ACRE Consulting's Unofficial HPP Report

Housing Attainment, Loss, and Retention

This report is intended to allow communities in Ontario who receive HPP funding to use HIFIS data to report on housing attainment, loss, and retention.

Broadly speaking, the report summarizes data about households that had a move-in or retained housing for 12 months or who became homeless, filtered by date range, service providers, programs, and service types.

Q&A

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What parameters are available for this report?

- ***Start Date***
- ***End Date***
- ***Service Providers***
- ***Programs***
- ***Service Types*** - multiple-select drop-down field which includes a list of modules in HIFIS that services are provided in
- ***Discharge Module*** - single-select drop-down field which includes 4 options:
    - Reason for Service
    - Referred From
    - Housing History
    - Life Events
- ***How should Transitional housing status be treated?*** - single-select drop-down field which includes 3 options:
    - Treat transitional as homeless
    - Treat transitional as housed
    - Do not sort by transitional status
- ***How should Unknown housing status be treated?*** - single-select drop-down field which includes 3 options:
    - Treat unknown as homeless
    - Treat unknown as housed
    - Do not sort by transitional status

How should I use this report?

This report includes 4 different performance indicators, and they're all a little bit different. So it might make sense for you to run the report four different times, selecting slightly different parameters each time.

For example, you might want to run the report once, selecting service providers, programs, and service types that have to do with housing retention services for at-risk participant households, and then use the resulting output to report on section 1.5, at-risk households who retain housing for 12 months or more.

Then, you might want to run the report again, selecting service providers, programs, and service types that have to do with housing clients, and then use the resulting output to report on section 4.1, households on By-Name Lists assisted through HPP to be housed.

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What services are included in this report?

Services are included in the report (we'll call them **Eligible Services**) if they:

- Are at one of the selected ***Service Providers***
- Are part of one of the selected ***Programs***
- Are one of the selected ***Service Types***

Can you explain the ***Service Types*** parameter? Why did you include it?

Generally speaking, you'd probably want to select all service types, but we can think of a few reasons why you might not want to select all of them.

One reason is because HIFIS considers some things to be services that, one might argue, are not actually services, things like a *Reservation* for a shelter stay. I would argue that a *Reservation* isn't itself a service, just a record of a promise that a future service would be provided. Likewise, a *Turnaway* might not be a service, nor might be providing *Storage* of belongings for a client, but HIFIS considers these all to be services.

(Side note: since you can't actually attach a Program to a Turnaway or a Storage record, they would be filtered out anyways, because they wouldn't be associated with the Program(s) you select.)

Also, we thought you might want to be able to specifically include or exclude certain service types. An early version of this report limited the service types to only Housing Placement, Housing Loss Prevention, and Housing Subsidies, but we thought that rather than making that decision for you, we should put the capability in your hands.

Finally, it was easy to include, and didn't seem like it was hurting anything, so we included it.

How do you calculate Program Entry Date?

Technically, this is not defined in this report itself. This report pulls the data in the Program Entry Dataset (https://www.acreconsulting.ca/products/179868-Program-Entry-Dataset) that we also created.

The short version is that we take every program and figure out the earliest date that a client started any service associated with that program.

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However, for the purposes of HPP, we take it one step further. The HPP program guidelines indicate that you are to report on the earliest date the client participated in ANY service that was funded by the Ontario MMAH, including CHPI or Homes for Youth.

So, we take a step backwards and look at the **Program Type** of a Program, which we recommend you have set to "Ontario HPP Program" or other designation, and then find the earliest date that a client received any service associated with any program that has that Program Type.

Here's an example: you have 4 programs and they are called HPP, CHPI, HPS and Reaching Home. HPP and CHPI both have the same Program Type of "Provincially Funded" and HPS and Reaching Home both have a Program Type of "Federally Funded." If a client received services in all programs, and their data looked like this:

Program	**Program Type**	**First time they received a service**
HPS	Federally Funded	September 3, 2020
CHPI	Provincially Funded	December 3, 2021
Reaching Home	Federally Funded	August 6, 2022
HPP	Provincially Funded	June 10, 2023

This report would pick up the **Program Entry Date** for the CHPI and HPP programs as December 3, 2021, and the **Program Entry Date** for the HPS and Reaching Home programs as September 3, 2020.

How do you calculate who is homeless and who is at-risk of homelessness?

One really important point we need to clarify here: the HPP reporting requirements clearly state that homeless versus at-risk status is determined **at the time of program entry**. That means we use the **Program Entry Date**, and check to see what their status was at that time.

If the client was homeless or chronically homeless, they are counted under section 2, Participants Experiencing Homelessness.

If the client was housed status, they are counted under section 1, Participants At-Risk of Homelessness.

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If the client had transitional housing status, then we use the ***How should Transitional housing status be treated?*** Parameter.

- If you select "Treat transitional as homeless" then clients with transitional housing status are counted under section 2, Participants Experiencing Homelessness.
- If you select "Treat transitional as housed" then clients with transitional housing status are counted under section 1, Participants At-Risk of Homelessness.
- If you select "Don't sort by transitional status" then clients with transitional housing status are placed in any/all of the indicators that they otherwise fit the requirements for.
    - For example, such a client who became homeless during the reporting period would be counted under 1.6. But if the same client had previously been housed through HPP and had retained housing for 12 months before they became homeless, the same client would also be counted under 2.5.

If the client had an unknown housing status (i.e. there was no data at the time), then we use the ***How should Unknown housing status be treated?*** parameter.

- If you select "Treat unknown as homeless" then clients with unknown housing status are counted under section 2, Participants Experiencing Homelessness.
- If you select "Treat unknown as housed" then clients with unknown housing status are counted under section 1, Participants At-Risk of Homelessness.
- If you select "Don't sort by unknown status" then clients with unknown housing status are placed in any/all of the indicators that they otherwise fit the requirements for.
    - For example, such a client who became homeless during the reporting period would be counted under 1.6. But if the same client had previously been housed through HPP and had retained housing for 12 months before they became homeless, the same client would also be counted under 2.5.

Who is counted under 1.5: at-risk households who retain housing for 12 months?

Clients are counted under this indicator if they:

- Were at-risk of homelessness on the **Program Entry Date**,
- Received an **Eligible Service** while they were known to be housed (i.e. there was a Housing History record that shows that they were housed at the time they received the service),

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- Kept the **Housed** or **Transitional** status for at least 12 months with no interruptions (i.e. they didn't move to Unknown or Homeless for at least 12 months), and
- Were still housed between ***Date Start*** and ***Date End***

Who is counted under 1.6: at-risk households who became homeless?

Clients are counted under this indicator if they:

- Were at-risk of homelessness on the **Program Entry Date**,
- Received an **Eligible Service**,
- Had a new **Homeless** or **Chronically Homeless** status that started between ***Date Start*** and ***Date End***

Who is counted under 2.5: homeless households who retain housing for 12 months?

Clients are counted under this indicator if they:

- Were homeless on the **Program Entry Date**,
- While the **Eligible Service** was ongoing, they had a change in housing status to **Housed** or **Transitional**
- Kept the **Housed** or **Transitional** status for at least 12 months with no interruptions (i.e. they didn't move to Unknown or Homeless for at least 12 months), and
- Were still housed between ***Date Start*** and ***Date End***

Who is counted under 4.1: households on the BNL assisted through HPP to be housed?

Clients are counted under this indicator if they:

- Received an **Eligible Service**
- While the **Eligible Service** was ongoing, they had a change in housing status to **Housed** or **Transitional** between the ***Date Start*** and the ***Date End***

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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 were counted under one of the indicators and had a chronically homeless status at some point between the ***Start Date*** and ***End Date***, inclusive.

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 were counted under one of the indicators 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
- 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 they were counted under one of the indicators, 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 the Start Date of an **Eligible Service** to the End Date of an **Eligible Service**, 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.

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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 could 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.

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 any 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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1. Participants At-Risk of Homelessness

Clients Transitioning from Provincial Institutions

*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.*

	Emergency Shelter Solutions	Housing First - ICM	Reaching Home	Shelter Diversion	**All Programs**
Detoxification	0	1	0	0	**1**
Family / Relationship Breakdown	0	1	1	0	**2**
Housing - Eviction by Landlord	1	0	1	0	**2**
Housing - Eviction by Other	0	0	0	1	**1**

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 Detoxification 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 for many modules, but not all of them. Case Management and Housing Placements are notable among the modules in which Reason for Service is not 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? Also, like Reason for Service, this field doesn't appear in Case Management or Housing Placements, among other modules.

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.

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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 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 not 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 received an **Eligible Service** with the applicable Reason for Service value.

Referred From: if the client received an **Eligible Service** with the applicable Referred From value.

Housing History: if the client had a Housing History record with the applicable Housing Type value, that ended on the same date that an **Eligible Service** started.

Life Events: if the client had a Life Event record with the applicable Life Event Type value, that ended on the same date that an **Eligible Service** started.

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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 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!