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| **/Users/gerryleslie/Desktop/MCAH Work/mcah logo-leveled.png** | **MI BOS COC System Performance MEasures Debrief**June 14, 2018 |

##

## Performance Summary

Overall, our performance has remained consistent and even improved in some of the outcome categories. The following is a look at some of the measures and the context behind our performance. The next section will highlight some areas that need to be targeted for improvement and will present an outline for addressing these issues. (Attached are our final submission report and the longitudinal numbers from the last three reporting periods.)

* **Measures 1a and 1b: Length of Time Homeless**

Overall, the first part of Measure 1a has remained consistent at around 27-28 days in shelter from 2015-2017. This performance is good, since a target is less than 30 days in shelter. We can investigate ways to reduce this further, but this would not be a high priority CQI item. The average for time in ES and TH has consistently dropped since we have reallocated substantial resources from TH to RRH. Since the ratio of ES vs. TH beds have increased this number has naturally dropped. This change is due to priority shifts and not necessarily performance.

However 1b has seen a substantial increase in both the Length of Time in Shelter and Transitional Housing. This may be due to a number of factors. First, this number calculates from the Approximate Start Date of Homelessness field. This value is self-reported, and we as a CoC need to circle back with our providers to make sure they are approaching this value properly. Some clients may report being homeless for many years, however if they are in some form of housing for seven days or more, it will break up the episode and restart the clock. We will be covering this topic in the next BoS Agency Administrators and Users Meeting, and encourage the CoC to work with their homeless projects as well.

* **Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness**This measure appears both stable and performance appears good at this time. There is no reason to prioritize process improvement in this area.
* **Measure 3: Number of Homeless Persons***PIT Numbers:*  We saw a significant spike in Emergency Shelter numbers in the 2017 PIT Count. While initially concerning, these numbers have come back down in the 2018 PIT, indicating this may be a one year aberration. However, we need to keep our eye on program participation in the PIT moving forward. Also, unsheltered numbers went up slightly in 2017 but dropped again in 2018, representing the same trend we saw in shelter.

*Total Persons:* Again, we saw a slight increase in ES, but we will be monitoring this trend with 2018 data to see if it is a one-time event like it was with the PIT.

## Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded ProjectsIn the data cleanup phase of this year’s System Performance Measures submission, we had a very high number of clients who did not have annual updates collected on them. Based on this fact and the other data quality issues we have with Permanent Supportive Housing, we believe some of our low performance numbers in Employment and Income Growth may be due to lack of follow up with clients. A data quality CQI process should be implemented for PSH projects, and this process is the top priority.

* **Measure 5: Number of persons who become homeless for the 1st time**Although a lower priority item, there is one thing to keep our eye on and look at within a future CQI process. This would be the difference between Measure 5.1 and 5.2 reflects people who are entering PH from outside HMIS. It is reasonable to assume that many of these are coming from DV shelters or non HMIS participating projects, however, it would be a good idea to run a couple short term census counts of this data in specific communities to verify this is, in fact, what is happening.
* **Measure 6: (This measure is not applicable to us at this time)**
* **Measure 7: Successful placement from Street Outreach and successful placement in or retention of Permanent Housing**This measure is one, that when viewed through the lens of the data quality reports, we have work to do on. In 2016, our positive discharge/retention for PH minus RRH dipped to 88%. It went back up to 92% in 2017, however looking at the data quality report PSH has the highest missing rates of all project types (including ES and TH) for missing discharge destinations at 9.5%! PSH missing destinations are ones that should have the lowest missing rates due to engagement with clients and the ability to know where they exit to when they leave. This is part of our highest priority moving forward.

## Priorities for Process Improvement

Based on performance data, the following areas are focal points for process improvement moving forward. It is our recommendation that we get the Performance and Outcomes Committee staffed and meeting as soon as possible to address these items.

1. **Improve Data Quality for PSH Projects**PSH projects should have the highest data quality of all CoC funded projects. We need to implement a process improvement plan to ensure accurate data is being collected in terms of income, employment and discharge destinations… linked to this, we need to verify that PSH projects are collecting annual updates for all of their clients within the required + or – 30 day window.
2. **Implement Process Improvement around Approximate or Actual Date Homelessness Started**The key thing to remember here is this references the current homeless episode. Often, clients self report when their broader period of housing instability started. What we are looking for is a date and time that has not been interrupted by a seven day stay in either a permanent or temporary housing situation.

MCAH wil cover both of these areas at our Users and Agency Administrator’s meeting on the last Wednesday of the month. We would recommend implementing a data review process where agencies are regularly reviewing and submitting reports indicating they are monitoring these areas. (For example, submitting both the HMIS 0640 Data Quality report and the APR.)