Cambridge HMIS Working Group

March 19, 2024

Agenda

Welcome!
(Please introduce yourself in the chat!)

- Announcements, report updates, CCAN review

- Data Quality – Overview, baseline data, review of draft, closer look at changes, feedback

- System Data – Inflow & Outflow, recent SPMs, recent LSA (Stella)

- Data Reminders

Announcements

- CoC Board met on 3/11 and voted to adopt the recent draft of the CoC Governance Charter

- The Coordinated Entry Working Group is meeting regularly and met on 2/27

- Other announcements from group

HUD Reporting

Recently submitted for FY23

- Longitudinal Systems Analysis Report (LSA) submitted on 1/24/24
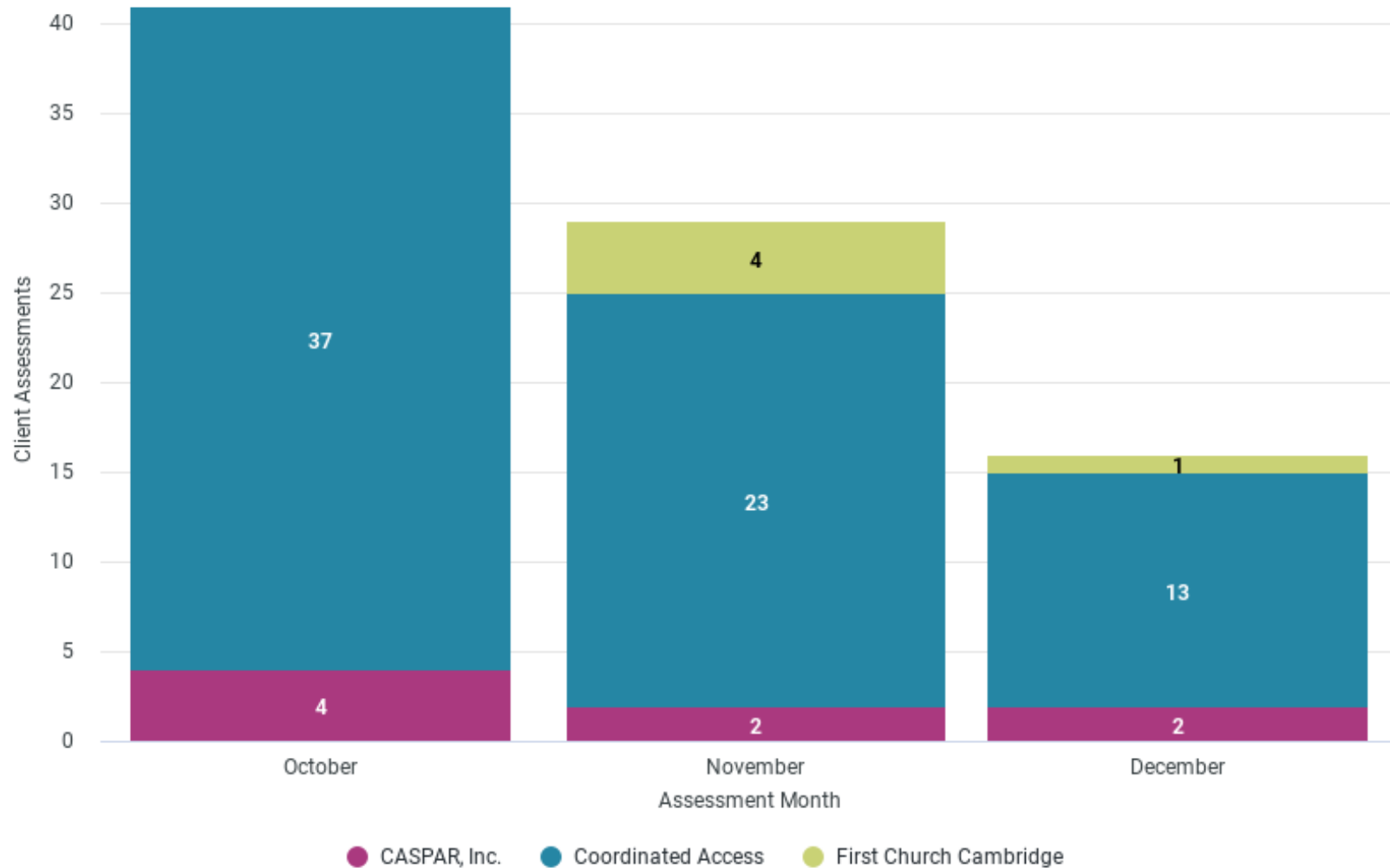- System Performance Measures (SPM) submitted 2/14/24

Upcoming: PIT and HIC Reports

- Point in Time was Jan. 24th
- Deadline to review and update data was 2/23 – thank you
- HIC and PIT data entry portal available on HUD website as of yesterday
- Due to HUD on April 30th

CCAN Quarterly Progress Report - Last Quarter

| Month	Clients Assessed	Clients Referred to Program	Clients Accepted in Program	Avg Days Pending Before Accepted	Clients Moved-In	Clients Denied	Avg Days Pending Before Denial
Oct 2023	41	11	6	73	3	9	37
Nov 2023	29	9	3	70	4	7	70
Dec 2023	16	7	4	62	7	7	72
TOTALS	86	26	13	69	14	23	58

Data Quality Improvement Plan

Proposed Changes

Next Steps

Feedback

Roles and Responsibilities for Data Quality Improvement

- Data Quality depends different groups!
- Current draft has new section on Roles and Responsibilities
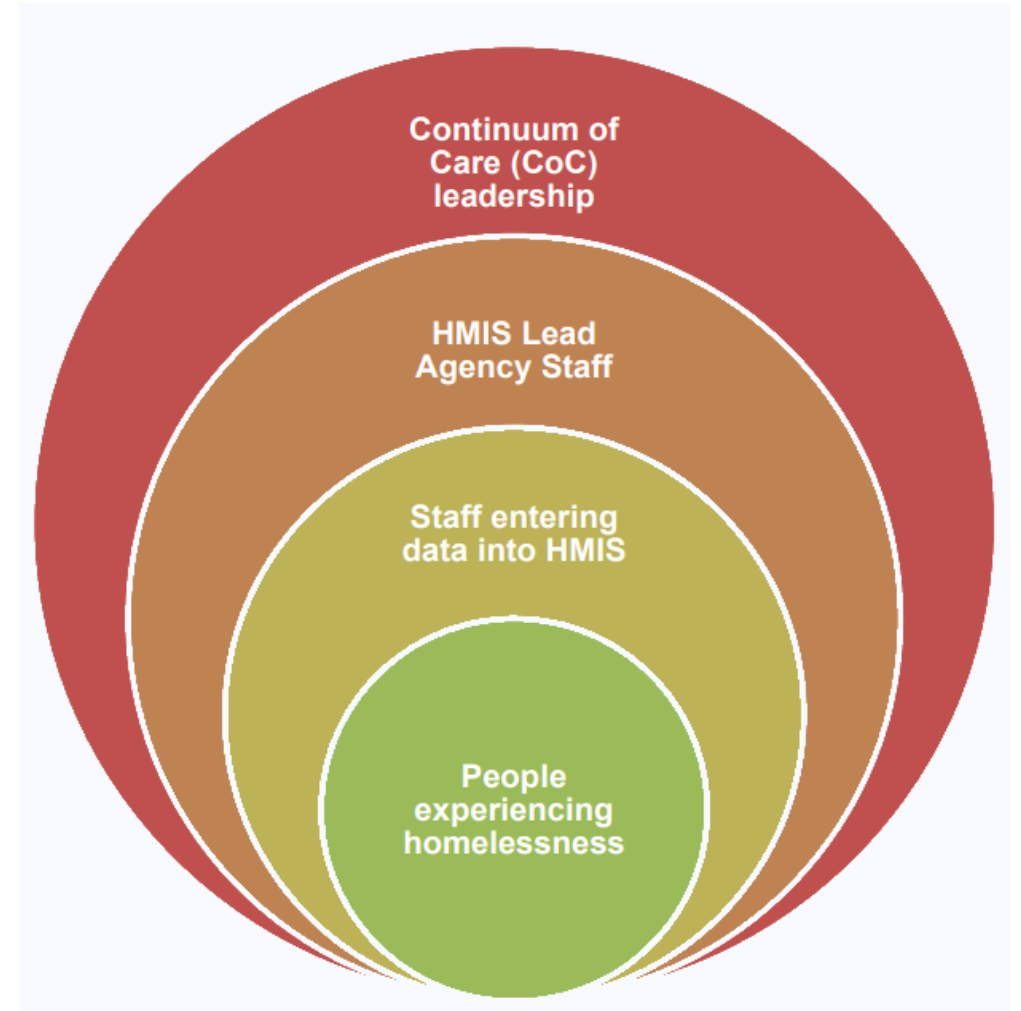
Graphic HUD sponsored training session on data quality, 10/13/2021

Brief History of CHMIS Data Quality

DQ Improvement launched in fall of 2017

- Over 6 years ago
- 25 quarters
- 78 months
- 1,192 Google form submissions (errors above threshold) to date

DQ Google Doc Submissions

in order of rate of submissions

| Data Element	# of Submissions	Average Error Rate
SSN (3.2)	156	34.17%
Income and Sources (4.2) at Entry	142	34.20%
Date of Birth (3.3)	128	28.97%
Name (3.1)	106	46.05%
Chronic Homeless (3.917)	97	28.98%
Race (3.4)	86	17.51%
Income and Sources (4.2) at Annual Assessment	79	32.56%
Ethnicity	61	19.33%
Disabling Condition (3.8)	58	27.48%
Income and Sources (4.2) at Exit	53	45.00%
Destination (3.12)	46	54.63%
Veteran Status (3.7)	28	20.97%
Q7. Inactive Records (Street Outreach and NBN Shelter only)	10	47.68%
Relationship to HoH (3.15)	7	6.10%
Gender (3.6)	6	14.67%
Non-Cash benefits at annual assessment	1	16.67%

What is our baseline?

In order to make the best decisions on newer benchmarks, we need to look at how we have been performing on data quality.

- Timeliness now vs. what we want to aim for going forward
- Social Security Number data collection
- Prior Living Situation and Approx Date Homelessness Started
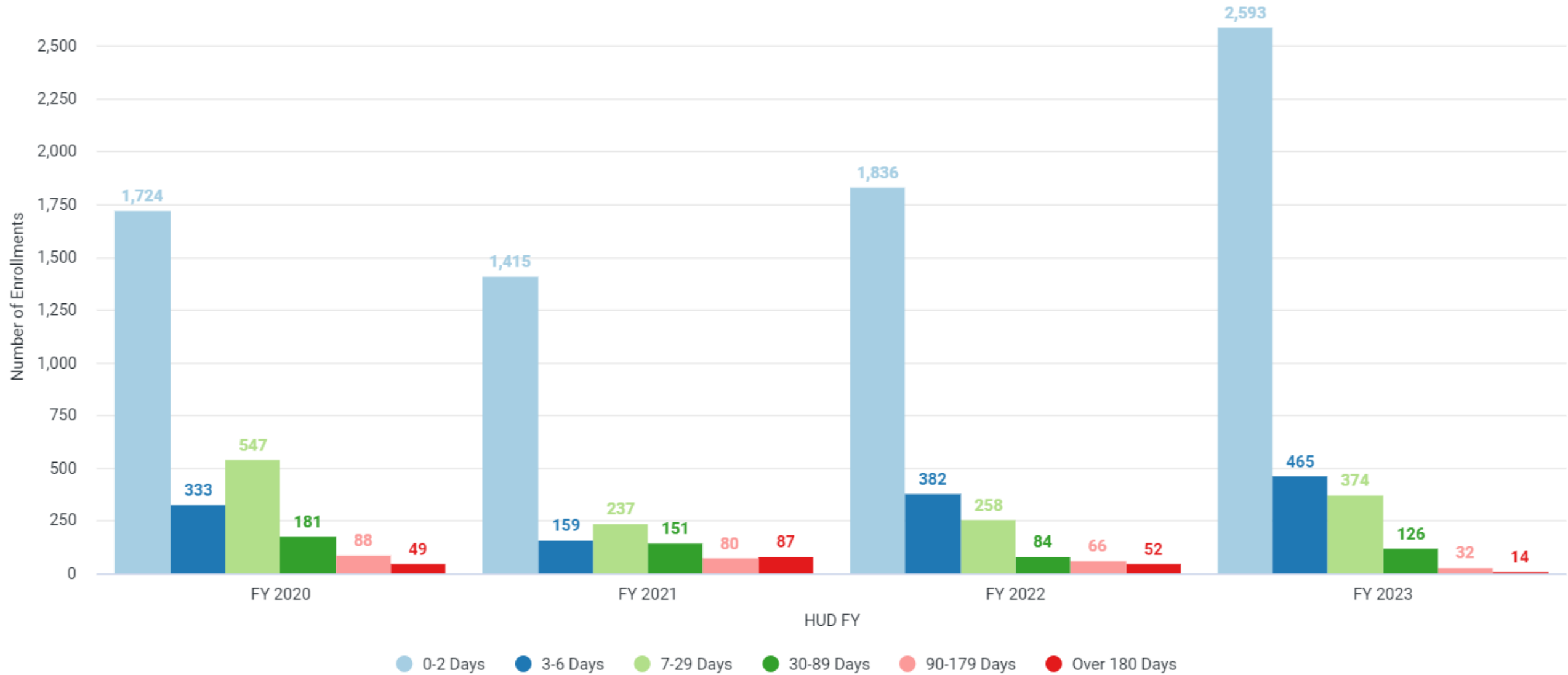- Destination Error Rate

Enrollment Timeliness

Average and Median Timeliness (Days Enrollment Backdated) Across HUD Fiscal Years
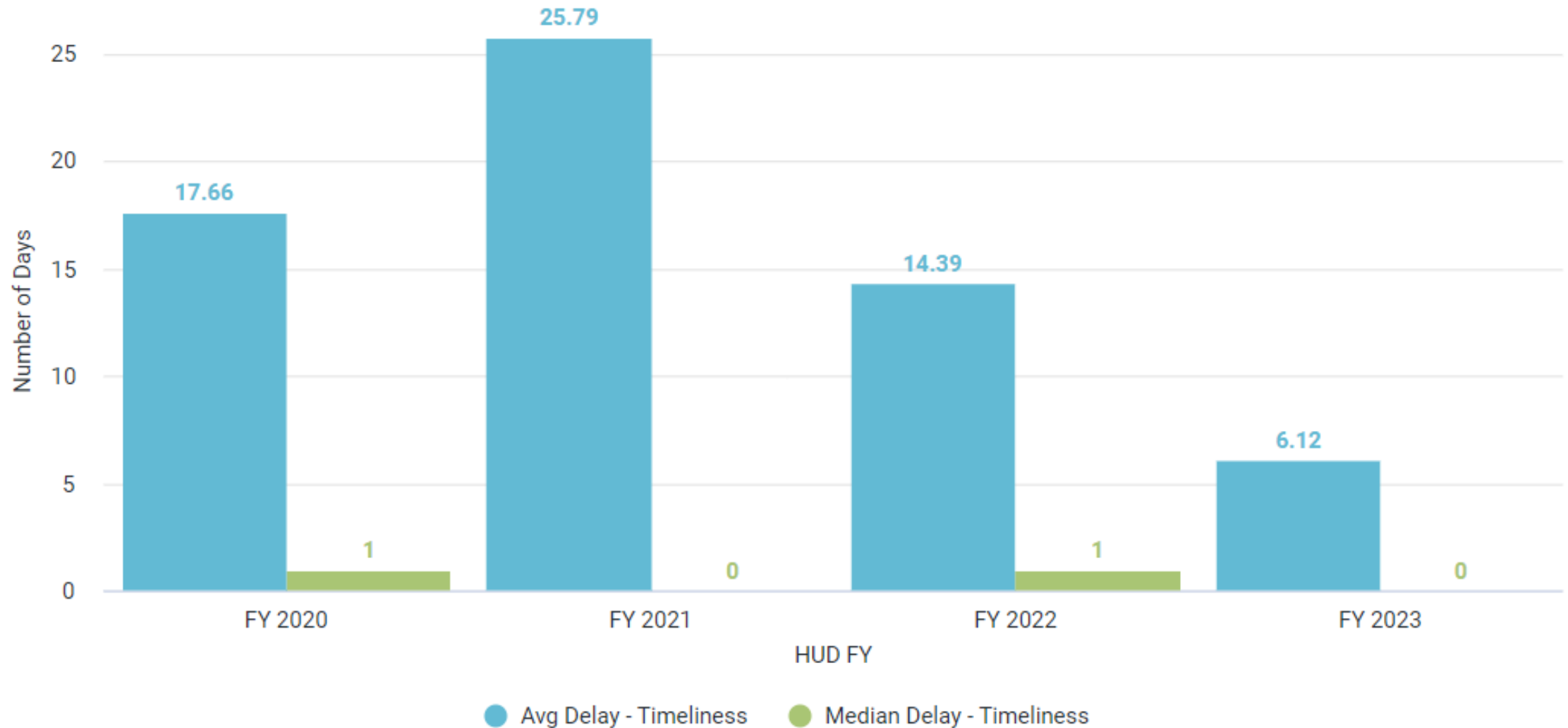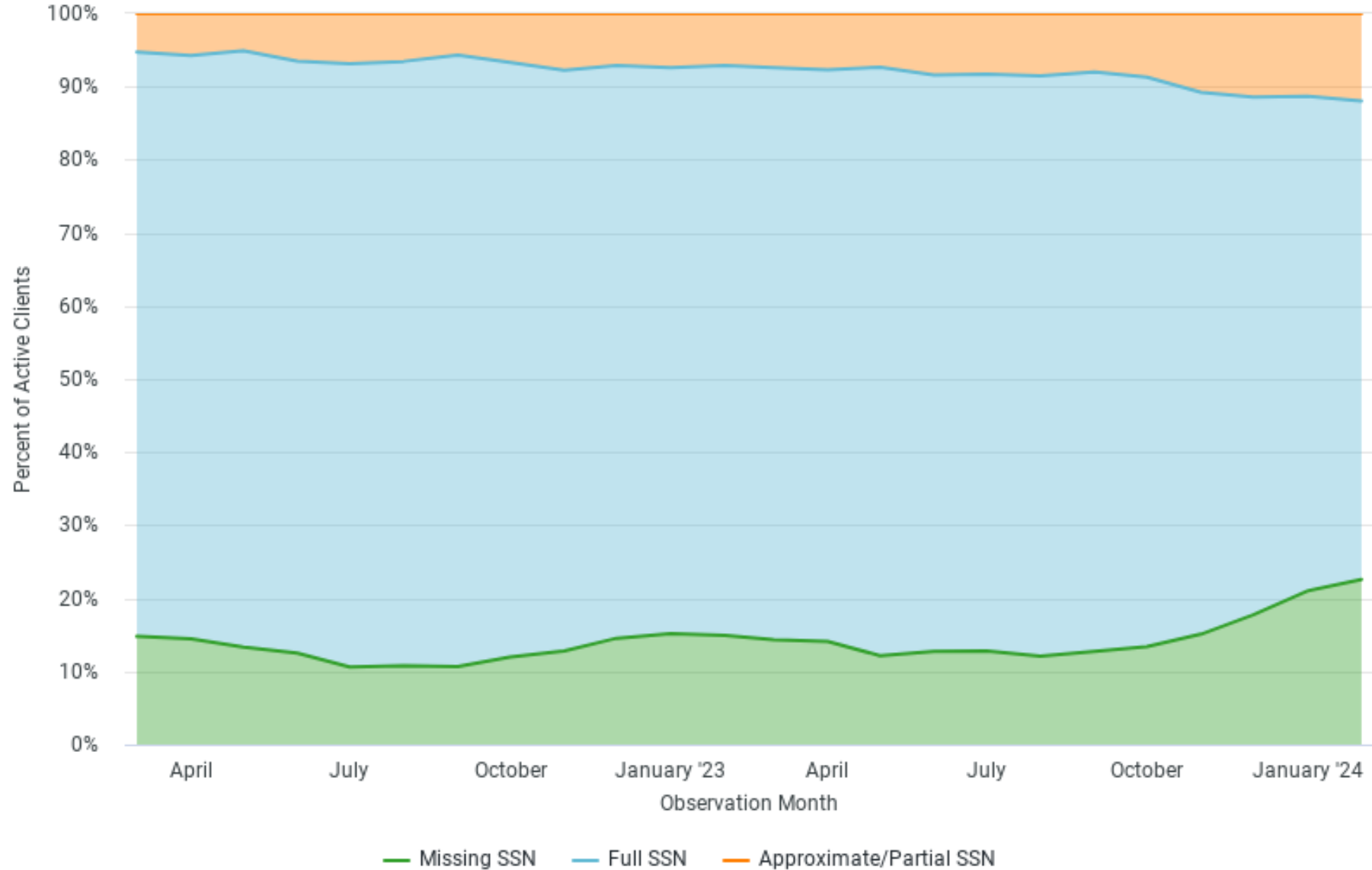
Timeliness Distribution

To demonstrate outliers

Social Security Number: From the FY 23 LSA

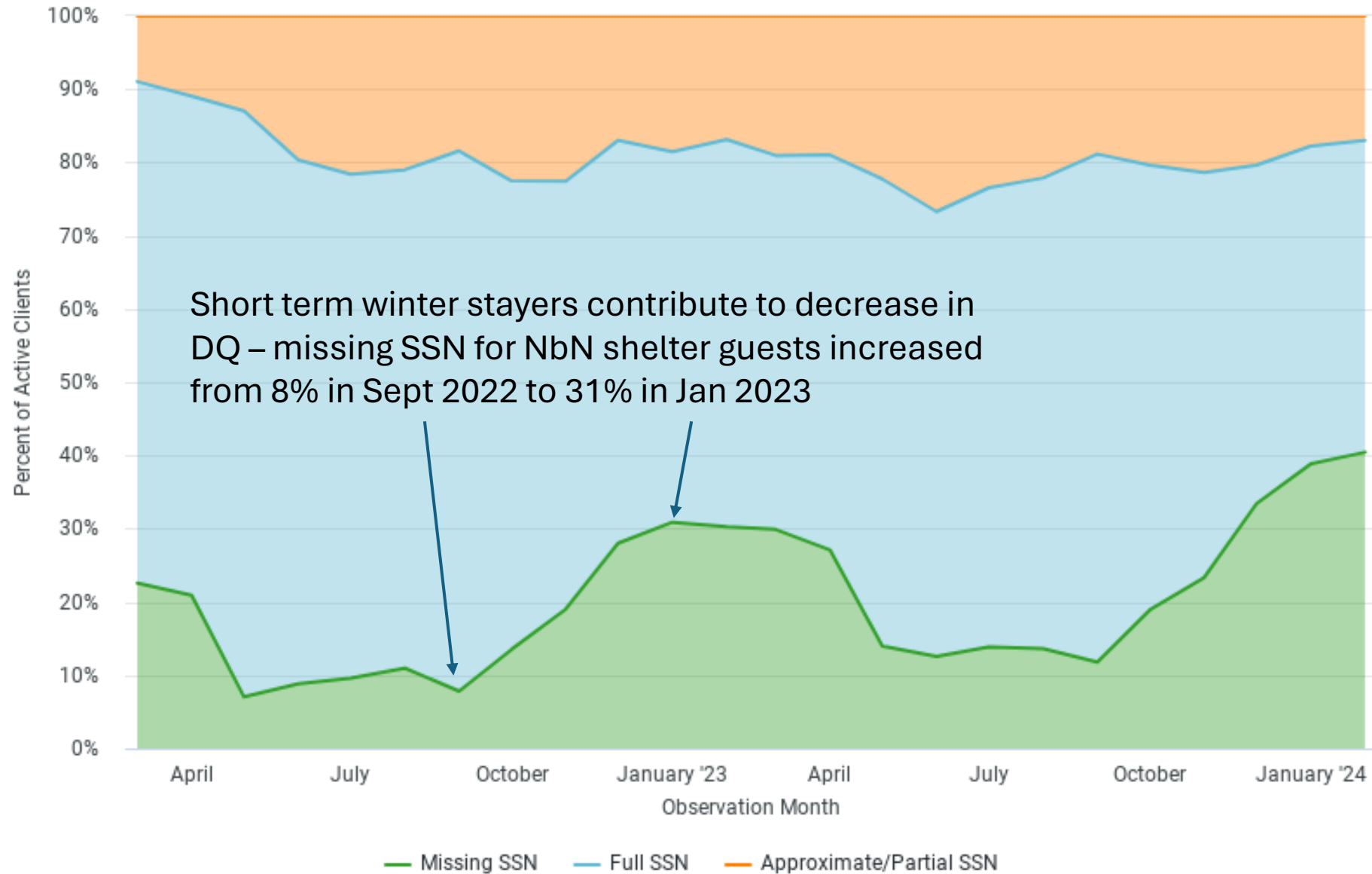SSN issues get flagged if there are percent values over 15%

They consider this one of the main factors in whether our CoCs data can be used for the Annual Homeless Assessment Report (AHAR).

	MA-509		Warning
ID	1307-1	Type	Warning
Data Source	LSAReport	Level	CoC

Category
Data Completeness and Overall Quality

Description
You have a high percentage of clients with unknown, invalid, or duplicate Social Security Numbers (among all clients served during the report period). This makes de-duplicating clients difficult and may cause your total client counts to be larger than they really are. Please (a) check whether this high percentage is correct, (b) let us know if this number can be improved, and (c) give us your assessment of the quality of de-duplication in your HMIS.

Variables

#	Description	Value
#1	Percent of people with unknown, invalid, or duplicate SSNs, out of all people served	35.68%
#2	ssnnotprovided	344
#3	ssnmissingorinvalid	306
#4	clientssnnotunique	0
#5	unduplicatedclient	1822

SSN Data Quality Over Time

Chart showing Percent of Active Clients (y-axis, 0% to 100%) by Observation Month (x-axis, April through January '24). Legend: Missing SSN (green), Full SSN (blue), Approximate/Partial SSN (orange).

NbN Shelter SSN DQ Only

Short term winter stayers contribute to decrease in DQ – missing SSN for NbN shelter guests increased from 8% in Sept 2022 to 31% in Jan 2023

Prior Living Situation
(where are people coming from?)

A review of DQ for our full system for Federal FY 2023 in December showed:

- 1,124 warnings out of 2,288 were related to issues with Length of Time Homeless (3.917) data quality:

Issue	Number of Records
Doesn't Know/Prefers Not to Answer Length of Stay	149
Doesn't Know/Prefers Not to Answer Living Situation	182
Doesn't Know/Prefers Not to Answer Months or Times Homeless	177
Doesn't Know/Prefers Not to Answer Residence Prior	102
Homelessness Start Date conflicts with Living Situation data	308
Homelessness Start Date Later Than Entry	14
Invalid Homelessness Start Date/Number of Months Homeless	192
Grand Total	**1124**

Destination Error Rate - ES

	FY18	FY19	FY20	FY21	FY22	FY23
	67.30%	59.50%	65%	34%	33%	22%
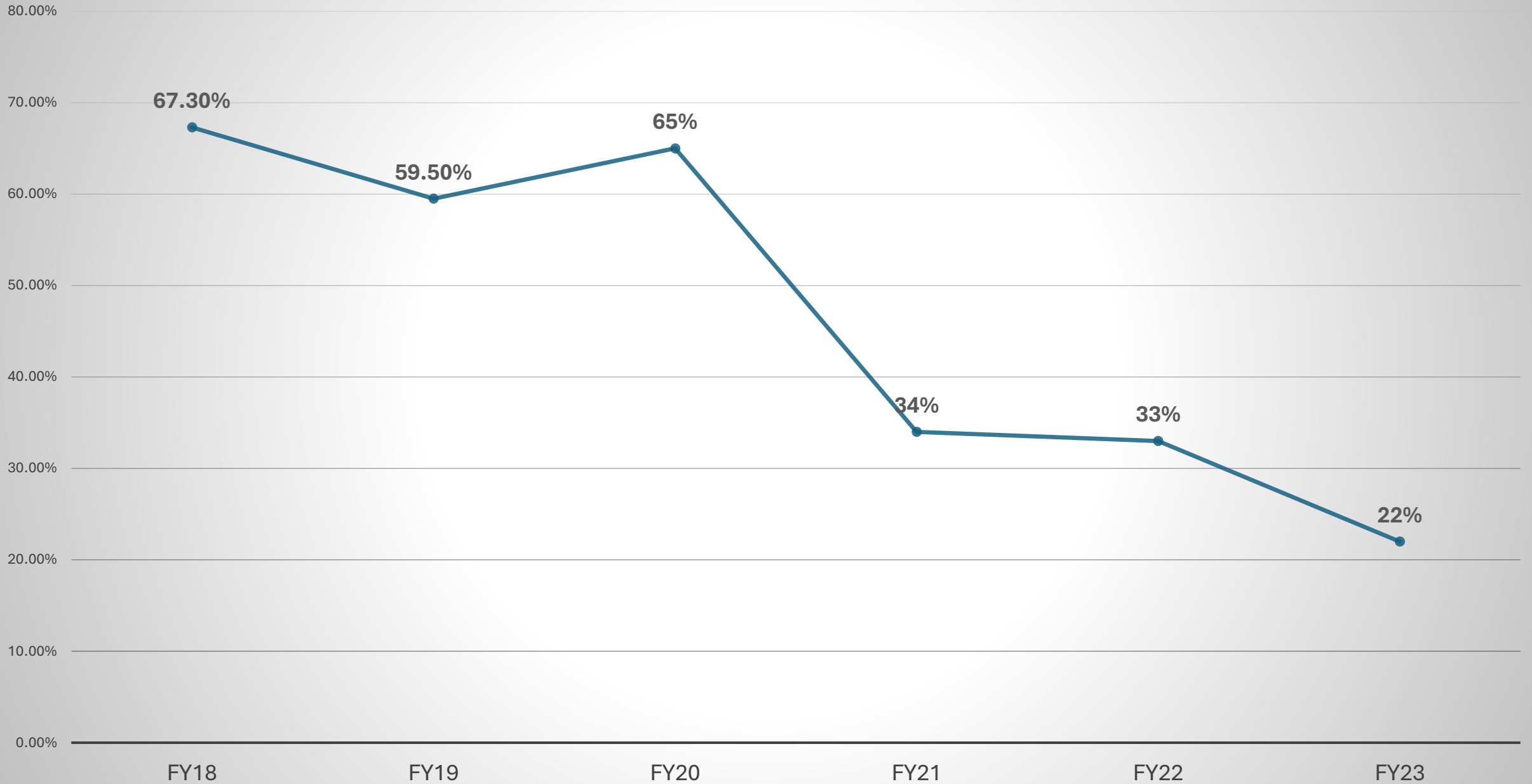
Review of Draft

CHMIS Continuous Data Quality Improvement Plan - 2024

Continuous Data Quality Improvement

Setting clearer expectations:

- Current approach has been to simply stay below the threshold, not endeavor to update if below

- Including expectation that data quality includes returning to records when you have info that was previously missing or know that you have information to correct.

What is included

- Why data quality matters
- Roles and Responsibilities
- Benchmarks for each data element
- New standards for timeliness
- New utilization review
- Incentives and Enforcements
- Additional help documentation (in Appendixes)

What is *not* included

The plan is not inclusive of all that is expected for data quality. It is limited mostly to HMIS Universal Data Elements (UDEs).

Not included but still expected:

- ARPA Funded projects requirements
- Client contact info and location (address)
- CCAN Referral transactions and events
- Accuracy for local benefits
- Other data for local reporting

Changes to the document - Additions

- Rewrote introduction to acknowledge new guidance since 2017

- Descriptions and definitions of DQ components

- Roles and Responsibilities section

- Specifics for timeliness -- at entry, exit, etc.

- Utilization review with benchmarks

Proposed Process Changes

- All project types run quarterly

- Changing type of report – from HUD HMIS Data Quality report to APR or CAPER

- Removing OUTS 102 report – Outcome Measures as a requirement

- Email LV *and* Grant Manager

Closer look at changes

Quarterly HUD report

Timeliness tracking

Utilization Review

Reviewing a HUD Report - Quarterly

The intention of moving from the HMIS DQ report to the APR or CAPER is to provide more information about your projects' performance and more awareness of where there may be data quality issues.

Example:

- In addition to seeing info about the # of leavers (Q5) and whether you had destination issues with those leavers' records (Q6c), you can also review the length of time they were in your program (Q22) and what destinations they exited to (Q23)

Timeliness Tracking

We are aiming for all data entry related to entry and exits to be completed no later than 2 days from when they occurred.*

*This does not apply to exit situations in Street Outreach and Night by Night Shelters where clients may come and go during a period of 2 or 3 months.

Q6. Timeliness

Program Applicability: All Projects

Time for Record Entry	Number of Project Start Records	Number of Project Exit Records
< 0 days	0	0
0 days	6	7
1-3 days	0	0
4-6 days	0	2
7-10 days	1	0
11+ days	9	9

Utilization Review

To ensure that our Coordinated Entry system is functioning at its highest level, we need to have accurate information on the number of units or openings in a project at any given time.

For CoC funded PSH projects, this is either the number of vacant units or available vouchers.

Housing Census

Veteran Status: All
Report generate for: persons
Date Range: 10/01/2023 thru 12/24/2023

Honey I'm Home	Max Occupancy: 10

Date	# Clients
10/01/2023	8
10/02/2023	8
10/03/2023	8
10/04/2023	8
10/05/2023	8
10/06/2023	8
10/07/2023	8
10/08/2023	8
10/09/2023	8
10/10/2023	8
10/11/2023	8
10/12/2023	8
10/13/2023	8

Feedback & Next Steps

Questions, comments, etc.

Please share web version with users

We will provide email update in one month

System Data

Inflow and Outflow

Inflow & Outflow

One of the main indicators of how our system is functioning comes from monitoring in and outflow.

What is the need in our community?

How does that change over time?

When people leave, do we know where they are going?

When people return, do we know why?

▼Inflow

The number of individuals entering homelessness and shelter services at any given time. This group includes those who are new to homelessness, and individuals with prior experience of homelessness into the system, including those who may be returning to the response system after a period of disengagement

▼Outflow

The number of individuals exiting homelessness and shelter services into housing at any given time. This definition also includes people who have entered safe and stable permanent housing, those who have lost contact with the system, and people who no longer meet the eligibility criteria of the sub-population.
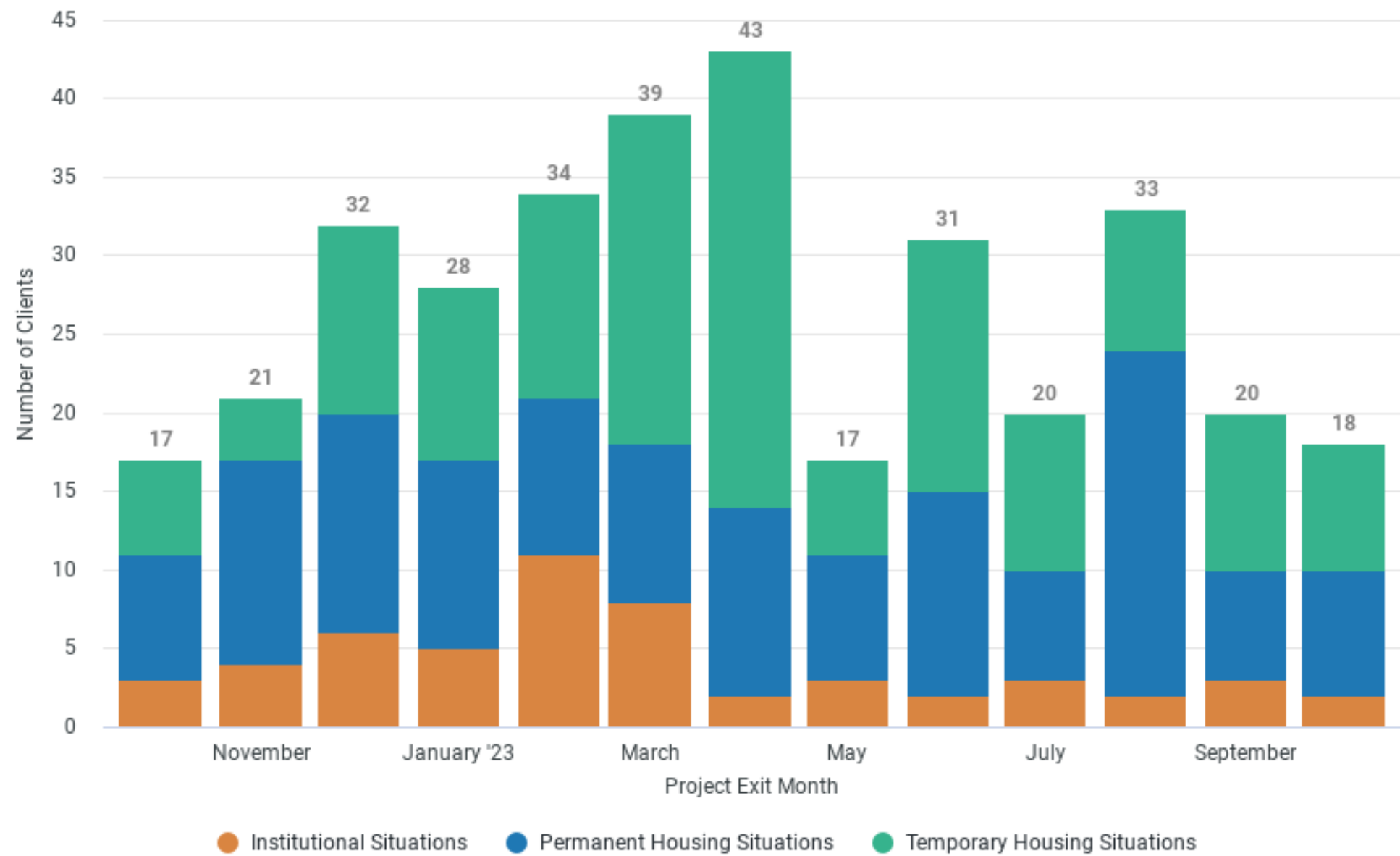
https://community.solutions/
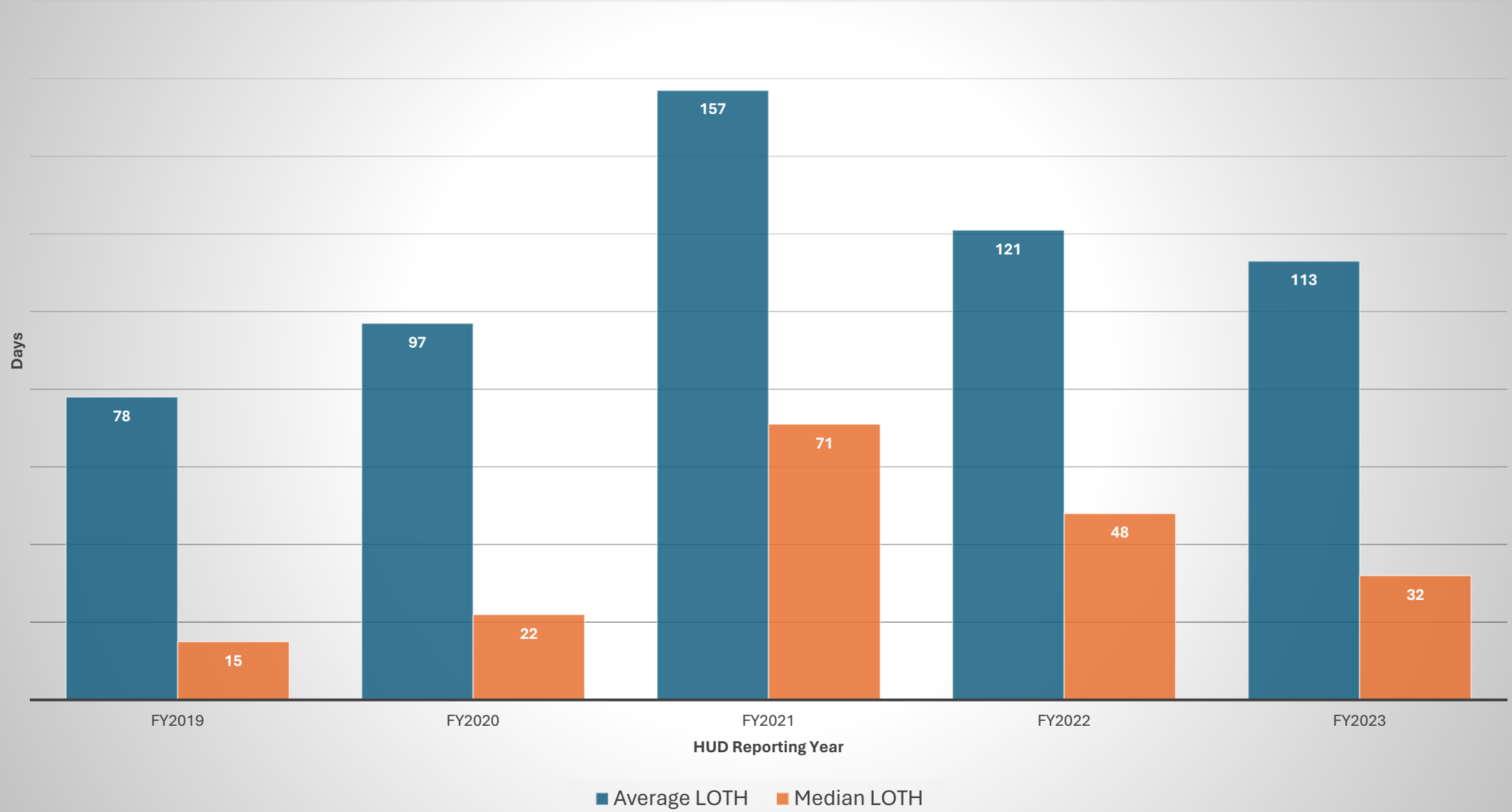
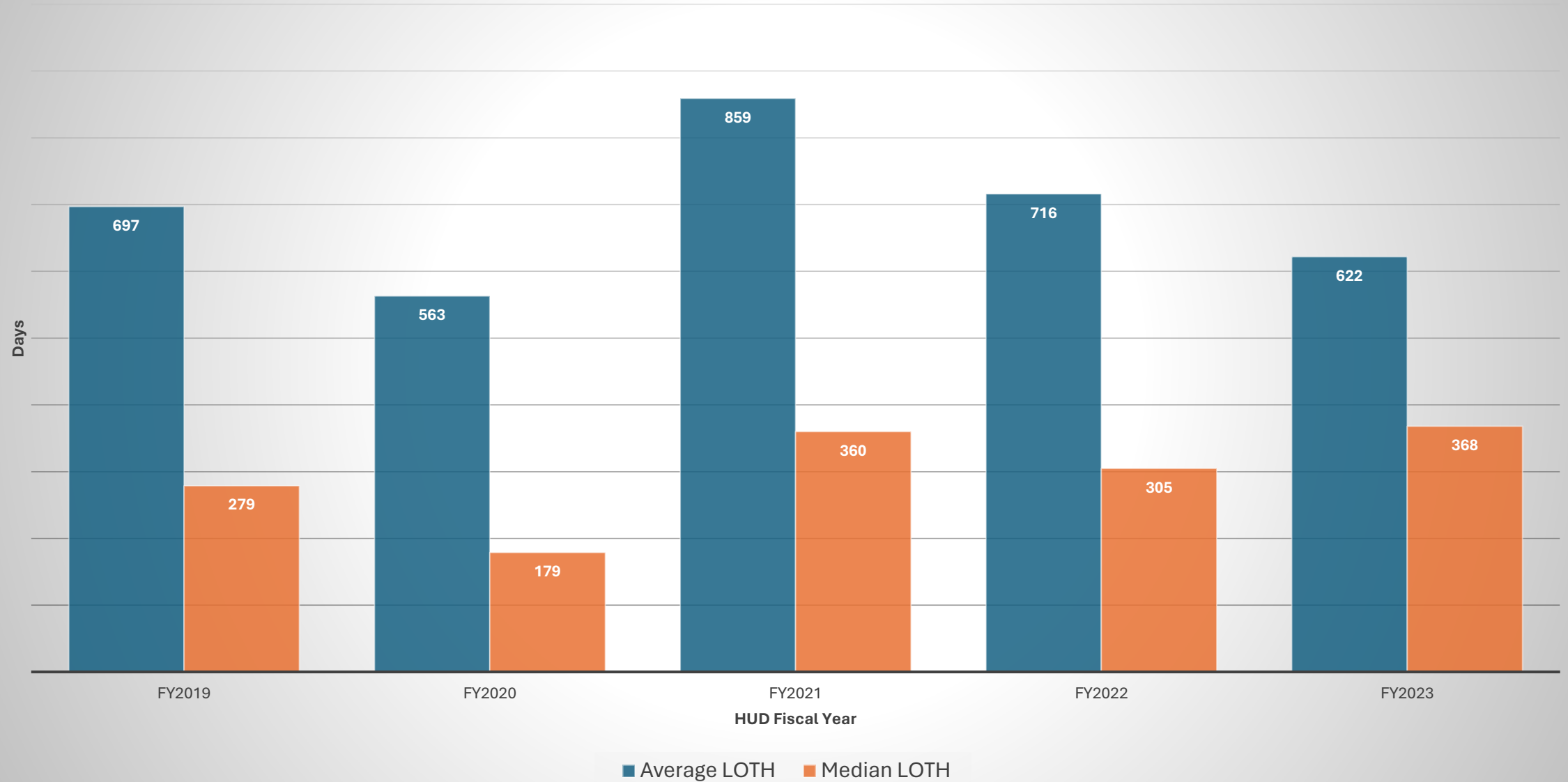# Shelter and Outreach Inflow – Oct 2023 – Dec 2024
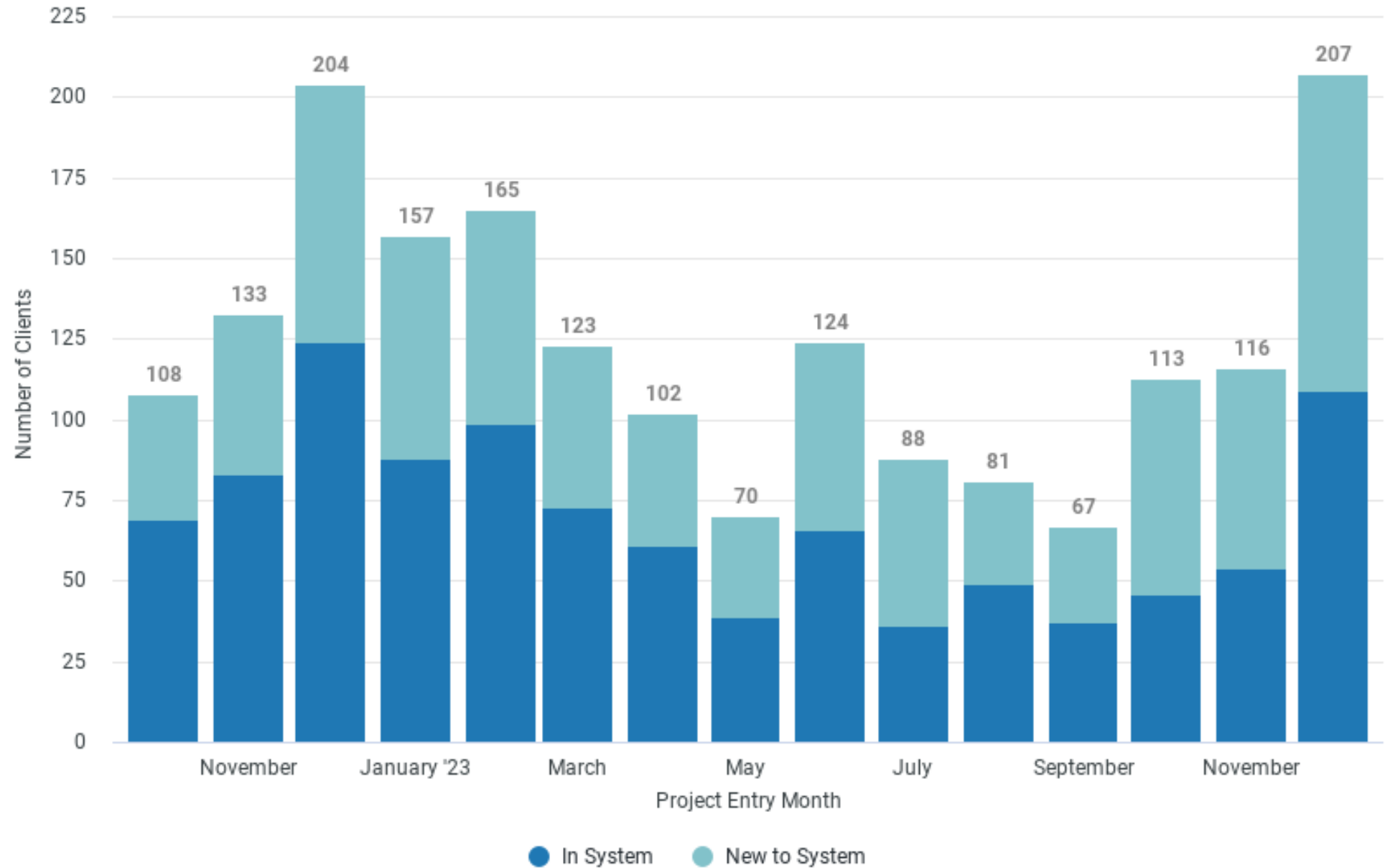
Shelter and Outreach Outflow – Oct 2023 - Oct 2024

System Performance Measures

Report submitted to HUD on March 14th

Measure 1a1: Length of Time Homeless in ES

HUD Reporting Year	Average LOTH	Median LOTH
FY2019	78	15
FY2020	97	22
FY2021	157	71
FY2022	121	48
FY2023	113	32

Measure 1b1: LoTH in ES and PH Prior to Move-In, Including 3.917

Number of Persons Who Became Homeless for the First Time (in Past 2 Years)

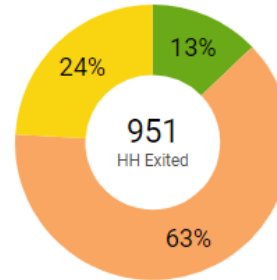| FY2019	FY2020	FY2021	FY2022	FY2023
978	720	428	716	897
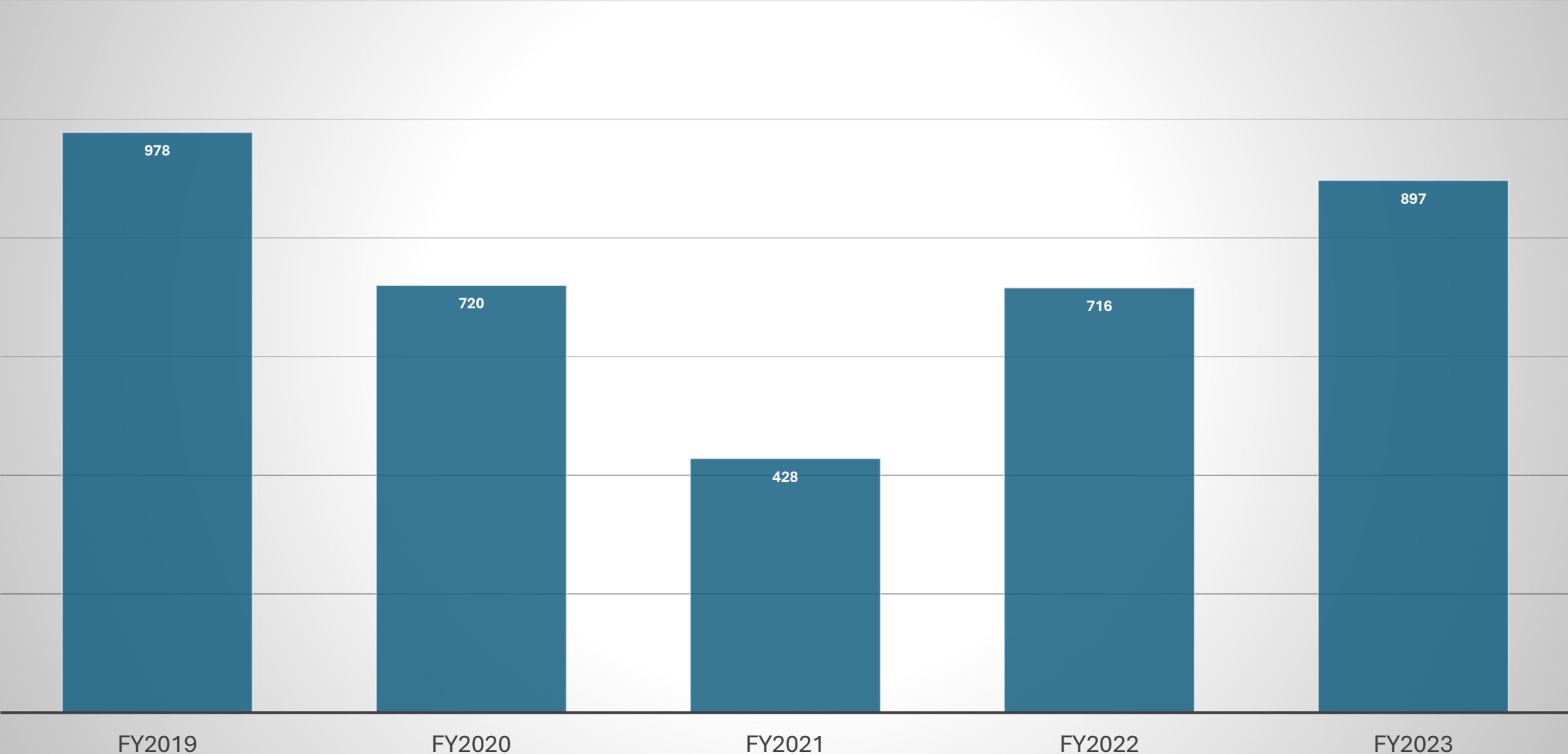
Some LSA data on exits

Stella data ending 9/30/23 - exits

Exits Trend – prior two years

Exits to Permanent Destinations Trend

Number of households that exited from the homeless system and percent that exited to permanent destinations within each of the past three years.
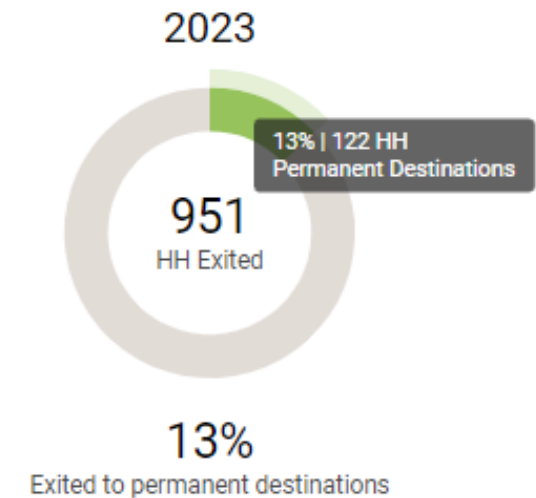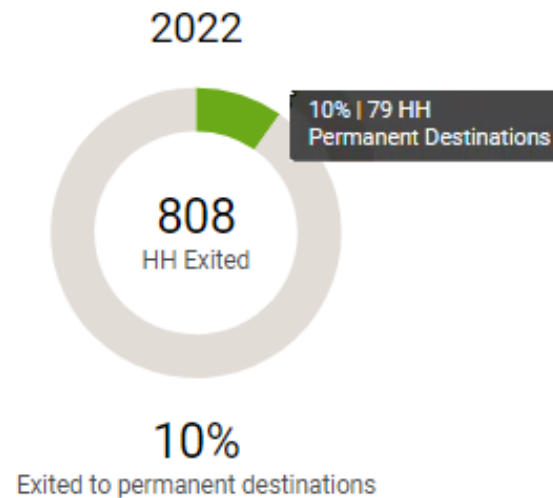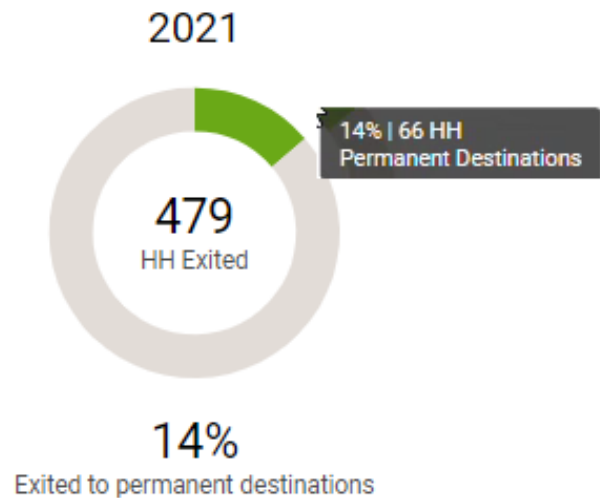
2021

14% | 66 HH
Permanent Destinations

479
HH Exited

14%
Exited to permanent destinations

2022

10% | 79 HH
Permanent Destinations

808
HH Exited

10%
Exited to permanent destinations

2023

13% | 122 HH
Permanent Destinations

951
HH Exited

13%
Exited to permanent destinations

Data Reminders

- Family/friends temporary vs permanent destination

- Using Client Location tab

Staying with family/friends: temporary vs permanent tenure

- If there is some limit on how long a client can stay with friend/family, it's a temporary destination, otherwise it's permanent.
  - Example of temporary tenure: "my friend has an extra room in his apartment until someone moves in on the first of next month so I'm staying with him until then."
  - Example of permanent tenure: a client's sister says they can stay with her as long as they need, so long as they stay sober.
- From the data standards manual: *There is no specific timeframe used to differentiate between 'permanent' or 'temporary'. Rather, the determination should be made based on whether the situation reflects family reunification or whether the family member or friend has placed any limitation that indicates the stay is intended to be temporary (e.g., a specific time limit).*
- If a client moves in with a friend and is paying rent/on lease, that is permanent.
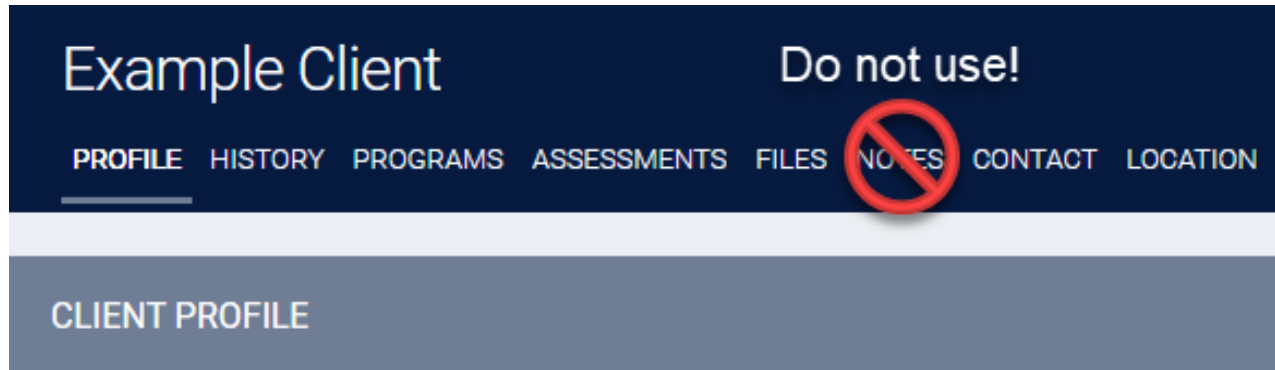
Using Client Location tab for housed clients

- Clients being served in a Permanent Housing or Rapid Rehousing project should have their address recorded in the Location tab found on the client profile

Reminder: record case notes under program enrollment

• Some agencies have access to the global notes tab on the client's profile—this should never be used as all case notes are recorded under the client's enrollment

Thank you!!!

Next meeting – mid to late June