



HMIS Data Quality & Monitoring Plan

Version 1 (2023)

MULTNOMAH COUNTY

1	INTRODUCTION	2
2	FOUNDATION	3
2.1	Development Process	3
2.2	What is Data Quality, and Why Does it Matter?	3
2.3	What is a DQ Plan?	4
2.4	What is a DQ Monitoring Plan?	4
2.5	Our HMIS Software	5
3	DATA QUALITY PLAN	6
3.1	Purpose	6
3.2	Overview	6
3.3	Participation	6
3.4	HMIS Data	6
3.4.1	<i>Universal Data Elements</i>	6
3.4.2	<i>Program Specific Data Elements (PSDE)</i>	8
3.4.3	<i>Multnomah Specific Data Elements</i>	9
3.4.4	<i>Project Descriptor Data Elements</i>	9
3.4.5	<i>Federal Partner Program Elements</i>	10
4	DEFINING DATA QUALITY	12
4.1	The Four Components of Data Quality	12
4.2	Client Refused Response Options	12
5	HMIS PROGRAM SPECIFIC DATA QUALITY STANDARDS	13
5.1	Purpose	13
5.2	Timeliness	13
5.3	Completeness	13
5.4	Accuracy/Validity	14
5.5	Consistency	16
6	DATA QUALITY MONITORING PLAN	17
6.1	Purpose	17
6.2	General Process	17
6.3	Monitoring Schedule	17
6.4	License Monitoring	18
6.5	New Project Monitoring	18

1 INTRODUCTION

The Joint Office of Homeless Services (JOHS), a department within Multnomah County, is the Homeless Management Information System Lead Agency (“HMIS Lead”). JOHS administers HMIS on behalf of the OR-501 (Portland, Gresham/Multnomah County) Continuum of Care (CoC) (“local CoC”), which is governed by the CoC Board. The CoC Board provides oversight, policy review, and guidance for the HMIS Project.

HMIS is a locally administered electronic system that stores client-level information about persons who access homeless services in a community. This document includes a Data Quality (DQ) Plan and protocols for ongoing data quality monitoring that meet requirements set forth by the Department of Housing and Urban Development (HUD). It is developed by the Data Team at the Joint Office of Homeless Services, in coordination with subject matter experts both within and external to JOHS. This HMIS Data Quality Plan is to be updated annually, and in accordance with the latest HMIS Data Standards (including quality thresholds) and local requirements.

2 FOUNDATION

HMIS data standards have been established by the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Veterans Affairs (VA) to allow for standardized data collection on individuals and families experiencing homelessness across systems.

A Homeless Management Information System (HMIS) is the information system designated by a local Continuum of Care (CoC) to comply with the requirements of CoC Program interim rule 24 CFR 578. It is a locally implemented data system used to record and analyze client, service, and housing data for individuals and families who are homeless or at risk of homelessness.

HMIS is administered by the U.S. Department of Housing and Urban Development (HUD) through the Office of Special Needs Assistance Programs (SNAPS) as its comprehensive data response to the congressional mandate to report annually on national homelessness. It is used by all projects that target services to persons experiencing homelessness within SNAPS and the office of HIV-AIDS Housing. It is also used by other Federal Partners from the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Veterans Affairs and their respective programs to measure project performance and participate in benchmarking of the national effort to end homelessness.

[FY2022 HMIS Data Standards Manual](#)

In addition to these HUD standards, the local CoC also has standards tied to contractual outcomes and outputs.

On an annual basis, HUD publishes updated HMIS Data Standards. Any changes to these standards will be reflected in this plan, as it is required to be reviewed and updated annually.

2.1 DEVELOPMENT PROCESS

This Data Quality & Monitoring Plan has been developed by staff at the Joint Office of Homeless Services (JOHS) in their capacity as HMIS Lead Agency for Multnomah County. Staff identified key stakeholders and sent out a solicitation for reviewers to HMIS participating agencies. Stakeholder input was incorporated into a final draft for review and approval by the Multnomah County Continuum of Care Board as the authorizing entity for the regional implementation of HMIS.

2.2 WHAT IS DATA QUALITY, AND WHY DOES IT MATTER?

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 local 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.

Quality data within HMIS is an integral part of all work to end homelessness because it:

- Provides a clearer understanding of homelessness within the community, which:
 - Allows for data-informed decisions at both the project- and system-levels;
 - Enables a CoC, and projects within a CoC, to tell the story of homelessness as realistically and completely as possible for use in advocacy and community education;
- Provides direct care staff with immediate access to important client information that can streamline daily activities and may result in improved service delivery and prompt referrals for clients;
- May directly affect clients through the Coordinated Access process and may determine which services they may or may not appear to be eligible for;
- Results in more accurate and complete reports for funders and partners, which can affect:
 - Meeting the requirements for CoC and other federal funding streams;
 - The funding opportunities providers apply for; and
 - A provider’s ability to obtain funding to provide needed services to individuals at risk of and/or experiencing homelessness.

2.3 WHAT IS A DQ PLAN?

An HMIS Data Quality Plan is a system-wide document that supports a CoC to achieve reliable data in their local HMIS. The plan intends to accomplish the following:

- Identify the responsibilities of all parties within the CoC with respect to HMIS data quality;
- Establish specific data quality standards for timeliness, completeness, accuracy, and consistency;
- Describe the procedures for implementing the plan and monitoring progress toward meeting data quality standards, including:
 - Defining how improvement opportunities in data quality are addressed; and
 - Establishing timelines for monitoring data quality on a regular basis.

2.4 WHAT IS A DQ 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.

2.5 OUR HMIS SOFTWARE

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

3 DATA QUALITY PLAN

3.1 PURPOSE

The Multnomah County HMIS Data Quality Plan has been developed to provide actionable, measurable steps to address data quality within the HMIS, which includes HUD defined CoC: Portland/Gresham/Multnomah County (OR-501).

3.2 OVERVIEW

The HMIS Data Quality Plan begins by identifying the data entered into HMIS, and then explains the quality standards and goals set forth by the CoC for these data. The plan addresses the various components of data quality – completeness, timeliness, accuracy, consistency, and – and provides the standards (minimum requirements) that HMIS-participating organizations entering data into HMIS must meet. Finally, the plan provides how data quality will be monitored.

3.3 PARTICIPATION

All federally funded homeless services projects are required to use HMIS and must meet certain data quality expectations to ensure accurate reporting for those grants. All providers that enter data into the HMIS contribute to the overall picture of homelessness in the local area. All projects and programs entering data into HMIS, regardless of funding source, are required to provide data consistent with these standards.

3.4 HMIS DATA

3.4.1 Universal Data Elements

Purpose. The purpose of UDEs are to ensure that all service providers participating in the Multnomah County HMIS are documenting the data elements necessary to produce a 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 served.

HUD Designation” refers to the element index number in the [HUD Data Exchange](#) resource. The required UDEs, which clients they must be collected for, and their collection points are summarized in the following table:

HUD Designation	Field	Collected about	Collection Point
3.01	Name	All clients	Record Creation
3.01.5	Name Data Quality	All clients	Record Creation
3.02	Social Security Number	All clients	Record Creation
3.02.2	SSN Data Quality	All clients	Record Creation
3.03	Date of Birth	All clients	Record Creation
3.03.2	DoB Data Quality	All clients	Record Creation
3.04	Race	All clients	Record Creation
3.05	Ethnicity	All clients	Record Creation
3.06	Gender	All clients	Record Creation
3.07	Veteran Status	All clients	Record Creation
3.08	Disabling Condition	All clients	Project Start
3.10	Project Start Date	All clients	Project Start
3.11	Project Exit Date	All clients	Project Exit
3.12	Destination	All clients	Project Exit
3.15	Relationship to Head of Household	All clients	Project Start
3.16	Client Location	HoH	Project Start, Update
3.20	Housing Move-in Date	HoH	At move in (update)
3.917	Prior Living Situation	HoH and Adults	Project Start

Collection. All projects participating in HMIS are required to collect the UDEs, regardless of funding source. The Personally Identifying Information (PII) UDEs (3.01 through 3.07) must be collected once per client, regardless of how many project stays that client has in the system. The remaining UDEs (3.08 through 3.917) are to be collected at least once per project stay.

3.4.2 Program Specific Data Elements (PSDE)

Purpose. The purpose of PSDEs are to provide information about the characteristics of clients, the services that are provided, and client outcomes.

The PSDEs that are required for local and federal reporting include the common elements found in the table below. Depending on the funding source, PSDEs may differ. Refer to the HMIS Data Dictionary, found on the 2022 HMIS Data Standards page, for exhaustive program-specific data elements requirements. The table below provides the “Common Program Specific Data Elements”, which are the PSDEs that are collected across most Federal Partner programs. These Common PSDEs are listed along with their collection point within a client’s project stay:

HUD Designation	Field	Collected about	Collection Point
4.02	Income and Sources	HoH and Adults	Project Start, Update, Annual Assessment, Project Exit
4.03	Non-Cash Benefits	HoH and Adults	Project Start, Update, Annual Assessment, Project Exit
4.04	Health Insurance	All Clients	Project Start, Update, Annual Assessment, Project Exit
4.05	Physical Disability	All Clients	Project Start, Update, Project Exit
4.06	Developmental Disability	All Clients	Project Start, Update, Project Exit
4.07	Chronic Health Condition	All Clients	Project Start, Update, Project Exit
4.08	HIV/AIDS	All Clients	Project Start, Update, Project Exit
4.09	Mental Health Problem	All Clients	Project Start, Update, Project Exit
4.1	Substance Use Disorder	All Clients	Project Start, Update, Project Exit
4.11	Domestic Violence	HoH and Adults	Project Start, Update
4.12	Current Living Situation	HoH and Adults	Occurrence point (at time of contact)
4.13	Date of Engagement	HoH and Adults	Occurrence point (at point of engagement)
4.19	Coordinated Entry Assessment	HoH	At occurrence
4.20	Coordinated Entry Event	HoH	At occurrence

Collection. PDEs may be collected at project start, update, annual assessment, project exit and/or at every event occurrence. Not all PDEs are required for collection by all projects, and some HMIS-participating projects may only collect the UDEs and not collect any PDEs

3.4.3 Multnomah Specific Data Elements

Purpose. The purpose of Multnomah Specific Data Elements is to provide accurate information about who is being served within our CoC to ensure equitable outcomes and appropriate distribution of public dollars. MSDEs are:

Field	Collected about	Collection Point
<i>Pop A/B</i>	HoH	Project Entry
<i>Inclusive Identity</i>	All clients	Project Entry

Collection. MSDEs must be collected at project entry.

3.4.4 Project Descriptor Data Elements

Purpose. The PDDEs are basic information about the projects participating in HMIS and help ensure HMIS is a consistent and comprehensive database of information about people experiencing homelessness. The PDDEs are the 'building blocks' of HMIS. They enable HMIS to:

- Associate client-level records with the various projects in which clients will enroll in across project types;
- Identify which federal/local partner programs are providing funding to the project; and
- Record bed and unit inventory and other information, by project, relevant to the Longitudinal System Analysis (LSA), System Performance Measures (SPMs), Housing Inventory Counts (HIC), Point In Time (PIT) counts, and bed utilization reporting required by HUD. This information will be verified or updated at least annually for administrative reporting purposes.

The required PDDEs are the following:

- Name of the agency/organization receiving CoC funding
- HMIS identification number
- Project ID
- Project Name
- Operating Start Date

- Operating End Date
- Continuum of Care Project
- Project Type
- Funding Sources
- Bed and Unit Inventory Information (As needed for Shelters/Annual for RRH and PH)
- Project description
- Location Information
- Contact Information

Collection. PDDEs are entered and managed by the JOHS with internal project staff, not HMIS end users. They are created at initial project setup within HMIS, and project staff must work closely with the JOHS to review these at least once annually, including to provide updated information about their projects within 15 days after the start of a new federal fiscal year. Participating agencies must inform the JOHS staff of changes to Bed and Unit Inventory Information within 15 days of an inventory change to ensure accuracy of the monthly bed count report.

Other PDDEs may be implemented as part of the JOHS ongoing efforts to improve integration of HMIS with other databases and systems of care. The JOHS staff will work with agencies to gather additional information as needed.

3.4.5 Federal Partner Program Elements

Purpose. Federal Partner Program Elements are data fields required for specific federally funded program types that may not be relevant to other projects.

Federal Partners active in Multnomah County with specific FPPE are:

- FYSB RHY (Family and Youth Services Bureau Runaway and Homeless Youth Program)
- HUD COC (US Department of Housing and Urban Development Continuum of Care)
- HUD ESG (US Department of Housing and Urban Development Emergency Solutions Grants)
- HUD HOPWA (US Department of Housing and Urban Development Housing Opportunities for Persons Living with HIV/AIDS)
- HUD VASH (US Department of Housing and Urban Development Veterans Affairs Supportive Housing)

- SAMHSA PATH (Substance Abuse and Mental Health Services Administration Projects for Assistance in Transition from Homelessness)
- VA (Veterans Affairs)

Collection. Collection points for each program type are defined in the [HUD Data Standards](#) resource.

4 DEFINING DATA QUALITY

4.1 THE FOUR COMPONENTS OF DATA QUALITY

HUD identifies four components of data quality: timeliness, completeness, accuracy and consistency. These components are defined and detailed below and are further described later in this document as it pertains to the specific types of data elements.

Data Quality Component	Description	Features
<i>Timeliness</i>	The extent to which the data are collected and available when needed.	<ul style="list-style-type: none"> • Data are entered soon after collected • Changing data are kept up to date
<i>Completeness</i>	The extent to which all required data are known and documented. Coverage and utilization are both forms of completeness.	<ul style="list-style-type: none"> • All clients served are entered • Complete identifying data entered • Complete characteristics fields entered • All services entered • Complete exit data entered
<i>Accuracy</i>	The extent to which the data reflects the real-world client or service.	<ul style="list-style-type: none"> • Accurate data entered by staff • Can perform logic checks of the data to uncover where inaccuracies lie

4.2 CLIENT REFUSED RESPONSE OPTIONS

Most HUD required data elements provide a "Client refused" response option. Please make your best attempt at asking all clients all of the Universal Data Elements and Program Specific Data Elements. There might be some situations where the time and place of asking if an individual is a domestic violence victim/survivor and if yes when the experience occurred and if they are currently fleeing need to be considered. Please use your discretion.

5 HMIS PROGRAM SPECIFIC DATA QUALITY STANDARDS

5.1 PURPOSE

The following data quality standards are the minimum standards to be met by all organizations entering data into HMIS. When data quality standards are met, reporting is more reliable and can be used to evaluate service delivery, project design and effectiveness, and efficiency of the system.

5.2 TIMELINESS

Is the required information entered into HMIS within the required period of time?

Definition. Data timeliness is the length of time between when HMIS information is collected and when that information is entered into HMIS. Data timeliness cannot be edited and can only be improved going forward.

Importance. Entering data into HMIS in a timely manner is necessary to ensure that clients receive or make connections to the services they need in a quick and efficient manner. Timely data entry also ensures that data are accessible when it is needed, whether for monitoring purposes, meeting funding requirements, or for responding to requests for information. Finally, when data are entered in a timely manner, it helps reduce human error that can occur when too much time has elapsed between the data collection/service transaction and the data entry.

Standards. The JOHS encourages all HMIS-participating organizations to aspire to 100% of data being entered into HMIS in a timely manner. Entering data in a timely manner can reduce human error that occurs when too much time elapses between data collection/service delivery and data entry. Timely data entry allows the agencies to gain an accurate picture of the various programs clients are involved with. However, the JOHS recognize this may not be realistic or even possible in all cases.

All required data are to be entered into HMIS within 10 calendar days of the associated activity (e.g. program entries, program exits, service transactions, etc. as indicated by data workflow).

5.3 COMPLETENESS

Are all of the required data elements for clients served recorded in HMIS?

Definition. Data Completeness is the percentage of data fields for any given client, project enrollment, provider, organization, or system that are filled in or answered. Data Completeness is also the degree to which all required data are known and documented. Incomplete or missing data always consists of null and “data not collected” values, and may include “other” values for some data elements.

Importance. Complete data are critical to finding the right services for clients to end their homelessness experience. Incomplete data can negatively impact the JOHS’ and HUD’s ability to make population-level assessments, analyze patterns in client information, identify changes within the homeless population, and adapt strategies appropriately. HMIS data quality is also part of funding applications, and low HMIS data quality scores may impact renewal funding or future funding requests.

Standards. *The percentage of all clients served with “null/missing” UDEs should be no higher than 10% across all programs.* Data completeness is evaluated for the current fiscal year at the conclusion of each quarter to ensure organizations are completing records to the best of their ability, including updating records and entering in additional information that is gained as client interactions take place. The JOHS encourages all HMIS-participating organizations to aspire to 100% collection of all data elements (Universal, Multnomah, Project Descriptor, and Program Specific), but recognize that 100% data completeness may not be realistic or possible in all cases.

5.4 ACCURACY/VALIDITY

Are all clients in the correct project?” and “Are all clients in HMIS” and “Does HMIS data accurately reflect true client information?”

Definition & Importance. Information entered in HMIS needs to accurately represent the clients who are served by any homeless services project contributing data to HMIS. Inaccurate data, sometimes referred to as incongruent data, is evaluated at both the client and household levels, and highlights data elements that appear to rationally conflict with one or more other data elements.

Data accuracy is not easy to manage or monitor and requires specific reports that look at congruency between and among responses to data elements within the system, as well as checks between what the client has told an intake worker and what data are entered into HMIS. Additionally, the HUD Longitudinal System Analysis Guide looks at specific data quality measures in relation to the community-wide report submission to HUD on an annual basis.

Standards. A list of common accuracy measures are included below. These measures will be included in data quality monitoring and ***should be maintained to 90% or better error rate for a given project.***

Accuracy/Validity Measure	Data Element(s) Involved	Accuracy/Validity Test
<i>Date of Birth <> Project Start Date</i>	Date of Birth (DOB) Project Start Date (PSD)	DOB is not the same date as PSD for Heads of Households
<i>Household Error</i>	Relationship to Head of Household	At least one, and only one, Head of Household per entry (no HoH is an error, multiple HoH is an error)
<i>Prior Living Situation and Dependencies are Congruent</i>	Prior Living Situation (PLS) Length of time in previous place Approximate date homelessness started Number of times experiencing homelessness in last 3 years Number of months experiencing homelessness in last 3 years	Dependencies answered if PLS indicates the client came from a homeless situation.
<i>Disabling Condition has a Source</i>	Disabling Condition (DS) Physical Disability Developmental Disability Chronic Health Condition HIV/AIDS Mental Health Problem Substance Abuse	If Yes to Disabling Condition, then Yes to at least one source. Each category of disability must have a Yes or No answer.
<i>Monthly Income has a Source</i>	Income Sources	If Yes to Income, then Yes to at least one source. Each category of income must have a Yes or No answer.
<i>Non-Cash Benefits has a Source</i>	Non-Cash Benefits (NCB) Sources	If Yes to NCB, then Yes to at least one source. Each category of NCB must have a Yes or No answer.
<i>Health Insurance has a Type</i>	Health Insurance (HI) Types	If Yes to HI, then Yes to at least one source. Each category of HI must have a Yes or No answer.
<i>Domestic Violence and Dependencies are congruent</i>	Domestic Violence When experience occurred Are you currently fleeing	Dependencies answered if DV indicates the client experienced DV.
<i>Veterans are Not Minors</i>	Veterans Status (VS) Date of Birth	VS is not Yes for clients under 18 years of age.
<i>Client Location is Appropriate to Project</i>	Client Location Project Information Continuum of Care Information	CL for a client enrollment matches CoC info for the project.

<i>Housing Move-in Date is Accurate for Permanent Housing (PH) programs</i>	Housing Move-in Date (HMID) Entry Date	Ensure HMID does not predate the Entry Date for RRH, PSH, PH-Housing Only, PH- Housing with Services.
<i>A Null Exit Date Accurately Reflects Program Participation</i>	Program Type Entry Date Exit Date	Clients enrolled in a Permanent Housing program type for 6 months or more without a HMID must be confirmed as still active in the program.

5.5 CONSISTENCY

“Are the required data elements being recorded in HMIS in a consistent manner across projects?”

Definition/Importance. Data consistency means that data are understood, collected, and entered in the same way across all projects in HMIS. Consistency directly affects the accuracy of data.

Standards.

Initial User Training Standard: All workers entering or accessing data within HMIS must complete an initial training before they will be allowed to access the live HMIS system. Additional training opportunities and ongoing support are offered to each user by the JOHS. Training is also offered for intake workers who do not do data entry, to ensure they understand the purpose and importance of the information they are collecting.

Monthly Activity User Standard: Users must log into HMIS and enter data at least once per month to maintain active user status. Users must enter data on a regular and consistent basis to maintain HMIS access to prevent a backlog of data entry and to ensure they maintain familiarity with HMIS and the workflows for which they are responsible.

User Employment Standard: The JOHS must be notified by an organization within 72 hours of any existing HMIS user no longer being employed at the organization, or moving into a role for which they no longer require access to HMIS.

6 DATA QUALITY MONITORING PLAN

6.1 PURPOSE

Ongoing HMIS data quality monitoring will be conducted to ensure organizations maintain a high level of data quality at all times with a minimal amount of data clean-up. Data quality issues that are the result of problems with a data entry process will be noticed more quickly with regular monitoring, which means corrections to processes can be implemented earlier, minimizing the amount of corrections that will be necessary.

Additionally, it is easier to make corrections to more recent records where a client is still available and/or before a problem is compounded by information added at a later date.

6.2 GENERAL PROCESS

Data Quality is evaluated for the current or recently completed fiscal year to ensure organizations are completing records to the best of their ability, including updating records and entering in additional information that is gained as client interactions take place. HMIS data will be monitored regularly at the user-, project-, organization-, and system-levels to ensure that the above standards are met by all HMIS-participating organizations. A current copy of this HMIS Data Quality Plan will be posted to the JOHS website to ensure that HMIS-participating organizations are aware of the minimum data entry standards they are required to meet.

The JOHS will monitor data quality. HMIS-participating organizations will receive reports from the JOHS regarding their HMIS data quality, as well as specific information regarding the nature of any inaccuracies and

the methods by which to correct them. The JOHS and the organization and/or end user will work together to develop a plan and timeline to improve to meet Data Quality standards.

6.3 MONITORING SCHEDULE

The JOHS runs Data Monitoring reports for up to 12 months of data entry on a quarterly basis and sends these reports to each HMIS-participating organization. Reports will be focused on the current fiscal year, beginning July 1st with the following subsequent quarters:

Monitoring schedule	Period under review
Q1: July 1 – Sept 30	Q1 – Q4 of previous year

Q2: Oct 1 – Dec 31

Q1 of current year

Q3: Jan 1 – March 31

Q1 – Q2 of current year

Q4: April 1 – June 30

Q1 – Q3 of current year

Data Quality will be evaluated on the basis of Timeliness, Completeness, and Accuracy. Organizations with projects that fall below the standards for a given project type may be required to work with the JOHS to make sure that they can meet the data timeliness standard moving forward.

For persistent data quality issues, projects may be contacted by the JOHS to discuss the implementation of a Data Quality Improvement Plan (DQIP).

6.4 LICENSE MONITORING

The JOHS will run regular reports on HMIS User activity to monitor existing users at least quarterly to show when users last logged into the system. In addition to requiring notification to the JOHS about changes in employment status of HMIS users, the JOHS will provide a list to each organization of all users who have access to HMIS at least quarterly and the organization's data contact will notify the JOHS if any user on this list no longer requires access to HMIS.

6.5 NEW PROJECT MONITORING

New organizations, projects, and end users are monitored for data quality within 20 days of receiving access to HMIS. The JOHS will run data quality reports to ensure data entry is running smoothly and to find any fundamental issues with project set-up or data entry processes that are negatively impacting data quality. New project monitoring results will be addressed directly with the organization, project, or end user through a webinar, review training, or other defined step.