

PERFORMANCE MEASUREMENT AND DATA QUALITY

Collaborative Solutions, Inc.

Who are we?

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Who are you?

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- Name
- What is your role at the organization?
 - ▣ Executive Director
 - ▣ Financial staff
 - ▣ Case Manager
 - ▣ Another position
- What do you hope to learn from this training?

What is Performance Measurement?

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Performance measurement is a *process* that *systematically evaluates* whether your **Continuum of Care's** efforts are making an *impact* on the clients you are serving.

Five Reasons to Measure Performance

- ❑ To understand whether current activities are working to achieve intended results.
- ❑ To drive program improvement and share information on effective practices with others.
- ❑ To ensure a common understanding among all partners, staff, and consumers of what you intend to achieve and how you intend to do it.
- ❑ To communicate and advocate for community support (e.g., public interest, combating NIMBY, leveraging funding).
- ❑ To accomplish your goals.

HEARTH Act Performance Measures

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- ❑ Reduce the number of people who become homeless
- ❑ Reduce length of homelessness
- ❑ Reduce returns to homelessness
- ❑ Reduce overall homelessness
- ❑ Increase jobs and income
- ❑ Thoroughness in reaching homeless population
- ❑ Other accomplishments related to reducing homelessness

Core HEARTH Act Measures

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Reduce New
Episodes of
Homelessness

Reduce Returns
to
Homelessness

Reduce Lengths
of Homeless
Episodes

Purpose of System Measurement

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- Are actions achieving intended goals?
 - ▣ What is the purpose of the system? Goals?
 - ▣ Does the system work?
 - ▣ If yes, what makes it work?
 - ▣ If no, what part doesn't work, and how do you fix it to make it work?

- Note that you may have system goals that only relate to certain types of clients or parts of the system (e.g., different goals for severely disabled persons)

Performance Measurement

Building Blocks

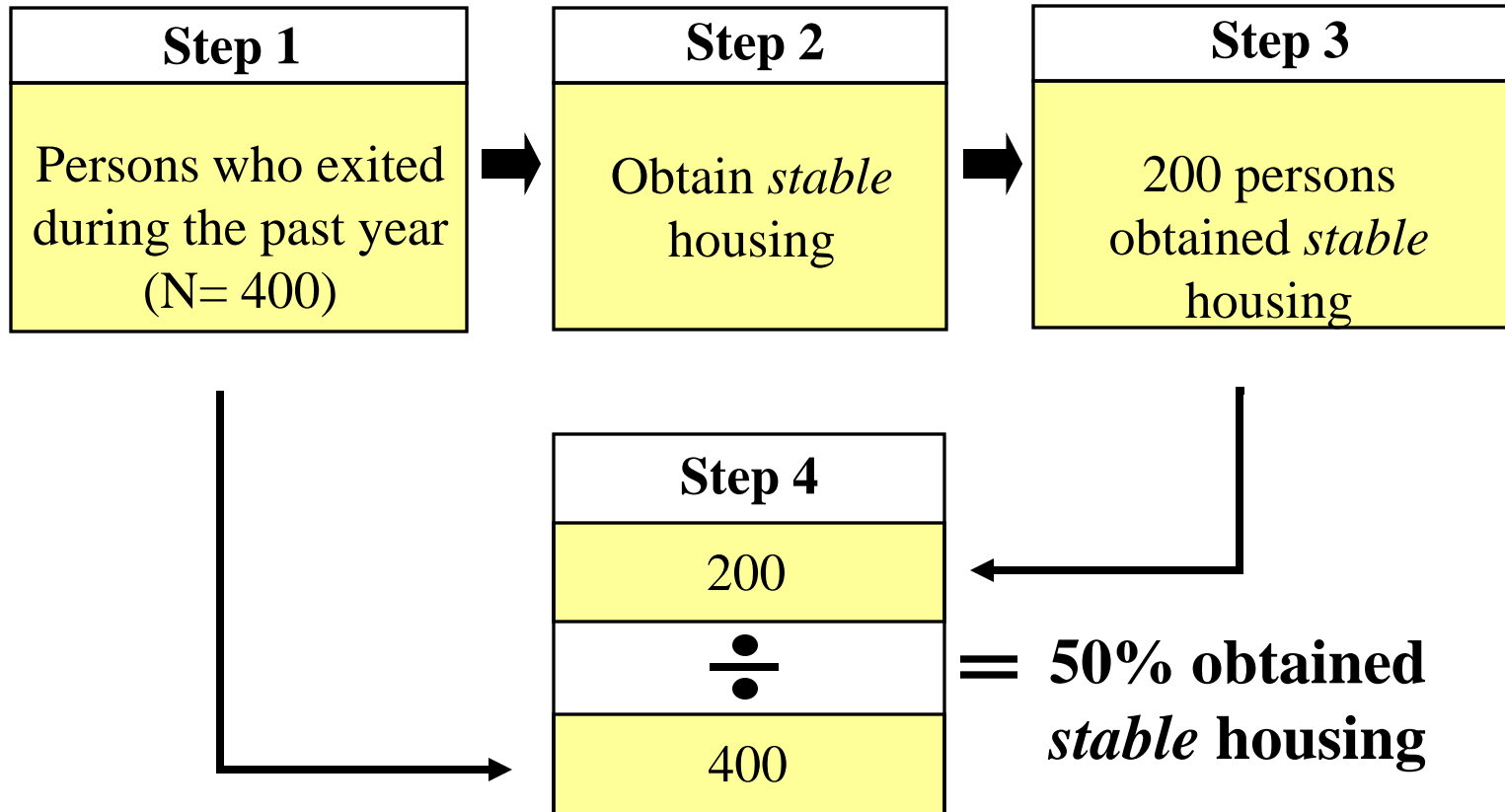
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- **Inputs** include resources dedicated to, or consumed by, the system—e.g., money, programs, facilities.
- **Activities** are what the system does with the inputs to fulfill its mission, such as providing shelter, feeding the homeless, or providing job training.
- **Outputs** are the direct products of system activities. They usually are presented in terms of the volume of work accomplished—e.g., number of participants served, number of service engagements, number of shelter nights.
- **Outcomes** are benefits or changes among clients during or after participating in system activities. Outcomes may relate to change in client knowledge, attitudes, values, skills, behaviors, conditions, or other attributes.

Converting System Goals into Outcomes: Example

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Program Goal: Exiting single adult shelter clients into "stable" housing



Look Out for Ambiguous Concepts

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Developing and measuring performance outcomes often invites ambiguous concepts into the process.

For example, what do we mean by...

- ...obtaining *stable* housing?
- ...obtaining *employment*?
- ...increasing *income*?
- ...*accessing* services?
- ...becoming more *self-sufficient*?

Which data elements and responses will count?

Key Underlying Assumptions

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Outcomes can be calculated consistently for all clients if, and only if:

- Staff are collecting the required information at entry and exit for each client.
- Staff are recording this information into the HMIS in a timely fashion (Real time, 24 hours, two business days)
- The target population is clearly defined.
- The program goals are clearly defined for the target population.

Selecting What to Measure...

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- Mix of measures:
 - ▣ Process Indicators
 - Time to referral or placement in housing
 - ▣ Short-term or Intermediate objectives - measure critical processes
 - Improved income at discharge
 - Linked with needed supportive services
 - Customer Satisfaction
 - ▣ Outcomes – measures sustained change
 - Stable Housing
 - Stable Employment

Base Lines & Targets

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- Critical for evaluating change and optimizing performance
 - ▣ Realistic / honest targets
 - What is a realistic target?
 - ▣ Systematic and Routine Measurement
 - Before;
 - During; and,
 - After program change.

Examples of Measurements

- Emergency Shelters – Percentage of clients who exit to permanent housing within 30 days of program entry.
- Transition in Place Housing – Percentage of clients who remain in housing 12 and 24 months from program entry.
- Permanent Supportive Housing – Percentage of clients who remain in housing 12 and 24 months from program entry.

Using Data to Make Decisions

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- ❑ Does it tell the whole story of your agency? Does it tell the story of your community?
- ❑ What is reasonable to document?
- ❑ Do you trust it?
- ❑ Do I use it to make program decisions even if they are different from “what we’ve always done”?
- ❑ Can you explain it to others? To funders? To decision-makers? To your boss?
- ❑ If these answers are no, you may have an issues with data quality.

Why is Data Quality important?

- Timely, accurate and complete data is central and critical to measuring the success of your programs.
- Data quality impacts performance measurement – reporting is meaningless unless the supporting data is correct and timely
- Data quality can't be delegated solely to HMIS
- Everyone from the Data Entry Staff, Case/Intake Workers and Executive Directors in the participating agencies to the Chair of the CoC have a role in the quality of HMIS data

Timeliness



- Rationale:
 - Length of time between data collection and entry impacts the correctness of the data entered
 - Timeliness impacts accessibility when it is needed
- Factors:
 - Document, by program type, expectations for the length of time between data collection and entry

Completeness

- Rationale:
 - Incompleteness impacts client care and service delivery
 - Impacts data analysis and report validity/confidence
- Factors:
 - Document, by program type, expectations for the completeness of data element sets or records
 - All Clients Served
 - Bed/Services Utilization

Accuracy



- Rationale:
 - Reflects information as provided by client
 - Data is understood, collected, entered consistently by all
- Factors:
 - Document, by program type, expectations for collecting and entering accurate data
 - For some categories, has the data been documented by a third party?

Common Data Quality Pitfalls

- ❑ Ignoring Data Quality until reports are due
 - ▣ Monitoring should be routine
- ❑ Emphasizing DQ for some staff and not others
 - ▣ Executive Directors are as important to Data Quality as those entering data
- ❑ Failing to keep agency management informed
 - ▣ Reporting to management must be appropriate and regular

Common Data Quality Pitfalls

- Failing to respect the role of end users
 - ▣ Schedule regular meeting to gather and disseminate information to/from end users
- Not taking advantage of the potential for HMIS reporting
 - ▣ If you can make HMIS data valuable and useful to the contributing agencies, data quality will cease to be a problem

Additional Resources



- Information from 2008 HMIS Data Standards Training
- *From Intake to Analysis: Toolkit for Developing a CoC Level Data Quality Plan – OneCPD.info*

Contact information

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