

HUD Exchange - Data Quality 201 DQ Management, Part 1, 5/4/20

Natalie Matthews: All right. Hey, everyone and welcome to Data Quality Management Part 1. This is Natalie Matthews from Abt Associates and I'm excited to be with you guys here today. I know this is certainly not how we all thought we would be sort of getting this content and hope that everyone is doing okay during this challenging time. I'm joined today by Mike Lindsay from ICF. Do you want to say hi, Mike?

Mike Lindsay: Yeah. Thanks, Natalie. Hi, everybody. This is Mike Lindsay from ICF. Again, just as Natalie mentioned, certainly not how we were expecting to spend this afternoon with folks at the NHSDC Conference or folks that normally attend the NHSDC Conference but not -- or welcome to Natalie and I's homes and we'll be hanging out with you here for a little bit today during NHSDC.

Natalie Matthews: Awesome. Thanks, Mike. All right. So for those that might not be familiar with NHSDC, I just wanted to really briefly put us on the screen for us all a little overview of what the National Human Services Data Consortium is. So it's a great opportunity to connect with peers and other professionals in this area.

They've got a great website where you can find like past conference materials and more information on hopefully future in-person conferences when those are happening again and that's just at www.nhsdc.org. NHSDC is a partner for this conference that we're having today with HUD and they're going to send -- NHSDC will send an evaluation after the session today.

So please do give them your feedback about how Mike and I did, how the content was and that'll be to help inform future content development. So we're going to have 60 minutes together and Mike and I are going to do our very, very best to make this interactive and engaging for you all as best we can remotely.

So session is being recorded and the session will be posted to website after the webinar's over probably within, I don't know, several days. Just give us a little bit of time, because we do have to get things to go through 508 Compliance and whatnot. So you will have access to the recording.

And everyone's going to be in listen-only mode. So unfortunately, we're not going to have a chance to talk to each other verbally today, but we do ask that you submit questions to us in two different ways and I'm going to go through those on the next slide -- next two slides.

So everyone should see like a little menu kind of at the bottom of your screen. And so the -- you should see first kind of looks like a little chat bubble and to the right of it you'll see something that helps you open up Q&A, it's a little question mark and a square and that's where you can ask us questions about content.

So that's where you can ask Mike and I things about the presentation content that we're sharing or other content, again, related questions to us about data quality. And please make sure that you

send those to host presenter and to panelists. That will make sure that we get access to those questions.

If you have technical issues, which hopefully no one does, but if you can't hear us, if you're having trouble seeing the WebEx in any fashion, please make sure to type those into the chat box and that'll be an opportunity for you to, again, sort of get some assistance during the webinar if you need it and make sure that when you're sending in those chat box questions, again, just for those technical issues, please make sure that you go ahead and submit them to the host, because our wonderful host Chantel [ph] is going to work with you to go ahead and get those resolved as needed.

I'm sorry, Chantel is going to work with you to get those resolved as needed. Last but not least, and then I'm going to turn things over to Mike, the learning objectives for today. So first and foremost we want to help everybody understand just what the vision and what the strategy is for data quality, how that sort of fits into a broader data case strategy.

There are several different parts of data strategies work that really have intersections with continuums of care, HMIS lead agencies, HMIS vendors and we're going to try to go through the unique roles that each of those entities play and then last but not least we're really going to talk through in some detail what this whole concept of a DQMP or a Data Quality Management Program is and what that means for us all as we are trying to make sure that our communities have funds.

And with that, I'm going to turn things over to Mike. He's going to talk about the strategies.

Mike Lindsay: Yeah. Great. Thanks a lot, Natalie and thanks everybody, again, for joining us today. Hope everybody is well and safe. We want to spend a little bit of time talking about SNAPS data TA strategy before we jump into the data quality management program that Natalie was talking about a little bit there.

The data quality strategy -- the data TA strategy has been out there for probably about two to three years and I think when it first -- when it was first published, a lot of communities had a challenge in really understanding the data strategy as well as HUD's long-term goals as well as our goals for you as TA providers, but I think what Natalie and I have started to do is really use this data strategy in most of the communities where we're TA and really using this as an opportunity for communities to better understand where they are in the process in thinking about data quality as well as their overall HMIS implementation, where communities are in the process but more specifically, where those communities want to be three to five years from now.

Do we want -- do the communities that we're working in want to be at the baseline strategy or one of the more advanced communities around HMIS implementations? And I think if we could recommend to you guys, as HMIS administrators, leads or users of data, use this data strategy in your community conversations.

When you're talking to your CoC leadership about getting behind a data quality management program, use this as a tool, use this as an opportunity to talk to your community about where you

guys are now, where you'd like to be three to five years from now and at what point in the future can you see your community, most of the communities we're working with, moving towards those advanced implementations.

So data quality and HMIS is so important. As communities use data and HMIS to plan and make policy decisions locally, you really need to have a level of confidence in the data you're basing these decisions on.

So as you work in your communities and you think about how you utilize your HMIS data to leverage your coordinated entry systems, to think about how you're leaking your local funding decisions and then right now, in the time of a crisis, how you're making decisions to move folks out of shelter, to move them in the non-congregate shelters, to move them into places in your communities where they can maintain their safety and their health.

I mean, at this time, it's not all of the time, definitely in the current environment we're all living in, the quality of the data that we're making decisions on, that you're making decisions on, is of the utmost importance. So data quality is really implicated in all three of the strategies.

So if we were in person, Natalie and I would like to hear a little bit of input from you guys. Have you seen the data TA strategy? How does it make you feel? Does it seem realistic when your communities look at the data qualities -- or the data strategy, how realistic do you see it for your community?

So if you guys can use the Q&A and kind of give us an idea, give us a sense of how the data strategy is being used in your community, we'd certainly appreciate it. Go ahead, Natalie. So strategy number one -- again, all of these strategies are relatively dense. So we're going to try to pull a couple of these points out for our discussion today.

But strategy number one is related to HMIS vendor and the relationship between that entity and the HMIS lead or the CoC. It also starts to speak to the expectations of the HMIS lead organization to ensure high-quality data in HMIS and the culture the CoC facilitates for its organizations and its communities.

So the first piece of strategy one is that our HMIS leads are experts in homeless management information systems and system administration.

So as you're walking through this strategy, there's a definition for what HUD expects the current status and communities to be and that's how that software providers and HMIS leads are entrusted by CoCs to manage software provider contracts, relationships and as a fiduciary on behalf of that CoC, some communities that we work in have very strong relationships with their - their HMIS leads have a very strong relationship with their CoC and with their HMIS vendor and there's an opportunity for those HMIS leads to negotiate on their CoC's behalf to really benefit the community by having a strong negotiated relationship with those vendors.

But as you go left to right, you start to see the complexity of where HUD expects communities to be today and in three to five years from now. You see that complexity growing. So as we're

working in communities, we're really trying to identify -- and this is what you folks in your communities can do, identify where you are currently.

Are you currently at the current status? Are you where the majority of CoCs are? Are you actually starting to move in some of the advanced ways before the three to five-year mark comes up and as we're thinking about the strategy, Natalie and I have talked pretty frequently about the strategy, it's been out there for about two to three years.

So we're already moving to the place where HUD's expecting communities to be moving towards the middle column, if not at all possible towards the right-hand column. And then if you look at the second part of strategy number one, I think the first part -- the current status, the CoC has a data subcommittee.

When we started doing most of the HMIS work in a lot of communities, those data subcommunities didn't exist when we started. They didn't exist in a lot of communities to how policies were set, how decisions were made, etc. A lot of times those were happening in bubbles and they didn't have a lot of community buy-in and support.

So if you were in a community now that doesn't have a data subcommittee, consider setting one up in your community really to engage your community's needs, to have them be part of the HMIS overall discussion. It's really with the establishment of those data committees that we saw a lot of buy-in and support for HMIS across the board really be increased.

So I think if we look at where we're expecting communities to be or where HUD's expecting communities to be in about three to five years, those advanced communities, they're looking for CoCs who are engaged with and sharing data and performance metrics across your systems of care, across your entire system of care.

So not only your HUD-funded programs, your ESG-funded programs but also your non-federally-funded programs, your local programs, your missions, your faith-based organizations and HUD is really looking for those advanced communities to be moving to a place where those funding barriers are broken down,.

Those challenges or those barriers across different project types, different funding types or different provider types are broken down and it's one community addressing their challenges surrounding homelessness utilizing their data from a community perspective. So I want to move and talk a little bit about strategy two.

So strategy two really focuses specifically on the goals of data quality that HUD believes is realistic for CoCs in the timeframes given. We believe that data completeness is largely already addressed and monitored on an ongoing basis. When Natalie and I both started this work 10-plus years ago, completeness was really where this conversation started.

We started the conversation around increasing participation and increasing completeness, but where we are in communities now and as Natalie and I have been working in communities just having good participation or high levels of participation, high levels of completeness rates really

isn't enough to comfortably be making funding decisions in your community, to be making referrals through your coordinated entry system or right now in a time of crisis to be making potentially life or death decisions based on the data in your system.

Just having high levels of participation, high levels of completeness really isn't enough. We're looking for -- or HUD's looking for communities who have identified ways to increase the accuracy of the data in their system. So if I show up in your system having brown hair, you know in reality I likely have brown hair.

That way if that's a criteria that was used using a loose criteria -- if that was a criteria that was used, we want folks and communities to know what's reflected in their HMIS system is also reflected in reality. So a couple of the -- I think it's interesting to look at like the bed coverage rates across the majority of CoCs and the advanced CoCs.

HUD's really looking for communities to be utilizing their HMIS systems across their systems of care. So if you look at the advanced CoCs, three to five years from now, three to five years when this came out, which puts us pretty close, HUD's expecting some of our advanced communities that 100 percent of the homeless providers and non-homeless service providers contribute data into a shared HMIS environment.

I think right now we're looking at a lot of communities who have high levels of participation with their homeless service providers as well as high data quality and are now in a position to partner with their healthcare organizations, healthcare departments so that right now there's opportunity presented to be able to share data across those systems.

If those communities hadn't been focused on their data quality for the last year, for the last two years, the value of that partnership, the value of that integration, especially now, drastically goes down to ensure that folks that are making decisions in communities have the right data, have the accurate data to be able to make those decisions.

The last one I want to touch on briefly on strategy two comes down to the timeliness of data. What's an appropriate timeliness standard is a question that Natalie and I get in just about every community we work in.

Most communities think or believe they should be moving towards real-time data collection, real-time data reporting and I think our response to that would be that makes sense and I think HUD's response to that would be that that makes sense, providing your setting of timeliness standard that your community can do something with.

So if your coordinated entry system isn't making referrals within 24 hours or 48 hours, it may not make sense for your frontline staff to be taking the steps it would take, it would -- and taking the necessary steps to get the data into the system on the day it was collected. Now, if you're running a real-time coordinated entry system, that would make sense for your community.

So as you're thinking about timeliness standards and there is a movement towards closer to real-time data, there's a cost to getting to real-time data and we would encourage communities to

really think about the utility of that and then define the right timeliness standard within each of your communities.

Go ahead, Natalie. So real quickly, before we continue to jump in -- and folks, just to forecast quickly we're going to bring up a poll question in a couple moments. So if you've stepped away from your computer for any reason, if you could rejoin us, I will have a poll for you to react to in a second.

But strategy number three is all about being able to use the data not only for required reporting but for data drive decision-making, which is really what we're talking about here already for system improvements and for truly informing your local efforts to end homelessness. This is where it all comes together and what we are all working so hard to achieve day in and day out.

This is what really counts. This is why we need HMIS data, we need it to be -- you need it to be accurate, you need it to be timely and in a position where your community can make reactions to it. So there's a couple points I wanted to bring out specifically on strategy three and I think they really fall in the majority of CoCs in three to five years or advanced CoCs in three to five years.

I think we're seeing a lot of communities move in this direction. We're looking for communities to be aligning their homeless system resources to meet the needs of people experiencing homelessness in your community, making your funding decisions based off of the outcomes in your system as well as an analysis of the data in the programs that are operating in your system.

We're looking for communities that have all of the homeless providers removing systematic barriers to housing and services.

If the data that we're analyzing to identify whether or not there are barriers to entry in some of our programs, the quality of that data is going to be critical to either continue to support those programs or to be honest, and we know that a lot of communities have this challenge, making that difficult decision to reallocate funding or to look at some different best practice models or to lower barriers to entry enforcing more of a Housing First approach.

And I think the last point on the bottom of the chart, again, majority of CoCs in three to five years homeless systems use rapid rehousing for progressive engagement and 100 percent of PSH is highly targeted.

To be using rapid rehousing is a bridge and then targeting specific folks within your homeless response system, essentially using data in the system to be able to target individuals or families for longer-term permanent supportive housing programs as you're making those decisions in real-time, it's critical to ensure that the data that folks in your community are making decisions on is of the highest capacity.

So with that, we want to quickly bring up a poll. And our poll question today is what strategy do you spend most of your time working towards? We've put those into the three main strategies of the data strategies. So strategy one is HMIS capacity, strategy two is data quality, strategy three is using HMIS data.

As we just kind of walk through, today's session is really focused on data quality, but data quality is trickled throughout all three of those strategies.

So we'd really like to understand from folks on the call today where do you spend your most time, around building your HMIS capacity or focusing on it, building data quality or the capacity to increase it in your community or using your HMIS data to make data-informed decision-making?

We'll hold this poll open for another moment or so, then we can go ahead and close it. Chantel, we can probably move to close the poll.

Natalie Matthews: Okay. Looks like the polls have ended, if we can see the results. There we go, cool. Can you see those, Mike?

Mike Lindsay: Yeah. Okay. So it looks like the -- sorry, looks like the majority of the folks on the call today -- so we have about 199 folks on the call today. So we're thrilled with the attendance today, thanks for joining. We normally don't get 199 folks at an NHSDC Conference, because I think normally we're right around 250, 400 at the most.

So this is great. But it looks like the majority of folks are focused around data quality. That's not very surprising to us. Again, we know that data quality kind of trickles through all of this work. I think hopefully if we do this session again with you guys two years from now, hopefully most folks will be focusing on strategy three, using your HMIS data locally.

I think if we're at that point and that's where the majority of your effort is going, then we've gotten past building your HMIS capacity and you've gotten past data quality and into a place where you're comfortable using it. So I think those are rewarding results for today. Thanks, guys.

Natalie Matthews: Okay. Excellent. So I'm going to pick things back up for a few slides. Thanks, Mike. And there have been a ton of really great content questions coming in through the Q&A and I'm doing my best to keep up with them, but I'm hoping Mike can take a peek at them as well and [inaudible] anything during these, because this is great to get all this feedback in real time.

So real quickly, I just want to go over a very fundamental definition of data quality for all of us so that we have that to ground us as we go through then the elements of a data quality management program.

So really, at its core, right, data quality is all about how comprehensive and how accurate, how reliable is the data that's going into your HMIS and really, that's so important to the work that we do, because if you don't have the data -- if you don't trust the data coming into the system, then how can you trust the data coming out of the system?

And likewise, you very well could be in a position where you trust the data entry but you're having concerns about maybe the programming for getting the data out.

So data quality really factors in in all parts of the continuum of data entry and reporting, right, from data entry collection, sort of expectations around data quality, whether it be timeliness, completeness, accuracy or consistency and then also all the way through to how the data's been programmed to come out of your HMIS.

And so I don't think -- I think I'm really preaching to the choir here when it comes to why data quality and having this trust in the data is so important and it's really because if you don't have that trust in the data, you don't have the trust in the data coming out or going in, then it's really hard to do anything with your HMIS; right?

It's really hard to move to that point where HMIS is a resource and a tool for you all. So that's why we really censor this definition and these sort of elements of data quality into our work. So in terms of thinking through, again, the -- sorry, I'm just going to look real -- there we go, now it switched sides for you. Sorry about that.

So where do some of the requirements for data quality come from? And when we think about that, we're thinking way back in time to 2004, which is when many folks may have just started working on HMIS and maybe weren't even thinking about HMIS yet. Maybe it wasn't even a part of your world just yet.

But there were HUD data and technical standards back in 2004, which really defined at a fundamental level what the expectations were for data quality. So there's a bunch of acronyms up there on the screen, I'm going to do my best to very quickly break them down for us.

So PPI, Personally Protected Information, collected by a CHO, I believe that's Contributory HMIS Organization, must be relevant for the purposes that it's being used -- for which it is used to the extent necessary for these purposes, PPI should be accurate, complete and timely; right?

So that's where we really get started with thinking about data quality is thinking about it from that perspective, again, of accuracy, completeness and timeliness. Additional expectations around data quality can be found in the CoC program interim rules, which, again, is another really important document not only for HMIS but for understanding continuum of care, governance expectations, performance expectations, coordinated entry, there's a lot of information in that interim rule.

And one thing that the interim rule does is it lays out the responsibilities of the continuum of care. I really want to hit on this point very clearly right now, because it's very important for anyone listening to understand that ultimately the Continuum of Care, the CoCs, they are responsible for HMIS; right?

So if you're an HMIS lead or a vendor or a user sitting here, like it doesn't all fall on your shoulders; right? You're doing a lot of the day-in and day-out work, but you're continuum of care has to be invested in this, because they are, again, the entity that's working with HUD on ensuring that these expectations have been met.

So what is the CoC responsible for doing? They have to designate a single HMIS for the geographic area that's served by their continuum, they have to designate an eligible applicant, manage their community's HMIS, this is what's referred to as the HMIS lead agency and they have to review, revise and approve a policy plan, a security plan and a data quality plan; okay?

If you're struggling to get your CoC engaged, think back to the CoC program interim rule, because it gives some great language for what the expectations are for CoC. I'm going to go through one more slide right here and then I'm going to turn things over to Mike.

So in terms of rules and responsibilities, I think this visual does a decent job of just thinking through sort of who's involved in this work and of course, at the center of the work and at the core of a lot of this work, of course, are the people experiencing homelessness; right?

So we are asking them to give us their information, we are asking them to give us this information so we can serve them better, so we can help them more quickly and so that we can help drive hopefully policy and funding decisions to end homelessness.

Of course, people that are working day-in and day-out in programs serving people experiencing homelessness have a massive role in HMIS, because they're the folks entering the data. And so all of those timeliness, accuracy, consistency and completeness standards are really going to fall on their shoulders to understand and to implement.

HMIS lead agency stuff, of course, many of you represent this rule and you play a massive role in terms of the impact of HMIS, because you are day-in and day-out focused on HMIS, either as all of your job or as 1 of maybe 16 different hats that you're wearing in your community and you really are critical to making sure that your HMIS is successful because you're doing the training, the support, everything that goes into really making that HMIS hopefully shine locally.

And then of course, last but not least, a massive role in terms of ownership and responsibility for HMIS does fall on the shoulders of the continuum of care leadership, because they are ultimately responsible for the HMIS. And with that, I'm going to turn things back over to Mike for a few slides to talk more about a DQMP. Mike.

Mike Lindsay: Yeah. Great. Thanks, Natalie. So we want to shift gears here a little bit and start to talk about a data quality management program. Natalie and I would challenge all of us to really think about your current data quality policy or data quality standard, etc. and just be realistic that having a good data quality plan in place is -- it's only the beginning of the process but it doesn't mean that your data quality is going to get any better.

So I think none of us want to see a good defined data quality standard, data quality policy, etc. like sitting on a shelf. We certainly identify that this is a long-term process for communities to think through. It's a process, it's iterative.

I think just from the perspective of NHSDC, Natalie and I have been doing data quality sessions for probably about five or six years now, but even these data quality sessions continue to

develop, continue to be defined. When we started these sessions, it was really just understanding data quality.

It was really through the discussions with a lot of folks like you who were part of our sessions that really started to show that there needs to be more in place. There needs to be more in place and it's going to take communities a period of time to be able to really envision a full data quality program in a community.

So again, it's a process, it's an iterative process. We expect it to start with HMIS leads, but it really needs to encompass your entire community, your leadership, your program leadership, your users, etc. back to some of the points that were made earlier, the establishment of the data quality subcommittee or just the data subcommittee or HMIS subcommittee can really do a lot on an HMIS leads' behalf and also on a CoCs' behalf to really bring those discussions together, brings those different points of view together and come up with an actionable process.

So what we're looking for is we're looking for communities to be defining benchmarks, be forecasting where they want their communities to be somewhere down the road, put actionable steps in place, put measurable goals in place as well. This should really be a process in your community that doesn't sit on your shelf, it should be a process that continues to evolve.

Until we get to a place where you have as real-time data as you need and it's of the highest capacity across your entire homeless response systems there's still work for us to do, still work for you guys to do as a community with your users, with the leaders in your community to ultimately raise your data quality.

So we want to spend a little bit of time talking about the components of the data quality management program. So as Natalie mentioned earlier on, there's a CoC data quality brief that came out in 2017 and it states how a data quality management program can assist your community and monitoring data quality in HMIS and the components that are included in a comprehensive plan.

These are the components that HUD and we have collectively outlined that we believe if you put the right processes, procedures in place behind these components you will have an actionable plan, measurable outcomes and the right level of community buy-in and support to be able to move this forward.

So the first component of a data quality management plan is really understanding your baseline and by baseline we mean what exists today in your community. What does your data quality look like on day one? What does your participation look like on day one? And when you think about your ultimate goals, how close are you to your ultimate goals or how far off are you?

This data quality management program is meant to get you to your ultimate goals and then also get you there with high quality data, data that's usable for your community.

Most communities we work in the first thing we hear from HMIS leads is that we can identify barriers in data quality, we can identify programs that are operating below our thresholds but we

don't really have the buy-in and the support of the CoC or the HMIS users or program management to enforce that compliance.

I think Natalie and I are going to talk very early on about how important it is to have complete community buy-in and support. Your community should want and desire high-quality data just as bad as your HMIS needs do or just as bad as you as HMIS leads do as well if we're asking communities to leverage HMIS systems for coordinated entry.

If we're asking communities to make real-time strategic data-informed decisions, we need to collectively ensure that data is at the highest quality, including our continuum of care not only our HMIS leads. So the next component is to develop the data quality plan, define the baselines, define your benchmarks, define your long-term goals and then set enforcement and improvement expectations.

It's critical for communities to set enforcement improvement and improvement expectations that will accomplish your long-term goals but also identify that this isn't a process that's going to happen overnight. So being patient, being clear and working with organizations in your community to raise the overall data quality.

I think there's a lot of value in that as well and being, again, clear and then in showing that you, as HMIS lead and the CoC, are properly connected on what those enforcement activities can be. Again, executing enforceable agreements.

Your CoCs should be entering into agreements with nonprofits in your community for you as HMIS leads that are clear what's enforceable and how it's enforceable either through access to the system, access to training, access to reports or in some communities access to funding, access to projects.

And again, ongoing monitoring and continuous improvement, this is really a community-based process. It's the HMIS lead that has the opportunity to implement most of it, but it is a community-based -- should be a community-based process. Go ahead, Natalie.

So the first component is identifying your baseline. So it's important to take stock of where you are now. Do you as HMIS leads or you as community members -- do you know how many of the homeless assistance and homeless prevention projects in your CoC are actively participating in your HMIS's?

As a community, you should know that. On day one, that's what identifies your baseline for bed coverage. From that baseline from bed coverage, we're looking for steps to be taken in your communities to increase your bed coverage across your system. Similar to completeness do you understand what the current completeness rate is in your community?

Do you understand where your community's goals are for completeness? And how can you set targeted baselines, benchmarks to -- for communities to be able to reach that level of completeness or coverage with the direct support of you as HMIS lead organizations? And then

again, when CoC leaders, project staff and HMIS lead staff review reports, does the information seem accurate?

At this first -- no, early on in the process before you may have like an individual accuracy monitoring process built into your process, it's important for leaders in your communities to be able to see your data, react to your data and be able to define even from their perspective if it feels right or if it seems right.

If it doesn't feel right to leaders in your community, there's often something there, like understanding from their perspective what seems inaccurate, what might not seem appropriate. It just gives you the tools to dig deeper into your data so that you can better understand accuracy, better understand consistency.

And with that -- so again, we're going to open up a little bit of a discussion here as much as we're capable of. So you can shift us to the next slide, Natalie.

Well, we'd like to have a little bit of interaction here and you can use the Q&A pod as you folks have been using up until this point, but we'd like to get a better understanding and kind of have you chat amongst yourselves about what's been your biggest struggle with determining your baseline for data quality.

Do you struggle with understanding coverage? Do you struggle with understanding accuracy or completeness or consistency? And for more perspectives, we're really interested in what do you struggle with the most with defining and then the most -- what do you struggle the most with defining or the most with putting actionable steps in place in your communities to increase those baselines, increase those outcomes.

Natalie, I don't know if any questions ever came in to the chat. I don't see a lot of reaction to the discussion, but I think that's okay.

Natalie Matthews: Yeah. I do not.

Mike Lindsay: We can certainly continue.

Natalie Matthews: Oh, it's coming -- they're coming in, though, I see them now. Yeah. There's a whole bunch coming in now through the Q&A.

Mike Lindsay: Okay. Good.

Natalie Matthews: Yeah. Okay. So I'm not sure if everyone can see these. I'm not sure, I think that might be one limitation for the Q&A, but I'm not 100 percent sure. So I'll just say real quickly Mike, should we just like run through what some of them are? Do we want to like read them out loud or --

Mike Lindsay: Yeah. Sure. I mean, I think even just skimming these quickly. I think some of the ones that quickly popped to the top are around accuracy. I think Natalie and I talk about, for the first five years we were working collectively as a nation around HMIS, it was around coverage.

It was increasing the coverage of systems and then it became increasing data quality, but it was data quality through timeliness and completeness and I think most communities right now are challenged with trying to understand increasing accuracy of the data in their system.

A lot of communities that have the infrastructure available to them are building it in for their monitoring processes, building it in to their programmatic monitoring processes. So when CoCs or HMIS leads can go out to monitor agencies, they're not only looking at their client files, they're also looking at their HMIS files and comparing what they see in their case files to what's actually being reflected in their system.

It's a time-intensive process, it's a challenging process, but there are communities that are making a lot of efforts in that way. I think that's also a place where you could utilize your HMIS committee if you have an HMIS committee in your community or may be a reason or an opportunity to develop one.

These responsibilities for increasing data quality, especially accuracy, don't have to necessarily sit just with the HMIS lead or just with the CoC, these can be roles and responsibilities that are community responsibility shared by folks in your communities.

Natalie Matthews: Okay. So I will keep us moving, I think, now and just spend the next few minutes talking about the next phase of the work which is getting CoC buy-in, which can be a really challenging part of this work. And so I think one thing that can help but I do welcome, of course, as Mike and I always do throughout these sessions -- we love hearing from you guys.

So tell us if you have other ideas in this area. But I think one of the keys to helping ensure CoC buy-in is being really, really transparent and engaged with them throughout. So what I mean by that is that folks shouldn't just -- folks being HMIS users or HMIS leadership; right?

They should just find out about a data quality plan; right? You should communicate about it quite regularly and more importantly than that you should be working with the continuum of care on the development and approval, which is the requirement, right, of that data quality plan.

So make sure that people -- one way to make sure people are invested in your plan is by engaging them in the process, having them at the table to discuss expectations, sharing the data strategy that Mike and I just went through at the start of this to help reinforce why this is a priority and why this has such an impact on everything else that we're all trying so hard to do in these efforts on homelessness and really, also, help work with your continuum of care on setting out those expectations for monitoring and compliance, because if folks are surprised by this or if they feel like they didn't have a chance to voice their opinions, some folks will always be disappointed or always have complaints, but really engaging them early on will make a big difference.

So this is something that Mike probably would've -- Mike and I would've done in person a little differently in terms of like ensuring CoC buy-in. So I'm going to keep us moving just in the interest of time, but do want to encourage you guys to think about these two questions at hand.

So one is like does your community review data quality reports and data analysis; right? Do they see data quality reports at your CoC board meetings? If not, then that's interesting to start thinking about in terms of is this something that you can bring to the table? It doesn't necessarily need to be the CoC board; right?

You could have a data committee or an HMIS committee. But are people other than the HMIS lead agency and user looking at data quality reports? And secondly and really importantly, encourage everyone to think about whether or not your CoC leadership sees value in HMIS.

Are they champions for the system or are they often the ones sort of like tearing it down? Regardless of where they are, think about ways you can bolster that relationship, because having them as champions and partners in this work can make, in my opinion, all the difference.

You need them to see as much value in the system as you do as the HMIS lead or vendor. Just a couple more slides and then I'll turn things back over to Mike. So this next phase, phase three, is all about developing that data quality plan in a little bit more detail. So you've ensured CoC buy-in. Now make sure that the data quality plan itself is really concrete in all of those four components of data quality.

So accuracy, timelines, completeness and consistency. Make sure that you have clear definitions of those terms and that all of your data quality metrics kind of follow along them. As it's relevant, you may have different data quality expectations, for example, for your street outreach program than you do for your permanent supportive housing program just due to the nature of those programs being very different.

So think that through as well and have that reflected in your plan. If you're not sure about how to do that, I very much so encourage you to go back to that data strategy and look at strategy two and use that as a launching off point for much of the expectations that are being set, particularly around timeliness and accuracy and completeness.

And then lastly, make sure that you're doing this not in a silo and that you are thinking about this with CoC leadership and especially thinking about it with them in terms of what's next; right? Once we get this wonderful plan out there, who's going to monitor for it? Who's going to ensure compliance? How are we going to know that we're accomplishing what we're setting up to do?

These are all key parts of the work. Some questions for you to consider as you're thinking about that is like what is the process for developing this plan or updating it? Because you don't want it to become stagnant. So make sure that you're updating it at least annually and that your CoC's approving it at least annually.

And also, the second question for us to go home with -- or not go home with, because we're all there hopefully, but to go back to thinking about is does your data quality plan align with the

data strategy that Mike talked to you at the beginning of the session? And if it doesn't, can you do more to align it?

With that, I'm going to go through this last slide and then turn it over to Mike. So last phase that I'm going to talk about before going through the final phases with Mike is expectations for enforcement. So -- and the same way that you don't want folks to be surprised about the data quality plan itself you don't want them to be surprised about enforcement.

So think about ways that you can work with your funders, it could absolutely be your CoC leadership, it could also be other funders that fund a lot of your agencies and what [inaudible] to become champions of the system and help enforce expectations. One of the most effective things that I've seen communities do is work with funders to have this language about HMIS participation and data quality expectations written into contracts.

If it is a part of a contract, if it's part of an agreement, an agency signing with a funder, then that agency leadership is going to pay attention and is going to be very invested in getting data quality reports. Also, be prepared to take some time with this and think about ways that throughout this process you're going to support users; right?

You're not just going to put out a data quality plan and start monitoring people the next month and say your funding's up for grabs because you're not meeting data quality expectations. That doesn't serve anyone. So have some concrete plans in place about how you'll work collaboratively with your CoC and potentially with other funders on this work.

And now I promise I'm going to turn things over to Mike for talking about enforcements and the other phases of this work. Mike.

Mike Lindsay: Yeah. Thanks, Natalie. And I just wanted to address a real quick question that came in while you were going over the last slide.

Natalie Matthews: Mm-hmm. You want me to go back?

Mike Lindsay: Yeah. So there was a -- no. That's okay. But there's a question, and I just want to touch on this for a second -- so there's a question that came into the chat and it says, "Essentially, it's been hard to find the community balance between different project type baselines for data quality."

And yeah, that's a challenge, but I think that's a challenge that we should embrace, that we're encouraging you guys to embrace wholeheartedly. We don't necessarily think it should be a flat data quality expectation across all project types in your communities, at least not on day one.

You should be considering the different types of projects in your community as well as the different types of subpopulations that they serve and there may be a need in your community. Have your street outreach teams have a certain baseline for data completeness that doesn't necessarily look exactly like your permanent supportive housing programs, that's okay.

What we're encouraging you to do is be consistent, be transparent and get community support in how you make your decisions, but I think there's a lot to be said about being flexible, being transparent and if your communities -- or if your programs are challenged to meet a certain data quality threshold, take some time to understand why.

If it's because it's a difficult population, the goal in your community is likely not to defund a project that serves very difficult populations just because of the data quality, it's much more important to understand the population, understand the needs and then put the right processes in place as well.

So we -- again, one of our famous or less-than-famous discussion slides. So we're going to use the Q&A function for this one as well, but when you're thinking about enforcement and enforceable agreements, when you think about that through the lens of enforcing data quality or understanding data quality, can you, same thing, just react to what's the biggest challenge in your community in either understanding the baseline or enforcing the compliance?

And we'll watch the chat or the responses come in. And we can go ahead and keep moving, Natalie and we can come back and address some of the questions that come in. So enforceable agreements. So phase five is enforceable agreements. It's critical for HMIS needs to define, with their continuum of care, why enforceable agreements are important.

We know that HMIS leads can send out multiple emails to users about bad data quality. We know that HMIS administrators, top of the HMIS lead chain, can send out emails to users. It doesn't necessarily increase the data quality.

You can hold workshops, you can provide PA, etc., but there's a real need for there to be a concrete enforceable agreement in place in your community so that if your efforts as an HMIS lead don't produce a result, there is something for you to lean on. Not even lean on, something for you to rely on.

So there should be enforceable agreements in place with all agencies participating in your HMIS systems. A lot of communities, those agreements are between the HMIS lead and the participating organization. They could be between your CoC lead or your CoC and the participating organization as well.

I think what's important is that you start to attach expectations to those enforceable agreements, either it -- you know, you can provide -- your CoC can provide bonus points through your NOFA Competition, you can have less points for less quality data. I mean, there are ways to use a carrot and a stick to really enforce that but enforce it through enforceable agreements.

Most communities do need to get to a place where funding is actually part of those enforceable agreements. Again, it doesn't mean just because data quality is low that a project is defunded. If data quality is low because they primarily see folks that live on the streets, under bridges, etc. that may be understandable for your community.

So it may not mean that what's in the enforceable agreements means that projects get defunded but it should mean that there is action available in your community if you, as HMIS leads, are having a difficult time in raising your overall data quality. So being very clear and providing guidance on what the consequences are for failure to meet the standards in data quality plan as well as the incentives.

I think we all know that incentives probably work better than consequences. So thinking about bonus points, bonus funding, I don't know. A lot of communities have like HMIS stars, report cards that they publicize. I think that looking for those positive reactions certainly help. And we can go ahead and move forward. We can probably skip this.

Natalie Matthews: Okay. Got it. Take it back for two more slides. So phase six, ongoing monitoring and continuous improvement; right? This is where it all kind of comes together, because if you just put a plan together and no one's paying attention to it or if you just put reports out there and think, okay, my job is done, like I've hit the data quality report for the month, I'm good to go, not the case.

You really need to think about this especially from a continuous improvement lens, because the work's never stopping and the data always needs to be explored in terms of the quality. So think about how you're going to share the successes. Get very, very clear about who's going to run reports.

I've seen some communities where they have users run reports and I've seen other communities where they have HMIS leads run the data quality reports and I think there are virtues to both approaches, but you want to make sure that you understand what will work in your community and what I mean by that is what is going to have the maximum impact?

What is going to let you ensure with the most confidence that data quality is being understood and maintained? That's the approach that you want to take. You want to make sure that results are being shared broadly and that's probably pretty hard to do, it's just users are running the reports; right?

So think again about your audience and your community and then go with the approach that's going to work with you. Monitoring really needs to be, as much as possible, across all those four components of data quality, accuracy, timeliness, completeness and consistency and you want to think about ways that there can be sort of a combination of self-monitoring.

So what can agencies check themselves and what can be done by a third-party, oftentimes, unfortunately, for some folks, the HMIS lead, because they feel like they've got a lot on their plate already. So really think about ways that you as the HMIS lead can support your agencies at this time.

Help them navigate these results and help them think about this as an opportunity to grow in this area. Also, make sure that you have a tool. There's several different variations on a data quality management tool that I've seen sort of shared by communities.

It doesn't have to necessarily be very fancy, it can really be just straightforward as an Excel-based tool that you use in your community and I think there will be some examples coming out soon, hopefully, from HUD about more that can be done in this area.

I'm going to probably skip this one too both in the interest of time and in the interest of we can't hear each other, just to keep us moving, but think about -- another thing for you to think about, and feel free to share in the Q&A, is how do you monitor now for data quality and how do you connect it back to the broader efforts to end homelessness?

So think about that as well. And some folks are asking for monitoring tools in the chat, which is great. If anybody has monitoring tools, feel free to put your email into the Q&A and we would be happy to kind of share those around just to have good examples that they'd like to share.

Mike, I think this was another slide that I neglected to delete that we probably could've deleted at least the first bullet. So what do we think of the rest of the next step for today?

Mike Lindsay: Yeah. So there -- part two is coming up. So part two is on Wednesday.

Natalie Matthews: Is it?

Mike Lindsay: Yeah.

Natalie Matthews: Okay. Good.

Mike Lindsay: It is.

Natalie Matthews: Awesome. Okay. Good.

Mike Lindsay: So Natalie and I are not doing part two together, but there is a data quality management program part two session and that is at 1:30 on Wednesday. That session -- so Alyssa Parish [ph] who's with ICF will be doing that one with me and we will be showing some tools and some resources, not a full-blown monitoring tool.

So we're not quite there yet, but we're -- we, TA providers, are slowly getting a data quality management program complete suite of tools out but there'll be some resources that'll be forecasted and made available on Wednesday. So certainly plan to attend that. Don't wait for perfection. I think, again, Natalie and I have done NHSDC sessions around data quality for the past five or six years and we're continuing to evolve even our thinking around this. So like we're not waiting for perfection to talk to you guys about how to start these data quality management programs, don't wait for perfection in your community.

Bring your community together, identify the common goal, common need and continue to move forward. Again, this is iterative and an ongoing process. I think we're probably never going to get to a place where we're not talking about data quality to the gentlemen's question earlier.

We're probably going to be talking about accuracy of data through the lens of data quality for the next 10 years. We've been talking about increasing participation and coverage for the last -- you know, for the first 10 years of HMIS, we're probably going to be focused on accuracy for quite a while. Folks in your community are probably going to be focused on accuracy for quite a while as well. So regardless if you're in the early stages, halfway through or you have a full-blown system, please come to the Wednesday session, we'd be -- we'll be interested to hear from you as much as we're able to hear from you and to share some resources with you guys as well.

So with that, even though we can't hear you guys we're happy to address any questions that you may have. So if there are overarching questions that you have or that came up during this session today, drop those in the Q&A, Natalie and I will hang out for a couple minutes, answer as many questions and kind of filter back through which ones have come in so far. So thank you guys very much. Natalie.

Natalie Matthews: Awesome. Yeah. Thank you. I'm so appreciative everyone took the time to [inaudible]. There's so many webinars these days and it was great to have a chance to connect with you all about this and hope everyone just stays healthy and well and talk to you again soon.

Mike Lindsay: Okay. Great. I just saw the may the force be with you.

Natalie Matthews: I've heard that a few times today.

Mike Lindsay: That's my first [inaudible].

Natalie Matthews: Oh, I was a little worried we weren't going to get through all the slides, Mike, but we made it.

Mike Lindsay: Yeah. Me too, barely.

Natalie Matthews: I know.

Mike Lindsay: We're probably still being recorded and we still have some folks on the call and we can hold it open for another couple minutes.

Natalie Matthews: Yeah. [inaudible]

Mike Lindsay: So I do see some folks who are using the chat. So there's a couple things in there. I don't think anything to talk to --

Natalie Matthews: Yeah. I think we can probably close out; right?

Mike Lindsay: Yeah. Thanks, Natalie. Thanks, Chantel. Thanks, everybody.

Natalie Matthews: Bye. Take it easy.

(END)