



**CONTRA COSTA COUNTY HOMELESS  
CONTINUUM OF CARE  
DATA QUALITY MONITORING PLAN (DQMP)**

*Adopted by the Contra Costa Council on Homelessness on 9/15/2022*

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## 1. INTRODUCTION

The HMIS Data Quality & Monitoring Plan is a community-level document supplemental to the HMIS Policies & Procedures Manual<sup>1</sup> that facilitates the ability of the CoC to achieve statistically valid and reliable data. The plan is developed by the HMIS Lead Agency with input from the community stakeholders and is formally adopted by the CoC. The plan sets expectations for both the community and the end users to capture reliable and valid data on persons accessing the homeless assistance system. The Data Quality & Monitoring Plan is designed to meet requirements and guidance set forth by the Department of Housing and Urban Development (HUD)<sup>2</sup> and to support local CoC goals and system and project improvement, including the CoC Program Models.<sup>3</sup>

### What is Data Quality?

HMIS Data quality refers to the extent to which data recorded in HMIS accurately reflects the same information in the real world. It is our goal to record the most accurate, consistent, and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in our community.

### Why is Data Quality Important?

Data quality within the context of HMIS is important for many reasons, including

Demonstrates compliance with federal, state, and local funding requirements

Impacts successful funding applications for providers and the CoC

Ensures the community has accurate information to develop equitable responses to homelessness

Provides stakeholders accurate information to tell the story of homelessness as realistically and completely as possible

Directly impacts the Coordinated Entry process and helps determine which services people experiencing homelessness may or may not appear to be eligible

<sup>1</sup> The Contra Costa Policies and Procedures Manual can be found here: <https://www.cchealth.org/hmis>

<sup>2</sup> The Data Quality & Monitoring Plan was developed with guidance and instruction from HUD's Data Quality Toolkit available here, <https://files.hudexchange.info/resources/documents/HUDDataQualityToolkit.pdf>.

<sup>3</sup> Contra Costa Continuum of Care Program Models and Performance Standards can be found here: <https://cchealth.org/h3/coc/pdf/Program-Models.pdf>

## What is a Data Quality Monitoring Plan?

A Data Quality Monitoring Plan or DQMP:

- Establishes specific data quality benchmarks for timeliness, completeness, accuracy, and consistency;
- Identifies the responsibilities of all parties within the CoC regarding data quality;
- Establishes a timeframe for monitoring data quality regularly;
- is a living, evolving tool that will change as the community and its HMIS data needs change.

The CoC will work in conjunction with the HMIS Lead to ensure all providers have access to the tools they need to ensure high data quality, including training, data quality reports, and responsive technical assistance. While the HMIS Lead is responsible for a large part of the overall DQMP, the CoC will maintain a high level of involvement to ensure providers respond to data quality concerns and that the data quality within the HMIS is both acknowledged and addressed on an ongoing, iterative, continual basis and in an objective, data-driven manner.

## 2. SUPPORTS AND EXPECTATIONS

The CoC will monitor data quality, in conjunction with the HMIS Lead, and the following supports and expectations are in place to ensure providers understand the importance of data quality within HMIS.

### A. Supports

- The Council on Homelessness (CoH), the CoC advisory board, has established a HMIS Policy Committee where data quality will be a meeting agenda item at every meeting and will acknowledge providers meeting a high level of data quality in the meeting minutes which will be posted on the CoC's website.
- The HMIS Policy Committee will report quarterly to the CoH (verbally or via staff report) and include successes from provider agencies in improving data quality within the CoC.
- The CoC will acknowledge the work of providers meeting a high level of data quality every quarter via the CoC e-newsletter, or other public forums that acknowledge the work done to address data quality in HMIS.
- The CoC will use data quality in HMIS during the annual rank and review process for CoC funding. In order to be eligible for CoC funding, projects will need to maintain a baseline threshold data quality requirement. Guidance on specifics of this process will be released each year with the local CoC NOFO competition process.
- The CoC will work with state and local funders to also use data quality metrics when making funding allocation decisions to providers / projects. The CoC will encourage funders to use the same process the CoC uses during the annual rank and review process for CoC funding.
- The CoC will work with providers who do not currently use HMIS to understand provider concerns and barriers to using HMIS. The CoC will work with the providers to make HMIS a realistic option and creatively overcome barriers.

## **B. Expectations**

The CoC will work with the HMIS Lead to monitor data quality at the project, agency, and system level. Actions to address ongoing, identified deficiencies will depend on where data quality issues lie, and could include the following:

- Required refresher trainings for HMIS users
- Corrective action plans with achievable milestones and data quality improvement benchmarks
- Disqualification for funding streams that require minimum data quality as a threshold for application

## **3. ROLES AND RESPONSIBILITIES**

Health Housing and Homeless Services (H3) is the CoC Lead agency. The Research, Evaluation, and Data (RED) Team falls within H3 and acts as the HMIS Lead for the Richmond/Contra Costa (CA-505) CoC. The Contra Costa County Council on Homelessness is the governing body for the Contra Costa CoC. All HMIS participating partners and HMIS staff are responsible for working together towards high levels of data quality. Below is a chart that details roles for participating providers, CoC Governing Board, CoC Lead, and HMIS Lead, as they relate to the implementation of the DQMP.

<b><u>Role</u></b>	<b><u>Who</u></b>	<b><u>Responsibilities</u></b>
HMIS Participating Partners – Staff	Intake staff, case management staff, volunteers, and administrative level staff at participating partner agencies	<ul style="list-style-type: none"> <li>• Enter data into HMIS that is timely, complete, and accurate</li> <li>• Notify H3 RED Team of data discrepancies</li> </ul>
HMIS Participating Partners – Agency Administrators	The assigned agency staff that serves as liaison between the HMIS Lead (H3) and the partner agency. Oversees HMIS activities and compliance at the partner agency level.	<ul style="list-style-type: none"> <li>• Review data quality reports each month and throughout the year to make internal agency/program action plans that address data quality issues</li> <li>• Notify H3 RED Team of training needs for new staff, including within 30 days of identification of a new Agency Administrator</li> <li>• Request additional refresher trainings and technical assistance, as needed</li> <li>• Attend monthly HMIS Policy meetings and provide feedback and support to this committee</li> </ul>
HMIS Lead	Staff members of HMIS Lead; H3's Research Evaluation & Data (RED) Team	<ul style="list-style-type: none"> <li>• Systematically monitor the data (see “6. Data quality Benchmark Monitoring and Enforcement”)</li> <li>• Design and build data quality reports that enable HMIS participating partners to self-monitor data quality</li> <li>• Communicate regularly with CoC and individual providers to ensure stakeholders are informed and have resources to address data quality concerns</li> </ul>

		<ul style="list-style-type: none"> <li>• Coordinate with participating partners, CoC Lead, and CoC governance to prepare and submit federal reports (i.e., LSA, SPMs, HIC, PIT, etc.)</li> <li>• Work with HMIS vendor to ensure access and development of data quality reports in or from the system</li> </ul>
CoC Lead	Contra Costa Health Services Health, Housing & Homeless Services (H3) Division and supporting Technical Assistance providers	<ul style="list-style-type: none"> <li>• Ensure HMIS is administered in compliance with requirements prescribed by HUD</li> <li>• Ensure consistent participation in HMIS of all HUD CoC and ESG recipients and subrecipients</li> <li>• Evaluate system-wide data quality through annual review of standard reports (HIC, PIT, Bed/Unit utilization, HDX competition, SPMs, LSA, Stella, etc.)</li> <li>• Work with HMIS staff and participating provider agency staff to resolve agency data quality corrective action plans</li> <li>• Assemble and facilitate annual review and score card of CoC data quality as part of CoC and ESG Rank and Review and funding RFPs</li> <li>• In collaboration with H3 RED Team, monitor CoC benchmarks to ensure that CoC in on target to meet local, HUD, and other funding source benchmarks</li> <li>• Facilitate training, technical assistance, and support to provider agencies in alignment with DQMP</li> </ul>
HMIS Policy Committee	A subcommittee of the Contra Costa Council on Homelessness; Members include HMIS Lead staff, COH council members, and partner agency staff	<ul style="list-style-type: none"> <li>• Set CoC data quality benchmarks annually</li> <li>• Design and annually review the data quality monitoring plan</li> <li>• Review system-wide data quality reports to monitor progress and identify gaps within the DQMP</li> <li>• Determine incentives and enforcements for DQMP compliance</li> </ul>
Contra Costa Council on Homelessness	CoC Governing body appointed by the Board of Supervisors	<ul style="list-style-type: none"> <li>• Review and approve the data quality monitoring plan</li> <li>• Provide oversight to the work of the HMIS Policy Committee</li> <li>• Provide system and project compliance oversight and use findings in funding and policy decision making</li> </ul>

## 4. DATA QUALITY STANDARDS

The HMIS Data Standards were first published by HUD in 2004 within the HMIS Data and Technical Standards<sup>4</sup>. Data quality standards ensure that every CoC can achieve high quality HMIS data that can be used locally and at the federal level to evaluate systems. All HMIS-participating programs, regardless of their funding source, are to abide by the expectations detailed in the most current HUD HMIS Data Standards<sup>5</sup> and work towards the goals outlined in the SNAPS Data TA Strategy To Improve Data and Performance Overview<sup>6</sup>

In accordance with Contra Costa County’s community input, the CoC has adopted standards that go beyond the data quality standards defined by HUD. The sections below summarize the HUD data elements and how they should be collected under the stricter guidelines defined by the CoC.

### A. Universal Data Elements (UDEs)

The Universal Data Elements are required to be collected by all projects participating in HMIS regardless of funding source. The Universal Data Elements are important for the development of the Longitudinal System Analysis (LSA) report. There are personal identifier elements and project stay elements.

#### Personal Identifier Elements (one and only one per client record)

3.01 Name
3.02 Social Security Number
3.03 Date of Birth
3.04 Race and Ethnicity
3.06 Gender
3.07 Veteran Status

#### Project Stay Elements (one and only one per client, per project stay)

3.08 Disabling Condition (Y/N)
3.10 Project Start Date
3.11 Project Exit Date
3.12 Destination
3.15 Relationship to Head of Household
3.16 Enrollment CoC
3.20 Housing Move-In Date
3.917 Prior Living Situation

<sup>4</sup> 2004 Data and Technical Standards Final Notice, available here, <https://www.hudexchange.info/programs/hmis/hmis-regulations-and-notices/>

<sup>5</sup> 2014 HUD HMIS Data Standards and annual updates available here, <https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>

<sup>6</sup> HUD SNAPS Data TA Strategy to Improve Data and Performance, available here <https://files.hudexchange.info/resources/documents/SNAPS-Data-TA-Strategy-to-Improve-Data-and-Performance-Overview.pdf>; for additional information refer to the HUD HMIS Regulations and Notices, available here, <https://www.hudexchange.info/programs/hmis/hmis-regulations-and-notices/>.

**B. Program Specific Data Elements (PSDEs)**

Partner agencies are expected to maintain current knowledge of and adhere to the data collection requirements identified by the federal and/or local partner(s) funding their projects.<sup>7</sup> Each of the federal partner programs using HMIS has a specific manual describing project setup in HMIS and what data elements are required to be collected. All federal partner manuals (CoC, RHY, VA, PATH, HOPWA, and ESG) can be accessed here.<sup>8</sup> The CoC has identified several data elements that would be beneficial to collect across other project types regardless of federal funding source. The matrix below outlines what is required to be collected at the HUD and CoC levels.

X = data collection is required by HUD or state funding  
 C = data is collected on CoC HMIS forms but is optional  
 C\* = data collection is required by the COC

Funding Source	CoC			ESG					VA			RHY			YHDP	PATH	HOPWA	AB977	Other Funding							
	Permanent Supportive Housing	Rapid Re-Housing	Supportive Services Only	Emergency Shelters	Night by Night Shelters	Rapid Re-Housing	Street Outreach	Homeless Prevention	Emergency Shelter (GPD, CRS)	RRH and Prevention (SSVF)	VASH PSH	Emergency Shelter (BCP)	Transitional Housing (TLP)	Prevention (BCP)	All project types	All project types	All project types	All project types	Emergency Shelters	Night by Night Shelters	Supportive Services Only	Transitional Housing	Street Outreach	Rapid Re-Housing	Prevention	
<b>HUD Data Element Name</b>																										
4.02 Income and Sources	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C*	C*	C*	C*	C*	C*	C*	C*
4.03 Non-Cash Benefits	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C*	C*	C*	C*	C*	C*	C*	C*
4.04 Health Insurance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C*	C*	C*	C*	C*	C*	C*	C*

<sup>7</sup> The Contra Costa Continuum of Care Program Models and Performance Standards can be found here: <https://cchealth.org/h3/coc/pdf/Program-Models.pdf>

<sup>8</sup> Federal Partner Program Manuals: [https://www.hudexchange.info/search/?km=10&ct=&dsp=&csrf\\_token=DC06D945-FF9E-4D79-9A1FC9926EAAF385&q=program+manual](https://www.hudexchange.info/search/?km=10&ct=&dsp=&csrf_token=DC06D945-FF9E-4D79-9A1FC9926EAAF385&q=program+manual)



4.05 Physical Disability	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C*	C*	C*	C*	C*	C*	C*
4.06 Developmental Disability	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C*	C*	C*	C*	C*	C*	C*
4.07 Chronic Health Condition	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C*	C*	C*	C*	C*	C*	C*
4.08 HIV/AIDS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C*	C*	C*	C*	C*	C*	C*
4.09 Mental Health Disorder	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C*	C*	C*	C*	C*	C*	C*
4.10 Substance Use Disorder	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C*	C*	C*	C*	C*	C*	C*
4.11 Domestic Violence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	C*	C*	C*	C*	C*	C*	C*
4.12 Current Living Situation					X		X								X	X					C*		C*		
4.1 Housing Status	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*
4.13 Date of Engagement					X		X										X						C		C
4.14 Bed-night Date					X									X										C*	
C2 Moving On Assistance Provided	X																								
C3 Youth Education Status																X									
C4 Translation Assistance Needed	X	X	X	X	X	X	X	X	C	C	C	C	C	C	C	C	X	C	C	C	C	C	C	C	C
W1 Services Provided – HOPWA																									
W2 Financial Assistance– HOPWA																									
W3 Medical Assistance																									
W4 T-cell (CD4) and Viral Load																									
W5 Housing Assessment at Exit									X						X										C*
W6 Prescribed Anti-Retroviral																									

P1 Services Provided – PATH Funded																	X										
P2 Referrals Provided – PATH																	X										
P3 PATH Status																	X										
P4 Connection with SOAR										X	X						X										
R1 Referral Source												X	X	X													
R2 RHY – BCP Status			X									X	X	X													
R3 Sexual Orientation	X	C	C	C	C	C	C	C	C	C	C	X	X	X	X	C	C		C	C	C	C	C	C	C	C	C
R4 Last Grade Completed	C	C	C	C		C	C	C	C	X	X	X	X	X	C	C	C		C		C	C	C	C	C	C	C
R5 School Status												X	X	X	X												
R6 Employment Status	C*	C*	C*	C*	C*	C*	C*	C*	C*	X	X	X	X	X	C*	C*	C*		C*	C*	C*	C*	C*	C*	C*	C*	C*
R7 General Health Status	X											X	X	X	X												
R8 Dental Health Status													X	X	X	C											
R9 Mental Health Status													X	X	X	C											
R10 Pregnancy Status													X	X	X	C											
R11 Formerly a Ward of Child Welfare/Foster Care Agency	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	X	X	X	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*
R12 Formerly a Ward of Juvenile Justice System	C	C	C	C	C	C		C	C	C	C	X	X	X	C	C	C	C	C		C	C		C	C		C
R13 Family Critical Issues													X	X	X	C											
R14 RHY Service Connections													X	X	X	C											
R15 Commercial Sexual Exploitation/Sex Trafficking													X	X	X	C											
R16 Labor Exploitation/Trafficking													X	X	X	C											
R17 Project Completion Status													X	X	X	C											
R18 Counseling													X	X	X	C											
R19 Safe and Appropriate Exit													X	X	X	C											

R20 Aftercare Plans												X	X	X	C												
V1 Veteran's Information	C	C	C	C	C	C	C	C	X	X	X	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
V2 Services Provided – SSVF										X																	
V3 Financial Assistance – SSVF										X																	
V4 Percent of AMI (SSVF Eligibility)										X																	
V6 VAMC Station Number									X	X	X																
V7 HP Targeting Criteria										X																	
V8 HUD-VASH Voucher Tracking											X																
V9 HUD-VASH Exit Information											X																
Last Permanent Zip Code	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*
City Last Had Stable Housing	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*
City Slept Last Night	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*
First Time Homeless	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*
Total Length of Time Homeless (in Lifetime)	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*	C*

Each UDE and PSDE is to be collected at specific Data Collection Stage or Stages depending on Funding and Project Type. Please see Appendix B for a complete list of when each data element should be collected, how often, and for whom.

Data Collection Stage	Tool	Applicable Project Type
Project Start	Project Intake Form	Required for all program types
Project Update	Project Update Form	Required for all program types
Project Annual Assessment	Project Update Form	Required for all program types <b>except Street Outreach and non-federal NbN Shelters</b>
Project Exit	Project Exit Form	Required for all program types
Post Exit / Follow up	Project Follow-up/Aftercare Form	Required for <b>Prevention/Diversion, Rapid Rehousing, Rapid Exit, and TLP funded-Transitional Housing</b> only

**c. Project Descriptor Data Elements (PDDEs)**

HUD describes Project Descriptor elements as elements that identify the organization, specific project, and project details to which an individual client record in an HMIS is associated. These elements are managed by the HMIS System Administrator, are created at initial project set-up and updated as needed. These elements enable HMIS to:

- Associate client-level records with the various projects that the client will enroll in;
- Clearly define the type of project the client is associated with the entire time they received housing or services;
- Identify which federal partner programs are providing funding to the project; and
- Track bed and unit inventory and other information, by project, which is relevant for the Longitudinal Systems Analysis (LSA), Annual Homeless Assessment Report (AHAR), System Performance Measures, Housing Inventory Counts (HIC), Point In Time (PIT) counts, and utilization analysis.

The following Project Descriptor Data Elements (PDDEs) are required by HUD and the CoC:

2.01 Organization Information
<ul style="list-style-type: none"> <li>- Organization ID</li> <li>- Organization Name</li> <li>- Victim Service Provider (Y/N)</li> </ul>
2.02 Project Information
<ul style="list-style-type: none"> <li>- Project ID</li> <li>- Project Name</li> <li>- Operating Start Date</li> <li>- Operating End Date</li> <li>- Continuum Project (Y/N)</li> <li>- Project Type</li> <li>- If PH-Rapid Re-Rehousing, identify RRH subtype</li> <li>- If Service Only, affiliated with a residential project?</li> <li>- Housing Type</li> <li>- Target Population</li> <li>- HOPWA funded Medically Assisted Living Facility (Y/N)</li> </ul>
2.03 Continuum of Care Information
<ul style="list-style-type: none"> <li>- CoC Code</li> <li>- Geocode</li> <li>- Project Address</li> <li>- Geography Type</li> </ul>
2.06 Funding Sources
<ul style="list-style-type: none"> <li>- Funding Sources</li> <li>- Grant Identifier</li> <li>- Grant Start Date</li> <li>- Grant End Date</li> </ul>
2.07 Bed and Unit Inventory Information
<ul style="list-style-type: none"> <li>- Inventory Start Date</li> <li>- Inventory End Date</li> </ul>

<ul style="list-style-type: none"> <li>- COC Code</li> <li>- Household Type</li> <li>- If Emergency Shelter, Bed Type</li> <li>- If Emergency Shelter, Availability</li> <li>- No. of beds dedicated to Chronically Homeless Veterans</li> <li>- No. of beds dedicated to youth-veterans</li> <li>- No. of beds dedicated to any other veteran</li> <li>- No. of beds dedicated to Chronically Homeless youth</li> <li>- No. of beds dedicated to any other youth</li> <li>- No. of beds dedicated to any other CH</li> <li>- No. of nondedicated beds</li> <li>- Total bed inventory</li> <li>- Total unit inventory</li> </ul>
<b>2.08 HMIS Participation Status</b> <ul style="list-style-type: none"> <li>- HMIS Participation Status</li> <li>- Participation Status Start Date</li> <li>- Participation Status End Date</li> </ul>
<b>2.09 Coordinated Entry Participation Status</b> <ul style="list-style-type: none"> <li>- Project is a Coordinated Entry Access Point?</li> <li>- Services Provided by CE Project</li> <li>- Project Receives CE Referrals?</li> <li>- CE Participation Status Start Date</li> <li>- CE Participation Status End Date</li> </ul>

**d. Coordinated Entry (CE) Data Elements**

CoCs with HUD-funded SSO-CE projects are required to collect Coordinated Entry (CE) data elements. However, regardless of funding source, HUD strongly encourages that all CoCs collect CE data in HMIS using these standardized elements. Depending on whether a CoC’s Coordinated Entry system has a single front-door or multiple front-doors, HMIS set-up and data element applicability will vary from CoC to CoC. All CoCs with a CoC Program CE grant are required to produce a CE-specific Annual Performance Report (CE APR). The CE APR is unlike other CoC APRs in that it is generated across the entire CoC rather than a specific project. Additional information about the CE APR can be found in the CE APR Programming Specifications<sup>9</sup>. The table below lists the CE data elements being used by the Contra Costa Coordinated Entry System and the project types that are required to collect it.<sup>10</sup>

<b>CE Data Element</b>	<b>Project Type Applicability</b>
4.19 CE Assessment – Date of Assessment	All CE Access Points
4.19 CE Assessment – Assessment Location	All CE Access Points
4.19 CE Assessment – Assessment Type	All CE Access Points

<sup>9</sup> CE APR Programming Specifications: <https://files.hudexchange.info/resources/documents/HMIS-Programming-Specifications-for-Coordinated-Entry-APR-CE-APR-CSV.pdf>

<sup>10</sup> For more information about the CoC’s Coordinated Entry system, see the Contra Costa Coordinated Entry System Policies and Procedures: <https://cchealth.org/h3/coc/pdf/CES-P-and-P.pdf>

4.19 CE Assessment – Assessment Level	All CE Access Points
4.19 CE Assessment – Assessment Questions and Answers	All CE Access Points
4.19 CE Assessment – Prioritization Status	All CE Access Points
4.12 CLS - Current Living Situation	All CE Access Points
4.12 CLS - Information Date	All CE Access Points
4.12 CLS - Living Situation Verified By	All CE Access Points
4.12 CLS – Location Details	All CE Access Points
4.12 CLS - If Current Living Situation = non-homeless, Is client going to have to leave their current living situation within 14 days	All CE Access Points
4.12 CLS - If yes to leaving within 14 days, Has a subsequent residence been identified	All CE Access Points
4.12 CLS - If yes to leaving within 14 days, Has resources to obtain other PH	All CE Access Points
4.12 CLS - If yes to leaving within 14 days, Has client had a lease in the last 60 days	All CE Access Points
4.12 CLS - If yes to leaving within 14 days, Has client moved 2 or more times in last 60 days	All CE Access Points
4.20 Coordinated Entry Event - Date	All CE Access Points
4.20 Coordinated Entry Event - Type	All CE Access Points
4.20 Coordinated Entry Event – If Problem Solving/Diversion/Rapid Resolution service, Was client housed in a safe alternative	All CE Access Points, Rapid Exit and Prevention/Diversion
4.20 Coordinated Entry Event – If referral to post-placement, result	N/A in Contra Costa County
4.20 Coordinated Entry Event – If referral to Shelter/TH/RRH/PSH/OPH/EHV/HSV, Location of Crisis housing or Permanent housing (Project name/HMIS ID)	All CE Access Points
4.20 Coordinated Entry Event – If referral to Shelter/TH/RRH/PSH/OPH/EHV/HSV, Referral Result	All Projects (auto-generated*)
4.20 Coordinated Entry Event – If referral to Shelter/TH/RRH/PSH/OPH/EHV/HSV, Referral Result Date	All Projects (auto-generated*)

\*Field will be automatically answered based on whether an enrollment (to referred program) was found

## 5. DATA QUALITY MINIMUM BENCHMARKS

A Summary of all benchmarks is listed in Appendix C.

### A. Timeliness

Timeliness is the degree to which the data is collected and available when it is needed. Entering data into HMIS in a timely manner is necessary to ensure that clients receive the services they need in a quick and efficient manner. An HMIS should have the most current client information available for every person being actively served by service providers. All HMIS participants

should strive to minimize the gap between when information is collected and when it is entered into HMIS, with the goal of real-time data entry whenever feasible.

<b>Benchmark</b>
Client intake and exit is entered within 3 days (72 hours) of intake and exit
Client services and assessments are entered within 3 days (72 hours) of service provision/assessment
<b>Method</b>
Staff can directly enter data into HMIS in real-time as dictated by internal processes, or within 3 days of intake.

**B. Completeness**

Completeness is the degree to which all required data is known and documented. Complete HMIS data is necessary to fully understand nature and extent of homelessness, such as:

- Unduplicated counts of clients served at the local level;
- Patterns of use of people entering and exiting the homeless assistance system; and
- Evaluation of the effectiveness of homeless systems.

In effect, complete data tells the full story of homelessness to the agencies, the Continuum, and the general public.

<b>Benchmark</b>
Clients Served Completeness: All programs using HMIS shall enter data on 100% of the clients they serve.
Data Element Completeness: For the Universal and Program-Specific Data Elements, missing information does not exceed 5% for all clients served in non-Outreach projects. <sup>11</sup> For the Project Descriptor Data Elements, the program will collect 100% of these data elements
<b>Method</b>
At time of project setup, the HMIS Lead will collect ALL project descriptor data elements from the partner agency. When changes are made to CoC project descriptor data, notify the HMIS Lead immediately.
It is the expectation that all questions marked as required in the standard intake and exit forms are asked and documented. Please document if a client refuses to answer a question. The CoC’s goal is to collect 100% of all data elements. However, the CoC recognizes that this may not be possible in all cases. Therefore, the CoC has established an acceptable range of null/missing and don’t know/refused responses, depending on the data element and the type of project entering data (see Appendix D).

<sup>11</sup> See Appendix D: Data Quality Thresholds by Data Element for specific minimum benchmarks for Outreach and non-Outreach projects, by data element.

Exit Date Completeness – Non-residential programs such as Street Outreach and Service Only projects may implement an ‘automatic exit’ policy, wherein clients stay enrolled in the program until they’ve reached a period of inactivity and must be exited. Street Outreach programs must exit clients that have had no contact in 3 months. For Service Only programs, 4 months. The exit date should be backdated to the date of last service.
Bed Utilization and Capacity – A utilization rate outside the range of 65-105% for Shelters/Transitional Housing, or 85-105% for site-based PSH, may indicate missing enrollments or missing exit dates.

**C. Accuracy**

Accuracy is the degree to which data reflects the real-world client or service, and its alignment with other data

The purpose of accuracy is to ensure that the data in the CoC’s HMIS is the best possible representation of reality as it relates to people experiencing homelessness and the programs that serve them.

To that end, all data entered into the CoC’s HMIS must be a reflection of information provided by the client. Intentionally recording inaccurate information is strictly prohibited. The CoC will undertake system-wide accuracy checks, require end user training and monthly reports, and maintain a consistent intake form.

<b>Benchmark</b>
The CoC’s goal is to maintain 95% in data accuracy and consistency for the HUD Universal Data Elements and Program Specific Data Elements.
<b>Method</b>
<p>All client data entered into HMIS should accurately reflect information supplied by the client or data known by case managers. Inaccurate data may be intentional or unintentional. It is the expectation that staff complete the intake and exit forms with their clients to the best of their ability. It is better to enter “Client doesn’t know” or “Client prefers not to answer” than to enter inaccurate information. Therefore, to ensure the most up-to-date and accurate data:</p> <ul style="list-style-type: none"> <li>• Data errors should be corrected as soon as they are identified</li> <li>• Recording inaccurate information is strictly prohibited, unless a client refuses to provide correct personal information</li> <li>• Any client record duplicates or program enrollment duplicates must be sent to the System Administrator for merging immediately</li> </ul> <p>Accuracy and Consistency will be measured and graded using the Contra Costa Data Quality Dashboard and Contra Costa Monthly Enrollment Report (see monitoring section). Some examples of Accuracy and Consistency data errors are:</p> <ul style="list-style-type: none"> <li>• Project Start Date that is after Project End Date</li> </ul>



<ul style="list-style-type: none"> <li>• Date of Birth that is before Project Start Date</li> <li>• Households with more than one recorded Head of Household</li> <li>• See Appendix E for a complete list.</li> </ul>
<p>Consistency of project descriptor data – Clients entered into programs should reflect the client population served, match the project’s utilization and capacity, and entry-exit dates should fall within project operation dates. For example, a project exclusively for single men should not have women and children enrolled. A program with a capacity of 20 beds should not show an active caseload exceeding 20 people on any given night (unless using overflow beds).</p>

**D. HMIS Bed Coverage**

The importance of a high percentage of HMIS Bed Coverage for all project types is an emphasis of the [HUD TA Data Strategy](#). Without a high percentage of HMIS Bed Coverage within a CoC, the data within HMIS is never holistic and the story told with HMIS data about homelessness within the CoC is not fully accurate. A lack of high HMIS Bed Coverage prevents CoCs from understanding how both their system, and the clients served within the system, are functioning.

<b>Benchmark</b>
<p>While extrapolation techniques can work for some research and reporting purposes, the extrapolation will only be as accurate as the similarities between any given projects, processes, and clients served by the projects. Therefore, the goal for systemwide HMIS Bed Coverage for federally funded residential programs is 100% and the goal for non-federally funded residential programs is 90%.</p>
<b>Method</b>
<p>The HMIS Lead, in conjunction with CoC Lead, will strive to ensure that bed coverage reaches 100% for each project type. The Housing Inventory Chart (HIC) should be reviewed on a semi-annual basis to ensure all projects (excluding Victim Services Providers) are entering data into HMIS. If projects are included on the most recent HIC that do not enter data into HMIS, the CoC and HMIS Lead should find out why this is the case and target any solutions to specific barriers; For any new project that becomes available within the CoC that will serve clients at-risk of or experiencing homelessness, the CoC should be notified and work with the HMIS Lead to ensure the new project is encouraged and / or required to enter data into HMIS.</p>

**6. DATA QUALITY BENCHMARK MONITORING AND ENFORCEMENT**

**Training**

HMIS training is provided regularly by the RED Team to ensure all providers receive consistent training on how to accurately collect and enter data into HMIS.

- All users are required to complete New User Training prior to being given access to HMIS. This includes HMIS101 training and Data Entry Training.
- Reports and Data Quality Training, and trainings surrounding specific modules and workflows, are provided by the RED Team on an ad hoc basis and can be requested at any time.
  - H3 offers trainings on topics including: Reports and Data Quality Training, CES Workflow Training, and Reservation/Attendance Module Training.
- HMIS trainings and refreshers can be scheduled by emailing [H3REDTeam@cchealth.org](mailto:H3REDTeam@cchealth.org)
- Training is regularly conducted at the monthly HMIS Policy Committee meeting and provider HMIS Agency Leads are strongly encouraged to attend. [Sign up](#) to receive notification of this monthly meeting.
- For a complete list of all HMIS forms please visit: <https://www.cchealth.org/hmis>

### **Monitoring Process**

#### **1. Partner Agency Self Review**

Several tools and reports have been made available in HMIS to ensure each partner agency can monitor data quality at the program and agency levels. Partner agencies will monitor the data quality for each of their programs by running these reports and submitting them to the HMIS Lead monthly:

<b>Report Type</b>	<b>Description</b>	<b>Frequency</b>	<b>Reporting Responsibility</b>
<b>Contra Costa Monthly Enrollment Report</b>	Provides a list of client intakes and exits during a specified period, and active caseload as of the last day of the specified period. Also displays client details such as living situation prior to enrollment, housing status, VISPDAT score, and exit destination.	Monthly	Run this report for the first day of the month to the last day of the month, then submit this report to RED Team within 10 days of the following month. Therefore, the timeframe to correct completeness and accuracy errors will be 10 days following the end of the month, unless the 10th of the month falls on a weekend, then which it will be the following Monday.  See sample in Appendix F
<b>CCC Data Quality Dashboard report</b>	Provides a summary of the agency's data quality errors, as well as timeliness and completeness rates. Will show accuracy and incongruency errors. Will also show any missing pieces to the CES workflow. Users can drilldown to specific client records.	Monthly	Download this dashboard as pdf and submit this report to RED Team on the 10 <sup>th</sup> day of the following month. All agencies should aim to have a score higher than 95% in all categories (Completeness, Accuracy, Timeliness).  See sample in Appendix H

**2. HMIS Lead Review and Systemwide Checks**

The HMIS Lead (RED Team) will support agency staff in achieving the minimum data quality benchmarks through the review of each agency’s submitted reports, as well as periodic review of each agency’s data. Additional training will be provided to those agencies that need to improve their data quality. The HMIS Lead will maintain records of submissions and present findings to the COC Lead and/or COH when requested.

RED Team staff will also conduct quarterly accuracy and consistency checks and will run automated searches for information that is likely inconsistent. Any data inconsistency issues identified by agency-level staff must be reported to the HMIS System Administrator.

<b>Systemwide Check</b>	<b>Frequency</b>
Client duplicates	Monthly
Residential program overlaps/duplicates	Quarterly
No HoH or greater than 1 HoH	Quarterly
Unaccompanied minors	Quarterly
Enrollment COC/Location errors	Quarterly
Missing move-in dates for adults or minors in families	Quarterly
Move-in dates before project start or after project exit	Quarterly
Project end dates before project start dates	Quarterly
Project enrollment dates that are outside Program Operation dates	Quarterly
Exit destination data that does not align with other program enrollment data	Quarterly

**3. Supports and Expectations**

Information collected on the above data quality reports and dashboards may be used for multiple purposes related to the operation and improvement of the Contra Costa County homeless system of care. This may include, but is not limited to, use in program applications for funding, such as the HUD CoC and ESG NOFAs review and rank processes, contractual amendments with Contra Costa Health Services and its Health, Housing & Homeless Services (H3) Division, evaluating requests for letters of support, and as part of CoC-wide system and project evaluations. In addition, an agency may use these reports for internal operations reviews, external funding applications, and for other purposes that may serve to support the programs’ growth and improvement.

Thus, individual programs are encouraged to self-review their data quality without being prompted by the RED Team. Any HMIS participant can request data quality reports to review and correct data quality areas. Reports can be requested by emailing the RED Team at [H3REDTeam@cchealth.org](mailto:H3REDTeam@cchealth.org).

Data quality thresholds and accomplishments will be reviewed by the CoC Lead quarterly and considered for scoring as a part of the HUD CoC Notice of Funding Opportunity (NOFO) Application Ranking and Review Process. Agencies that meet the data quality benchmarks will be periodically recognized by the CoC at the Contra Costa County Council on Homelessness monthly meetings.

**4. Data Quality Expectation and Accountability**

Participants of the Contra Costa HMIS that do not adhere to the minimum data entry standards set forth herein will be notified of their errors and provided with specific information regarding the nature of the inaccuracies and methods by which to correct them. Agencies will be given a reasonable number of days to make corrections. If the extent of the issue is significant, a phased approach may be required. Training will be provided to agencies that remain noncompliant with the minimum data entry standards. Agencies that remain noncompliant with agreed upon corrections or fail to attend offered training will be required to meet with H3 to discuss barriers to completion and strategies to improve data quality, including completing a corrective action plan that could result in reduction or loss of funding. Data quality is considered in Annual HUD Collaborative Application Ranking and will be reported to the CoC Lead for that purpose.

## 7. APPENDIX

### A. Terms and Acronyms

CE: Coordinated Entry  
 CoC: Continuum of Care  
 DQIP: Data Quality Improvement Plan  
 ES: Emergency Shelter  
 ESG: Emergency Solutions Grant  
 HIC: Housing Inventory Chart  
 HMIS: Homeless Management Information System  
 HP: Homelessness Prevention  
 HUD: Department of Housing and Urban Development  
 ICA: Institute for Community Alliances  
 LSA: Longitudinal System Analysis  
 NOFA: Notice of Funding Available  
 PATH: Projects for Assistance in Transition from Homelessness  
 PIT: Point in Time Count  
 PSH: Permanent Supportive Housing  
 RFP: Request for Proposal  
 RHY: Runaway and Homeless Youth  
 RRH: Rapid Rehousing  
 SNAPS: HUD’s Office of Special Needs Assistance Programs  
 SO: Street Outreach  
 SSO: Supportive Services  
 SSVF: Supportive Services for Veteran Families  
 TA: Technical Assistance  
 TH: Transitional Housing  
 VSP: Victim Services Provider

### B. Data Elements by Data Collection Stage

Universal Data Element Name	Field #	Collection Point	Data Collected About	Project Type Applicability
Name	3.01	Project start	All Clients	All Projects
Social Security Number	3.02	Project start	All Clients	All Projects
Date of Birth	3.03	Project start	All Clients	All Projects
Race and Ethnicity	3.04	Project start	All Clients	All Projects
Gender	3.06	Project start	All Clients	All Projects
Veteran Status	3.07	Project start	All Adults ( 18+)	All Projects
Disabling Condition	3.08	Project start	All Clients	All Projects
Project Start Date	3.10	Project Start	All Clients	All Projects
Project Exit Date	3.11	Project Exit	All Clients	All Projects
Destination	3.12	Project Exit	All Clients	All Projects

<b>Relationship to Head of Household</b>	<b>3.15</b>	Project Start	All Clients	All Projects
<b>Enrollment CoC</b>	<b>3.16</b>	Project Start	Head of Household	All Projects
<b>Housing Move-in Date</b>	<b>3.20</b>	At move-in – must be entered on the Project Entry Screen if/when a household moves into any type of permanent housing	Head of Household	3: PH-Permanent Supportive Housing 9: PH-Housing Only 10: PH-Housing with Services (no disability required for entry) 13: PH-Rapid Re-Housing
<b>Prior Living Situation</b>	<b>3.917</b>	Project Start, Update, Annual Assessment	Head of Household and Adults	All Projects
<b>Rental Subsidy Type</b>	<b>3.917</b>	Project Start, Update, Annual Assessment, and Project Exit	Subsidy Types – Dependent Field, relies on Living Situation = 435	All Projects
<b>Length of Prior Living Situation</b>	<b>3.917</b>	Project Start	Head of Household and Adults	All Projects
<b>Approximate Date Homelessness Started</b>	<b>3.917</b>	Project Start	Head of Household and Adults	All Projects
<b>Number of times homeless in the past 3 years</b>	<b>3.917</b>	Project Start	Head of Household and Adults	All Projects
<b>Number of months homeless in the past 3 years</b>	<b>3.917</b>	Project Start	Head of Household and Adults	All Projects
<b>Income from any source?</b>	<b>4.02</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Income Source(s) and amount(s)</b>	<b>4.02</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Non-Cash benefits from any source?</b>	<b>4.03</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Non-Cash Source(s)</b>	<b>4.03</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Covered by Health Insurance?</b>	<b>4.04</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Health Insurance Source(s)</b>	<b>4.04</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Physical Disability</b>	<b>4.05</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Developmental Disability</b>	<b>4.06</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Chronic Health Condition</b>	<b>4.07</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>HIV/AIDS</b>	<b>4.08</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Mental Health Disorder</b>	<b>4.09</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Substance Use Disorder</b>	<b>4.10</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Domestic Violence</b>	<b>4.11</b>	Project Start, Update, Annual Assessment, and Project Exit	Head of Household and Adults	All Projects
<b>Date of Engagement</b>	<b>4.13</b>	Occurrence Point (At the Point of Engagement)	Head of Household and Adults	4: Street Outreach
<b>Bed-night Date</b>	<b>4.14</b>	Occurrence Point (As Bednights are Provided)	All clients	1: Emergency Shelter – night by night method only
<b>Translation Assistance Needed</b>	<b>C4</b>	Project Start	Head of Household	All Projects

C. **Benchmark Quick View**

	<b>Minimum Benchmark</b>
Timeliness of entries	Data entry must happen within 3 days of enrollment, service, move-in date, exit, status update, or annual assessment
Completeness – Clients Served	100% of clients served by program will be tracked in HMIS
Completeness – Universal Data Elements	95%*
Completeness – Program Specific Data Elements	95%*
Completeness – Project Descriptor Data Elements	100%
Bed Utilization (Shelters and Transitional Housing)	65% - 105%
Bed Utilization (site based PSH)	85% - 105%
Accuracy and Consistency	95% (see Appendix D for specific data elements being monitored)
System HMIS Bed Coverage – Federally Funded Beds	100%
System HMIS Bed Coverage – Non-Federally Funded Beds	90%

\*For Street Outreach Projects – Only applies after client has a Date of Engagement

D. **Data Quality Thresholds by Data Element – only data elements listed here will be monitored**

a) **Completeness**

Data Element	All Project Types (Except Outreach and Night-by-Night Shelter)		Outreach and Night-by-Night Shelter	
	Acceptable Missing/Data Not Collected	Acceptable Client Doesn't Know/ Client prefers not to answer	Acceptable Missing/Data Not Collected	Acceptable Client Doesn't Know/Client prefers not to answer
Name	0%	≤ 5%	0%	≤ 5%
SSN	0%	≤ 10%	0%	≤ 15%
Date of Birth	0%	≤ 5%	0%	≤ 5%
Gender	0%	≤ 5%	0%	≤ 5%
Race and Ethnicity	0%	≤ 10%	0%	≤ 10%
Veteran Status	0%	≤ 5%	0%	≤ 5%
Relationship to Head of Household	0%	≤ 5%	0%	≤ 5%
Prior Living Situation (3.917 Fields)	0%	≤ 5%	0%	≤ 5%
Disabling Condition	0%	≤ 5%	0%	≤ 5%
Survivor of Domestic Violence	0%	≤ 5%	0%	≤ 5%
Income at Entry Y/N	0%	≤ 5%	0%	≤ 5%
Noncash Benefits Y/N	0%	≤ 5%	0%	≤ 5%
Health Insurance Y/N	0%	≤ 5%	0%	≤ 5%
Exit Destination	0%	≤ 5%	0%	≤ 30%
**Some fields are required for adults only and will not count as an error in situations where not required				

**Project Descriptor Data Elements**

Data Element	Target %	Acceptable Missing %
Organization Information	100%	0%
Project Information	100%	0%
Continuum of Care Information	100%	0%
Funding Sources	100%	0%
Bed and Unit Inventory Information	100%	0%
HMIS Participation Status	100%	0%
Coordinated Entry Participation Status	100%	0%

**Bed Utilization Rate**

Program Type	Target %
Emergency Shelter - Entry Exit	100%
Emergency Shelter - Night by Night	100%
Transitional Housing	100%
Permanent Supportive Housing	100%

b) **Accuracy:**

	All Projects Except Outreach	Outreach
	Acceptable Error Rate %	Acceptable Error Rate %
Cash/Benefits Conflict (Entry Screen)	0%	0%
Cash/Benefits Conflict (Exit Screen)	0%	0%
Date of Birth BEFORE Project Start	0%	0%
Disabling Condition Error	0%	0%
Employment/Income Conflict (Entry Screen)	0%	0%
Employment/Income Conflict (Exit Screen)	0%	0%
Households with More than One HoH	0%	0%
Housing Move-In Date Error	0%	0%
Housing Status and Living Situation Conflict	0%	0%
Invalid Head of Household	0%	0%
Move-In Date Error	0%	0%
Project End BEFORE Project Start	0%	0%
Project Exit Date after grant date	0%	0%
Project Start Date before grant date	0%	0%
Move in date / Destination Conflict	0%	0%

\* For PH only

\* For PH only

\* For PH only

\* Housing move-in date is required for PH projects only and will not count as an error for other project types



**E. Common ‘Accuracy and Consistency’ Errors**

Client duplicates / Program enrollment duplicates	If a duplicate client record or program record is encountered, please contact H3RedTeam@cchealth.org to request a merge.
Name	<ul style="list-style-type: none"> <li>• First and Last Name should not be the same.</li> <li>• “Name Data Quality” must be answered.</li> </ul>
Date of Birth (DOB)	<ul style="list-style-type: none"> <li>• “Date of Birth Data Quality” must always be answered.</li> <li>• DOB should not be before the program entry date</li> <li>• A minor (i.e., person under age 18) should not be input into an adult shelter (i.e., shelter for persons 18 years and older) and vice versa.</li> </ul>
Disabling Condition	<ul style="list-style-type: none"> <li>• Those receiving SSDI should be marked as having a disabling condition and have their disability type recorded.</li> <li>• Those indicating they have a substance abuse, mental health, physical disability, or chronic health condition that is long-term, or a developmental disability or HIV/AIDS, should be marked as having a disabling condition.</li> </ul>
Overlapping Enrollment in Residential Projects	<ul style="list-style-type: none"> <li>• Clients can be enrolled in multiple projects at a time; however, clients should never be enrolled in multiple residential projects at the same time (e.g., ES, TH, or PH with move-in date).</li> </ul>
Household ID	<ul style="list-style-type: none"> <li>• There should be one active head of household per enrollment</li> <li>• The “Relationship to Head of Household” data element must be completed for each individual household member at Project Start</li> </ul>
Housing Move-In Date	<ul style="list-style-type: none"> <li>• “Housing Move-In Date” must be between the Project Start Date and Project Exit Date.</li> <li>• It may be the same date as Project Start if the client moves into housing on the date they were accepted into the project.</li> <li>• There can be no more than one “Housing Move-In Date” per enrollment. If a client loses their housing, a new enrollment must be added as well as a new move-in date if appropriate.</li> <li>• An old “Housing Move-In Date” from an old project may cascade into a new program enrollment. If the old project’s “Housing move-in date” is not removed from the current, a negative “days to housing” will appear in data quality reports.</li> </ul>
Project Start Date/Project Exit Date	<ul style="list-style-type: none"> <li>• The Project Start Date should be after the Date of Birth</li> <li>• Project Start Date should be before Project Exit date.</li> <li>• Project Start and exit dates should not be the same in non-Night by Night shelters</li> <li>• Persons enrolled in emergency shelter, or rapid rehousing should not typically have a length of stay longer than 365 days. If a project’s data quality reports reflect more clients than expected, this is typically a situation where the agency staff have not exited clients.</li> </ul>
Residence Prior to Program Entry	<ul style="list-style-type: none"> <li>• The client’s self-report should not be contradicted by other simultaneous/open/active project enrollments</li> </ul>

**F. Client Enrollment Report Sample**

Total Intakes During Period		Homeless Program A									
		Date Range: 01/01/2022 thru 01/31/2022									
Singles and family members joining existing households:											
Client UID	Client Last Name	Client First Name	Age	Intake Date	Exit Date	Length of Stay	VI Score	Residence Prior to Entry			Housing Status
G01432Y75			47	01/02/2022		30		Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)			Category 1 - Homeless
HU61MT432			41	01/07/2022		25	14	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)			Category 1 - Homeless
BV7FG5M9			56	01/25/2022		7	10	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)			Category 1 - Homeless
Singles: 4											

Total Discharges During Period		Homeless Program A									
		Date Range: 01/01/2022 thru 01/31/2022									
This tab provides a list of all discharges for the indicated period. Please reconcile the report with other records. Some things to check for 1) Missing family members 2) Incorrect exit dates/length of stay 3) Missing move-in dates 4) Incorrect Housing Status at Exit After verifying all rows and the total number of rows, please sign the bottom of this report and send to the HHS Administrator.											
										Total Families: 2	Total Singles: 10
										Total Discharges: 18	
Households:											
Group ID	Client UID	Client Last Name	Client First Name	Age	Relationship to HoH	Intake Date	Exit Date	Length of Stay	Move-In Date	Discharge Destination	
H0G534000	7GN45J231			57	Self (head of household)	07/19/2021	01/20/2022	185		Rental by client, with HCV voucher (tenant or project based)	
	823TE40W8			4	Head of households other relation member	08/08/2021	01/20/2022	165		Rental by client, with HCV voucher (tenant or project based)	
	56R4372H9			18	Head of households child	07/19/2021	01/20/2022	185		Rental by client, with HCV voucher (tenant or project based)	
	543KL7VDA			13	Head of households other relation member	07/19/2021	01/20/2022	185		Rental by client, with HCV voucher (tenant or project based)	
769GFD35T	UT4FO9HD			57	Self (head of household)	08/19/2021	01/18/2022	152		Rental by client, with HCV voucher (tenant or project based)	
	Y8FT3V232			17	Head of households child	08/19/2021	01/18/2022	152		Rental by client, with HCV voucher (tenant or project based)	

Active Client Caseload Report		Homeless Program A											
		Caseload Date: 01/31/2022											
This tab shows the program's open client caseload as the data indicated below. Please review this report and exit all clients who have exited the program or have not accessed services in > 6 months. Also please verify the Date of Last Service/contact and Move-In Date.													
										Total Rows: 173	Unique Clients: 173		
Households:													
Group ID	Client UID	Client Last Name	Client First Name	Age	Intake Date	Housing Status	Latest VI Score	Latest VI Date	Move-In Date	Last Agency Service	Last Systemwide Service	Should be exited?	Please Exit As Of
YUT567FG0	GH57C543E			54	04/17/2020	Category 1 - Homeless	15	12/28/2020		01/31/2022	01/31/2022	N	
VBC5MFER3	CVX3F0587			15	04/17/2020	Category 1 - Homeless				01/31/2022	01/31/2022	N	
	GFDER4ZWD			60	05/08/2020	Category 1 - Homeless	7	10/27/2021		01/31/2022	01/31/2022	N	
	FRE398BV3			57	05/08/2020	Category 1 - Homeless	9	10/27/2021		01/31/2022	01/31/2022	N	

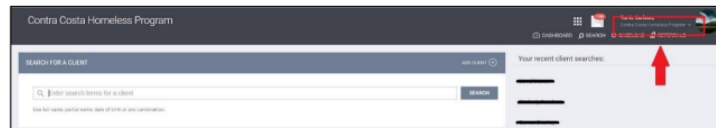
## G. Tip Sheet on how to verify information on the Client Enrollment Report

### HOW TO RUN AND TIPS TO CORRECT THE [CCHS-109] CONTRA COSTA MONTHLY ENROLLMENT

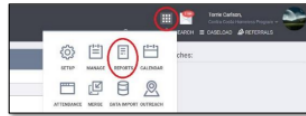
The Contra Costa Monthly Enrollment Report gives a comprehensive look at all admissions and discharges to a program or program(s) within a selected period (usually one month). This allows agency administrators and program managers to see and reconcile data entered into HGIS with other records. Errors that may be encountered when running this report are missing family members, incorrect start/exit dates or length of stay, missing move-in dates, incorrect Housing Status at Enrollment and or at Exit, etc. Once these errors have been identified and corrected it should be submitted to HGIS administration by the 10<sup>th</sup> of each month.

#### RUNNING THE REPORT

- 1) To run the Monthly Enrollment report, first make sure your agency access is set to the agency you are running the report for. E.g., you will not be able to run a report for Contra Costa Homeless Programs if your agency access is Contra Costa CES.



- 2) Select the launch pad to the right of your email icon, then select "Reports" from the pop-up menu.



- 3) Here you will be brought to the Report Library.

For the most up to date version of this doc, visit <https://www.cchealth.org/hmis>

H. CCC Data Quality Dashboard Sample

## Contra Costa Data Quality Dashboard

### Missing Data Section

82.05%

Global Score

Missing data errors										
Name	SCORE	Number of Clients	Enrollments	Personal Identifying Information Error Counts	Domestic Violence Victim or Survivor Error Count	Veteran Status Error Count	Disabling Condition Missing Error	Relationship to HoH Error Count	Race Error Count	
1 Homeless Program A	67.7%	31	31	0	10	0	0	0	0	0
2 Homeless Program B	62.5%	8	8	0	3	0	0	0	0	0
3 Homeless Program C	82.6%	46	46	0	8	0	0	0	0	0
4 Homeless Program D	70.0%	10	10	0	3	0	0	0	0	0
5 Homeless Program E	94.7%	91	95	0	5	0	0	0	0	0
6 Homeless Program F	71.1%	81	81	1	11	1	1	1	0	0

### Accuracy and Consistency section

83.79%

Global Score

Accuracy errors															
Name	SCORE	Number of Clients	Enrollment s	Enrollments with move in data BEFORE project start	project end BEFORE project start	Enrollments with move in date AFTER project end	Housing Move In Date Error Count	Project End Date Error Count	Project Start Date Error Count	Veteran Status Error Count	Households with More than One HoH	Relationship to HoH Error Count	Disabling Condition Accuracy Count	Client born BEFORE project start	Housing status Being situation conflict count
1 Homeless Program A	96.8%	1,322	6,016	0	0	0	0	0	0	0	0	74	0	0	0
2 Homeless Program B	87.6%	481	498	0	0	0	0	0	0	1	25	36	0	0	0
3 Homeless Program C	88.4%	5,386	5,833	457	0	31	0	0	0	4	0	33	11	0	0
4 Homeless Program D	62.8%	913	935	0	0	0	0	0	0	39	0	29	18	0	24
5 Homeless Program E	68.5%	143	146	0	0	0	0	0	0	0	0	19	3	0	0

### Residential Overlaps

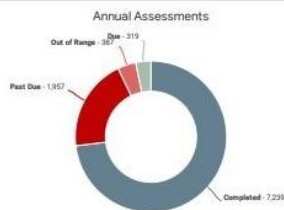
Unique Identif.	Personal ID	Agency	Program Name	Project Type	Start Date	Move-In Date	Exit Date	Overlapping Program	Overlapping Program Name	Overlapping Project Type	Overlapping Program Start Date	Overlapping Household Move-In Date	Overlapping Program End Date
1	123NHG678	Agency A	Program A	PH - Permanent Supportive Housing (disability required)	2014-10-15	2014-10-07	2015-06-30	Program B	Homeless Program	PH - Permanent Supportive Housing (disability required)	2014-10-07	2014-10-07	2018-10-10
2	123NHG678	Agency B	Program B	PH - Permanent Supportive Housing (disability required)	2014-10-15	2014-10-15	2015-06-30	Program C	Homeless Program	PH - Permanent Supportive Housing (disability required)	2014-10-15	2014-10-15	2016-02-25
3	123NHG678	Agency C	Program C	PH - Permanent Supportive Housing (disability required)	2014-10-15	2014-10-07	2015-06-30	Program A	Homeless Program	PH - Permanent Supportive Housing (disability required)	2014-10-15	2014-10-15	2016-02-25

### Timeliness section

43.75%

Global Score

Timeliness information			
Name	SCORE	late enrollments percent	late services percent
1 Homeless Program A	100.0%	0.0%	0.0%
2 Homeless Program B	100.0%	0.0%	0.0%
3 Homeless Program C	100.0%	0.0%	0.0%
4 Homeless Program D	100.0%	0.0%	0.0%
5 Homeless Program E	100.0%	0.0%	0.0%
6 Homeless Program F	100.0%	0.0%	0.0%
7 Homeless Program G	100.0%	0.0%	0.0%



Timeliness data (with drill-downs)			
Name	Entered within:	Enrollments	Services
1 Homeless Program A	0-1 days	31	0
2 Homeless Program B	0-1 days	8	0
3 Homeless Program C	0-1 days	15	0
4 Homeless Program D	10+ days	31	0
5 Homeless Program E	0-1 days	10	0
6 Homeless Program F	entered early	1	0
7 Homeless Program G	0-1 days	66	638
8 Homeless Program H	2-5 days	2	0
9 Homeless Program I	6-9 days	5	0
10 Homeless Program J	10+ days	21	0
11 Homeless Program K	0-1 days	83	638
12 Homeless Program L	0-1 days	859	40,992
13 Homeless Program M	2-5 days	20	2,288

**I. Changes to this document**

- 10/17/23 – Field names throughout document were updated to align with the 2024 HUD Data Standards field names. Added 'Move-In date/Destination Conflict' to Appendix D.
- 6/13/24 – Incorporated State AB977 requirements