



Housing for Heroes

Annual QM/ Performance Improvement Report

October 1, 2016 – September 30, 2017 (FY17)

NCHP strives to continuously improve the services provided and business functions in order to improve the outcomes for the Veterans served. To meet this goal, NCHP has implemented a QM program to objectively and systematically collect data, and use the data for performance improvement, and a function of the QM program is to review the past year active to identify areas the agency is exceeding the goals, and any areas in need of improvement, and to identify any extenuating factors that may have impacted the outcomes.

External Audit Results:

The VA conducted the Uniform Monitoring Package (UMP) in April 2017, and the results are as follows:

- **Program Progress:** NCHP has a very experienced staff in the SSVF program as well as in their communities. The leadership meets weekly and reports their programs progress and where they are in reaching their performance measures for the grant year. Although they are currently behind 26% in households served, they are within 10% of their budget and have a 69%/31% split between RRH and HP. VA contract identifies 200 Veterans served. Overall Management System/Structure: Policies and Procedures met all standards, the level of CoC involvement excellent, the skill of the leadership team in communication program requirements and coordination was apparent.
- **Management and Structure:** NCHP have well written Policy and Procedures delineating process, procedures and responsibilities. The grantee has been in business since 1984 serving their community. They are active members charring and co-chairing many committees in their CoC.
- **Outreach and Targeting:** With the grantee serving two counties in their Balance of State CoC 501 and being well connected with federal, state and local governments as well as community and faith based providers utilizing word of mouth and testimonial marketing they have done an excellent job of finding the hard to reach Veterans, but covering their entire service area.
- **Participant Eligibility:** Overall the staff and files reviewed clearly indicated that the grantee has an excellent understanding of the SSVF program policy and procedures. They are both providing and documenting the services delivered. The only exception was that three of the six files reviewed did not have documentation of recertification.
- **Supportive Services and Case Management:** Staff has a good understanding of the standards set in the grantee's P&P as noted in the accuracy of their recordkeeping and delivery of services.
- **Financial Management System:** The financial P&P, documenting and recording of financial transactions is IAW the SSVF program guide. The recording and tracking of time for all SSVF staff regardless is accurately documented for the actual hours worked on the SSVF contract.
- **Vehicle Usage:** The grantee has two lease vans that are operational and per the grant agreement. All support licensing, training and documenting the transportation of Veterans was provided.

- Data Management and QA: Well written Data Quality Plan and execution. The grantee has done a great job documenting all of the services provided into the HMIS system.

The 2017 UMP resulted in a CAP to address low productivity at the time of the site visit and some of the files reviewed did not adequately document recertification. This was implemented and completed by 09/28/17.

The SSVF Program Office determined the Corrective Action Plan was sufficient to close out the UMP findings in 06/16/17.

Internal Chart Review Results:

Internal charts are monitored in team meetings, and corrections are requested. Because we do not pull samples instead we review open charts, tabulation of results has not been completed.

This process has evidently worked for NCHP based on external audits, and the continual improvement in our VA UMP audits. This is the process we will continue to monitor charts.

Complaints:

None

IAD Review:

In 2017, NCHP reported 1 incident, involving a veteran reporting suicidal ideation. Staff followed procedures and coordinated with the local crisis response center.

No follow up action required.

Health and Safety:

Emergency drills have been completed and review did not identify any areas needed improvement. Staff has demonstrated a commitment to safety for all persons served, families and staff.

In the past year there have been no accidents involving persons served. One report filed with the police when an object from a passing truck hit the mirror of the agency van, a staff member was driving the van and there were no Veterans in the van. There was no injury of the incident.

No areas identified for improvement.

Rights of Persons Served:

During FY17, no rights of persons served were report as violated.

Satisfaction:

The satisfaction surveys were very positive. The survey results show 97% of the Veterans were satisfied or very satisfied with the services. The following is an overview of the results:

- Two thirds of the respondents scored the quality of services as above average or excellent
- 85% would refer a friend to our services and return if needed
- 94% agreed they were involved in the service planning
- 100% agreed the service plan met their needs
- 94% agreed they received the needed case management and the service was excellent

- Majority agreed assistance in obtaining needed support services, i.e. VA benefits, medical, behavioral health, was provided
- 50% reported a significant improvement in employment

Overall the comments and responses are positive and a few the comments addressed the system and government which are outside the scope of our program.

HFH Outcomes:

In 2017, Pinal County served ninety-seven (97) veterans and their families. Of the total, thirty (30) were in the homelessness prevention category. Fifty-eight (58) were served in the rapid re-housing, and, nine (9) re-entries into the program, five in the rapid re-housing and four in the homelessness prevention.

In 2017, Yuma County served one hundred and three (103) veterans and their families. Of the total, thirteen (13) were in the homelessness prevention category. Eighty-nine (89) were served in the rapid re-housing, and, one (1) re-entry into the program, in the rapid re-housing.

HFH reviewed and decided the need to track entries is not needed, and the VA allows re-entries if the Veteran is need of services.