Community Engagement and Outcomes Measurement in Rural & Smaller Urban Communities

~Lessons from the Cheshire Cat~

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With Provincial Funding, we knew where we wanted to go...

- Programs that meet community needs & enrich lives
- Support initiatives that align with the County’s Mission, vision and values and Ministry Objectives
- Information about impacts of the money spent collectively in regards to homelessness & housing in our community
- Ensure that we were not dictating operational direction. Leave that to the experts (the community agencies doing the work)
- Information available that the Ministry would be interested in (and directed us to report)
- Increase in new partnerships in our community that function well (with the County and with each other)
- Gather data that could help evaluate the spending on the initiatives and could help in decision making in the event funding shrunk or required reallocation
- Make reports/data easy to understand!

If you don't know where you want to go, it doesn't matter which path you take.
Community Consultation

• We are not the experts...they are!
• A community driven approach
• Survey
• Proposal/presentation
• Individual meetings

• The agreements (commitment to working through outcomes planning)
• County support (outcomes planning)
• Reporting (individual and collective)
Do outcomes matter?

Brilliant surgery! Well done! Shame the patient died.
Collaborative process of identifying indicators & outcome measures with the Lead Agencies on the CHPI Funded Pilots

• County directed
  – Ministry’s funding objectives specific to Housing & Homelessness
  – Needs to be integrated into each agency’s data collection process
  – Includes County support and easy reporting process

Our 2 mottos:
1) Don’t create too much extra work for our community partners!
2) Always endeavor to answer the question: “So what?”

• Community Agency directed
  – Specific to program objective(s)
  – Likely includes data they already collect
  – Could include County support (if needed)
  – An outcomes measurement plan is set out in each of the funding agreements
  – Understand that outcomes may help determine funding from the County in future
The “So What?” Factor

Are you a slave to:

- History?
- Reporting structure?
- Time factors to change/evaluate what data is being collected?

Programs/activities often need to be revisited to remind us…What was/is the point of it all? What were/are we supposed to be doing? New programs need to spend the time up front to make sure the Cheshire Cat is satisfied.
When you are considering **how** to collect data... ask yourself:

- What is the purpose of your data collection?
- Who do you need data from?
- Who are your “experts” in this area?
- Already existing available data collection points
- How can you reach your “experts” easily and with limited workload added to whoever is collecting the data?
- What are you collecting now and does it relate to any of the purpose(s) defined above? (probably not)
County-Directed Data Collection Samples

Overall Directive:
- 12 questions at Intake
- + 4 questions at follow up (4, 8, 12 months)
- + ED’s complete “Partnership Assessment tool” annually

Intake Data

Information Based on Practitioner’s Assessment

1. What is the individual’s current housing?
   Please see Glossary for definitions:
   - Homeless
   - Staying with family (paying rent)
   - Staying with friends (paying rent)
   - Staying with family/friends (no rent)
   - Temporary rental accommodation
   - Emergency shelter
   - Transitional housing
   - Supportive housing
   - Retirement home
   - Hospital (ALC bed)
   - Hospital (acute care bed)
   - Other institution (e.g., jail, mental facility)
   - Long-term care residence
   - Social housing
   - Private market rental
   - Home ownership
   - Other (please specify):

2. How long has the individual been in his/her current housing?
   - Less than 1 month
   - Between 1 and 6 months
   - Between 6 months and 1 year
   - Between 1 and 3 years
   - Between 3 and 5 years
   - Over 5 years

3. How would you assess the quality of the individual’s current housing? (check all that apply)
   - Affordable
   - Unaffordable
   - Safe
   - Unsafe
   - Stable
   - Unhealthy
   - Permanent
   - Temporary

4. Over the last 3 years, what best describes the individual’s overall housing experience?
   Please see Glossary for definitions:
   - Chronically Homeless
   - Episodically Homeless
   - Provisionally Accommodated
   - At risk of Homelessness
   - Appropriately Housed
   - Other (please specify):
Includes CHPI (provincial) reporting requirements
OUTCOMES?....normally we just measure the height of the files!

THE RESULTS SO FAR....
What if we don’t achieve the outcomes we set out to?

• Poor outcomes are outcome measures in themselves
• It sets the stage for discussion, are we setting the right outcomes? Do we need to change what we measure? Are there issues with our measurement plans/tools?
• Inability to achieve outcomes doesn’t always mean failure.... Look for unintended impacts
Canadian Mental Health Association Pilot
*Subsidized Supportive Housing*

Before participating in the pilot:

Assessment of initial quality of housing:
- Unstable: 94%
- Temporary: 82%
- Unsafe: 82%

89% of participants did not feel safe in their initial housing

Overall housing experience in the past 3 years:
- 53% Episodically homeless
- 41% Chronically homeless
- 6% At risk of homelessness
Canadian Mental Health Association Pilot

*Subsidized Supportive Housing*

After 4 months of participating in the pilot:

- 76% of participants had moved forward along the housing continuum
  - Emergency Shelter: 54%
  - Homeless: 23%
  - Staying with friend (paying rent): 15%
  - Temporary Rental Accommodation: 8%

Once involved in the pilot:

- 94% of participants felt safe in their current housing
- 100% of participants reported that their housing situation had improved.

After 8 months of participating in the pilot:

- 88% of participants had maintained housing stability (stayed in the same place)
  - 1 participant was rehoused into another private market rental
  - 1 participant’s situation changed and no longer required subsidy

Once involved in the pilot:

- 100% of participants reported increased engagement in community & mental health supports

Participants’ emergency room visits decreased

- Total ER visits 12 months prior to pilot: 101
- Total ER visits during pilot: 49
- 20 months
- 12 months (est.)
Community Red Cross Pilot
*Rural Transportation*

As of February 2017

The transportation pilot had provided a total of 360 rides:

- 30% were for medical purposes
- 23% were for professional services
- 20% were related to wellness
- 15% were for housing

20 participants completed a client survey. Since using the transportation program:

- 100% felt more independent & able to get things done for themselves
- 80% agreed that their mental well-being had improved
- 80% felt like they could stay in their current housing more permanently
Collecting consistent information across all Pilots gave us this information:

**Indicator 1:** Participants were moving forward along the housing continuum.
The Housing Continuum in Samia-Lambton:

<table>
<thead>
<tr>
<th>Homeless</th>
<th>Emergency Shelter</th>
<th>Transitional Housing</th>
<th>Supportive Housing</th>
<th>Social Housing</th>
<th>Private Market Rental</th>
<th>Home Ownership</th>
</tr>
</thead>
</table>

After involvement with the pilots:

66% of participants had moved forward along the housing continuum.

**Indicator 2:** Housing stability for participants increased.
Assessments of participants’ housing for affordability, stability, safety, health, and permanency indicated an **improvement in housing qualities that support housing stability**.

**Quality of Housing**
- At intake
- After 4 months

<table>
<thead>
<tr>
<th>Affordability</th>
<th>Stability</th>
<th>Safety</th>
<th>Health</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>42%</td>
<td>73%</td>
<td>73%</td>
<td>34%</td>
<td>50%</td>
</tr>
<tr>
<td>20%</td>
<td>35%</td>
<td>73%</td>
<td>12%</td>
<td>58%</td>
</tr>
</tbody>
</table>

**Indicator 3:** Housing situations were improving for participants.
After involvement with the pilots:

68% of individuals reported an **improvement in their housing situation** as a result of participating in one of the pilots.

69% of participants reported **feeling safe in their current housing situation** compared to 32% of participants at intake.
Improving community agency partnerships with the County (and with each other)

Results from the Partnership Self-Assessment Tool indicate that over the past year the five organizations leading the pilots improved:

- Their capacity to work together
- The effectiveness of their leadership and administration
- The efficiency of the implementation of the pilots
- Their ability to affect public policy

All five pilot lead organizations also reported the following benefits:

- The development of valuable relationships
- An enhanced ability to meet the needs of clients
- The ability to have a greater impact than they could have on their own
- The ability to make a contribution to the community
Projects aim to assist seniors, chronically homeless and rural homeless population

By Barbara Simpson, Sarnia Observer
Thursday, January 21, 2016 3:09:10 EST PM

CMHA-led pilot helps homeless in Sarnia-Lambton find housing

By Tyler Kula, Sarnia Observer
Monday, March 13, 2017 12:28:30 EDT PM

Lambton County pilot program aims to ease ALC burden on hospitals

By Tyler Kula, Sarnia Observer
Saturday, January 28, 2017 9:32:09 EST AM
back on my feet promo
**COMMUNITY IMPACT**

**Annually**
- **1,500+ Members** (Individuals Experiencing Homelessness)
- **3,000+ Volunteers**
- **100,000+ Supporters** (Active Database)

**Since Launch**
- **381 Graduated Training | Education**
- **476 Employed**
- **294 Housed**
- **1,706 Members Served**
- **6,000+ Members Served**

*Based on 2015 data

In three years, $1 invested in Back on My Feet returns nearly $2.50 to the community through increased economic activity and cost savings. The economic impact includes: increased economic output from employment and the cost savings from housing, medical costs associated with hospitalization & low physical activity levels, incarcerations costs, and treatments for alcohol/drug addiction. The economic impact results have been validated by PA Consulting Group.

**ECONOMIC IMPACT**

$1 \rightarrow $2.50

**HEALTH IMPACT**

After 60 days of running with Back on My Feet members experience:

- **48%** decrease in High Blood Pressure
- **41%** decrease in Obesity
- **13%** decrease in BMI

**SOCIAL IMPACT**

After 90 days of running with Back on My Feet members experience:

- **97%** of members take a more positive attitude toward themselves
- **72%** of members find their life to be more meaningful
- **86%** of members feel more satisfied with their lives
Thank you!