedras Drive, San Antonio, Texas 78228

Homeless Management Information System (HMIS) Data Quality Plan

Approved: September 2021

San Antonio / Bexar County Continuum of Care

Developed by: HMIS Lead Agency and SARAH

Approved by: Continuum of Care Board of Directors and the

HMIS Advisory Committee

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INTRODUCTION

This document describes the Homeless Management System (HMIS) data quality plan for the South Alamo Regional Alliance for the Homeless (SARAH), San Antonio/Bexar County's Continuum of Care (CoC). HMIS is a locally administered electronic system that stores client-level information about persons who access homeless services in a community. This document includes a Data Quality Plan and protocols for ongoing data quality monitoring that meet requirements set forth by the Department of Housing and Urban Development (HUD). It is developed by the HMIS Administrator (Haven for Hope), the CoC in coordination with SARAH's HMIS Advisory Committee, and community service providers. This HMIS Data Quality Plan is to be updated annually, considering the latest HMIS data standards and locally developed Data Quality Thresholds.

HMIS DATA AND TECHNICAL STANDARDS

Each CoC receiving HUD funding is required to implement and participate in HMIS to capture standardized data about all persons accessing homeless assistance in the area. The HMIS complies with HUD's official data and technical standards published on HUD's Resource Exchange.

In 2010, the U.S. Interagency Council on Homelessness (USICH) affirmed HMIS as the official method of measuring outcomes for homelessness in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Various federal partners use HMIS data for contract reporting, including:

→ U.S. Department of Housing and Urban Development (HUD)
→ U.S. Department of Health and Human Services (HHS)
→ U.S. Department of Veteran Affairs (VA)

The 2020 Data Standards were implemented in October 2019. The standards identify Universal Data Elements and Program-Specific Data Elements that are required of all homeless programs participating in the HMIS. For further reference, please review the requirements at:
https://www.hudexchange.info/resource/3824/hmis-data-dictionary/

WHAT IS DATA QUALITY?

Data quality is the reliability and validity of client-level data collected. High quality data accurately reflects client information and helps case managers determine appropriate services. Data quality is measured by several factors such as **timeliness**, **completeness**, and **accuracy**. For System Performance Measurements, HUD's expectation is that HMIS data be complete and accurate dating back to October 1, 2012.

WHAT IS A DATA QUALITY PLAN?

A data quality plan is a community-level document that assists the CoC in achieving statistically valid and reliable data. The plan sets expectations for both the community and the end users, as well as:

→ Establishes specific data quality benchmarks for timeliness, completeness, accuracy, and consistency; Identifies the responsibilities of all parties within the CoC with respect to data quality;
→ Establishes a timeframe for monitoring data quality on a regular basis.

WHAT IS A DATA QUALITY MONITORING PLAN?

A data quality monitoring plan 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 the HMIS at both the program and aggregate system levels. This plan includes roles and responsibilities for the CoC, the HMIS Administrator, and the HMIS Advisory Committee.

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WHAT ARE THE HMIS ORGANIZATIONAL CATEGORIES AND CRITERIA?

The HMIS organizational categories and criteria chart identifies each project and organization as an A, B, C, or D category.

	A	B	C	D
Funding Source	Federally Funded	Not federally funded, but data is used for federal reporting	Not federally funded and data is not used for federal reporting	Not federally funded and data is not used for federal reporting
Project Participation	Participates in a HUD priority project type*	Participates in a HUD priority project type	Not participating in a HUD priority project type	Not participating in a HUD priority project type
Homeless Eligibility Criteria	Serve at least one of HUD's Homeless Categories**	Serve at least one of HUD's Homeless Categories	Does not need to serve HUD's Homeless Categories	Does not need to serve HUD's Homeless Categories
Data Access	Ability to Enter New Client Profiles and Edit Existing Information	Ability to Enter New Client Profiles and Edit Existing Information	Ability to Enter New Client Profiles and Edit Existing Information	View Only; Data View is Limited
Organizational Criteria	**Mission**: Serve persons experiencing homelessness or at risk of homelessness is identified as an organizational priority. **Services**: Housing, Supportive Services, Shelter, Healthcare, Access to Services through Coordinated Entry			

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- **Service Delivery**: Provide services or support for persons experiencing homelessness with the intent to improve continuity of care. Category C and D projects must be co-located with homeless services provider.
- **Status**: Non-profit 501(c)(3), government entity, or healthcare provider
- **Email**: Users must have an organizational email
- **Security/Privacy**: Organization must designate a security officer to protect client data
- **Data Quality**: All except Category D must identify at least one individual that will respond to data quality reports sent monthly by the HMIS team.

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* HUD's priority project types are: Prevention, Street Outreach, Shelter (Emergency Shelter and/or Transitional Housing, and Housing (Rapid Re-Housing, Voucher Programs, Permanent Supportive Housing)

** HUD's four categories of homelessness are: (1) Literally Homeless (2) Imminent Risk of Homelessness (3) Homeless Under other Federal Statute (4) Fleeing/attempting to flee domestic violence

DATA ENTRY EXPECTATIONS

UNIVERSAL DATA ELEMENTS (UDES)

The UDEs are baseline data collection elements required for **all** projects entering data into the HMIS. HMIS categories A, B, and C are required to input the following UDEs:

- → Name
- → Social Security Number
- → Date of Birth
- → Race
- → Ethnicity
- → Gender
- → Veteran Status

- → Universal Project Stay Elements (One or More Values per Client or Household Project Stay)
- → Disabling Condition
- → Project Start Date
- → Project Exit Date
- → Exit Destination

→ Relationship to Head of Household
→ Client Location

→ Housing Move-In Date
→ Prior Living Situation

PROGRAM SPECIFIC DATA ELEMENTS (PDES)

Program Specific Data Elements (PDEs) differ from the Universal Data Elements (UDEs) in that no one project must collect every single element in this section. Required data elements are dictated by the reporting requirements set forth by each Federal partner for the projects they fund. A Partner may require all or a selection of the fields or response categories. Data Quality Thresholds are included in Appendix C of the Data Quality Plan outlining required data elements and thresholds for each Federal partner. Category A and B projects are required to collect PDEs. HMIS PDEs include:

→ Income and Sources
→ Non-Cash Benefits
→ Health Insurance
→ Physical Disability
→ Developmental Disability
→ Chronic Health Condition
→ HIV/AIDS
→ Mental Health
→ Substance Abuse
→ Domestic Violence
→ Current living situation
→ Date of Engagement
→ Coordinated Entry Assessment
→ Coordinated Entry Event
→ Bed-night Date

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PROJECT SETUP POLICIES

RE-OPEN DAYS

Refers to the number of days a user can re-open an enrollment after the exit date. This also refers to the number of days a new enrollment (for the same project) can be created, after the previous enrollment has been exited. If needed, the HMIS Team can administratively override this setting manually, on a case-by-case basis. In order for an agency to request an administrative override, and want to re-open an enrollment, a program manager will need to submit a ticket to the HMIS help desk.

Example: Client A is enrolled in an ES project on 1/1/2020 and is exited on 04/01/2020. Client A then returns within a 7-day (04/01/2020-04/09/2020) window, then the enrollment may be re-opened. If Client A returns on 4/10/2020, even one day beyond the approved timeframe, then a new ES enrollment must be created.

AUTO-EXIT DAYS

Refers to logic in the database, which automatically exits a client from an enrollment after a specified number of days. Enrollments which are automatically exited are missing all exit data. This is highly discouraged for housing projects which are required to collect data upon exit, with the exception of Night-by-Night Emergency Shelters. A recommended value of (-1) indicates to remove the option/capability for the enrollment to automatically exit, in order to ensure all exit data is captured accordingly for the client.

Example: Client A is enrolled in a Street Outreach Project on 01/01/2020 and doesn't have contact with a Street Outreach Worker of any kind for 60 days from the enrollment date. Client A's enrollment will automatically be exited on 03/01/2020. There will be no exit assessment information attached to the client.

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PROJECT TYPE	Recommended Maximum Number of Re-open Days	Recommended Number of Auto-Exit Days
EMERGENCY SHELTER (ENTRY-EXIT), SAFE HAVEN, AND TRANSITIONAL HOUSING	7	-1
EMERGENCY SHELTER (NIGHT-BY-NIGHT)	14	14
PERMANENT HOUSING, PERMANENT SUPPORTIVE HOUSING, RAPID RE-HOUSING	14	-1
STREET OUTREACH	30	60
SERVICES ONLY	30	60
HOMELESS PREVENTION	30	-1

BENCHMARKS AND GOALS

TIMELINESS

Timeliness refers to necessary client information being entered into HMIS within a reasonable period of time. When data is entered in a timely manner, it can reduce human error due to too much time between data collection and data entry. Relying on notes or memory of a conversation can lead to incorrect or incomplete data entry. Timely data entry also makes information more accessible for the entire CoC. There is a Timeliness Report that agencies can use under "Data Quality Reports" in the HMIS Administration section to monitor the timeliness of data entry for entry into a project and exit from a project.

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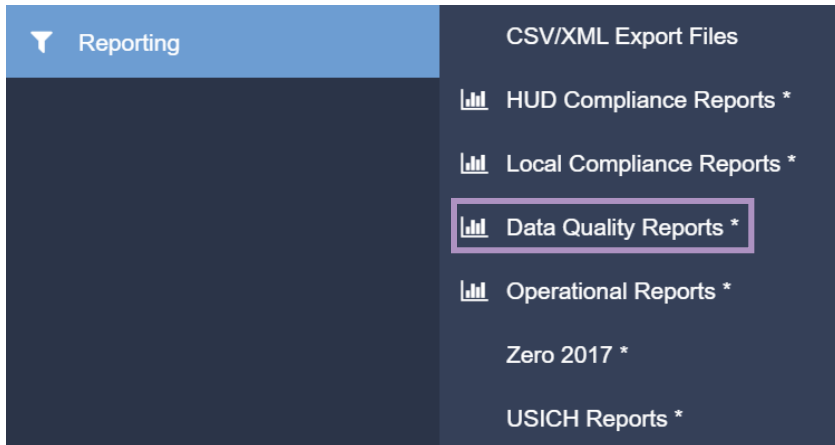
Timeliness is measured by comparing the enrollment member begin/end date to the assessment entry/exit created date. Timeliness cannot be edited, only improved going forward. Assessment information dates should match the date the client interview occurred. Each type of project has different expectations on timely data entry.

Data entry timeframe by project type:

- **Emergency Shelter**: Universal Data Elements and Housing Project Entry/Project Exit must be entered within **4** calendar days.
- **Transitional Housing:** Universal Data, Program-Specific Data, and Housing Check- In/Check-Out must be entered within **4** calendar days.
- **Permanent Housing:** Universal Data, Program-Specific Data, and Housing Check- In/Check-Out must be entered within **4** calendar days.
- **Rapid Re-Housing:** Universal and Program-Specific Data Elements must be entered within **4** calendar days.
- **Prevention projects**: Universal and Program-Specific Data Elements must be entered within **4** calendar days.
- **Supportive Services Only (including SSVF and safe sleeping) projects**: Universal and Program-Specific Data Elements must be entered within **4** calendar days.
- **Outreach Projects**: Limited data elements must be entered within **4** calendar days of the first outreach encounter. Universal Data Elements should be collected upon engagement in services.

HOUSING MOVE-IN DATE

The housing move-in date captures the move-in date at an "Occurrence Point." This was added as a one-time field to capture this date at the time of move-in. This means that the move-in date must be entered if/when a household moves into any type of permanent housing, regardless of funding source or whether the project is providing the rental assistance. The move-in date must be between the Project Start Date and Project Exit Date and may be the same date as Project Start if the client moves into housing on the date they were accepted into the program.

ANNUAL ASSESSMENT DATE

Annual assessments that are required for collection must be entered and completed with created date of no more than 30 days before or after the anniversary of the head of household's Project Start Date. Information must be accurate as of the created date and must be completed. The annual assessment must include updating both the head of household's information and any other family member associated with the enrollment at the same time.

The data included in these updates impact the CoC's System Performance Measures which contribute to HUD's scoring process to determine local funding levels. As such, organizations in the A Category are required to conduct these assessments and those in the B Category are strongly encouraged to do so as well.

COMPLETENESS

Completeness refers to entry of all clients served by an organization's project , as well as all necessary data elements.

Complete data is the key to assisting clients in finding the right services and benefits to end their homelessness. Incomplete data may hinder an organization's ability to provide comprehensive care to the clients it serves. Incomplete data can also negatively impact SARAH's ability to make generalizations of the population it serves, track patterns in client information and changes within the homeless population, and adapt strategies appropriately. HMIS data quality is also part of funding applications, including CoC and ESG funding. Low HMIS data quality scores may impact, and could result in denial of future funding requests.

SARAH's goal is to collect 100% of all universal data elements. Therefore, the HMIS Advisory Committee, with the CoC Board's approval, has established Data Quality Thresholds (see Table 1 through 7, Appendix

C). The Data Quality Thresholds set an acceptable range of "null/not collected", and "client doesn't know/client refused" responses, depending on the data element. To determine compliance, percentages will be rounded (example: .04% becomes 0%).

All programs using the HMIS shall enter data on one hundred percent (100%) of the clients they serve. It is important to note that this includes all required elements and assessments for each member of a household. These standards will be reviewed and revised annually to make sure the thresholds are reasonable.

BED/UNIT UTILIZATION RATES

One of the primary features of an HMIS is the ability to record the number of client stays or bed nights at a homeless residential facility. Case managers or shelter staff enter a client into the HMIS and assign them to a bed and/or a unit. The client remains there until he or she exits the program. When the client exits the project, they are also exited from the bed or unit in the HMIS. All shelters and housing units funded by the CoC must use the bed check-in software in HMIS. Bed/unit utilization will be determined based on bed check-ins and by project enrollment dates.

A bed night record has indicated that the client has utilized a bed in a shelter on that date. "There must be a record of a bed night on the Project Start Date into a night-by-night shelter; any additional bed night dates must be after the Project Start Date and before the Project Exit Date." (HMIS Data Standards Manual, 2020

Acceptable range of bed/unit utilization rates for established projects:

→ Emergency Shelters: 65%-105%
→ Transitional Housing: 65%-105%
→ Permanent Supportive Housing: 65%-105%

The CoC recognizes that new projects may require time to reach the projected occupancy numbers and will not expect them to meet the utilization rate requirement during the first six months of operating.

ACCURACY

Accuracy refers to reflecting true client information and ensuring necessary data elements are consistently recorded.

The best way to measure accuracy of client data is to compare the HMIS information with more accurate sources, such as a social security card, birth certificate, or driver's license. To ensure the most up-to-date and complete data, data entry errors should be corrected on a monthly basis.

As a general rule, it is a better practice to select "client doesn't know/refused" than to misrepresent the population. Do not enter invalid data (such as "111-11-1111", or "123-45-6789" for SSN) to render data completeness as this will not be counted.

DATA CONSISTENCY

Consistent data collection helps promote accuracy. All data in HMIS should be collected and entered in a common and consistent manner across all programs. To that end, all intake and data entry workers will complete an initial training before accessing the live HMIS system, and access additional training opportunities offered by the HMIS Lead.

The HMIS staff may check data accuracy and consistency by running reports that check for entry errors such as duplicate files created, overlapping enrollments or inconsistent assessment responses. The HMIS team also reserves the right to provide HMIS client identification numbers to the CoC for their program auditing or monitoring purposes.

All users are recommended to use the HMIS training environment to practice data entry or test any functionality. The training environment does not affect the live database and does not save any data that is inputted. The link to the training environment is as follows: https://hmis.havenforhope.org/HavenForHope_training.ecm

DATA QUALITY MONITORING PLAN

ROLES AND RESPONSIBILITIES

For a detailed outline of the roles and responsibilities of SARAH, the CoC Board of Directors, HMIS Lead (Haven for Hope), and HMIS Advisory Committee see the "HMIS Governance Charter" available at www.sarahomeless.org.

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MONTHLY AGENCY DATA QUALITY MONITORING

1. Report Send Out

HMIS Data Quality Analysts will send monthly Data Quality Reports for all A, B and C projects to Agency HMIS Representative and CC all project contacts by the 10th of the month. The email will identify the elements requested for review. DQ reports will be pulled for the full month prior to send out date.

2. Data Corrections

The agency will internally facilitate the coordination of data corrections identified in the respective month's email. Agencies are encouraged to run the 'HUD Data Quality' report (Reports > Operational > HUD Data Quality) to access the list of clients included in errors.

3. Report Response

After reviewing the corrections needed, the Agency HMIS Representative will submit a ticket to HMIS (HMIS.Support @havenforhope.org) with the subject line "DQ Response– [Your Agency Name]". All corrections are due by the 25th of the month. See bullet points below for information requested for different situations:

   a. No corrections needed: Simply acknowledge receipt. The purpose is to demonstrate continued participation in process which is included in the final report.
   b. Corrections needed: Inform HMIS that the review is complete.
      a. Notation: This is optional. The agency may choose to include one or more notations. A notation is a brief explanation (1-3 sentences) of why certain corrections could not be made. Example: The client did not have a SSN. If a notation is made, include the name of the project(s) that notation is applicable to. This will be added to the report in the case that the agency would like to offer more context to the number of errors associated with it. Because DQ reports are aggregate numbers, the agency must send the notation for each month they would like it included on.
   c. For any projects with 0 clients served: Verify that the project should remain open.

Only one response is requested per organization. The response will demonstrate continued participation for all agency projects included in monitoring that month as the expectation is that internal agency coordination of corrections is completed prior to report response.

4. Final Report

HMIS Data Quality Analysts will run the reports again over the same period (full month prior to the initial send out date).

Monthly Outline*	
1st-10th *Report Send Out*	HMIS Data Quality Analysts will send out the DQ reports to each agency.
10th-25th *Data Corrections*	Agency will review report and coordinate data corrections • Compare records on file (physical files, agency records, etc.) • Make corrections/add missing data to HMIS • Contact HMIS for help resolving errors as needed
25th *Report Response*	Agency HMIS Representative must submit a ticket to HMIS (HMIS.Support@havenforhope.org) to provide a response for their Agency. Suggested subject line: DQ Response – [Your Agency Name] Body of message: *See section 'Monthly Agency Data Quality Activities', section '3, Report Response' for information that should be included for different situations.* All agencies should send in a ticket regardless if corrections were needed. **Only one response** is requested per agency. The response will demonstrate continued participation for all agency projects included in monitoring that month.

25th-end of month	HMIS Data Quality Analysts will re-run the DQ reports for the final version of report.
Final Report	

*All dates will be changed to next business day if the date is on a weekend or holiday.

COC ENFORCEMENT

1. Annual Review

On an annual basis HMIS will report on project/agency responsiveness and data quality using the HUD fiscal year 10/1-9/30. Based on the findings HMIS will determine which (if any) agencies should be contacted for lack of responsiveness and/or poor data quality. For any projects that HMIS could not come to a resolution, SARAH's acting HMIS liaison will reach out to the Agency HMIS Representative. The HMIS team is notified when this outreach takes place.

2. Leadership Involvement

Category A:

Based on the outcome of the SARAH acting HMIS liaison outreach, the SARAH acting HMIS liaison may refer the agency for further evaluation. SARAH's Executive Director will contact the agency's CEO/ED to evaluate CoC Contract.

Category B & C:

Based on the outcome of the SARAH acting HMIS liaison outreach, SARAH acting HMIS liaison may refer the agency for further evaluation. As Category B and C agencies do not have CoC Contracts, the decision at this point is whether the project should still be allowed HMIS access. This decision will be made by the HMIS Advisory Committee.

APPENDICES

APPENDIX A: SUGGESTIONS FOR ACCURACY

→ Attend regular trainings sponsored by the Haven for Hope HMIS team.

    ✓ You may request training online through the virtual helpdesk at HMIS.support@havenforhope.org. See types of trainings below in the "HMIS Lead Agency" section of this plan.

→ Read through the training guide posted online as needed.

    ✓ An up-to-date training guide is available in HMIS under the "My Stuff" tab (see screenshot below. This guide covers most sections within HMIS and can be a helpful tool to ensure data is entered accurately.
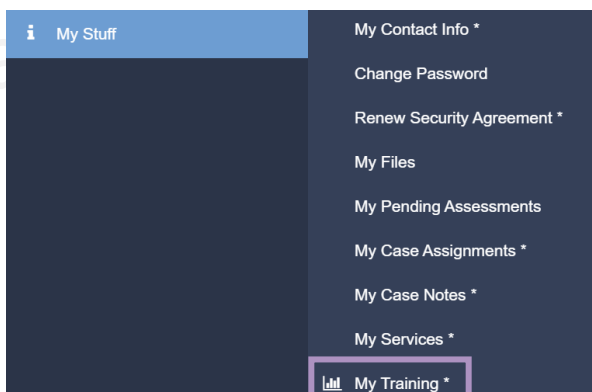
→ Maintain a personal Data Quality Log

    ✓ As you find data quality issues, keep a log of information. Issues might include duplicate files or incorrect demographic information. If you are not sure how to correct a data entry mistake, **please submit a service request online**. The virtual helpdesk can be accessed at HMIS.support@havenforhope.org.

→ Maintain uniform data collection techniques. Some examples include:

✓ No numerals in name fields (except Suffix)

✓ Use age only if date of birth is unknown. Spot-check data entered monthly and compare to paper documents.

✓ If a copy of an official document is obtained, compare those with the responses within HMIS to perform data quality checks on intake staff.

✓ Only restrict client information if the client refuses to share information in HMIS. Please do not restrict all client profiles as this creates an influx of duplicate records.

✓ Have a document explaining your individual intake forms.

✓ Have a document available to all intake/data entry staff that includes explanations on all questions covered on intake forms. HUD offers examples on the HUD Exchange.

✓ Work with intake specialists on interviewing techniques and wording of questions.

✓ Regular training of intake staff to improve on interviewing techniques and wording of questions can assist in increasing consistency of data quality.

→ Review HUD's HMIS Data Standards.

✓ Version 1.5 of the 2020 HMIS Data Standards, Released October 2019 are available online at www.hudexchange.info. This resource includes information on required data elements, when they should be captured (at entry or exit), and which types of programs are responsible for capturing them. Make sure your programs are meeting HUD's baseline compliance requirements.

→ Ensure agency data is only updated for your organization's projects and enrollments.

✓ It is imperative that end users refrain from entering and altering existing data on enrollments or projects from other organizations. Only update or complete data entry corrections on your assigned HMIS project and enrollment.

APPENDIX B: RESOURCES

HMIS Data Dictionary: https://www.hudexchange.info/resource/3824/hmis-data-dictionary/

HMIS Data and Technical Standards: https://www.hudexchange.info/programs/hmis/hmis-guides/#hmis-data-and-technical-standards

HUD Data Quality Brief: https://www.hudexchange.info/resources/documents/coc-data-quality-brief.pdf

Data Quality and Analysis for System Performance Improvement Brief:
https://www.hudexchange.info/resources/documents/Data-Quality-and-Analysis-for-System-Performance-Improvement-Brief.pdf

Homeless Definitions:
https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsand
Criteria.pdf

Homeless Resource Exchange. U.S. Department of Housing and Urban Development.https://www.hudexchange.info/resources/documents/DataQualityMonitoringPlan_Handout.pdf

Department of VA. U.S. Department of Veterans Affairs: http://www.va.gov/

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APPENDIX C: CLARIFYING DEFINTIONS

The following definitions come from the September 2020 HMIS Data Standards Manual

→ **Veteran Status:** Anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. Army, Navy, Air Force, Marine Corps, and Coast Guard: active duty begins when a military member reports to a duty station after completion of training. Reserves and National Guard: active duty is any time spent activated or deployed, either in the United States or abroad. Or Anyone who was disabled in the line of duty during a period of active duty training. Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.. Please see further details as outlined in the HMIS Data Standards Manual.

→ **Disabling Condition:** A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury. Please see further details as outlined in the HMIS Data Standards Manual.

→ **13 Day Rule:** User may update the exit destinations of unknown 'destination type' location answers ('No exit interview completed', 'Client doesn't know', 'Client refused', 'Data not collected') to match the answer recorded in the 'prior residence' data element from a subsequent HUD Universal assessment. Subsequent HUD Universal assessment must have an 'Assessment Event' of 'At Entry' and be dated within 13 calendar days from the date of the project exit assessment with the unknown 'destination type' location.

APPENDIX D: DATA COLLECTION INSTRUCTIONS

→ **Veteran Status:** An HMIS should only have one record of Veteran Status for each client, no matter how many enrollments they have. When enrolling a client who already has a record in the HMIS, verify that the veteran status recorded is accurate and correct it if it is not.

→ **Disabling Condition:** There should be one and only one value for Disabling Condition for each project stay. If the status changes over the course of the project stay, or the information was recorded incorrectly at the time of the project start, correct the record.

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APPENDIX E: DEFINING HOMELESSNESS

The below categories were obtained from the HUD Exchange resources and documents HomelessDefinition_RecordkeepingrequirementsandCriteria.pdf

CATEGORY 1 – LITERALLY HOMELESS

1. Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

   i. Has a primary nighttime residence that is a public or private place not meant for human habitation;

   ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or

   iii. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for habitation immediately before entering that institution

CATEGORY 2 – IMMINENT RISK OF HOMELESSNESS

2. Individual or family who will imminently lose their primary nighttime residence, provided that:

   i. Residence will be lost within 14 days of the date of application for homeless assistance;

   ii. No subsequent residence has been identified; and

   iii. The individual or family lacks the resource or support networks needed to obtain other permanent housing

CATEGORY 3 – HOMELESS UNDER OTHER FEDERAL STATUTES

3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

i. Are Defined as homeless under the other listed federal statutes;

ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;

iii. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and

iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers

CATEGORY 4 – FLEEING/ATTEMPTING TO FLEE DV

4. Any individual or family who:

i. Is fleeing; or is attempting to flee, domestic violence;

ii. Has no other residence; and

iii. Lacks the resources or support networks to obtain other permanent housing

CHRONIC HOMELESSNESS

Chronic Homelessness is defined as some who has experience homelessness for a year or longer, or who has experienced at least four episodes of homeless in the last three years (must be cumulative of 12 months), and has a disability.

Remember: Occasions are separated by a break of a least seven nights. Stays in institutions of fewer than 90 days do not constitute a break. Breaks can be documented by self-report.

Below is a link of HUD's definition of Chronic Homelessness:

https://www.havenforhope.org/downloads/HMIS/HUDs-Definition-of-Chronic-Homelessness.pdf

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APPENDIX F: UNIVERSAL DATA QUALITY THRESHOLDS FY 2020

Project Type	Universal Thresholds									
	Requirements	ES, Day Shelters		TH, PSH, SH, OPH		Prev/RRH		Street Outreach		SSO/Other Homeless Assistance Provider	
Universal Data Element	All Clients, Adults, or HoH	Acceptable % Null/Not Collected	Acceptable % Client Doesn't Know/Refused	Acceptable % Null/Not Collected	Acceptable % Client Doesn't Know/Refused	Acceptable % Null/Not Collected	Acceptable % Client Doesn't Know/Refused	Acceptable % Null/Not Collected	Acceptable % Client Doesn't Know/Refused	Acceptable % Null/Not Collected	Acceptable % Client Doesn't Know/Refused
Demographics											
Name	All	0%	0%	0%	0%	0%	0%	1%	10%	0%	0%
Social Security Number	All	0%	2%	0%	1%	0%	2%	1%	10%	0%	3%
Date of Birth	All	0%	0%	0%	0%	0%	0%	1%	10%	0%	0%
Race	All	0%	2%	0%	1%	0%	2%	1%	5%	0%	3%
Ethnicity	All	0%	2%	0%	1%	0%	2%	1%	5%	0%	3%
Gender	All	0%	0%	0%	0%	0%	0%	1%	5%	0%	0%
Veteran Status	Adults	0%	2%	0%	1%	0%	2%	1%	5%	0%	3%
Disabling Condition	All	0%	2%	0%	1%	0%	2%	1%	5%	0%	2%
Prior Living Situation	HoH & Adults	0%	2%	0%	1%	0%	0%	1%	5%	0%	2%
Living Situation A	HoH & Adults	0%	2%	0%	1%	0%	0%	1%	5%	0%	2%
Living Situation B	HoH & Adults	0%	2%	0%	1%	0%	0%	1%	5%	0%	2%
Project Start Date	All	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Project Exit Date	All	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Destination	All	0%	1%	2%	1%	5%	2%	5%	5%	0%	1%
Relationship to Head of Household	All	0%	0%	0%	0%	0%	0%	10%	10%	0%	1%
Client Location	HoH	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Housing Move-In Date	HoH	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A

APPENDIX G: PROGRAM SPECIFIC-RHY DATA QUALITY THRESHOLDS

Program Specific	RHY		
	Requirement	ES	TLP
Data Elements	All Clients, Adults, or HoH	Acceptable % Null/Not Collected/Client Doesn't Know/Refused	Acceptable % Null/Not Collected/Client Doesn't Know/Refused
Income and Sources	HoH and Adults	N/A	5%
Non-Cash Benefits	HoH and Adults	N/A	5%
Health Insurance	All	5%	5%
Physical Disability	All	5%	5%
Developmental Disability	All	5%	5%
Chronic Health Condition	All	5%	5%
Mental Health Problem	All	5%	5%
Substance Abuse	All	5%	5%
Provided- Referral Source	HoH and Adults	5%	5%
RHY: BCP Status	All	5%	N/A
Sexual Orientation	HoH and Adults	5%	5%
Last Grade Completed	HoH and Adults	5%	5%
School Status	HoH and Adults	5%	5%
Employment Status	HoH and Adults	5%	5%
General Health Status	HoH and Adults	5%	5%
Dental Health Status	HoH and Adults	5%	5%
Mental Health Status	HoH and Adults	5%	5%
Pregnancy Status	Female-HoH, Adults	5%	5%
Formerly a Ward of Child Warfare/Foster Care Agency	HoH and Adults	5%	5%
Formerly a Ward of Juvenile Justice System	HoH and Adults	5%	5%
Family Critical Issues	HoH and Adults	5%	5%
RHY Service Connections	HoH and Adults	5%	5%
Commercial Sexual Exploitation/Sex Trafficking	HoH and Adults	5%	5%
Labor Exploitation/Trafficking	HoH and Adults	5%	5%
Project Completion Status	HoH and Adults	5%	5%
Counseling	HoH and Adults	5%	5%
Safe & Appropriate Exit	HoH and Adults	5%	5%
Aftercare	HoH and Adults	5%	5%

South Alamo Regional Alliance for the Homeless

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APPENDIX H: PROGRAM SPECIFIC-ESG DATA QUALITY THRESHOLDS

Program Specific	ESG			
Data Elements	Requirement All Clients, Adults, or HoH	Prevention Acceptable % Null/Not Collected/Client Doesn't Know/Refused	RRH Acceptable % Null/Not Collected/Client Doesn't Know/Refused	Street Outreach Acceptable % Null/Not Collected/Client Doesn't Know/Refused
Income and Sources	HoH and Adults	N/A	5%	5%
Non-Cash Benefits	HoH and Adults	N/A	5%	5%
Health Insurance	All	5%	5%	5%
Physical Disability	All	5%	5%	5%
Developmental Disability	All	5%	5%	5%
Chronic Health Condition	All	5%	5%	5%
HIV/AIDS	All	5%	5%	5%
Mental Health Problem	All	5%	5%	5%
Substance Abuse	All	5%	5%	5%
Domestic Violence	HoH and Adults	5%	5%	5%
Current Living Situation	HoH and Adults	N/A	N/A	5%
Date of Engagement	HoH and Adults	N/A	N/A	5%
Current Living Situation	HoH and Adults	N/A	N/A	5%
Coordinated Entry Event	HoH	2%	2%	2%

APPENDIX I: PROGRAM SPECIFIC-PATH DATA QUALITY THRESHOLDS

Program Specific	PATH	
	Requirement	Street Outreach
Data Elements	All Clients, Adults, or HoH	Acceptable % Null/Not Collected/Client Doesn't Know/Refused
Housing Status at Entry	HoH and Adults	5%
Income and Sources	HoH and Adults	5%
Non-Cash Benefits	HoH and Adults	5%
Health Insurance	All	5%
Physical Disability	All	5%
Developmental Disability	All	5%
Chronic Health Condition	All	5%
HIV/AIDS	All	5%
Mental Health Problem	All	5%
Substance Abuse	All	5%
Current Living Situation	All	5%
Date of Engagement	HoH and Adults	5%
Service Provided-PATH Funded	HoH and Adults	5%
Referral Provided-PATH	HoH and Adults	5%
PATH Status	HoH and Adults	5%
Connection to SOAR	HoH and Adults	5%

APPENDIX J: PROGRAM SPECIFIC-COC DATA QUALITY THRESHOLDS

Program Specific		CoC			
Data Elements	All Clients, Adults, or HoH (Requirement)	Prevention (Acceptable % Null/Not Collected/Client Doesn't Know/Refused)	PSH (Acceptable % Null/Not Collected/Client Doesn't Know/Refused)	RRH (Acceptable % Null/Not Collected/Client Doesn't Know/Refused)	TH (Acceptable % Null/Not Collected/Client Doesn't Know/Refused)
Income and Sources	HoH and Adults	5%	5%	5%	5%
Non-Cash Benefits	HoH and Adults	5%	5%	5%	5%
Health Insurance	All	5%	5%	5%	5%
Physical Disability	All	5%	5%	5%	5%
Developmental Disability	All	5%	5%	5%	5%
Chronic Health Condition	All	5%	5%	5%	5%
HIV/AIDS	All	5%	5%	5%	5%
Mental Health Problem	All	5%	5%	5%	5%
Substance Abuse	All	5%	5%	5%	5%
Domestic Violence	HoH and Adults	5%	5%	5%	5%
Coordinated Entry Event	HoH	2%	2%	2%	2%

San Antonio / Bexar County Continuum of Care

South Alamo Regional Alliance for the Homeless

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APPENDIX K: PROGRAM SPECIFIC-HOPWA DATA QUALITY THRESHOLDS

Program Specific	HOPWA		
	Requirement	PH	TH
Data Elements	All Clients, Adults, or HoH	Acceptable % Null/Not Collected/Client Doesn't Know/Refused	Acceptable % Null/Not Collected/Client Doesn't Know/Refused
Income and Sources	HoH and Adults	5%	5%
Non-Cash Benefits	HoH and Adults	5%	5%
Health Insurance	All	5%	5%
Physical Disability	All	5%	5%
Developmental Disability	All	5%	5%
Chronic Health Condition	All	5%	5%
HIV/AIDS	All	5%	5%
Mental Health Problem	All	5%	5%
Substance Abuse	All	5%	5%
Domestic Violence	HoH and Adults	5%	5%
Service Provided-HOPWA	All	5%	5%
Housing Assessment at Exit	All	5%	5%
Financial Assistance	HoH and Adults	5%	5%
Medical Assistance	All Household Members with HIV/AIDS	5%	5%
T-Cell and Viral Load	Only Clients funded in a HOPWA Project with HIV/AIDS	5%	5%

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APPENDIX L: PROGRAM SPECIFIC-VA DATA QUALITY THRESHOLDS

Program Specific		VA		
	Requirement	SSVF	VASH	GPD
Data Elements	All Clients, Adults, or HoH	Acceptable % Null/Not Collected/Client Doesn't Know/Refused	Acceptable % Null/Not Collected/Client Doesn't Know/Refused	Acceptable % Null/Not Collected/Client Doesn't Know/Refused
Income and Sources	HoH and Adults	5%	5%	5%
Non-Cash Benefits	HoH and Adults	5%	5%	5%
Health Insurance	All	N/A	5%	5%
Physical Disability	All	N/A	5%	5%
Developmental Disability	All	N/A	5%	5%
Chronic Health Condition	All	N/A	5%	5%
HIV/AIDS	All	N/A	5%	5%
Substance Abuse	All	N/A	5%	5%
Domestic Violence	HoH and Adults	N/A	5%	5%
Services Provided-SSVF	All	5%	N/A	5%
Financial Assitance-SSVF	All *	5%	N/A	5%
Last Grade Completed	HoH and Adults	5%	5%	5%
Employment Staus	All	N/A	5%	5%
General Health Status	HoH and Adults	N/A	5%	5%
Veteran's Information	#	5%	N/A	5%
Precent of AMI	HoH	5%	N/A	5%
Last Permanent Address	HoH	5%	N/A	5%
VAMC Station Number	HoH	5%	5%	5%
SSVP HP Targeting	HoH	5% (HP Only)	N/A	5%
HUD-VASH Exit Information	HoH	N/A	5%	NA
HUD-VASH Voucher Tracking	HoH	N/A	5%	N/A