

ESG CAPER (Consolidated Annual Performance and Evaluation Report)

Finding and Fixing Data Quality Errors

CAPER Guide Introduction:

This document is to be used as an instructional guide to assist the end user in running an ESG CAPER Report with instructions on how to read the report and correct missing/null data elements. The most common tables/questions where missing/null data may appear have been included.

Report Filters

We recommended that users run **separate ESG CAPER reports for each project** per HUD requirements. This ensures accurate data for the specific project and reduces data chatter errors.

However, the CAPER will work for Provider Reporting Groups. Create and select the desired Reporting Group in the Prompts. Once a selection is made, the user needs to designate the appropriate "Parent Provider" in the dropdown that appears. This provider is the provider that will populate in Question 4a with the appropriate project name, id, and other HUD standards information.

NOTES:

Report specifications require a Project Entry and Project Exit (when applicable) in order to include clients in the report. Projects recording Services, Needs or Referrals ONLY will not generate any report results.

ESG CAPER – Finding and Fixing Data Quality Errors

What does CAPER stand for?

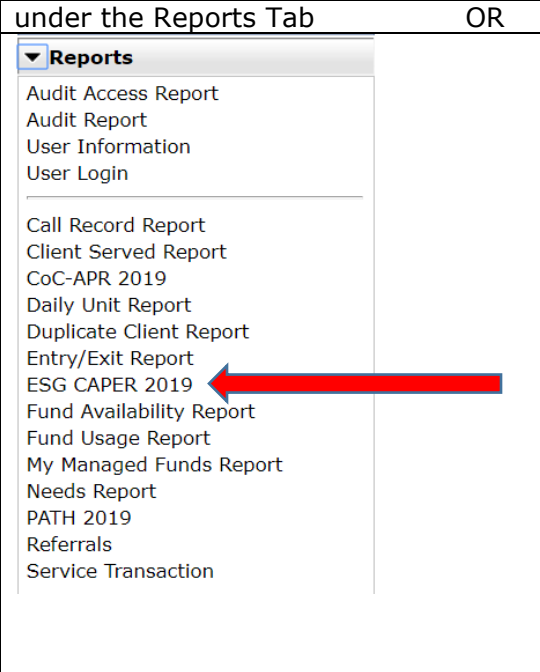

Consolidated Annual Performance and Evaluation Report (CAPER)

Who is required to complete and submit a CAPER?

Recipients with HUD funding received through the Emergency Solutions Grants (ESG) Program are required to submit a Consolidated Annual Performance and Evaluation Report (CAPER) to HUD annually. NOTE: If you receive funds from MSHDA and/or MDHHS they will provide instructions as to when and how you submit a CAPER Report to them.

Where do I find the CAPER Report?

The CAPER Report can be found in HMIS

under the Reports Tab	OR	under the Provider Reports on the Report Dashboard
		

How Do I Run the CAPER Report?

Fill out all the prompts and click "Build Report".

- 1) Provider Type= Choose option to report by Individual Agency Provider Page or Reporting Group
- 2) Provider = Choose the Project Page
- 3) Program Date Range = Grant Term (can be run quarterly)
- 4) Entry/Exit Types = HUD

Report Options Use Previous Parameters

Provider Type	<input checked="" type="radio"/> Provider <input type="radio"/> Reporting Group	1
Provider *	Ladybug Services - MCAH Training CoC (TEST PAGE) (10108) <input type="button" value="Search"/> <input type="button" value="My Provider"/> <input type="button" value="Clear"/>	2
Program Date Range *	10 / 01 / 2018 to 09 / 30 / 2019	3
Entry/Exit Types *	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Center Program Entry/Exit <input checked="" type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick Call <input type="checkbox"/> RHY <input type="checkbox"/> Standard <input type="checkbox"/> Transitional Living Program Entry/Exit <input type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)	4
<input type="button" value="Build Report"/> <input type="button" value="Download"/> <input type="button" value="Clear"/>		

ESG CAPER – Finding and Fixing Data Quality Errors

Reading and Understanding the CAPER Report Results

Table/Question 4a. Project Identifiers

Project descriptor data elements (PDDE) are intended to identify the organization, specific project, and project details to which an individual client record in an HMIS is associated.

Any missing or incorrect information must be corrected on the Provider page by the Agency Administrator. If all fields are blank, it is likely that the report was run using a 'Reporting Group'. **Separate CAPER reports must be run for each provider page.**

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	2	3	4	5	6	7	8	9	10	11																	

Ensure the following information is correct:

- 1) Organization Name = Level 3 (MI) - Level 4 (NC) Agency Provider Page.
 - 2) Organization ID = Level 3 (MI) - Level 4 (NC) Agency Provider HMIS ID
 - 3) Project Name = Funded Project Page Name
 - 4) Project ID = Funded Project Page HMIS ID
 - 5) HMIS Project Type = Varies based on provider page. The only ESG funded project types that are acceptable include:
 - a. Street Outreach
 - b. Emergency Shelter
 - c. Transitional Housing
 - d. Homeless Prevention
 - e. PH: Rapid Re-Housing
 - 6) Method for Tracking ES = Should only be completed for Emergency Shelter Projects. This field should be blank for all other project types.
 - a. Entry/Exit Date
 - b. Night-by-Night *
- *Most Emergency Shelters use the Entry/Exit Method of Tracking. The Night-by-Night method of tracking requires emergency shelters to capture contacts and date of engagement.*
- 7) Affiliated with a residential project (SSO) = Services Only project where services are attached to a project type (e.g., RRH or PSH)
 - 8) Project IDs of Affiliation = Services Only project Page HMIS ID
 - 9) CoC Codes = Community CoC Code
 - 10) Geocodes = Community CoC Geocode (HUD provides a GeoCode listing)
 - 11) Victim Service Provider – Should be "False"

ESG CAPER – Finding and Fixing Data Quality Errors

Table/Question 5a. Report Validation Table

This section provides you with totals for the persons served during the reporting period. Review the information to ensure your demographic information is correct. For example, if you are a project that serves only adults and there is data for “child heads of household” you will need to correct the DOB and/or Relationship to Head of Household (HoH) data elements on the client record.

5a - Report Validation Table		
Report Validation Table		
1. Total Number of Persons Served	Clients are organized by age (pulled from date of birth in the Client Profile tab). If you have missing date of birth (question 5a4 and 6a4) you will need to fix that data in order to have complete count of persons served	1418
2. Number of Adults (age 18 or over)		1101
3. Number of Children (under age 18)		301
4. Number of Persons with Unknown Age		16
5. Number of Leavers	Clients with a project entry <u>AND</u> exit during the reporting period	844
6. Number of Adult Leavers	Adult clients with a project entry <u>AND</u> exit during the reporting period	703
7. Number of Adult and Head of Household Leavers	Clients still enrolled during reporting period (i.e. project entry – <u>NO</u> exit)	706
8. Number of Stayers	Adult Clients still enrolled during reporting period (i.e. project entry – <u>NO</u> exit)	574
9. Number of Adult Stayers	Adult Clients (+18) with a “Yes” response to veteran status	398
10. Number of Veterans	Total persons with HoH or adult who meet the ‘Chronic’ definition (see Q26b guidance)	212
11. Number of Chronically Homeless Persons	Youth under 25 with “Self” response to Relationship to HoH	102
12. Number of Youth Under Age 25		103
13. Number of Parenting Youth Under Age 25 with Children		21
14. Number of Adult Heads of Household	Adult Clients (+18) with “Self” response to Relationship to HoH	1029
15. Number of Child And Unknown-Age Heads of Household		13
16. Heads of Households and Adult Stayers in the Project 365 Days or More		98

ESG CAPER – Finding and Fixing Data Quality Errors

The ESG CAPER has built in data quality indicators. To ensure that your report is pulling correctly, review the following information and correct any issues. There are 6 **Data Quality Tables** (items 6a-6f) that list data elements that may have errors that need to be fixed. Errors will include “information missing”, “data issues” or “error count”. “Missing” is defined to mean data where the field has data not collected, is null or blank, or where the entire form or table record on which that field resides is completely absent.

Throughout the report you can click on any blue hyperlink to bring up a list of clients in that cell. You can download this list of clients into excel and use the list to fix data. Many of the errors found in this section are also shown as missing data in other sections within the report. If you fix the data here it will clear up data errors listed located in the other report sections.

NOTE: Once you locate an error for a client, use the “Highlight Client” feature to look for other potential errors. This will highlight additional errors for the client, allowing the user can to go to a client record once to make all of the needed corrections.

Client Filter

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

Client IDs: Client Search Highlight Clients

CoC-APR Report Results

4a - Project Identifiers in

#	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	Affiliated with a residential project?		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*

In addition, you can run the 0640 – HUD Data Quality Report Framework – v9 found in the ART folder *ART > Public Folder > Data Quality Folder*

ESG CAPER – Finding and Fixing Data Quality Errors

Table/Question 6a. Data Quality: Personally Identifiable Information

Personally Identifiable Information (PII) Purpose: Complete PII is critical to The HMIS system’s ability to unduplicate and merge client records. Errors are identified for those records where information is not present because the client didn’t know the response, refused to provide a response or the information was missing or where the response is not consistent with protocols established for the data quality of the element. All of the data elements listed here must be answered per HUD data standards. An error for the client will appear if one of these elements has an answer that is not HUD approved (client doesn’t know or client refused and/or data not collected).

Any missing or incorrect information must be corrected on the Profile, Entry or Exit assessment.

6a - Data Quality: Personally Identifiable Information					
Data Element		Client Doesn't Know/Client Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	"Data Issues" reflect data elements not answered per HUD data standards This table corresponds to Q2. Personally Identifiable Information (PII) on the 0640 HUD Data Quality Framework Report v9. You can use the 0640 to assist with finding and fixing data quality errors.	0	2	21	2%
SSN (3.2)		9	35	611	46%
Date of Birth (3.3)		0	18	9	2%
Race (3.4)		9	24		2%
Ethnicity (3.5)		6	16		2%
Gender (3.6)		0	14		1%
Overall Score					49%

Table/Question 6b. Data Quality: Universal Data Elements

Purpose: These are elements common to all client records. They are used for HMIS reporting. Errors are identified for any record where information is not present because the client didn’t know the response, refused to provide a response, the information was missing or where the response is not consistent with protocols established for the data quality of the element.

6b - Data Quality: Universal Data Elements			
Data Element		Error Count	% of Error Rate
Veteran Status (3.7)	"Error Count" reflect data elements not answered per HUD data standards This table corresponds to Q3. Universal Data Elements on the 0640 HUD Data Quality Framework Report v9. You can use the 0640 to assist with finding and fixing data quality errors.	24	2%
Project Start Date (3.10)		0	0%
Relationship to Head of Household (3.15)		126	9%
Client Location (3.16)		8	1%
Disabling Condition (3.8)		122	9%

ESG CAPER – Finding and Fixing Data Quality Errors

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

Purpose: These elements are critical for measuring housing and income performance at the project and continuum level. Errors are detected on any record where information is not present because the client didn't know the response, refused to provide a response, the information was missing or where the response of client has income "yes" or "no" at a data collection stage that is inconsistent with the income source information

6c - Data Quality: Income and Housing Data Quality			
Data Element		Error Count	% of Error Rate
Destination (3.12)	There will be a high percentage at "project start" for long term stayers (in project prior to 10/1/2014). Ensure there is updated income information in the "annual assessment" This table corresponds to Q4. Income and Housing Data Quality on the 0640 HUD Data Quality Framework Report v9. You can use the 0640 to assist with finding and fixing data quality errors.	22	3%
Income and Sources (4.2) at Start		190	18%
Income and Sources (4.2) at Annual Assessment		98	100%
Income and Sources (4.2) at Exit		130	18%

Table/Question 6d. Data Quality Chronic Homelessness

Purpose: The fields in elements 3.917 A and 3.917 B Living Situation are the building blocks of determining if someone has been homeless enough time to be reported as chronically homeless. If data is missing in any field in Living Situation, the HMIS is not able to accurately report chronic homelessness.

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	574			126	71	71	24%
TH	73	1	4	3	2	2	14%
PH (all)						11	8%
Total							19%

Table/Question 6e. Data Quality: Timeliness

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

6e - Data Quality: Timeliness			
Time For Record Entry		Number of Project Start Records	Number of Project Exit Records
0 days	This table corresponds to Q6-Timeliness on the 0640 HUD Data Quality Framework Report v9.	808	410
1 - 3 days		278	242
4 - 6 days		88	23
7 - 10 days		47	14
11+ days		190	148

Table/Question 6f. Data Quality: Inactive Records: Street Outreach and Emergency Shelter

Purpose: Data quality includes maintaining accuracy in the number of active records in a system. For projects where clients often leave or disappear without an exit (street outreach and night-by-night shelters), the records often remain open and hamper the project and community's ability to generate accurate performance measurements. This section sets a 90-day limit on inactive records and reports how many records within the report range are inactive (i.e. should have been exited but were not) based on contact with the client for outreach or bed nights for shelter. Column B - # of Records - contains all clients active according to their entry and exit dates regardless of project type.

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)	5	5	100%
Bed Night (All clients in ES - NBN)	0	0	0%

ESG CAPER – Finding and Fixing Data Quality Errors

The remainder of the report tables will provide information about the clients served during the reporting period.

Table/Questions 7a. Number of Persons Served

This section provides you with totals for the persons served during the reporting period. Review the information to ensure your demographic information is correct. For example, if you are a project that serves only adults and there is data for “With Only Children” you will need to correct the DOB and/or Relationship to Head of Household (HoH) data elements on the client record

7a - Number of Persons Served					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	1101	936	157		8
Children	301		290	8	3
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	16	0	0	0	16
Total	1418	936	447	8	27

Table/Question 8a. Number of Households Served

Correct household type is critical in this report. If your project serves only “adults with children” and you see clients in the “with only children” column that will indicate the relationship to head of household and/or client DOB is incorrect. Additionally, “unknown household type” errors need to be corrected to ensure clients are counted correctly as singles or persons in families.

8a - Number of Households Served					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	1042	897	138	1	6

Total Number of Households Served should EQUAL Total Adult HoHs (5a14) + Total Child HoH (5a15). Discrepancies will indicate an error with the Relationship to Head of Household question on the client record. Either the information is missing or more than one person in the household is listed as 'Self – Head of Household'.

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

ESG CAPER – Finding and Fixing Data Quality Errors

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

This reports on how many households were in the project on the last Wednesday in January, April, July and October. If you see big changes in the data among the Point-in-Time counts that can't be accounted for, you will want to determine and resolve the issue.

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	323	267	53	1	2
April	384	313	67	1	3
July	443	370	68	1	4
October	447	361	79	1	6

Table/Question 9a and 9b. Number of Persons Contacted/Number of Persons Engaged

This reports on required data elements for **Night-by-Night (NBN) Shelters** and **Street Outreach Projects (SOP) ONLY** (all other projects will see zero data). Data will be pulled from the Current Living Situation Sub-assessment and Date of Engagement question on the client's record.

Current Living Situation			
Start Date *	End Date	Information Date	Current Living Situation
02/01/2020		02/01/2020	Transitional housing for homeless persons (including homeless youth) (HUD)
10/08/2019			Long-term care facility or nursing home (HUD)
08/21/2019	08/21/2019	08/21/2019	Place not meant for habitation (HUD)
08/20/2019	08/20/2019	08/20/2019	Place not meant for habitation (HUD)
08/17/2019		08/17/2019	Place not meant for habitation (HUD)

For Street Outreach projects - ensure that all CONTACTS have been documented on the Current Living Situation sub-assessment for each HoH and Adult served (5a14 and 5a2). The first contact should be documented on the project start, and the last on the project exit. All contacts (other than the first and last) should be documented on the Update Assessment (*i.e.*, Interim Review).

For NbN shelters – ONLY record a Current Living Situation sub-assessment for each HoH and Adult served (5a14 and 5a2) if the interaction between the shelter personnel and client goes beyond a basic provision of shelter services (conversation about client's well-being or needs/housing plan/referral).

The DATE OF ENGAGEMENT is the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. There should only be one Date of Engagement recorded on or after the project start and before the client exit. If the client exits without becoming engaged, the Date of Engagement should be left blank.

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	81	0	0	0	
2-5 Times	4	0	0	0	
6-9 Times	1	0	0	0	
10+ Times	0	0	0	0	
Total Persons Contacted	86	0	0	0	

Total Persons Contacted should **EQUAL** the Total Adults Served (**5a2**) + Total Child HoH (**5a15**)

First contact place should be completed.

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	53	0	0	0	
2-5 Times	1	0	0	0	
6-9 Times	1	0	0	0	
10+ Times	0	0	0	0	
Total Persons Engaged	55	0	0	0	
Rate of Engagement	0.64	0.00	0.00	0.00	

Total Persons Engaged may be less than the Total Persons Contacted

Rate of engagement is determined by dividing total numbers in Table 9b by total numbers from Table 9a.

e.g., All Persons Contacted = $55/86 = 64\%$ (.64)

ESG CAPER – Finding and Fixing Data Quality Errors

Table/Questions 10a through 12b. Gender / Age / Race / Ethnicity

These tables report on Universal Data Elements required for all clients. You can update these fields on the client Profile or Entry Assessment.

Table/Questions 13a1 through 13c1. Physical and Mental Health Conditions

These tables report on Universal Data Elements required for all clients and entered on the Disability Sub Assessment. You can update the Disability on the Entry assessment, Interim Review/Update Assessment or Exit Assessment.

Table/Questions 14a through 14b. Domestic Violence History

These tables report on Common Data Elements required for Head of Household and adults in the family. You can update these fields on the Entry Assessment, Interim Review/Update Assessment or Exit Assessment.

Table/Questions 15. Living Situation

This table reports on Universal Data Element required for Head of Household and adults. You can update the Living Situation on the Entry or Interim Review/Update Assessment.

Table/Questions 16 through 21. Cash Income and Non Cash Benefits and Health Insurance

These tables report on Common Data Elements required for all clients and entered on the Income, Non-Cash Benefits and the Health Insurance Sub Assessments. You can update the elements on the Entry Assessment, Interim Review/Update Assessment or Exit Assessment.

ESG CAPER – Finding and Fixing Data Quality Errors

Table/Question 22a2 – Length of Participation – ESG Projects

This data accounts for all time relevant to 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’

22a2 - Length of Participation - ESG Projects			
	Total	Leavers	Stayers
0-7 days	309	283	26
8 to 14 days	114	75	39
15 to 21 days	68	35	33
22 to 30 days	103	54	49
31 to 60 days	162	109	53
61 to 90 days	89	55	34
91 to 180 days	151	77	74
181 to 365 days	226	112	114
366 to 730 Days (1-2 Yrs)	113	43	70
731 to 1,095 Days (2-3 Yrs)	81	1	80
1,096 to 1,460 Days (3-4 Yrs)	1	0	1
1,461 to 1,825 Days (4-5 Yrs)	1	0	1
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
Total	1418	844	574

If your project stay is typically 90 days and you see data in the field "731-1095 days" you may be missing client exits or have entered the wrong exit date.

Table/Question 22c –Length of Time between Project Start Date and Housing Move In Date.

Only Rapid Rehousing (RRH) Projects will have data populate in this table (all other projects will see zero data). The Housing Move In Date data element must be completed for the Head of Households of households who have moved into a unit. **If a client has not moved into housing yet they will appear in the "Data Not Collected" field and this does not signify a data entry error.**

22c - RRH 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	16	10	6	0	0
8 to 14 days	19	5	14	0	0
15 to 21 days	14	5	9	0	0
22 to 30 days	14	7	7	0	0
31 to 60 days	35	11	24	0	0
61 to 180 days	21	8	13	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	1	1	0	0	0
Data not collected	34	17	17	0	0
Total	154	64	90	0	0

RRH Projects – When clients move into housing (rental unit) during enrollment (ensure the Housing Move In Date data element has been entered for the Head of Household). This data element should be completed on the Interim Review (MSHMIS Update Assessment)

If a client does not move into housing they will appear in the "Data Not Collected" field. This does not signify a data entry error.

Supplemental ART Report

Name: Housing Move In Data Quality Report

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

Table/Question 22d – Length of Participation by Household Type

This table uses the Length of Participation in Question 22a2 and breaks it out into Household Types.

Table/Question 22e – Length of Time Prior to Housing – based on 3.917 Date of Homelessness Started.

This question reports on the time that the client reported being homeless up until obtaining housing in the project using the approximate data of homeless question and the Project Start Date.

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	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	4	0	0	0	4
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	2	1	0	1	0
731 days or more	0	0	0	0	0
Total (persons moved into housing)	6	1	0	1	4
Not yet moved into housing	0	0	0	0	0
Data not collected	15	3	0	0	12
Total Persons	21	4	0	1	16

If a client is missing data in their Approximate Date of Homelessness Started question they will appear on the Data not collected line and the data will need to be fixed.

If a client does not move into housing they will appear on the "Not yet moved into housing" line. This does not signify a data entry error.

ESG CAPER – Finding and Fixing Data Quality Errors

Table/Question 23a– 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 on the street or into shelter. Failure to collect this information shows 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 on MCAH’s website 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	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	1	1	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	1	1	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria					0
Deceased					0
Other					0
Client Doesn't Know/Client Refused					0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	1	1	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%

For all projects, ensure that an exit interview was completed for clients with the appropriate exit destination entered. Work to reduce the number of clients with the following destinations - 'Other', 'Client Doesn't Know/Client Refused' and "Data Not Collected"

Supplemental ART Report
Name: Discharge Destination DQ Report
Location: ART > Public Folder > Data Quality > UDE Completeness & Null Data Reports

The recommended steps for fixing null destination data include:

1. Run the **Discharge Destination DQ Report** and identify any 'non-HUD' destination responses and gather information regarding 'other' destinations and map them into the appropriate HUD categories.
2. Print a list of the exited clients with missing/null value and ask staff if they know where the client went after project exit **OR** reach out to the clients' emergency contacts or family members to ascertain client whereabouts.

ESG CAPER – Finding and Fixing Data Quality Errors

Table/Question 24 – Homeless Prevention Housing Assessment at Exit

Only Homeless Prevention Projects will have data populated in this table (all other projects will see zero data).

The data element(s) below must be completed for all clients (adults and children) who have a project exit during the reporting period. This includes the gateway question "Housing Assessment at Exit" as well as the appropriate secondary question, if applicable.

If you don't see data populated in this table go back into the client record and update the elements on the program Exit.

Housing Assessment at Exit	-Select-	G
<i>If Able to maintain housing at entry, Subsidy Information</i>	-Select-	G
<i>If Moved to new housing unit, Subsidy information</i>	-Select-	G

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	0	0	0	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	0	0	0	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	0	0	0	0	0
Moved in with family/friends on a permanent basis	0	0	0	0	0
Moved to a transitional or temporary housing facility	0	0	0	0	0
Client became homeless - moving to a shelter or other facility	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)	0	0	0	0	0
Total	0	0	0	0	0

Total with Homeless Prevention Housing Assessment at Exit should EQUAL the Total Number of Leavers (Q.5a5)

Table/Question 25a – Number of Veterans

The Veterans table populates from data where at least one veteran in the household is served (client is over 18 at entry and answers "yes" to veteran status).

25a - Number of Veterans				
	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a veteran	3	2	0	1
Client doesn't know/Client refused	0	0	0	0
Data not collected	1	0	0	1
Total	4	2	0	2

Table/Question 26b – Number of Chronically Homeless Persons by Household

Total person count is based on the chronic homeless status of the head of household and other adults at project entry. This will include household members who are not chronically homeless according to their own data but who are in a household with a chronically homeless head of household or another adult.

26b - Number of Chronically Homeless Persons by Household					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	102	102	0	0	0
Not Chronically Homeless	1124	712	388	4	20
Client Doesn't Know/Client Refused	11	8	3	0	0
Data not collected	181	114	56	4	7
Total	1418	936	447	8	27

Chronic Homeless status is determined by the following data elements:

- Does the client have a disabling condition?
- Disability sub-assessment data (*Disability Type and "If yes, expected to be of long-continued and indefinite duration..."*)
- 3.917A or 3.917 B Homeless History Interview Questions

Additional data elements taken into account include:

- Project Type
- Relationship to Head of Household
- Date of Birth