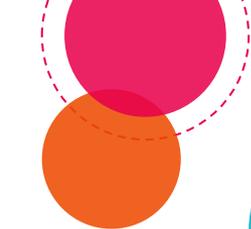


A decorative graphic featuring a large, light blue dashed circle that frames the central text. Various solid-colored circles in shades of teal, green, yellow, orange, and pink are scattered around the perimeter. Some circles are solid, while others are dashed outlines. The overall style is modern and vibrant.

# WELCOME!

Agency Admin Meeting  
Thursday, June 6th, 2019



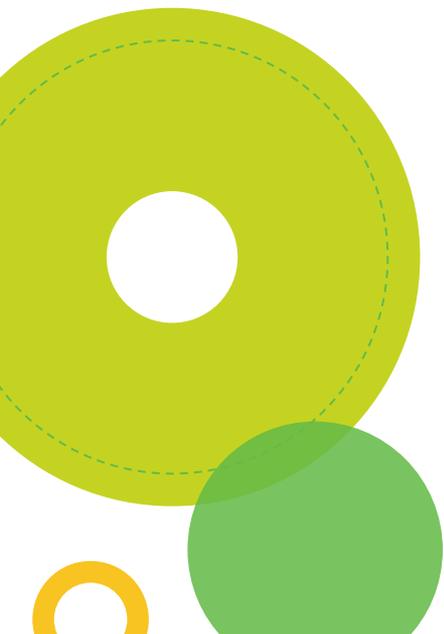
# INTRODUCTIONS

**Name**

**Agency**

**Getting to Know You Question?**

*If you had one extra hour of free time a day, how would you use it?*



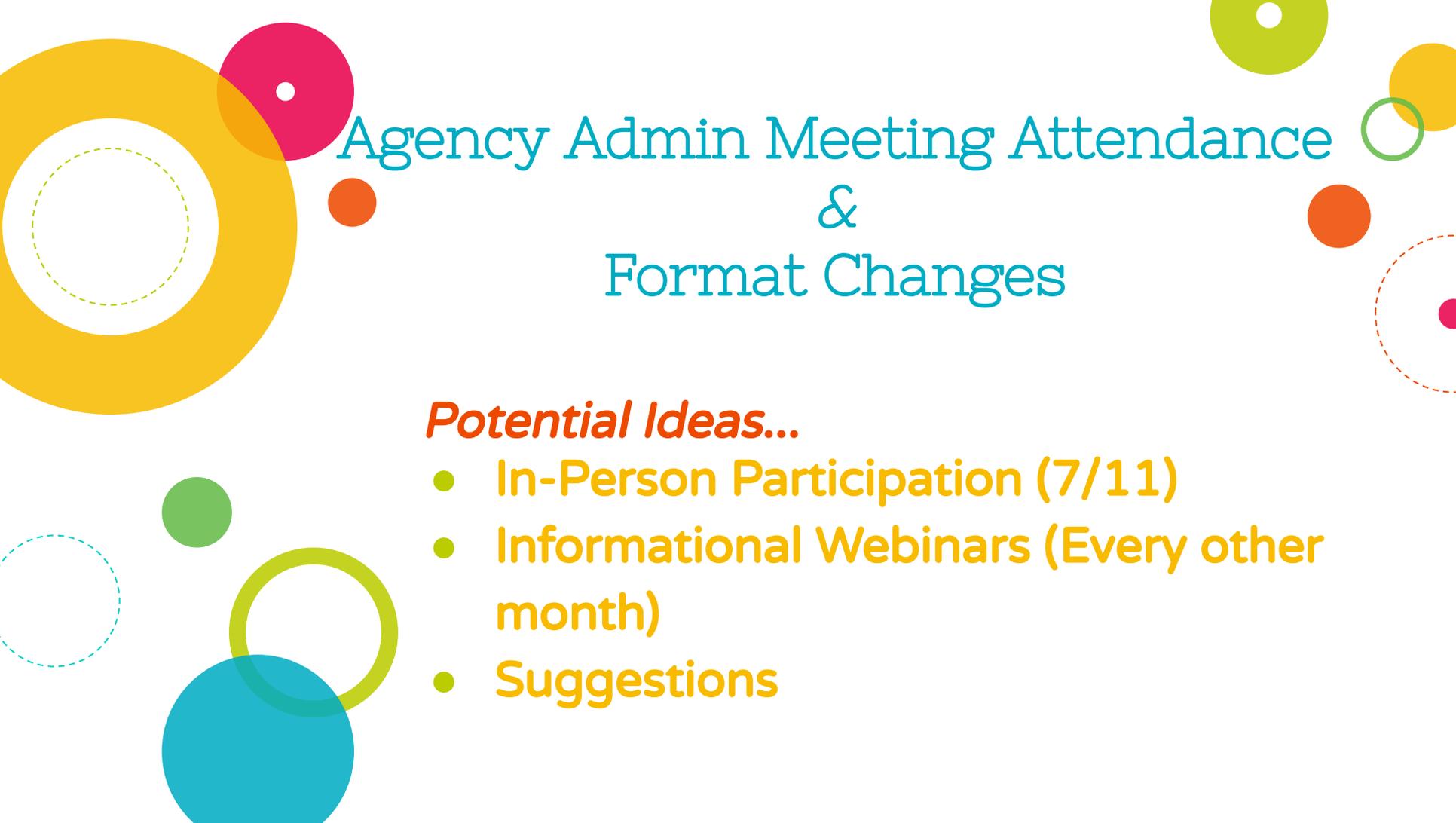
# AGENDA

- COC|Coordinated Assessment|UPLIFT Updates
- HMIS Newsletter
- System Performance Measures
- Breakout Groups
- Continuous Data Quality Improvement
- Missing Annual Assessment Dashboard
- Reminders
- Next Month's Meeting



# COC|Coordinated Assessment|UPLIFT Updates





# Agency Admin Meeting Attendance & Format Changes

## *Potential Ideas...*

- In-Person Participation (7/11)
- Informational Webinars (Every other month)
- Suggestions

# HMIS NEWSLETTER



# HMIS NEWSLETTER

## May 2019 Newsletter Included:

- ★ HMIS in the Community: *National Human Services Data Consortium*
- ★ New Resource! Clarity Human services FAQ Training
- ★ Expanded Help Desk Hours
- ★ Report Spotlight: Navigating the Report Library
- ★ Upcoming Events
- ★ Bitfocus Is Hiring



### Santa Clara HMIS News, May 2019

Welcome to the Santa Clara County HMIS Newsletter! In this edition you'll find the following:

- [HMIS in the Community: National Human Services Data Consortium](#)
- [New Resource! Clarity Human Services FAQ Training](#)
- [Expanded Help Desk Hours](#)
- [Report Spotlight: Navigating the Report Library](#)
- [Upcoming Events](#)
- [Bitfocus Is Hiring!](#)

### HMIS in the Community: National Human Services Data Consortium Conference

For this installation of HMIS in the Community, we are highlighting the Spring 2019 National Human Services Data Consortium Conference—an HMIS focused human services data conference in Nashville, Tennessee.



# SYSTEM PERFORMANCE MEASURES (SPM)



# System Performance Measures Background

## Why Review System Performance?

HUD requires communities to measure their performance as a coordinated system and annually report that in the form of HUD System Performance Measures. HUD required System Performance Measures for the first time in 2016, and now we completed the process for 2019 in response to the McKinney-Vento Homeless Assistance Act.

## What is the baseline?

To create a uniform standard for CoCs and their HMIS, HUD has established a baseline year during and after which all CoCs are expected to be able to report data consistently. The baseline year is October 1, 2012 through September 30, 2013. For example, to determine which persons are experiencing homelessness for the first time, HUD will only require CoCs to look at persons who were in the system on October 1, 2012 or later, even if the HMIS contains valid and reliable data from prior periods.

## How far back is the performance review?

Each measure will have a specific time frame associated with it. HUD will use the federal fiscal year (October 1 to September 30) for its reporting periods.

## 7 Measures: System Performance Measures

### Measure 1: Length of Time Persons Remain Homeless

**Goal:** Reduction in the average and median length of time persons remain homeless

**Universe:** Persons in Emergency shelter, Safe Haven, Transitional Housing, and Permanent Housing without a move in date.

### Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 6 Months to 2 Years

**Goal:** Reduction in the percent of persons who return to homelessness

**Universe:** Exits from Street Outreach, Safe Haven, Emergency Shelter, Transitional Housing, Permanent Housing

- Number Returning to Homelessness in Less than 6 Months (0 - 180 days)
- Number Returning to Homelessness from 6 to 12 Months (181 - 365 days)
- Number Returning to Homelessness from 13 to 24 Months (366 - 730 days)
- Number of Returns in 2 Years

# 7 Measures: System Performance Measures

## Measure 3: Number of Homeless Persons

Goal: Reduction in the number of persons who are homeless

Universe: Persons in Safe Haven, Emergency Shelter, and Transitional Housing

- Change in PIT counts of sheltered and unsheltered homeless persons in 2016 and 2017 ; 2017 and 2018
- Change in annual counts of sheltered homeless persons in HMIS in 2016 and 2017 ; 2017 and 2018

## Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Goal: Increase income for homeless persons

Universe: A comparison of System Stayers ( active within the reporting period) and System Leavers ( exited within the report date range)

- Change in earned income for adult system stayers during the reporting period
- Change in non-employment cash income for adult system stayers during the reporting period
- Change in total income for adult system stayers during the reporting period
- Change in earned income for adult system leavers
- Change in non-employment cash income for adult system leavers
- Change in total income for adult system leavers

## 7 Measures: System Performance Measures

### Measure 5: Number of Persons who Become Homeless for the First Time

Goal: Reduce the number of persons entering the homeless response system

Universe: persons entering Emergency Shelter, Safe Haven, Transitional Housing, and Permanent Housing with no prior enrollments.

### Measure 6: Homelessness Prevention and Housing Placement of Persons Defined by Category 3 of HUD's Homeless Definition in CoC Program-funded Projects **Not Reported.**

Goal: Prevent returns to Homelessness within 6, 12, and 24 months for families and youth

### Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Goal: Placement in permanent housing

Universe: Persons in Street Outreach

- Change in exits to permanent housing destinations
- Change in exit to or retention of permanent housing

# BREAKOUT GROUPS



## Scenario #1

“

As part of the SPM clean up you received an email in which you were asked to do some HoH clean-up.

Can you identify what the issues may be?

Why is this coming up as a HoH error?

What are your next steps?

The image displays two screenshots of the M.O.M. (My Online Manager) software interface, showing program details for client engagement. The top screenshot shows a program for client 528, and the bottom screenshot shows a program for client 518.

**Top Screenshot (Client 528):**

- Program:** [ECP OUTREACH] CLIENT ENGAGEMENT
- Client ID:** 528 (with a red error indicator)
- Program Type:** Group (G)
- Program Start Date:** 11/17/2017
- Program End Date:** 12/12/2017
- Assigned Staff:** M.O.M.
- Head of Household:** M.O.M.
- Program Group Members:** 10N (12/22/17) Active
- Status Assessments:** (Empty)

**Program Service History (Table):**

Service Name	Start Date	End Date
Outreach Contact (Day on Street, EI or SH) County: SH	12/12/2017	12/12/2017
Outreach Contact (Day on Street, EI or SH) County: SH	12/11/2017	12/11/2017
Outreach Contact (Day on Street, EI or SH) County: SH	12/08/2017	12/08/2017

**Bottom Screenshot (Client 518):**

- Program:** [ECP OUTREACH] CLIENT ENGAGEMENT
- Client ID:** 518 (with a green error indicator)
- Program Type:** Group (G)
- Program Start Date:** 12/22/2017
- Assigned Staff:** M.O.M.
- Head of Household:** M.O.M.
- Program Group Members:** M.O.M. (11/17/17) 12/12/17
- Status Assessments:** Assessment Due: December 22nd 2018 (No status)

**Enroll Program for client (Form):**

- Project Start Date:** 12/22/2017
- Zip Code of Last Address:** 90125
- Is the Program Type (Either Emergency Shelter, Safe Haven, or Street Outreach)?** Yes (Automatically Generated Response)
- Is the Program Type (Either Street Outreach or a Night-by-Night Emergency Shelter)?** Yes (Automatically Generated Response)

## Scenario #2

“

During the SPM clean-up you received an email asking you to fix the HoH errors that were coming up for the following clients-they are from separate households (see image).

Can you determine what is wrong?

What are your next steps?

917 DAYS  
INACTIVE PROGRAM

Program Type:	Individual
Program Start Date:	07/27/2017
Program End Date:	11/15/2016
Assigned Staff:	
Head of Household:	<b>Jane Plaine</b>

287 DAYS  
INACTIVE PROGRAM

Program Type:	Individual
Program Start Date:	09/19/2018
Program End Date:	08/10/2018
Assigned Staff:	
Head of Household:	<b>John Doe</b>

## Scenario #3

You are contacted by a Bitfocus System Administration team member and asked to do some clean-up around a potential HoH error. You are provided with the following information (see screenshots).

Why is this a HoH error?

What are your next steps?

Porterhouse Stake  
PROFILE HISTORY SERVICES PROGRAMS FILES NOTES ASSESSMENTS CONTACT LOCATION REFERRALS

CLIENT PROFILE

Social Security Number: XXX-XX-3214  
Quality of SSN: Full SSN Reported  
Last Name: Stake  
First Name: Porterhouse  
Quality of Name: Full name reported  
Quality of DOB: Full DOB Reported  
Date of Birth: 11/12/2010  
Middle Name: None

Household Members  
Porterhouse Strip: Father

Active Programs  
Transitional Housing  
Assigned Staff: 1

Porterhouse Stake  
PROFILE HISTORY SERVICES PROGRAMS FILES NOTES ASSESSMENTS CONTACT LOCATION REFERRALS

PROGRAM HISTORY

Program Name	Start Date	End Date	Type
Transitional Housing Lesly Training Agency	06/03/2019	Active	Group

Porterhouse Stake  
PROFILE HISTORY SERVICES PROGRAMS FILES NOTES ASSESSMENTS CONTACT LOCATION REFERRALS

PROGRAM: TRANSITIONAL HOUSING

Enrollment | History | Provide Services | Assessments | Notes | Files | Forms

Program Service History  
There are no results to display

Program Group Members  
Porterhouse Strip: 06/03/19 Active

Porterhouse Strip  
PROFILE HISTORY SERVICES PROGRAMS FILES NOTES ASSESSMENTS CONTACT LOCATION REFERRALS

PROGRAM HISTORY

Program Name	Start Date	End Date	Type
Transitional Housing Lesly Training Agency	06/03/2019	Active	Group

Household Members  
Porterhouse Stake: Son

Active Programs

## Scenario #4

In maintaining with your CDQI schedule you run [HUDX-225] HMIS Data Quality Report and get the following finding.

What is your next step, if any?

“

### Q2. Personally Identifiable Information (PII)

Program Applicability: All Projects

Data Element	Client Doesn't Know/Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	0	1	0	12.5%
Social Security Number (3.2)	4	0	0	50%
Date of Birth (3.3)	1	0	0	12.5%
Race (3.4)	0	0		0%
Ethnicity (3.5)	0	0		0%
Gender (3.6)	0	0		0%
Overall Score				50%

# BREAKOUT GROUP RESPONSES



## Scenario #1

“

As part of the SPM clean up you received an email in which you were asked to do some HoH clean-up.

Can you identify what the issues may be?

Why is this coming up as a HoH error?

What are your next steps?

The image displays two screenshots of the M.O.M. (My Online Manager) software interface, showing program details for client engagement. The top screenshot shows a program for client 528, and the bottom screenshot shows a program for client 518.

**Top Screenshot (Client 528):**

- Program: [ECP OUTREACH] CLIENT ENGAGEMENT
- Program Type: Group (G)
- Program Start Date: 11/17/2017
- Program End Date: 12/12/2017
- Assigned Staff: M.O.M.
- Head of Household: M.O.M.
- Program Group Members: 10N (12/22/17) Active
- Status Assessments: No status

**Bottom Screenshot (Client 518):**

- Program: [ECP OUTREACH] CLIENT ENGAGEMENT
- Program Type: Group (G)
- Program Start Date: 12/22/2017
- Assigned Staff: M.O.M.
- Head of Household: M.O.M.
- Program Group Members: M.O.M. (11/17/17) 12/12/17
- Status Assessments: Assessment Due: December 22nd 2018 No status

Both screenshots show a table for Program Service History with columns for Service Name, Start Date, and End Date.

## Scenario #1 Potential Responses

- The child and the mom are enrolled in the same program, but the dates of enrollment are different.
- A revision of dates is needed to ensure there was not a data entry error when the dates were entered.
- If the dates are incorrect for the mom, her enrollment and exit date will need to be updated.
- If the dates are incorrect for the child, his/her enrollment date will need to be updated to reflect that of the mother's enrollment/exit time in the program.

## Scenario #2

“

During the SPM clean-up you received an email asking you to fix the HoH errors that are coming up for the following clients (see image).

Can you determine what is wrong?

What are your next steps?

917 DAYS  
INACTIVE PROGRAM

Program Type:	Individual
Program Start Date:	07/27/2017
Program End Date:	11/15/2016
Assigned Staff:	
Head of Household:	<b>Jane Plaine</b>

287 DAYS  
INACTIVE PROGRAM

Program Type:	Individual
Program Start Date:	09/19/2018
Program End Date:	08/10/2018
Assigned Staff:	
Head of Household:	<b>John Doe</b>

## Scenario #2 Potential Responses

- In this case the error is as a result of the **End Date** being before the **Start Date** of the program. These dates will need to be updated to reflect the correct dates of program start and end date.
- This may mean that a look at the program history is warranted to help determine the correct start date.

## Scenario #3

You are contacted by a Bitfocus System Administration team member and asked to do some clean-up around a potential HoH error. You are provided with the following information (see screenshots).

Why is this a HoH error?

What are your next steps?

Porterhouse Stake

PROFILE HISTORY SERVICES PROGRAMS FILES NOTES ASSESSMENTS CONTACT LOCATION REFERRALS

CLIENT PROFILE

Social Security Number: XXX-XX-3214  
Quality of SSN: Full SSN Reported  
Last Name: Stake  
First Name: Porterhouse  
Quality of Name: Full name reported  
Quality of DOB: Full DOB Reported  
Date of Birth: 11/12/2010  
Middle Name: None

Household Members

Porterhouse Strip: Father

Active Programs

Transitional Housing

Assigned Staff

Porterhouse Stake

PROFILE HISTORY SERVICES PROGRAMS FILES NOTES ASSESSMENTS CONTACT LOCATION REFERRALS

PROGRAM HISTORY

Program Name	Start Date	End Date	Type
Transitional Housing Lesly Training Agency	06/03/2019	Active	Group

Porterhouse Stake

PROFILE HISTORY SERVICES PROGRAMS FILES NOTES ASSESSMENTS CONTACT LOCATION REFERRALS

PROGRAM: TRANSITIONAL HOUSING

Enrollment History Provide Services Assessments Notes Files Forms

Program Service History

There are no results to display

Program Group Members

Porterhouse Strip: 06/03/19 Active

Porterhouse Strip

PROFILE HISTORY SERVICES PROGRAMS FILES NOTES ASSESSMENTS CONTACT LOCATION REFERRALS

PROGRAM HISTORY

Program Name	Start Date	End Date	Type
Transitional Housing Lesly Training Agency	06/03/2019	Active	Group

Household Members

Porterhouse Stake: Son

Active Programs

## Scenario #3 Potential Responses

- In this scenario we can see that a child has been designated as HoH for the household.
- He and the father are already enrolled in the same program and the start and end dates (still active) are the same.
- The HoH needs to be updated to reflect the father (adult) as the HoH.

## Scenario #4

“

In maintaining with your CDQI schedule you run

[HUDX-225] HMIS Data Quality Report and get the following finding.

What is your next step, if any?

### Q2. Personally Identifiable Information (PII)

Program Applicability: All Projects

Data Element	Client Doesn't Know/Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	0	1	0	12.5%
Social Security Number (3.2)	4	0	0	50%
Date of Birth (3.3)	1	0	0	12.5%
Race (3.4)	0	0		0%
Ethnicity (3.5)	0	0		0%
Gender (3.6)	0	0		0%
Overall Score				50%

#### HMIS Data Quality Report

##### Q2. Personally Identifiable Information (PII)

Social Security Number (3.2) - Client Doesn

#### List of Clients

Unique Identifier	Name	SSN	Date Of Birth	Program	Start Date	End Date
258EBAE6C	Train, Joseph	xxx-xx-0000	02/01/1998	Emergency Shelter	09/25/2017	-
884F568AA	Training, Test	xxx-xx-0000	01/01/1980	Emergency Shelter	10/01/2018	-
0A9EAD913	Test, Test	xxx-xx-0000	01/01/1980	Emergency Shelter	11/01/2018	-
D67AF5D10	Bright, Star	xxx-xx-9098	08/31/1987	Emergency Shelter	06/04/2019	-

#### HMIS Data Quality Report

##### Q2. Personally Identifiable Information (PII)

Date of Birth (3.3) - Client Doesn

#### List of Clients

Unique Identifier	Name	SSN	Date Of Birth	Program	Start Date	End Date
D67AF5D10	Bright, Star	xxx-xx-9098	08/31/1987	Emergency Shelter	06/04/2019	-

## Scenario #4 Potential Responses

- Pull the original client to verify if the option selected for the field is correct. Keep in mind that you will want to check the Quality of “Field Name”—since this is what the report is identifying as a potential error.
- Upon verifying the information, make the necessary changes (if any).
- If this is an issue that comes up frequently when you run this report you may want to provide a refresher for staff on how to correctly enter these fields moving forward.

# DATA QUALITY REPORT



# HMIS Data Quality Report - HUDX-225

## HMIS Data Quality Report

Santa Clara County CoC:   
Report period 05/01/2019 - 06/04/2019

### Q1. Report Validation Table

Program Applicability: All Projects

Total number of persons served	1,965
Number of adults (age 18 or over)	1,405
Number of children (under age 18)	560
Number of persons with unknown age	0
Number of leavers	45
Number of adult leavers	29
Number of adult and head of household leavers	29
Number of stayers	1,920
Number of adult stayers	1,376
Number of veterans	127
Number of chronically homeless persons	830
Number of youth under age 25	48
Number of parenting youth under age 25 with children	32
Number of adult heads of household	1,227
Number of child and unknown-age heads of household	0
Heads of households and adult stayers in the project 365 days or more	660

### Q2. Personally Identifiable Information (PII)

Program Applicability: All Projects

Data Element	Client Doesn't Know/Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	2	5	18	1.27%
Social Security Number (3.2)	97	2	22	6.16%
Date of Birth (3.3)	1	0	16	0.87%
Race (3.4)	19	7		1.32%
Ethnicity (3.5)	1	6		0.36%
Gender (3.6)	0	1		0.05%
Overall Score				7.63%

### Q3. Universal Data Elements

Program Applicability: All Projects

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	3	0.21%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	4	0.2%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	27	1.37%

### Q4. Income and Housing Data Quality

Program Applicability: All Projects

Data Element	Error Count	% of Error Rate
Destination (3.12)	3	6.67%
Income and Sources (4.2) at Start	33	2.35%
Income and Sources (4.2) at Annual Assessment	200	30.72%
Income and Sources (4.2) at Exit	0	0%
Non-Cash Benefits (4.3) at Start	38	2.7%
Non-Cash Benefits (4.3) at Annual Assessment	213	32.72%
Non-Cash Benefits (4.3) at Exit	1	3.45%

### Q5. Chronic Homeless

Program Applicability: ES, SH, Street Outreach, TH & PH(All)

Starting into project type	Count of total records	Missing time in institution (3.9.17.2)	Missing time in housing (3.9.17.2)	Approximate Date started (3.9.17.3)	Number of times (3.9.17.4)	Number of months (3.9.17.5)	% of records unable to calculate
				DK/R/missing	DK/R/missing	DK/R/missing	
ES, SH, Street Outreach	0			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH (all)	1,095	0	31	0	11	31	5.84%
Total	1,095						5.84%

### Q6. Timeliness

Program Applicability: All Projects

Time for Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	31	29
1-3 days	44	10
4-6 days	9	4
7-10 days	9	0
11+ days	2	2

# CDQI Continuous Data Quality Improvement



## Data Quality Review Schedule

In general, Agency Administrators should evaluate and correct data quality quarterly using the following schedule:

- First month of quarter: begin data quality review, focused on ensuring the correct number of clients are enrolled and there are no null values. Make corrections as needed.
- **Second month of quarter: review data to verify accuracy of data compared other records. For example, ensure that chronic homeless status data entered into Clarity is correct.**
- Third month of quarter: assess agency workflow to identify process improvements that may help ensure high quality data is consistently entered into system.- share your experience with OSH Managers and Bitfocus!

## Report Spotlight [HUDX-233] Client-Level System Use & Length of Time Homeless

The Client-Level System Use & Length of Time Homeless Report is a new report designed by HUD to help providers determine and document chronic homeless status for clients. It is intended to serve two purposes:

1. Generate third-party documentation of homelessness for a client's time spent in street outreach, emergency shelter, and/or Safe Haven projects that is confirmed by HMIS data.
2. Provide an overview of an individual client's HMIS history that may aid in discussion with clients and improve the accuracy of responses to the Living Situation data element at project entry.

## HMIS Client-Level Length of Time Homeless Report

Client Name

Unique Identifier: XXXXXXXX  
Activity Between: 01/01/2016 - 12/31/2018

Year & Month	Documented Street/Shelter	Self-Reported Street/Shelter	Documented Break	Self-Reported/Potential Break
2018 December				
2018 November				
2018 October				
2018 September				
2018 August				
2018 July				
2018 June	X			
2018 May	X	X		
2018 April		X		
2018 March		X		
2018 February		X		
2018 January	X	X		
2017 December	X	X		
2017 November	X	X		
2017 October	X	X		
2017 September		X		
2017 August		X		
2017 July	X	X		
2017 June	X	X		
2017 May	X	X		
2017 April	X			
2017 March	X			
2017 February	X	X		
2017 January		X		
2016 December		X		

# MISSING ANNUAL ASSESSMENT DASHBOARD



# REMINDERS



# No Meeting in July 2019





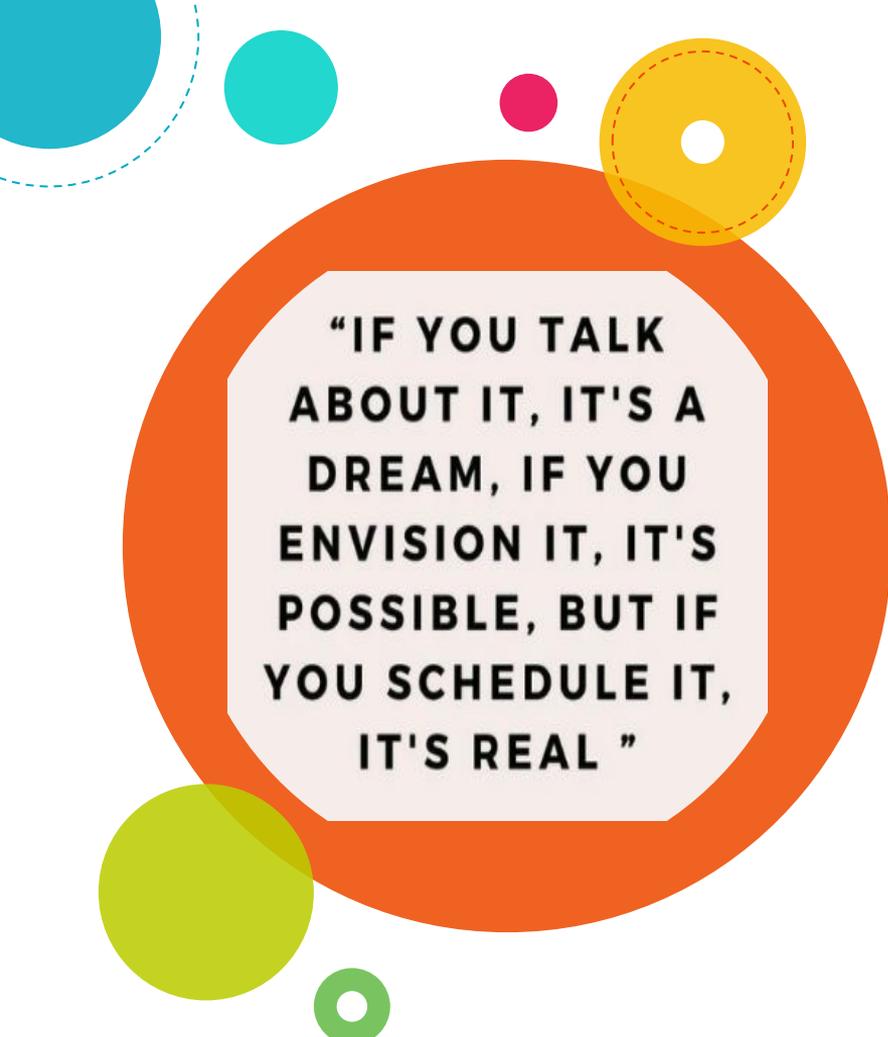
# VI-SPDAT Training Confirmation Email

## *What will happen:*

- Email will be sent to TA Lead
- Confirmation of VI-SPDAT training for the staff via the VI-SPDAT Certification Form
- Staff will have 30 Days to sign up before account is disabled

# NEXT MONTH'S MEETING





**“IF YOU TALK  
ABOUT IT, IT'S A  
DREAM, IF YOU  
ENVISION IT, IT'S  
POSSIBLE, BUT IF  
YOU SCHEDULE IT,  
IT'S REAL ”**

**When:** Thurs, August 1st, 2019

**Time:** 1:30pm – 3:30pm

**Meeting Location:**

1400 Parkmoor Avenue, Mountain  
View Room  
San Jose, CA 95126

Dates and locations for 2019 meetings  
will be listed on the OSH website:

[https://www.sccgov.org/sites/osh/continuumof  
care/osh-events/pages/home.aspx](https://www.sccgov.org/sites/osh/continuumofcare/osh-events/pages/home.aspx)

THANK YOU!

QUESTIONS?



“A learning  
curve is  
essential to  
*Growth*”

# CONTACT INFORMATION

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Lesly Soto Bright  
[leslys@bitfocus.com](mailto:leslys@bitfocus.com)