

**Final Report
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Submitted to:

**The Florida Department of Children and Families
Office on Homelessness**

**DEVELOPMENT OF OUTCOME MEASUREMENT SYSTEMS
FOR FLORIDA'S HOMELESS PROGRAMS
Contract #LF066**

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EXECUTIVE SUMMARY

This final report presents the work of the current grant contracted by the Department of Children and Families' State Office on Homelessness to Florida State University, entitled: "Development of Outcome Measurement Systems for Florida's Homeless Programs." It serves as a review of the last year (2003-04) leading up to the development of a performance measurement instrument integrated with the Homeless Management Information System (HMIS). This instrument is planned for implementation in year three of the grant project. At that time, we propose a pilot test of its utility to be conducted in selected CoCs to ascertain how well it measures up to the original criteria of accuracy and simplicity of use.

This report covers the second cycle of funding on this grant project, for the contract term of October 1, 2003 – June 30, 2004. It includes methodologies, limitations, and results from four (4) deliverables produced in accordance with the contract with the State Office:

Deliverable #1: Survey of Local Continuums of Care: Conducted a survey of Florida's Continuums of Care to identify capacities for the collection of performance data, including software systems currently being used and data currently being collected (completed Fall, 2003).

Deliverable #2: Draft Performance Measurement Instrument: Developed a proposed performance measurement system (completed Spring, 2004).

Deliverable #3: Focused Work Groups: Facilitated Focused Work Groups to gain input and recommendations for a practical performance measurement system (completed Spring, 2004).

Deliverable #4: Finalized Performance Measurement System: Submitted a draft performance measurement instrument to the Office of Homelessness and Council on Homelessness (May 13, 2004).

This year's project yielded two key insights into the ability of Florida's Continuum of Care system to implement a performance measurement system:

1. Although each CoC has unique characteristics, strengths, and challenges, all provide services in the four top priority service areas (Food, Health/Counseling, Financial/Employment, and Shelter). Furthermore, specific services, outcomes, and HMIS data elements were identified for all of these areas.
2. The software packages currently being used in Florida structurally provide the requisite flexibility and capacity for the collection and reporting of outcome data.

We believe that the processes of gaining stakeholder input and incremental introduction of performance measurement expectations will ultimately result in a comprehensive performance measurement system in Florida's homeless system of care.

INTRODUCTION

The State Office on Homelessness is legislatively mandated to accomplish the following:

Produce a statewide, consolidated program for the state's entire system of homeless programs;

Develop a consolidated plan for addressing the needs of the homeless or those at-risk for homelessness; and,

Monitor the activities and programs of local coalitions for the homeless and promote the effectiveness of programs addressing the needs of the homeless (Ch. 2001-98).

The specific legislative mandate relevant to this project states that the Office on Homelessness ... shall ... “develop outcome and accountability measures and promote and use such measures to evaluate program effectiveness and make recommendations for improving current practices in order to best meet the needs of the homeless” (Florida Statutes Title XXX, 420.622(3)(j)).

In service to these mandates, the State Office on Homelessness contracted with a team comprised of researchers from Florida State University to develop and implement a homeless services outcomes measurement system to be used by provider agencies and Continuums of Care (CoCs) throughout Florida.

In the first year of this grant project (3/1/03-6/30/03), the research team reviewed and categorized homeless services throughout Florida in order to provide a systematic and comprehensive description of Florida's homeless system of care. Based on the types of services reported by CoCs in their annual plans submitted to the Office on Homelessness, we

conceptualized twelve (12) categories of social services that are provided in the state to assist homeless individuals and families. This information was then organized in the form of Logic Models, created to clearly and comprehensively depict the homeless system of care – capturing the scope of services provided and the nature of target populations receiving services in our state (completed Spring, 2003). In addition, we conducted a literature review to determine if a performance measurement system existed that could be adapted for use in Florida (completed Spring, 2003). The team found that there existed no individual outcome measurement system in the country that could be feasibly implemented in Florida.

The current year of the grant project (10/1/03 – 6/30/04) builds on the findings contained in the Final Report produced under last year’s grant and culminates in the development of the final draft of a Performance Measurement Instrument that will prepare the State of Florida for the pilot collection of statewide performance outcomes in the following year.

Two research questions guided this year of the grant:

1. What is the capacity of current homeless management information systems in Florida for integration with a statewide performance measurement system?
2. What consumer-, program- and continuum-level measure(s) will capture the scope of homeless service outcomes in Florida?

The first research question was addressed in our January 15, 2004 report, entitled “Survey of Local Continuums of Care” (Deliverable #1). The results of that study laid the groundwork for the next phase of the 2003-04 project by indicating areas of strength and weakness in the current implementation of HMIS throughout the state of Florida.

Part of the second question was addressed in two reports: the report entitled “Draft Performance Measurement Instrument” dated February 15, 2004 (Deliverable #2) and the report

entitled “Regional Focused Work Groups” dated April 15, 2004 (Deliverable #3). The February 15, 2004 report provides the results of our descriptive study and includes the methodology employed to develop the instrument, and plans for adapting HMIS and presenting the draft instrument to focused work groups for their input and refinement. The April 15, 2004 report furthers progress on the second research question by providing the methodology and results of the Focused Work Groups.

To achieve the ultimate goal of statewide administration of a performance measurement system, the instrument must be appropriate for the homeless service system and population in Florida. It should reflect the scope and nature of the current homeless system of care in the state; as well as ensure that its application is both practical and feasible. Finally, a crucial precursor to implementation was the endorsement of the proposed performance measurement system by the Council on Homelessness.

This final report of this contract term presents (1) an outcome measurement instrument that reflects input from key stakeholders throughout the state and can be pilot-tested in the following year; and, (2) an assessment of the ability of the CoCs to implement the performance measurement system.

METHODOLOGY

In this section, the methodologies that were used to accomplish each of the deliverables will be described. In the next section, the results and findings for each deliverable will be presented.

Deliverable #1: Survey of Local Continuums of Care

Because statistical sampling was not practical given the size of the study's population (25 CoCs), the sampling method was "use of available subjects," or the entire population of CoCs in Florida. The research team notified potential respondents of our upcoming survey at The Florida Coalition for the Homeless Annual Conference (October 2003). In addition, the Director of the Office on Homelessness circulated a memo to all CoCs via email regarding the project. We sent introductory emails to all individuals listed as the heads of their CoC lead agencies, in which we included information about our web-based interview format.

FSU's research team developed the instrument used for the survey, which consisted of 19 items that took approximately 20-30 minutes to conduct by telephone interview. Survey items were designed to gather information regarding CoCs' and agencies' current abilities to implement and report outcome measures. The on-line and telephone surveys were conducted between November 17, 2003 and December 12, 2003.

Of the 25 CoCs invited to participate in the survey, 22 CoCs responded for an initial response rate of 88%. Of these, one CoC did not complete the survey because it did not have a functional HMIS for a final response rate of 21 CoCs, or 80%. Nine surveys were conducted by telephone interview, with the remainder completed on-line. The findings from that survey will be provided in the results section of the report.

Deliverable #2: Draft Performance Measurement Instrument

In order to develop a draft performance measurement instrument, we drew upon four primary sources of information: Logic Models (Spring, 2003 Report); Literature Review (Spring, 2003 Report); HMIS survey (Fall, 2003 Report); and, guidance from Tom Pierce, Director, DCF Office on Homelessness.

In service to the ultimate goal of a fully functional performance measurement system, practical considerations must take precedence. Therefore, with guidance from the Director of the Office on Homelessness, we consolidated the original twelve service areas into ten and focused our attention on the top four service areas: Food, Health Care/Counseling; Financial/Employment; and Shelter. Our study of statewide service capacity (Spring, 2003) found that at least 23 of the 25 CoCs reported that these services are included in their HMIS, thus confirming these selections as the top priorities.

Deliverable #3: Focused Work Groups

In order to gain input from key stakeholders for the draft performance measurement instrument, we convened five focused work groups (FWG), and chose the target regions based on the geographic dispersion, variety of HMIS software, and scope of service areas for which data are currently being collected. Using these criteria, we selected Brevard, Broward, Charlotte, Tallahassee-Leon, and Treasure Coast CoCs for our Focused Work Groups. The Lead Agency Directors in these communities were asked to identify stakeholders to participate.

We developed an online application that facilitated the collaborative process by enabling each Focused Work Group to view the work of previous FWGs as well as review and edit their own work.

We conducted meetings with key stakeholders from four of the selected CoCs between March 2, 2004 and March 25, 2004. Stakeholders from the fifth CoC, Charlotte, submitted their information electronically. In all of the communities, participants consisted of representatives from the CoC Lead Agency, HMIS Specialists/Consultants and System Administrators, and other community service providers.

Focused Work Groups processed four consumer-level service areas (Food, Health/Counseling, Employment/Financial, and Shelter), since these were the agreed-upon priorities for the project. Time constraints precluded the in depth examination of program- or system-level outcomes. Four key questions guided the discussions and provided data for the completion of the instrument: What services offered in CoC for each of the four services at each level of autonomy?; How do agencies currently measure these services in terms of outputs?; What are the outcomes/goals for each service and level of autonomy?; and, What are the data elements within the current HMIS that can be used to measure these goals?

Deliverable #4: Finalized Performance Measurement Instrument

Based on the results of the Focused Work Groups described above, the Research Team developed a final draft Performance Measurement System for Consumer-Level Outcomes. We facilitated a conference call with Lead Agency Directors who had participated in Focused Work Groups to review our final draft Performance Measurement Instrument. Two Directors plus their selected staff members participated. Following the call, the revised instrument was sent to those CoCs who were unable to participate, with a request to submit their comments.

An additional CoC volunteered to review the draft instrument; this was accomplished via conference call on April 29, 2004. The final instrument was provided for the Director of the Office on Homelessness, and subsequently presented to the Council on Homelessness on May 13, 2004.

RESULTS/FINDINGS

Deliverable #1: Survey of Local Continuums of Care

On January 15, 2004, Deliverable #1 was presented to the Office on Homelessness. This report provided the results of two lines of inquiry: an investigation of the capabilities of software packages currently used in Florida; and, responses from a survey of Continuums of Care regarding their current HMIS implementation levels and practices.

Software Descriptions

The three primary HMIS software packages currently being used in Florida are ServicePoint, MetSYS, and Pathways. All of the HMIS vendors are HUD-approved to administer the software and provide technical assistance and support to Continuums of Care using web-based information management systems. Each provide client tracking, case management, service and referral management, resource indexing, and reporting; also, HUD APR data standards are built into the software. Each allows for adjustments to current modules, screens and pick-lists/drop-down menus and permits the inclusion of new items in each area of the HMIS. Adjustments can similarly be made to standard assessments, and individual agencies or entire Continuums may also generate their own assessment(s) tailored to their unique resources and needs.

Each of the three software packages can produce customized data and system reports. All three packages also have the capacity to be linked to other data systems, such as local and statewide information and referral systems. Several in Florida have already integrated with the 211 Information System.

While outcome measures do not specifically exist in the standard screens and modules for these software packages, they may be added in the agency or continuum-specific screens or modules. Most importantly, all of the software packages have the capacity to track client history, follow up and changes in client status.

Survey Results

The most positive finding is that data for all service areas in the typology developed in our previous research project are either currently collected or planned for collection in most of the CoCs. Few CoCs reported that they did not plan to gather data related to some of the service areas. This result indicates that the potential exists for developing outcome measures across the service spectrum in the state.

The results of this study pointed to several concerns that require attention if a comprehensive, statewide performance measurement system is to be successfully implemented:

1. It will be difficult to implement a performance measurement system in FY 2004 that reflects the entire homeless system of care in Florida because some CoCs do not have HMIS; saturation of HMIS data collection within CoCs is incomplete; and, the number of agencies receiving HUD funding (and therefore required to participate in the HMIS) is limited.
2. The inability of all CoCs to collect standardized, timely, and accurate consumer-level data is also problematic, with infrequent reports of centralized client intake systems, implementation of unique assessment tools, and real-time data entry.
3. Limited saturation may also occur because there are two categories of consumers for whom data are not being collected: those who receive services but choose not to give

personal information that can be entered in the HMIS, and those who are not counted in the HUD APR (i.e., not considered homeless by federal definition).

4. The current ability of CoCs to produce reports is limited, and of those that do produce reports, only the Lead Agencies are the recipients.
5. Finally, the inability of any of the software packages to aggregate or match data across CoCs presents a challenge that must be resolved for meaningful collection and reporting of performance measures across the state. It will be necessary to identify a common “language” for downloading and subsequent aggregation of data from individual CoCs to provide statewide information.

Deliverable #2: Draft Performance Measurement Instrument

On February 15, 2004, Deliverable #2 was presented to the Office on Homelessness and consisted of a draft Performance Instrument for outcomes at the consumer, program, and system levels. The draft instrument for consumer-level outcomes was developed to provide a starting place for Focused Work Groups and consisted of selected services and measures that are common across the CoCs for the four priority service areas. Guiding Principles for the measurement of performance outcomes were presented as follows:

1. The performance measurement instrument must be comprised of data elements that are readily available from the HMIS
2. Implementation should minimize excessive data collection on the part of HMIS administrators and service providers.
3. The performance measurement instrument must reflect the scope of services currently offered throughout the state of Florida.
4. The successful implementation of a performance measurement system depends upon commitment from CoCs; therefore, their input, advice and suggestions are essential.
5. Performance measures are needed at all three levels of the homeless system of care: consumer (individual/family), program, and system (CoC).
6. Performance measures should reflect a strengths perspective.
7. Performance measures should accommodate variations in data collection around the state.
8. The performance measurement system should reflect service priorities for successful implementation.

In addition, the following definitions were provided:

CONSUMER LEVEL:

- ◆ Two types of goals/outcomes:

Distal Goals: Goals that are long-term in nature and/or considered terminal.

Proximal Goals: Goals that are short-term in nature and instrumental in reaching distal goals.

◆ Three levels of autonomy:

Minimally Autonomous Lifestyle: From a strengths-based perspective, a minimally autonomous lifestyle means that the consumer has identifiable essential capacities that need to be enhanced to move to a more autonomous lifestyle (e.g., living on the street).

Partially Autonomous Lifestyle: Partially autonomous lifestyle means that the individual has essential capacities for maintaining independence and needs support for moving to a fully autonomous lifestyle. (e.g., living in transitional housing)

Autonomous Lifestyle: Autonomous lifestyle means that the individual has developed capacities that support independent living but may require minimal enhancement or short-term supplementation. (e.g., living in permanent or semi-permanent housing)

PROGRAM LEVEL: Outcomes that refer to service effectiveness for agency service providers.

SYSTEM LEVEL:

- A. Inter-system outcomes: Outcomes that refer to interactions between the CoC and the mainstream service system, for example, welfare, unemployment, etc. Also included is the availability of resources from the community infrastructure.
- B. Intra-system outcomes: Outcomes that refer to interactions among service providers within the CoC.

The report also provided plans for convening five Focused Work Groups and a plan for HMIS implementation.

Deliverable #3: Focused Work Groups

On April 15, 2004, Deliverable #3 was presented to the Office on Homelessness; this provided the results of the Focused Work Groups. The inclusion of key stakeholders in regional focused work groups was critical for the purpose of gaining their input and understanding their specific concerns for implementing the instrument throughout the state.

Our research team made several general observations with regard to the Focused Work Groups:

1. Participants displayed commitment to the process and were able to articulate the scope of services available in the CoC as well as identify practical and relevant outcomes and HMIS measures.
2. Participants expressed their satisfaction to the facilitators following all sessions. The nature of the comments received included: the belief that the time was well spent; it was useful to think about the services and relevant outcomes in a planned manner; and the process will result in their increased ability to meet accountability needs.
3. The facilitators observed that the Focused Work Group sessions provided opportunities for networking among participants. We often heard expressions of surprise that, for example, a specific service existed within the CoC that was previously unknown.

A summary of the information gleaned from the Focused Work Groups follows:

The proposed conceptual approach (minimally autonomous, partially autonomous, and autonomous) was considered a useful distinction for distinguishing among the various types of consumers served by the CoCs. This was further sharpened to

indicate those living on the street; those living in transitional housing; and those living in permanent housing.

In some CoCs, congregate meal programs are viewed primarily as a means of engaging consumers.

A useful distinction for the application of referrals is to define a transaction as referrals made and accepted.

HIPPA compliance is viewed as a potential barrier to full HMIS implementation. Similarly, general concerns regarding client confidentiality were expressed.

Individual CoCs face many challenges: geographical dispersion and diversity; the presence of small and/or faith-based organizations; service gaps and unmet needs; and, migrant and farm workers, transients, and relocated populations that tax existing resources.

While all outcomes were considered measurable, some CoCs will need funding and cooperation from mainstream agencies to fully implement the HMIS.

Deliverable #4: Finalized Performance Measurement Instrument

The research team presented the recommended Performance Measurement Instrument that follows for Consumer-, Program- and System-Level Outcome Measures to the Council at its May 13, 2004 meeting in Jacksonville, Florida.

Consumer-Level Outcomes

The following table presents the final instrument for service priorities at the consumer level of measurement.

FLORIDA HOMELESSNESS PROGRAMS' DRAFT PERFORMANCE MEASUREMENT INSTRUMENT

	Service Typology	Proximal goals						Distal Goals			Computed HMIS Measure
		Minimally Autonomous (on the street)			Partially Autonomous (transitional housing)			Autonomous Living (moving toward permanent housing)			
		Service	Outcome	HMIS Measure	Service	Outcome	HMIS Measure	Service	Outcome	HMIS Measure	
Physical	FOOD	Food items distribution (non-perishable/ no prep)	Temporary reduction of hunger	# Food items received	Food stamps /voucher	Improved food security	E.O.M. Food stamp/ voucher confirmed	Food stamps /voucher	Improved food security	E.O.M Food stamp/ voucher confirmed	in use of food distrib./ food entitlement programs
		Meals programs		# Meals received	Nutrition education	Improved food choices	# Referral transactions	Pantry/coop		# of meals	in # of meals
	PHYSICAL HEALTH	Emergency health care (ER/clinics)	Crisis stabilization	# health care visits	Prescrip. services	Stabilized medical cond.	# or \$\$ for Prescriptions paid	Primary health care	Improved ability to manage health	# Referral transactions	Δ in use of emergency health services
	BEHAVIORAL HEALTH	Detox/ PATH	Crisis stabilization	# Referral transactions	FACT (intensive MH case mgmt. serv.)	Stabilized cond. and/or decreased resid. treatment	# Days in resid. treatment; # of case management contacts	Aftercare/ ongoing MH serv.	Improved ability to manage mental health	# Referral transactions	Δ in use of emergency beh. health services
Safety	FINANCIAL	Emergency Cash/ vouchers	Emergency temporarily resolved	\$ Value and/or # Vouchers provided	Linkages to mainstream programs (TANF/SSI/SSDI)	Improved income stability	# Referral transactions; E.O.M. financial status	Rent utilities asst./credit counseling	Improved financial security	# of Referral transactions; E.O.M. financial status	Δ in emergency \$; Δ in overall income
	EMPLOYMENT	Employment assistance and preparation	Improved job readiness	# Referral transactions	Job training/ Voc rehab	Improved employment status	E.O.M. employment status	Mainstream job placement	Stable employment	# Days employed	Δ in # days of stable employment
	SHELTER	Emergency shelter	Temporary safe shelter & engagement in social services	# Nights	Transitional housing	Stable housing	# Nights	Permanent supported housing	Stable housing	# Nights	Δ in # of days in permanent housing

NOTES:

1. E. O. M. = End of Month
2. (Delta) = Change or difference from intake to entry or from beginning of reporting period to end of reporting period.
3. Referral Transaction: referrals made and confirmed
4. Computed HMIS Measure: Programmed (automatic) calculation based on pre-entered HMIS data.

Proposed Program-Level Outcomes

Individual agencies and programs that comprise the CoC have opportunities to improve the following proposed outcomes:

INTERACTIONS	OUTPUTS	OUTCOMES
Outreach & engagement	# of outreach engagement activities	Increase in # of outreach and engagement activities
Assessment	# of individual/family assessments	Increase in individual/family assessments
Program outcomes	Program-designated outcomes (e.g., administrative or fiscal effectiveness and efficiency)	Improvement in program-designated outcomes
Aggregated individual outcomes	Program-designated aggregated individual outcomes	Improvement in program-designated aggregated individual outcomes
Funding for program services from a variety of sources	# of funding sources and overall amount of funding	Increased # of funding sources and overall funding
Service capacity	# of service slots available	Increased # of service slots

Proposed System-Level Outcomes

Inter-System Outcomes

Continuums of Care can enhance their abilities to meet consumer and program needs by advocating for positive interactions with external systems (e.g., mainstream programs). These interactions can result in inter-system outcomes. We propose the following outcome measures that reflect interactions with mainstream programs and improvements in community infrastructures:

INTERACTIONS	OUTPUTS	OUTCOMES
<i>Interactions between mainstream programs and those that target homelessness</i>		
Referrals	# of referrals	Increased # of referrals
Eligibility Determinations	# of eligibility determinations	Increased eligibility determinations
Discharge Planning	# of discharge plans	Increased discharge plans
Data Collection/Reporting	# of mainstream programs participating in HMIS	Increased # of mainstream programs participating
Planning	# of joint planning sessions	Increased joint planning
<i>Resources available in the community infrastructure</i>		
Availability of stable, affordable housing	# of affordable housing units	Increase in # of affordable housing units
Transportation systems	# of bus/train routes	Increased bus/train routes
Employment/employment training opportunities and availability of financial assistance	# of slots for employment/training opportunities and # people receiving financial assistance	Increase in # of slots for employment/training opportunities and # people receiving financial assistance
Community cooperation/acceptance	# of community representatives participating in CoC planning process	Increase in # of community representatives participating in CoC planning process

Intra-System Outcomes

Within Continuums of Care, opportunities exist for maximizing communication, coordination, funding, scope of services, service capacities, and homelessness outcomes. The following proposed outcome measures reflect optimal CoC functioning:

INTERACTIONS	OUTPUTS	OUTCOMES
<i>Communication among providers in the CoC</i>		
Planning meetings	# of planning meetings	Increased # of agencies participating in planning
Collaborative proposals	# of collaborative proposals	Increased # of collaborative proposals
Mechanisms for service delivery collaboration	# of formal & informal agreements for collaborative service delivery	Increase in # of formal & informal agreements for collaborative service delivery
Mechanisms for referrals	# of formal & informal agreements for inter-agency referrals	Increase in # of formal & informal agreements for interagency referrals
<i>Coordination among providers in the CoC</i>		
Advocacy	# of joint policy advocacy activities (letters, press releases, meetings with legislators)	Increased # of joint policy advocacy activities
Community education	# of joint community education activities (training sessions, speaking engagements)	Increased # of joint community education activities
Data collection/de-duplication	# of CoC member agencies participating in HMIS	Increased # of CoC member agencies participating in HMIS
Consumer access	# of collaborative efforts that ensure service access (hours of operation, physical accessibility)	Increase in collaborative planning and implementation of service access activities
Co-located services	# of agencies providing services in co-located sites	Increased # of agencies providing services in co-located sites
Case conferencing	# of agencies conducting joint case conferencing sessions	Increased # of agencies conducting joint case conferencing
Referrals	# of inter-agency referrals	Increased # of inter-agency referrals
<i>CoC Capacity</i>		
Ability to attract new and continuing funding for the CoC	# of joint funding proposals	Increased # of joint funding proposals
Scope of services provided within the CoC	# of service types available in the community	Increased # of service types
Service capacity	# of service slots available for all service types	Increased # of service slots
<i>Homelessness outcomes</i>		
Prevention	# of prevention programs	Increased # of prevention programs
Extent of homelessness	# of homeless people	Improved ability to document reductions in homelessness

SUMMARY AND CONCLUSIONS

This section of the report presents the research limitations, summary of accomplishments for the current grant year, assessment of the ability of the Continuums of Care to implement the performance measurement system, and the next steps required toward the ultimate goal of statewide implementation. Initially, we return to the research questions that guided this project:

1. What is the capacity of current homeless management information systems in Florida for integration with a statewide performance measurement system?
2. What consumer-, agency- and continuum-level measure(s) will capture the scope of homeless service outcomes in Florida?

The capacity for implementing a statewide performance measurement system is very high in the near future, with several key Continuums of Care ready to pilot test the accuracy and simplicity of the priority consumer-level outcome measures in 2004-05. In addition, the software packages currently in use for the collection of HMIS data provide the requisite flexibility and capability for collecting and reporting information. Finally, we have identified measures at the consumer, program, and system levels that will capture the scope of homeless service outcomes in Florida.

Research Limitations

Deliverable #1: Survey of Local Continuums of Care

As with all surveys, this one has several potential limitations regarding the accuracy, consistency, and completeness of the responses. The primary limitation is that all data are self-reported, and therefore subject to bias or error due to individuals' motivations or inaccurate recall. Also, because some CoCs did not respond to the survey, it does not provide a complete overview of the ability of all CoC to implement and report on performance measures. Finally, this survey provides a snapshot of the current implementation and capacity of HMIS, but provides limited information about changes that are planned.

Deliverable #2: Draft Performance Measurement Instrument

There are no identified research limitations for Deliverable #2.

Deliverable #3: Focused Work Groups

The major limitation in the Focused Work Groups is that it was grounded research, based in the experiences of the participants. Lead Agency Directors selected the participants, who appeared to represent those knowledgeable of the spectrum of services provided in the CoCs. However, it is possible they were identified based on availability, or perceptions of cooperation or support of pre-established positions or that their perceptions were different than those who were not selected.

Deliverable #4: Finalized Performance Measurement System

The shortcoming of this phase of the project was that time and funding made it impossible to develop outcomes/goals and HMIS measures for all of the consumer-level service areas in our typology; nor was it possible to address program- and system-level measures. These are planned for development in subsequent studies.

Summary of Accomplishments

Deliverable #1: Survey of Local Continuums of Care

Conducted a survey of Florida's Continuums of Care to identify capacities for the collection of performance data, including software systems currently being used and data currently being collected (completed Fall, 2003).

Deliverable #2: Draft Performance Measurement Instrument

Developed a proposed performance measurement system (completed Spring, 2004).

Deliverable #3: Focused Work Groups

Facilitated Focused Work Groups to gain input and recommendations for a practical performance measurement system (completed Spring, 2004).

Deliverable #4: Finalized Performance Measurement System

Submitted a draft performance measurement instrument to the Office of Homelessness and Council on Homelessness (May 13, 2004).

Assessment of the Ability of the CoCs to Implement the Performance Measurement System

This year's project yielded two key insights into the ability of Florida's Continuum of Care system to implement a performance measurement system:

1. Although each CoC has unique characteristics, strengths, and challenges, all provide services in the four top priority service areas (Food, Health/Counseling, Financial/Employment, and Shelter). Furthermore, specific services, outcomes, and HMIS data elements have been identified for all of these areas.
2. The software packages currently being used in Florida structurally provide the requisite flexibility and capacity for the collection and reporting of outcome data.

We believe that the processes of gaining stakeholder input and incremental introduction of performance measurement expectations will ultimately result in a comprehensive performance measurement system in Florida.

NEXT STEPS

There remains much work to be accomplished before a comprehensive performance measurement system can be established throughout the homeless system of care in Florida. For the coming year, we plan to begin pilot testing the initial consumer-level performance measures with selected CoCs. To ensure consistent collection and reporting of performance data, we plan to develop and distribute a Handbook of Operational Protocols, which would guide CoCs that participate in the pilot study in the process of gathering, analyzing, and reporting performance measurements. Also in the coming year, we recommend the continuation of the Focused Work Group process for completion of consumer-level service areas, and the system- and program-levels.

Subsequently, we will make recommendations for increased implementation based on knowledge gained from pilot tests, to include the remaining six consumer-level service areas, program-levels, and system-levels. Full implementation means that for all levels and all service areas, data will be collected and reported to the Office on Homelessness.