Guide to Monthly Data Completeness Reports

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.

Explanation of Report Sections

The provided Monthly Data Completeness Report contains multiple report tabs. You may need to use the left and right arrows next to the tabs themselves if you do not see all 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 what 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 seven (7) separate tables.

- **Identifiers** lists identifying items, including name, Social Security number, veteran status, 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. 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.

- **Income** lists the completion rates for the question *Income from Any Source?,* (INC on "E – Flat Question Detail"), along with each of the fifteen (15) income types on "F – Income Detail". Each client must have an answer for each of these types. *Note: While children's income is entered on the Head of Household's Income Sub-Assessment, the child's sub-assessment must contain "No" records for each of the income types.

- **Non-Cash Benefits** lists the completion rates for the question *Non-Cash Benefits from Any Source?* (NCB on "E – Flat Question Detail"), along with the eight (8) non-cash benefit types on "G – NCB Detail". *Note: While children's non-cash benefits are entered on the Head of Household's Non-Cash Benefit Sub-Assessment, the child's record must contain "No" records for each of the non-cash benefit types.

- **Health Insurance** lists the completion rates for the question *Covered by Health Insurance?* (HEA on "E – Flat Question Detail"), along with the eight (8) health insurance sources. This assessment should be answered accurately for each client.

- **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" (bold)**
  This question is required and appears to be answered.
- **"Inc" (red background/white bold font)**
  This question is required and does not appear to be answered.
- **"--" (grey bold)**
  This question is not required.
- **"Answer" (light gray background/bold)**
  This question was not required when the entry was created.

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

E – 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", "--", "Inc" or "**Answer**".

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

F – Income Detail

This section shows the Client (HMIS) Id, Entry and Exit Date, and lists each of the fifteen (15) types of income for each client on the report.

Each question will show either "OK", "--", "Inc" or "**Answer**".

Incomplete income types should be fixed within the HUD Verification Link within the Entry Assessment.

G – NCB Detail

This section shows the Client (HMIS) Id, Entry and Exit Date, and lists each of the eight (8) types of non-cash benefits for each client on the report.

Each question will show either "OK", "--", "Inc" or "**Answer**".

Incomplete non-cash benefit types should be fixed within the HUD Verification Link within the Entry Assessment.

H – Health Insurance Detail

This section shows the Client (HMIS) Id, Entry and Exit Date, and lists each of the eight (8) types of health insurance sources for each client on the report.

Each question will show either "OK", "--", "Inc" or "**Answer**".

Incomplete health insurance sources should be fixed within the HUD Verification Link within the Entry Assessment.

I – Disability Detail

This section, which is divided up per provider (program), lists each client and their answer to the question ***Does the client have a disabling condition?*** They are listed by *HMIS ID* along with whether each non-substance abuse disability *Type* has been explicitly listed and a *Disability Determination* supplied. If the answers are highlighted with a blue background, e.g., "**Answer**", the answers are in contraction to the main answer.

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

J – Substance Abuse Detail

This section, which is divided up per provider (program), lists each client and their answer to the question ***Does the client have a disabling condition?*** They are listed by HMIS ID along with whether each substance abuse disability Type has been explicitly listed and a Disability Determination supplied. If the answers are highlighted with a blue background, e.g., "**Answer**", the answers are in contraction to the main answer.

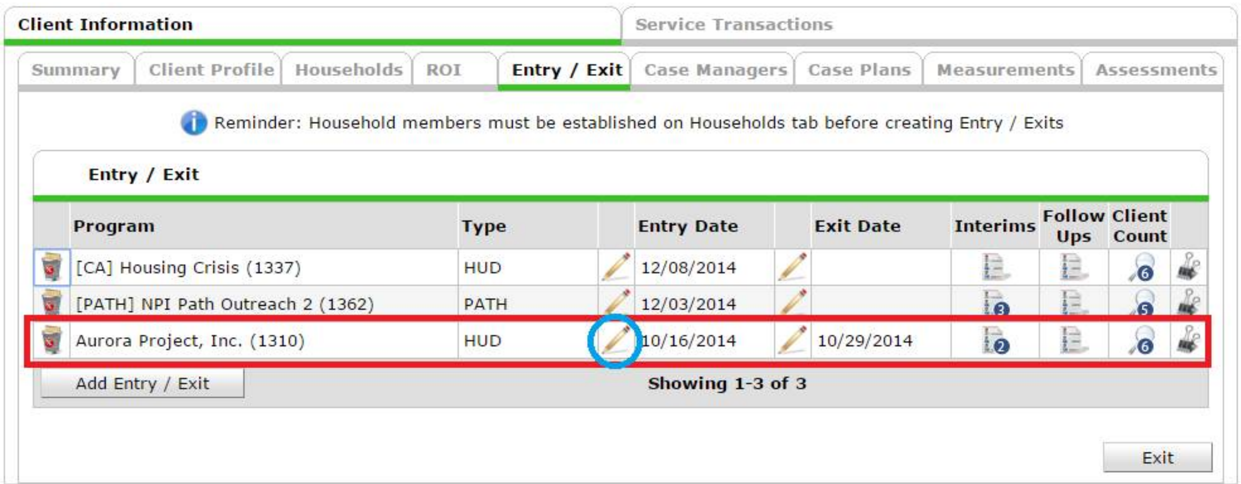
For convenience, the dates of Entry and Exit (if applicable) are provided as well.

How To Make Corrections

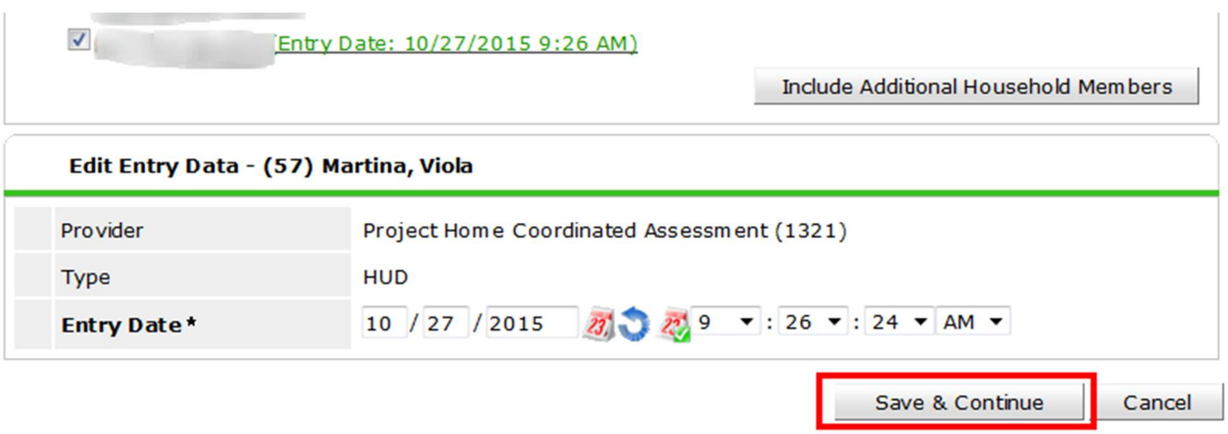
Sections D through I (various Details) should be used to review what data is incomplete for each client and make corrections.

1. For each missing data point, determine if the question was missed at entry, missed at exit, or if the information changed during the duration of program stay.

2. For data points missing at entry, find your entry (red square), client on the Entry Pencil (blue circle).



3. Click Save and Continue in the bottom right of the window.
4.



5. Find and correct the data in the Entry Assessment window, and then click "Save and Exit".
6. It will take a day for your corrections to roll over into the reporting database.

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Appendix I. Data codes

Code	Explanation	Required For	Location
NMF	First Name	All	Client Profile Tab
NML	Last Name	All	Client Profile Tab
NMQ	Name Data Quality	All	Client Profile Tab
SSN	Social Security Number	All	Client Profile Tab
SSQ	Social Security Number Data Quality	All	Client Profile Tab
VET	Veteran Status	Adults	Client Profile Tab
DOB	Date of Birth	All	Client Profile Tab & All Entry Assessments
BDQ	Date of Birth Data Quality	All	Client Profile Tab & All Entry Assessments
GEN	Gender	All	Client Profile Tab & All Entry Assessments
ETH	Ethnicity	All	Client Profile Tab & All Entry Assessments
RAC	Primary Racial Identity	All	Client Profile Tab & All Entry Assessments
RHH	Relationship to Head of Household	All	All Entry Assessments
PLS	Prior Living Situation	All	All Entry Assessments
LOS	Length of Stay (in prior living situation)	All	All Entry Assessments
ZIP	Zip Code of Last Permanent Address	All	All Entry Assessments
ZDQ	Zip Code Data Quality	All	All Entry Assessments
REA	Reason for Homelessness / Threat to Housing Status	All	All Entry Assessments
LOTE	Client entering from the streets, shelter or safe haven	Adults	All Entry Assessments
LOTD	(if yes) Approximate Date Started	Adults (if LOTT = Yes)	All Entry Assessments
LOTT	Regardless of where they stayed last night -- Number of times the client has been homeless on the streets, in ES, or SH in the past three years including today.	Adults	All Entry Assessments
LOTM	Total number of months homeless on the street, in ES, or SH in the past three years.	Adults	All Entry Assessments
EDU	Education Level	Adults	Adult Assessment
VOC	Vocational Training	Adults	Adult Assessment
SCH	School Enrollment	Adults	Adult Assessment
EMP	Employment	Adults	Adult Assessment
HRS	Hours Worked	Employed Adults	Adult Assessment
TYP	Type of Work	Employed Adults	Adult Assessment
ADD	Looking for Additional Hours / Additional Work	Employed Adults	Adult Assessment
LFW	Looking for Work	Unemployed Adults	Adult Assessment
INC	Income Received in Past 30 Days	All	All Entry Assessments
NCB	Non-Cash Benefits Received in Past 30 Days	All	All Entry Assessments
PRG	Pregnancy Status	Women Aged 12-60	All Entry Assessments
DUE	Due Date	Pregnant Women Aged 12-60	All Entry Assessments
DV	Domestic Violence Survivor	All	All Entry Assessments
DVW	DV: When Last Experienced	DV Survivors	All Entry Assessments
DVF	DV: Currently Fleeing	DV Survivors	All Entry Assessments
DIS	Does the Client Have a Disabiling Condition?	All	All Entry Assessments