



Continuous Data Quality Improvement Expectations

This document contains the goals and expectations for data quality in San Francisco’s Homelessness Response System, as recorded in the ONE System (San Francisco’s Homeless Management Information System, or HMIS). These goals are meant to support clear outcomes towards ensuring timely and accurate representation of the experience of community members as they interact with the Homelessness Response System and the services rendered and received.

Agencies are responsible for ensuring that best efforts are made to meet these goals. Since many factors might impact the ability of partner agencies to meet these goals immediately, we have outlined expectations for ongoing improvement towards these goals. This document is intended to serve as a guide and a resource for use in partnership between HSH and its partner agencies. Questions about this document can be directed to HSH’s ONE System team or to your HSH Program Manager.

Why is Data Quality Important?

HSH seeks to build a culture where data quality is seen as a priority to ensure effective service delivery. Conversations about data quality improvement should occur regularly between provider agencies and HSH Program Managers.

Accurately and timely data entry into the ONE System...

- *supports the provision and development of equitable, accessible, and client-centered services*
- *ensures that we as a community are able to assist our neighbors as best as possible*
- *allows the stories and experiences of San Franciscans experiencing homelessness to be documented and accurately told*
- *builds a stronger network and connections within the Homelessness Response System*

While these impacts of data quality above go far beyond what can be measured in simple statistics, there are common metrics that can be used as proxies. The standard approach to measuring data quality across HMIS systems nationwide is through HUD’s Universal Data Elements, or UDEs. San Francisco uses the UDEs as one method to confirm that high quality data is being entered into the ONE System, even for programs not funded by HUD. Many of the UDEs reside at the client profile level, and while an error may have been entered by the original creator of a client record, each agency working with a client is responsible for ensuring that the data is accurate and updated. Another standard metric focuses on data entry timeliness, which measures the time between actual program milestone dates and when the information was recorded in the system (e.g., comparing a move-in date with the date the enrollment information was entered into ONE by the provider).

Universal Data Quality Goals and Expectations for Ongoing Improvement

The below goals demonstrate the standards we hope our entire Homelessness Response System will achieve. Further, we identify expectations for improvement in order to move all providers towards a place they can reach these goals. Error rates are calculated based upon the most recent complete quarter (ie, in November, the period reviewed would include July 1—September 30).

Area	Goal	Expectation for Improvement
Timeliness	100% of data entered in three days or fewer	Decrease the average length of time by 20% each quarter until accuracy goal is met

Data Elements		
UDE	Goal	Expectation for Improvement
Name	Accuracy rate 97% or higher; Error rate less than 3%	Decrease the error rate by 20% each quarter until accuracy goal is met
Social Security Number	N/A <i>While SSN is useful to ensure unique clients, we recognize that not all clients have SSNs. As such, no specific goals are set.</i>	Increase data quality and completeness of the SSN field among clients who have an SSN
Date of Birth	Accuracy rate 97% or higher; Error rate less than 3%	Decrease the error rate by 20% each quarter until accuracy goal is met
Race	N/A <i>While we want to understand the demographic breakdown of people experiencing homelessness and receiving services, we know that current HUD choices may leave a greater number of people refusing to answer. As such, no specific goals are set.</i>	Increase the number of clients who are asked about their racial identity during the intake process
Ethnicity	Accuracy rate 97% or higher; Error rate less than 3%	Decrease the error rate by 20% each quarter until accuracy goal is met
Gender	Accuracy rate 97% or higher; Error rate less than 3%	Decrease the error rate by 20% each quarter until accuracy goal is met
Veteran Status	Accuracy rate 95% or higher; Error rate less than 5%	Decrease the error rate by 20% each quarter until accuracy goal is met
Location Prior to Program Entry	Accuracy rate 97% or higher; Error rate less than 3%	Decrease the error rate by 20% each quarter until accuracy goal is met
Income and Sources (at entry)	Accuracy rate 85% or higher; Error rate less than 15%	Decrease the error rate by 20% each quarter until accuracy goal is met
Income and Sources (update)	Accuracy rate 70% or higher; Error rate less than 30%	Decrease the error rate by 20% each quarter until accuracy goal is met
Income and Sources (at exit)	Accuracy rate 85% or higher; Error rate less than 15%	Decrease the error rate by 20% each quarter until accuracy goal is met
Disabling Condition	Accuracy rate 95% or higher; Error rate less than 5%	Decrease the error rate by 20% each quarter until accuracy goal is met
Domestic Violence	Accuracy rate 90% or higher; Error rate less than 10%	Decrease the error rate by 20% each quarter until accuracy goal is met
Destination at Program Exit	Accuracy rate 70% or higher; Error rate less than 30%	Decrease the error rate by 20% each quarter until accuracy goal is met



Some examples to illustrate our intent with expectations for improvement are outlined below:

- If the error rate associated with client name is 5%, then the expectation is that it should drop to 4% by the next quarter. [$5 - (0.2 \times 5) = 4\%$]
- If the error rate associated with ethnicity is 7%, then the expectation is that it should drop to 5.6% by the next quarter and 4.5% the following quarter. [$7 - (0.2 \times 7) = 5.6\%$], then [$5.6\% - (0.2 \times 5.6) = 4.5\%$]

Additional Areas Where Data Quality Really Matters

In addition to these central Universal Data Elements, there are additional areas where poor data quality can cause major impacts to clients and to our communities. The following are areas of tracking where accuracy is especially important, and will be included in data quality monitoring where applicable to different types of programs:

- **Program openings:** To ensure our Homeless Response System functions properly, HSH needs to have accurate data on the total number of spaces in a program and the number of available spaces at any given time. For housing programs, this can be the total number of units in a program and the number of vacant units. For other programs, this may be the number of openings in a cohort model or number of vouchers available.
- **Referral processing:** When referrals are not marked as accepted in the system in a timely manner, that may mean that clients are lingering without receiving the appropriate services or a program opening is unaccounted for. In instances where a program uses referrals, yet a client is enrolled without a referral, that indicates that proper processes were not followed and the client may have been inappropriately referred, or other individuals should have been prioritized for that opportunity. For equity reasons, this is a major concern.
- **Program enrollments:** While many clients will be enrolled in multiple programs at once, they cannot be sleeping in two places at once. Any overlapping enrollments that indicate a client is sleeping in two programs on the same night indicates inaccuracy in the client history, which makes it more difficult to appropriately serve the client. It also indicates that at least one available program opening was shown as unavailable in ONE, meaning that another client could have been sheltered or housed on that night.
- **Program set-up information:** In addition to the total number of program slots, HSH needs to know the basic information about the program, including when the program opened, when any beds or units became available, the population served, and the program type. This data is contained in the set-up of the ONE System program. HSH Program Managers will be confirming the accuracy of this data on an ongoing basis, but providers are responsible for updating Program Managers with any changes.

Federal Reports

While high quality data should always be prioritized to best support our clients, certain federal reports bring more scrutiny to our community's data quality. HUD requires reporting on all services provided within the community, so while not all programs may be funded through HUD, these specific reports and reporting windows are still relevant to all homeless service providers within San Francisco.



The priorities and timelines of these reports may be subject to change as HUD reviews and updates reporting requirements. The main federal reports, the content included, and the relevant timelines are as follows:

Report	Description	Time period*	Data Quality Focus Areas
Annual Performance Report (APR)	The APR reports on program performance, and includes information on the individuals served, the length of time they have spent in the program, time between program start and move-in (where applicable), and utilization of beds and units.	Ongoing throughout the year	Client UDEs, accuracy of client enrollment/exit data, program utilization
Consolidated Annual Performance Evaluation Report (CAPER)	Like the APR, the CAPER also reports on program performance. The CAPER specifically covers programs under the Emergency Solutions Grants, but all HSH Programs are expected to maintain the same level of data quality as required for the CAPER.	Ongoing throughout the year	Client UDEs, accuracy of client enrollment/exit data, program utilization
Longitudinal Systems Analysis (LSA)	The LSA reports on clients served over the course of the fiscal year, and focus on the length of time individuals have been homeless, the services they have used, and outcomes for those exiting homeless services. This report specifically views data from the client level, so reviewing for overlapping enrollments is a major focus during this reporting period. Overlapping enrollments are instances where one client is enrolled in two programs of the same type at the same time.	January	Client UDEs, accuracy of client trajectory (no overlapping enrollments)
System Performance Measures (SPM)	Like the LSA, the SPM reports on outcomes over the fiscal year. The SPM focuses on the performance of the local community’s efforts to support individuals experiencing homelessness. Measures include the number of community members becoming homeless for the first time, the number of individuals returning to homelessness, placements into housing, and the number of individuals experiencing homelessness in the community.	January or February	Client UDEs, accuracy of enrollments, completeness of client profile and history (avoiding duplicate profiles)



<p>Housing Inventory Count (HIC)</p>	<p>The HIC is a snapshot of all beds and units in the Homelessness Response System. It is designed to capture information on the number of beds in the system designed to serve people experiencing homelessness: both how many beds are occupied and how many beds are vacant.</p>	<p>January or February; due in March</p>	<p>Accuracy of program inventory and utilization</p>
<p>Point-In-Time Count (PIT)</p>	<p>The PIT is the reverse of the HIC: while the HIC is a count of units, the PIT is a count of individuals. The PIT must be completed at least every two years and includes a count of individuals on the street and in shelters on a single night, as well as survey data on a subset of individuals. Data must be kept up to date to ensure accuracy of the sheltered population.</p>	<p>January; due in March</p>	<p>Client UDEs, accuracy of shelter occupancy</p>

* HUD varies the dates for reports from year to year, so these may vary but will be within a similar time period.

Best Practices for Ongoing Improvement

While there may be increased communication around data cleanup during reporting periods, high quality data is expected throughout the year. Given that poor data can directly impact the experiences of the community members we serve, reviewing all data quality on an ongoing basis ensures more responsive, equitable, and person-centered programs. HSH recommends reviewing data on a monthly basis and contacting our teams with any questions or concerns.

Individual providers can check their progress against this data using the HMIS Data Quality Report in the ONE System (Report Library > HUD Reports > HMIS Data Quality Report). Providers should also regularly check their program rosters in ONE to confirm accuracy of client enrollments and exits (Report Library > Program Based Reports > Program Roster). Please work with your Program Manager to identify a plan for improvement beyond any of the issues identified in this report.

Contacts/Questions

For any questions about how to better document client information in the ONE System, contact your Program Manager or the ONE System vendor, Bitfocus, at onesf@bitfocus.com.

For more information about the roles and responsibilities of various stakeholders, please review the [HMIS Participation Agreement](#). For any questions about this document, please contact HSH’s ONE System team at HSHONESystemPMO@sfgov.org.

