

# Understanding HOPWA Access to Care and Support Outcomes

## – Prezi Script

Tile 1: *Overview Image*

Tile 2: Welcome to the ‘Understanding HOPWA Access to Care and Support’ presentation by the Office of HIV/AIDS Housing at HUD. This training is intended to help HOPWA grantees and sponsors alike with understanding and accurately reporting HOPWA Program Access to Care and Support Outcome Measures.

You may find it helpful to have a copy of the CAPER or APR annual performance report in front of you to mark up during this presentation. We will be focusing on Part 4, Section 3, Tables 1a and 1b in both the CAPER and APR forms.

Tile 3: Here are some tips on viewing this presentation in the Prezi Viewer.

Tile 4: First, since we’ll be viewing images of documents during this presentation, you may want to activate the ‘Full Screen’ setting in the Prezi Viewer. This will enlarge all of the slides in the presentation automatically.

Tile 5: To have the presentation proceed automatically through all of the slides, hit the ‘play’ button in the lower left corner of the viewer.

Stop the presentation at any time by hitting the ‘pause’ button in the lower left corner.

Tile 6: You can enlarge or reduce an image by hitting the plus ‘plus’ and ‘minus’ icons that appear when you mouse over the slide. If your mouse has a wheel control, you can also use your mouse to zoom in on the images.

Tile 7: Use the backward and forward arrows to navigate through the presentation, if you want to review a previous slide.

Note that if you zoom in and out, or move backward and forward using the arrows, the auto-play feature will turn off. Turn it on again by hitting the ‘play’ icon in the lower left of the Viewer.’

Tile 8: The learning objectives for this presentation are to:

- Familiarize the learner with the context and purpose of the HOPWA Access to Care and Support Outcomes;
- Explain how to complete the Access to Care and Support Outcomes portion of the HOPWA annual report;
- Help the learner understand how to collect and compile accurate access outcomes data; and
- Illustrate how access to care and support outcomes data can be used for program oversight and program evaluation

Tile 9: At the end of this presentation, the learner will:

- Know why HUD collects HOPWA access to care and support outcomes

- Understand how to complete accurately the Care and Support Outcomes section of HOPWA annual performance report
- Know how to collect this outcome data at the Project Sponsor level and how to compile that in the annual report; and
- Know how to use this data for project oversight, evaluation, and quality improvement.

Sponsors and grantees often have difficulty in tracking and reporting these outcomes in the CAPER and APR forms accurately. As we move through the process of completing this section, please feel free to pause, go back and move around in the presentation, as needed.

Tile 10: So, what are HOPWA Access to Care and Support Outcomes and why does HUD measure them?

Tile 11: The Access to Care and Support outcomes assess the extent to which individuals and households who receive HOPWA assistance are also connected to other important types of care and support.

Tile 12: HUD wants to know: What was the effect of receiving HOPWA housing and case management assistance -- on housing planning, overall case management, access to primary care and health insurance, and on income. HUD expects that all households receiving some type of HOPWA housing or case management assistance will be connected to other care and support and will have plans for housing stability. HOPWA grantees are responsible for ensuring that these connections are being made at the local level. These outcome measures help HUD understand if these connections are being made.

Tile 13: HUD's Office of HIV/AIDS Housing wants these outcomes to be measured for specific groups of HOPWA program beneficiaries.

Tile 14: In particular, grantees should report these outcomes for households that:

- Receive HOPWA Housing Subsidy Assistance only;
- Receive BOTH HOPWA Housing Subsidy Assistance and HOPWA-Funded Case Management; or
- Receive HOPWA-Funded Case Management only

Tile 15: The only households that are NOT required to have these outcomes reported on them are those households that received *neither* HOPWA housing assistance *nor* HOPWA case management. In most cases, this will be a small or non-existent cohort.

Tile 16: What are HUD's expectations for these outcomes?

Tile 17: HUD's goal for households served is that at least 80% of them will achieve each of the outcomes.

Tile 18: HUD also hopes that grantees and project sponsors will use the outcomes as part of the ongoing evaluation of their success. Low outcomes can spark questions that can help grantees and sponsors improve their program models and change local systems. We'll talk more about using this outcome data for evaluation in a bit.

Tile 19: In this section we'll look at where Access to Care and Support data are reported and look in detail at how to complete the outcomes section accurately.

In both the CAPER and the APR forms, these outcomes are reported in Part 4, Section 3, Tables 1a and 1b.

Tile 20: Formula and Competitive Grantees use different forms to report annual performance data.

Formula Grantees use the CAPER Form and Competitive Grantees use the APR Form. These reports have a number of differences and grantees should take care to use the correct form.

More information about HOPWA annual performance reporting, including copies of the current CAPER and APR forms, can be found on the HUD Exchange website.

Tile 21: Here's the section of the CAPER and APR forms that we'll be looking at, starting with Table 1a. We will explain the logic among the lines in table 1a and review how the totals in lines 1d and 2b in this table relate to the NEXT table, 1b.

In order for the grantee to obtain accurate data from project sponsors to aggregate in this form, the project sponsors will need to collect and track these outcomes for all of the applicable households during the course of the operating year that is being reported on.

Table 1a determines the BASELINE numbers for reporting outcomes.

Table 1b, using the baseline household number, then reports the relevant outcomes for each household. By 'baseline,' we mean that lines 1d and 2b in Table 1a will give us the total number of households in two separate categories. We'll then carry these numbers down to table 1b and report outcomes against them. We'll explain this connection more in a minute.

Tile 22: Before we get started, however, we need to take a slight detour and look at how HUD categorizes households by type of project and project sponsor. Understanding this distinction will be very important for completing the outcomes section accurately.

For the purpose of calculating these outcomes, HUD divides the households into two groups, based on what *type* of HOPWA funded activities each project sponsors offers clients.

The first type of HOPWA project sponsor provides some form of HOPWA funded housing assistance to at least *some* of its participants. This type of project might *also* provide HOPWA funded case management to households. For the purpose of this training, this will be a Type A organization.

The second type of HOPWA project sponsor only provides HOPWA funded Case Management and, possibly, other HOPWA funded supportive services. They provide NO HOPWA funded housing assistance, though they might provide housing assistance using some other resources, such as Continuum of Care, HOME program funds, etc. Let's call this Type B.

Please note: the HOPWA forms do not use this language

The point here is that in aggregating Project Sponsor outcome data for this section of the report, grantees will place ALL of a particular Sponsor's outcome data in only one of these buckets or project sponsor types, depending on what type of organization they are. In other words, outcome data from a single project sponsor will never be split between these two buckets.

Tile 23: Type A Project Sponsors are those organizations that provide some type of HOPWA funded housing assistance to at least some of their clients. As you can see in these examples, the common denominator is that some type of HOPWA funded housing assistance was provided. You can also note that, as previously stated, all of the outcomes for these project sponsors will be grouped together in the report, including households that only got HOPWA case management from a Type A organization.

Tile 24: Type B Project Sponsors are those organizations that provide only Supportive Services – including Case Management - with their HOPWA funds. They may also provide housing assistance, but NOT HOPWA funded housing assistance. All of their outcomes will be grouped in the Type B bucket.

Hold this important distinction in your head as we move through the next slides, since the vast majority of errors in completing the Access to Care and Support Outcomes part of the form comes from mis-categorizing reported data.

ALL project sponsors should *only* be reporting their data as one of these types of sponsors, using only the first or second part of Table 1a to report baseline numbers, never both.

Tile 25: OK, first let's look at the first part of Table 1a, which collects baseline data for Type A Sponsors. This will give us the first of two baseline numbers for table 1b.

Tile 26: This part of the table is very tricky and we'll take it line by line, going from 1a to the total in line 1d.

Tile 27: Remember, this is for Type A Project Sponsors, that is, those that also provide HOPWA Housing Assistance. For line 1a in table 1a, total up *all* of the households served with the types of housing assistance listed here. For sponsors, this will be across your projects, if you have more than one. For grantees, this will be across all of your sponsors. Don't take out any duplication among your numbers at this point. That will happen line 1c coming up.

Tile 28: The duplicated number of households served with HOPWA housing assistance by Type A sponsors goes in the box in line 1a.

Tile 29: For line 1b in table 1a, total up all of the households served with HOPWA case management by a Type A Sponsor.

Remember, depending on the particular project models used, there may or may not be *any* overlap between this group and the households that received HOPWA housing assistance, reported in line 1a. The total here could be larger or smaller than the total for line 1a.

Tile 30: The total number of households served with HOPWA case management by Type A sponsors goes in the box in line 1b.

Tile 31: OK, here's one of the tricky parts. Line 1c is the subtraction in this table for however many households overlap between the numbers reported in lines 1a (for HOPWA housing assistance) and 1b (for HOPWA case management from a Type A sponsor). For example, one Type A sponsor provided a household with HOPWA rental assistance and another Type A sponsor provided that same household with HOPWA case management. That duplication would be subtracted here.

Note that line 1c ALSO represents duplication internal to lines 1a and 1b themselves.

For example, two project sponsors may be reporting that they provided HOPWA housing assistance to the same household, say, one gave permanent housing placement assistance for move-in costs and another provided a HOPWA tenant-based subsidy to the same household. That duplication would be deducted here.

This action of de-duplicating your household count between separate organizations or across types of HOPWA activities can be very challenging. At the grantee level, duplication can only be identified if

project sponsors are using a common client-level database (such an HMIS or Homeless Management Information System) or actively sharing client-level data through formal collaboration. Identifying duplication at the individual sponsor level should be easier, since the client will be receiving multiple services from the same organization.

For preparing this data for grantees, sponsors should identify duplications to the extent possible and report them to the grantee. The grantee will aggregate all of the duplications across sponsors for this line and subtract this number from lines 1a and 1b.

The duplication number can vary widely and can include 'zero' duplication, representing no duplication among the reported numbers. But if a Project Sponsor bundles at least some HOPWA housing assistance with HOPWA case management, there should be duplication reported in this line.

Tile 32: Next, Total lines 1a and 1b, then subtract the duplicated number in line 1c to get your grand total for line 1d.

This is the *baseline number* that will be used in Table 1b to calculate outcomes in Column 1 of that table.

Tile 33: Now, we move to the second part of the first outcomes table, lines 2a and 2b. This part of Table 1a will capture baseline outcomes numbers for Type B project sponsors, those organizations that do not provide any HOPWA housing assistance but do provide HOPWA case management.

Tile 34: Total the number of households served with HOPWA *case management only* and put it in the box in line 2a.

Remember, this is only for households served by Type B organizations. Households that received HOPWA case management from a Type A organization were reported above, in line 1b.

Also, don't include any households here who neither received HOPWA housing assistance nor HOPWA case management but *only* some other HOPWA supportive service, such as nutrition or transportation.

Tile 35: Transpose the number from line 2a and enter it in line 2b.

This is the *baseline number* that will be used in Table 1b to calculate Access to care and Support outcomes in Column 2 of that table. Let's proceed now to Table 1b.

Tile 36: Now we're ready to look at Table 1b, "Status of Households Accessing Care and Support". We will be using the baseline numbers from Table 1a for this table.

Tile 37: As previously mentioned, the total from Table 1a, line d provides the reference or baseline number for all of the outcome questions in Column 1 in Table 1b. Let's look at the connection more closely.

Tile 38: The total from line 1d in Table 1a is the baseline or reference number for Column 1 in Table 1b. What this means is that for lines 1 through 5, Column 1 in table 1b, you are asking the questions in each line in reference to the baseline total from line 1d above.

Tile 39: For example, if you are reporting 180 total households in line 1d, for the 5 questions in table 1b in column 1, you answering, of those 180 households, how many had the various outcomes indicated in lines 1 through 5.

In this example, the responses in Column 1, lines 1-5 would never be more than 180, since that is the baseline reference total.

Tile 40: Similarly, the total from Table 1a, line 2b provides the baseline or reference for Column 2 in table 1b, lines 1 through 5. Let's take a closer look.

Tile 41: [NO VOICEOVER]

Tile 42: This example for Column 2 in table 1b mirrors the one that we looked at for Column 1 in table 1b.

As with that example, keep in mind that the outcome numbers recorded in lines 1 through 5 for Column 2 should never exceed the reference number from the previous table.

Tile 43: Now that we've walked through the 2 tables from the CAPER and APR forms related to Access to Care and Support outcomes, let's look at how to collect data for these outcomes and how grantees and sponsors can use this data to improve their projects and local systems.

Tile 44: By now, it should be clear that Access to Care and Support outcomes should be reported by almost all HOPWA project sponsors for almost all clients who receive HOPWA-related resources.

*Every Sponsor* that provides either HOPWA housing assistance or HOPWA case management needs to track and report these outcomes to the grantee, and the grantee needs to track and report these outcomes to HUD.

Tile 45: To track and report the Access to Care and Support outcomes, project sponsors will need to produce and store data on a client-level, in order to connect specific households with particular outcomes. This could be something like a local Homeless Management Information System or HMIS implementation or agency-level software.

Manual collection and reporting of outcomes through file review can also work for smaller organizations.

Tile 46: It is important for grantees to support their project sponsors in collecting and reporting all HOPWA data, not just access to care and support outcomes.

Grantees should provide their sponsors with reporting guidance, including a standardized form or format for reporting all HOPWA performance data. This reduces opportunities for error and supports the collection of consistent data across sponsor organizations.

Grantees should also provide training and support to their project sponsors regarding data collection and reporting, based on their standardized format.

Finally, grantees should incorporate reporting formats and schedules and performance expectations into their contracts with project sponsors, using outcome data as one means to evaluate project sponsor performance.

Tile 47: Apart from the difficulty of the Outcomes section of the form itself, grantees run into a variety of challenges in collecting and reporting access to care and support outcome data.

Sponsors don't collect these outcomes for all of their clients or don't collect data about all of the outcomes for all of their clients.

Some sponsors don't track these outcomes for any of their clients at all.

Sponsors are unable to reliably generate unduplicated data.

Sponsors and grantees don't understand for whom they should track these outcomes.

Sponsors and grantees don't understand how to categorize their data along the two tracks identified in this training, Type A and Type B organizations.

The grantee will need to work with their sponsors to identify and understand these challenges and to overcome them through training and improved practices.

Tile 48: Next, let's take a look at improving the quality of access to care and support outcomes data through validation.

Tile 49: CAPER and APR forms contain tables and instructions that are designed to help sponsors and grantees to complete them accurately.

Users should read the instructions and definitions in the form for the Access to Care and Support Outcomes carefully, as they contain references to other data points in the CAPER and APR reports to which outcome data should correspond.

Now, let's look at how to validate a few particular data points related to these outcomes.

Tile 50: Let's start with the number of households served with HOPWA case management by Type A and Type B organizations, used in Table 1a. The cross-reference here is data from the 'Listing of Supportive Services' tables found in both the CAPER and APR forms.

This table provides detail regarding all of the HOPWA-funded supportive services provided by project sponsors.

Number of households served with HOPWA-funded Case Management is identified in line 3, column 1 of this form.

This number is the cross-reference for the totals of households served with HOPWA case management in lines 1b and 2a of the first Access to Care and Support Outcomes chart, Table 1a, that we previously reviewed.

Tile 51: Here's a look at the Listing of Supportive Services table, with the Case Management line highlighted.

For a grantee receiving data from a project sponsor, you should be able to directly correlate this total here with the total served with HOPWA Case Management in either.....

Tile 52: line 1b of Table 1a or....

Tile 53: line 2a of Table 1a.

Recall that for any given sponsor, they should *only* have data in one of these two locations, depending on whether or not they are a Type A or Type B organization.

Tile 54: Similarly, the CAPER and APR reports have an 'Accomplishment' table that details how many households have received each type of HOPWA Housing Assistance, as well as the total served with Housing Assistance.

These numbers provide the reference for how many duplicated households should have Access to Care and Support outcomes reported on them.

Tile 55: Here's a look at the Accomplishment Table. Column B is highlighted, and it shows the numbers of households served – or outputs – for each type of housing assistance.

Please note that for this cross-reference, we are looking for the total *duplicated* amount of all types of housing assistance. That is why the 'Adjustment for duplication' line is crossed out here, since the value we are going for is the duplicated total of the lines above and does NOT include the adjustment for duplication.

Tile 56: Finally, let's talk about how to use the Access to Care and Support outcome data for program and systems evaluation.

As with most of the data collected for HOPWA annual performance reporting, this outcome data can be used to evaluate performance at the program and systems levels.

Tile 57: If project sponsors have trouble generating and documenting accurate or complete outcome data, this may indicate that they have some grant management issues or data collection problems.

Tile 58: If outcomes are lower than expected, this might indicate programmatic or systemic barriers to achieving good access to care and support outcomes.

Tile 59: Low outcomes may also indicate the need for program redesign at the project or community levels. Perhaps the coordination between HOPWA housing providers and other providers such as medical offices or case management providers is weak and needs to be improved.

As with all of the performance data, review of it can serve as the starting point for asking questions and engaging with project sponsors and other community stakeholders to best design and deliver services for and to people living with HIV/AIDS.

Tile 60: We hope that this presentation has helped you to:

- Know why HUD collects HOPWA access to care and support outcomes
- Understand how to complete accurately the Care and Support Outcomes section of HOPWA annual performance report
- Know how to collect this outcome data at the Project Sponsor level and how to compile that in the annual report; and
- Know how to use this data for project oversight, evaluation, and quality improvement.

More information can be found about HOPWA performance reporting, the HOPWA program, and general HOPWA grant management starting at the HOPWA page on the HUD Exchange website.

We also encourage you to sign up for announcements from HUD regarding the HOPWA and other affordable housing programs at the HUD Exchange website.

Thank you for your participation in this training.