HMIS Report Development or Modification Request

|  |  |
| --- | --- |
| Date of request: | 9/15/2014 |
| Requester name: | Rebecca Pfeiffer |
| Continuum of Care: | NC505 Charlotte-Mecklenburg |
| Agency & Program: |  |
| Email & Phone: | rpfeiffer@charlottenc.gov |

Type of request (select one): \_X\_\_Create new report \_\_\_Modify existing report \_\_\_Unknown

If modify existing report, please attach the report to this form.

Recommended level of analysis/Report should be run at what level (check all that apply):

\_X\_ CoC \_X\_Provider/Agency \_X\_Program/Project

Purpose of report (check all that apply): \_X\_Improve data quality \_X\_Case management \_X\_Program operations \_X\_Performance measurement

Reporting requirements (list source of requirements): NOTE: If request fulfills a reporting requirement, please attach the report to this form.

|  |  |
| --- | --- |
| \_\_\_Federal |  |
| \_\_\_State |  |
| \_\_\_Other |  |

Reason for request: Please explain what need you are trying to meet, what specific information you are looking for, and how the requested information will be useful. Reports are to support coordinated assessment activities. Reports will be used for community wide data.

Specific output/data elements: Please describe the data elements you think should be included and the kind of information you want to see about them (e.g. date of birth, veteran status, monthly income and averages, graphs, summaries, client details).

See attachment for reporting information + name, ID, date of assessment, Prevention/Diversion picklist, reason for declining referral, refer to provider, dates of referrals, household ID

List criteria for including clients in reports (e.g. all clients enrolled in selected projects/programs, all clients receiving services, all veterans)

All clients with completed CA assessment

Urgency of request (select one):

\_\_\_Extremely urgent/Mission critical \_\_\_Somewhat urgent \_X\_ Important but not time sensitive

|  |  |
| --- | --- |
| Requested completion date | 2/1/2015 |

CoC Approval if requester is not a CoC Lead

|  |  |
| --- | --- |
| Signature: | Submitted via email |
| Printed Name: | Rebecca Pfeiffer |
| Date: | September 15, 2014 |

**Process Metrics**

* Number of assessments completed (Assessment Date)
* Number of assessments completed weekly at each site/by each assessment staff member
* Percent of households receiving diversion assistance (Prevention/Diversion picklist)
* Number of households receiving diversion assistance
* Percent of declined referrals (provider) (Reason for declining referral <> client refused)
* Number of declined referrals (provider)
* Percent of decline referrals (consumer) (Reason for declining referral = client refused)
* Number of declined referrals (consumer)

**Outcome Measures**

* Percent of households exiting from homelessness to permanent housing (Assessment Date and refered to PH, Assessment Date+exit from ES, H, RRH, O, to PH)
* Number of households exiting from homelessness to permanent housing
* Percent of households diverted but requesting shelter placement within 12 months (Assessment Date, Diversion picklist, with Referral date <> Assessment Date but within 12 months)
* Number of households diverted but requesting shelter placement within 12 months