Data Quality Steering Committee

5/10/2019

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1st Iteration of Changes

- Restructuring of the sections and index
- Significantly expanded on timeliness and data completeness
  - Added clarification, made text more readable
- Addition of timeliness rules for Housing Move-in Dates
- Language updated to reflect submission of LSA instead of the AHAR
- Update of policy regarding anonymous clients
- Removal of Incentives section

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Feedback Received

- Inclusion of acronym guide
- Include language and a link to the Help Desk
- Updates and more context for the collection requirements exhibit
- Make it explicit that all projects need to participate in the DQ process
- 30 day exemption for adults joining a household after the rest of the family
- Document the process for how exceptions are handled

2nd Iteration of Changes

- Additional language added to highlight the Help Desk and Knowledge Base
- Clarification that non-HUD funded projects must participate in data quality
- Updated all Exhibits in Appendix A
  - Additionally, added links to the source of the collection requirements
- Creation of Appendix C for the purposes of serving as an acronym reference

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Updated Language

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Timeliness: Significant Clarification & Expansion

2.1 Timeliness

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection/service transaction and the data entry. Entering data as close as possible to the incident or activity is also essential to the effectiveness of the Coordinated Entry System(CES). It is important for the By Name List generated from HMIS to have accurate data on individuals and households experiencing homelessness and those who have entered permanent housing.

- The entry of all Entries and Exits and Shelter Stay Services should be **created** in ServicePoint within **two days** to allow for the appropriate individuals to be added to the By Name List, connected to a Skilled Assessor, or removed from the process of connection to permanent housing as appropriate. For further clarification, if a client enters on a Wednesday, the entry should be created in HMIS on or before Friday. The time of the actual entry and the time that the entry is created in HMIS are irrelevant.

The complete assessment should be entered as close to the Entry creation as possible. However, the expectations for adding the remaining assessment responses are listed below, with special emphasis on submitting responses to Housing Status and the Chronic Homeless questions as quickly as possible.

- For Emergency Shelters and Interim Housing: All remaining information should be inputted within **72 hours**
- For Outreach programs and Engagement programs: Data elements in the Outreach Sub-Assessment are entered within **48 hours** of the first contact as the client is in the engagement process. Upon enrollment in services, a complete assessment must be done and entered within **7 days**
- Interface Agencies: Entry/Exits, Assessments and Service Transactions as appropriate are uploaded into the system by the **5th business day of the following month**
- For all other project types: All remaining information should be inputted

1.1 Timeliness

Entering data in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection/service transaction and the data entry. Entering data as close as possible to the incident or activity is also essential to the effectiveness of the Coordinated Entry System (CES). It is important for the By Name List generated from HMIS to have accurate data on individuals and households experiencing homelessness and those who have entered permanent housing.

Data entry is required **within two days of event** to allow for the appropriate individuals to be added to the By Name List, connected to a Skilled Assessor, or removed from the process of connection to permanent housing as appropriate. This expectation is for the following types of data entry:

- New project enrollments ("Entries")
  When a client is initially enrolled in a project, the following information must be entered into HMIS within two days:
  - Name
  - Gender
  - Date of Birth
  - Household composition
  - Project Entry Date
  - Project
- Exits from project enrollments ("Exits")
  - Reason for Leaving
  - Destination
    When a client is exited from a project in HMIS, they should be exited as of the date they last utilized the bed/services provided by the project. (For example, if a client last received services from a project on 1/10/2019, they should be exited from the project on 1/10/2019, even if the user is doing the data entry on a future date.)

    Clients can often disappear from a project for several days or weeks before returning again for services.
    - For all bed-based project types (Emergency Shelter, Safe Haven, Transitional Housing, and various Permanent Housing projects), **projects should exit clients from their project in HMIS no more than two (2) days after their last stay.**
    - For all other project types (Services Only, Rapid Re-Housing, Street Outreach, Day Shelter, Homelessness Prevention, Other), **projects should exit clients from their project in HMIS no more than seven (7) days after their last contact.**

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Universal Data Elements

Universal Data Elements (UDE)

The purpose of the UDEs is to ensure that all service providers participating in the City of Chicago HMIS are documenting the data elements necessary to produce Continuum-wide unduplicated count of clients served. This provides accurate counts for various reporting requirements, including the HUD Annual Performance Report (APR) and the Annual Homeless Assessment Report (AHAR), plus other reporting requirements. This also ensures that the CoC has sufficient client data to conduct basic analysis on the extent and characteristics of the populations they serve.

Providers enter UDEs as part of the Entry Assessment. This assessment is available to users following their submission of the client's Entry information that includes which Household Members are participating in the program, the Entry Type, and the Entry Date. As indicated in Section 2.1, Entry Dates and the associated information should be entered within an expected time frame and should accurately reflect the entrance of the client(s) into each project. The Entry Date should be the date the client(s) begin their participation in a program, either their participation in an intake assessment, their receipt of services, their outreach by program staff member, or their receipt of a night of shelter. The Entry Assessment is completed with information obtained at this Entry Date.

Similarly, Providers enter specific Data Elements as a part of the Entry Assessment once the clients have completed and/or left the program. This

assessment becomes available to users once they have indicated the household members who are leaving the program, the reason for leaving, the destination, and the Exit Date. The Exit Assessment should be completed on the final day in which the clients receives a service or remain sheltered or housed within a program. Clients with an "unknown" reason for leaving often do not return to the program as expected. These clients should have their Exit information recording as close to their last date of participation in the program as possible and should include information collected on or relevant to the date of the Exit Assessment.

Starting with the APR released in 2017, HUD is monitoring data for clients who refuse to report or report that they do not know their own Personally Identifiable Information (UDEs 3.1, 3.2, 3.3, 3.4, 3.5, and 3.6). Also monitored are data issues for UDEs 3.1, 3.2, and 3.3, as defined in the HMIS Standard Reporting Terminology Glossary. As such, client entries into HMIS should have full and valid Personally Identifiable Information.

The percentage of UDEs with "null/missing" or without full and valid responses for all clients served in the Chicago CoC HMIS will be no higher than 5%.

Universal Data Elements (UDE)

The purpose of the UDEs is to ensure that all service providers participating in the City of Chicago HMIS are documenting the data elements necessary to produce Continuum-wide unduplicated count of clients served. This provides accurate counts for various reporting requirements, including the Annual Performance Report (APR) and the Longitudinal System Analysis (LSA) collected by the U.S. Department of Housing and Urban Development (HUD), plus other reporting requirements. This also ensures that the CoC has sufficient client data to conduct basic analysis on the extent and characteristics of the populations they serve.

Providers enter UDEs as part of the Entry Assessment. This assessment is available to users following their submission of the client's Entry information that includes which Household Members are participating in the program, the Entry Type, and the Entry Date.

As indicated in Section 2.1, Entry Dates and the associated information should be entered within an expected time frame and should accurately reflect the entrance of the client(s) into each project. The Entry Date should be the date the client(s) begin their participation in a program, either their participation in an intake assessment, their receipt of services, their outreach by program staff member, or their receipt of a night of shelter. The Entry Assessment is completed with information obtained at this Entry Date.

Similarly, Providers enter specific Data Elements as a part of the Entry Assessment once the clients have completed and/or left the program. This assessment becomes available to users once they have indicated the household members who are leaving the program, the reason for leaving, the destination, and the Exit Date. The Exit Assessment should be completed on the final day in which the clients receives a service or remain sheltered or housed within a program. Clients with an "unknown" reason for leaving often do not return to the program as expected. These clients should have their Exit information recording as close to their last date of participation in the program as possible and should include information collected on or relevant to the date of the Exit Assessment.

Our community is evaluated regularly by HUD on it's collection of UDEs. As such, all clients who receive services and have their information entered into HMIS should have complete data for all UDEs. **The percentage of all clients served with "null/missing" UDEs or without full and valid responses in the Chicago CoC HMIS should be no higher than 5%.**

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Anonymous Clients

2.3.2 **Anonymous and Naming Conventions:**

Providers will comply with all applicable federal and state laws regarding protection of client privacy.

Entering anonymous clients impacts an accurate aggregate count of client information in Continuum-wide reports. Anonymous entry of clients will not be allowed into the Chicago CoC database. The HMIS Lead will work with the providers currently entering clients as anonymous and address policy related issues to develop a transition or an alternate plan and comply with the Standard Operating Procedures (SOP).

1.3.2 Anonymous and Naming Conventions:

Providers will comply with all applicable federal and state laws regarding protection of client privacy.

Entering anonymous clients impacts an accurate aggregate count of client information in Continuum-wide reports. **Anonymous entry of clients will not be allowed into the Chicago CoC database.** In lieu of creating an anonymous record for a client, providers can instead lock that client's record in order to adhere to a client's privacy preference.

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Bed/Unit Utilization Rates

2.2.2 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 HMIS and will be trained to assign the clients to a bed and/or a unit. The client remains there until he or she exits the program. When the client exits the program, he or she is also exited from the bed or unit in HMIS.

Low utilization rates could indicate that the residential facility was not very full, but it could also mean the HMIS data are not being entered for every client served. High utilization rates could mean the bed provider was over capacity, but it could also mean the program staff have not properly exited clients from the system.

Acceptable range of bed/unit utilization rates:
Emergency Shelters: *80%-105%*
Interim Housing: *80% - 105%*
Transitional Housing: **80% - 105%**
Permanent Supportive Housing: **85% - 105%**
Safe Haven: *85% - 105%*

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Low utilization rates could indicate that the residential facility was not very full, but it could also mean the HMIS data elements are not being entered for every client served. High utilization rates could mean the bed provider was over capacity, but it could also mean the program staff have not properly exited clients from the system.

The utilization rate is determined by comparing the amount of clients entered into the project versus what the project's unit and bed inventory.

Acceptable range of bed/unit utilization rates:
- Emergency Shelters: 80%-105%
- Transitional Housing: 80% - 105%
- Permanent Supportive Housing: 85% - 105%
- Safe Haven: 85% - 105%

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Removed Language

Redundant Timeliness and Data Completeness

These items were folded into the expanded timeliness/completeness sections.

> **Timeliness:**
> The ATAs will be required to run a customized report that will aid in measuring the timeliness of data entry into the system. While the ATAs are encouraged to run this report as often as possible, they will be required to submit the reports every quarter to the Lead.
>
> Acceptable threshold for compliance is 90% for all program types. Every program must follow the timeframe outlined in the plan.
>
> The two-day expectation created in Version 1.6 of this document will be measured starting with the January 2018 assessment. Only the timeliness of record creation will be monitored.
>
> **Data Completeness and Accuracy:**
> Completeness will be measured through the quarterly process to ensure all providers are in compliance for the data elements and bed utilization rates with the thresholds mentioned in the Data Quality Plan (DQP).
>
> The ATAs are required to run a customized report that will check data accuracy and completeness and are required to submit this report to the Lead, following the submission requirements. All requirements will be communicated by the Lead every quarter.

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Incentives

3.6 Incentives

Agencies that are in compliance with all data quality requirements in a given quarter will be recognized publicly by the HMIS Lead (e.g. through newsletter, website, within the CoC). Agencies that meet data quality requirements for four consecutive quarters will receive an incentive that will be determined by the DQSC (e.g. certificate of achievement, training opportunity)

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HMIS and Knowledge Base

1. Introduction

1.1 Development Process

The HMIS data quality plan was developed through a collaborative effort across service providers, the Department of Family & Support Services (DFSS), HMIS Lead, and was spearheaded by the Data Quality Steering Committee (DQSC), a subcommittee of the HMIS Committee.

1.2 Definition of Data Quality

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflect actual information in the real world. With good data quality, the Chicago CoC can "tell the story" of the population experiencing homelessness. The quality of data is determined by assessing certain characteristics such as timeliness, completeness, and accuracy.

To assess data quality, DQSC has thought about what data quality means to the Chicago implementation and has documented this understanding in this data quality plan.

1.3 What is Data Quality Plan?

A data quality plan is a community-level document that facilitates the ability of the Chicago CoC to achieve statistically valid and reliable data. A data quality plan sets expectations for both the community and the end users to capture reliable and valid data on persons accessing the homeless assistance system.

1.4 What is a Data Quality Monitoring Plan?

A data quality monitoring plan is a set of procedures that outlines a regular, ongoing process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the project 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.

1.5 HMIS Software

The Bowman Systems software product, ServicePoint, has been adopted by the Chicago Continuum of Care (CoC) as the official HMIS for CoC providers. For the purposes of this document, HMIS refers to ServicePoint and all modules, assessments, and reporting capacities, standard or customized, contained therein.

Page 3 of Chicago HMIS Data Quality Plan (2017)

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HMIS Software

The WellSky software product, ServicePoint, has been adopted by the Chicago Continuum of Care (CoC) as the official HMIS for CoC providers. For the purposes of this document, HMIS refers to ServicePoint and all modules, assessments, and reporting capacities, standard or customized, contained therein.

HMIS Help Desk and Knowledge Base

In order to provide support to HMIS projects, the HMIS lead uses the Zendesk customer support ticketing tool for the purposes of tracking and addressing provider issues and concerns. This software also hosts a knowledge base which contains workflow and administrative information for providers to utilize. This suite of services are known to the greater community as the Help Desk and can be found at HMIS.AllChicago.org.

Page 2 of Draft Data Quality Plan (2019)

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Participating Agencies

2. Data Quality Standards

The Data Quality Standards for Chicago's Continuum of Care (CoC) outlined in this plan are applicable to all projects participating in HMIS, with exceptions as noted under each standard. Unless otherwise noted, all participating projects are expected to achieve and maintain the data quality standards.

For the Chicago CoC, the definitions for the different Program Types will follow the Program Models Chart (PMC). Providers are expected to review the PMC to identify the appropriate program for their projects and comply with the requirements outlined in this plan.

2.1 Timeliness

Section 1

The Data Quality Standards for Chicago's Continuum of Care (CoC) outlined in this plan are applicable to all projects participating in HMIS, with exceptions as noted under each standard.

Unless otherwise noted, all participating projects are expected to achieve and maintain the data quality standards; this also includes those projects that are not funded by HUD or other governmental funding bodies.

For the Chicago CoC, the definitions for the different Program Types will follow the Program Models Chart (PMC). Providers are expected to review the PMC to identify the appropriate program for their projects and comply with the requirements outlined in this plan.
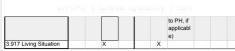
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Changes to Appendix A: UDEs

Appendix A: Universal and Program-Specific Data Elements

Exhibit 1: Universal Data Element Collection Summary

Data Element	All	HoH	HoH and Adults	Adults	Record Creation	Project Entry	Update	Project Exit
					Collected For			When Collected
3.1 Name	X				X			
3.2 Social Security Number	X				X			
3.3 Date of Birth	X				X			
3.4 Race	X				X			
3.5 Ethnicity	X				X			
3.6 Gender	X				X			
3.7 Veteran Status				X	X			
3.8 Disabling Condition				X		X		
3.917 Living Situation			X			X		
3.10 Project Entry Date	X					X		
3.11 Project Exit Date	X							X
3.12 Destination			X					X
3.13 Personal ID	X				X			
3.14 Household ID	X					X		
3.15 Relationship to Head of Household	X					X		
3.16 Client Location		X				X	X	

Data Element	All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.1 Name	X				X					
3.2 Social Security Number	X				X					
3.3 Date of Birth	X				X					
3.4 Race	X				X					
3.5 Ethnicity	X				X					
3.6 Gender	X				X					
3.7 Veteran Status				X	X					
3.8 Disabling Condition	X					X				
3.10 Project Start Date	X					X				
3.11 Project Exit Date	X									X
3.12 Destination	X									X
3.15 Relationship to Head of Household	X					X				
3.16 Client Location		X				X	X (at time the client's location changes from one CoC to another, if applicable)			
3.20 Housing Move-in Date			X				X (at time of move-in to PH, if applicable)			
3.917 Living Situation			X			X				

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Changes to Appendix A: PATH Collection Reqs.

Exhibit 4-1 HHS: PATH Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which least one PATH program component is required to collect information.

X = data collection required
Δ = data collection is pending approval; as of publication of the Data Dictionary collection is at the discursions of the grantee

Number	Element	Street Outreach	Services Only
4.1	Housing Status	x	x
4.2	Income and Sources	x	x
4.3	Non-Cash Benefits	x	x
4.4	Health Insurance	x	x
4.5	Physical Disability	x	x
4.6	Developmental Disability	x	x
4.7	Chronic Health Condition	x	x
4.8	HIV/AIDS	Δ	Δ
4.9	Mental Health Problem	x	x
4.10	Substance Abuse	x	x
4.12	Contact	x	x
4.13	Date of Engagement	x	x
4.14 A	Services Provided - PATH Funded	x	x
4.16 A	Referrals Provided - PATH	x	x
4.20	PATH Status	x	x
4.21	Connection with SOAR	x	x

Data Element	Street Outreach	Services Only
4.2 Income and Sources	X	X
4.3 Non-Cash Benefits	X	X
4.4 Health Insurance	X	X
4.5 Physical Disability	X	X
4.6 Developmental Disability	X	X
4.7 Chronic Health Condition	X	X
4.8 HIV/AIDS	Δ	Δ
4.9 Mental Health Problem	X	X
4.10 Substance Abuse	X	X
4.12 Contact	X	X
4.13 Date of Engagement	X	X
P1 Service Provided - PATH	X	X
P2 Referrals Provided - PATH	X	X
P3 PATH Status	X	X
P4 Connection with SOAR	X	X

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Changes to Appendix A: RHY Collection Reqs.

Exhibit 4-2 HHS: RHY Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which least one RHY program component is required to collect information.

X = data collection required

#	Element	BCPes	BCPp	MGH	SOP	TLP	DEMO
4.2	Income and Sources			x		x	x
4.3	Non-Cash Benefits			x		x	x
4.4	Health Insurance	x	x	x	x	x	x
4.5	Physical Disability	x	x	x	x	x	x
4.6	Developmental Disability	x	x	x	x	x	x
4.7	Chronic Health Condition	x	x	x	x	x	x
4.9	Mental Health Problem	x	x	x	x	x	x
4.10	Substance Abuse	x	x	x	x	x	x
4.12	Contact				x		
4.13	Date of Engagement				x		
4.14 B	Services Provided - RHY	x	x	x	x	x	x
4.16 B	Referrals Provided - RHY	x	x	x	x	x	x
4.22	RHY:BCP Status	x	x				
4.23	Sexual Orientation	x	x	x	x	x	x
4.24	Last Grade Completed	x	x	x		x	x
4.25	School Status	x	x	x		x	x
4.26	Employment Status	x	x	x		x	x
4.27	General Health Status	x	x	x		x	x
4.28	Dental Health Status	x	x	x		x	x
4.29	Mental Health Status	x	x	x		x	x
4.30	Pregnancy Status	x	x	x	x	x	x
4.31	Formerly a Ward of Child Welfare/Foster Care Agency	x	x	x		x	x
4.32	Formerly a Ward of Juvenile Justice System	x	x	x		x	x
4.33	Young Person's Critical Issues	x	x	x		x	x
4.34	Referral Source	x	x	x		x	x
4.35A	Commercial Sexual Exploitation	x	x	x	x	x	x
4.35B	Commercial Labor Exploitation	x	x	x	x	x	x
4.36	Transitional, Exit-care, or Aftercare Plan and Actions	x	x	x		x	x
4.37	Project Completion Status	x	x	x		x	x
4.38	Family Reunification Achieved	x	x	x		x	x

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Data Element	BCP-es	BCP-p	MGH	SOP	TLP	DEMO
4.2 Income and Sources			X		X	X
4.3 Non-Cash Benefits	X	X	X		X	X
4.4 Health Insurance	X	X	X	X	X	X
4.5 Physical Disability	X	X	X	X	X	X
4.6 Developmental Disability	X	X	X	X	X	X
4.7 Chronic Health Condition	X	X	X	X	X	X
4.9 Mental Health Problem	X	X	X	X	X	X
4.10 Substance Abuse	X	X	X	X	X	X
4.12 Contact				X		
4.13 Date of Engagement				X		
R1 Referral Source	X	X	X		X	X
R2 RHY: BCP Status	X	X				
R3 Sexual Orientation	X	X	X	X	X	X
R4 Last Grade Completed	X	X	X		X	X
R5 School Status	X	X	X		X	X
R6 Employment Status	X	X	X		X	X
R7 General Health Status	X	X	X		X	X
R8 Dental Health Status	X	X	X		X	X
R9 Mental Health Status	X	X	X		X	X
R10 Pregnancy Status	X	X	X	X	X	X
R11 Formerly a Ward of Child Welfare/Foster Care Agency	X	X	X		X	X
R12 Formerly a Ward of Juvenile Justice System	X	X	X		X	X
R13 Family Critical Issues	X	X	X		X	X
R14 RHY Service Connections	X	X	X		X	X
R15 Commercial Sexual Exploitation/Sex Trafficking	X	X	X	X	X	X
R16 Labor Trafficking	X	X	X	X	X	X
R17 Project Completion Status	X		X		X	X
R18 Counseling	X	X	X		X	X
R19 Safe and Appropriate Exit	X		X		X	X
R20 Aftercare	X	X	X		X	X

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Changes to Appendix A: CoC Collection Reqs.

Exhibit 4-3 HUD: CoC Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which least one CoC program component is required to collect information.

X = data collection is required
* = data collection is required only for Supportive Services Only components which are funded to provide Street Outreach
? = data collection is determined by how the CoC has structured the coordinated assessment in their area. Placement of the element   would be required for any project that is conducting a coordinated assessment. This may be across multiple projects or sited in a   central   access point or coordinated intake center.

#	Element	Homelessness Prevention[2]	PSH	RRH	Supportive Services Only	TH
4.2	Income and Sources	x	x	x	x	x
4.3	Non-Cash Benefits	x	x	x	x	x
4.4	Health Insurance	x	x	x	x	x
4.5	Physical Disability	x	x	x	x	x
4.6	Developmental Disability	x	x	x	x	x
4.7	Chronic Health Condition	x	x	x	x	x
4.8	HIV/AIDS	x	x	x	x	x
4.9	Mental Health Problem	x	x	x	x	x
4.10	Substance Abuse	x	x	x	x	x
4.11	Domestic Violence	x	x	x	x	x
4.12	Contact				*	
4.13	Date of Engagement				*	
4.17	Residential Move-in Date			x		
4.18	Housing Assessment Disposition	?	?	?	?	?
4.19	Housing Assessment at Exit	x				

Exhibit 4-3 HUD: CoC Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which least one CoC program component is required to collect information.

X = data collection is required

CES = data collection is determined by how the CoC has structured the coordinated entry system in their area. Placement of the element would be required for any project that is conducting an assessment for the coordinated entry system. This may be across multiple projects or sited in a central access point or coordinated intake center.

Data Element	Homelessness	Permanent	Rapid	Supportive Services	Transitional
4.2 Income and Sources	x	x	x	x	x
4.3 Non-Cash Benefits	x	x	x	x	x
4.4 Health Insurance	x	x	x	x	x
4.5 Physical Disability	x	x	x	x	x
4.6 Developmental Disability	x	x	x	x	x
4.7 Chronic Health Condition	x	x	x	x	x
4.8 HIV/AIDS	x	x	x	x	x
4.9 Mental Health Problem	x	x	x	x	x
4.10 Substance Abuse	x	x	x	x	x
4.11 Domestic Violence	x	x	x	x	x
4.12 Contact				Only for SSO-Street Outreach	
4.13 Date of Engagement				Only for SSO-Street Outreach	
4.18 Housing Assessment Disposition	CES	CES	CES	CES	CES
W5 Housing Assessment at Exit	x				

Further information regarding the CoC program specific data elements can be found in the CoC HMIS Program Manual.

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Changes to Appendix A: ESG Collection Reqs.

Exhibit 4-4 HUD: ESG Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which at least one ESG program component is required to collect information.

X = data collection is required

? = data collection is determined by how the CoC has structured the coordinated assessment in their area. Placement of the element would be required for any project that is conducting a coordinated assessment. This may be across multiple projects or sited in a central access point or coordinated intake center.

#	Element	ES e/e	ES nbn	Homelessness Prevention	RRH	Street Outreach
4.2	Income and Sources	x		x	x	x
4.3	Non-Cash Benefits	x		x	x	x
4.4	Health Insurance	x		x	x	x
4.5	Physical Disability	x	x	x	x	x
4.6	Developmental Disability	x	x	x	x	x
4.7	Chronic Health Condition	x	x	x	x	x
4.8	HIV/AIDS	x	x	x	x	x
4.9	Mental Health Problem	x	x	x	x	x
4.10	Substance Abuse	x	x	x	x	x
4.11	Domestic Violence	x	x	x	x	x
4.12	Contact		x			x
4.13	Date of Engagement		x			x
4.14E	Bed-Night Date		x			
4.17	Residential Move-in Date				x	
4.18	Housing Assessment Disposition	?	?	?	?	?
4.19	Housing Assessment at Exit			x		

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Exhibit 4-4 HUD: ESG Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which at least one ESG program component is required to collect information.

X = data collection is required

CES = data collection is determined by how the CoC has structured the coordinated entry system in their area. Placement of the element would be required for any project that is conducting an assessment for the coordinated entry system. This may be across multiple projects or sited in a central access point or coordinated intake center.

Data Element	ES Entry/Exit	ES Night by Night	Homelessness Prevention	RRH	Street Outreach
4.2 Income and Sources	x		x	x	x
4.3 Non-Cash Benefits	x		x	x	x
4.4 Health Insurance	x		x	x	x
4.5 Physical Disability	x	x	x	x	x

Data Element	ES Entry/Exit	ES Night by Night	Homelessness Prevention	RRH	Street Outreach
4.6 Developmental Disability	x	x	x	x	x
4.7 Chronic Health Condition	x	x	x	x	x
4.8 HIV/AIDS	x	x	x	x	x
4.9 Mental Health Problem	x	x	x	x	x
4.10 Substance Abuse	x	x	x	x	x
4.11 Domestic Violence	x	x	x	x	x
4.12 Contact		x			x
4.13 Date of Engagement		x			x
4.14 Bed Night		x			
4.18 Housing Assessment Disposition	CES	CES	CES	CES	CES
W5 Housing Assessment at Exit			x		

Further information regarding the ESG program specific data elements can be found in the ESG Program HMIS Manual.

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Changes to Appendix A: VA Collection Reqs.

Exhibit 4-5 VA Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which least one VA program component is required to collect information.

X = data collection is required

#	Element	SSVF	HUD/VASH (and HUD/VASH - OTH
4.2	Income and Sources	x	x
4.3	Non-Cash Benefits	x	x
4.4	Health Insurance	x	x
4.5	Physical Disability		x
4.6	Developmental Disability		x
4.7	Chronic Health Condition		x
4.8	HIV/Aids		x
4.9	Mental Health Problem		x
4.10	Substance Abuse		x
4.11	Domestic Violence		x
4.14 D	Services Provided – SSVF	x	x
4.15 B	Financial Assistance – SSVF	x	x
4.17	Residential Move-in Date	x (RRH only)	x
4.24	Last Grade Completed	x	x
4.26	Employment Status	x	x
4.27	General Health Status		x
4.41	Veteran's Information	x	x
4.42	Percent of AMI (SSVF Eligibility)	x	
4.43	Last Permanent Address	x	x
4.45	VAMC Station Number	x	x
4.48	SSVF HP Targeting	x (HP only)	
4.49	Use of Other Crisis Services	x	

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Exhibit 4-5 VA Program Specific Element Visibility – Collection Requirements

The elements shown are only those in which least one VA program component is required to collect information.

X = data collection is required

O = Data collection optional at the discretion of grantee

Data Element	SSVF: RRH	SSVF: HP	HCHV: CRS EH/SH	GPD:All
3.1-3.917 Universal Data Elements	X	X	X	X
4.2 Income and Sources	X	X	X	X
4.3 Non-Cash Benefits	X	X	X	X

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4.4 Health Insurance	X	X	X	X
4.5 Physical Disability			X	X
4.6 Developmental Disability			X	X
4.7 Chronic Health Condition			X	X
4.8 HIV/AIDS			X	X
4.9 Mental Health Problem			X	X
4.10 Substance Abuse			X	X
4.11 Domestic Violence			X	X
V1 Veteran's Information	X	X	X	X
V2 Services Provided – SSVF	X	X	O	O
V3 Financial Assistance – SSVF	X	X		
V4 Percent of AMI (SSVF Eligibility)	X	X		
V5 Last Permanent Address	X	X		
V6 VMAC Station Number	X	X		
V7 SSVF HP Targeting Criteria		X		
P4 Connection with SOAR	X	X		
R4 Last Grade Completed	X	X		
R6 Employment Status	X	X		

Further information regarding the VA program specific data elements can be found in the VA Program HMIS Manual.

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Additional Appendix

Redundant Timeliness and Data Completeness

Appendix C: Acronyms

Acronyms	
AHAR – Annual Homeless Assessment Report	HP – Homelessness Prevention
AIRS – Alliance of Information and Referral Systems	HPCC – Homeless Prevention Call Center
APR – Annual Performance Report	HUD – Housing and Urban Development
ATA – Agency Technical Administrator	LSA – Longitudinal System Analysis
BCP – Basic Center Program	MGH – Maternity Group Homes for Pregnant and Parenting Youth

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BCP-es – Basic Center Program - Emergency Shelter	NOFA – Notice of Funding Availability PIT - Point in Time
BCP-p – Basic Center Program - Homelessness Prevention	PATH - Projects for Assistance in Transition from Homelessness
CAPER – Consolidated Annual Performance and Evaluation Report	PDDE – Project Descriptor Data Element
CDBG – Community Development Block Grant CoC - Continuum of Care	PDE – Program Specific Data Element
CES – Coordinated Entry System	PPI – Personal Protected Information
CH – Chronically Homeless	PSH – Permanent Supportive Housing
CoC – Continuum of Care	RHY – Runaway and Homeless Youth
CRS – Contract Residential Services	ROI – Release of Information
DEMO – Demonstration Grants	RRH – Rapid Re-Housing
DOB – Date of Birth	SH – Safe Haven
DQSC – Data Quality Sub-Committee	SHP – Supportive Housing Program
DV – Domestic Violence	SOP – Street Outreach Program
ES – Emergency Shelter	SRO – Single Room Occupancy
ESG – Emergency Solutions Grant	SSI – Supplemental Security Income
EVHI – Ending Veteran Homelessness Initiative	SSN – Social Security Number
GPD – Grant and Per Diem	SSO – Supportive Services Only
HCHV – Healthcare for homeless veterans	SSVF – Supportive Services for Veteran Families
HMIS – Homeless Management Information System	TANF – Temporary Assistance for Needy Families
HoH – Head of Household	TLP – Transitional Living Program
Homeless Emergency Assistance and Rapid Transition to Housing HIPAA - Health Insurance Portability and Accountability Act of 1996	UDE – Universal Data Element
HOPWA – Housing Opportunities for Persons with AIDS	VASH – Veteran Affairs Supportive Housing

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Next Steps

- Consensus on the changes?
- Complete cosmetic changes to the plan