

# Guide to Monthly Data Completeness Reports

## Toledo HMIS

Data completeness reports for Program Entry Records are based on how complete the HMIS data are for each client at the moment they enrolled in a program.

When data (i.e., Assessment Responses) are entered into HMIS, the system attaches a time and date to them, sometimes called a timestamp. When the system is running a data completeness report, it only considers data with a timestamp on or before the program entry/enrollment.

Because of this, data will often need to be back-dated so that the timestamp attached to them are on or before the program entry/enrollment.

## Explanation of Report Sections

The provided Monthly Data Completeness Report contains five report tabs. You may need to use the left and right arrows next to the tabs themselves if you do not see all five listed.

### A - Cover Sheet

This is a standard cover sheet, which appears on all Toledo HMIS reports; reports put together by Bowman Systems will not have this cover sheet format.

In particular, please note the Prompt Values Used section. This will always tell you which time period and providers are included in the report you're looking at.

### B – Performance and Traffic

This section gives the overall totals for Completed Responses and Expected Responses, and then calculates the overall Percent Complete and compares it to the 95.0 percent completion target to determine a monthly Score.

The totals for Completed Responses and Expected Responses should add up to the total of all the individual completed and expected responses shown on the completion rates section (see “C – Completion Rates” below).

Additionally, this section shows enrollment counts for each program in the report, split up as Continuing, New, Leavers, and Stayers.

- Continuing: Entry date is before the report start date;
- New: Entry date is after the report start date;
- Leavers: Exit date is between the report start date and the report end date; and
- Stayers: Exit date is either after the report end date or the client has no exit date.

These enrollment counts are **not** unduplicated; a client with multiple overlapping enrollment records (e.g., two entries) will be counted once for each enrollment record.

## C – Completion Rates

This section lists the counts of Complete and Expected responses for required client characteristics, and calculates a % Complete for each. It also tallies the number of Don't Know/Refused responses and calculates a % Don't Know/Refused.

The section is split into four separate tables.

- **Identifiers** lists identifying items, including name, Social Security number, date of birth, gender, and all associated data quality questions. In order to conserve space, they are referred to by a three-character code. These are the same codes, and the same item order, that appear on the next detail report (see “D – Identifiers Detail” below). Data codes are provided as an appendix item at the end of this guide.
- **Flat Questions** lists all items that are not identifiers and are **not** held in sub-assessments; they are listed in order of appearance on the Universal Entry Exit and Confidential Dimensions assessments. In order to conserve space, they are referred to by a three-character code. These are the same codes, and the same item order, that appears on the next section (see “E – Flat Question Detail” below). Data codes are provided as an appendix item at the end of this guide.
- **Disabilities** lists the completion rates for Disability Status (DIS on “E – Flat Question Detail”), as well as non-substance abuse disability types. Each client whose Disability Status is listed as “Yes” is required to indicate each specific disability type.

For example, Chronic Health has a count of Type which tallies how many Chronic Health disability types have been declared for disabled clients. Similarly, Dis. Det. indicates how many disability determinations have been provided for Chronic Health disability records.

Mental Health type disabilities also require a response to Long Cont'd, referring to whether the mental health problem is expected to be of long-continued and indefinite duration, and substantially impairs the client's ability to live independently.

- **Substance Abuse** lists completion rates similar to the Disabilities table directly above it, except that it covers Alcohol Abuse and Drug Abuse. Each of these also requires a response for Long Cont'd similar to Mental Health in the Disabilities table above.

## D – Identifiers Detail

This section, which is divided up per provider (program), lists each client by HMIS ID and whether or not their identifiers have been completed. The columns are named by three-character codes identical to those described in “C – Completion Rates” above, and are in the same order.

Each question will show one of three evaluations.

- **“OK”**  
This question is required and appears to be answered.
- **“Inc”**  
This question is required and does not appear to be answered.
- **“--”**  
This question is not required.

For convenience, the dates of Entry and Exit (if applicable) are provided as well.

### **D – Flat Question Detail**

This section, which is divided up per provider (program), lists each client by HMIS ID and whether or not their specific, expected responses are present for each of the “flat” questions. The columns are named by three-character codes identical to those described in “C – Completion Rates” above, and are in the same order.

Each question will show either “OK,” “--” or “Inc.”

For convenience, the dates of Entry and Exit (if applicable) are provided as well.

### **E – Income Detail**

This section, which is divided up per provider (program), lists each client who has indicated “Yes” for income in the past thirty days. They are listed by HMIS ID along with whether there are both a 30 Day Income amount and Source, as well as whether a response for Currently Receiving Income Source and a Start date have been provided.

In the case of sub-assessment responses which indicate a Source of “Other,” this section also shows whether or not an Other source has been specified.

Each question will show either “OK,” “--” or “Inc.”

For convenience, the dates of Entry and Exit (if applicable) are provided as well.

### **F – NCB Detail**

This section, which is divided up per provider (program), lists each client who has indicated “Yes” for Non-Cash Benefits received in the past thirty days. They are listed by HMIS ID along with whether there are both a 30 Day Income amount and Source, as well as whether a response for Currently Receiving non-cash benefit and a Start date have been provided.

In the case of sub-assessment responses which indicate a Source of “Other,” this section also shows whether or not an Other source has been specified.

Each question will show either “OK,” “--” or “Inc.”

For convenience, the dates of Entry and Exit (if applicable) are provided as well.

### **G – Disability Detail**

This section, which is divided up per provider (program), lists each client who has indicated “Yes” for disability status. They are listed by HMIS ID along with whether each non-substance abuse disability Type has been explicitly listed and a Disability Determination supplied.

Each question will show either “OK,” “--” or “Inc.”

For convenience, the dates of Entry and Exit (if applicable) are provided as well.

### **H – Substance Abuse Detail**

This section, which is divided up per provider (program), lists each client who has indicated “Yes” for disability status. They are listed by HMIS ID along with whether each substance abuse disability Type has been explicitly listed and a Disability Determination supplied.

Each question will show either “OK,” “--” or “Inc.”

For convenience, the dates of Entry and Exit (if applicable) are provided as well.

## **How To Make Corrections**

Sections D through H (various Details) should be used to review what data is incomplete for each client and make corrections.

1. Enter Back-Date mode using the client's program entry date;
2. Bring up the client in ClientPoint, using the Client ID in the list;
3. Complete/verify the Universal Entry/Exit and Confidential Dimensions assessments, using the detail reports as a guide to what needs to be fixed for each client; and
4. For children, also complete the Additional Household Member assessment, which contains information on children's school enrollment.

## Appendix I. Data codes

Code	Explanation	Required For
<b>NMF</b>	First Name	All
<b>NML</b>	Last Name	All
<b>SSN</b>	Social Security Number	All
<b>SSQ</b>	Social Security Number Data Quality	All
<b>DOB</b>	Date of Birth	All
<b>BDQ</b>	Date of Birth Data Quality	All
<b>GEN</b>	Gender	All
<b>ETH</b>	Ethnicity	All
<b>RAC</b>	Primary Racial Identity	All
<b>PLS</b>	Prior Living Situation	All
<b>LOS</b>	Length of Stay (in prior living situation)	All
<b>ZIP</b>	ZIP Code	Adults
<b>ZDQ</b>	ZIP Code Data Quality	Adults
<b>HNG</b>	Housing Status	All
<b>CHM</b>	Chronically Homeless	Homeless Adults
<b>EXT</b>	Extent of Homelessness	Homeless Persons
<b>RSN</b>	Reason for Homelessness / Threat to Housing Status	All
<b>VET</b>	Veteran Status	Adults
<b>EDU</b>	Education Level	Adults
<b>VOC</b>	Vocational Training	Adults
<b>SCH</b>	School Enrollment	Adults
<b>EMP</b>	Employment	Adults
<b>HRS</b>	Hours Worked	Employed Adults
<b>TYP</b>	Type of Work	Employed Adults
<b>ADD</b>	Looking for Additional Hours / Additional Work	Employed Adults
<b>LFW</b>	Looking for Work	Unemployed Adults
<b>INC</b>	Income Received in Past 30 Days	All
<b>NCB</b>	Non-Cash Benefits Received in Past 30 Days	All
<b>PRG</b>	Pregnancy Status	Women Aged 12-60
<b>DUE</b>	Due Date	Pregnant Women Aged 12-60
<b>DV</b>	Domestic Violence Survivor	All
<b>DVW</b>	DV: When Last Experienced	DV Survivors