

# Street Outreach Quarterly Data Review Guidance

## Background

CT Street Outreach programs serve a vital role, connecting vulnerable people experiencing unsheltered homelessness to essential services. Projects are required to collect and enter data into the Housing Management Information System (HMIS) and to employ a quarterly data review process to ensure data completeness and accuracy. This review can also serve as a tool to assess program strengths and opportunities for improvement. The guidance below is intended to help managers and/or supervisors when conducting quarterly data reviews.

The person conducting the data review should have general knowledge of the program. This will help ensure that the reviewer can identify missing enrollments and exits, data entry errors, and/or spending, budgeting or programmatic concerns. For instance, the reviewer may note a low rate of connection to cash or non-cash benefits and identify that as an area to strengthen data entry and/or case management services.

## Data Reports

The following data reports should be reviewed quarterly:

[Annual Performance Reports \(APRs\)](#): APRs can be run for any outreach project not just CoC projects. The APR includes aggregated information for the entire project. The Client Detail Sub Report includes client level information. Reviewers should look at both the APR and the Client Detail Sub Report quarterly. APRs contain useful information including: the number of clients served, the number of entries to and exits from the program during the reporting period, the number and frequency of contacts, living situation at project entry, cash income ranges & sources, non-cash benefits, health insurance, length of stay, exit destinations and data completion rates for key data points. The Client Detail Sub Report includes client level information for each of these things. The reviewer can set the date range for the report to review data for any desired period.

For PATH projects ONLY: [PATH Reports](#) – PATH projects are required to submit PATH Reports annually to SAMHSA which track client interactions, service provisions, referrals and outcomes. Therefore, monitoring the data on that report on a quarterly basis is recommended.

[Current Living Assessment \(CLA\) Reports](#): Missing CLA reports can be run in the [PIT database](#). Reports show clients within programs that have no CLA within the last 90 days from the report date. If the report is empty, that means all enrolled clients have a CLA in the last 90 days. Access to the PIT database may be requested from Nutmeg at [help@nutmegit.com](mailto:help@nutmegit.com). Alternatively, the [CT HMIS Homeless in CT dashboard](#)\* provides client IDs for those without CLAs in the past 90 days.

[Spending](#): Use information from your agency's fiscal department to determine if your project is on track to fully spend all funds within the contract year.

## Data Review Checklist

Review Completed	Item for Review	Data Source	What to Assess	Follow-Up Steps
	Total funding expended – operating year to date	Internal Report	Is the project on track to fully spend all funds (e.g. at 6-month mark, 50% spent)?	Determine cause of any underspending and correct.
	Utilization/Total # people served	APR: Q05a	Is the grant serving the number of people it's contracted to serve?	For concerns related to number of people served, follow APR instructions to review the Client Detail Sub Report (see below).
	List of participants served during the reporting period including program entry and exit dates	APR – Client Detail Sub Report	Have all participants being served been enrolled in project? Have all participants no longer being served been exited from the project?	Review and edit client-level data as necessary. If errors are noted, review with staff entering data, and provide any additional training necessary.
	Data Quality	APR: Q06a-06e. Use hyperlink to show Q06 tables.	Do any data elements have a % of Issue Rate that is higher than 10%? Does the timeliness (6e) factor show data is entered within 24 hours of client contact?	Click on the underlined header in Q06 items to view records with data quality issues if Issue rate is higher than 10%. Follow up with staff to correct as necessary.
	Number/Frequency of Persons Contacted & Newly Engaged	APR: Q09a-b + Client Detail Sub Report as necessary	Is the grant contacting the number of people it's contracted to contact? Does the number & frequency of contacts accurately reflect current activity?	If data does not match expectations, review the number and frequency of contacts on the Client Detail Sub Report. Correct in CLAs in HMIS as necessary, and address programmatically and/or in supervision.
	Contacts within past 30 days	CLA Report or Dashboard	Does the data show any people on the caseload who have not been contacted within the past 30 days?	Address any data entry issues with staff. Ensure schedules allow for time to enter data as appropriate. Ensure attempts to contact are made regularly and documented in a CLA and various methods of contact are attempted for all clients.

	Living Situation at entry	APR: Q15 + Client Detail Sub Report as necessary	Were all clients in “place not meant for human habitation” upon project entry?	If all clients were not living in a place not meant for human habitation upon project entry, discuss the other situation(s) with staff to decide whether the enrollment is appropriate or a referral to a different program is needed.
	Income, non-cash benefits & health insurance	APR: Q17- 18, 20-21 + Client Detail Sub Report as necessary	Does the data match your general knowledge of the people in the program? Are there participants without cash, non-cash benefits and/or health insurance?	If data does not match expectations, review the Client Detail Sub Report. Make corrections in HMIS as necessary. Ensure information indicating no cash, non-cash or health insurance benefits is accurate and address in supervision to improve connection to those resources as appropriate.
	Length of Participation	APR: Q22a1 & 22b + Client Detail Sub Report as necessary	Does the data match your general knowledge of program? Are there outliers who have remained in the project for longer than expected?	If data does not match expectations, review the Client Detail Sub Report. Make corrections in HMIS as necessary. Ensure those with long stays in the project are known and targeted for discussion in supervision or case conferencing as appropriate.
	Exit Destination	APR: Q23c + Client Detail Sub Report as necessary	Does the data match your general knowledge of the program? Are participants exiting primarily to permanent housing?	If data does not match expectations, review the Client Detail Sub Report. Make corrections in HMIS as necessary. Ensure exits to locations other than permanent housing are accurate and address in supervision Determine any additional resources needed to improve exits to permanent housing (supervision, training, case conferencing, schedule changes).
	Exit Destination by Race/Ethnicity	APR: Q 23e + Client Detail Sub Report as necessary	Does the data show inequitable outcomes for race/ethnicity?	Discuss inequitable outcomes with staff and take action to create more equitable exits with a focus on permanent housing exits for all clients.