

# HMIS Data Quality Report Card

Sample Reporting Period 01/01/2014 - 01/31/2014



## PROGRAM INFORMATION

Agency Name: **Department of Behavioral Health (DBH)**

Type: Cornerstone - Permanent Housing

### Data Quality and Completeness:

Complete and accurate records are needed to ensure quality data. A program's percentage of missing, unknown, invalid and refused all for all required Universal Data are used to evaluate data quality. The higher a program's percentage of missing or erroneous data, the less useful and meaningful that data becomes.

Total Clients: 50

#### Demographic Data

	# Missing	% Missing
S.S.#	0	0.00%
Race	0	0.00%
Ethnicity	0	0.00%
Gender	0	0.00%
Veteran	0	0.00%
Disabling condition	6	12.00%
Residence Prior	1	2.00%
length of Stay	1	2.00%
Zip Code	0	0.00%
Housing Status	0	0.00%
Entry Date	0	0.00%
Exit Date	50	100.00%

Fields with values over 5% errors.  
 Fields with values 5% or less.  
 0.00% Fields with no errors.

Missing data includes responses such as: "Don't Know," "Refused," "Unknown," and invalid responses. A program should have less than 5% missing field rate in order to ensure accurate data. Missing intake and exit data needs to be reviewed by staff on a regular basis and any additional Universal Data Element information received from the consumer after intake should be entered into HMIS.

#### Bed Utilization

Program	Bed Count	Occupying Individuals	Percent Bed Occupancy
Cornerstone	33	50	*152%

\*Typically, programs reporting over 105% of their beds are occupied are failing to exit clients from their HMIS.

\*\*Typically, programs reporting that less than 65% of their beds are occupied are not entering all clients into their HMIS.

Program	1 - 7 days	8 - 14 days	15 - 21 days	22 - 30 days	31 - 60 days	61 - 90 days	over 90 days
Cornerstone	4	5	1	2	5	4	29

This report calculates the difference between the program entry date specified for the client and the date the client's application was entered into the system. For example, if a client's Program Entry date of "April 4, 2014" was recorded on "April 9, 2014", then the report would calculate a 5 day lag time in recording data. The report groups the number of applications by program and has 7 buckets for the number of days an application has been lagging.

### HMIS Users:

Below is a list of all HMIS Users at your agency. Please make sure that active users have logged in within the past month. If any user on this list has left your agency during the last reporting period, then please email the HMIS helpdesk. Users are considered inactive if they have not logged into the system for 30 days or left the agency. If a user is inactive, or if you have additional staff needing HMIS access or training, please contact HMIS.

<b>USERID</b>	<b>NAME</b>	<b>EMAIL</b>	<b>LAST LOGON</b>
DBH_bschneider	Betty Schneider	<a href="mailto:bschneider@sbh.sbcounty.gov">bschneider@sbh.sbcounty.gov</a>	
DBH_tinap	Tina Pham	<a href="mailto:tpham@dbh.sbcounty.gov">tpham@dbh.sbcounty.gov</a>	
DBH_andreab	Andrea Buttner	<a href="mailto:andreab@mercyhouse.net">andreab@mercyhouse.net</a>	
DBH_bmurillo	Becky Murillo	<a href="mailto:rmurillo@hacsb.com">rmurillo@hacsb.com</a>	
DBH_davidk	David Kotce	<a href="mailto:davidk@mercyhouse.net">davidk@mercyhouse.net</a>	
DBH_dianev	Diane Valdivia	<a href="mailto:dvaldivia@dbh.sbcounty.gov">dvaldivia@dbh.sbcounty.gov</a>	
DBH_ejohnson	Evon Johnson	<a href="mailto:ejohnson@hacsb.com">ejohnson@hacsb.com</a>	
DBH_emorales	Eloise Morales	<a href="mailto:emorales@dbh.sbcounty.gov">emorales@dbh.sbcounty.gov</a>	
DBH_jdowdall	Jerry Dowdall	<a href="mailto:jdowdall@dbh.sbcounty.gov">jdowdall@dbh.sbcounty.gov</a>	
DBH_jsaul	Judy Saul	<a href="mailto:judys@mercyhouse.net">judys@mercyhouse.net</a>	
DBH_jwilliams	Josephine Williams	<a href="mailto:jwilliams@dbh.sbcounty.gov">jwilliams@dbh.sbcounty.gov</a>	
DBH_kcastillo	Kathleen Castillo	<a href="mailto:kcastillo@hacsb.com">kcastillo@hacsb.com</a>	
DBH_kturner	Kerry Turner	<a href="mailto:kturner@dbh.sbcounty.gov">kturner@dbh.sbcounty.gov</a>	
DBH_ljones	Lisa Jones	<a href="mailto:ljones@hacsb.com">ljones@hacsb.com</a>	
DBH_lsalvador	Lizeri Salvador	<a href="mailto:lsalvador@hacsb.com">lsalvador@hacsb.com</a>	
DBH_phudspeth	Pamela Hudspeth	<a href="mailto:phudspeth@dbh.sbcounty.gov">phudspeth@dbh.sbcounty.gov</a>	
DBH_rsims	Ronda Sims	<a href="mailto:rsims@dbh.sbcounty.gov">rsims@dbh.sbcounty.gov</a>	
DBH_tscott	Tina Scott	<a href="mailto:tscott@hacsb.com">tscott@hacsb.com</a>	

# HMIS Data Quality Report Card

Sample Reporting Period 01/01/2014 - 01/31/2014



## PROGRAM INFORMATION

Agency Name: **Department of Behavioral Health (DBH)**

Type: Good Samaritan - Permenant Housing

### Data Quality and Completeness:

Complete and accurate records are needed to ensure quality data. A program's percentage of missing, unknown, invalid and refused all for all required Universal Data are used to evaluate data quality. The higher a program's percentage of missing or erroneous data, the less useful and meaningful that data becomes.

Demographic Data		Total Clients:	30
	# Missing	% Missing	
SSN	0	0.00%	
Race	0	0.00%	
Ethnicity	0	0.00%	
Gender	0	0.00%	
Veteran	0	0.00%	
Disabling condition	1	3.33%	
Residence Prior	1	3.33%	
length of Stay	0	0.00%	
Zip Code	0	0.00%	
Housing Status	1	3.33%	
Entry Date	0	0.00%	
Exit Date	30	100.00%	

Fields with values over 5% errors.  
 Fields with values 5% or less.  
 0.00% Fields with no errors.

Missing data includes responses such as: "Don't Know," "Refused," "Unknown," and invalid responses. A program should have less than 5% missing field rate in order to ensure accurate data. Missing intake and exit data needs to be reviewed by staff on a regular basis and any additional Universal Data Element information received from the consumer after intake should be entered into HMIS.

### Bed Utilization

Program	Bed Count	Occupying Individuals	Percent Bed Occupancy
Good Samaritan	18	30	*167%

\*Typically, programs reporting over 105% of their beds are occupied are failing to exit clients from their HMIS.

\*\*Typically, programs reporting that less than 65% of their beds are occupied are not entering all clients into their HMIS.

### Report Name: Data Timeliness Report

Program	1 - 7 days	8 - 14 days	15 - 21 days	22 - 30 days	31 - 60 days	61 - 90 days	over 90 days
Good Samaritan	0	3	2	5	9	8	3

This report calculates the difference between the program entry date specified for the client and the date the client's application was entered into the system. For example, if a client's Program Entry date of "April 4, 2014" was recorded on "April 9, 2014", then the report would calculate a 5 day lag time in recording data. The report groups the number of applications by program and has 7 buckets for the number of days an application has been lagging.

# HMIS Data Quality Report Card

Sample Reporting Period 01/01/2014 - 01/31/2014



## PROGRAM INFORMATION

Agency Name: **Department of Behavioral Health (DBH)**

Type: Laurel Brook II - Permanent Housing

### Data Quality and Completeness:

Complete and accurate records are needed to ensure quality data. A program's percentage of missing, unknown, invalid and refused all for all required Universal Data are used to evaluate data quality. The higher a program's percentage of missing or erroneous data, the less useful and meaningful that data becomes.

Total Clients: 24

#### Demographic Data

	# Missing	% Missing
SSN	1	4.17%
Race	0	0.00%
Ethnicity	0	0.00%
Gender	0	0.00%
Veteran	0	0.00%
Disabling condition	0	0.00%
Residence Prior	0	0.00%
length of Stay	0	0.00%
Zip Code	2	8.33%
Housing Status	0	0.00%
Entry Date	0	0.00%
Exit Date	24	100.00%

Fields with values over 5% errors.  
 Fields with values 5% or less.  
 0.00% Fields with no errors.

Missing data includes responses such as: "Don't Know," "Refused," "Unknown," and invalid responses. A program should have less than 5% missing field rate in order to ensure accurate data. Missing intake and exit data needs to be reviewed by staff on a regular basis and any additional Universal Data Element information received from the consumer after intake should be entered into HMIS.

#### Bed Utilization

Program	Bed Count	Occupying Individuals	Percent Bed Occupancy
Laurel Brook II	27	24	89%

\*Typically, programs reporting over 105% of their beds are occupied are failing to exit clients from their HMIS.

\*\*Typically, programs reporting that less than 65% of their beds are occupied are not entering all clients into their HMIS.

#### Report Name: Data Timeliness Report

Program	1 - 7 days	8 - 14 days	15 - 21 days	22 - 30 days	31 - 60 days	61 - 90 days	over 90 days
Laurel Brook II	6	5	4	6	1	1	1

This report calculates the difference between the program entry date specified for the client and the date the client's application was entered into the system. For example, if a client's Program Entry date of "April 4, 2014" was recorded on "April 9, 2014", then the report would calculate a 5 day lag time in recording data. The report groups the number of applications by program and has 7 buckets for the number of days an application has been lagging.

# HMIS Data Quality Report Card

Sample Reporting Period 01/01/2014 - 01/31/2014



## PROGRAM INFORMATION

Agency Name: **Department of Behavioral Health (DBH)**

Type: Master Leasing - Permanent Housing

### Data Quality and Completeness:

Complete and accurate records are needed to ensure quality data. A program's percentage of missing, unknown, invalid and refused all for all required Universal Data are used to evaluate data quality. The higher a program's percentage of missing or erroneous data, the less useful and meaningful that data becomes.

Total Clients: 28

#### Demographic Data

	# Missing	% Missing
SSN	0	0.00%
Race	4	14.28%
Ethnicity	0	0.00%
Gender	0	0.00%
Veteran	0	0.00%
Disabling condition	0	0.00%
Residence Prior	0	0.00%
length of Stay	0	0.00%
Zip Code	1	3.57%
Housing Status	0	0.00%
Entry Date	0	0.00%
Exit Date	28	100.00%

Fields with values over 5% errors.  
 Fields with values 5% or less.  
 0.00% Fields with no errors.

Missing data includes responses such as: "Don't Know," "Refused," "Unknown," and invalid responses. A program should have less than 5% missing field rate in order to ensure accurate data. Missing intake and exit data needs to be reviewed by staff on a regular basis and any additional Universal Data Element information received from the consumer after intake should be entered into HMIS.

#### Bed Utilization

Program	Bed Count	Occupying Individuals	Percent Bed Occupancy
Master Leasing	15	28	*187%

\*Typically, programs reporting over 105% of their beds are occupied are failing to exit clients from their HMIS.

\*\*Typically, programs reporting that less than 65% of their beds are occupied are not entering all clients into their HMIS.

#### Report Name: Data Timeliness Report

Program	1 - 7 days	8 - 14 days	15 - 21 days	22 - 30 days	31 - 60 days	61 - 90 days	over 90 days
Master Leasing	5	3	5	9	3	3	0

This report calculates the difference between the program entry date specified for the client and the date the client's application was entered into the system. For example, if a client's Program Entry date of "April 4, 2014" was recorded on "April 9, 2014", then the report would calculate a 5 day lag time in recording data. The report groups the number of applications by program and has 7 buckets for the number of days an application has been lagging.

# HMIS Data Quality Report Card

Sample Reporting Period 01/01/2014 - 01/31/2014



## PROGRAM INFORMATION

**Agency Name: Department of Behavioral Health (DBH)**

Type: New Horizons II - Permanent Housing

### Data Quality and Completeness:

Complete and accurate records are needed to ensure quality data. A program's percentage of missing, unknown, invalid and refused all for all required Universal Data are used to evaluate data quality. The higher a program's percentage of missing or erroneous data, the less useful and meaningful that data becomes.

Demographic Data		Total Clients:	136
	# Missing	% Missing	
SSN	0	0.00%	
Race	0	0.00%	
Ethnicity	0	0.00%	
Gender	0	0.00%	
Veteran	1	0.73%	
Disabling condition	9	6.62%	
Residence Prior	0	0.00%	
length of Stay	6	4.41%	
Zip Code	0	0.00%	
Housing Status	5	3.68%	
Entry Date	0	0.00%	
Exit Date	136	100.00%	

Fields with values over 5% errors.  
 Fields with values 5% or less.  
 0.00% Fields with no errors.

Missing data includes responses such as: "Don't Know," "Refused," "Unknown," and invalid responses. A program should have less than 5% missing field rate in order to ensure accurate data. Missing intake and exit data needs to be reviewed by staff on a regular basis and any additional Universal Data Element information received from the consumer after intake should be entered into HMIS.

### Bed Utilization

Program	Bed Count	Occupying Individuals	Percent Bed Occupancy
New Horizons II	123	136	*111%

\*Typically, programs reporting over 105% of their beds are occupied are failing to exit clients from their HMIS.

\*\*Typically, programs reporting that less than 65% of their beds are occupied are not entering all clients into their HMIS.

### Report Name: Data Timeliness Report

Program	1 - 7 days	8 - 14 days	15 - 21 days	22 - 30 days	31 - 60 days	61 - 90 days	over 90 days
New Horizons II	4	10	13	10	33	38	24

This report calculates the difference between the program entry date specified for the client and the date the client's application was entered into the system. For example, if a client's Program Entry date of "April 4, 2014" was recorded on "April 9, 2014", then the report would calculate a 5 day lag time in recording data. The report groups the number of applications by program and has 7 buckets for the number of days an application has been lagging.

# HMIS Data Quality Report Card

Sample Reporting Period 01/01/2014 - 01/31/2014



## PROGRAM INFORMATION

Agency Name: **Department of Behavioral Health (DBH)**

Type: Project Gateway - Permanent Housing

### Data Quality and Completeness:

Complete and accurate records are needed to ensure quality data. A program's percentage of missing, unknown, invalid and refused all for all required Universal Data are used to evaluate data quality. The higher a program's percentage of missing or erroneous data, the less useful and meaningful that data becomes.

Total Clients: 16

#### Demographic Data

	# Missing	% Missing
SSN	0	0.00%
Race	1	6.25%
Ethnicity	0	0.00%
Gender	0	0.00%
Veteran	0	0.00%
Disabling condition	0	0.00%
Residence Prior	2	12.50%
length of Stay	2	12.50%
Zip Code	0	0.00%
Housing Status	0	0.00%
Entry Date	0	0.00%
Exit Date	16	100.00%

Fields with values over 5% errors.  
 Fields with values 5% or less.  
 0.00% Fields with no errors.

Missing data includes responses such as: "Don't Know," "Refused," "Unknown," and invalid responses. A program should have less than 5% missing field rate in order to ensure accurate data. Missing intake and exit data needs to be reviewed by staff on a regular basis and any additional Universal Data Element information received from the consumer after intake should be entered into HMIS.

#### Bed Utilization

Program	Bed Count	Occupying Individuals	Percent Bed Occupancy
Project Gateway	17	16	94%

\*Typically, programs reporting over 105% of their beds are occupied are failing to exit clients from their HMIS.

\*\*Typically, programs reporting that less than 65% of their beds are occupied are not entering all clients into their HMIS.

#### Report Name: Data Timeliness Report

Program	1 - 7 days	8 - 14 days	15 - 21 days	22 - 30 days	31 - 60 days	61 - 90 days	over 90 days
Project Gateway	0	0	7	5	2	1	1

This report calculates the difference between the program entry date specified for the client and the date the client's application was entered into the system. For example, if a client's Program Entry date of "April 4, 2014" was recorded on "April 9, 2014", then the report would calculate a 5 day lag time in recording data. The report groups the number of applications by program and has 7 buckets for the number of days an application has been lagging.

# HMIS Data Quality Report Card

Sample Reporting Period 01/01/2014 - 01/31/2014



## PROGRAM INFORMATION

Agency Name: **Department of Behavioral Health (DBH)**

Type: Project Lantern Woods - Permanent Housing

### Data Quality and Completeness:

Complete and accurate records are needed to ensure quality data. A program's percentage of missing, unknown, invalid and refused all for all required Universal Data are used to evaluate data quality. The higher a program's percentage of missing or erroneous data, the less useful and meaningful that data becomes.

Total Clients: 11

#### Demographic Data

	# Missing	% Missing
SSN	0	0.00%
Race	1	9.09%
Ethnicity	0	0.00%
Gender	0	0.00%
Veteran	0	0.00%
Disabling condition	0	0.00%
Residence Prior	0	0.00%
length of Stay	0	0.00%
Zip Code	0	0.00%
Housing Status	0	0.00%
Entry Date	0	0.00%
Exit Date	11	0.00%

Fields with values over 5% errors.  
 Fields with values 5% or less.  
 0.00% Fields with no errors.

Missing data includes responses such as: "Don't Know," "Refused," "Unknown," and invalid responses. A program should have less than 5% missing field rate in order to ensure accurate data. Missing intake and exit data needs to be reviewed by staff on a regular basis and any additional Universal Data Element information received from the consumer after intake should be entered into HMIS.

#### Bed Utilization

Program	Bed Count	Occupying Individuals	Percent Bed Occupancy
Project Lantern Woods	17	11	65%

\*Typically, programs reporting over 105% of their beds are occupied are failing to exit clients from their HMIS.

\*\*Typically, programs reporting that less than 65% of their beds are occupied are not entering all clients into their HMIS.

#### Report Name: Data Timeliness Report

Program	1 - 7 days	8 - 14 days	15 - 21 days	22 - 30 days	31 - 60 days	61 - 90 days	over 90 days
Project Lantern Woods	1	2	0	1	4	2	1

This report calculates the difference between the program entry date specified for the client and the date the client's application was entered into the system. For example, if a client's Program Entry date of "April 4, 2014" was recorded on "April 9, 2014", then the report would calculate a 5 day lag time in recording data. The report groups the number of applications by program and has 7 buckets for the number of days an application has been lagging.

# HMIS Data Quality Report Card

Sample Reporting Period 01/01/2014 - 01/31/2014



## PROGRAM INFORMATION

Agency Name: **Department of Behavioral Health (DBH)**

Type: Stepping Stones - Permanent Housing

### Data Quality and Completeness:

Complete and accurate records are needed to ensure quality data. A program's percentage of missing, unknown, invalid and refused all for all required Universal Data are used to evaluate data quality. The higher a program's percentage of missing or erroneous data, the less useful and meaningful that data becomes.

Total Clients: 59

#### Demographic Data

	# Missing	% Missing
SSN	0	0.00%
Race	0	0.00%
Ethnicity	0	0.00%
Gender	0	0.00%
Veteran	1	1.69%
Disabling condition	0	0.00%
Residence Prior	0	0.00%
length of Stay	5	8.47%
Zip Code	1	1.69%
Housing Status	0	0.00%
Entry Date	0	0.00%
Exit Date	59	100.00%

Fields with values over 5% errors.  
 Fields with values 5% or less.  
 0.00% Fields with no errors.

Missing data includes responses such as: "Don't Know," "Refused," "Unknown," and invalid responses. A program should have less than 5% missing field rate in order to ensure accurate data. Missing intake and exit data needs to be reviewed by staff on a regular basis and any additional Universal Data Element information received from the consumer after intake should be entered into HMIS.

#### Bed Utilization

Program	Bed Count	Occupying Individuals	Percent Bed Occupancy
Stepping Stones	51	59	*116%

\*Typically, programs reporting over 105% of their beds are occupied are failing to exit clients from their HMIS.

\*\*Typically, programs reporting that less than 65% of their beds are occupied are not entering all clients into their HMIS.

#### Report Name: Data Timeliness Report

Program	1 - 7 days	8 - 14 days	15 - 21 days	22 - 30 days	31 - 60 days	61 - 90 days	over 90 days
Emergency Shelter	2	2	0	2	9	11	18

This report calculates the difference between the program entry date specified for the client and the date the client's application was entered into the system. For example, if a client's Program Entry date of "April 4, 2014" was recorded on "April 9, 2014", then the report would calculate a 5 day lag time in recording data. The report groups the number of applications by program and has 7 buckets for the number of days an application has been lagging.

# HMIS Data Quality Report Card

Sample Reporting Period 01/01/2014 - 01/31/2014



## PROGRAM INFORMATION

Agency Name: **Department of Behavioral Health (DBH)**

Type: Whispering Pines - Permanent Housing

### Data Quality and Completeness:

Complete and accurate records are needed to ensure quality data. A program's percentage of missing, unknown, invalid and refused all for all required Universal Data are used to evaluate data quality. The higher a program's percentage of missing or erroneous data, the less useful and meaningful that data becomes.

Total Clients: 31

#### Demographic Data

	# Missing	% Missing
SSN	0	0.00%
Race	0	0.00%
Ethnicity	0	0.00%
Gender	0	0.00%
Veteran	0	0.00%
Disabling condition	8	25.81%
Residence Prior	0	0.00%
length of Stay	0	0.00%
Zip Code	0	0.00%
Housing Status	0	0.00%
Entry Date	0	0.00%
Exit Date	31	100.00%

Fields with values over 5% errors.  
 Fields with values 5% or less.  
 0.00% Fields with no errors.

Missing data includes responses such as: "Don't Know," "Refused," "Unknown," and invalid responses. A program should have less than 5% missing field rate in order to ensure accurate data. Missing intake and exit data needs to be reviewed by staff on a regular basis and any additional Universal Data Element information received from the consumer after intake should be entered into HMIS.

#### Bed Utilization

Program	Bed Count	Occupying Individuals	Percent Bed Occupancy
Whispering Pines	16	31	*194%

\*Typically, programs reporting over 105% of their beds are occupied are failing to exit clients from their HMIS.

\*\*Typically, programs reporting that less than 65% of their beds are occupied are not entering all clients into their HMIS.

#### Report Name: Data Timeliness Report

Program	1 - 7 days	8 - 14 days	15 - 21 days	22 - 30 days	31 - 60 days	61 - 90 days	over 90 days
Whispering Pines	2	2	0	2	9	8	8

This report calculates the difference between the program entry date specified for the client and the date the client's application was entered into the system. For example, if a client's Program Entry date of "April 4, 2014" was recorded on "April 9, 2014", then the report would calculate a 5 day lag time in recording data. The report groups the number of applications by program and has 7 buckets for the number of days an application has been lagging.