

Standard for Public Good Accounting and Reporting on Data Quality Assurance in Homelessness

Rule # PROS-HOUD-Mi-502

This Public Good Measurement and Reporting Standard is issued by the Public Regional Outcomes Standards Board.

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Objective

The PROS Board issues these standards on data quality assurance on homelessness service provision in the San Diego region to increase the likelihood an individual experiencing homelessness will end their homelessness permanently and as efficiently as can be reasonably expected in our region. This standard provides the measurement and reporting requirements that assist stakeholders in identifying organizations who share trustworthy and actionable data and do not merely share data for the sake of minimal compliance with PROS-HOUD-Mi-501 *Standard for Public Good Accounting and Reporting on Organizational Sharing and Utilization of Regional Data in Homelessness*.

Intended Regional Effects of Issuing This Standard

Service providers that demonstrate compliance with this standard can assure funders they are substantively sharing trustworthy and actionable data with the network of service providers. In other words, through this standard, a provider can demonstrate the depth and nature of its data sharing with others.

Acknowledging that data quality is never perfect and that data entry is a human-driven process, this standard creates transparency around an organization's data quality assurance practices so that funders and partner organizations can have reasonable assurance that data sharing is being done reasonably well and not haphazardly.

Therefore, service providers that are actively sharing data on persons experiencing homelessness should use compliance with this standard to demonstrate justification for resources dedicated to data quality assurance, including persons or technologies that manage data. Furthermore, the PROS Board expects that compliance with this standard will help service providers provide evidence – when they fail to meet contractual performance targets – that their organization made improvements to practices to address degraded or insufficient performance.

Other Regional Purposes Outside the Focus of This Standard

This standard is focused on ensuring that stakeholders can trust the quality of those data shared in central information hubs or data collaboratives. Outside the scope of this standard and addressed in PROS-HOUD-Mi-501 *Standard for Public Good Accounting and Reporting on Organizational Sharing and Utilization of Regional Data in Homelessness* is how organizations demonstrate and report on data sharing and utilization.



Standards of Public Good Accounting and Reporting

Scope and Scope Exceptions

Organizations

These standards apply to those service providers who work with individuals experiencing homelessness in San Diego County who are in scope in <u>PROS-HOUD-Mi-501</u> Standard for Public Good Accounting and Reporting on Organizational Sharing and Utilization of Regional Data in Homelessness.

Organizations excluded from these standards are those outside of scope in PROS-HOUD-Mi-501 Standard for Public Good Accounting and Reporting on Organizational Sharing and Utilization of Regional Data in Homelessness.

See scope and scope exceptions in that rule for more detail.

Key Terms

Central Information Hub. A central information hub is an aggregated collection of relevant data and/or a single access point to that aggregated data, generally structured based on observable and interpretable units within a topic (homeless individuals, service providers and services offered are all examples of observable units within homelessness central information hubs.) Two readily available and relevant central information hubs for data on homelessness in San Diego are the Homeless Management Information System (HMIS), overseen by the Regional Task Force on Homelessness assigned by the US Department of Housing and Urban Development, and the Community Information Exchange (CIE) system, operated by 211 San Diego. The San Diego District Attorney's Office also maintains a shared shelter availability platform, currently used for victim survivors of crime, that will be made available to all individuals experiencing homelessness by the end of 2022.

Continuous Quality Improvement (CQI). This is a deliberate, defined process within an organization that assures responsiveness to customer needs and outcomes.

Data Collaborative. Because there are data that may be wholly inappropriate for a central information hub, providers and funders of specific services or providers and funders dedicated to specific subpopulations of individuals experiencing homelessness may engage in private data sharing and utilization arrangements that this standard refers to as a data collaborative or collaborative.

Data Quality Assurance. Quality assurance is the term used in both manufacturing and service industries to describe the systematic efforts taken to ensure that the product delivered to the customer meet with the contractual and other agreed upon performance, design, reliability, and maintainability expectations of that customer. In homelessness services, this term applies to the data used in reporting.



Recognition - Initial and Subsequent Measurement

Organizations in scope shall demonstrate a good faith effort that they regularly generate or request, at appropriate periodicities, reports on data quality from all central information hubs and data collaboratives in which they are party and that they subsequently correct low-quality data within a reasonable time and also improve their service practices as a result of those data quality reports.

Initially, an organization shall recognize its good faith effort when these conditions are met:

- 1. The organization has received at least two data quality reports from all central information hubs and data collaboratives in which they are partly covering two equivalent periods of time;
- 2. The organization maintains a record of management's reviews of these data quality reports or any analyses conducted internally on them; and
- 3. The organization maintains a record of management directives that are a result of the reviews.

Subsequently for any period of time after an initial recognition, an organization shall subsequently demonstrate its good faith effort by additionally meeting these conditions:

- 1. The organization maintains a record of the trends in the data quality reports specifically as a proportion of the number of records with low-quality data of the serviced population; and
- 2. The organization maintains records of the lengths of time, in days, to correct a record in central information hubs or data collaboratives on individuals experiencing homelessness.

Special Note on Organizations with Data Quality Assurance Needs

The PROS Board acknowledges that there are organizations whose limited resources are spent primarily on servicing people experiencing homelessness and that there would be a reduction in services if resources were allocated to meet the good faith data quality assurance standards specified here. The PROS Board asserts that such a reduction is acceptable and in fact obligatory for the increase in overall likelihood that people experiencing homelessness will end their homelessness permanently and as efficiently as can be reasonably expected in our region.

Presentation on Performance or Financial Reports

The PROS Board understands that at this early stage of the development of regionally accepted public good measuring and reporting standards, there are no standardized public good reporting formats. In other words, there is no public good reporting analogue to the balance sheet or to a profit and loss/ activities statement and thus no standard report where the disclosures or presentation of public good reports that this rule requires can yet be placed. Hence, this section creates additional notes or commentary through existing standardized financial or other performance reporting until such standard



reporting formats can be developed. In the interim, this rule also offers an appendix with illustrative examples that will change in future versions of this rule.

The initial recognition of good faith effort shall be reported in the organization's first publicly available annual performance or financial report, including publicly viewable tax returns like a Form 990, after the initial recognition. Refer to section, How To Report in Appendix B for more specific details for how to report on this specific standard

Additionally in any management discussion notes on any independently audited financial statements or any publicly viewable reports and for the period of time concerned, the organization should provide a summary of management actions as a result of data quality reports and analyses, including how often the organization receives and/or generates data quality reports (the periodicities) and the service improvements made.

An organization may have an internal definition or benchmark of data quality different from the data quality requirements of a relevant central information hub. For example, an organization may elect not to collect some data (i.e., they label in HMIS "data not collected"), which may not meet HMIS data quality standards. If that is the case, then management should disclose this practice.

Subsequent measurements of good faith effort shall be reported minimally in all publicly available performance or financial reports in the fiscal year after initial recognition, including publicly viewable tax returns like a Form 990 and annual performance reports. The organization shall account for these measures annually going back to the fiscal year of initial recognition or three years, whichever is shorter.

In addition to the management discussion notes described above, the notes should specify for the period of time concerned the beginning and end measurements of the proportion of records with low-quality data of the organization's total serviced population (the trend data) and the average length of time for that period for records to be corrected.

Disclosure Requirements

When reporting subsequent measurements of good faith effort pursuant to this standard, the organization must disclose the methods by which it maintains its records, and, when independently audited or reviewed, the auditor or reviewer should make an evaluative statement whether those records are a material representation of organizational behaviors that meet the intent of this standard.

Of note, this standard does not specify exactly where within reports an organization must provide the information or disclosures required in this standard. See Appendix B for example applications of this standard.

Effective Date and Transition

This standard shall be effective 1 January 2023.



Organizations whose fiscal years end between 1 January 2023 and 31 March 2023 may wait for their subsequent fiscal year to begin to effect this standard. For any reports issued between 1 January 2023 and the beginning of an organization's fiscal year, the organization should minimally disclose its intention to transition to this standard in its following fiscal year.

Appendix A:

Background Information



Available Data Quality Reports in HMIS and CIE

HMIS provides a variety of reports on the data that they have. Resources that are available are their own RTFH Dashboards, LSA: Stella Performance Module, HUD System Performance Measures, The Annual Homeless Assessment Report(AHAR), Housing Inventory Count(HIC), and WeAllCount[Point-In-Time count(PIT)]. This information can be found online at this link: <u>https://www.rtfhsd.org/reports-data/</u>

CIE also provides reports on their data around client profiles. This information can be found online at this link: <u>https://211sandiego.org/data-dashboard/data-reports</u>

Basis for Conclusions

Data Quality Assurance and Continuous Process Improvement Practices

The Working Group whose contributions led to the creation of this standard shared a number of common traits around data quality assurance and continuous process improvement practices. Larger organizations typically have Data Quality Experts (DQE) who are expected to review data that do not meet data quality standards. Furthermore, DQEs are expected to assist their organizations in adhering to the data standards that HMIS and CIE, as well as any other central information hubs or data collaborations, may put forth. Data requiring adjustment are expected to be corrected in an appropriate amount of time and resubmitted by the DQE. Larger organizations also then have regular and disciplined analysis and review processes that lead to changes to service delivery.

A number of public funders in the Working Group discussions indicated they prefer to learn about the day-to-day management practices in data quality assurance and continuous process improvement, but often do not get that context when simply receiving performance reports or querying databases of the central information hubs. They additionally stated that providers could still receive disbursements of funds – even when failing to meet contractual performance obligations – given they can demonstrate self-directed improvements in services and data quality.

Therefore, this standard provides a measurement and reporting mechanism to demonstrate good faith effort in assuring data quality while improving services, and such transparency will permit service providers to continue to receive funding disbursements and thus services. Finally, the transparency



creates the opportunity for additional trust within the network of providers who utilize each others' data in service provision.

Alternative Views and Risk Areas That May Need Addressing in Future Revisions

Data quality reports and measurements of data quality may change over time, and so in order to see long-term trends over multiple reporting periods, the PROS Board may at some point need to make adjustments to this principle to account for those changes.

It is also important to note that these numbers do not provide the entire picture of what a service provider is doing in data quality. These reporting metrics, however, create baseline benchmarks for an organization.

Appendix B

Example Specific Applications of this Standard

Publicly-Funded Service Provider

An organization that has a standing continuing process improvement program, for instance, would leverage this rule to be transparent about its process improvement processes. The documentation of management decisions based on data quality reports, if already completed in practice, would simply be documented and disclosed.

An organization without a disciplined and established continuing process improvement program may have to establish one to demonstrate initial good faith effort.

Notes to Help Readers of Performance or Financial Reports Following This Standard

Potential Investors in a Service Provider

By looking for the disclosures and reportable information specified in this standard, a potential investor can determine whether or not the provider is recording quality data to the best of their ability. This standard also presents the opportunity for the investor to be able to directly fund programs that will help improve an organization's data quality. Through this standard, the potential investor is able to more confidently provide funding as they will be able to see the results that the provider is producing and the



potential fixes they are making so that they can be more efficient in their approach to ending an individual's homelessness permanently.

Illustrative Examples

Organizations in the scope of this standard can make reports in compliance with this standard in any management discussion and analysis section of financial or other performance reports.

| Year | <mark>2022</mark> | <mark>2022</mark> | <mark>2022</mark> | <mark>2022</mark> | <mark>2021</mark> | <mark>2021</mark> | <mark>2020`</mark> | <mark>2020</mark> |
|---|-----------------------|----------------------|-----------------------|-----------------------------|-------------------|-------------------|--------------------|-------------------|
| Origin of report | <mark>211</mark> | <mark>211</mark> | RTFH | RTFH | | | | |
| Dates of received data quality reports | <mark>11/11/22</mark> | <mark>5/11/22</mark> | <mark>11/1/22</mark> | <mark>5/1/22</mark> | C | | | |
| Dates of when management reviewed | | | | | | | | |
| DQR | <mark>12/1/22</mark> | <mark>5/20/22</mark> | <mark>11/11/22</mark> | <mark>5/10/22</mark> | | | | |
| | | A | | We decided | > | | | |
| | | program | | to end a | | | | |
| | | s criteria | | <mark>program</mark> and | | | | |
| | | was updated | | direct | | | | |
| | | to better | | those | | | | |
| | No | capture | <mark>No</mark> | fund to | | | | |
| | action | missing | action | another | | | | |
| Actions taken | taken | data | <mark>taken</mark> | program | | | | |
| Reported data quality | | | | | | | | |
| (percentage of low-quality | | | | | | | | |
| <mark>data)</mark> | <mark>40%</mark> | <mark>50%</mark> | <mark>39%</mark> | <mark>40%</mark> | | | | |
| Amount of time to fully | | | | | | | | |
| correct low-quality data | <mark>40</mark> | <mark>80</mark> | <mark>60</mark> | <mark>40</mark> | | | | |

This rule's definition of recognition of continued good faith required an organization receive a minimum of 2 data quality reports (DQR). Organizations, however, may elect to receive and act on more, in which case the appropriate amount of columns can be added. In the actions taken section, the organization should be appropriately descriptive so that readers can reference work that has been done and see the outcomes.