2018 Evaluation: Updated Preliminary Results Explained

This year the NYC CCoC continued to streamline the annual evaluation in order to support a fair and equitable process, improve data quality, and move closer toward achieving HUD objectives. The Steering Committee voted to evaluate projects based on the federal fiscal year, use information for specific questions derived from the HUD APR, and rely primarily on data submitted into the NYC HMIS Data Warehouse. Subsequent to the release of Preliminary Scores, two Debrief Calls were held that illuminated themes in the scoring process, and the data itself, that was different this year compared to prior years. Subsequently, many projects chose to take part in the Data Adjustment Period that followed.

Below is a summary of observations and processes used for the Updated Preliminary Evaluation Results.

Summary

The Data Adjustment Period was a worthwhile addition to this year’s Evaluation since it gave the CCoC an opportunity to address all data-related issues in a defined period of time, outside of the formal Appeals process. Many providers used this opportunity to clean up and/or improve the accuracy of their data in HMIS, as reflected by the increase in project scores. Two Debrief Calls, held after the initial scores were published, were also valuable and allowed the DSS CCoC Team to explain what was going on behind the data. Providers also shared potential data and scoring discrepancies based on their review of individual score breakdowns. Going forward, the CCoC will work with Providers on ongoing data reconciliation and year-round review to avoid “end of year” surprises in future Evaluations.

Observations

Detailed explanations and supporting documents received during the Data Adjustment Period provided insight with errors and/or inconsistencies with data used for the evaluation. Points were awarded only where the request was justified by the data. To confirm the accuracy of data adjustments, methodology queries were reviewed and confirmed with the Evaluation Process Instructions, what was stated in the Evaluation Tool and with Foothold where necessary.

- An exception to the above was made for three program indicators: Question 5: Income (Earned and Other), Question 7: Non-Cash Benefits, and Question 8: Health Insurance. For these questions, to signal an appreciation for performance difficulties expressed by Providers in these areas and to help projects boost their score, the higher number (yours or ours) was chosen. The alternative would have meant either no change or a reduction in points. (See additional information below under Annual Assessments.)
**Annual Assessments**

Many Providers took advantage of the Data Adjustment Period to conduct and/or update their data on Annual Assessments, which resulted in more complete information and score increases for Questions 9a, 9b, 9c, and 10. More comprehensive data around Annual Assessments also impacted scoring for the Income, Non-Cash Benefits, and Health Insurance questions too. In another instance of trying not to penalize Providers given the concerns they have raised around Annual Assessments, the following methodology was applied:

- **Earned Income** – a standard formula was used to look at whether individual participant incomes were higher from admission to annual assessment, or from annual assessment to discharge. A participant with either of those was counted as having increased other or earned income. If no annual assessments were completed for the program the overall score was lower and thus a lower percentage of hitting the targeted goal.

- **Non-cash benefits** – A standard formula was used to look for at least one non-cash benefit at three points in time: admission, annual assessment, and discharge (even though the Tool states that only the latter two will be used). Whichever of those points in time had the highest number of clients with non-cash benefits was used. For example, if a program had 50 clients at admission with one or more non-cash benefits, but at annual assessment had 40 with one or more non-cash benefits (because annual assessments either weren’t completed or necessary yet) the 50 number was used. (See Observations above about using the higher number.)

- **Health insurance** – The same formula for non-cash benefits was used to determine those with health insurance, the only difference being that non-cash benefits for children are tied to their parents, whereas everyone should have health insurance.

**Leavers**

Deceased persons should not be included in the total count of Leavers. When Preliminary scores were issued, deceased leavers were being listed under the “Other” category, which added more people to the leaver totals and caused issues with determining those who maintained permanent housing and those who left to PH. This has since been corrected and scores have been adjusted accordingly.

**Clarification**

Question 17 (supporting documentation), Question 18 (12 monthly HMIS uploads), and Question 19 (Information Session attendance) resulted in a deduction of points if requirements were not met. A point value of zero (0) indicates that the project satisfied the condition.

**Question 1: Utilization Rate**

Many CCoC funded projects choose to include all persons in their project, not just the persons receiving HUD funding. However, the DSS CCoC Team cannot parse out or discern the HUD-funded clients – who are the only persons counted for the Evaluation - from those that are not receiving HUD funding due to limitations in the AWARDS system. The result is that there may be more clients than necessary in the project census. Many projects took advantage of the Data Adjustment Period to update their data in
HMIS and provide a more accurate APR to reflect only the HUD-funded beds, which resulted in more points for this indicator.

**CCoC Action or Recommended Action to Providers:**

- **Going forward, set up a second, CCoC funded-only beds project in HMIS to upload data, so that DSS can more easily identify the HUD projects and pull the correct data from HMIS.**

- **Work with the CCoC Team to update your information in the HMIS data warehouse.**

- **When HMIS projects’ contracts change, Providers need to make the corresponding information changes in HMIS too.**

**Question 13: Spend-Down**

The SAGE HMIS System was the source for Spend-Down information. However, requests for Spend-Down point increases were not addressed as part of the Data Adjustment Period. Please follow the Appeals process if you wish to contest the points received for this indicator.

**Question 18: HMIS Uploads**

If there was sufficient proof that 11 or 12 uploads occurred, credit was given and the deductions were removed.

Providers still contending points for this indicator can do so through the Appeals process.

**Question 19: Attendance at Evaluation Information Session**

Requests to remove the 5 point deduction for not attending an Information Session were not addressed as part of the Data Adjustment Period. Please follow the Appeals process if you wish to contest the 5 point deduction for this indicator.