


HOMELESS
MANAGEMENT
INFORMATION SYSTEM
(HMIS)

State of Georgia Data Quality Plan

Overview

This document describes the Homeless Management Information System (HMIS) Data Quality Standards and the data quality monitoring plan for the GA HMIS Collaborative effort. These HMIS Data Quality Standards and the related monitoring plan will be reviewed and updated as needed by the latest HMIS Data Standards and the GA HMIS Policies and Standard Operational Procedures.

Table of Contents

- I. **TERMS AND DEFINITIONS** 03
- II. **INTRODUCTION**.....05
 - A. What is Data Quality?
 - B. What is a Data Quality Plan?
 - C. What are HMIS Data Quality Standards?
 - D. What is a Data Quality Monitoring Plan?
- III. **HUD REQUIREMENTS**.....06
 - A. Federal Partners
 - B. HMIS Data Standards
 - 1. Program Descriptor Data Elements
 - 2. Universal Data Elements
 - 3. Program Specific Data Elements
 - C. Chart of Program Specific Data Elements
- IV. **DATA QUALITY COMPONENTS**12
 - A. Data Timeliness
 - B. Data Completeness
 - C. Data Accuracy (Validity)
 - D. Training
 - E. Data Consistency
 - F. Monitoring
- V. **DATA QUALITY MONITORING PLAN**14
 - A. Introduction
 - B. Components
 - 1. Benchmarks and Goals
 - 2. Roles and Responsibilities
 - 3. Monitoring Timelines
 - 4. Data Quality Reports
 - 5. Compliance
- VI. **RESOURCES AND TOOLS**18
 - A. Reports
 - B. Data Quality Resources
 - C. HMIS Documents
 - 1. HUD HMIS Data Standards
 - 2. 2004 HUD Data and Technical Standards
 - 3. HUD HMIS Data Dictionary
 - 4. HUD HMIS Glossary

I. TERMS AND DEFINITIONS

- ***Bed Utilization***
The ratio of clients who were in a specific project on a night compared to the number of beds reported for that project on that night.
- ***Benchmark***
A standard or reference by which something can be measured or judged.
- ***ClientTrack***
The electronic data collection system that stores longitudinal client-level information and is the Georgia approved HMIS software vendor for Georgia Homeless Management Information System (HMIS) implementation.
- ***Continuum of Care (CoC)***
A program designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness (HUD Exchange, 2019).
- ***Data***
Information in raw or unorganized form that refer to, or represent, conditions, ideas, or objects.
- ***Housing Inventory Count (HIC)***
A point-in-time inventory of projects within your CoC that provide beds and units dedicated to serving persons who are homeless. It is intended to provide HUD and CoCs with information about the shelter and housing capacity of homeless crisis response systems.
- ***Homeless Management Information System (HMIS)***
A locally administered, electronic data collection system that is used to measure project performance, report to congress, and participate in benchmarking of the national effort to end homelessness.
- ***Federally Funded projects***
Projects that receive federal dollars to provide services in identified communities and are required to use the locally approved HMIS. This includes U.S. Department of Housing and Urban Development (HUD), U.S. Department of Health and Human Services (HHS) and the U.S. Department of Veterans Affairs.
- ***Monitoring***
Monitoring is a process used to ensure that the data entered into Georgia HMIS has met, to the greatest extent possible, the standards and quality of data that have been agreed upon by the CoC and the homeless service providers within the CoC's jurisdiction. The monitoring plan also identifies data quality issues.
- ***Non-Federally funded projects***
Projects that do not receive federal dollars to provide services in the community. These projects are not required but are encouraged to use the locally approved HMIS.
- ***Program***

A funding source that provides housing and/or service grant dollars.

- **Project**

A project is identified by the CoC as part of its service system, in which an individual client or family is enrolled. A project further defined as a “lodging project” provides overnight accommodations and meets the need of people who are homeless. A “services project” does not provide lodging and meets specific needs of people who are homeless or at risk of homelessness.”

- **Reliable**

Refers to the consistency of a measure; there are three types: over time (test-retest reliability), across items (internal consistency), and across different testers (inter-rater reliability).

- **Validity**

Refers to the extent to which the scores from a measure represents the variable the measure intended to score.

II. INTRODUCTION

A. **What is Data Quality?**

Data quality is a term that refers to the reliability and validity of client-level data collected and entered in the Homeless Management Information System (HMIS). HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about the men, women, and children who access homeless and other human services in a community. Data quality is measured by the extent to which the client data in the system reflects actual information in the real world. With good data quality, the Continuum of Care (CoC) can “tell the story” of the population experiencing homelessness.

Why Data Quality is Important

The quality of data is determined by assessing certain characteristics such as timeliness, completeness, and accuracy. To assess data quality, a community must first think about what data quality means and document this understanding in a data quality plan.

B. **What is a Data Quality Plan?**

A data quality plan is a community-level (service providers) document that facilitates the ability of the CoC to achieve valid and reliable data. A data quality plan sets expectations for the CoC, the HMIS Lead Agency, and the end users to capture valid and reliable data on persons accessing the homeless assistance system throughout the community. Developed by the HMIS Lead Agency and formally adopted by the Georgia HMIS Steering Committee.

The Goal of the Data Quality Plan

Identifies the responsibilities of all parties within the CoC concerning data quality. Establishes specific data quality benchmarks for timeliness, completeness, accuracy, and consistency.

Describes the procedures for implementing the plan and monitoring progress toward meeting data quality benchmarks. Establishes a timeframe for monitoring data quality regularly.

C. **What are the HMIS Data Quality Standards?**

Data quality standards set expectations for the quality of data entered in the HMIS and guide HMIS participating providers on how to capture and enter reliable and valid data for persons accessing the homeless assistance system.

D. **What is a Data Quality Monitoring Plan?**

A data quality monitoring plan is a set of procedures that outline a regular, on-going process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. The monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

III. HUD REQUIREMENTS

Each CoC receiving HUD or Federal partner funding is required to implement an HMIS to capture standardized data about all persons accessing the homeless assistance system. Furthermore, elements of HUD's annual CoC funding competition are directly related to a CoC's progress in implementing its HMIS. For additional information, go to [CoC: Continuum of Care Program - HUD Exchange](#)

In 2004, HUD published the initial HMIS Data and Technical Standards in the Federal Register. The Standards defined the requirements for data collection, privacy safeguards, and security controls for all local HMIS. The standards have been updated periodically to address HUD regulations with the most current version posted at <https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>.

A. **Federal Partners**

HMIS is used by the federal partners and their respective programs in an effort to end homelessness. These include:

U.S. Department of Housing and Urban Development (HUD)

- Continuum of Care (CoC) Program
- Emergency Solutions Grants (ESG) Program
- Housing Opportunities for Persons with AIDS program (HOPWA)
- HUD-Veterans Affairs Supportive Housing (HUD/VASH)
- Rural Housing Stability Assistance Program (RHSP)

U.S. Department of Health and Human Services (HHS)

- Administration for Children and Families (ACYF) – Family and Youth Service Bureau (FYSB)
- Runaway and Homeless Youth (RHY)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Projects for Assistance in Transition from Homelessness (PATH)

U.S. Department of Veteran Affairs (VA)

- Supportive Services for Veteran Families Program (SSVF)
- Community Contract Emergency Housing (HCHV/EH)
- Community Contract Residential Treatment Program (HCHV/RT)
- Domiciliary Care (HCHV/DOM)
- VA Community Contract Safe Haven Program (HCHV/SH)
- Grant and Per Diem Program (GPD)
- Compensated Work Therapy Transitional Residence (CWT/TR)

B. **HMIS Data Standards**

1. Program Descriptor Data Elements

These data elements are required to be recorded about each project in the CoC, regardless of whether the project participates in the HMIS. PDDEs are updated at least annually.

The following Project Descriptor Data Elements are required for project setup in HMIS:

- 2.01 Organization Information
- 2.02 Project Information
- 2.03 Continuum of Care Information
- 2.06 Funding Sources
- 2.07 Bed and Unit Inventory Information



2. Universal Data Elements (UDEs)

The Universal Data Elements establish the baseline data collection requirements for all homeless housing and/or service providers entering data into the HMIS regardless of funding source. The elements are the basis for producing unduplicated estimates of the number of people experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homeless, and patterns of service use, including information on shelter, stays, and homelessness over time.

The required Universal Data Elements include the following:

- 3.01 Name
- 3.02 Social Security Number
- 3.03 Date of Birth
- 3.04 Race
- 3.05 Ethnicity
- 3.06 Gender
- 3.07 Veteran Status
- 3.08 Disabling Condition
- 3.10 Project Start Date
- 3.11 Project Exit Date
- 3.12 Destination
- 3.15 Relationship to Head of Household
- 3.16 Client Location
- 3.20 Housing Move-in Date
- 3.917 Prior Living Situation

3. Program Specific Data Elements

Program Specific Data Elements differ from the Universal Data Elements in that no one project must collect every single element in this section. Which data elements are required is dictated by the reporting requirements set forth by each Federal partner for each of their programs. A Partner may require all the fields or response categories in a data element or may specify which of the fields or response categories are required for their report.

Program Specific Data Elements required by each of the Federal Partners include:

- 4.02 Income and Sources
- 4.03 Non-Cash Benefits
- 4.04 Health Insurance
- 4.05 Physical Disability
- 4.06 Developmental Disability
- 4.07 Chronic Health Condition
- 4.08 HIV/AIDS
- 4.09 Mental Health Problem
- 4.10 Substance Abuse
- 4.11 Domestic Violence
- 4.12 Current Living Situation
- 4.13 Date of Engagement
- 4.14 Bed-Night Date
- 4.19 Coordinated Entry Assessment
- 4.20 Coordinated Entry Event

For additional Federal Partner Program Specific Data Elements, see the chart below.

C. Chart of Program Specific Data Elements

Housing Opportunity for People with AIDS (HOPWA)	Veteran Affairs (VA)	Runaway Homeless Youth (RHY)	Projects for Assistance in Transitioning from Homelessness (PATH)	Housing and Urban Development (HUD)
<ul style="list-style-type: none"> •4.02 Income and Sources •4.03 Non-Cash Benefits •4.04 Health Insurance •4.05 Physical Disability •4.06 Developmental Disability •4.07 Chronic Health Condition •4.08 HIV/AIDS •4.09 Mental Health Problem •4.10 Substance Abuse •4.11 Domestic Violence •W1 Services Provided HOPWA •W2 Financial Assistance - HOPWA •W3 Medical Assistance •W4 T-cell (CD4) and Viral Load •W5 Housing Assessment at Exit •W6 Prescribed Anti-Retroviral 	<ul style="list-style-type: none"> •4.02 Income and Sources •4.03 Non-Cash Benefits •4.04 Health Insurance •4.05 Physical Disability •4.06 Developmental Disability •4.07 Chronic Health Condition •4.08 HIV/AIDS •4.09 Mental Health Problem •4.10 Substance Abuse •4.11 Domestic Violence •4.19 Coordinated Entry Assessment •4.20 Coordinated Entry Event •V1 Veteran's Information •V2 Services Provided - SSVF •V3 Financial Assistance - SSVF •V4 Percent of AMI (SSVF Eligibility) •V5 Last Permanent Address •V6 VAMC Station Number •V7 HP Targeting Criteria •V8 HUD-VASH Voucher Tracking •HUD-VASH Exit Information 	<ul style="list-style-type: none"> •4.02 Income and Sources •4.03 Non-Cash Benefits •4.04 Health Insurance •4.05 Physical Disability •4.06 Developmental Disability •4.07 Chronic Health Condition •4.09 Mental Health Problem •4.10 Substance Abuse •4.12 Current Living Situation •4.13 Date of Engagement •R1 Referral Source •R2 RHY:BCP Status •R3 Sexual Orientation •R4 Last Grade Completed •R5 School Status •R6 Employment Status •R7 General Health Status •R8 Dental health Status •R9 Mental Health Status •R10 Pregnancy Status •R11 Formerly a Ward of Child Welfare/Foster Care Agency •R12 Formerly a Ward of Juvenile Justice System •R13 Family Critical Issues •R14 RHY Service Connections •R15 Commercial Sexual Exploitation/Sex Trafficking •R16 Labor Exploratory Trafficking •R17 Project Completion Status •R18 Counseling •R19 Safe and Appropriated Exit •R20 Aftercare 	<ul style="list-style-type: none"> •4.02 Income and Sources •4.03 Non-Cash Benefits •4.04 Health Insurance •4.05 Physical Disability •4.06 Developmental Disability •4.07 Chronic Health Condition •4.08 HIV/AIDS •4.09 Mental Health Problem •4.10 Substance Abuse •4.12 Current Living Situation •4.13 Date of Engagement •P1 Services Provided - PATH •P2 Referrals Provided - PATH •P3 PATH Status •P4 Connection with SOAR 	<ul style="list-style-type: none"> •4.02 Income and Sources •4.03 Non-Cash Benefits •4.04 Health Insurance •4.05 Physical Disability •4.06 Developmental Disability •4.07 Chronic Health Condition •4.08 HIV/AIDS •4.09 Mental Health Problem •4.10 Substance Abuse •4.11 Domestic Violence •4.12 Current Living Situation •4.13 Date of Engagement •4.14 Bed-Night Date •4.19 Coordinated Entry Assessment •4.20 Coordinated Entry Event •C1 Well-being •C2 Moving On Assistance Provided •C3 Youth Education Status •W5 Housing Assessment at Exit •R7 General Health

*All projects are required to input the Universal Data Elements (UDEs) in addition to the funder specific data elements listed above.



IV. DATA QUALITY COMPONENTS FOR PROJECTS

A. **Data Timeliness**

Timeliness reduces human errors that may occur when too much time has elapsed between data collection and data entry. Timeliness also ensures data is accessible when needed, either proactively (e.g., monitoring purposes, increasing awareness, meeting funding requirements), or reactively (e.g., responding to requests for information, responding to inaccurate information).

Requirements

- All data for each project type (ES, TH, RRH, PSH) is required to be entered into HMIS within 48 business hours of contact/services.
- Clients changes reported to the agency are required to be updated in HMIS within 48 operating hours.
- The Street Outreach project -See what a table would look like here.

B. **Data Completeness**

Completeness is the level at which a data field has been answered in its entirety. Measuring completeness ensures client profiles are reflected in the HMIS. Partially complete or missing data can negatively affect each service provider's ability to provide comprehensive care to clients. Incomplete data results in an inaccurate depiction of the need in each CoC, directly affecting services in individual communities necessary to permanently house clients.

Requirements:

All Projects will ensure each required data element is entered into the HMIS for all clients served by the project.

- All Clients Served
 - All clients will be entered into the HMIS with complete UDEs. This includes identifying information and entrance/exit data (Refer to chart on page 13).
- Bed/Unit Utilization Rates
 - The ratio of clients who were in a specific project on a night compared to the number of beds reported for that project on that night.
- Null or Missing Responses

- C. The percentage of missing/null, client don't know, client refused, and data not collected entries should be limited to 5% or less.

Data Accuracy (Validity)

All information in the HMIS shall be collected and entered in a standardized and consistent manner across all programs. Information entered into the HMIS must be valid; meaning data in the HMIS must represent information on clients that enter all homeless service. False or inaccurate information is not better than incomplete information; therefore, with appropriate circumstances “data not collected” is the suitable data collection option. To ensure the most up-to-date data, data corrections should be performed once an error(s) is detected.

Requirements:

- All the HMIS participating agencies will achieve 95% data accuracy rate. All data entered the CoC’s HMIS shall reflect information provided by the client, as documented by the intake worker, or otherwise updated by the client and documented for reference.

D. Training

Training ensures Agency Administrators and End-Users receive up-to-date information on the latest HMIS software releases, are entering data correctly into the HMIS, and are adhering to policies and procedures. Training resources include videos and documents such as guides, intake forms, and workflows for multiple programs including CoC, ESG, HOPWA, and VASH.

Requirements:

- All end users will complete initial training before accessing the live HMIS version.
- All HMIS end users are advised to perform activities within the system a minimum of once per month.

*Note: Six months of inactivity will result in account deactivation and will require successful completion of HMIS training before reinstating the end user’s account.

E. Data Consistency

Consistency is measuring how the data is understood, collected, and entered across all programs in HMIS in the same manner.

Requirements:

- All data in HMIS should be collected and entered in a standardized and consistent manner across all programs.

*Note: Standards will be established during training before accessing the live HMIS version.

F. Monitoring

Monitoring evaluates service providers on how well providers meet the standards and quality of data entered the HMIS. Monitoring also identifies data quality issues.

rRequirement:

- Agency and End User will work with the HMIS CoC Administrators to adhere to the data quality monitoring plan.

V. DATA QUALITY MONITORING PLAN

A. Introduction

The Plan is a set of procedures that outline a regular, on-going process for analyzing and reporting on the reliability and validity of the data entered in the HMIS at both the program and aggregate system levels. The plan is the primary tool for tracking and improving data quality over time. When data quality benchmarks are met, reporting is more reliable and can be used to evaluate service delivery, program design and effectiveness, and efficiency of the system. The purpose of monitoring service providers is to ensure all participating agencies are meeting the HUD HMIS data standards. The HMIS lead assists each CoC in monitoring participating agencies. The goal is for any data quality issue to be quickly identified and resolved. The data produced from HMIS is critical to meet the reporting and compliance requirements of HUD.

The Data Quality Plan also consist of identifying the roles and responsibilities of all parties within the CoC that affect HMIS data quality.

Roles and Responsibilities

Continuum of Care (CoC)

- Each of the eight participating Georgia CoCs agreed to participate in the statewide HMIS implementation through a Memoranda of Agreement with DCA on behalf of the GHFA and agreed to collaboratively govern HMIS through the GA HMIS By-Laws 2021.
- **HMIS Lead Agency**
The HMIS Lead agency for the State of Georgia is the Department of Community Affairs (DCA). This agency is chosen by the GA HMIS Collaborative. The HMIS lead is the custodian of the GA HMIS implementation. The HMIS lead is responsible for developing the plans, policies and procedures for review and approval by the Steering Committee. The HMIS Lead also executes Agency Participation Agreements with each contributing HMIS organization, ensures that each HMIS End User has signed an HMIS End User Agreement, manages the system on a day-to-day basis, and provides technical support and training to End Users. (For a detailed list of responsibilities, see GA HMIS By-Laws 2021).
- **GA HMIS Steering Committee**
The GA HMIS Steering Committee has authority on all matters regarding HMIS and is responsible for providing oversight of the HMIS implementation, and for providing counsel, guidance, and assistance to staff members, governing bodies, and contributing providers within each of the eight participating CoCs. (For a detailed list of responsibilities, see GA HMIS By-Laws 2021)
- **GA HMIS Data Collection, Evaluation and Reporting Subcommittee**

The Data Collection, Evaluation and Reporting Committee members work in conjunction with the HMIS Lead in reviewing, evaluating and analyzing data collection processes on projects involving HMIS and other data sources that impact the GA HMIS Implementation.

- **CoC HMIS Administrators**
The CoC identifies users who are authorized to have administrative-level access to the data in their respective CoC for purposes of providing oversight and end user support. The administrators will utilize tools necessary to monitor agency compliance with Federal Data Standards, including reports and access to raw agency data.
- **Providers**
Provider is any organization within a CoC that provides outreach, shelter, housing, employment and/or social services to those experiencing homelessness. HMIS end users within the provider agency are responsible for entering and correcting data in accordance with the data quality plan. Additionally, they are required to attend all mandatory and relevant training. The provider's Executive Director/Agency HMIS administrator should oversee the intake and data entry process to ensure quality data collection and data entry practices are followed.

B. Components:

Benchmark: a standard or point of reference against which things may be compared or assessed.

Goal: something you are trying to do or achieve.

- **Benchmarks and Goals**
 - i. All HMIS participating agencies are expected to meet the data quality benchmarks described in this document. To complete the benchmarks, HMIS data is monitored and reviewed in accordance with the schedule outlined in this section.
 - ii. The benchmark must be determined for each CoC and may be more restrictive but no less restrictive as outlined in this Plan.
 - iii. A goal for HMIS is that 85% of participating projects achieve data quality benchmark compliance.
 - iv. The benchmark is for the project to have five percent (5%) or less of null/missing data, data not collected, client doesn't know, client refused, and no exit interview data errors for the HUD UDEs for the following housing/service types: ES, TH, PSH, Federally Funded SSO, Outreach, Prevention, and RRH.

Monitoring Timelines

The table below outlines the frequency with which each data quality report for each project type should be run by individual agencies to self-monitor their own data quality.

Table of Report Frequency for Assessing Data Quality

Project Type	Current Enrollments Agency	HUD and Custom Data Quality Report Agency	Annual Performance Report (APR) Agency	Longitudinal System Analysis (LSA) CoC	System Performance Measures CoC
Emergency Shelter	Daily	Monthly	Quarterly	Quarterly	Quarterly
Transitional Housing	Monthly	Monthly	Quarterly	Quarterly	Quarterly
Permanent Supportive Housing	Monthly	Monthly	Quarterly	Quarterly	Quarterly
Street Outreach	Weekly	Monthly	Quarterly	Quarterly	Quarterly
Services Only	Monthly	Monthly	Quarterly	N/A	N/A
Homeless Prevention	Monthly	Monthly	Quarterly	N/A	N/A
Rapid Rehousing	Monthly	Monthly	Quarterly	Quarterly	Quarterly

Data Quality Reports

Compliance

The Data Quality Reports will be run by each CoC (for recommended frequency see the table above), to ensure agencies within the CoC remain in compliance with the standards set forth in this Data Quality Plan. When projects are not in compliance with the data quality standards set in this Data Quality Plan, the CoC Administrator will contact a representative of that project to inform them of the issue and set a course of action to bring the agency into compliance. Continuous non-compliance could potentially have an adverse effect on the project’s CoC funding.

Rewards

Public recognition for compliance and/or progress, bonus points on local scoring of funding applications for those agencies meeting the required benchmarks.

Penalties

Non-compliance may warrant enforcement such as a quality improvement plan and/or loss of funding.

CoC Monitoring

The CoC HMIS administrator will monitor the data quality on an ongoing basis. Based on comparison information, the CoC HMIS administrator will collaborate with agencies who have not met benchmarks to determine why and what can be done to bring them into compliance. CoCs may use that information to determine potential implications such as future funding opportunities. CoCs may randomly select a subset of projects on a quarterly basis to audit using the data quality reports in the table above.

HMIS Lead Monitoring

The HMIS Lead Team will monitor CoC data quality annually and identify those CoC's that are not meeting the prescribed benchmarks outlined in this Plan. CoC's will be requested to submit a quality improvement plan for benchmarks that are not met.

VI. RESOURCES AND TOOLS

Below is a list of reports and guidance to create reports for self-monitoring by agencies.

A. Reports

- a. APR
Home Workspace → GA HMIS Reports → HUD/HMIS Reports → APR → CSV APR
- b. HUD Data Quality
Home Workspace → GA HMIS Reports → HUD/HMIS Reports → HUD Data Quality Report
- c. ESG Caper
Home Workspace → GA HMIS Reports → HUD/HMIS Reports → ESG CAPER → CSV CAPER
- d. LSA
Home Workspace → GA COC ADMIN MENU → Reports → LSA Export
- e. Current Enrollments
Home Workspace → My ClientTrack → Current Enrollments → Open Enrollments w/Most Recent Assessment
- f. SPMs
Home Workspace → GA HMIS Reports → HUD/HMIS Reports → SPM → 2019 System Performances Measures: M1 or M2-M7

B. Data Quality Resources

- a. DCA YouTube Videos
<https://www.youtube.com/watch?v=kx7AZJBA1JO> - get links from April
<https://www.youtube.com/watch?v=-N7MV2tDJeg&feature=youtu.be>
- b. GA HMIS Policies and Standard Operating Procedures
Request copy of document from HMIS Lead Team – Add to website
- c. GA DCA HMIS Documents
<https://www.dca.ga.gov/node/4254/documents/10>

C. HMIS Documents

- a. HUD HMIS Data Standards
[FY 2022 HMIS Data Standards - HUD Exchange](#)

- b. 2004 HUD Data and Technical Standards
[2004 HMIS Data and Technical Standards Final Notice \(July 2004\) - HUD Exchange](#)
- c. HUD HMIS Data Dictionary [FY 2022 HMIS Data Standards Data Dictionary - Version 1.1 \(hudexchange.info\)](#)
- d. HUD HMIS Glossary
[2020 HMIS Standard Reporting Terminology Glossary - Effective October 1, 2019 \(hudexchange.info\)](#)

[things to ponder](#)

- The target for each CoC for bed utilization should be between 65% and 105%.
- Bed coverage
 - It is the goal of each CoC to achieve the following targets for bed coverage: 100% of HUD funded organizations and 85% of all beds. Bed coverage will be assessed annually by the HMIS Lead based on each CoC Housing Inventory Count (HIC).