

# McHenry County Continuum of Care to End Homelessness

## Steering Council Agenda – March 7, 2024 at 2:00 PM



To attend virtually: <https://meet.goto.com/525139381>

To attend by phone: 1-872-240-3212    Access code: 525-139-381

Next meeting date: Thursday, April 4<sup>th</sup>

1.0 Roll Call and Introductions

2.0 Review and Approval of Meeting Minutes

2.1 February 1, 2024 – Steering Council Committee meeting minutes

3.0 Public Comment Period

4.0 Old Business

4.1 Systems Updates

5.0 New Business

5.1 HMIS Data Quality Management Plan

5.2 Emergency Solutions Grant – Notice of Funding Opportunity

6.0 Review and Approval of the March 21, 2024 Full Board meeting agenda

7.0 Open Forum and Member Announcements

8.0 Adjournment



# McHenry County Continuum of Care to End Homelessness MEETING MINUTES

MEETING DESCRIPTION: CoC Board Meeting

DATE/TIME/LOCATION: February 1, 2024, 2:00pm; via video conference

1. **CALL TO ORDER** - K Violett, CoC Secretary, called the meeting to order at 2:02 pm.

2. **ROLL CALL AND GUEST INTRODUCTIONS**

| Members          | Present? |
|------------------|----------|
| Lillie Prince    |          |
| Laura Franz      | X        |
| Donna Rasmussen  | X        |
| Kathrine Violett | X        |
| Brandon Kyker    | X        |
| Andrew Turner    | X        |
| Kya Hays         |          |
| Gina Zinck       | X        |
| Joe Davis        | X        |
| Elizabeth Heneks | X        |
| Bill Meath       | X        |
| Aaron Neal       |          |

Non-Members Present: Anneliese Thurston and Carrie Freund

3. **PUBLIC COMMENT PERIOD** - None

4. **REVIEW AND APPROVAL OF MEETING MINUTES - CONSENT AGENDA ITEMS**

5.1 Approval of January 4, 2024 Steering Council Committee Meeting Minutes

B Meath motioned to approve the minutes as presented and L Franz seconded. All in favor, motion passed.

5. **OLD BUSINESS**

5.1 **System Updates – HMIS** - J Davis shared they are working through a few kinks brought to the forefront based on the data update that was presented to the full Board in January. Coordinated entry and APR issues are being worked on by Wellsky to make sure the data is correct. HMIS committee will take place 2/6. J Davis will send out the invite. **Cold Weather Program** – G Zinck – served 50 people for around 10 days. It was difficult to try to accommodate so many people – we haven’t seen this many at one time. It was a lot of hard work but we didn’t lose anyone to the cold weather. There were grant funds for this program, the money has now all been spent. Discussion on what to do to see if additional dollars can be secured for this program. B Meath asked about the term of stay for the guests. G Zinck stated that some of the



## McHenry County Continuum of Care to End Homelessness MEETING MINUTES

50 people were doubled-up. This cold spell lasted 10 days. L Franz asked if there are any options if we can't find additional funding. B Meath talked about how the churches were so helpful in providing funds for this program and we should reach out to them. K Violett also stated that reaching out to United Way and the Community Foundation of McHenry County might also be appropriate as they have direct donors who might like to help fund this project. Major focus is getting additional funding should the rest of the 2024 winter season turn from mild to cold weather conditions. Discussion around funding took place. This big winter cold event drained the designated funds to support the program. **Coordinated Entry** – Veteran systems are very busy and rapid rehousing dollars are going quick. Thresholds, HOS and Pioneer are working together to help people find housing. B Meath also said to contact Kelli Wegener from the McHenry County Board and said we should reach out to her. A Turner will put the **Cold Weather Program** funding issue on the Housing and Services Committee agenda for the next meeting. G Zinck is also rolling out a new **Urgent Resources Support (URS)** program on Tuesday, newly homeless especially newly homeless at night urgent program. Gina will present the program at the next full Board meeting. A Turner announced special meeting with Hugh Brady from the Suburban Supportive Housing Taskforce who have been successful in creating PSH opportunities in their communities. A special invite to this committee meeting highlighting Hugh's group and the work they have done will be sent to the full CoC Board.

**5.2 Point in Time** – G Zinck reported that the call went well and everyone showed up. This was while the cold weather program was in full effect. We counted people who were in other programs that we could count. AID rocked the surveys along with others from our group. Everything has been submitted and turned in. Our data will be strong and more accurate. B Kyker also received Turning Point's data to add. He is curious about our numbers this year. A Turner said he had one observation form from Woodstock.

**5.3 Strategic Plan to End Homelessness 2004-2026** - K Violett stated J Davis is working with the designers on the first FINAL draft. The designers are a bit behind and J Davis expects to see the draft soon. We will include the completed FINAL draft to the Board in the packet for February. We would like to get a final vote on this ASAP. B Meath questioned about whether we are voting on this. The strategic plan has been sent to the full Board earlier so they have the opportunity to read it in its entirety. It could be sent separately ahead of the full packet since we want to vote on it.

## 6. NEW BUSINESS

**6.1 Emergency Solutions Grant – Rubric Update** – B Kyker stated that the finance committee met and agreed to remove the subjective portion of the rubric just like it was done for the full competition round. The subjective questions of the rubric is being removed, but questions about policies and procedures will still exist.

**6.2 SSVF Letter of Support for Veterans Path to Hope** – K Violett talked about the support letter as has been done in the past. She would like to have this brought the full Board meeting. L Franz said the SSVF is a federal grant and they like the CoC involvement. Currently Veterans Path to Hope is in 4 CoCs, but the McHenry CoC makes the most sense to provide a letter of support. The letter of support will be included in the February Board meeting for review/vote.

## 7. REVIEW AND APPROVAL OF FEBRUARY 15, 2024 FULL BOARD MEETING AGENDA

**7.1** Agenda review with SSVF support letter request for Veterans Path to Hope, Cold Weather Program and URS presentation added to the agenda.



## McHenry County Continuum of Care to End Homelessness MEETING MINUTES

B Meath motioned to approve the February full board Agenda as amended and L Franz seconded. All in favor, motion passed.

### 8. OPEN FORUM AND MEMBER ANNOUNCEMENTS

- 8.1 HERA Program** – D Rasmussen has an approved grant program that provides support for people to get help completing the applications for the asylum seekers. Looking to coordinate with other providers and Coordinated Entry. She wants to make sure this was approved by the CoC before heading down that path. Discussion about what can be allowed in the rental assistance program and even learned that DHS said it could be broadened to include mortgage assistance. This state grant looks for the recommendation from the CoC even though this is NOT CoC money. They are looking for additional items they can spend the money on broader issue. This will be added as part of the agenda under New Business item. K Violetta asked Donna to put parameters around what will additionally be allowed. L Heneks said her programs at HOS have almost spent all of their rapid rehousing money so their resources are getting dried up as well. K Violetta stated that we should know when agencies are getting lower on the money they have funding for way in advance of their year-end that we share that at CoC meetings so everyone is aware and we work together to know the resources available. D Rasmussen stated the Covid mortgage assistance program is closed. L Heneks stated that using best judgement on these types of assistance will also help to keep people in their homes.
- 8.2** Jamie from United Way forwarded a funding opportunity with Citibank. She is hoping to get a group of providers together to work with them on a county-wide grant. This could be helpful in the Cold Weather Program funds are gone or even other projects that qualify.
- 8.3** L Franz asked how we supported the **Cold Weather Program** funds in the past. B Meath said he would work with Kelli Wegener from the County Board and he will also work on the churches. L Franz will reach out to the Community Foundation and United Way about trying to secure additional funds for this program. Checks made out to Pioneer Center – Hotel Cold Weather Program.

### 9. ADJOURNMENT

D Rasmussen motioned to adjourn at 9:53 a.m., seconded by L Heneks. All in favor, motion passed.

Minutes respectfully submitted by K Violetta.

NEXT MEETING DATE/TIME/LOCATION: March 7, 2024 @ 9:00 am Videoconference

## Introduction

The McHenry County Continuum of Care (CoC), the Homeless Management Information System (HMIS) Lead, and providers have created this Data Quality Management Plan (DQMP) to provide actionable, measurable steps to address data quality within the HMIS. Data quality within HMIS affects everything we do in our work to address and end homelessness, and its importance cannot be overstated.

While focusing on data quality for federally funded projects that enter data into HMIS is necessary to ensure accurate reporting for those grants, any project that enters data into HMIS contributes to the overall picture of homelessness within the CoC and, therefore, is expected to participate in this DQMP.

The reasons why data quality is important are many, including but not limited to:

- Requirements based on funding the CoC receives;
- Data quality, or lack thereof, can directly affect the funding opportunities for providers;
- Accurate reporting for federal, state, and local funding;
- The ability of the CoC, and providers within the CoC, to tell the story of homelessness as realistically and completely as possible; and
- The data entered into HMIS directly affects clients through the coordinated entry process and may determine which services they may or may not be eligible for.

The CoC will work in conjunction with the HMIS Lead to ensure all providers have access to the tools they need to ensure high data quality, including training, data quality reports, encouragements to maintain a high level of data quality, and enforcements for nonresponsiveness to data quality concerns. While the HMIS Lead is responsible for a large part of the overall DQMP, the CoC will maintain a high level of involvement to ensure providers respond to data quality concerns and that the data quality within the HMIS is both acknowledged and addressed on an ongoing, iterative, continual basis and in an objective, data-driven manner.

The following addresses how the CoC will both encourage and enforce the DQMP, with transparency about how a provider's data quality can bring about both incentives and consequences. The DQMP is then broken out into the various components of data quality: completeness, timeliness, accuracy, consistency, and bed coverage. The sections will address the baseline minimum requirements to maintain a sufficient level of data quality and, depending on the section, the baseline minimum requirement will be broken out by project type. The Data Quality Monitoring Visit Report and Improvement Plan is a tool that will be used for providers and end users consistently failing to maintain a baseline minimum requirement; specifics of how that will be determined and what the tool includes are described in that section.

The DQMP ends with an Appendix about the expectation of the HMIS Lead and the data quality baseline minimum requirements for provider and system setup and maintenance of the overall HMIS to ensure it runs effectively and efficiently. This

section is used to assist the CoC in ensuring the HMIS Lead is maintaining a high level of system setup data quality to ensure accurate reporting on behalf of the CoC.

The DQMP is a living, evolving tool that will change as the community and its HMIS data needs.

## Encouragements and Enforcements

The CoC works with the HMIS Lead to ensure providers have access to all the support and tools they need to ensure a high level of data quality within the HMIS. The CoC will monitor data quality in conjunction with the HMIS Lead, and the following encouragements and enforcements are in place to ensure providers understand the importance of data quality within HMIS.

### *Encouragements*

- The CoC Board will make data quality a meeting agenda item at the annual CoC meeting in September and will acknowledge providers meeting a high level of data quality in the meeting minutes which will be posted on the CoC's website.
- The CoC will use data quality in HMIS during the annual rank and review process for CoC dollars. In order to be eligible for CoC dollars, projects will need to maintain a baseline threshold data quality requirement and will be awarded additional points for going above and beyond the baseline. Guidance on specifics of this process will be released each year with the local CoC NOFA competition process.
- The CoC will work with state and local funders to also use data quality metrics when making funding allocation decisions to providers/projects. The CoC will encourage state and local funders to use the same process the CoC uses during the annual rank and review process for CoC dollars.
- The CoC will work with providers who do not currently use HMIS and talk through the reasons why they do not use HMIS. Depending on the reasons, the CoC will work with the providers to make HMIS a realistic option.

### *Enforcements*

The CoC will work with the HMIS Lead to monitor data quality at the user, project, agency, and system level. Enforcements will depend on where data quality issues lie and could include the following:

- Locking specific providers or users out of HMIS until they receive remedial or additional training from the HMIS Lead and show that data quality is a focus.
- Removing the ability of a given user to access and enter data into HMIS if data quality becomes a consistent issue that is not acknowledged or addressed.
- Restricting additional funding, or withholding funding, from projects until data quality meets, at a minimum, the baseline threshold for the given project type.

- Preventing agencies from applying for new or additional dollars during RFP processes.

## Data Quality Benchmarks

### *Data Completeness*

Data Completeness looks at how much of the data fields for any given client, project enrollment, provider, agency, or system are filled in or answered. The definition used in the CoC Data Quality Brief is: “The degree to which all required data is known and documented.” Data Completeness looks at missing or null values; “data not collected” values; and, depending on the data field, “client doesn’t know,” “client refused,” and/or “other” values.

Data Completeness is usually one of the first pieces of overall data quality that is addressed because it is the simplest to measure—it is easy to report on what is or is not in HMIS based on what is required to be in HMIS for any given project type.

The HMIS Lead will run Data Completeness reports on a monthly basis and send them to providers. Those providers who fall below the baseline requirement for Data Completeness for their project type will be asked to clean up their data within a certain timeframe. For consistent issues with Data Completeness, providers may be directed to create a Data Quality Improvement Plan (DQIP).

#### *Street Outreach*

- 90 percent of required data elements (only applies after the client has a Date of Engagement).

#### *Emergency Shelter*

- 95 percent of required data elements.

#### *Services Only (Excludes Coordinated Entry).*

- 90 percent of required data elements.

#### *Transitional Housing*

- 98 percent of required data elements.

#### *Rapid Rehousing*

- 100 percent of required data elements.

#### *Permanent Supportive Housing*

- 100 percent of required data elements.

#### *Coordinated Entry*

- 100 percent of required data elements (only applies after the client reaches a specific point in the coordinated entry process).

#### *Homelessness Prevention*

- 90 percent of required data elements.



## **Data Timeliness**

Entering data into HMIS in a timely manner is necessary to ensure that clients receive the services they need quickly and efficiently. Additionally, timely data entry ensures that regular, accurate reporting can be done through HMIS. Users who enter data into HMIS in a timely manner are less likely to make data entry errors and are more likely to focus on overall data quality. Per a July 2005 publication, HUD recommends that projects enter data into HMIS, at most, within 48 hours of collecting the information from the client.

The HMIS Lead will run Data Timeliness reports on a monthly basis and send them to providers. Those providers who fall below the baseline requirement for Data Timeliness for their project type will be asked to work with the HMIS Lead to make sure that they can meet the Data Timeliness standard moving forward. For consistent issues with Data Timeliness, providers may be directed to create a DQIP.

### *Street Outreach*

- Live time or within 24 hours of contact with the client.

### *Emergency Shelter*

- Live time or within 24 hours of contact with the client.

### *Services Only (Excludes Coordinated Entry)*

- Live time or within 48 hours of contact with the client.

### *Transitional Housing*

- Live time or within 48 hours of contact with the client.

### *Rapid Rehousing*

- Live time or within 48 hours of contact with the client.

### *Permanent Supportive Housing*

- Live time or within 48 hours of contact with the client.

### *Coordinated Entry*

- Live time or within 24 hours of contact with the client.

### *Homelessness Prevention*

- Live time or within 48 hours of contact with the client.

## **Data Accuracy**

Data Accuracy is not as 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 is entered into HMIS.

The HMIS Lead will run Data Accuracy reports on a monthly basis and send them to providers. The goal for all project types and all data entered into HMIS is 100 percent Data Accuracy. Those providers who show issues with Data Accuracy will be asked to clean up their data within a certain timeframe. For consistent issues with Data Accuracy, providers may be directed to create a DQIP.

Data quality reports will look at Data Accuracy between and among responses to data elements including:



- Date of birth and project start date (ensure the two are not the same, especially for heads of households);
- 3.917 data elements\_(ensure that the responses to residence prior to project entry, length of stay in prior living situation, approximate date homelessness started, number of times experiencing homelessness in the last three years, and number of months experiencing homelessness in the last three years do not conflict with each other);
- Disabling condition yes/no and types of disabling conditions (ensure these do not conflict);
- Health insurance yes/no and sources of insurance (ensure these do not conflict);
- Income yes/no and sources of income (ensure these do not conflict);
- Non-Cash benefits yes/no and sources of non-cash benefits (ensure these do not conflict);
- Domestic violence victim/survivor and subsequent data elements (if the first answer is no, are the other questions answered, etc.);
- Relationship to head of household (are there multiple heads of household or no head of household?);
- Client location (is the client location defined as a community outside of the applicable CoC?);
- Veteran (is a minor-aged individual defined as a veteran?); and
- A given project only includes clients of a specific gender (if that project is not dedicated to only serving a specific gender).

Additionally, the Longitudinal System Analysis Guide looks at specific data quality issues in relation to that system-wide submission to HUD on an annual basis. These specific data quality and data accuracy pieces should be addressed in the reports run by the HMIS Lead on an ongoing basis.

The CoC, in partnership with the HMIS Lead, will also work with providers to review, at regular intervals, the data collected directly from clients (either on paper forms or by being present during intakes with clients) and the data entered into HMIS to ensure that the data entered into HMIS matches the client's reality. This will be done, at a minimum, during annual formal onsite monitoring visits, and will also occur at other points throughout the year.

## ***User Access and Consistency***

Users with access to HMIS should be entering data on a regular and consistent basis, not only to prevent a backlog of data entry, but also to ensure users maintain familiarity with the HMIS and the workflows for which they are responsible.

The HMIS Lead will monitor user login and access to HMIS monthly by running a report that shows when users last logged into the system. If users have not logged into HMIS within the last 30 days of the report run date, the HMIS Lead will contact the user and ask if they still need access to the system. If the user responds that they do still need access, the HMIS Lead will ensure that the user has maintained

sufficient data quality and does not need remedial training. If the user does not have a high level of data quality, the HMIS Lead will provide remedial training for the user.

If the user is non-responsive to any inquiries about their access to HMIS, the HMIS Lead will contact the user's direct supervisor and include the CoC Lead. If the HMIS Lead is informed that the user is no longer an active participant in HMIS data entry, the user's license will be removed from HMIS. If the direct supervisor of the user informs the HMIS Lead that the user is still an active user, the user will be required to connect directly with the HMIS Lead to complete any necessary remedial trainings to maintain a high level of data quality in the system.

Should the HMIS not hear from either the user or the user's direct supervisor, the user license will be removed from the system.

## ***HMIS Bed Coverage***

The importance of a high percentage of HMIS Bed Coverage for all project types is an emphasis of the HUD TA Data Strategy. Without a high percentage of HMIS Bed Coverage within a CoC, the data within HMIS is never holistic and the story told with HMIS data about homelessness within the CoC is never fully accurate. A lack of high HMIS Bed Coverage prevents CoCs from truly understanding how both their system, and the clients served within their system, are functioning.

While extrapolation techniques can work for some research and reporting purposes, the extrapolation will only be as accurate as the similarities between any given projects, processes, and clients served by the projects. Therefore, the goal for HMIS Bed Coverage for all project types is 100 percent.

The HMIS Lead, in conjunction with the CoC Lead, will ensure that Bed Coverage is as close to 100 percent as is possible for all project types. This includes a review of the CoC's most recent Housing Inventory Chart (HIC) to know which providers participated in the most recent HIC but are not entering data into HMIS.

Ensuring a CoC's HMIS Bed Coverage reaches 100 percent (and stays at 100 percent) also requires implementing a process to ensure that any new projects that become available to serve clients at risk of or experiencing homelessness are communicated to the CoC so that HMIS data entry can be encouraged and/or required for the new project.

Below are things to do to ensure HMIS Bed Coverage reaches or maintains 100 percent:

- Review the HIC on a quarterly or semi-annual basis to ensure all projects (with the exception of victim services providers) are entering data into HMIS;
- If projects are included on the most recent HIC that do not enter data into HMIS, the CoC and HMIS Lead should find out why this is the case and target any solutions to the specific reason; and

- For any new project that becomes available within the CoC that will serve clients at risk of or experiencing homelessness, the CoC should be made aware and work with the HMIS Lead to ensure the new project is encouraged and/or required to enter data into HMIS.

## Data Quality Monitoring Visit Report and Improvement Plan

The Data Quality Monitoring Visit Report will be used annually during agency monitoring to ensure that all HMIS participating agencies are in compliance with HMIS policies and procedures, agency agreements, user agreements, and any other documents governing the use of HMIS. If deficiencies are identified in any area during the monitoring visit, the Improvement Plan will be used to assist the agency in addressing issues using concrete, time-bound action steps.

If, at any time, the HMIS Lead has documented one or more ongoing issues related to data quality with a given agency (ongoing is defined as the issue lasting longer than a specific period of time as defined by the CoC and HMIS Lead consecutively without resolution), an Improvement Plan will be implemented with the agency, with or without an accompanying monitoring visit.

## Appendix

While HMIS data quality is mainly focused on the users, projects, providers, agencies, and CoCs entering data into the system, ensuring that the “behind the scenes” or provider and system setup side of HMIS is completed correctly is vital to ensure accurate reporting and functionality.

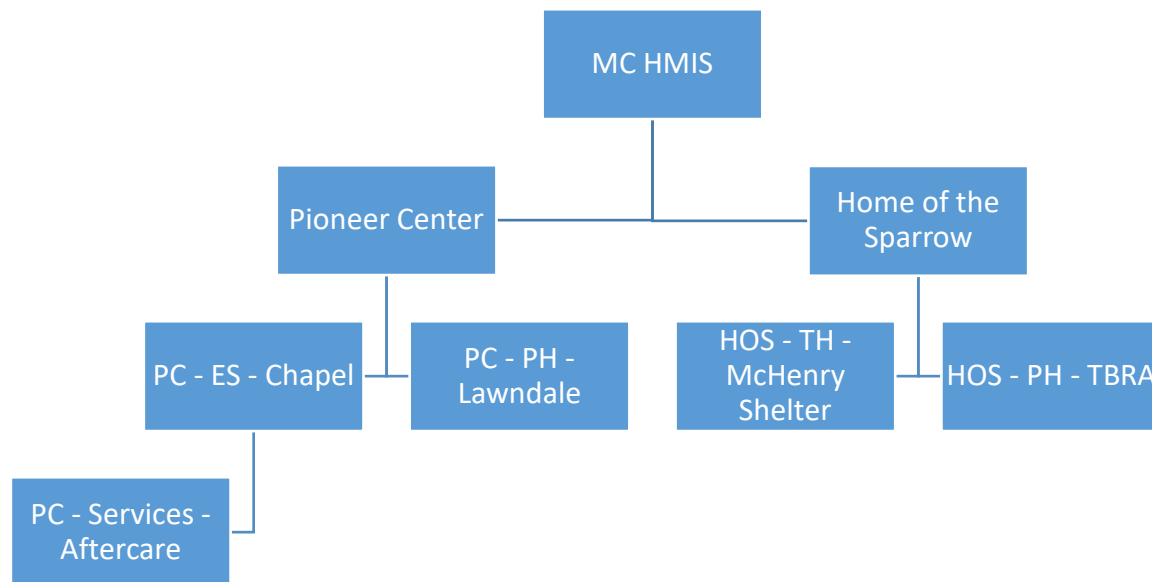
Ensuring the provider and system setup of HMIS is done correctly is the responsibility of the HMIS Lead, with the support of the CoC. Reviewing the provider and system setup of HMIS should be an ongoing process for the HMIS Lead and the processes taken to ensure provider and system setup should be documented and easily replicable based on that documentation.

### *Naming Conventions*

Projects in HMIS should have a consistent naming convention that includes, at a minimum, the Provider Name, Project Type, and specific populations served. It may benefit the HMIS Lead to also include grant types (CoC, ESG, SSVF, RHY, etc.) in the overall naming convention of projects to easily locate projects funded with specific funding streams. Any new projects entering HMIS should follow these guidelines.

The McHenry County HMIS supports different “levels” for projects, the HMIS Lead ensures that the “levels” are consistent across the system. The hierarchy chart below demonstrates how these levels work. McHenry County HMIS acts as the uppermost

level of the hierarchy with each participating agency below. Each HMIS project that an agency runs will then be set up below them (example below).



The HMIS Lead will document the Naming Convention used and create a “provider tree” that mimics what is in HMIS for easy reference.

#### *Project Descriptor Data Elements (PDDEs)*

The Project Descriptor Data Elements (PDDEs) are the “back end” data elements required to be completed by the HMIS Lead to ensure projects in the system are typified correctly.

- Project type is defined to ensure projects are pulled correctly into reports;
- Bed and unit inventory is up-to-date and is available for the Point-in-Time (PIT) Count and Longitudinal System Analysis (LSA) reports;
- Specific workflow is defined by project type;
- Specific grants and/or federal partner funding sources are identified;
- Target populations are listed; and
- The CoC(s) in which the provider operates is identified.

The HMIS Lead will obtain this information from the Agency Admin related to the project by email or virtual meeting. In preparation for the annual LSA, the HMIS Lead will send participating agencies a list of all active projects and their PDDEs. The Agency Admin must confirm and/or correct their list and return it to the HMIS Lead within 7 days.

#### *Visibility*

Ensuring the visibility in HMIS is set up correctly so that users can see what they are supposed to see and, alternatively, not see what they are not supposed to see, is critical. The visibility within the McHenry County HMIS is determined by each client's Release of Information (ROI). All clients entering a HMIS project should be asked whether they are willing to sign an ROI.

An ROI is NOT required to enter client data into HMIS, but it IS required to make client data available to other agencies using HMIS.

If the client is willing to sign the ROI, the case manager must identify which HMIS projects are covered by the ROI (*NOTE: selecting ONLY the agency will not suffice. The individual HMIS project/s that the client is entering must be selected*).

If the client does not wish to sign an ROI, the case manager should note this in the ROI section of the Client Profile in HMIS.

ROIs are valid for 1 year and the case manager must mark the "end date" for the ROI accordingly.

# Appendix A. HMIS Data Quality Monitoring Visit Report and Improvement Plan

## Data Quality Monitoring Visit Report

Date of Monitoring Visit: \_\_\_\_\_

Person Conducting Monitoring Visit: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Organization Contact and Information: \_\_\_\_\_

Name of Project and Type of Project Monitored: \_\_\_\_\_

Organization Staff Present During Monitoring:

**Each baseline and expectation met below accounts for (\_\_\_\_) points for a total of (\_\_\_\_) allowable points.**

**Include the specific baseline requirements for the project type to be monitored:**

Data Completeness baseline: \_\_\_\_\_ Baseline Met?  Yes  No

Data Timeliness baseline: \_\_\_\_\_ Baseline Met?  Yes  No

Data Accuracy baseline: \_\_\_\_\_ Baseline Met?  Yes  No

Data Consistency expectation met?  Yes  No

Coverage & Utilization expectation met?  Yes  No  Not applicable

**Total Score: \_\_\_\_\_**

Each item in the “observed” column accounts for (\_\_\_) points for a total of (\_\_\_\_) allowable points. The combined total of the total score in the section above and the total score in the section below results in the specific project’s monitoring visit score. Projects with scores between (\_\_\_) – (\_\_\_) will be determined as “exceeding expectations.”

Projects with scores between (\_\_\_) – (\_\_\_) will be determined as “meeting expectations.”

Projects with scores between (\_\_\_) – (\_\_\_) will be determined as “below expectations.”

Projects with scores between (\_\_\_) – (\_\_\_) will be determined as “severely at-risk.”

For those in the “outcome” column defined as “Action Needed,” the “Notes” section must include action steps with specific timelines.

| Requirement               | Observed | Outcome  | Notes               |
|---------------------------|----------|--|---------------------|
| Data Collection & Quality | _____    | The project has not required the use of a Data Quality Improvement Plan (DQIP) to address data quality issues since the last monitoring visit. | _____ Action Needed |
|                           | _____    | The organization documents the homeless status of clients served, as well as any other eligibility criteria for the project.                   | _____ In Compliance |
|                           | _____    | Intake workers and HMIS users understand the required data elements and how to present them to clients in a way to get accurate information.   |                     |
|                           | _____    | The organization’s paper intake forms, if applicable, include all data elements required to be entered into HMIS.                              |                     |



|  |       |  |  |  |
|--|-------|--|--|--|
|  | _____ | Random selection of client files show the complete data collection process and match data entry in HMIS. |  |  |
|--|-------|--|--|--|

**Upon completion of monitoring visit:**

DQIP needed?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, has the plan been created?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Notes

\_\_\_\_\_  
Person completing the monitoring visit signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Monitored organization staff member signature

\_\_\_\_\_  
Date

# Data Quality Improvement Plan

Date of DQIP Implementation: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Organization Contact and Information: \_\_\_\_\_

Name of Project(s) Included in DQIP

Organization Staff Responsible for DQIP:

\_\_\_\_\_  
Staff Person Role

\_\_\_\_\_  
Staff Person Role

\_\_\_\_\_  
Staff Person Role

HMIS Lead Staff Responsible for DQIP:

\_\_\_\_\_  
Staff Person Role

\_\_\_\_\_  
Staff Person Role

CoC Staff Responsible for DQIP:

\_\_\_\_\_  
Staff Person Role

\_\_\_\_\_  
Staff Person Role

# McHenry County Continuum of Care to End Homelessness

## Full Board Agenda – March 21, 2024 at 9:00 AM



To attend virtually: <https://meet.goto.com/569451645>

To attend by phone: 1-312-757-3121    Access code: 569-451-645

Next meeting date: Thursday, April 18<sup>th</sup>

1.0 Call to Order

2.0 Roll Call and Guest Introductions

3.0 Public Comment Period

4.0 Presentation

4.1 Ride to Recovery Bus – Jennifer Chavez, 22<sup>nd</sup> Judicial Circuit – Specialty Court

5.0 Consent Agenda Items – Review and Approval of Meeting Minutes

5.1 February 15, 2024 – Full Board meeting minutes

5.2 February 1, 2023 – Steering Council Committee meeting minutes

6.0 Action Items

6.1 HMIS Data Quality Management Plan

7.0 Old Business

7.1 Committee Chair Updates

- Community Awareness
- Coordinated Entry
- Finance
- HMIS
- Housing and Services

7.2 Point in Time Count

8.0 New Business

9.0 Open Forum and Member Announcements

10.0 Adjournment