C6 – Building a Data Informed Culture Across Your System

2018 Rapid Rehousing Institute

Overview

- Designing a System
- System Performance Measures
- Review of Data Sharing Guidance
- System Modeling
  - Community Example

Designing a local "system"

CoC's must design local systems to effectively assist persons experiencing homelessness and provide necessary services and housing – ***Coordinated Entry Process***

Through an intentionally designed and managed coordinated entry process with a focus on system-wide data communities will be able to..

- Promote community-wide planning and strategic use of resources
- Enhance coordination and integration with mainstream resources and other programs
- Improve data collection and performance measurement

HUD System Performance Measures

1. **Length of time homeless**
   Goal = reduction of the average and median length of time persons enrolled in ES, TH, or SH
2. **Returns to homelessness after a PH exit**
   Goal = reduction in the percent of persons who have left homelessness and then return to homelessness
3. **Number of homeless persons**
   Goal = reduction in PIT count of sheltered and unsheltered
4. **Jobs and income growth for homeless persons**
   Goal = increase in earned and non-employment income
5. **Number of persons who become homeless for the first time**
   Goal = reduction in persons in HMIS with no prior HMIS enrollments
6. **Homelessness prevention and housing placement of persons defined by Cat 3 definition**
   Goal = reduction in Cat 3 homeless *Note: HUD Cat 3 is different than SSVF Cat 3.*
7. **Successful housing placement**
   Goal = increase in PH exits from SO, ES, SH, TH, PH-RRH

System Performance Measures

Setting Local Performance Goals

- ✓Establish performance targets across each project type (e.g. HP, ES, RRH, etc.)

- ✓Establish performance targets across a range of projects and project types (e.g. coordinated service strategies such as SO→ES→PH or ES→RRH)

- ✓Establish performance targets across subpopulations (e.g. Veterans, Chronically Homeless, Youth)

Thinking about Data

- Data should not be in a vacuum.
- We use data to obtain insights into our programs and help us make decisions to improve Veteran care and outcomes.
- Data drives innovation and change throughout the entire system.

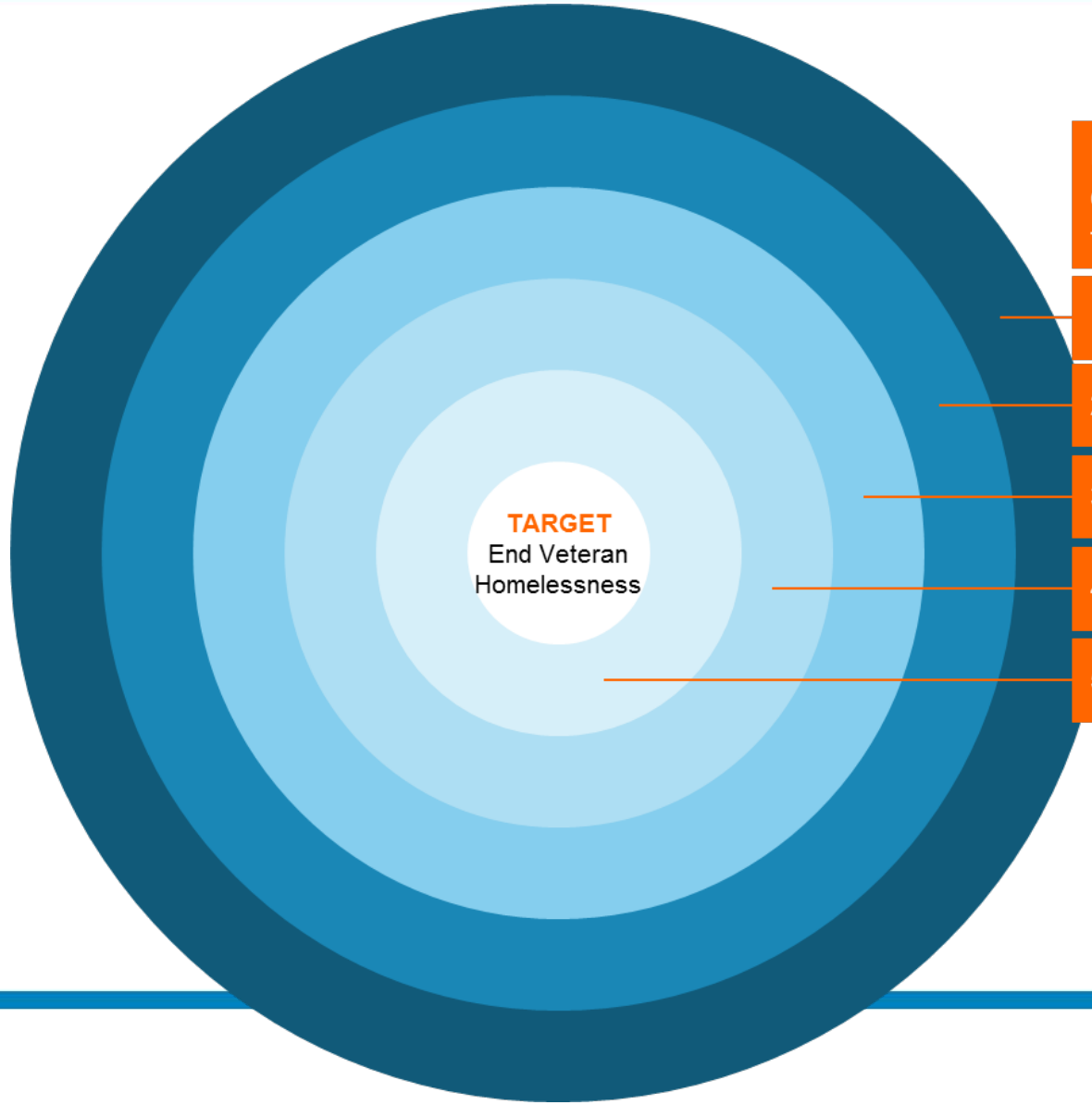
How to Think about Data

- **What question do I have about my programs?**
  - Having a clear, concise question will lead to better understanding of where to go.

- **Why do I want to know the answer?**
  - Do you want to know “what happened” to make decisions about the future?
  - Do you want to know “why did it happened” to have a better understanding of what steps to take?
  - Do you want to know “what will happen”?
  - Do you want to know “what should I do”?

- **How updated do I need the information?**
  - Real-time, monthly, yearly can all provide different insights – some may be helpful to understand “what happened”, while others might be helpful to understand “what will happen”.

How VA Uses Data to End Veteran Homelessness

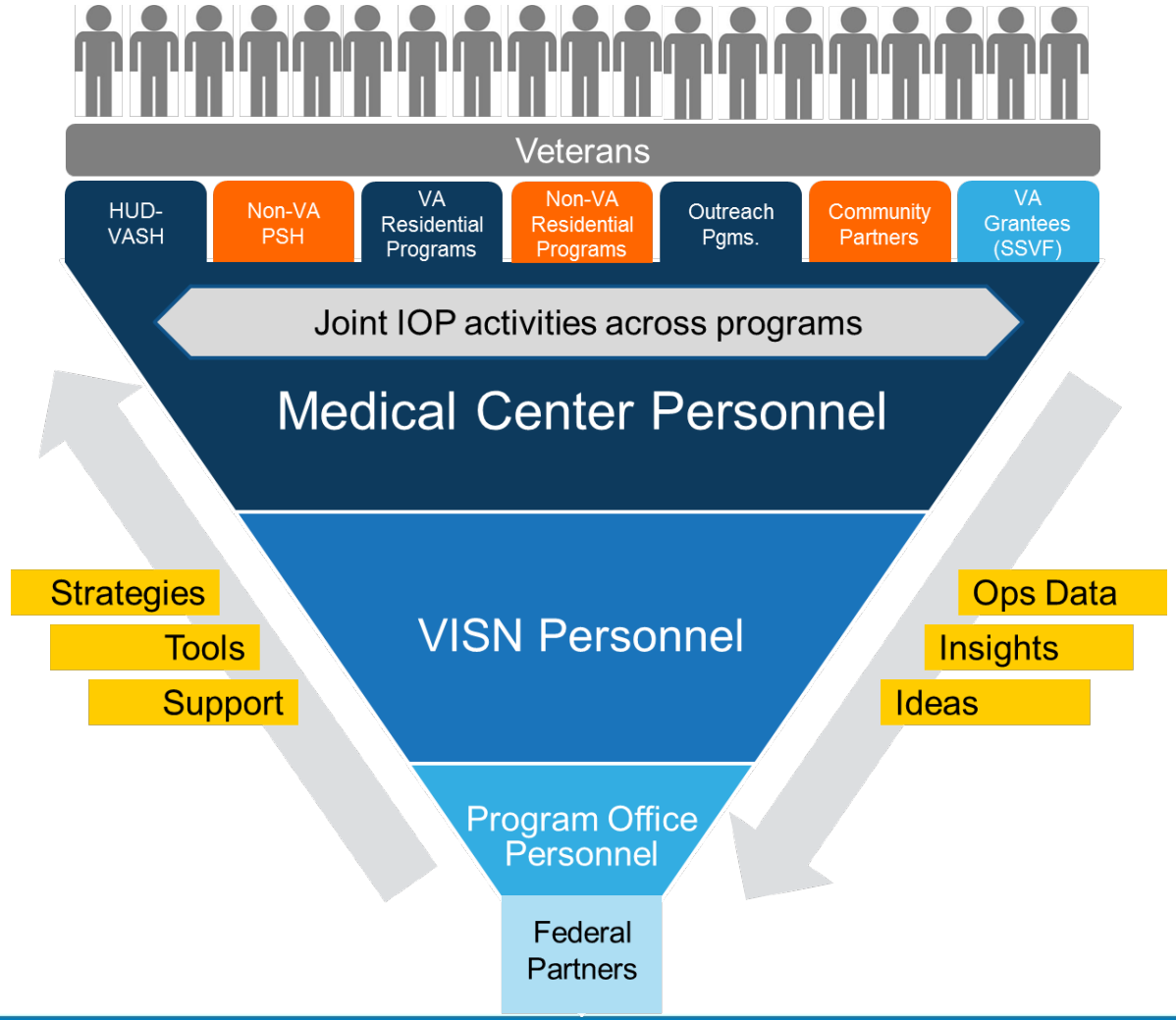


Integrated Operational Planning (IOP) is engineered to achieve five key objectives towards ending Veteran homelessness

1. Anticipate Veteran need for various homeless programs and services
2. Employ all existing VA assets across the full range of programs to meet need and identify any remaining gaps
3. Perform strategically targeted operational improvements to close gaps
4. Optimally allocate additional VA assets to close gaps
5. Leverage local, state and federal partnerships to close gaps and improve understanding of Veterans' needs.

An Integrated Approach Across VA

Bi-Directional Collaboration



Key Capabilities that Enable Scale

Gap Analysis Tool

Continuously updated model used every year to complete Gap Analysis

Identify gaps in PH placements needed to end Veteran homelessness

Identify strategies to close gaps

Develop monthly facility targets for PH Placements

Op Plan Tool

A planning tool used every quarter to turn strategies into action

Develop and update plans to maintain or improve Scorecard measures & resource utilization

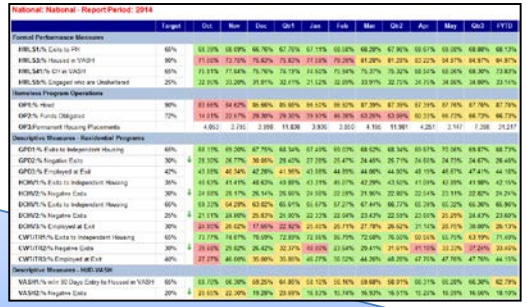
Develop and update plans to implement strategies

Develop and update plans to meet monthly PH Placement Targets

Homeless Scorecard

A metrics dashboard reviewed every month to track progress

Measure and compare operational metrics to national targets



Operational Planning Hub	Organize iterative analysis and planning activities	Share strategies and best practices with other VA Medical Centers	Gain situational awareness of community partnerships and operational improvements

Evaluating Outcomes for Homeless Veterans

VHA HOMELESS PROGRAMS PERFORMANCE MEASURES

How are Performance Measures Developed?

- Performance measures are developed in partnership with our National Program Offices, VA leadership, HUD, USICH, and through input from the field.

- **A number of factors are considered:**
  - Are the measures telling us what we need to know?
  - Are the targets reasonable?
  - What do the current and past years' performance tell us about what the target should be next year?
  - What do the national indicators for homelessness among Veterans tell us about our effectiveness, targeting, and access?
  - Are there changes to legislation or regulations that require modifications?

VA Homeless Program Mission

A systematic end to homelessness means that there are no Veterans sleeping on our streets and every Veteran has access to permanent housing. Should Veterans become or be at-risk of becoming homeless, there will be the capacity to quickly connect them to the help they need to achieve housing stability.

VA Homeless Program Mission

A systematic end to homelessness, meaning there are no Veterans sleeping on the streets.

The annual **PIT Count** measures the target of “no Veterans sleeping on the streets.”

Permanent Housing metrics all inform us as to how effective our system is working by measuring the rate of placement of homeless Veterans into permanent housing.

VA Homeless Program Mission

Should Veterans become or be at-risk of becoming homeless, there will be the capacity to quickly connect them to the help they need to achieve housing stability.

The Gap Analysis model tells us about the VA's and community's capacity to end Veteran homelessness.

Operational metrics tell us about the utilization of funded resources to reach that capacity.

Employment metrics support housing stability, community integration, and independence.

Targeting metrics support identification of homeless Veterans and help ensure the right Veterans are served by the right programs.

Negative Exit metrics inform us of how well our programs are operating to prevent homelessness by measuring the rate of negative clinical outcomes from our programs.

Primary VA Homeless Program Data Sources for Evaluating Our Mission

- Homeless Operations Management and Evaluation System (HOMES)
  - National data system for tracking VA homeless program entries, progress, and exits.
  - Tracks data elements not found in the VA Medical Records System.
  - Assess program/system performance and outcomes.

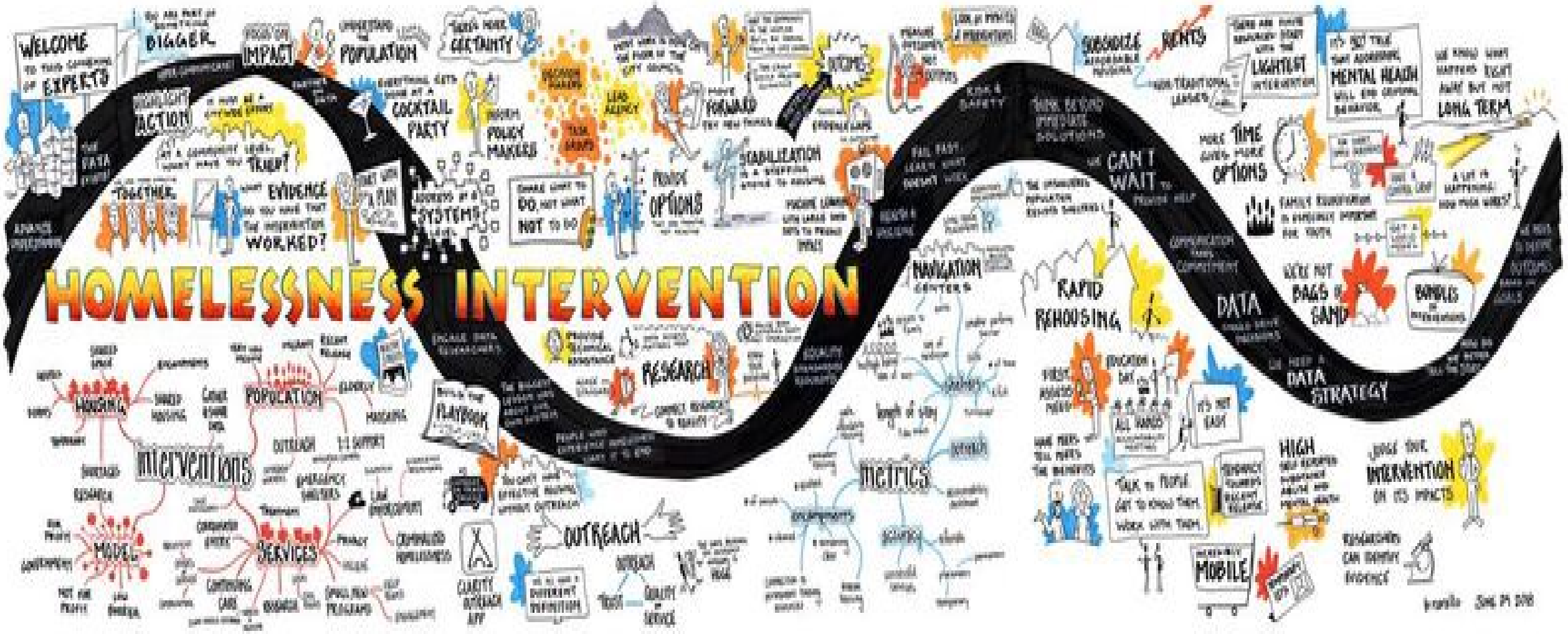
- VHA Medical Record
  - Clinical workload capture and progress notes.

- SSVF HMIS Repository
  - SSVF grantees upload information to this centralized system.
  - Program evaluation and performance.

Web-based Reports and Analytics for Evaluating Our Mission

- VA Homeless Scorecard Performance Metrics
- Real-time Operational Reports
  - Including OR7 Current Census and real-time tracking of performance metrics.
- VA Homeless Services Cube
- SSVF Dashboard
- Monthly De-Duplicated Permanent Housing Placements
- Gaps Analysis Tool

Thinking Systemically…



System Modeling

System Modeling Overview

- System modeling is a technique to create an ideal model of the inventory and performance needed by a system to provide the assistance needed to exit every individual and family experiencing homelessness to permanent housing
- Once the ideal model has been developed it can be used to:
  - Advocate for increased resources, in San Diego and the District of Columbia similar work has resulted in substantial investments in their homeless systems
  - Prioritize investments and programmatic changes to transition current homeless system and projects to ideal system

System Mapping Questions…

- How many beds/units does the CoC have to accommodate each household type and need level?
- What is the CoC's PIT and annual demand for services?
- Is the inventory supply and configuration sufficient to meet the demand?
- What are the gaps and how can they be addressed?

System Modeling Steps: Program Models

1. Define service strategies for all the programs expected to be used in the ideal system. Identify available inventory of each.
   - Diversion/ Rapid Resolution
   - Emergency Shelter
   - Transitional Housing
   - Rapid Re-housing
   - Permanent Supportive Housing
   - De-facto: Other Permanent Housing/Affordable Housing

System Modeling Steps: Annual Count & System Utilization

2. Analyzed HMIS and other data to understand the annual number of people experiencing homelessness.
3. Reviewed system utilization data for:
   - combinations of programs people use
   - average length of stay in programs
   - program performance at exiting people to permanent housing

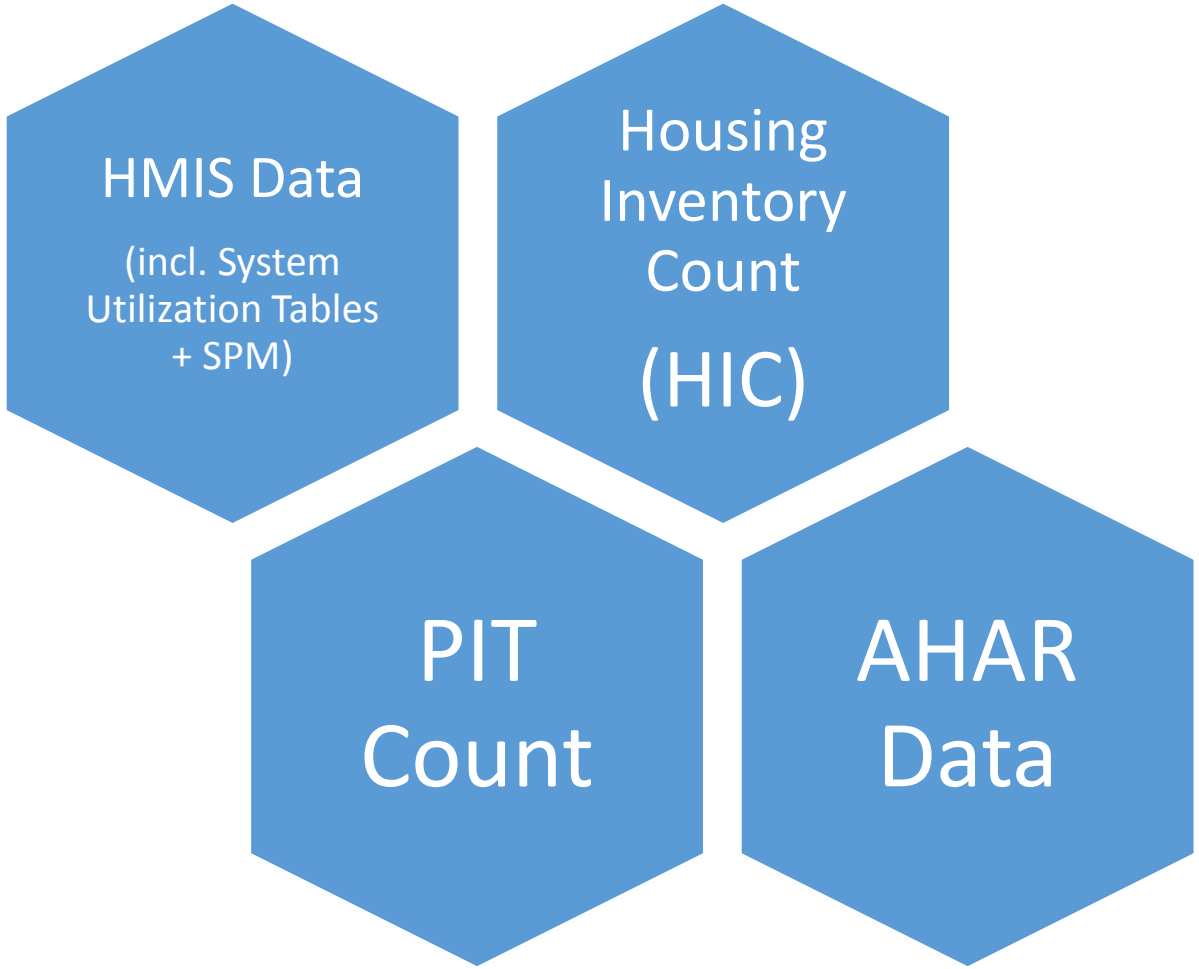
System Modeling Steps: Develop Assumptions for Modeling

4. For each population, develop combinations of programs or pathways that people would ideally use to rapidly exit to permanent housing.
   - Families
   - Youth
   - Single Adults
   - Veterans
   - Persons Experiencing Chronic Homelessness
5. Estimated the percentage of the population that will need each pathway.
6. Estimated how long people will stay at each program in the pathway.

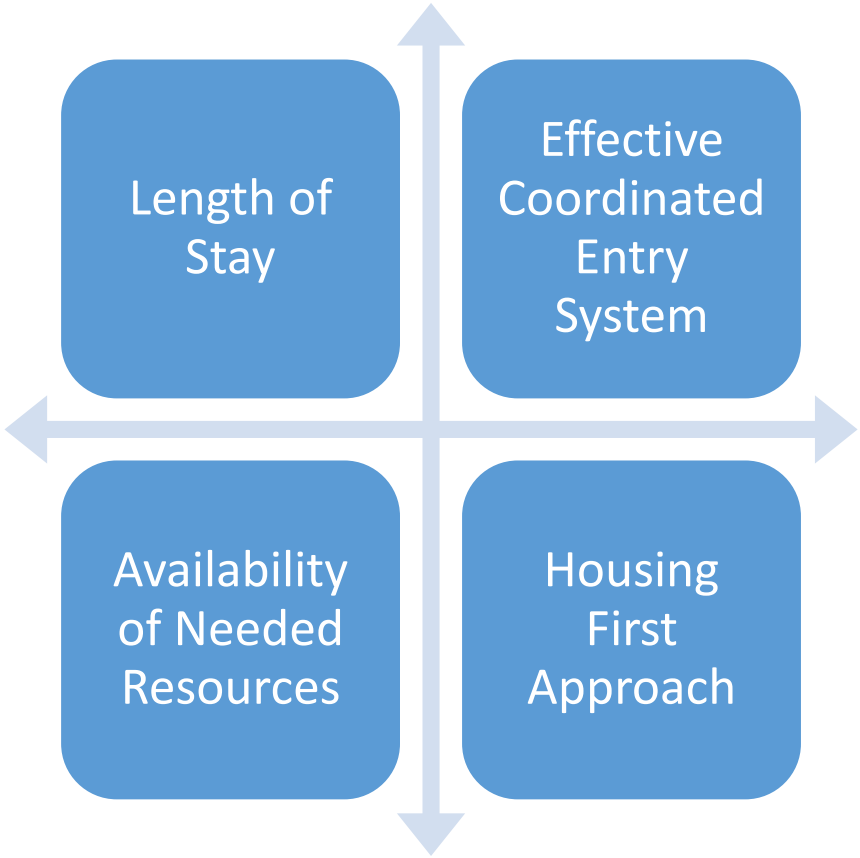
System Modeling Steps: Model Recommended Inventory

7. Using assumptions and annual number of individuals or families experiencing homelessness calculate inventory needed for an ideal system.
   - Optimized system inventory
8. Get feedback to revise system assumptions
9. Finalize recommendations

Data Sources



Key Drivers


Length of Stay
Effective Coordinated Entry System
Availability of Needed Resources
Housing First Approach

Step #1: System Inventory

Program Type	Individual Units	Family Units
Emergency Shelter	1,750	500
Rapid Rehousing	40	20
Transitional Housing	3,500	275
Permanent Supportive Housing	850	125

Step #2: Estimate Monthly Demand

1. Document the annual number of clients served based on AHAR or other HMIS reports
2. Subtract long-term homeless numbers (PSH users) from annual number served
3. Remainder is estimate of short-term homeless served annually
4. Divide by 12 to estimate number presenting monthly

Step #2: Monthly Demand

Estimated Monthly Demand	Individuals	Families
Annual number of households served	20,263	364
Estimated long-term homeless	756	124
Estimated short-term homeless **annually**	19,507	240
Estimated short-term homeless **monthly**	1,626	20

Step #3: Service Strategy Assumptions

1. Document each service strategy pathway
   - CES → Rapid Resolution/Prevention
   - CES → ES + self resolve → no Referral
     - Client exits < X days
   - CES → ES + further assessment → Referral
     - RRH
     - TH
     - PSH
2. Determine referral assumptions

Step #3: Service Strategy Assumptions

Service Strategy	Individuals	Families
Rapid Resolution/Prevention	15%	25%
ES only (self resolve)	40%	35%
ES + RRH	9%	20%
ES + TH (9 mos.)	5%	10%
ES + TH (18 mos.)	10%	5%
ES + PSH (from streets)	5%	0%
ES + PSH (from SH)	0%	0%
ES + PSH (from ES)	16%	5%
SSO Navigation/Case Management	20%	10%

Step #4: Estimated Monthly Need

Service Strategy	Ave. LOS (Days)	Turnover multiplier (#/unit/yr	Ind. Units needed	Fam. Units needed
CES Assessment/Intake*	n/a	n/a	3,132	364
Prevention	15	n/a	406	329
ES	30	12	206	92
Rapid Rehousing	180	2	68	132
Transitional (9 mos.)	275	1.33	102	99
Transitional 18 mos.)	550	0.67	406	99
Safe Haven	180	2	54	0
PSH	730	0.5	4,414	66
SSO Housing Navigation	?	?	?	?

* All clients receive CES triage/intake/assessment

Step #5: Analyze Gaps – Singles

Service Strategy	Current System	Proposed System	Difference
CES Assessment/Intake*	n/a	20,263	n/a
Prevention	n/a	2,926	n/a
Emergency Shelter	1,783	1,552	231
Rapid Rehousing	40	878	-838
Transitional	3,478	3,658	-179
PSH	851	7,418	-6,567

* All clients receive CES triage/intake/assessment

Step #5: Analyze Gaps – Families

Service Strategy	Current System	Proposed System	Difference
CES*	n/a	364	n/a
Prevention	n/a	60	n/a
Emergency Shelter	463	13	450
Rapid Rehousing	21	24	-3
Transitional	271	36	235
PSH	124	12	112

* All clients receive a CES triage/intake/assessment

System Modeling Observations

1. System has excess capacity (families) that could be reprogrammed to address gaps (individuals)
2. 15% of Individuals and Families were in “rented/owned” housing prior to program entry. This group may be candidates for rapid resolution/prevention
3. State has very large “street” homeless population. Intake and Assessment processes and tools will need to accommodate this population.
4. Assess TH inventory to determine if funding resources are fungible (project-based vs. scattered site)
5. Rapid Rehousing is the easiest program type to readily implement and/or expand. PSH and TH may be more challenging.

Data Sharing – Types of Uses & Disclosures

Mandatory

- Client access to their information; and
- Disclosures of oversight of compliance with HMS privacy and security standards

Typically Permitted

- To provide or coordinate services to an individual;
- For functions related to payment or reimbursement for services;
- To carry out administrative functions – legal, audit, personnel, oversight and management functions; and
- For creating de-identified from PII.

Additional Permissions

- When required by law;
- To avert a serious threat to health or safety;
- Mandated reporting about victims of abuse, neglect or domestic violence;
- Research purposes; and
- Uses and disclosures for law enforcement purposes.

Sharing Data with the Community

VA PRIVACY GUIDANCE: ROUTINE USE #30

Data Sharing - VA

VHA Homeless Programs – sharing participant data for "***routine uses***"

1. Coordinating care;
2. Expediting access to housing;
3. Providing medical and related services;
4. Participating in coordinated entry processes;
5. Reducing Veteran homelessness;
6. Identifying homeless individuals in need of immediate assistance; and
7. Ensuring program accountability by assigning and tracking responsibility for urgently-required care.

VHA homeless programs may share participant data **without a formal data sharing agreement or prior signed, written authorization** when ***routine uses*** are involved.

Routine Use #30 Overview

- Routine Use #30 states that VA may disclose relevant healthcare and demographic information to health and welfare agencies, housing resources, and community providers, consistent with good medical-ethical practices, for Veterans assessed by or engaged in VA Homeless Programs for purposes of:
  - Coordinating care;
  - Expediting access to housing;
  - Providing medical and related services;
  - Participating in coordinated entry processes;
  - Reducing Veteran homelessness;
  - Identifying homeless individuals in need of immediate assistance; and
  - Ensuring program accountability by assigning and tracking responsibility for urgently-required care.

- This routine use provides legal authority for VHA Homeless Program staff to disclose pertinent Veteran information, excluding 38 U.S.C. 7332-protected information **without a formal data sharing agreement or prior signed, written authorization** from the Veteran **<u>if</u>** the requirements of the legal authority are followed.

Routine Use #30

- VHA does NOT have legal authority to share health information protected under 38 U.S.C 7332 (any information related to the diagnosis of infection with HIV or sickle cell anemia, or the diagnosis of and treatment for drug abuse, alcohol abuse or alcoholism) with community partners UNLESS a signed, written authorization is obtained from the Veteran.
  - If a Veteran is being treated for, or has any of these diagnoses, this information or any information that would imply these diagnoses cannot be shared without the Veteran's signed authorization, including information such as, the name of a residential treatment facility that would infer the Veteran is being treated for substance abuse.

- This legal authority supports effective and efficient collaboration between VA and outside agencies by allowing disclosure of information documented in the Homeless Operations Management and Evaluation System (HOMES) for the purpose of improving timeliness and access to necessary services for Veterans in the homeless continuum.

- Specific privacy questions should be directed to your local privacy office if you have any questions, see the attached blast from VHA Privacy.

Getting Information to the Community

VIRTRU PRO

Virtru Pro Overview

- Virtru Pro is an encrypted e-mail technology. It provides VA a secure method of exchanging information with community providers and non-VA email addresses.

- Allows for users to receive authorizations, referrals, appointment confirmations, and requests for patient health records over email. VA will no longer need to fax personal health information for Veterans, but will be able to both send and receive this information securely over email.

Virtru Pro FAQs

- **How can I get Virtru Pro installed on my computer?**
  - Since Virtru Pro is a homeless initiative, all homeless staff will be offered a license for install. Once a users is granted HOMES access, the HOMES Support Team will reach out to the user to obtain additional information for the license grant. From there, HPO will work with National OIT and local IT departments to complete the install on the users preferred device.

- **Can I get the install if I am a contract employee?**
  - Currently, Virtru Pro can only be installed on VA issued devices.

- **Can I get the install on my laptop and desktop?**
  - Yes

- **Does the person receiving the Virtru encrypted email have to have the install to read the email?**
  - No, you will receive these secure messages in the same way you receive other emails. You just have to follow a couple of steps to authenticate that you are the correct recipient.

VirtruPro_ProviderResource.pdf

Data Sharing - HUD

Per the 2004 HMIS Data and Technical Standards, HUD permits data sharing **without** participant consent

- To provide or coordinate services to an individual;
- For functions related to payment or reimbursement for services;
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions; and
- For creating de-identified from PII.

✓These uses and disclosures **must** be listed in the Privacy Notice

Protect Sensitive Information

Protecting your data

- Your data include not only useful information but also sensitive information
  - Personally Identifiable Information (PII) & Personal Health Information (PHI)
- Data Security – protective measures to prevent unauthorized access to computers, databases and websites
- Privacy Practices – protective measures to prevent authorized uses or disclosures of identifiable information