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| **/Users/gerryleslie/Desktop/MCAH Work/mcah logo-leveled.png** | **System Performance Measures Q & A** MI-500 Balance of State |

**Question:** Measure 1: It looks like our universe of people increased but our LOT decreased (even if slightly). Is this a kind of "win" for this report or is it too small in change to be significant?

**Answer:** This is a key measure where context is important, and as many of you have been listening to me talk about this for quite some time, there are a couple things going on.

First, the decrease in Length of Time has more been a product of reducing the number of transitional housing beds, which are projects where people typically have longer lengths of stay.  Think of it this way, if you have 10 people in ES with an average length of stay of 30 days plus 10 people in TH with an average length of stay of 120 days one year, then 10 people in ES with an average length of stay of 30 days plus 5 people in TH with an average length of stay of 120 days the next, your average length of stay will drop, even though the averages for each project type didn’t.  This is because of the proportion of ES to TH beds, which is why we’ve seen big changes in these numbers for the last three years.

Second, the universe did increase, but not really significantly.  We served 300 more people in ES in the current year than we did in the previous year.  Since the LOT homeless stayed the same, it largely means we have slightly higher utilization within these projects.  The universe in TH actually decreased by just under a hundred people, which continues to point towards us moving away from it in favor of a more pronounced housing first strategy.

**Question:** Measure 2: Exits from PH consistently show the lowest number of returns to homelessness (11% after 2 years) and I think this is lower than some other areas of the state. Is this a "win", too?

**Answer:** I would consider that a win, although I do think we need to keep an eye on this number.  As highlighted in some of the following responses, we do have some more work we need to do around PSH data collection, and I feel some of those strategies should be ones we carry over into RRH as well.  Also, we still are missing many of our VASH vouchers on the system right now, which is a scoring issue for our future NOFAs.

**Question:** Measure 3: With higher PIT numbers, this seems to be a potential area of concern and could have some bearing on our FY18 HUD CoC Program application.

**Answer:** PIT Counts I don’t worry about too much, provided that you have a good explanation of what is happening within them.  As we all know, PIT counts are single day census counts which can be highly affected by environmental factors and methodologies.  In the case of the unsheltered homeless, I think we can build a case there.  I can tell you that there will be a pretty significant drop in the next reporting period (our unsheltered count was 191.)

The ES increase is the one area that bears out in both our PIT counts and our annualized numbers.  We had more people using ES resources in the current year than in the previous year, thus utilization is higher.  I can confirm that those numbers have decreased however in 2018, meaning we may be looking at a one-time aberration of higher access to resources during the previous year.

**Question:** Measure 4: You shared this at a previous Executive Committee meeting, so this is just to highlight that we need to collectively address how our LPBs are ensuring that those served through homeless assistance programs are also signing up for/accessing mainstream non-cash benefit services (i.e. DHHS). Additionally, the change in earned income for both stayers and leavers is the same (2% gain for both). Would it make more sense to see a lower percentage gain for stayers and a higher percentage for leavers (if our programs are working as planned)? Is there a way to separate PH-RRH in this figure to see the impact of that specific intervention?

**Answer:** From a logic standpoint, that would absolutely make sense.  People who are long term stayers in PSH often have disabilities and fixed incomes which do not change.  However, one thing to note, (of CQI importance), is this measures whether they have increased income, not how much that increased income is.  If we come up with strategic ways to get even minimal increased income, it does count as a win here.

The bigger issue we discovered in this year’s SPM process is that our PSH projects have a real breakdown in their data collection process.  PSH projects should, by far, have the highest data quality and completeness since we have a captive audience, if you will.  We had major issues this year with completing required annual updates, and also collecting discharge destinations and data on exit.  This will also be highlighted in the last measure, but we need to be very strategic in the next year about improving and monitoring PSH data quality and collection.

We absolutely can run this report separately based on PSH and RRH.  It will require maintaining separate provider groups in HMIS, one with all the funded PSH projects, and a second with all the RRH projects.  MCAH can work with the MI BOS COC Coordinator to show how to build these groups when appropriate.

The short answer is, we need to focus on this measure.  First, by focusing on improving data collection, then second by looking at the subsequent outcomes and determining if further CQI efforts should be implemented.

**Question:** Measure 5: This measure shows higher numbers across the board. What are the pros/cons to this?

Good question.

**Answer:** The con is in the reporting year, we had more first time homeless.  The fact is it increased.  So across the board, we know we saw more homeless persons in the year.  This can be investigated further by drilling down by provider groups on regions to see where the increases took place.  Again, this is a time consuming process, but we can provide TA on the process.

One big pro is that the higher numbers are not due to people returning to homelessness.  We would really be hit hard if we saw higher returns to homelessness which would show that there are breaks in the service delivery system.

**Question:** Measure 7: This measure seems like another potential "win" with increases in two of the metrics increasing. However, 7b.1 is a zero-sum in successful exits. Any ideas on this? Also, why isn't PH-RRH counted with PH and instead placed with ES, SH, and TH? Could we separate this again to see the impact?

**Answer:** We did have increases in two metrics which are both wins.  The Street Outreach is due to better data collection and improved strategies to address SO.

Although we did get a win with PSH, I still have concerns with it.  First of all, the error rate, or data not collected 9.5%.  (See the data quality table)  This is very high, (the highest of all project types!)  and all of these are counted as negative destinations.  PSH always should have the highest data quality, so this shows that we have some serious issues with data completeness with our PSH projects in the BOS.  This is something we need to implement a CQI strategy to address.

The question about RRH vs PSH is a good one.  The reason it is included with ES, and TH is that it is considered to be a time limited, stabilization resource designed to help someone transition into stable housing instead of a long term, more permanent resource like other forms of permanent housing.  Although strategically different, it has a similar function to TH, which is why HUD includes it in the measure with ES and TH.  Again, individual breakdowns of specific provider types can be accomplished by creating out reporting groups for each of the project types and running the measures reports against them.

**Question:** Data quality: The last year in non-DV beds on the HIC showed extreme increases. You noted before that this was (in part) from VASH vouchers being counted. However, the "All PSH, OPH" increased by nearly 5,000. Does this include other vouchers? And will it remain at this number going forward?

**Answer:** This increase was actually due to the push to include all OPH in the 2017 HIC, and our initial read of it suggested this meant including all MSHDA HCV vouchers given to homeless persons.  Since these were not on HMIS, it was a huge hit against us.  However, as you all may be aware now, Kelly submitted an AAQ, based on her interpretation of how MSHDA’s program was structured, and HUD concurred with her that going forward, MSHDA HCV vouchers are not to be considered OPH for purposes of the HIC, therefore they were dropped from the 2018 HIC, and will be removed for purposes of the 2018 NOFA.

The VASH situation still remains, we need to come up with a strategy across the CoC to get them in HMIS, however the HCV issue has been resolved.

Regarding the committee to continue this discussion, the group most appropriate is the performance and outcomes workgroup for the BOS.  We could definitely convene an ad hoc group in the short term, but I believe it makes more sense to populate the formal group, and use it to begin tackling these (and other) questions.