

# **WellSky Community Services Operational Assessment Report**

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**Solution Assessment & Recommendations for  
Big Bend Continuum of Care  
October 2020**

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## Introduction

WellSky conducted a four-day onsite evaluation of the Big Bend Continuum on September 29<sup>th</sup> – October 2<sup>nd</sup>. Community providers were identified by the BBCoC staff. The providers represented a large and diverse selection of projects that serve persons experiencing homelessness in the community. In addition to the onsite evaluation, WellSky staff developed and administered an online survey developed to capture various information about the community’s Homeless Management Information System. 21 users in the community responded to the survey and offered their feedback of the BBCoC HMIS. WellSky staff compiled the information from the onsite evaluation, survey results, and system analysis to develop the following wellness check and recommended actions. The various areas of the system are categorized into three wellness status:

	Status	Description
	Poor	<p>Urgent Improvement Recommended</p> <ul style="list-style-type: none"> <li>➤ Items that have been marked with this status should be prioritized to be addressed as quickly as possible in order to mitigate any risk to the overall wellness of the HMIS system.</li> </ul>
	Fair	<p>Some Improvement Recommended</p> <ul style="list-style-type: none"> <li>➤ There are important opportunities for improvement on Items marked with this status, however these items are not as severe and can be addressed over time.</li> </ul>
	Good	<p>Good Performance</p> <ul style="list-style-type: none"> <li>➤ This status indicates that the system/team is performing well. Any recommendations would have a low impact on overall health of the system,</li> </ul>










In addition to the wellness status, we have also identified the impact each area will have on the overall wellness of the system.

Impact	Description
High	High Impact <ul style="list-style-type: none"><li>➤ Items that have been marked as high impact will likely have a significant effect on the overall wellness of the system.</li></ul>
Medium	Medium Impact <ul style="list-style-type: none"><li>➤ Items that have been marked as medium impact will have some effect on the overall wellness of the system.</li></ul>
Low	Low Impact <ul style="list-style-type: none"><li>➤ Items that have been marked as low impact will have a small overall impact on the wellness of the system.</li></ul>

## Executive Summary

The purpose of the wellness check is to examine the overall use of Community Services and the processes encompassing it. This assessment is intended to identify potential areas of improvement and provide recommendations for a solution. The recommendations cover both short- and long-term use of Community Services.




## Summary Findings




Component	Status	
User Knowledge	Fair	
Reporting	Poor	
Data Sharing	Fair	
System Use	Good	
Policies and Procedures	Good	
Workflow	Fair	
Support Engagement	Good	
System Configuration	Good	
Coordinated Entry	Poor	

## Analysis & Recommendations

### 1. User Knowledge



In a review of user knowledge of Community Services, a few key areas were identified for improvements:

Area	Impact	Status
<p><b>System Admin Knowledge</b> </p> <p>One of the key areas that would have a high impact of the overall system wellness of the BBCoC HMIS is increasing the knowledge of the HMIS team. Having a highly trained HMIS team provides a solid foundation that the rest of the community can build upon. Highly trained system administrators can provide guidance for the Continuum of Care with regards to system use, data collection requirements, reporting, project planning, and other key aspects of a successful system.</p> <ul style="list-style-type: none"> <li> <b>Recommendation</b> –The HMIS team at BBCoC has a good base understanding of Community Services and how to operate a HMIS in the community. The team is still new to the system and will benefit from experience as time progresses. Administration of an HMIS is a complex job that benefits from continued training. WellSky recommends continuing to educate the HMIS administrator so that they can act as subject matter experts for others using the system. It is essential that the HMIS team fully understand the system and can provide accurate HMIS guidance to the community. WellSky offers managed services and/or training to assist with the continuing education of HMIS administrators. Industry conferences such as the National Human Services Data Consortium (NHSDC) and the Florida Coalition for the Homeless Annual Conference are other great ways to ensure that the HMIS staff is staying educated on best practices within the HMIS community. Having knowledgeable staff that is well informed of HMIS industry best practices drives the community’s HMIS forward.         </li> </ul>	High	
<p><b>CoC Lead / Agency Admin Knowledge</b> </p> <p>Another key area that would significantly contribute to the overall system wellness is improving the knowledge base of the agency administrators. While working with BBCoC, it appears as though some providers are not fully aware of what features and reports may be available to them. Providing training so</p>		

Area	Impact	Status
<p>that the Agency Administrators are more knowledgeable about the system will provide a base knowledge at a key level that will work its way down to the end users.</p> <ul style="list-style-type: none"> <li> <b>Recommendation</b> – One recommendation would be to begin regularly scheduled meetings (monthly or quarterly) targeting the agency admins or project managers to engage and further educate them on HMIS. If there is good HMIS understanding and buy in from leadership, this will trickle down to the end users and overall data quality will improve. This is also one of the most effective ways to create more buy-in from end users in the system. As agency admins and project managers become more involved with HMIS, they will begin to put processes in place to ensure staff are accurately collecting complete data for the clients enrolled in their projects.         </li> </ul>	High	
<p><b>End User Knowledge</b> </p> <p>The surveys suggest that the end user knowledge is good. Over 71% of the users surveyed have used the system for over a year and over 60% of surveyed users use the system on a daily basis. Many of the end users reported that they have good user knowledge of the system, were able to quickly learn it, and find it easy to use. There are a few users that reported they struggle in the system and do not have a great understanding of HMIS.</p> <ul style="list-style-type: none"> <li> <b>Recommendation</b> – It is recommended that BBCoC provides regular user meetings/data quality workshops to increase the overall user knowledge in the system. By having regularly scheduled meetings, it provides end users an opportunity to interact with the HMIS/CoC lead and solidify best practices for collecting, maintaining, and reporting data in Community Services. A large number of users appear to be utilizing the core areas of the system that are required to successfully collect and report out on data associated with federal funding. Education on additional areas of the system will expose them to functionality that they may not currently be using and could drive up overall buy in. Providers that fully utilize the system tend to be more satisfied and prioritize good data entry practices.         </li> <li> <b>Recommendation</b> – It is recommended that BBCoC offers regularly scheduled refresher trainings or advanced user trainings to the user base. Ongoing training is a key component to ensure that end users are fully equipped to collect, enter, and analyze data for their projects on an ongoing basis. Having recorded training sessions add to the resources available to end users without taking time away from the HMIS staff. My understanding is that the Data and Training Director is currently in the process of developing these “eLearning” modules.         </li> </ul>	Medium	

## 2. Reporting



In a review of reporting for Community Services, a few key areas were identified for improvements:

Area	Impact	Status
<p><b>Reporting</b> </p> <p>Reporting is a key aspect for community success. Without the ability to successfully report out information that is captured in the HMIS, communities will struggle to analyze provider and community performance, identify potential data quality issues, and fulfill reporting requirements for federal and state funding. The Big Bend CoC seems to utilize a combination of the standard WellSky created reports available in the system such as the APR, CAPER, 0252 – Data Completeness, ect as well as some older custom reports that have been created. The ability to create newer custom reports to align with updated data needs seems to be fairly limited within BBCoC. Having staff that can provide custom reports for the community can be massively beneficial for overall provider buy in. Providers often times aspire to capture data that is unique to them or report out standard data elements framed in a different way than what is offered through standard WellSky reporting.</p> <ul style="list-style-type: none"> <li>• <b>Recommendation</b> – Custom reporting can be a large investment for a community. Many times, additional reporting specific training for current HMIS staff or the addition of a reporting analyst is needed to elevate custom reporting within a community. Having personnel on BBCoC staff that can accommodate custom reporting requests can entice providers to fully utilize the software and capture additional information within it. Providers are much more receptive to entering data into a software if they can easily access the information that they need.</li> <li>• <b>Recommendation</b> – WellSky’s other recommendation with regards to custom reporting is to work with an external reporting specialist to help develop custom reports as needed. This is an option if the Continuum does not have the time or resources to hire a reporting specialist or thoroughly train current staff for developing custom reports.</li> </ul>	<p>High</p>	





### 3. Data Sharing

In a review of data sharing as it relates to Community Services, a few key areas were identified for improvements:

Area	Impact	Status
<p><b>Visibility</b> </p> <p>Visibility configuration can drastically affect how users share and see client data in the system. Although not widely prevalent, visibility issues within the Big Bend continuum do seem to affect several providers.</p> <ul style="list-style-type: none"> <li>• <b>Recommendation</b> – Using the canned WellSky visibility reports, review visibility settings to ensure that visibility is set appropriately for the providers in the system. A review of all provider visibility should be conducted with a focus on the Coordinated Entry provider, VI-SPDATs, and providers associated with CCYS.</li> </ul>	Medium	

### 4. System Use



In a review of Community Services system use, a few key areas were identified for improvements:

Area	Impact	Status
<p><b>System Use</b> </p> <p>The users in Big Bend seem to be content with the areas of the system they are currently using. Several of the users reported wanting to know more about additional areas of the system to see if it would be useful to them. It appears that most of the users are not aware of some of the additional functionality available through modules such as ActivityPoint, Fundmanager, Measurements, etc.</p>	Low	

Area	Impact	Status
<ul style="list-style-type: none"> <li> <b>Recommendation</b> – It is recommended that regular end user meetings be held to educate users. During these meetings, part of the agenda could include information regarding additional areas of the system that are not commonly used. If there are providers in the community that do use certain functionality in the system (such as case plans), those providers could assist with advocating for the use of those areas that are not commonly used. WellSky would be happy to provide a demo of any products that providers may be interested in using.           </li> </ul>		



## 5. Policies and Procedures

In a review of the policies and procedures, a few key areas were identified for improvements:

Area	Impact	Status
<p><b>Policy and Procedures</b> </p> <p>The survey and onsite interviews suggest that overall, the knowledge of the policies and procedures are good. There are several users that indicated that access and knowledge of the policies and procedures could be improved. Although not very exciting for most, HMIS policies/procedures and data standards are essential to a community’s HMIS. Access and education to these materials need to be made available.</p> <ul style="list-style-type: none"> <li> <b>Recommendation</b> – It is recommended that users are offered a regular refresher training regarding the policies and procedures. This could be created as part of the “eLearning” curriculum by the BCoC staff as other materials are developed.           </li> </ul>	Low	



## 6. Workflow

In a review of the workflows used in Community Services, a few key areas were identified for improvements:

Area	Impact	Status
<p><b>Workflow</b> </p> <p>Having consistent workflows that incorporate all of the data elements needed to satisfy reporting requirements is key to a community. After conducting the onsite visits to several providers, there are some provider workflows that could be streamlined to ensure that data entry is smooth and effective. Individual workflow recommendations will be provided later in this document under the specific provider recommendations. Overall, providers seem to be following fairly standard workflows.</p> <ul style="list-style-type: none"> <li>• <b>Recommendation</b> – Provide additional guidance to the end users by offering refresher trainings or data quality workshops. It would also be helpful to develop data entry guides for the end users to use as they enter the client data to ensure that they are following the correct workflow for their type of project.</li> </ul>	Medium	



## 7. Support Engagement





In a review of the overall support offered by the community, a few key areas were identified for improvements:

Area	Impact	Status
<p><b>Support Engagement</b> </p> <p>WellSky uses the term support engagement to describe how well the users in the system feel supported by the HMIS staff as well as project leadership with regards to HMIS activities. Having end users fully supported is vital in ensuring quality data entry. The survey and onsite interviews indicate that most users feel as though the BBCoC provides an adequate level of HMIS support to the community. Additionally, the HMIS team rolled out a new support ticketing system for users to submit cases. This will allow the team to streamline the ticketing process and prioritize support issues for the users in the system.</p>	Medium	



Area	Impact	Status
<ul style="list-style-type: none"> <li> <b>Recommendation</b> –WellSky recommends the following support model:               <ul style="list-style-type: none"> <li>1 HMIS full time employee for every 100 users in the system.</li> </ul> <p>The Big Bend HMIS has a little over 100 users in the system during the time of this assessment. WellSky feels as though the system is appropriately staffed at this time and that the current HMIS team has a good foundation of knowledge to provide adequate support to the HMIS users. Additional training/knowledge for the HMIS team will only improve the level of support provided by the team.</p> </li> </ul>		



## 8. System Configuration

Area	Impact	Status
<p><b>Assessment Display</b> </p> <p>Having a system that is configured properly is essential for HMIS users to properly collect data. The BBCoC HMIS currently has a lot of unnecessary assessments available to providers. While this is not an issue that has any significant impact on the system, it would assist in making the system slightly more user friendly for the HMIS staff as well as the end users.</p> <ul style="list-style-type: none"> <li> <b>Recommendation</b> – Remove unnecessary assessments from the assigned assessment area for providers. Additionally, unused assessments could have their availability removed from providers. This would clean up the display settings and visibility tab making provider administration easier for those accessing that area.         </li> </ul>	Low	

Area	Impact	Status
<p><b>Service Settings</b> </p> <p>Having service settings configured properly can improve the user’s overall experience using the system. Properly configuring service settings allow users to access information easier and more effectively. Analysis of the BBCoC HMIS reveals that many of the providers have a large amount of primary services displayed in the “Services Provided” area of the Provider’s Services tab. In addition, several providers do not have the service and need history display settings modified from the default settings.</p> <ul style="list-style-type: none"> <li>• <b>Recommendation</b> The service and need history display settings should be configured to ensure the providers are able to see need/service information needed for their provider. Each provider may be different, and it would be beneficial to work with the providers to determine their specific needs when viewing service-related information.</li> <li>• <b>Recommendation</b> – It is recommended that the primary services that a provider offers is reviewed and any non-primary services are removed. Primary services are services that a provider offers that are not contingent on the participation in another service. For example, a Rapid Re-Housing provider may offer case management, but the case management is only offered to clients enrolled in that Rapid Re-Housing project. Communities moving towards utilizing referrals through the system will benefit from having a more concise list of primary services that providers offer. Any services contingent on the participation of another service could then be listed as a secondary service</li> </ul>	Low	
<p><b>Worksheets</b> </p> <p>Worksheets allow HMIS staff to capture custom information on various parts of the system including user, providers, and services. Currently, BBCoC does not utilize the various worksheets that are offered within Community Services. A need to collect information regarding user training has been identified by the Data and Training Director and is currently being addressed using an excel spreadsheet.</p> <ul style="list-style-type: none"> <li>• <b>Recommendation</b> – It is recommended that HMIS staff implement a user worksheet to capture training information for the end users. A sub-assessment could be added to the user worksheet to track multiple training events and information specific to each of those trainings. Once information is collected, reports can be developed to report out on user training information.</li> </ul>	Low	


## 9. Coordinated Entry

Area	Impact	Status
<p><b>Coordinated Entry</b> </p> <p>Having a Coordinated Entry process that is designed to allow users to easily and accurately collect data is vital in successful coordinated entry systems. Care needs to be taken to collect enough community specific information to appropriately place clients in housing while also satisfying federal data standard. After reviewing the coordinated entry workflow with Big Bend’s Coordinated Entry Coordinator, there are several recommendations for the BBCoC:</p> <ul style="list-style-type: none"> <li> <b>Recommendation</b> – The first recommendation is to review the coordinated entry fields that are being captured as part of the assessment. It was discovered that several of the fields captured were collecting information about a client that was being captured by another field in the system. This “duplicate” information creates unnecessary data entry and can lead to confusion/frustration for the end users inputting the data. During the onsite visit, I was able to help develop an updated C.E. intake assessment to help alleviate some of these duplicate issues. It is vital that as the C.E. assessment is updated in the future, care is taken to ensure that fields are not created that could potentially duplicate information that is already captured in the system.         </li> <li> <b>Recommendation</b> – It is recommended to have one centralized coordinated entry provider that users can access, enter data into and manage. There are several benefits of having coordinated entry managed through one provider. The first is that reporting becomes much more simplified. Instead of reporting that involves a C.E provider from each agency, reporting can be simplified to one single provider. Enter Data As (EDA) access can still be given to selected users at the agencies that need to enter data for the client being referred. Having the end users enter data directly into the coordinated entry system will place additional responsibility and accountability on the users. In turn, this may boost the overall buy-in from users as it relates to coordinated entry. In addition to simplifying reporting, administrative management of the providers gets drastically reduced. Managing a C.E. provider for each agency could lead to an increased risk of configuration error or oversight. Having to set up and manage one provider’s configurations, visibility, assessment display settings, module settings, etc. will reduce the risk of error and help standardize how the client data is collected and         </li> </ul>	<p>High</p>	

Area	Impact	Status
<p>shared.</p> <ul style="list-style-type: none"> <li> <b>Recommendation</b> – It is also recommended that users begin utilizing HUD program data elements 4.19 (Coordinated Entry Assessment) and 4.20 (Coordinated Entry Event). It was reported that users are not yet capturing these data elements. These data elements are needed for HUD C.E. reporting starting on October 1<sup>st</sup>, 2020. It is recommended that workflows developed for the Big Bend Continuum of Care include these data elements. Having user completing these fields will allow the continuum to report out on the coordinated entry system in Big Bend region. Data element 4.19 (Coordinated Entry Assessment) could easily be added to the entry process for a coordinated entry provider. Data element 4.20 (Coordinated Entry Event), can be added to a provider’s entry, interim review, and exit to successfully capture any events occurring with the client as it relates to C.E.         </li> <li> <b>Considerations</b> – Moving from multiple coordinated entry providers to one centralized provider may initially impact several aspects of a community’s coordinated entry system. The first would be the end user workflow. Although not drastically different from the current workflow, considerations should be made to educate end users on how to enter data into the centralized coordinated entry provider. The discontinued use of agency specific coordinated entry projects will also require a change to how reporting is handled for BCoC. With changes applied, future reporting will become simpler and more effective since reporting can be limited to just one provider. Reporting on historical coordinated entry information would require the agency specific C.E. projects be included in the reporting queries unless care was taken to “move” client information from the agency specific C.E. providers to the centralized C.E. provider. Lastly, additional administration will be needed to remove end user access from the agency specific coordinated entry projects and assign the “new” communal C.E. project.         </li> </ul>		
<p><b>C.E. Reporting</b> </p> <p>Reporting for Coordinated Entry Systems is essential to ensure that communities are capturing detailed information to successfully prioritize clients and make appropriate referral to housing. BCoC utilizes an older custom report to prioritize clients for housing. In addition to some reporting logic that does not align with best practices for report development, staff reports that there are several additional fields that need to be included in the report. The information is then exported to excel where</p>	Low	

Area	Impact	Status
<p>additional information can be added that is not being pulled from the system. Case conferencing notes are also captured outside of the system.</p> <ul style="list-style-type: none"> <li>• <b>Recommendation</b> – Ensure that HUD program data elements 4.19 (Coordinated Entry Assessment) and 4.20 (Coordinated Entry Event) are being captured in the system. The HUD C.E. APR requires that these fields be completed and reported out on. It is essential that the coordinated entry workflow be adjusted to capture these data elements for reporting purposes.</li> <li>• <b>Recommendation</b> - Develop a new custom report using reporting best practices that includes all of the information that BCoC requires to successfully manage the coordinated entry system through the community HMIS. Having a well-designed C.E. report will allow the community to make data driven decisions on items related to coordinated entry.</li> </ul>		

## 10. Connecting Everyone with Second Chances (CESC)

Area
<p><b>CESC</b></p> <p>The onsite visit for CESC was completed on September 30<sup>th</sup>, 2020 at the Kearney Center.</p> <ul style="list-style-type: none"> <li>•  <b>Recommendation</b> – It is recommended that the workflow for CESC projects be modified to streamline the intake process. Currently there is an entry that is created at the CESC-Agency level to capture information for clients coming through intake. Many of these entries never get closed out and the open enrollments is negatively impacting reporting for CESC.             <ul style="list-style-type: none"> <li>• <i>Option #1</i> – Move the “Intake/Diversion” process to a service only model where universal data elements are being captured on the client and a service is documented to indicate the Intake/Diversion that has</li> </ul> </li> </ul>



## Area

occurred. This would allow project leadership to report out on the client information as well as what service was provided to the client. Additionally, service worksheets could be added to the diversion service to capture additional information specific to diversion clients. The disadvantage of this option is that you would lose the ability to use entry/exit based reports (APR/CAPER) to get information on these clients.

- *Option #2* – When creating the entry for the client into the provider, create and exit on the same day the entry was created. Advantages to this option is that no significant workflows need to be changed other than creating the exit. Reporting can still be completed using the standard entry/exit reports.



- **Consideration** – Changing the workflow will allow all clients that receive services moving forward to be documented in a consistent manner conducive for reporting. A very large number of clients are already in the system with open entries (entries that have no exit) that will negatively affect reporting. These clients would need to have the an exit date added to the entry/exit record to “close” them out of the project. This can be accomplished by manually going in and creating an exit for clients identified with open enrollments. Alternately, WellSky does offer data services that could assist by creating a script that would populate an exit date for all clients meeting the selected criteria.



- **Recommendation** – Modify the workflow of data collection to allow for the diversion assessment to be completed at the time of diversion. At the time of the onsite visit, the diversion questions populated themselves during the intake for the emergency shelter. Diversion should come as a step prior to a client going into emergency shelter.








- **Recommendation** – There are some funding sources that require specific information and the current reports available make it difficult to easily report out on the information needed. In addition, information is needed regarding the case management activities at CESC. The development of some custom reports would be extremely beneficial to CESC so that they could easily report information to funding sources and manage caseloads in an effective manner.




- **Recommendation** – It was reported that there was some visibility issues regarding the VI-SPDAT and not being able to see completed VI-SPDATs when viewing the client record. It is advised to evaluate the visibility for CESC as well as the C.E. provider to ensure that the data entered for the VI-SPDAT/C.E. is flowing freely for users needing to access the information.

## 11. Big Bend Homeless Coalition (BBHC)





Area
<p data-bbox="218 516 289 539"><b>BBHC</b></p> <p data-bbox="218 565 1283 587">The onsite visit for BBHC was completed on October 1<sup>st</sup>, 2020 at various project locations.</p> <ul data-bbox="218 652 1740 1399" style="list-style-type: none"><li data-bbox="218 652 1740 928"> • <b>Recommendation</b> – Although BBHC reports that they can get the majority of their information from the WellSky canned reports, it is recommended to develop some custom reports to assist with data needs to BBHC. It was conveyed that some of the information obtained for clients is being collected on separate excel spreadsheets and is being “hand counted” to produce information needed for reporting. Staff also expressed that some information was being collected through the WellSky Entry/Exit report. This report has since been discontinued from the WellSky library. Lastly, the SSVF program keeps a large number of spreadsheets outside of HMIS that contains much of the data that is found within HMIS. It is always concerning when staff is keeping the same information in multiple areas. I believe that the development of some custom reports would be very beneficial to the overall satisfaction and success of BBHC.</li><li data-bbox="218 977 1740 1140"> • <b>Recommendation</b> – From the onsite visit with the SSVF team, it seems as though the HMIS responsibilities are divided amongst many different teams. Having so many different users accessing the same client record and creating updates could lead to potential data quality issues. The case management team seems to be the team that primarily works with the clients. Shifting some of the responsibility to the case management team would allow for more timely data entry. This would also ensure that the team that is collecting the data are the ones inputting the data into the system.</li><li data-bbox="218 1188 1740 1399"> • <b>Recommendation</b> – Additional refresher training is recommended for the BBHC staff to ensure that data is being collected and updated correctly. There was some confusion about leaving the end dates open for sub-assessment recordsets. Although they report that this is not currently causing any issues, this is not in line with best practices for data entry and could cause reporting issues in the future. Furth more, some of the updates to client records occur outside of the interim review area on the Entry Exit tab. It is recommended that any updates to client information is completed via interim review.</li></ul>

Area	
	<ul style="list-style-type: none"> <li>• <b>Recommendation</b> – It is recommended that HMIS staff review the assessments that are currently assigned to the BBHC providers to ensure that the most appropriate assessments are assigned. HMIS staff can use the “0128 - Provider Assessment Display Settings” report in ART to review assessment settings. During the workflow demonstrations, one of the PH providers appeared to have an assessment for ES, SO, or SH assigned.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Recommendation</b> – There are several pieces of information BBHC would like to collect on clients that are not being collected in the system. It may be beneficial to BBHC to add some additional questions/assessments specific to their agency that capture the information wanted. This would help them move away from relying on excel spreadsheets to supplement the information collected in HMIS.</li> </ul>

## 12. Capital City Youth Services (CCYS)

Area	
<b>CCYS</b>	
The onsite visit for CCYS was completed on October 2 <sup>nd</sup> , 2020.	
	<ul style="list-style-type: none"> <li>• <b>Recommendation</b> – Visibility has been an ongoing issue for this provider and needs to be addressed to ensure that data flows as intended within all projects within the agency. It is recommended that a thorough analysis of provider visibility be conducted and that the HMIS team works with project leadership to ensure that visibility is set appropriately for future data entry.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Consideration</b> – Reconfiguring visibility settings will only affect data that is being creating moving forward from the point of the visibility change. For visibility settings that have already been applied to client data, visibility would need to me modified on a “per client” basis. It is recommended that clients currently enrolled into CCYS projects be identified and visibility checked/modified as needed.</li> </ul>

## Area

-  • **Recommendation** – Additional refresher training is recommended for the CCYS staff to ensure that data is being collected and updated correctly. The current workflow in updating data is incorrect and will cause issues with reporting. For example, updating the income recordsets is being completed by changing the amount of the income in the existing recordset. The recommended way to update income recordsets is to put an end date a day before the update for the existing recordset. A new recordset should then be created with the new income amount. By updating the income recordsets using this recommended workflow, historical data used for reporting remains uncompromised.
-  • **Recommendation** – For the RHY ES project, RHY services should be captured in the service transactions per the HMIS data standards. At the time of this assessment, the services were not being documented which is causing them to be excluded from the RHYMIS export.
-  • **Recommendation** – Engage upper management to put more of an emphasis on HMIS data entry. At the time of the assessment, the overall feeling from CCYS was that HMIS data entry was an afterthought to everything that occurred within the agency. All of the information is collected on paper and then entered into HMIS at a later time. Having information collected on paper and then entered into the system at a later time produces more opportunities for data entry errors. A stronger emphasis on real time data entry into the system would benefit data quality.
-  • **Recommendation** – There are some funding sources that require specific information and the current reports available make it difficult to easily report out on the information needed. The development of some custom reports would allow CCYS to easily report out to these funders and evaluate their data in meaningful ways.

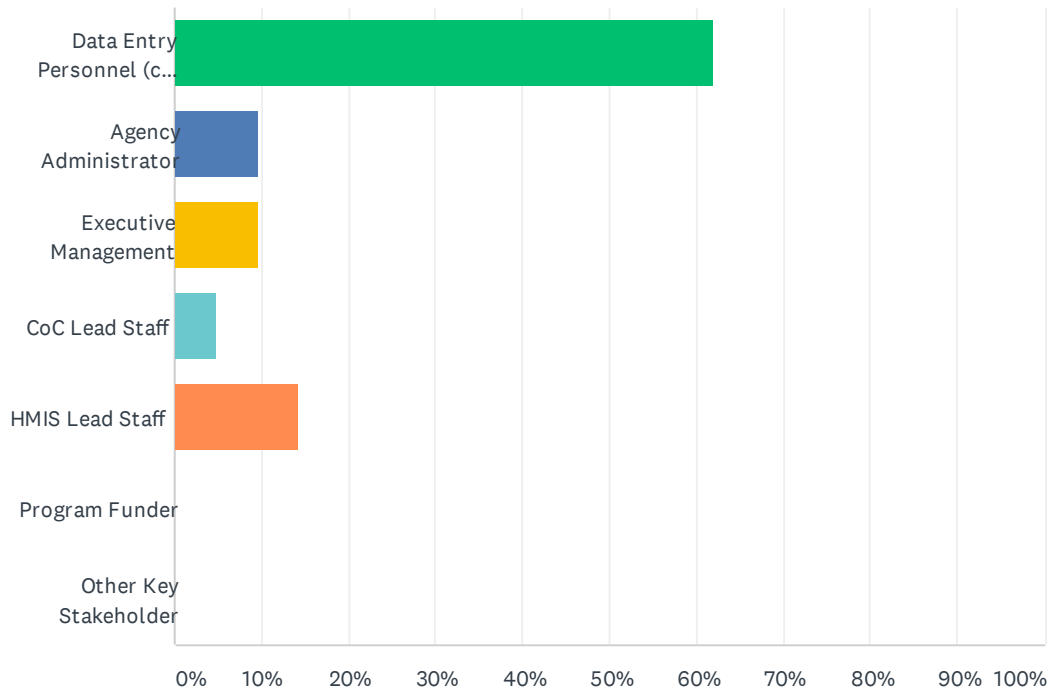
## Appendix

### 1. Survey Results

The “BBCoC Wellness Check Survey” attachment contains the results from the survey that was administered to the Continuum.

## Q1 Which best describes your primary use of HMIS?

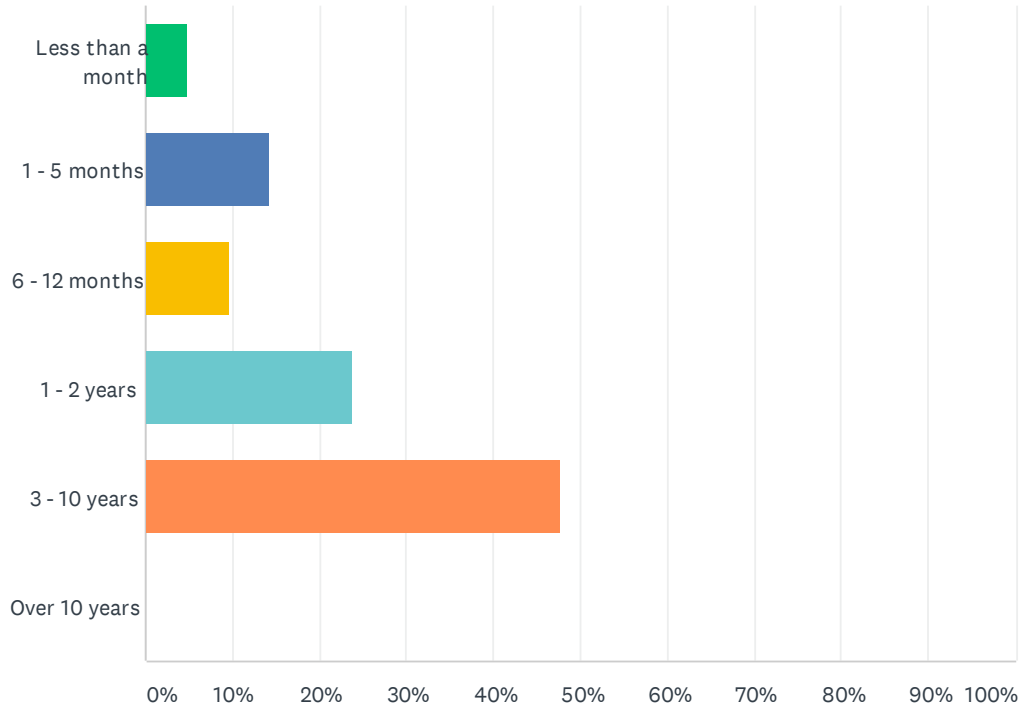
Answered: 21 Skipped: 0



ANSWER CHOICES	RESPONSES	
Data Entry Personnel (case manager, housing specialist, etc.)	61.90%	13
Agency Administrator	9.52%	2
Executive Management	9.52%	2
CoC Lead Staff	4.76%	1
HMIS Lead Staff	14.29%	3
Program Funder	0.00%	0
Other Key Stakeholder	0.00%	0
<b>TOTAL</b>		<b>21</b>

## Q2 How Long have you been using HMIS?

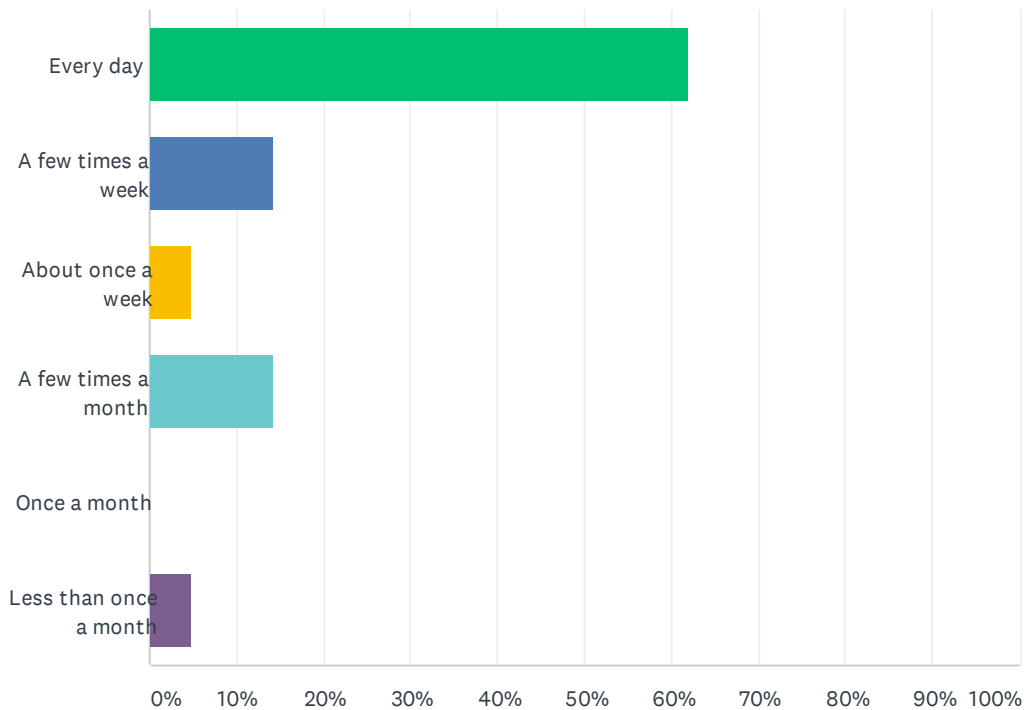
Answered: 21 Skipped: 0



ANSWER CHOICES	RESPONSES
Less than a month	4.76% 1
1 - 5 months	14.29% 3
6 - 12 months	9.52% 2
1 - 2 years	23.81% 5
3 - 10 years	47.62% 10
Over 10 years	0.00% 0
<b>TOTAL</b>	<b>21</b>

### Q3 How frequently do you use (HMIS)?

Answered: 21 Skipped: 0

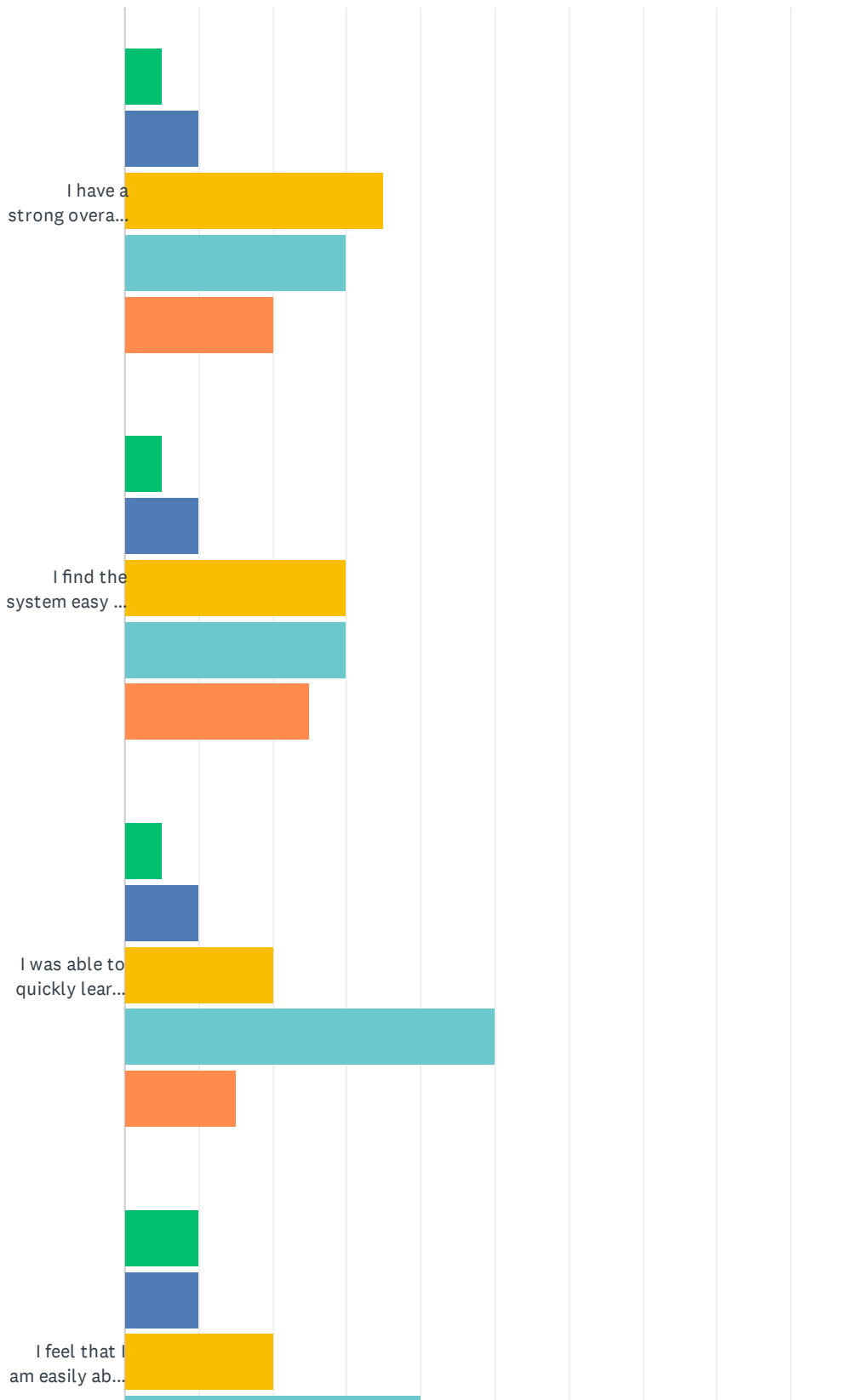


ANSWER CHOICES	RESPONSES	
Every day	61.90%	13
A few times a week	14.29%	3
About once a week	4.76%	1
A few times a month	14.29%	3
Once a month	0.00%	0
Less than once a month	4.76%	1
<b>TOTAL</b>		<b>21</b>

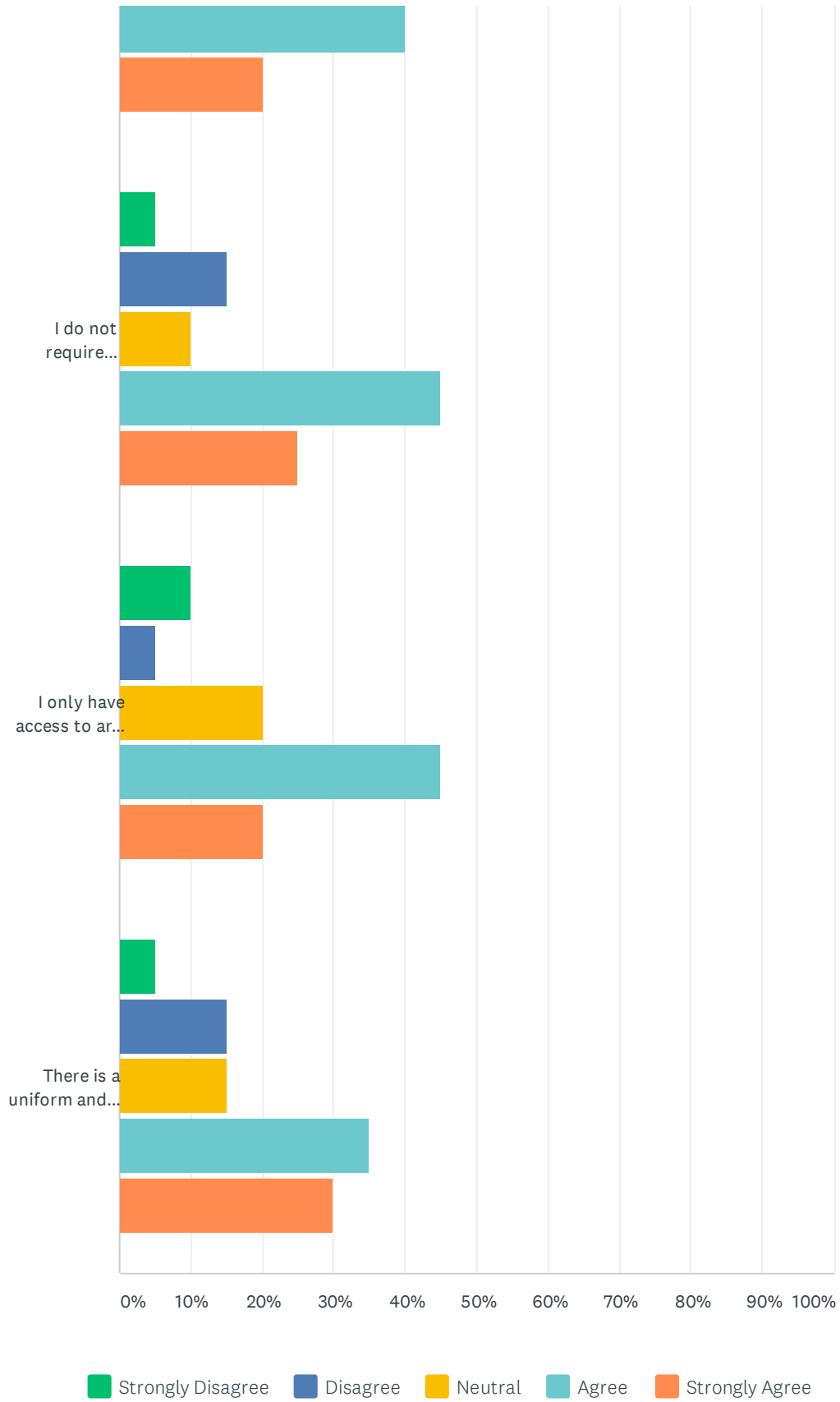


### Q4 Please indicate how much you agree or disagree with the following statements:

Answered: 20 Skipped: 1



# Big Bend HMIS Operational Assessment



## Big Bend HMIS Operational Assessment

	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>NEUTRAL</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>	<b>TOTAL</b>	<b>WEIGHTED AVERAGE</b>
I have a strong overall understanding of the HMIS system	5.00% 1	10.00% 2	35.00% 7	30.00% 6	20.00% 4	20	3.50
I find the system easy to use	5.00% 1	10.00% 2	30.00% 6	30.00% 6	25.00% 5	20	3.60
I was able to quickly learn the system	5.00% 1	10.00% 2	20.00% 4	50.00% 10	15.00% 3	20	3.60
I feel that I am easily able to navigate through the system	10.00% 2	10.00% 2	20.00% 4	40.00% 8	20.00% 4	20	3.50
I do not require frequent help when entering data in the system	5.00% 1	15.00% 3	10.00% 2	45.00% 9	25.00% 5	20	3.70
I only have access to areas of the system that I need to use	10.00% 2	5.00% 1	20.00% 4	45.00% 9	20.00% 4	20	3.60
There is a uniform and consist approach to entering data into HMIS	5.00% 1	15.00% 3	15.00% 3	35.00% 7	30.00% 6	20	3.70

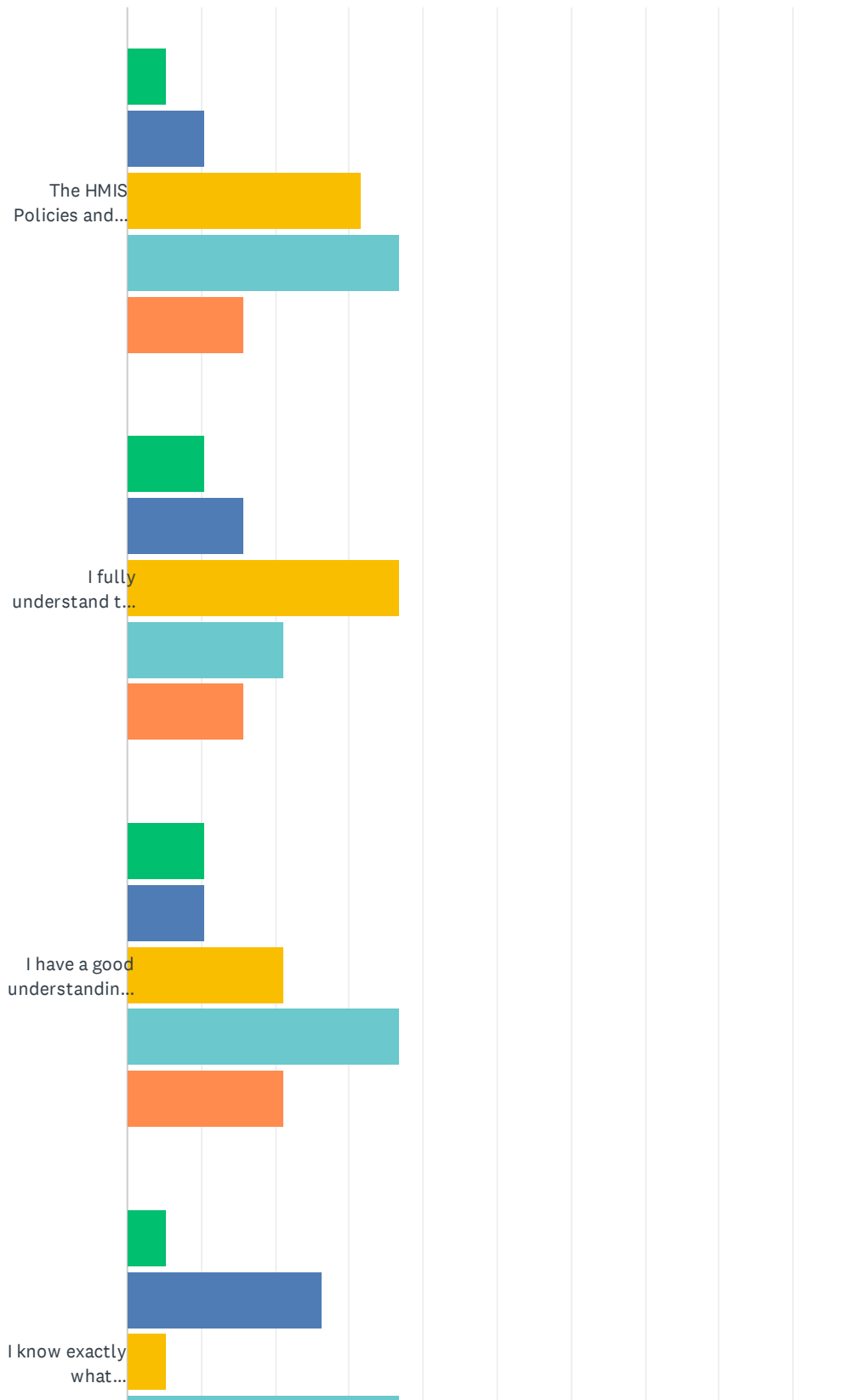
## Q5 Name three items that you feel would improve the end user experience

Answered: 12 Skipped: 9

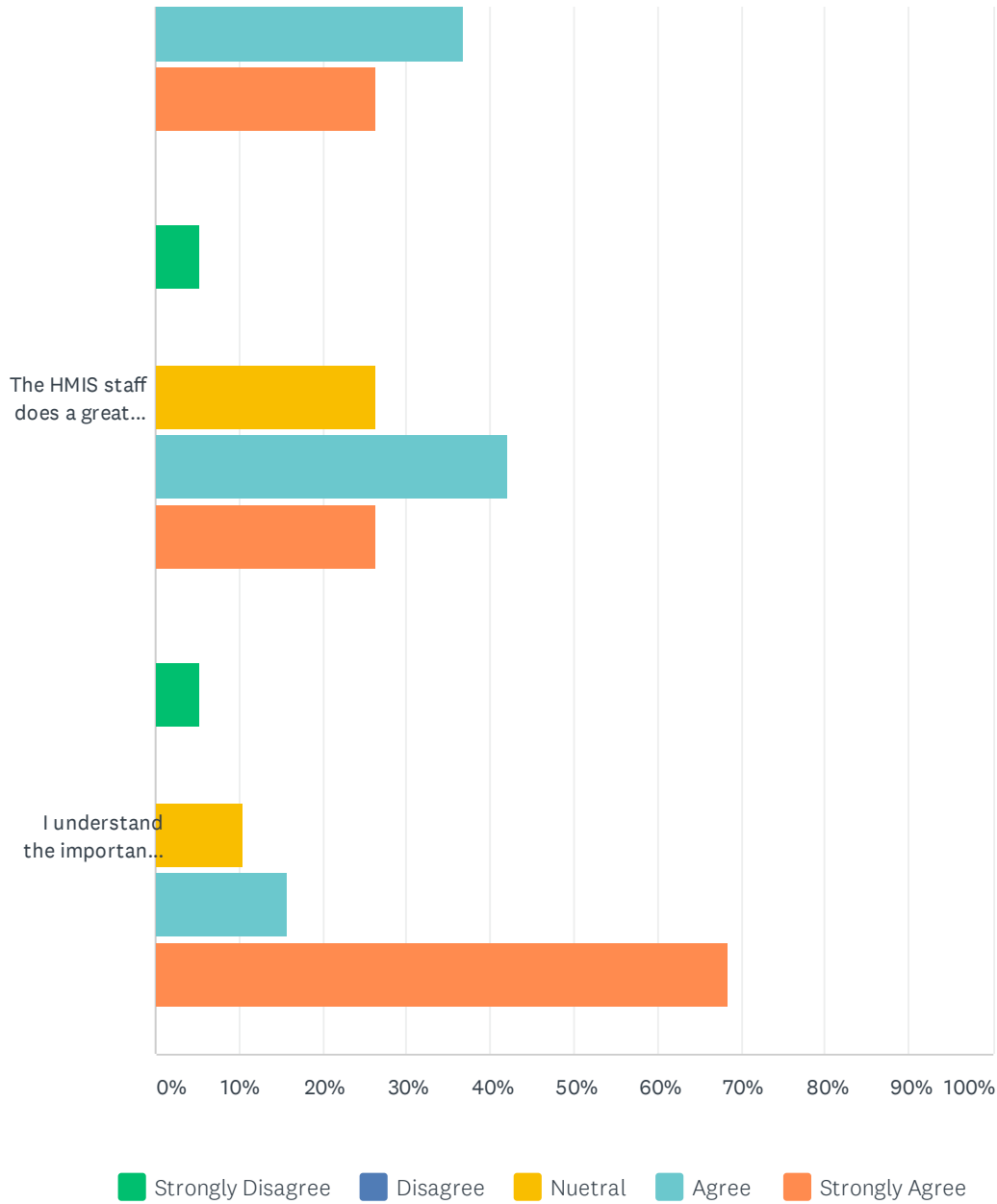
ANSWER CHOICES	RESPONSES	
#1	100.00%	12
#2	83.33%	10
#3	50.00%	6

### Q6 Please indicate how much you agree or disagree with the following statements:

Answered: 19 Skipped: 2



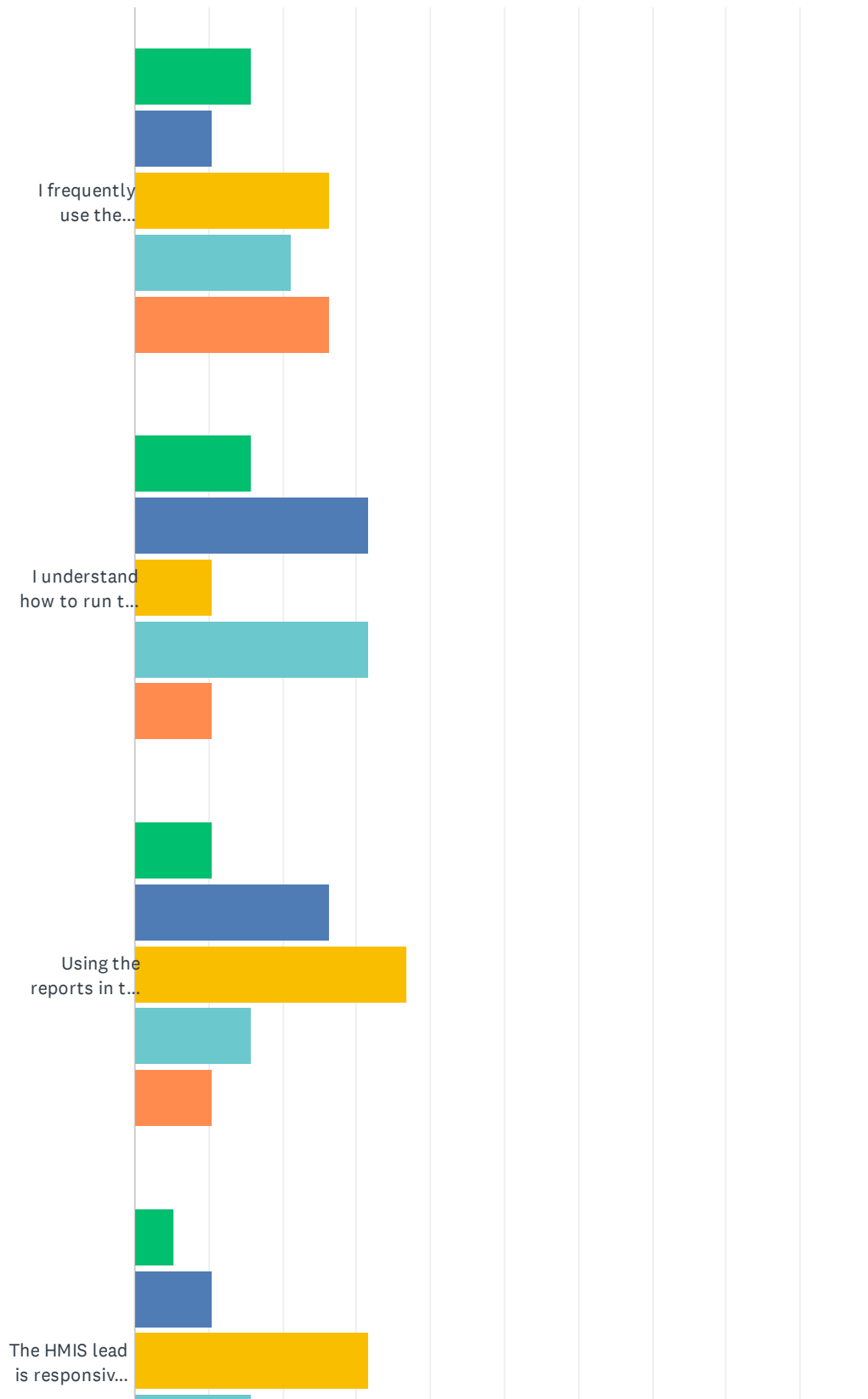
## Big Bend HMIS Operational Assessment



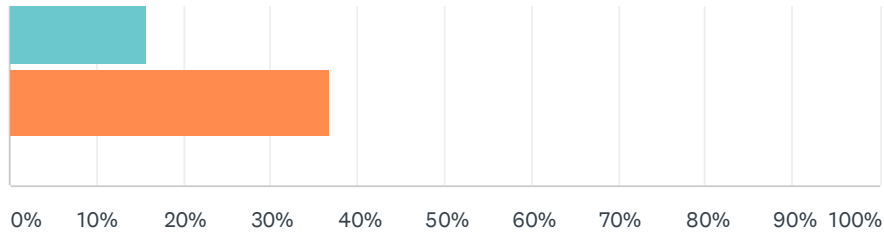
	STRONGLY DISAGREE	DISAGREE	NUETRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
The HMIS Policies and Procedures are easily accessible	5.26% 1	10.53% 2	31.58% 6	36.84% 7	15.79% 3	19	3.47
I fully understand the information contained within the HMIS policies and procedures	10.53% 2	15.79% 3	36.84% 7	21.05% 4	15.79% 3	19	3.16
I have a good understanding of the HMIS data standards	10.53% 2	10.53% 2	21.05% 4	36.84% 7	21.05% 4	19	3.47
I know exactly what information needs to be entered for my projects	5.26% 1	26.32% 5	5.26% 1	36.84% 7	26.32% 5	19	3.53
The HMIS staff does a great job educating me about the HMIS policies and procedures	5.26% 1	0.00% 0	26.32% 5	42.11% 8	26.32% 5	19	3.84
I understand the importance of entering client data into the HMIS	5.26% 1	0.00% 0	10.53% 2	15.79% 3	68.42% 13	19	4.42

### Q7 Please indicate how much you agree or disagree with the following statements:

Answered: 19 Skipped: 2



## Big Bend HMIS Operational Assessment



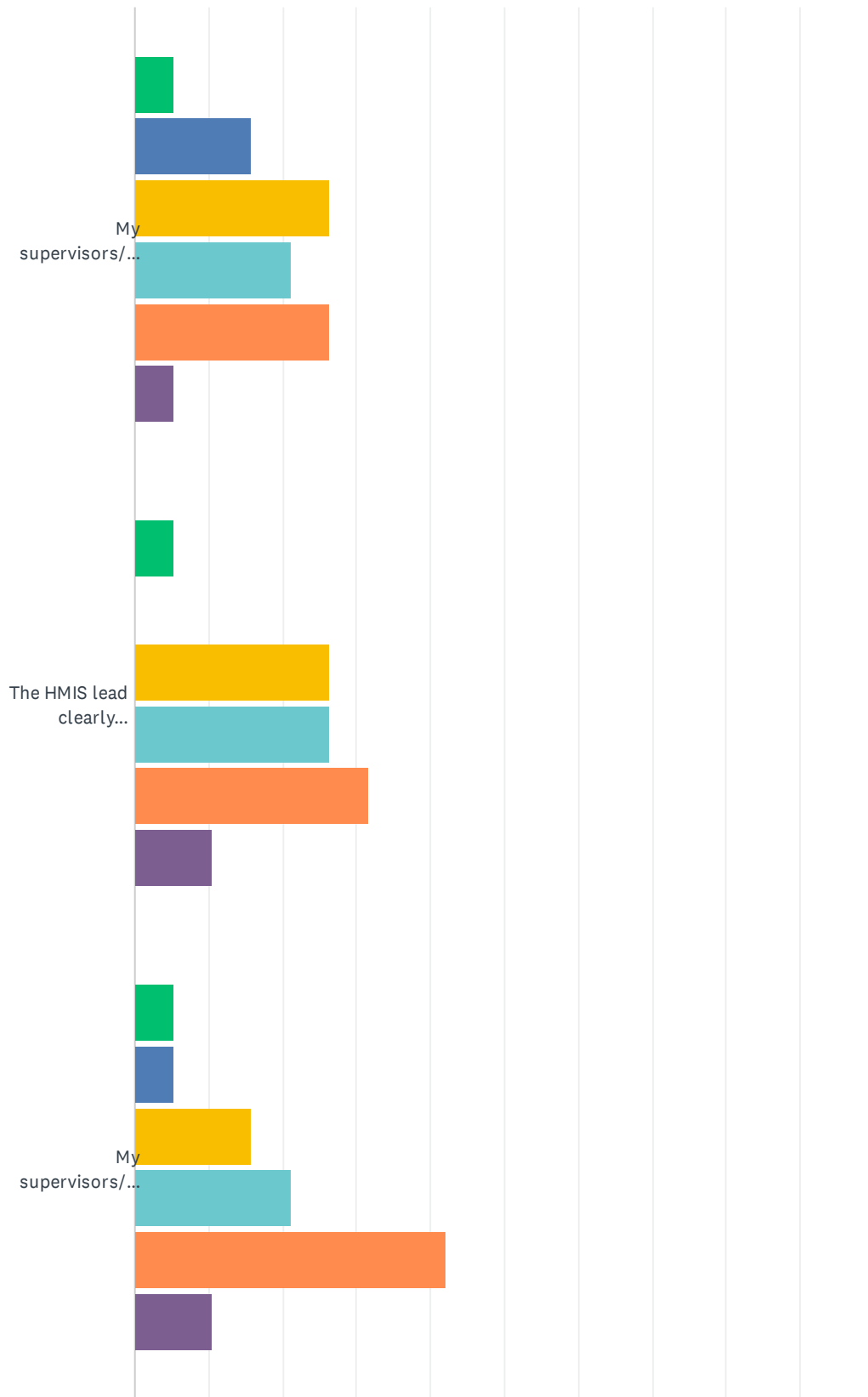
■ Strongly Disagree   
 ■ Disagree   
 ■ Neutral   
 ■ Agree   
 ■ Strongly Agree

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I frequently use the reporting available through HMIS	15.79% 3	10.53% 2	26.32% 5	21.05% 4	26.32% 5	19	3.32
I understand how to run the various reports in the system	15.79% 3	31.58% 6	10.53% 2	31.58% 6	10.53% 2	19	2.89
Using the reports in the system, I can get all of the data that I need for my program	10.53% 2	26.32% 5	36.84% 7	15.79% 3	10.53% 2	19	2.89
The HMIS lead is responsive to any custom reporting needs I have	5.26% 1	10.53% 2	31.58% 6	15.79% 3	36.84% 7	19	3.68

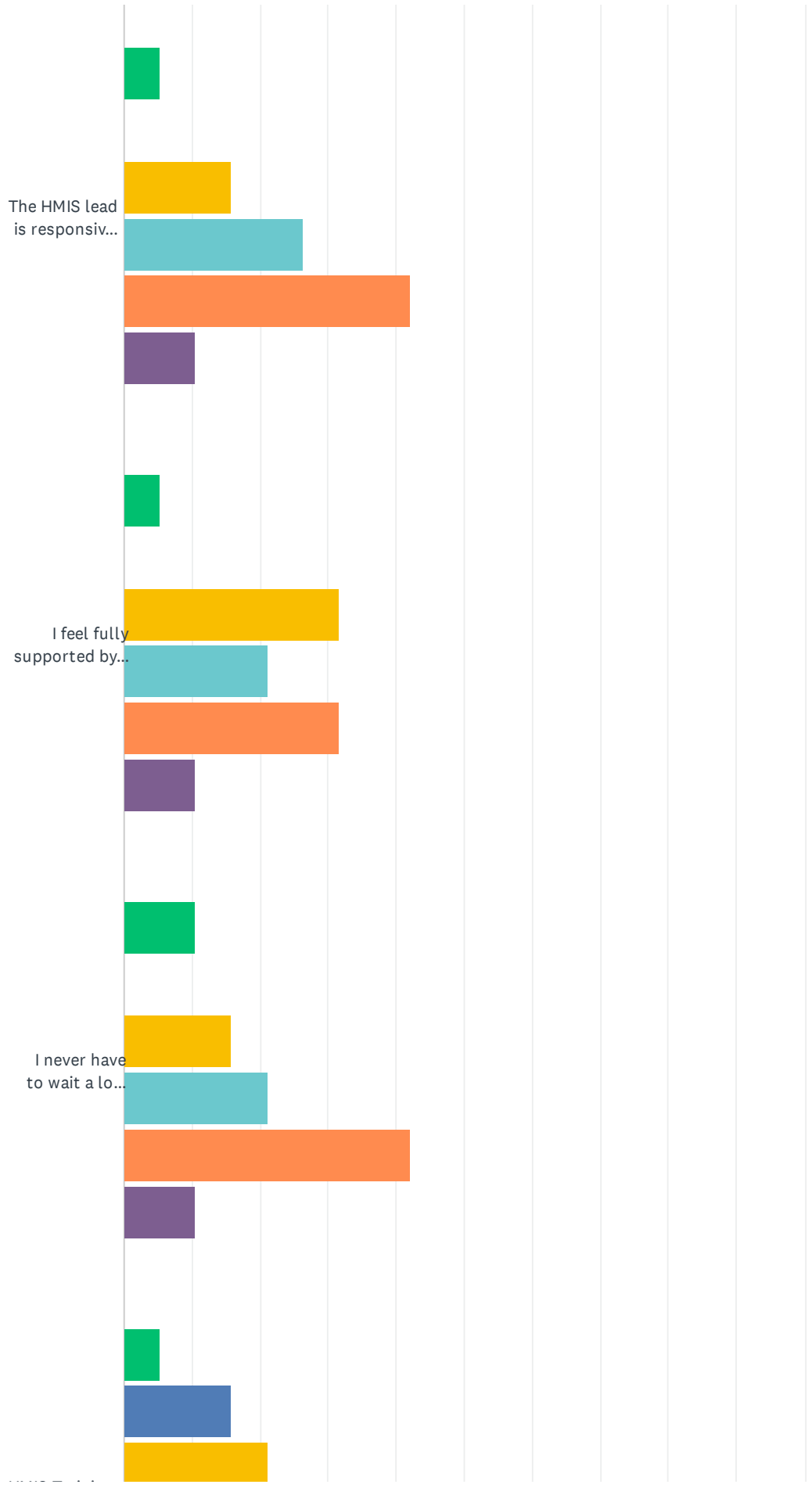


### Q8 Please indicate how much you agree or disagree with the following statements:

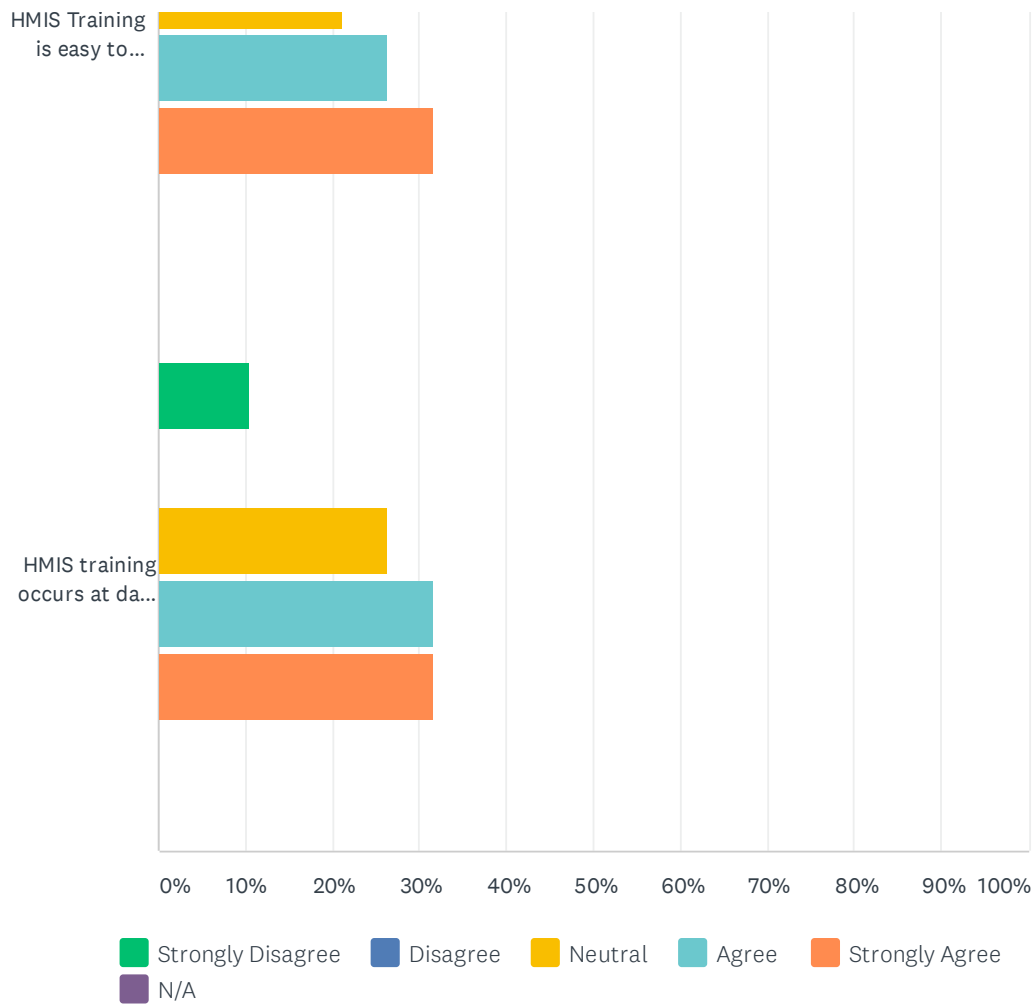
Answered: 19 Skipped: 2



# Big Bend HMIS Operational Assessment



# Big Bend HMIS Operational Assessment

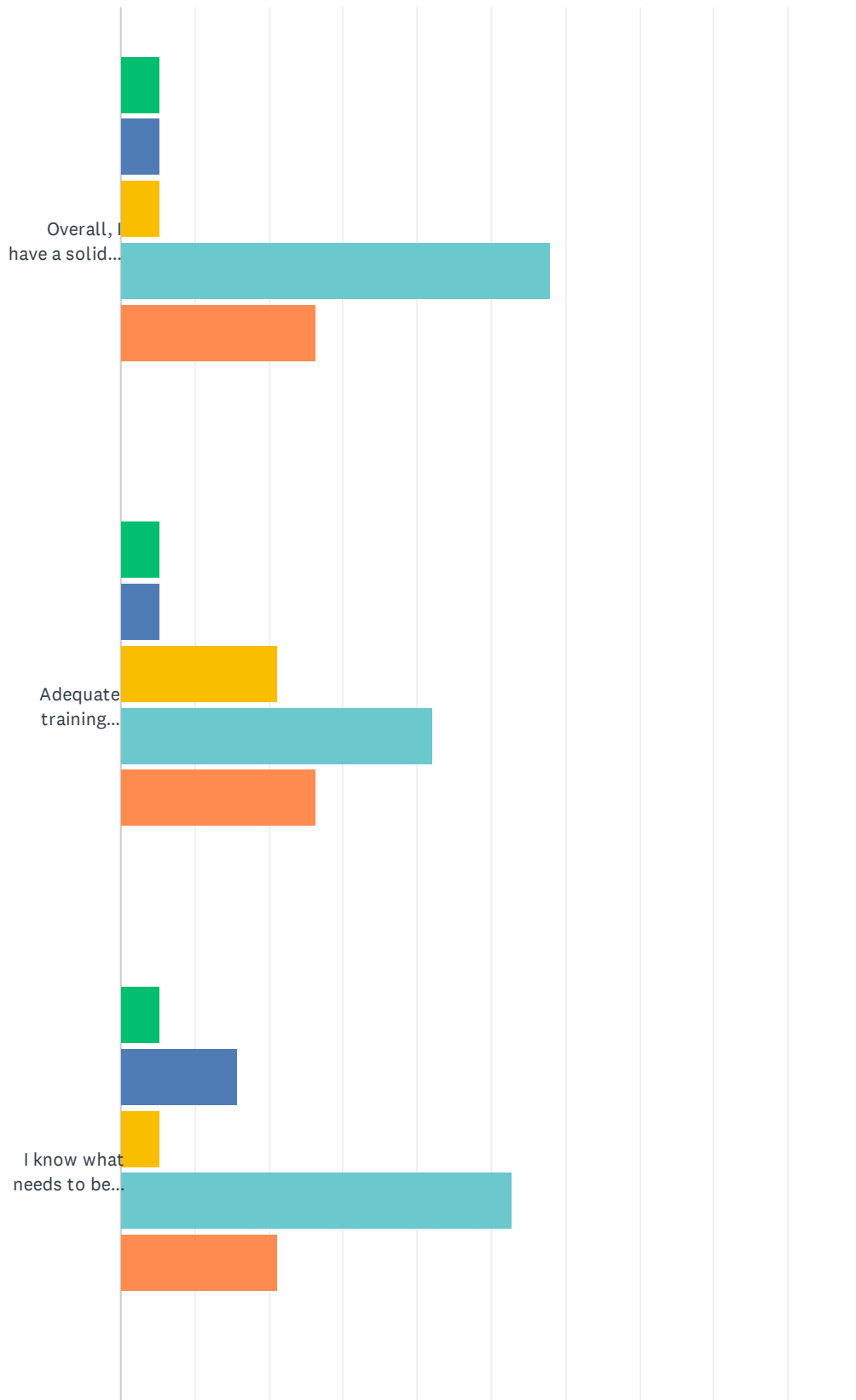


## Big Bend HMIS Operational Assessment

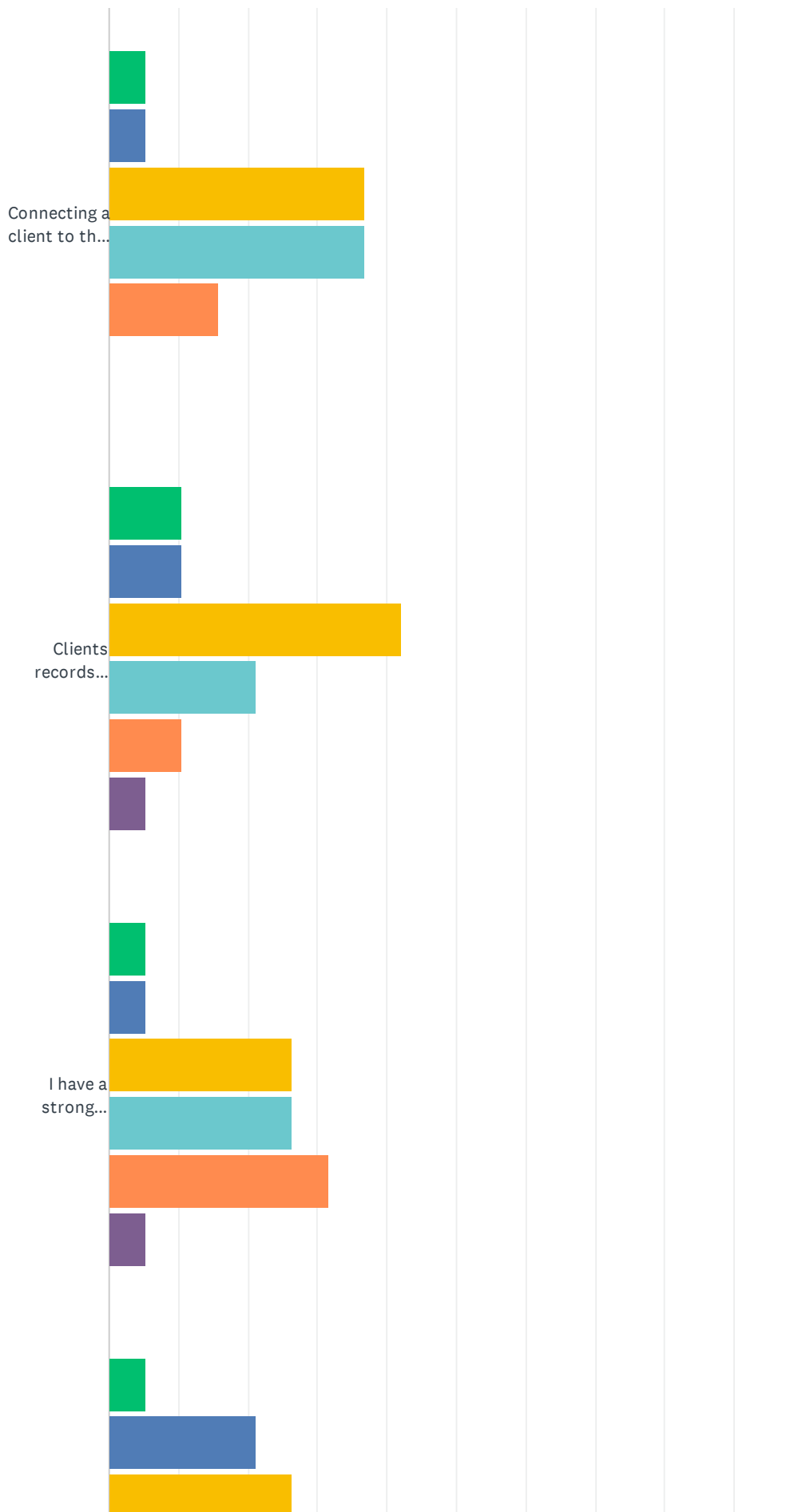
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	N/A	TOTAL	WEIGHTED AVERAGE
My supervisors/executive management clearly communicates HMIS information to me	5.26% 1	15.79% 3	26.32% 5	21.05% 4	26.32% 5	5.26% 1	19	3.50
The HMIS lead clearly communicates HMIS information to me	5.26% 1	0.00% 0	26.32% 5	26.32% 5	31.58% 6	10.53% 2	19	3.88
My supervisors/executive management are responsive to any question or issues that come up	5.26% 1	5.26% 1	15.79% 3	21.05% 4	42.11% 8	10.53% 2	19	4.00
The HMIS lead is responsive to any question or issues that come up	5.26% 1	0.00% 0	15.79% 3	26.32% 5	42.11% 8	10.53% 2	19	4.12
I feel fully supported by the HMIS lead	5.26% 1	0.00% 0	31.58% 6	21.05% 4	31.58% 6	10.53% 2	19	3.82
I never have to wait a long period of time for a response from the HMIS lead	10.53% 2	0.00% 0	15.79% 3	21.05% 4	42.11% 8	10.53% 2	19	3.94
HMIS Training is easy to access	5.26% 1	15.79% 3	21.05% 4	26.32% 5	31.58% 6	0.00% 0	19	3.63
HMIS training occurs at dates and times that are convenient for me	10.53% 2	0.00% 0	26.32% 5	31.58% 6	31.58% 6	0.00% 0	19	3.74

### Q9 Please indicate how much you agree or disagree with the following statements:

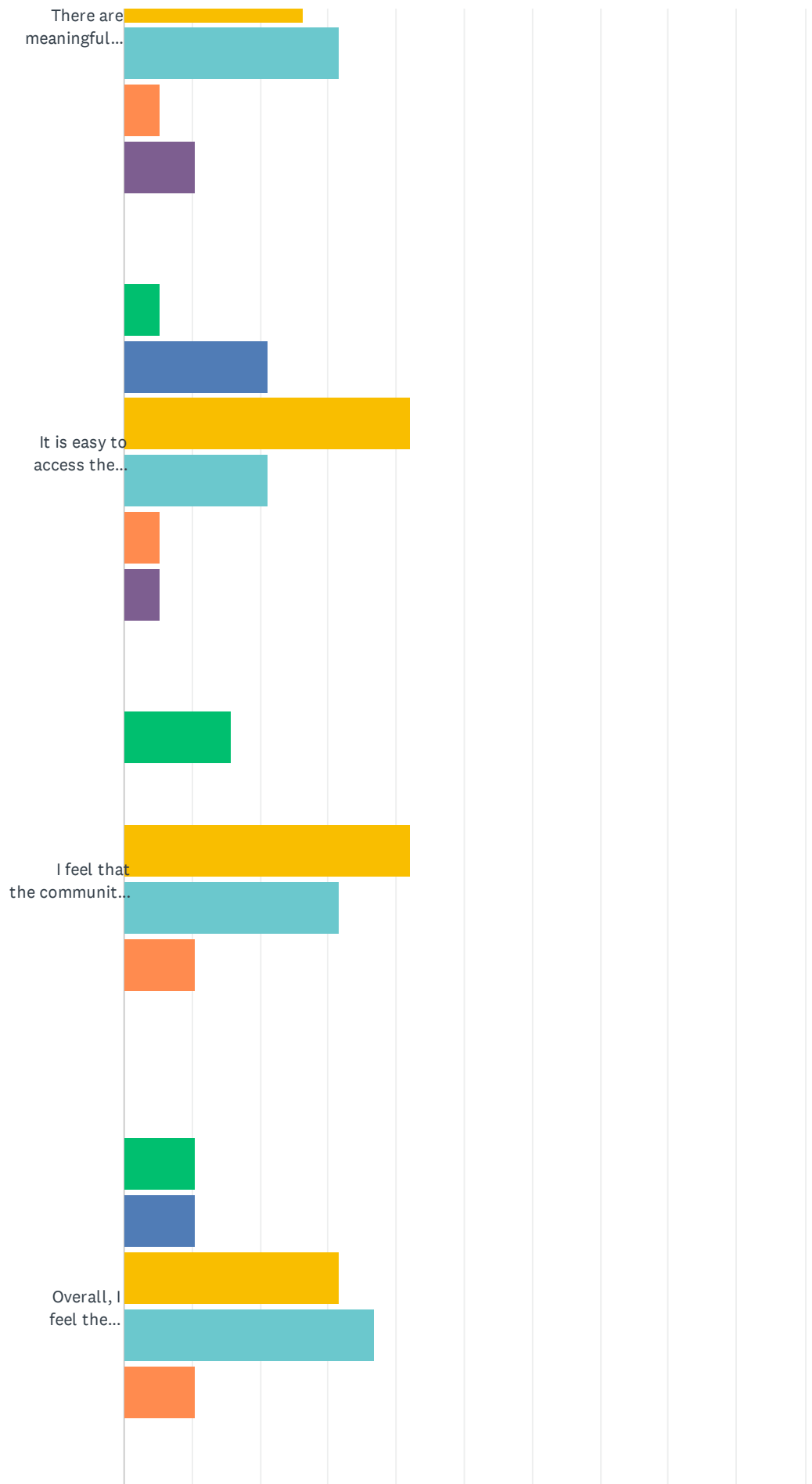
Answered: 19 Skipped: 2



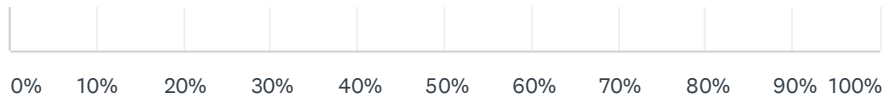
# Big Bend HMIS Operational Assessment



# Big Bend HMIS Operational Assessment



## Big Bend HMIS Operational Assessment



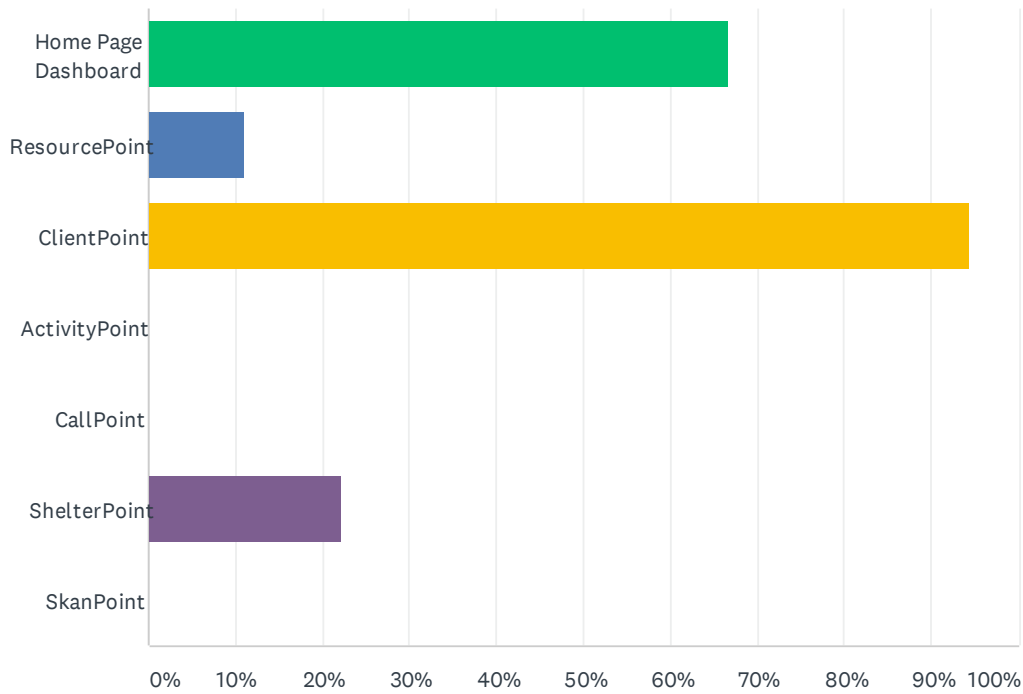
■ Strongly Disagree   
 ■ Disagree   
 ■ Neutral   
 ■ Agree   
 ■ Strongly Agree  
■ N/A

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	N/A	TOTAL	WEIGHTED AVERAGE
Overall, I have a solid understanding of Coordinated Entry	5.26% 1	5.26% 1	5.26% 1	57.89% 11	26.32% 5	0.00% 0	19	3.95
Adequate training regarding the Coordinated Entry process is available to me/my staff	5.26% 1	5.26% 1	21.05% 4	42.11% 8	26.32% 5	0.00% 0	19	3.79
I know what needs to be done in order to connect a client into the Coordinated Entry process through HMIS	5.26% 1	15.79% 3	5.26% 1	52.63% 10	21.05% 4	0.00% 0	19	3.68
Connecting a client to the Coordinated Entry process is simple and quick	5.26% 1	5.26% 1	36.84% 7	36.84% 7	15.79% 3	0.00% 0	19	3.53
Clients records connected with Coordinated Entry are easy to maintain in HMIS	10.53% 2	10.53% 2	42.11% 8	21.05% 4	10.53% 2	5.26% 1	19	3.11
I have a strong understanding of my role and responsibility with maintaining clients on the Coordinated Entry list	5.26% 1	5.26% 1	26.32% 5	26.32% 5	31.58% 6	5.26% 1	19	3.78
There are meaningful reports available about the clients going through Coordinated Entry	5.26% 1	21.05% 4	26.32% 5	31.58% 6	5.26% 1	10.53% 2	19	3.12
It is easy to access the Coordinated Entry Reports that are available	5.26% 1	21.05% 4	42.11% 8	21.05% 4	5.26% 1	5.26% 1	19	3.00
I feel that the community partners all contribute to making Coordinated Entry successful	15.79% 3	0.00% 0	42.11% 8	31.58% 6	10.53% 2	0.00% 0	19	3.21
Overall, I feel the Coordinated Entry process works well in our community	10.53% 2	10.53% 2	31.58% 6	36.84% 7	10.53% 2	0.00% 0	19	3.26



### Q10 I currently use the following areas of the HMIS system (check all that apply)

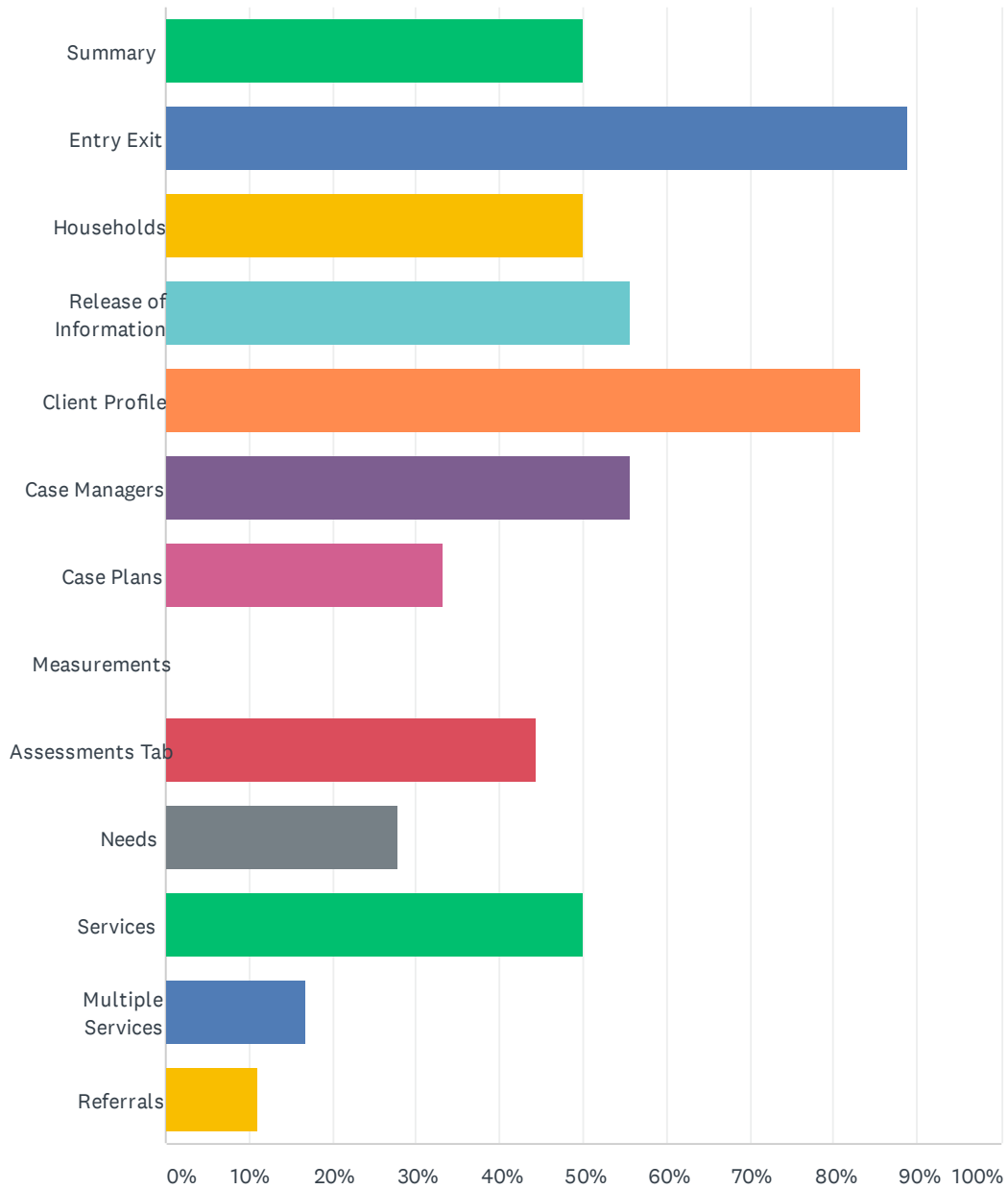
Answered: 18 Skipped: 3



ANSWER CHOICES	RESPONSES	
Home Page Dashboard	66.67%	12
ResourcePoint	11.11%	2
ClientPoint	94.44%	17
ActivityPoint	0.00%	0
CallPoint	0.00%	0
ShelterPoint	22.22%	4
SkanPoint	0.00%	0
Total Respondents: 18		

### Q11 Within ClientPoint, I use the following areas: (check all that apply)

Answered: 18 Skipped: 3

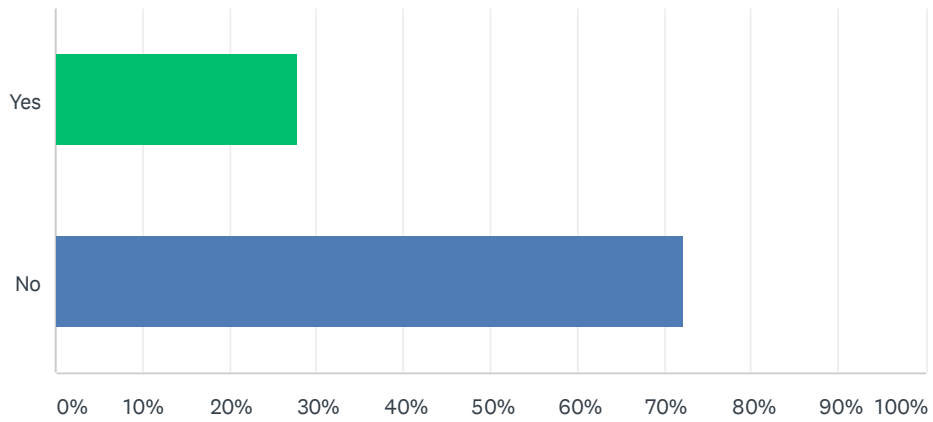


## Big Bend HMIS Operational Assessment

ANSWER CHOICES	RESPONSES	
Summary	50.00%	9
Entry Exit	88.89%	16
Households	50.00%	9
Release of Information	55.56%	10
Client Profile	83.33%	15
Case Managers	55.56%	10
Case Plans	33.33%	6
Measurements	0.00%	0
Assessments Tab	44.44%	8
Needs	27.78%	5
Services	50.00%	9
Multiple Services	16.67%	3
Referrals	11.11%	2
Total Respondents: 18		

## Q12 Are there items that you would like to track in the system that you are currently unable to track?

Answered: 18 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	27.78%	5
No	72.22%	13
TOTAL		18

## Q13 If Yes, what would you like to track?

Answered: 5 Skipped: 16

**Q14 Please add any additional information that you feel would improve the HMIS system:**

Answered: 4 Skipped: 17