

WA-500 Seattle/King County CoC Data Quality Dashboards – Training Resource

Overview

To reduce the amount of data clean up required during the Federal Reporting season (October - April approx.), a series of Data Quality Dashboards will be sent out regularly throughout the year. Agencies can now address data quality errors consistently and proactively. This document provides instructions and resources also found on the dashboards in Clarity.

Data Quality Dashboards

1. Program Management and Data Quality Overview
2. Client Privacy Monitoring
3. Clarity Inventory Monitoring
4. Overlapping Enrollments (*only sent via email, not available in Clarity*)

Each dashboard will:

- Be sent out on a specific cadence via email *and* always available in Clarity to users with access to Data Analysis
- Include an expected timeframe for corrections
- Include specific instructions and resources to resolve errors

Program Management and Data Quality Overview

Delivery Cadence	Reporting Period	Correction Timeframe
June 1 September 1	10/01-05/31 10/01-09/30	Within 30 Days

Information included:

- Active programs + Active funding sources
- Active users + HMIS activity level
- Data quality of client records and the agency user the record is assigned to

Cell Return	Definition	Context
DKPNTA	"Client Doesn't Know" or "Client Prefers Not To Answer"	The CoC's goal is that these answers are collected as engagement continues.
Data Issue	Field contains typo or missing required information	
DNC	"Data Not Collected". Provider did not ask this question	The CoC's goal is that these answers are collected as engagement continues.

Missing Annual Assessments: Please add an Annual Assessment to the clients program record. The date of the annual assessment must be either 30 days before or 30 days after the HoH's program enrollment anniversary date. Visit this Help Desk article, [How Do I Conduct an Annual Assessment?](#), to view step-by-step guidance.

Length Of Stay in Program: The goal is to clean up any **abandoned enrollments**. Review for accuracy and exit clients as necessary.

- Emergency Shelters and Safe Havens: <150 Days
- Transitional Housing: <350 Days
- Permanent Housing and Other Project Types: N/A, but it is still best practice to review enrollments for potential exits.

Client Privacy Monitoring Dashboard

Delivery Cadence	Reporting Period	Correction Timeframe
Quarterly	Q1, Q2,Q3,Q4	As soon as possible

Information included:

- Missing ROI on file
- Review records for De-Identification
- Correct De-identified records
- Set record to public

Missing ROI on file – Collection of ROI Required

List of clients with active program enrollments but *do not* have ROI on file

Policy: A Release of Information (ROI) must be completed for each client who consents to have their personally identifying information (PII) entered into the King County HMIS System. A client should be de-identified should they not consent.

How To Correct: Upload ROI consent form after reviewing the client profile below. The form can be signed Electronically or by uploading a signed hard copy.

Review for De-Identification

List of clients who have an ROI status of “no”, but their record contains PII

Policy: Client PII cannot not be collected or retained in the system without proper consent. If a client chooses not to provide consent, their record must be de-identified in accordance with established privacy protocols. The responsibility for adhering to these standards lies with the agency entering or managing the data.

How To Correct: 1)ROI must be signed Electronically or uploaded as paper document, or 2) Request client record/household de-identification by emailing kcsupport@bitfocus.com. Providers are not required to submit a signed revocation of consent to the Help Desk, or upload a copy to Clarity, prior to de-identification. The HMIS SOPs dictate that providers are responsible for keeping the sign revocation filed in their records.

Client Privacy Monitoring Dashboard continued

Correct De-identified Client Record

List of clients whose profiles are incorrectly de-identified

Policy: If a client is brand new to the HMIS, and they do not consent to have their PII in the HMIS, providers must toggle on “Consent Refused” upon client record creation. The fields for Social Security Number, Last Name, First Name and the quality of those field will auto-populate with expected values. Providers should not change these fields. For the Date of Birth, you will see that 01/01/__ appears.

How To Correct: Providers must ensure personally identifying information fields are set to the following:

- First Name - The client's unique identifier
- Last Name - Refused
- Quality of Name - Client prefers not to answer
- Social Security Number - 000-00-0000
- Quality of SSN - Client prefers not to answer
- Date of Birth - Enter a year that is one or two years older or younger
- Quality or DOB - Approximate or partial DOB reported

Set Record to Public

List of clients whose records have been created with the privacy setting set to Private

Policy: All client records must be set to Public. A clients record must be de-identified should they not consent to having their Personally Identifiable (PII) in the HMIS

How To Correct: To update a client record to Public, click the privacy shield icon on the client profile and select the option to set the client’s privacy status to Public. If a client does not consent to having their Personally Identifiable Information (PII) in the HMIS, providers must request the client record/household de-identification by emailing kcsupport@bitfocus.com. Providers are not required to submit a signed revocation of consent to the Help Desk, or upload a copy to Clarity, prior to de-identification. The Help Desk takes requesting provider at their word and processes the de-identification request. The HMIS SOPs dictate that providers are responsible for keeping the sign revocation filed in their records.

Clarity Inventory Monitoring Dashboard

Delivery Cadence	Reporting Period	Correction Timeframe
First of every month	Previous month	As soon as possible

Information included:

- **Current Unit Assignments**
 - Rates of unit assignments
 - Unit list, occupancy and referral information
- **Current Building and Unit Attributes**
 - Data completeness
 - Currently listed details

Understanding Current Unit Assignments

1. A null return within the Unique Identifier column means the corresponding unit is not assigned to anyone as of today.
2. Units are only assigned to the Head of Household, but we do include some details household size to support a better understanding unit occupancy.
3. A "Yes" in the *CE Participating* column means the unit is available to receive referrals from the Coordinated Entry.
4. The *CE Referral Status* column indicates if there is a pending referral to the unit from the Coordinated Entry Team to process.
5. Updating the dashboards filters will allow you to drilldown into various areas of focus as needed.

Understanding Building and Unit Attributes

Building and unit attributes refer to the unique characteristics about the various buildings and units agencies may utilize for client support. Providing complete and accurate building and unit information provides greater system transparency and can improve the quality of incoming referrals. This helps to improve overall client experience.

Please visit the [Housing Provider HMIS User Manual](#) and/or [Coordinated Entry Housing Provider HMIS User Manual](#) for more details on how to add/edit building and unit attributes. When and how to updated building and unit attributes is the same in each manual. You can also watch either of these short training videos for additional support: [How to Edit Building Attributes](#) [How to Edit Unit Attributes](#)

Overlapping Enrollments

Delivery Cadence	Reporting Period	Correction Timeframe
June 1 September 1	10/01-05/30 10/01-09/30	Within 30 days

Overlapping enrollments occur when any of the following client data points intersect at any given time:

1. **Program Start Dates:** Concern only applicable to Emergency Shelters, and Transitional Housing program types
2. **Move-in Dates:** Concern only applicable to Permanent Housing program types (PH, PSH or RRH)
3. **Program Exit Dates:** Concern applicable to Emergency Shelters, Transitional Housing and Permanent Housing project types

Residential Projects/Residential Projects

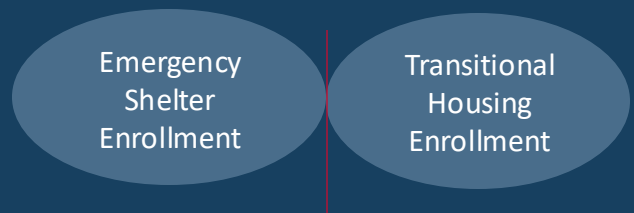
Example 1: Client transfers from an emergency shelter into transitional housing, but the shelter delays their exit from the shelter.

- **Solution:** Ensure Shelter programs are using the date the client physically left the shelter to move into transitional housing. Similarly, the Transitional Housing program should use the date the client physically moved into transitional housing as their program start date.

Example Issue



Example Solution



Physical Move of Client

Residential Projects/Permanent Housing Projects

Example 2: Client is enrolled in transitional housing and a PSH program, but the PSH program enters a move-in date that is before the date the client physically moves into their PSH placement.

- **Solution:** The PSH program should use the date the client physically moved into their new home as the move-in date.



Permanent Housing Projects/Permanent Housing Projects

Example 3: Client is enrolled into a RRH program with a move-in date then transfers to a PSH program with a new move-in date.

- **Solution:** The RRH program should use the day before the client physically moves into their new permanent home as their program exit date. The date the client physically moved into their new permanent home would be the PSH programs move-in date.

