ACRE Consulting's Unofficial HPP Report

5. Emergency Shelters

This report is intended to allow communities in Ontario who receive HPP funding to use HIFIS data to report out on the Emergency Shelters section of the HPP reporting requirements: section 5.1 to 5.4.

Broadly, it reports on emergency shelter capacity and usage, broken down into priority population groups, but there are some important nuances.

Q&A

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What parameters are available for this report?

- ***Service Provider(s)***
- ***Start Date***
- ***End Date***
- ***Discharge Module*** - single-select drop-down field which includes 4 options:
  - Reason for Service
  - Referred From
  - Housing History
  - Life Events
- ***Include overflow beds as capacity?*** - asks if beds in HIFIS marked as Overflow beds should be counted towards your shelter system capacity.

Why don't the numbers in this report match my other bed-nights reports?

So glad you asked. That's a big can of worms, but we're going to start with the simple answer that neither bed-nights available nor bed-nights used are calculated as you might think, so as a result, **if you compare this report to another bed-nights report, it is unlikely to match**. Why is that? Because the HPP reporting requirements are somewhat unique in this respect. For further discussion, keep reading!

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How do I use this report?

There are a lot of ways you could use this, so we recommend reading this documentation and deciding what makes sense for your community, but typically, this is how we expect you'll use this report:

- Run the report once, selecting all of your funded emergency shelters that serve **singles**. Look at the **Bed-based capacity** section and record the values for 5.2 and 5.3.
- Run the report again, selecting all of your funded emergency shelters that serve **families**, couples, and other households. Look at the **Room-based capacity** section and record the values for 5.2 and 5.3.
- Run the report again, selecting all of your **motel** programs, and find the data that matches how your program is set up. Again, record the values for 5.2 and 5.3
- **Add up** all of the numbers that you have recorded for 5.2 and 5.3. Those are your final values.
- Run the report a final time, selecting **all** of your funded Emergency Shelter Solutions service provider recipients. Record the values for 5.1 and 5.4. These are your final values.

That seems like a lot of work.

We know, but the reporting requirements for HPP are pretty unusual. Keep reading to learn more.

How are bed nights available (5.2) calculated?

First, let's talk about what the reporting requirements are. The reporting guide says "A 'bed-night' is defined as a shelter bed **or space/room** accessible for a single night" (page 25). A shelter bed-night would be simple; we would just count up the number of beds and multiply by the number of nights, **but** the inclusion of the "or space/room" clause muddies the waters.

If we read section 5.3 about bed-nights used, it indicates that a household occupies one space. Therefore, we can use this logic to infer that "a shelter bed or space/room" means a space that could accommodate a household.

Therefore, we understand that **for single shelters**, you would be asked to report on the number of shelter beds available, and for **family shelters**, you would be asked to report on the number of rooms/units available.

This report provides three different ways to calculate your capacity:

1. **Bed-based capacity**
2. **Room-based capacity**
3. **Program-based capacity**

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Can you explain the Bed-Based Capacity section?

This section behaves as you might expect bed-nights are typically calculated. For every midnight in the date range, the report checks to see how many beds were available.

Non-overflow beds are considered "Regular" beds. The number of bed-nights available for Regular beds is displayed as **Regular Spaces Available (Beds)**. See <ins>How are overflow beds handled?</ins> for information about Overflow beds.

So which beds are available? For a given bed, there's an Active toggle, which indicates whether it's actually available for use. Unfortunately, this does not have a timestamp so all we can do is check to see if the bed is *currently* active or inactive.

To find out whether a bed was available, say, last November 3rd, we need to use something that has timestamps associated with it. In the context of a bed, that's the **Bed Status** field. Each time that a bed changes status, the Effective Date field is used to track when the status change occurred. So, for instance, if a bed was "In Service" from October 1 to October 31 and then it had "Status - Broken" from November 1 to November 10, we would use that information to calculate availability. In this example, the bed would be available from October 1 to October 31 (we would count this bed as having capacity for those nights), and not available from November 1 to November 10 (we would not count this bed as having capacity for those nights).

For the purposes of this report, a bed is counted if its Bed Status was "In Service." Custom values will count if their roll-up value is "In Service." <ins>Any other status will not be counted towards capacity.</ins>

Also yes, this does mean there could be a mismatch. A bed could have the Bed Status of "In Service" while the Active toggle is set to "No." But we don't have any other way of determining historical bed status. If you have this problem - your beds are frequently toggled between Active and Inactive, perhaps using the **Program-Based Capacity** method might work better for you. Note, however, that you can edit a bed's Status History if you need to, in order to clean up your data.

How are overflow beds handled?

All Overflow beds are counted much like the Regular beds, above, and the total number of Overflow bed-nights available is displayed as **Overflow Spaces Available (Beds)**.

Additionally, there's a parameter, ***Include overflow beds as capacity?*** If you set this parameter to "Yes" then overflow beds will be counted as being available and part of the capacity. Your **5.2 Available Spaces (Beds)** will be the sum of **Regular Spaces Available (Beds)** + **Overflow Spaces Available (Beds)**.

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If instead you set this parameter to "No," an interesting thing happens. It seems that if an overflow space is used, it should count as capacity and if it's not used, it shouldn't count as capacity. (This is just my interpretation of the reporting requirements). Therefore, your occupancy should never exceed your capacity. So if you set this parameter to "No," then your overflow beds are excluded except for the ones that were used. Your **5.2 Available Spaces (Beds)** will be the sum of **Regular Spaces Available (Beds)** + **Overflow Spaces Used (Beds)**.

What about motel rooms?

That's another great question. The problem here is that there's lots of variation here. Officially, the reporting requirements indicate "If motel rooms are a permanent part of a Service Manager's shelter portfolio, please include all motel rooms in the total. If your Service Manager area uses motel rooms as needed, please only include the number of bed-nights for those nights the rooms were used" (page 25).

What would probably work the best for you is to run the report multiple times. One time that you run the report, select only your motels Service Provider(s), because these are likely handled differently in HIFIS from the rest of your emergency shelter system. Set the ***Include overflow beds as capacity?*** parameter as described in <u>How are overflow beds handled?</u>, and select the most appropriate measurement. We suspect it will be **Room-based capacity**.

Can you explain the Room-Based Capacity section?

This section is similar to the **Bed-based capacity** section, except that instead of counting the number of beds, it counts the number of rooms.

A room is counted if there's at least one bed in it that was available at the time. If there were no beds in the room at the time, it would not be counted. If there was at least one non-Overflow bed, it counts as a "Regular" room. If there were no non-Overflow beds, but there were at least one Overflow bed in a room, it counts as an "Overflow" room.

Can you explain the Program-Based Capacity section?

This section behaves differently from the other two.

When you add a Program, you indicate which Service Provider(s) deliver said Program, there is an "Allocated Beds Per Period" field on the screen where you set up the Service Provider delivering the Program. This section allows you to manually enter your capacity, which could be helpful if you've got a lot of overflow beds or beds

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that come in or out of service a lot, or if you have a motel program with lots of hypothetical beds but only funding for X beds at a time.

Let's say you've indicated that you have 10 "Allocated Beds Per Period" for a given Service Provider. This tells the report that the capacity is 10 per night. Once again, this number would be multiplied by the number of midnights in the reporting period to get the total capacity. One further thing to note: the Service Provider is listed as delivering a program (with the Allocated Beds Per Period) between a Start Date and an End Date. Program spaces are only counted if they are within the Start Date and End Date (or today's date, if blank) listed on this Service Provider - Program screen.

Note that if you like this approach, but lament that you don't have an "Allocated Beds Per Period" value entered for your Service Provider - Programs, you can simply go add a value now.

Can you explain the Bed-Based Usage section?

The first value presented here is **Used Spaces (Individual Bed-Nights)** which is the typical calculation that you would normally expect when being asked about bed-nights. However, this is only presented for your information and is not the value you are asked to report on.

Instead, HPP indicates that "If there are multiple individuals in a household, they are still only counted as one household as they likely share one 'space' (room)." So, you are **not** asked to report on bed-nights, but instead a different measure that we're going to call a **household-night**. In other words, each household that occupied some space on a given night would count as 1.

The value **5.3 Used Spaces (Households)** provides a count of these **household-nights**.

For single shelters, these numbers should be the same, and any differences could be explained away for reasons like: a couple staying in shelter but having a record of being part of a family for case management purposes; a data entry error; or, individuals who were previously a family but some members had left the household and staff hadn't updated the file yet.

For family shelters, these numbers should be quite different, with the number of individual bed-nights being significantly higher than the number of household-nights. However, family shelters should typically not be reporting on bed-based usage. See Can you explain the Room-Based Usage section?

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Can you explain the Room-Based Usage section?

An occupied room is defined as any room that had at least one client staying in it. However, regardless of whether there was 1 client or 6 clients in the room, it would still count as 1 room-night. The **Used Spaces (Room-Nights)** section shows a count similar to the **Used Spaces (Individual Bed-Nights)** value; it counts the number of occupied rooms for every night and displays a total.

For reference, **5.3 Used Spaces (Households)** is also displayed again. This is exactly the same value as on the previous page, simply listed a second time. For family shelters, the number of **Used Spaces (Room-Nights)** and **5.3 Used Spaces (Households)** should be similar or the same (depending on how you're utilizing the software), with any differences explained by reasons such as: a group of clients stayed in the same room but for some reason no family was created in HIFIS; a large family might be required to occupy two smaller rooms; or two small families sharing a larger space.

Can you explain the Program-Based Usage section?

A used program-space is defined as somebody having a shelter stay with the associated program attached for that calendar day at midnight. A sum of these gets you **Used Spaces (Programs)**. However, given that you could have multiple family members booked in with the same program, and you are directed to only report once per household, then **5.3 Used Spaces (Households)** once again counts the number of households that utilized each program per night.

How are Funded Emergency Shelter Facilities calculated?

This one is simple: it's simply a count of the Service Providers you selected as a parameter when you ran the report. It's just presented here for your information; you probably know how many facilities you are funding!

How do you determine who is chronic?

The report uses the built-in HIFIS calculations to determine chronicity, with all its potential pitfalls. This means it'll be consistent with other aspects of your software and other reports, too. A client is counted under the **Chronic Priority Population** if they had a chronically homeless status by the time that they booked out of shelter.

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Can you tell me more about homeless status and chronically homeless status?

HIFIS automatically assigns each client to one of 5 housing statuses at any given time, which are all date-stamped. These statuses are:

1. Housed
2. Homeless
3. Chronically homeless
4. Unknown
5. Transitional

This is based on a combination of a client's shelter Admissions and their Housing History. If the client has a current shelter Admission, for example, their housing status would be "Homeless." If they're not currently in shelter and they have a Housing History record indicating that they are living "Makeshift/Street," their housing status would be "Homeless." If instead, their Housing History indicates that they are currently in "Rental Housing at Market Rate," they would have the housing status of "Housed." Similarly, transitional housing would result in the "Transitional" status.

Once HIFIS knows enough about a client's prior housing statuses, it automatically calculates when a client meets the federal definitions of chronic homelessness, and the client's housing status becomes "Chronically Homeless" instead of "Homeless." So for example, if they're in shelter for 6 months straight, they would be listed as "Homeless" for 6 months and then their status would switch to "Chronically Homeless."

However, when there is no data for a client's current whereabouts, their housing status is listed as "Unknown." So a client who was "Chronically Homeless" yesterday but today does not return to shelter would be "Unknown" today despite being "Chronically Homeless" yesterday.

How do you determine who is part of the Indigenous priority population in this report?

A client is included in the **Indigenous Priority Population** if they stayed in one of your shelters and, in the Client Vitals screen, have one of the following values in the Indigenous Status field:

- First Nations: Off-reserve
- First Nations: On-reserve
- Inuit

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- Métis
- Non-Status

If you use custom look-up values, ensure that they roll up to an appropriate category. If the roll-up value is one of the listed options above, they will also be included in this indicator.

For the purposes of this report, what is a youth?

If, at the time of shelter book-in, a client was 16-25 years of age, they are considered to be part of the **Youth Priority Population**, unless they are also part of a family and not the family head.

How do you define a household in this report?

A household is established by referencing data in the Family module (Client Information > Family). If, at any time from shelter book-in to shelter book-out, a client is part of a Family, the Group ID field (unique identifier of the Family) is used to uniquely identify the household. Otherwise, they are considered to be a single and the ClientID field is used to uniquely identify the household.

The number of households is the number of unique families, plus the number of unique clients who were not in families.

I can't tell how many people stayed in my emergency shelter in this report.

That's because the HPP reporting requirements do not ask for that data point.

What about the Provincial Transitions Priority Population? How is that captured and measured?

That's an excellent question, and is honestly the most difficult part of this whole report. Why? A few reasons.

First, there is no clear place in HIFIS that should always be used in every case to capture the **Provincial Transitions Priority Population**. There are four clear contenders which <u>could</u> be used: Reason for Service, Referred From, Housing History, and Life Events. But, in the absence of guidelines from the government of Ontario, or from a software update that makes the choice easier, communities likely picked the option that was easiest to implement at the time, which would have depended on their current practices.

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So, the report cannot know where to look to pull this data, unless you tell it. That's where the ***Discharge Module*** parameter comes in. You tell the report, when you run it, which of those four modules you'd like it to pull data from when calculating who is part of the **Provincial Transitions Priority Population**.

Second, even after you declare what module to use, the report still can't know what values should be counted and which shouldn't. Let's say you're using the Reason for Service field. This field, by default, includes similar options, like "Discharge from Correction / Jail." But these existing options ask about <u>any</u> institutions and do not differentiate between provincial, federal, or even municipal institutions. Because of this, we assume that communities would be forced to modify their drop-down menus and add custom values. Once you're adding custom values, it becomes very difficult for a general-purpose report like this to be able to interpret and say which options to count and which ones not to count. (How would we do it? We don't want to use the roll-up value, because that would include discharges from federal and provincial and municipal facilities, since they would all have the same roll-up value. And we can't really parse the text because you might use text that we didn't account for, or use abbreviations, or name specific facilities that we're not aware of. We have, however, tried our best to highlight relevant values.)

So instead, we provide a list of all the values and count the number of people you'd report on, and assume that you are smarter than a computer. You need to look at the available values and decide which one(s) should count towards the **Provincial Transitions Priority Population**, and report only on the relevant values and ignore the rest. However, we *try* to suggest the ones that might be relevant by highlighting them in yellow. We know that this isn't going to be even close to 100% correct, which is why we list all the possible values and let you choose.

For example, your data might look something like this:

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Clients Transitioning from Provincial Institutions

Discharge Method: Reason for Service

Due to the nature of this data point, HIFIS has no way to determine which clients had a recent discharge from a provincial institution. Therefore, this chart displays relevant information from Reason for Service which you can use to report on.

	Households
Discharge from Correctional / Jail	1
Family / Relationship Breakdown	1
Financial - Crisis	1
Financial - Insufficient Income	1
Housing - Eviction by Landlord	1
Housing - Eviction by Other	1
Housing - Lease Expired	2
New Arrival to Area	1
Parental Abuse – Psychological	1
Runaway	2

You would be able to see the number of households with each value. You'd decide which values to count; in this example you might want to count Discharge from Correctional / Jail only. Then use the values to report on the **Provincial Transitions Priority Population**, or add up multiple rows if necessary. Note that each household appears in each row one time, but a household could appear in more than one row if they have more than one applicable value.

Okay, but what *Discharge Module* should I pick when I run the report?

The short version is: wherever you expect your data to be. And if you think it might be in more than one place, you could run the report for multiple **Discharge Modules** but keep in mind that clients could be duplicated if you do that.

If you're instead thinking about the future, and saying, hmm, we were winging it last year but this year we want to be more intentional, we recommend using Housing History.

Why? Housing History is a very versatile, multi-purpose module. It's used to track housing transitions, and figure out who is unsheltered, and discover pathways into homelessness, and calculate chronicity. Because these are all very important, it's likely that you're already encouraging your staff to use it robustly (if you're not, you should be). Also storing this information in the Housing History is just doubling down on an already useful, already utilized part of HIFIS that will result in many cascading benefits.

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Reason for Service is another logical place to get this data, particularly because the province wants to know about immediate discharges, so asking "why are you here requiring service" gets to that immediacy. And the Reason for Service field is mandatory.

The Referred From field is also pretty logical, if you think about it differently: what institution did you recently come from? But this requires you to have an exhaustive list of nearby institutions, and our report would be unable to know which ones are provincial and which are municipal or federal (that's not a problem though; you could figure it out). Furthermore, it's not a mandatory field by default, and there are challenges with making it mandatory - notably, what if the client wasn't referred from anywhere?

Finally, the Life Events module is also an okay place to get this information - a stay in an institution is certainly a relevant event in the client's life. But it's less commonly used, and less broadly useful than the Housing History module, so you could end up with less complete data.

But we're entering this data in more than one module.

That's probably not a good idea, as is not giving staff guidance on where you expect them to put this information.

Let's say that Ann the staff diligently records that a client has a Reason for Service of "Discharge from Hospital" and thinks that she's done her job well. Meanwhile, Bonny has been told to put everything in the Housing History, including time spent in hospitals. And Carla didn't receive any training on what to do in this situation, so she looks around and sees that there's an option to record time in health facilities as Life Events.

Now let's say you want to approach a local hospital about discharge planning, and your boss tells you to put together a presentation with data to show how many people are being discharged into homelessness... how exactly would you calculate it? You could run a report that summarizes the Reasons for Service, but that would only get the clients Ann served, and not ones that Bonny or Carla helped. You could summarize Life Events, but that would only get Carla's clients... and so on.

Then think about it from the perspective of a front line staff. Carla thinks that this information should be in the Life Events module, so if she gets a client referred to her, she might check the Life Events module only and then incorrectly assume that they weren't recently discharged from a hospital. Or maybe Bonny would see a client that Ann previously assisted and start complaining about other staff not doing their jobs properly.

Recording the same kind of data in the same place every time is a data quality principle known as **Consistency** and it's very important. If people are entering the same sort of data in multiple places, then

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nobody knows where they should be looking to find the data, and it would appear that there is a lot of incomplete data.

We strongly encourage you to pick one method to enter any given piece of data, and stick with it across the board.

And no, a better solution is <u>not</u> to enter the data in twice (i.e. tell staff to add it as a Life Event AND a Housing History record). You're asking staff to do something redundant and they will notice! In a best case scenario, many staff will diligently enter the data in two different places as you instructed, but you're now doubling the amount of data entry work they have to do, which limits the amount of time they can spend assisting clients (or causes them to work overtime and get burned out more quickly). But in a more realistic scenario, staff are likely to only enter the data in one of the two places (the one that's easier/faster), or look at the requirement and say, "I don't have time for this right now, I'll get to it later" and never do it at all.

But if you've currently got data in more than one module, you could run the report more than once and select a different *Discharge Module* each time. However, this will not tell you which clients are being double counted across reports (i.e. this report doesn't tell you how many have a particular Reason For Service and also a particular Housing History record). We suggest you probably keep the numbers that give you the highest values, since this probably is the module with the most complete data, as opposed to adding them together.

So how exactly is the Provincial Transitions Priority Population section populated?

Reason for Service: if the client had a stay record with the applicable Reason for Service value.

Referred From: if the client had a stay record with the applicable Referred From value.

Housing History: if the client had a Housing History record with the applicable Housing Type value, that <u>ended</u> on the same date that a stay record started.

Life Events: if the client had a Life Event record with the applicable Life Event Type value, that <u>ended</u> on the same date that a stay record started.

I don't like some of the logic you applied in this report.

Not everyone is going to agree with every interpretation in this report, so we're not surprised to hear you say that. We tried here to balance making a versatile report that would have broad applicability across many

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communities with one that's easy enough to understand where the data is coming from and also with keeping the runtime manageable.

But if the end result isn't satisfactory to you, we're happy to make a version specifically tailored to your community. Please get in touch with us to discuss what you'd like to see done differently!

I found an error.

Oh no, we're sorry to hear that! We tested this report extensively and *believe* that it works properly, but it's always possible we missed something. Please send an email to ali@acreconsulting.ca and inform us what is wrong. We might need to get in touch with some follow-up questions. If there is an error in the report, we'll fix it and provide you with a new version at no additional cost.

However, please note that the issue you see may not actually be the result of an error, just a difference in logical assumptions (see I don't like some of the logic you applied in this report), or the result of your community's data entry practices. By all means reach out and tell us what the issue is, but if it's not actually an error on our part (i.e. the report is working as we intended, just not how you prefer), then we might not consider it something that needs fixing. However, we're happy to make a version specifically tailored to your community. Please get in touch with us to discuss what you'd like to see done differently!

What about the other components of the HPP reporting requirements?

Check out https://www.acreconsulting.ca/ontario to see what else we have to offer!