



Finding and Fixing Data Quality Errors: CoC Annual Performance Report (APR) and ESG Consolidated Annual Performance and Evaluation Report (CAPER)

HMIS Learning Center

This document is an instructional guide to run and review the Continuum of Care (CoC) Annual Performance Report (APR) and Emergency Solution Grant (ESG) Consolidated Annual Performance and Evaluation Report (CAPER) to correct missing and null data elements. The most common questions addressing missing or null data elements have been included.

Introduction

Recipients with HUD funding received through CoC homeless assistance grants (such as Support Housing Program, Shelter Plus Care, etc.) are required to submit an APR to HUD annually. Recipients with funding received through Emergency Solution Grants (ESG) are required to submit a CAPER to HUD annually. The APR and CAPER are similar and share common data collection points. Therefore, the content in this document has been combined for the two reports. Elements specific for a specific report will be noted within the section header.

It is recommended that separate reports are run for each provider page per HUD requirements. This ensures the most accurate data pull for the project and reduces errors related to data chatter. However, the report will also work if it is run by a provider group. If an existing reporting group has not been created for this purpose, a new one will need to be created.

Report specifications require a project entry and a project exit (when applicable) clients to be included in the report. Projects that only record services, needs, or referrals will not generate any report results.

The CoC APR and ESG CAPER are designed to be run for a one-year period. If the report is run for a shorter or longer period, it will negatively impact the sections that calculate annual assessments for income. This is because the calculation of the required annual assessment that occurs either 30 days before or after the anniversary of the client's project start date. Use the actual operating year start and end date (meaning you should not add one day after the end date).

The HUD logic for counting chronically homeless clients is different for a PIT count compared to a calculation at project entry for a longer reporting period. The report uses

the longer reporting period logic, so it is not recommended to run the APR or CAPER for a reporting period of a single day as this will result in an inaccurate count of chronically homeless clients.

Programming specifications for the APR and CAPER can be found in the **CoC APR and ESG CAPER HMIS Programming Specifications** on the HUD Exchange.

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A. General Information

Report Submission

The APR and CAPER are exported from HMIS as a Comma Separated Value (CSV) file and imported to the Sage HMIS Reporting Repository. This process eliminates manual data entry utilized in past report submissions. Specific guidance related to Sage is available on the HUD Exchange.

Report Location

The APR and CAPER can be accessed from **Reports** tab in ServicePoint either by clicking the arrow on the tab to expand it and selecting CoC APR or ESG CAPER, or by navigating to the tab and selecting the report from the **Report Dashboard**.

The screenshot shows the ServicePoint interface. On the left, a 'Reports' dropdown menu is expanded, listing various reports. Two reports, 'CoC-APR 2019' and 'ESG CAPER 2019', are highlighted with red boxes. On the right, the 'Provider Reports' dashboard is displayed, showing a grid of report tiles. The 'CoC-APR 2019' and 'ESG CAPER 2019' tiles are also highlighted with red boxes.

Prompts

The screenshot shows the 'Report Options' form. It includes the following fields and options:

- Provider Type:** Radio buttons for 'Provider' (selected) and 'Reporting Group'.
- Provider:** Text field containing 'Ladybug Services - MCAH Training CoC (TEST PAGE) (10108)'. Includes 'Search', 'My Provider', and 'Clear' buttons.
- Program Date Range:** Date pickers for '10 / 01 / 2018' and '09 / 30 / 2019'.
- Entry/Exit Types:** Checkboxes for 'Basic', 'Basic Center Program', 'HUD', 'PATH', 'Quick Call', 'RHY', 'Standard', 'Transitional Living Program', 'VA', and 'HPRP (Retired)'. 'HUD' is checked.
- Buttons:** 'Build Report' (highlighted with a red box), 'Download', and 'Clear'.

1. **Provider Type** – Select Provider if running the report for a single provider or select Reporting Group if running the report for a group of providers.
2. **Provider** – The provider prompt will appear if the report is being run for a single provider. Click **Search** and select the provider to run the report for. After

selecting this provider, check the box to indicate if the report is to be run for this provider only or all subordinate providers.

Reporting Group – The reporting group prompt will appear if the report is being run for a group of providers. Click **Search** and select the reporting group.

3. **Program Date Range** – Enter the start and end date for the report. Typically, this should be for the grant term (annually).
4. **Entry/Exit Types** – Select **HUD**. Other entry/exit types may be chosen based on the type required for the providers selected.

Once all the prompts have been filled out, click **Build Report** to run the report.

Reading and Understanding the Data

The CoC APR and ESG CAPER have built-in data quality functionality. Review the data presented in the report by clicking on any blue hyperlink to pull up a list of clients with data in the corresponding cell. The report can also be downloaded as an Excel document to help with further data review.

Clients can be searched within the report by using the **Client Search** box. Once a client is identified, the **Highlights Clients** feature can also be used to identify the client’s response to each question in the APR and CAPER. This tool is helpful when identifying clients that have multiple errors throughout the report.

Client Filter

Enter Client IDs separated by commas to highlight cells containing those Clients.

Client IDs:

CoC-APR Report Results

4a - Project Identifiers in HMIS

#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
Organization Name	Org. ID	Project Name			Project ID	HMIS Project Type			Method for Tracking ES	Affiliated with a residential project? (SSO)	Project IDs of Affiliation			CoC Codes	Geocodes	Victim Service Provider											
Michigan Statewide HMIS	1	Michigan Statewide HMIS			1	Other (HUD)								MI-500	Missing	False											
Showing 1-1 of 1																											

5a - Report Validations Table

Report Validations Table	
1. Total Number of Persons Served	5*
2. Number of Adults (age 18 or over)	1
3. Number of Children (under age 18)	1
4. Number of Persons with Unknown Age	3*

B. Identifiers and Validation Table

Question 4a. Project Identifiers in HMIS

Project Identifiers provide information related to the project/s pulled into the APR and CAPER. This section will include a list of all the projects within the selected reporting group. Missing or inaccurate information must be updated on the provider page by an Agency or System Administrator. The report must be rerun after any provider page is updated.

4a - Project Identifiers in HMIS																											
#	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	All
Organization Name	Org. ID	Project Name		Project ID	HMIS Project Type		Method for Tracking ES	Affiliated with a residential project? (SSO)	Project IDs of Affiliation		CoC Codes	Geocodes	Victim Service Provider														
Ladybug Services - MCAH Training CoC (TEST PAGE)	10108	Ladybug Services - MCAH Training CoC - RRH Project (HUD) (TEST PAGE)		10591	PH - Rapid Re-Housing (HUD)						X - Ba	269037	False														

1. **Organization Name** – This field will display the name of the Level 3 (MI) or Level 4 (NC) agency provider page.
2. **Organization ID** – This field will display the provider page ID number of the Level 3 (MI) or Level 4 (NC) agency provider page.
3. **Project Name** – This field will display the name of the provider page.
4. **Project ID** – This field will display the project’s provider page ID.
5. **HMIS Project Type** – This will vary depending on the provider (ex. PH: Rapid Re-Housing).
6. **Method for Tracking ES** – This field should only populate for Emergency Shelters and will be blank for all other project types. Most Emergency Shelters use the Entry/Exit method for tracking. Note: The night-by-night method of tracking requires the capture of contacts and date of engagement.
7. **Affiliated with a residential project (SSO)** – This field will populate if the provider is a Supportive Services Only project where services are attached to a project type such as PSH or RRH.
8. **Project IDs of Affiliation** – This field will display the provider page ID number of an affiliated Supportive Services Only project.
9. **CoC Codes** – This field displays the CoC code that corresponds to the provider.
10. **Geocodes** – This field display’s the geocode that is listed on the project’s provider page.
11. **Victim Service Provider** – This field will indicate if the provider is a victim service provider. It should always read **False**.

Question 5a. Report Validation Table

The fields in this section provide data on entries and exits for various demographics during the reporting period. Review this information to make sure that it is correct.

5a - Report Validations Table	
Report Validations Table	
1. Total Number of Persons Served	4776
2. Number of Adults (age 18 or over)	2895
3. Number of Children (under age 18)	1875
4. Number of Persons with Unknown Age	6
5. Number of Leavers	3126
6. Number of Adult Leavers	1905
7. Number of Adult and Head of Household Leavers	1975
8. Number of Stayers	1650
9. Number of Adult Stayers	990
10. Number of Veterans	163
11. Number of Chronically Homeless Persons	548
12. Number of Youth Under Age 25	254
13. Number of Parenting Youth Under Age 25 with Children	49
14. Number of Adult Heads of Household	2387
15. Number of Child and Unknown-Age Heads of Household	80
16. Heads of Households and Adult Stayers in the Project 365 Days or More	490

5. **Number of Leavers** – Leavers are defined as clients who have both an entry and an exit during the reporting period.
6. **Number of Adult Leavers** – This field indicates the number of leavers who are adults.
8. **Number of Stayers** – Stayers are defined as clients who are still enrolled during the reporting period (meaning they have an entry but no exit).
9. **Number of Adult Stayers** – This field indicates the number of stayers who are adults.
10. **Number of Veterans** – This field indicates the number of adult clients who have a response of Yes to the U.S. Military Veteran question on their client profile.
11. **Number of Chronically Homeless Persons** – This field indicates the number of adult clients or heads of household who meet the definition of chronically homeless. For more information, refer to the Chronic Homelessness section below.
12. **Number of Youth Under Age 25** – This field indicates the number of youth clients under the age of 25 who have been designated as the head of household.
14. **Number of Adult Heads of Household** – This field indicates the number of adult clients who have been designated as the head of household.

15. **Number Child and Unknown Age Heads of Household** – This field indicates the number of clients under the age of 18 who are not part of a household and the heads of household with a missing date of birth.

Client lists in this section are organized by age (pulled from the date of birth on their client profile). If any clients have a missing date of birth (as identified in the **Number of Persons with Unknown Age** field), that date will need to be added to the client's profiles to have a complete count of persons served.

One example of a common data quality issue occurs when a project serves only adults and there is data in the **Number of Child and Unknown Age Heads of Household** (#15) field. The correct date of birth and/or relationship to head of household data elements on these client records will need to be corrected.

C. Data Quality

There are six **Data Quality Tables** (6a-6f) that list data elements and associated errors. Errors listed in questions 6a-6d include **Client Doesn't Know/Client Refused, Information Missing, and Data Issues**. **Information Missing** includes data that was not collected, or is null or blank. **Data Issues** vary by data element, see specific examples below.

Errors found in this section may also appear as **Missing or Errors** in other sections of the report. Therefore, fixing data errors in this section may also resolve errors in other sections.

Question 6a. Data Quality: Personally Identifiable Information

Complete and accurate personally identifiable information is critical to a system's ability to prevent duplication and to merge client records. Errors shown in this section will identify client records where information is not present because the information was not entered, is inconsistent with the protocols established for the data quality of the element, or the client did not know the response or refused to answer the question.

Any missing or incorrect information must be corrected on the client's profile on either their Client Profile tab or on an entry or exit assessment.

6a - Data Quality: Personally Identifiable Information					
Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	Total	% of Error Rate
Name (3.1)	0	1	0	1	0%
SSN (3.2)	95	232	440	767	16%
Date of Birth (3.3)	0	14	1	15	0%
Race (3.4)	25	28		53	1%
Ethnicity (3.5)	46	39		85	2%
Gender (3.6)	0	9		9	0%
Overall Score				836	18%

Clients who pull into the **Data Issues** column have data elements that were not answered to HUD's standards. Common Data Issues:

- **Name** – Record is Anonymous, or was originally entered as Anonymous, but was subsequently changed.
- **Date of Birth** – Date of Birth is approximate or partial; Date of Birth Type is inaccurate.
- **SSN** – Partial SSN; SSN Data Quality is inaccurate.

Question 6b. Data Quality: Universal Data Elements (UDEs)

Universal Data Element (UDEs) are elements common to all client records regardless of project type and funding source. Errors shown in this section will identify client records where information is not present because the information was not entered, is inconsistent with the protocols established for the data quality of the element, or the client did not know the response or refused to answer the question.

Clients who pull into the **Error Count** column have data elements that were not answered to HUD's Data Standards.

6b - Data Quality: Universal Data Elements		
Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	50	2%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	156	3%
Client Location (3.16)	1	0%
Disabling Condition (3.8)	166	3%

Common Data Issues:

- **Relationship to Head of Household** – Multiple household members are listed as self under Head of Household; Child listed as Head of Household.
- **Disabling Condition** – Gateway question does not match sub-assessment data.

Question 6c. Data Quality: Income and Housing Data Quality

Income and Housing Data Quality elements are critical for measuring housing and income performance at the project and continuum level. This section looks at adults and stayers for a duration of 365 days or longer. Errors shown in this section will identify client records where information is not present because the information was not entered, is inconsistent with the protocols established for the data quality of the element, or the client did not know the response or refused to answer the question.

6c - Data Quality: Income and Housing Data Quality		
Data Element	Error Count	% of Error Rate
Destination (3.12)	91	3%
Income and Sources (4.2) at Start	248	8%
Income and Sources (4.2) at Annual Assessment	148	30%
Income and Sources (4.2) at Exit	132	7%

Clients who pull into the **Error Count** column likely have conflicting answers to the sub-assessment questions that result in an error. An example of this may include a response of **No** to the **Income from any source** gateway question but there is also a dollar amount of income listed. Review each client in this section to try to identify the errors.

There may also be a high percentage displayed in the **Percentage of Error Rate** column for long-term stayers. Ensure that the income information is updated for these clients in an annual assessment. Income errors in annual assessments are usually caused by the assessment being outside of the annual window (30 days before or after the anniversary of the project start). If the date of the assessment is accurate, check for a non-HUD value in the income sub-assessment, overlapping sub-assessment records for the same income source, or a mismatch between responses to questions in the income assessment question and the information entered in the sub-assessment.

Question 6d. Data Quality: Chronic Homelessness

The items in the **Prior Living Situation 3.917A and 3.917B** data elements are the building blocks for determining if an individual has been homeless for a long enough period to be considered chronically homeless. If data is missing in any field of these data elements, chronic homelessness will not be accurately reported.

6d - Data Quality: Chronic Homelessness							
Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	627			15	13	12	2%
TH	62	0	0	0	0	0	0%
PH(all)	450	0	1	1	0	0	0%
Total	1139						1%

Chronic homelessness status is determined by the following:

- The client must have a substantiated disability.
- The client must have experienced continuous homelessness for the last 12 months or have experienced homelessness on four separate occasions within the last three years as long as the combined occasions total at least 12 months

HUD logic for counting chronically homeless clients is different for a PIT count versus calculation at project entry for a longer reporting period. The CoC APR and ESG CAPER use the longer reporting period logic, so it is not recommended to run this report for a period of a single day as this will result in an inaccurate count of chronically homeless clients.

Question 6e. Data Quality: Timeliness

Timely data entry is critical to ensuring data accuracy and completeness. This section identifies how quickly project Entry and Exit data is entered into HMIS after it occurs.

6e - Data Quality: Timeliness		
Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	808	367
1 - 3 days	699	589
4 - 6 days	301	290
7 - 10 days	251	317
11+ days	1413	1559

Question 6f. Data Quality: Inactive Records: Street Outreach and Night by Night (NBN) Emergency Shelter

Data quality includes maintaining accuracy in the number of active records in the system. For projects where clients leave, or disappear without an exit (street outreach and night-by-night shelters), the records often remain open which can hamper the project's ability to generate accurate performance measures. This section sets a 90-day limit on inactive records and reports how many records within the reporting period are inactive (meaning clients that should have been exited but were not) based on contact

with the client for Street Outreach projects or bed nights for night-by-night (NBN) Emergency Shelter projects.

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter			
	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	16	9	56%
Bed Night (All clients in ES - NBN)	0	0	0%

Clients that pull into the **Number of Records** column are all active according to start and exit dates, regardless of the project type. Each inactive record should be reviewed to determine an exit date.

D. Clients Served

Question 7a. Number of Persons Served

This section provides information about the clients that were served during the reporting period. Review to make sure that the date of birth is entered for each client so that they will pull into this section correctly.

7a - Number of Persons Served					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	2895	1773	1116		6
Children	1875		1771	90	14
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	6	0	0	0	6
Total	4776	1773	2887	90	26
For PSH and RRH - the total persons served who moved into housing	909	396	513	0	0

One example of a common data quality issue is when there is a project that serves only adults and there is data in the **With Only Children** column. The date of birth and/or relationship to head of household data elements will need to be corrected.

Question 7b. Point-in-Time Count of Persons on the Last Wednesday

This section provides information about clients that were in project on the last Wednesday of January, April, July, and October. Clients in RRH and PSH projects must have a Housing Move In Date to populate into this section.

Applicable Report: 7b is only available in the APR.

7b - Point-in-Time Count of Persons on the Last Wednesday					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	1754	681	1040	19	14
April	1623	617	973	19	14
July	1575	607	947	13	8
October	2066	739	1289	15	23

Question 8a. Number of Households Served

This section provides information about the households that were served by this project during the reporting period.

8a - Number of Households Served					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	2467	1576	811	75	5
For PSH and RRH - the total persons served who moved into housing	497	357	140	0	0

It is important to make sure that the household types identified in this section are correct. For example, if the project only serves households that include both adults and children, there should not be any households in the With Only Children column. If there are households in a column where they are not supposed to be, review the client records to make sure that the correct person is designated as the head of household.

Additionally, check to make sure that no households are pulling into the Unknown Household Type column. Errors identified here need to be corrected to ensure that clients are counted correctly as either singles or persons in households. Missing data may result in a failed report submission.

Supplemental ART Report to help assist you in identifying data quality errors related to households.

- **Name:** Households with Multiple HoHs
- **Location:** ART > Public Folder > Data Quality > Incongruity and Audit Reports

Question 8b. Point-in-Time Count of the Number of Households on the Last Wednesday

This section will display the number of households that were served in the project on the last Wednesday of January, April, July, and October. If there are big changes in PIT data across each quarterly date that cannot be accounted for, the issue will need to be determined and resolved.

Clients enrolled in a Permanent Housing (PH), which includes Rapid Rehousing (RRH) & Permanent Supportive Housing (PSH), or an OPH project must have a Housing Move In Date recorded on an interim after entry on their client record to pull into 8b.

8b - Point-in-Time Count of Households on the Last Wednesday					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	894	605	278	9	2
April	828	553	263	10	2
July	806	543	256	5	2
October	991	627	353	7	4

Question 9a. Number of Persons Contacted

This section reports on data for night-by-night shelters and Street Outreach projects. All other project types should not have any data pull into this section.

Note: If the agency is a night-by-night shelter, only record a **Current Living Situation** sub-assessment for each head of household and adult served in the project if the interaction between the shelter personnel and the client goes beyond a basic provision of shelter services (such as a conversation about the client's well-being, needs, housing plan, or a referral).

9a - Number of Persons Contacted				
	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	59	0	44	0
2-5 Times	3	0	2	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Contacted	62	0	46	0

If the agency is a Street Outreach project, ensure that all contacts have been documented on the **Current Living Situation** sub-assessment for each head of household and adult served. Note: The first contact should be documented on the project start and the last on the project exit. All other contacts should be documented on the update assessment (interim review).

The number in the **Total Persons Contacted** field should equal the combined total of the **Number of Adults** and the **Number of Child and Unknown Age Heads of Household** fields in the **Report Validation Table**.

Question 9b. Number of Persons Engaged

This section reports on data for night-by-night shelters and Street Outreach projects. All other project types should not have any data pull into this section.

The date of engagement is the date on which an interactive client relationship results in a deliberate client assessment or the beginning of a case plan. There should only be one date of engagement recorded on, or after, the project start and before the project exit. If the client exits without being engaged, then this field on the assessment should be left blank.

9b - Number of Persons Engaged				
	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	51	0	37	0
2-5 Times	1	0	1	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Engaged	52	0	38	0
Rate of Engagement	84%	0%	83%	0%

Refer to the Number of Persons Contacted section above. The Total Persons Engaged number may be lower than the number for the Total Persons Contacted field. The Rate of Engagement field is determined by dividing the Total Persons Engaged by the Total Persons Contacted (Ex. $52/62 = 83\%$).

Question 10a - 10d Gender

These sections report on the **Gender** of Client Universal Data Element. Any errors identified can be fixed on the client record or the entry assessment.

Applicable Report: 10d is only available in the CAPER.

Gender categories will be changing with the Data Standards that are being implemented on 10/1/2021. At this time, we don't know how this will change the reports.

Question 11. Age

This section reports the **Age** from the Date of Birth. Any errors identified can be fixed on the client record or the entry assessment.

Question 12a - 12b. Ethnicity

This section reports on the **Ethnicity** Universal Data Element. Any errors identified can be fixed on the client record or the entry assessment.

Question 13a1 - 13c2 Physical and Mental Health Conditions

These sections report on the Universal Data Elements entered on the disability sub-assessment; they are required for all clients. Any errors identified can be fixed on the entry, update, or exit assessment.

Applicable Report: 13a2, 13b2, and 13c2 are only available in the APR.

Question 14a to 14b. Domestic Violence History

These sections report on the data elements entered on the domestic violence sub-assessment; they are required for all heads of household and adults. Any errors identified can be fixed on the entry, update, or exit assessment.

Question 15. Living Situation

This section reports on the Prior Living Situation Universal Data Elements. Any errors identified can be fixed on the entry or update assessment.

Question 16 to 21. Cash Income, Non-Cash Benefits, and Health Insurance

These sections report on the data elements entered on the income, non-cash benefits, and health insurance sub-assessments; they required for all clients. Any errors identified can be fixed on the entry, update, or exit assessment.

The data here includes all active clients in the project during the reporting period. Information is included for both stayers and leavers. If clients appear in the **Number of Stayers without Required Annual Assessment** field, an annual assessment will need to be completed within an interim review assessment.

Applicable Report: 18, 19a1, 19a2, and 20b are only available in the APR.

16 - Cash Income - Ranges			
	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	1114	153	610
\$1 - 150	21	1	17
\$151 - \$250	28	3	17
\$251 - \$500	90	7	57
\$501 - \$1000	510	97	341
\$1001 - \$1500	399	36	303
\$1501 - \$2000	267	30	198
\$2001 +	380	38	318
Client Doesn't Know/Client Refused	3	2	0
Data not collected	83	0	44
Number of adult stayers not yet required to have an annual assessment		500	
Number of adult stayers without required annual assessment		123	
Total Adults	2895	990	1905

The **Client Cash Income Change - Income Source - by Start and Latest Status** table reports clients according to their total income at entry, the annual assessment, or exit. If zero clients are expected in the **Did Not Have the Income Category at Start or at Annual Assessment** column but there are clients pulling in, click the blue hyperlink to review the list of clients. The missing data can be fixed on either the entry or update assessment.

19a1 - Client Cash Income Change - Income Source - by Start and Latest Status									
Income Change by Income Category (Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have It at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Start	Retained Income Category and Same \$ at Annual Assessment as at Start	Retained Income Category and Increased \$ at Annual Assessment	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not Have the Income Category at Start or at Annual Assessment	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	23	4	6	4	18	296	365	24	7%
Average Change in Earned Income	-1,890.87	-1,195.5		1,040.5	1,361.39			1,346.67	
Number of Adults with Other Income	7	20	8	91	69	149	365	165	45%
Average Change in Other Income	-692.14	-361.8		375.07	904.3			608.46	
Number of Adults with Any Income (i.e., Total Income)	19	24	8	100	70	115	365	180	49%
Average Change in Overall Income	-2,081.53	-455.21		401.46	1,058.04			691.01	

Question 22a1. Length of Participation for CoC Projects

This data accounts for the total time spent in a client's latest project stay, even if the client entered the project prior to the start of the report. Information is included for both stayers and leavers.

Applicable Report: 22a1 is only available in the APR.

22a1 - Length of Participation - CoC Projects			
	Total	Leavers	Stayers
30 days or less	1418	1215	203
31 to 60 days	887	765	122
61 to 90 days	431	339	92
91 to 180 days	547	331	216
181 to 365 days	373	159	214
366 to 730 Days (1-2 Yrs)	392	243	149
731 to 1,095 Days (2-3 Yrs)	213	46	167
1,096 to 1,460 Days (3-4 Yrs)	91	0	91
1,461 to 1,825 Days (4-5 Yrs)	89	6	83
More than 1,825 Days (>5 Yrs)	335	22	313
Data not collected	0	0	0
Total	4776	3126	1650

Look for excessive stay periods. For example, if the funder's maximum project stay is 90 days , but the data in this field **731-1095 Days**, there may be clients who have not been exited or have an incorrect exit date recorded.

Question 22a2. Length of Participation for ESG Projects

This data accounts the total time spent in a client's latest project stay, even if the client entered the project prior to the start of the report. Information is included for both stayers and leavers.

Applicable Report: 22a2 is only available in the CAPER.

22a2 - Length of Participation - ESG Projects			
	Total	Leavers	Stayers
0-7 days	26	0	26
8 to 14 days	6	3	3
15 to 21 days	3	0	3
22 to 30 days	21	0	21
31 to 60 days	76	5	71
61 to 90 days	35	0	35
91 to 180 days	76	5	71
181 to 365 days	8	0	8
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
Total	251	13	238

Look for excessive stays. For example, if the project stay is typically 90 days and clients are pulling into the 731 to 1,095 Days field, there may be clients who have not been exited or have an incorrect exit date recorded.

Question 22c. Length of Time between Project Start and Housing Move-In Date

This section reports on data for Permanent Housing (including PSH and RRH) projects only. All other project types should not have any data pull into this section.

22c - Length of Time between Project Start Date and Housing Move-in Date					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	20	10	10	0	0
8 to 14 days	23	9	14	0	0
15 to 21 days	8	6	2	0	0
22 to 30 days	13	4	9	0	0
31 to 60 days	22	12	10	0	0
61 to 180 days	45	17	28	0	0
181 to 365 days	13	3	10	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	144	61	83	0	0
Average length of time to housing	73	52	87	0	0
Persons who were exited without move-in	60	32	28	0	0
Total	204	93	111	0	0

The **Housing Move-In Date** data element must be completed on the Head of Household client record for all households that have moved into a housing unit. Clients who have not yet moved into housing will show up in this section but will not count as a data quality error if they are missing the **Housing Move-In Date**.

This data element should be completed on an interim review or update assessment.

The **Housing Move-In Data Quality Report** can be used to help assist in identifying data quality errors related to the Housing Move-In Date.

- Location in ART: Public Folder > Data Quality > Incongruity and Audit Reports

Question 22d. Length of Participation by Household Type

This section looks at the data from the **Length of Participation: ESG Projects** section and breaks it into household types.

Applicable Report: 22d is only available in the CAPER

22d - Length of Participation by Household Type					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	26	11	8	0	7
8 to 14 days	6	4	2	0	0
15 to 21 days	3	3	0	0	0
22 to 30 days	21	5	14	0	2
31 to 60 days	76	28	40	0	8
61 to 90 days	35	13	22	0	0
91 to 180 days	76	52	23	1	0
181 to 365 days	8	1	0	0	7
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	251	117	109	1	24

Question 22e. Length of Time Prior to Housing

This section reports on the time that the client reported being homeless up until the point that they obtained housing through the project by using the **Approximate Date of Homelessness** question and the project start date.

If the **Approximate Date of Homelessness** question has not been answered for a client, they will show up as a data quality error and the question will need to be completed.

22e - Length of Time Prior to Housing - based on 3.917 Date Homelessness Started					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	325	242	59	23	1
8 to 14 days	36	12	23	1	0
15 to 21 days	23	15	5	3	0
22 to 30 days	38	19	19	0	0
31 to 60 days	119	47	72	0	0
61 to 180 days	337	140	194	3	0
181 to 365 days	275	126	147	2	0
366 to 730 Days (1-2 Yrs)	159	84	75	0	0
731 days or more	130	73	56	1	0
Total (persons moved into housing)	1442	758	650	33	1
Not yet moved into housing	181	105	76	0	0
Data not collected	265	119	142	4	0
Total Persons	1888	982	868	37	1

If a client has not moved into housing, they will appear on the **Not yet moved into housing** line. This does not signify a data quality error.

Question 23c. Exit Destination

It is important that agencies make every effort to collect discharge information from clients who are exiting their projects, even if the client is going back onto the street or into a shelter. Failure to collect this information will reflect a lack of client engagement. Agencies with a high number of null exit destinations should work to improve client engagement. There are many Continuous Quality Improvement (CQI) resources in the HMIS Learning Center that can be of assistance.

23c - Exit Destination - All persons					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	1	1	0	0	0
Owned by client, no ongoing subsidy	10	5	5	0	0
Owned by client, with ongoing subsidy	6	1	5	0	0
Rental by client, no ongoing subsidy	2077	541	1526	2	8
Rental by client, with VASH subsidy	12	5	7	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	57	29	28	0	0
Permanent Housing (other than RRH) for formerly homeless persons	5	4	0	1	0
Staying or living with family, permanent tenure	163	75	50	38	0
Staying or living with friends, permanent tenure	55	51	3	1	0
Rental by client, with RRH or equivalent subsidy	31	10	21	0	0
Rental by client, with HCV voucher (tenant or project based)	192	36	152	0	4
Rental by client in a public housing unit	44	19	22	3	0
Subtotal	2653	777	1819	45	12
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	32	28	0	4	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	8	4	0	4	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	61	31	24	6	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	37	20	13	4	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	99	89	10	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	34	25	9	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	271	197	56	18	0

Institutional Settings					
Foster care home or foster care group home	7	6	0	1	0
Psychiatric hospital or other psychiatric facility	18	12	3	3	0
Substance abuse treatment facility or detox center	17	17	0	0	0
Hospital or other residential non-psychiatric medical facility	27	14	10	3	0
Jail, prison, or juvenile detention facility	16	11	5	0	0
Long-term care facility or nursing home	1	1	0	0	0
Subtotal	86	61	18	7	0
Other Destinations					
Residential project or halfway house with no homeless criteria	3	2	0	1	0
Deceased	9	9	0	0	0
Other	12	6	6	0	0
Client Doesn't Know/Client Refused	9	9	0	0	0
Data Not Collected (no exit interview completed)	83	75	7	1	0
Subtotal	116	101	13	2	0
Total	3126	1136	1906	72	12
Total persons exiting to positive housing destinations	671	301	339	30	1
Total persons whose destinations excluded them from the calculation	36	28	4	4	0
Percentage	22%	27%	18%	44%	8%

The recommended steps for fixing and eliminating null destination data include:

- Running the **Discharge Destination Data Quality Report** to identify any non-HUD destination responses and gathering information regarding Other destinations then mapping them to the appropriate HUD categories. For more information, refer to the **Exit Destination Guidance** document in the HMIS Learning Center.
- Compiling a list of the exited clients who have missing or null discharge destination values and asking other staff members if they know where each client went after exiting the project or reaching out to the client's emergency contacts or family members to try to ascertain their whereabouts.
- Working to reduce the number of clients with missing or null data, as well as, **Other** exit destination responses. The best practice, for all projects, is to ensure that an exit interview is completed for clients, and that it includes an accurate exit destination.

The **Discharge Destination Data Quality Report** can be run to help assist in identifying data quality errors related to discharge destinations.

- **Location in ART:** Public Folder > Data Quality > Universal Data Elements Completeness and Null Data Reports

Questions 24 Homeless Prevention Housing Assessment at Exit

This section reports the data for Homelessness Prevention projects only. All other project types should not have any data pull into this section.

Applicable Report: 24 is only available in the CAPER.

The data elements listed in this section should be answered for all clients (adults and children) who have a project exit during the reporting period. This includes the **Housing**

Assessment at Exit gateway question as well as the appropriate secondary questions, if applicable. If data is not populated in this section, go to the client records to update these data elements in the exit assessment.

24 - Homeless Prevention Housing Assessment at Exit					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Able to maintain the housing they had at project start--Without a subsidy	0	0	0	0	0
Able to maintain the housing they had at project start--With the subsidy they had at project entry	1	0	1	0	0
Able to maintain the housing they had at project start--With an on-going subsidy acquired since project entry	0	0	0	0	0
Able to maintain the housing they had at project start--Only with financial assistance other than a subsidy	0	0	0	0	0
Moved to new housing unit--With on-going subsidy	1	0	1	0	0
Moved to new housing unit--Without an on-going subsidy	0	0	0	0	0
Moved in with family/friends on a temporary basis	1	0	1	0	0
Moved in with family/friends on a permanent basis	0	0	0	0	0
Moved to a transitional or temporary housing facility or program	0	0	0	0	0
Client became homeless - moving to a shelter or other place unfit for human habitation	0	0	0	0	0
Client went to jail/prison	0	0	0	0	0
Client died	0	0	0	0	0
Client doesn't know/Client refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	16	5	11	0	0
Total	19	5	14	0	0

The total number of persons with a housing assessment at exit should equal the number seen in the **Number of Leavers** field in the **Report Validation Table**.

Questions 25a - 25i Veterans

This section populates from data where a household has at least one veteran that has been served, as defined by the client being 18 years of age or older and having a response of **Yes** to the **U.S. Military Veteran Universal Data Element**.

Applicable Report: 25b – 25i are only available in the APR.

Questions 26a - 26h Chronically Homeless Persons by Household

The totals in this section are based on the chronic homelessness status of the heads of households, and other adults, at project entry. This will include household members who are not chronically homeless according to their own data but are included in a household with a chronically homeless head of household or another chronically homeless adult.

Applicable Report: 26a and 26c-26h are only available in the APR.

Chronic homelessness status is determined by the following:

- The client must have a substantiated disability.
- The client must have experienced continuous homelessness for the last 12 months or have experienced homelessness on four separate occasions within the last three years as long as the combined occasions total at least 12 months.

26a - Chronic Homeless Status - Number of Households w/at least one or more CH person					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	396	340	56	0	0
Not Chronically Homeless	1952	1177	698	72	5
Client Doesn't Know/Client Refused	2	1	1	0	0
Data not collected	117	58	56	3	0
Total	2467	1576	811	75	5

26b - Number of Chronically Homeless Persons by Household					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	548	357	190	1	0
Not Chronically Homeless	4057	1338	2610	84	25
Client Doesn't Know/Client Refused	3	1	2	0	0
Data not collected	168	77	85	5	1
Total	4776	1773	2887	90	26

It is important to make sure that the household types identified in this section are correct. For example, if the project only serves households that includes both adults and children, there should not be any households in the **With Only Children** column. If there are households in a column where they are not supposed to be, client records should be reviewed to make sure that the correct person is designated as the head of household.

Additionally, make sure that no households are pulling into the **Unknown Household Type** column. Errors identified here need to be corrected to ensure that clients are counted correctly as either singles or persons in households. Missing data may result in a failed report submission.

Questions 27a - 27i Youth

This section populates from data where all household members are between the ages of 12 and 24.

Applicable Report: 27a – 27i are only available in the APR.

If you have any questions about the material covered in this document, please contact the MCAH help desk at mihelp@mihomeless.org (MI) or nchelp@nchmis.org (NC).