

# Data & Quality Assurance Program

## for the Tulsa City & County Continuum of Care

### Background:

The Governance Charter adopted by the Governance Council (Council) for the Tulsa City & County Continuum of Care (CoC) also known as A Way Home for Tulsa (AWH4T) states that its Data & Quality Management Committee (DQMC) is responsible for the development and implementation of the CoC's Data & Quality Assurance Program (DQAP). HUD's Interim Rule contains long lists of actions for which the CoC is responsible and, as required of us, we established a board (the Governance Council) to act on our behalf. In §578.7 of the Rule, our board is charged with having to "establish performance targets appropriate for population and program type, monitor recipient performance, evaluate outcomes and take action against poor performers". Regarding planning for the CoC, HUD further requires that the members develop a plan for assessing the effectiveness of the local housing and service systems created by the continuum. Specifically, §578.39 of the Rule mandates that the collaborative applicant use the planning activity funds under its grant for "evaluating the outcomes of projects for which funds are awarded in the geographic area under the CoC and ESG programs". Our own charter states the CoC must "establish system performance targets (relative to respective populations and program types) by which outcomes can be measured, monitored and evaluated for continuous quality improvement". Finally, HUD's annual Notice of Funding Availability adds the following requirements for meeting the minimum project quality threshold: (1) all new or renewal projects "must be cost-effective, including costs of construction, operation and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity" and (2) that planning funds be used for the "improvement of the CoC's ability to evaluate the outcome of both CoC Program-funded and ESG-funded projects".

### Scope:

The DQMC will serve as a resource for all quality improvement efforts as outlined below:

1. Provide consultation, information and support, as needed.
2. Provide oversight of all quality improvement activities and initiatives within the CoC.
3. Work with other CoC committees to establish the criteria upon which programs within the CoC and the community's over-all system for delivery of homeless support services are to be measured. A sustainable methodology by which data that demonstrates the degree to which those criteria are being met will be established.
4. In alignment with the DQAP, set goals, measure performance and make recommendations for adjustments to operations for Council consideration. Specifically, the best-practices used by HUD's Continuum of Care competition to compare program quality will serve as the basis for establishment of the metrics to be collected and monitored.

The committee shall review committee membership at least annually and recommend any changes that may be appropriate to the Governance Council. It shall be the intent of this committee to regularly rotate committee members while maintaining members that have reasonable tenure and experience in the committee. In the event that new committee members are needed, the committee will make a request to the AWH4T Governance Council Chair who will facilitate recruitment of new committee members through the nominating committee.

## **DQMC Roles & Responsibilities**

1. Select quality improvement indicators and establish performance targets or benchmarks
2. Coordinate and champion quality management activities including the importance of adhering to contractual agreements for capturing and using client data (see Appendix A)
3. Support staff working on quality management activities
4. Educate AWH4T Governance Council members on quality management concepts
5. Focus on identified goals, set priorities and select and monitor quality improvement activities
6. Review data and information from various quality management activities, review progress of status reports and monitor progress of implementation of work plans
7. Identify and analyze trends and develop and implement focused interventions to improve quality issues
8. Disseminate information on quality management activities to the AWH4T Governance Council and other stakeholders

### **Goals:**

The purpose of the AWH4T DQAP is to provide a formal process to objectively and systematically monitor and evaluate the quality, efficiency and effectiveness of the entire CoC, as well as the outcomes and impact on participants who receive services.

The DQAP goal is to continually seek to improve the quality of service provided within the Continuum of Care for participants who are experiencing homelessness or at risk of becoming homeless. The ultimate desired outcome of the DQAP is to assist the continuum to measure the effectiveness and quality of its programs to meet the needs of those served. AWH4T will stay abreast of best practices and other knowledge and experience gained by other providers and agencies to create the best possible continuum of services and supports for individuals who are at risk of or are experiencing homelessness.

### **Implementation:**

In addition to the metrics considered important by HUD, existing programs used elsewhere by other Continuums of Care were reviewed by the DQMC in its design of the DQAP and the selection of criteria to be recommended for use as ongoing benchmarks. The degree to which data is available and the ease with which it can be obtained will inform the DQAP's design. Members of the CoC will be expected to provide information on their outcomes to the extent it is needed to assess compliance with the DQAP. The frequency and depth of data to be provided for review under the DQAP will be established by the Council upon recommendation of the DQMC. Reporting intervals and outcomes measured may vary from program to program provided that the DQMC feels adequate levels of monitoring are maintained. Challenges, barriers and areas of noncompliance will be identified for potential remediation and correction. Components to be measured include the following areas of project performance (see Appendix B):

1. Average length of stay (for shelters)
2. Utilization rate
3. Sustainability of housing
4. Income growth by participants

Additionally, the following system-wide performance measures will be monitored (see Appendix C):

1. Length of time persons remain homeless
2. Extent to which persons who exit homelessness to permanent housing destinations return to homelessness
3. Number of homeless persons
4. Jobs and income growth for homeless persons in CoC Program-funded projects

5. Number of persons who become homeless for the first time
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects
7. Successful housing placements

These parameters are subject to change as database capabilities expand or HUD requirements change. Projects that perform at less than 90 percent of their stated goal will be required to provide an explanation for the variance and offered technical assistance to meet target benchmarks.

In all their deliberations and actions, DQMC members will adhere to the policies and procedures developed by AWH4T, including those addressing confidentiality. This will include participant health information and agency information, as well as results of any review, deficiencies or corrective actions taken. As such, all material will be considered confidential and will be accessible only to those parties responsible for assessing quality and effectiveness.

AWH4T will embrace a culture of shared learning and utilize an interdisciplinary and collaborative approach so that the collaborative process has all those involved working and learning together, rather than individually, to achieve the shared goals of the CoC.

The DQMC will create and maintain an atmosphere of mutual respect. In addition, the DQMC and the Governance Council will increase awareness, appreciation and respect for cultural differences, will develop cross-cultural and interdisciplinary communication skills and will apply those skills to the learning process.

The DQAP will prioritize activities, projects and opportunities that will provide the most benefit to participants, providers, the community, funding partners, and other stakeholders, while maximizing the use of quality improvement resources.

#### **Primary components of the DQAP:**

Establishing standards (annually)

The DQMC will take the specific nature of each program it reviews into account before it creates the benchmarks by which performance will be measured. The role each organization plays in the community's delivery of services to those at risk or struggling with homelessness and the specific population it serves will be considered as performance goals are set. The DQMC will create measures for each component of service delivery that is tailored to a respective organization's methodology and scope of service. For instance, an emergency shelter will not be held to the same standard(s) as a provider of permanent supportive housing. Any set of standards recommended by the DQMC as a measure of a program's efficiency, as well as any compliance regimen, will be approved by the Council before it is considered implemented. Similarly, any benchmark used to rate the system-wide performance of the CoC itself will be subject to prior approval by the Council.

System Performance Measures assessments (quarterly)

The DQMC will conduct a review of the most recent data for the CoC and the service providers within its membership on a quarterly basis. Assessments of the outcomes of providers that receive funding from Emergency Solutions Grants ("ESG") will also be the responsibility of the committee. The DQMC will determine if its role of monitoring and assessing performance standards is to be delegated to others and the degree to which outcomes will be reported and the frequency of any required reporting. Its own reports to the Governance Council and the ESG grantee on its findings will be submitted quarterly, as well.

# Appendix A



## ShareLink HMIS User Policy and Responsibility Statement

*(Insert or print agency name, user name and contact information)*

Agency Name:	
Name:	Position/Title:
Email:	Phone :

### ShareLink HMIS User Policy

ShareLink is a Web-based information management system designed to assist providers of services to individuals currently, formerly or at risk of experiencing homelessness to facilitate client intake, data collection and reporting, and to determine community resource availability. ShareLink also enables the sharing of client information with other providers where allowed by law or authorized by the client to assist in collaboration on client-related activities such as referrals to other agencies, appointment scheduling, coordination of services and case management. ShareLink participating agencies and each User within the system are bound by various restrictions regarding the Client information.

### Relevant points about safeguarding client information include:

- It is a **Client's** decision about which information, if any, information is to be shared with any Partner Agencies.
- **ShareLink Authorization for Use and Disclosure of Protected Health Information** shall be signed by Client before any identifiable client information is designated in ServicePoint for sharing with any Partner Agencies. Authorization remains in effect for up to three years unless client chooses to revoke authorization.
- Client consent may be revoked by the client at any time using the Cancellation for Authorization for Use and Disclosure of Protected Health Information. Client should be given a copy of this document and original should be retained by the provider.
- User shall insure that prior to obtaining Client's signature; the **ShareLink Authorization for Use and Disclosure of Protected Health Information** was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).
- The Client shall have a right to receive a copy of any signed **Authorization for Use and Disclosure of Protected Health Information**.
- Original signed *ShareLink HMIS Client Authorization for Release of Protected Information* documents shall be retained at least six years from the date they cease to be in effect (from expiration or revocation).
- No client may be denied services for failure to provide consent for ShareLink data collection.
- User will comply with all Federal and state laws, rules and regulation that may apply to the use of ShareLink and the collection, use and disclosure of client information.

## User Responsibility Statement

Please initial each item below to indicate your understanding of proper access to the ServicePoint and use of the ShareLink system.

### I affirm the following:

\_\_\_\_\_ I have received training on using the ShareLink System.

\_\_\_\_\_ I have received training on the Client Authorization Management Process and how to administer client security functions in the ShareLink system.

\_\_\_\_\_ I will accept the Bowman Internet ServicePoint End User Agreement and agree to be bound by the terms stated in the agreement.

\_\_\_\_\_ I will take all reasonable means to keep my password physically secure and private.

\_\_\_\_\_ The only individuals who can view ShareLink information are authorized users and the individual client to whom the information pertains.

\_\_\_\_\_ I understand I will be held responsible if I allow an unauthorized user to access the system and damage the information on the system, view client information or to make unauthorized changes to the data.

\_\_\_\_\_ I will only access ShareLink from locations authorized by my agency.

\_\_\_\_\_ I will not access ShareLink via the web from unauthorized public locations where the potential exists for viewing client information from unauthorized persons.

\_\_\_\_\_ I may only view, obtain, disclose or use the ShareLink information necessary to perform my job.

\_\_\_\_\_ I will observe all of ShareLink user policies regarding safeguarding Client information.

\_\_\_\_\_ I will enter accurate, complete information to the best of my ability.

\_\_\_\_\_ Hard copy printouts of ShareLink individual client data are part of a client's confidential file and must be kept in a secure file. If they are no longer needed they must be properly destroyed to maintain confidentiality.

\_\_\_\_\_ A computer running the ShareLink system should never be left unattended. If I am logged into ShareLink, I must log off before leaving my work area.

\_\_\_\_\_ I understand that these rules apply to all users of ShareLink, whatever their role or position.

\_\_\_\_\_ I agree to maintain strict confidentiality of information obtained through the ShareLink HMIS.

\_\_\_\_\_ I agree that if I allow or notice any breach of confidentiality I will notify my ShareLink Agency Administrator in writing and corrective action will be implemented.

User Signature: \_\_\_\_\_ Date \_\_\_\_\_

Agency Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

Appendix B

Tulsa City & County CoC/ESG Performance Measures using data currently reported on the APRs/HMIS/COT for the rolling 12 month period of XX/XX/XX - XX/XX/XX (adjusted for family units)											
Project	Measure	Component	Utilization	Housing stability		Income measures		Project performance			
				Actual	Goal	Actual	Goal		Actual	Goal	
<b>CoC Shelters/TH/SH</b>	Avg. length of stays in days		Goal = 80%	Actual	Goal	Actual	Goal				
		Salvation Army - TH			85%		41%				
		DVIS - TH (Mabee Villas)			95%		85%				
		MHAOK - SH (12th St.)			50%		-				
		MHAOK - TH (Walker Hall)			80%		-				
<b>Coc PH</b>			Goal = 80%	Actual	Goal	Actual	Goal				
		TDCH - Hudson Villas			83%		-				
		TDCH - Union Point			80%		-				
		VOA PSH 5200			83%		67%				
		VOA PSH 5300			80%		78%				
		VOA PSH 5400			82%		82%				
		VOA PSH 5500			80%		80%				
		MHAOK - Packard			50%		80%				
		MHAOK - LTS			73%		80%				
		MHAOK - LTS II			80%		80%				
		MHAOK - LTS IV merged LTS			80%		80%				
		MHAOK - LTS V merged LTS			80%		80%				
		Salvation Army - Project Able			70%		80%				
<b>Coc RRH</b>			Goal = 80%	Actual	Goal	Actual	Goal				
		Salvation Army - RRH			90%		80%				
<b>ESG</b>											
Prevention											
Rapid Re-Housing											
Shelter operations and support											

# Quarterly Summary

AWH4T System Performance Measures report by component for 1Q16 (for the rolling 12 month period from XX/XX/XX - XX/XX/XX) (adjusted for family units)

	Shelters/TH/SH			PH/RRH			Composite					
	Goal	Attained		Goal	Attained		Goal	Attained				
	Avg.	3Q15	4Q15	1Q16	Avg.	3Q15	4Q15	1Q16	Avg.	3Q15	4Q15	1Q16
Utilization rate:	80%				80%				80%			
Housing sustainability:	78%				76%				77%			
Income (all sources):	58%				79%				73%			
Income (earned only):	63%				80%				69%			

## Appendix C



### System Performance Measures in Context

HUD has developed the following seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC Program-funded projects;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects;
7. Successful housing placement.

The purpose of these measures is to provide a more complete picture of how well a community is preventing and ending homelessness. The number of homeless persons measure (#3) directly assesses a CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.

Reductions in the number of people becoming homeless are assessed by measuring the number of persons who experience homelessness for the first time (#5), the number who experience subsequent episodes of homelessness (#2), and homelessness prevention and housing placement for people who are unstably housed (Category 3 of HUD's homelessness definition) (#6). Achievement of quick and stable housing is assessed by measuring length of time homeless (#1), employment and income growth (#4), and placement when people exit the homelessness system (#7).

The performance measures are interrelated and, when analyzed relative to each other, provide a more complete picture of system performance. For example, the length of time homeless measure (#1) encourages communities to quickly re-house people, while measures on returns to homelessness (#2) and successful housing placements (#7) encourage communities to ensure that those placements are also stable. Taken together, these measures allow communities to more comprehensively evaluate the factors that contribute to ending homelessness.

For CoCs to accurately assess their progress using these measures, they must ensure that their data are as complete and accurate as possible, from data entry to report generation.

#### How These Measures Will Be Used

There are two primary uses of the system-level performance measures. First, HUD will use the data as selection criteria to award projects under future NOFAs. HUD will carefully consider which performance measure data is most appropriate and constructive as selection criteria for awarding grants under the CoC program. HUD will evaluate how CoCs are improving their performance from year to year and take into account their unique circumstances and conditions.

Second, system performance measures data will enable communities to evaluate and improve their performance. Because these are system-level measures, they can reveal significant information about how well homelessness assistance programs are functioning as a whole and where improvements are necessary. The data will also help CoCs identify gaps in data and services. It is critical for CoCs to consider the populations they are serving when evaluating their performance and potential system changes. Populations such as youth, victims of domestic violence, and people experiencing chronic homelessness might have unique circumstances. In comparing services in their system, CoCs should strive to ensure comparisons are made among projects with similar target populations.