# Don't Shoot the Messenger

USING A DASHBOARD TO HELP DELIVER THE BAD NEWS



#### Agenda

- ▶ Program Introduction
- ► Early Dashboarding Efforts
- ▶ Problem Identification
- ▶ Solution
- ▶ Perceived Impact on Program

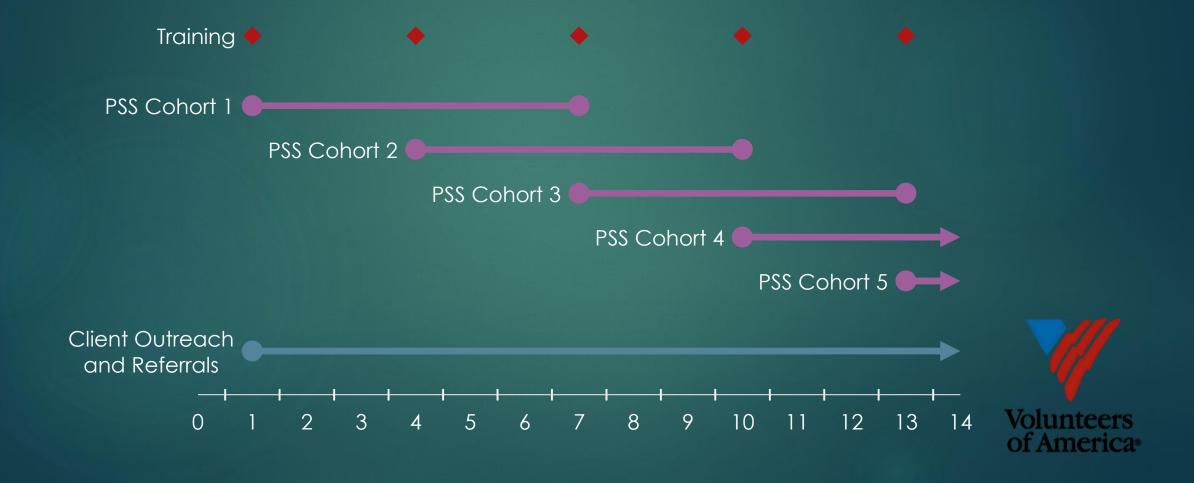


#### The Program

- Connect homeless and at-risk veterans with services
- Incorporate peer-support as a method of building trust
  - Peer Support Specialists (PSS)
    - ▶ Training
    - ▶ Stipend
    - ▶Improved mental health outcomes



#### (Idealized) Program Timeline



#### 3-Year Objectives for Clients

- ► House 300 homeless clients
- ▶ Enroll 75 new clients in VA health services
- Improve health care utilization among clients
  - Reduce bed days of care (BDOC)
  - ► Reduce ER visits



## The Original Dashboard

•	Enrollment, Referrals and Missing Data  Progress Towards Client Outcomes								Cumulative Data																					
	# of Intakes	# Follow-up Surveys	# Referrals	Mis	sing Data (Basel	ine)	Percent of cl homelessn			Percent of (Ou	clients usinį tcome #2)	g VA	/A Percent of clients with ER visits or inpatient hospitalizations (Outcome #3)			Enrollment and Referrals			Outcomes: Baseline (N=263)		<b>;</b> )	Outcomes: 3 Month Follow-up (N=35)		35)						
													Bas	eline	3 Ma	onth	6 Mont	th		# 3 Month	# 6 Month			% Using		vith ER pitalizations			% wi visits/hosp	
	N	N	N	Outcome 1	Outcome 2	Outcome 3	Baseline	3 Month	6 Month	Baseline	3 Month	6 Month	ER	BDOC	ER	BDOC	ER B	BDOC	# Intakes	Follow-ups	Follow-ups	# Referrals	% Homeless	VA	ER	BDOC	% Homeless %	% Using VA	ER	BDOC
Dec 2014	4	_	2	75%	50%	25%	0%	_	-	50%	_	_	25%	0%	-	-	-	-	4	_	_	2	0%	50%	25%	0%				
Jan 2015	27		10	48%	30%	37%	30%	_	-	41%	_	-	7%	15%	-	-	-	-	31	_	_	12	26%	42%	10%	13%				
Feb 2015	19		4	79%	37%	63%	11%	-	-	32%	_	-	11%	11%	-			-	50	_	_	16	20%	38%	10%	12%				
Mar 2015	83	-	23	67%	28%	48%	8%	-	-	54%	-	-	7%	5%	-			_	133	-	_	39	13%	48%	8%	8%	100/1	000/4	250/2	20/4
Apr 2015 May 2015	34	8	8	41% 38%	10% 41%	17% 50%	10% 29%	13%*	-	68% 24%	88%*	-	24%	5% 9%	25%*			-	174 208	8	_	47	12% 15%	53% 48%	12%	7% 7%	13%*	88%* 88%*	25%* 25%*	0%* 0%*
Jun 2015	34	29	4	26%	23%	26%	32%	17%*	_	52%	59%*	_	13%	6%	34%*		_	_	208	37	_	51 55	15%	48%	14%	7%	13%*	65%*	32%*	16%*
Jul 2015	31	3	1	48%	55%	58%	23%	0%*	_	29%	100%*	_	23%	10%	33%*	-		_	270	40	_	56	18%	46%	15%	7%	15%*	68%*	33%*	18%*
Aug 2015	49	1	_	61%	61%	63%	16%	100%*	_	22%	100%*	_	18%	6%	0%*	0%*		_	319	41		56	18%	43%	15%	7%	17%*	68%*	32%*	17%*
Sep 2015	45	7	16	44%	42%	44%	38%	29%*	- 1	24%	57%*	-	2%	2%	43%*			- 1	364	48	_	72	20%	40%	14%	7%	21%*	67%*	33%*	17%*
Oct 2015	2	_	2	100%	50%	50%	0%	_	-	0%	-	-	0%	0%	_	- 1	_	- 1	366	_	_	74	20%	40%	14%	7%	21%*	67%*	33%*	17%*
								Ļ																						



	Enrollment, Referrals and Missing Data												
	# of Intakes	# Follow-up Surveys	# Referrals	Miss	Missing Data (Baseline)								
	N	N	N	Outcome 1	Outcome 2	Outcome 3							
Dec 2014	4	_	2	75%	50%	25%							
Jan 2015	27	_	10	48%	30%	37%							
Feb 2015	19	_	4	79%	37%	63%							
Mar 2015	83	_	23	67%	28%	48%							
Apr 2015	41	8	8	41%	10%	17%							
May 2015	34	_	4	38%	41%	50%							
Jun 2015	31	29	4	26%	23%	26%							
Jul 2015	31	3	1	48%	55%	58%							
Aug 2015	49	1		61%	61%	63%							
Sep 2015	45	7	16	44%	42%	44%							
Oct 2015	2		2	100%	50%	50%							



## Monthly Outcomes

	Progress Towards Client Outcomes													
	Percent of characteristics homelessn	-	_	Percent of (Ou	Percent of clients with ER visits or inpatient hospitalizations (Outcome #3)									
							Baseline		3 Month		6 Month			
	Baseline	3 Month	6 Month	Baseline	3 Month	6 Month	ER	BDOC	ER	BDOC	ER	BDOC		
Dec 2014	0%	_	_	50%	_	_	25%	0%	_	_	_	_		
Jan 2015	30%	_	_	41%	_	_	7%	15%	_	_	_	_		
Feb 2015	11%	_	_	32%	_	_	11%	11%	_	_	_	_		
Mar 2015	8%	_	_	54%	_	_	7%	5%	_	_	_	_		
Apr 2015	10%	13%*	_	68%	88%*	_	24%	5%	25%*	0%*	_	_		
May 2015	29%	_	_	24%	_	_	24%	9%	_	_	_	_		
Jun 2015	32%	17%*		52%	59%*	_	13%	6%	34%*	21%*	_			
Jul 2015	23%	0%*	_	29%	100%*	_	23%	10%	33%*	33%*	_	_		
Aug 2015	16%	100%*		22%	100%*	_	18%	6%	0%*	0%*	_			
Sep 2015	38%	29%*	_	24%	57%*	_	2%	2%	43%*	14%*	_	_		
Oct 2015	0%			0%	_		0%	0%	_		_			



#### Cumulative Outcomes

	Cumulative Data														
		Enrollment	and Referrals	S	(	Outcomes:	Baseline (N=26	<b>63)</b>	Outcomes: 3 Month Follow-up (N=35)						
		# 3 Month	# 6 Month			% Using		vith ER spitalizations	% Homeless	% Using VA	% with ER visits/hospitalizations				
	# Intakes	Follow-ups	Follow-ups	# Referrals	% Homeless	VA	ER	BDOC			ER	врос			
Dec 2014	4	_	_	2	0%	50%	25%	0%							
Jan 2015	31	_	_	12	26%	42%	10%	13%							
Feb 2015	50	_	_	16	20%	38%	10%	12%							
Mar 2015	133	_		39	13%	48%	8%	8%							
Apr 2015	174	8		47	12%	53%	12%	7%	13%*	88%*	25%*	0%*			
May 2015	208	8		51	15%	48%	14%	7%	13%*	88%*	25%*	0%*			
Jun 2015	239	37		55	17%	49%	14%	7%	16%*	65%*	32%*	16%*			
Jul 2015	270	40	_	56	18%	46%	15%	7%	15%*	68%*	33%*	18%*			
Aug 2015	319	41	_	56	18%	43%	15%	7%	17%*	68%*	32%*	17%*			
Sep 2015	364	48	_	72	20%	40%	14%	7%	21%*	67%*	33%*	17%*			
Oct 2015	366	_	_	74	20%	40%	14%	7%	21%*	67%*	33%*	17%*			



#### Evaluation Barriers

- ► Missing data
- ► Unreported clients?
- ► Small sample size
- ▶ Behind on program objectives



# Problems with the Original Dashboard

#### Problem

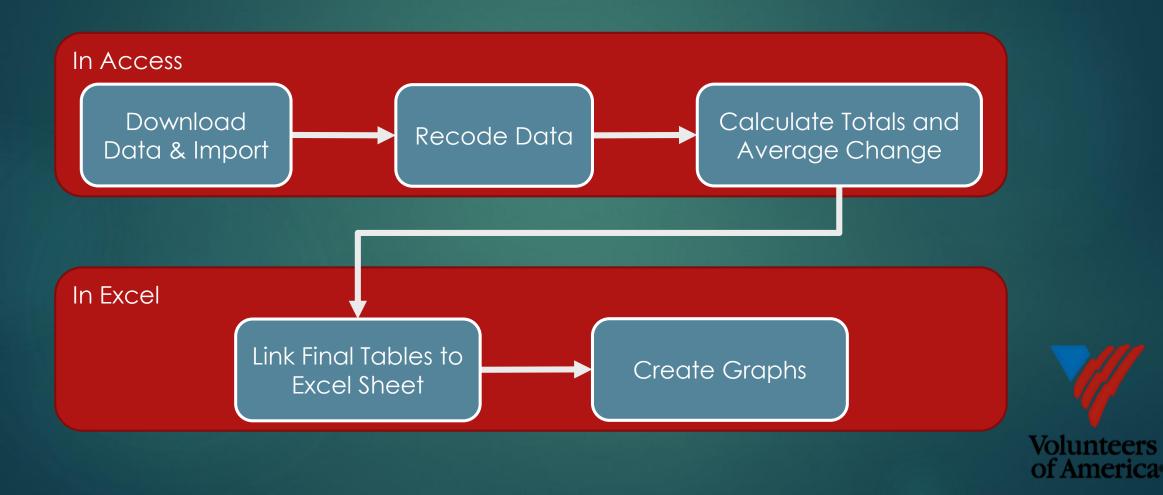
- Very wide; cannot see all information at once
- All numbers; difficult to interpret
- Follow-up independent from baseline; outcomes not clearly represented

#### Solution

- Condense crucial information to a single page
- Transfer to graphical format
- Include only clients with complete data in outcome reporting



# Linking Baseline to Outcome with Access

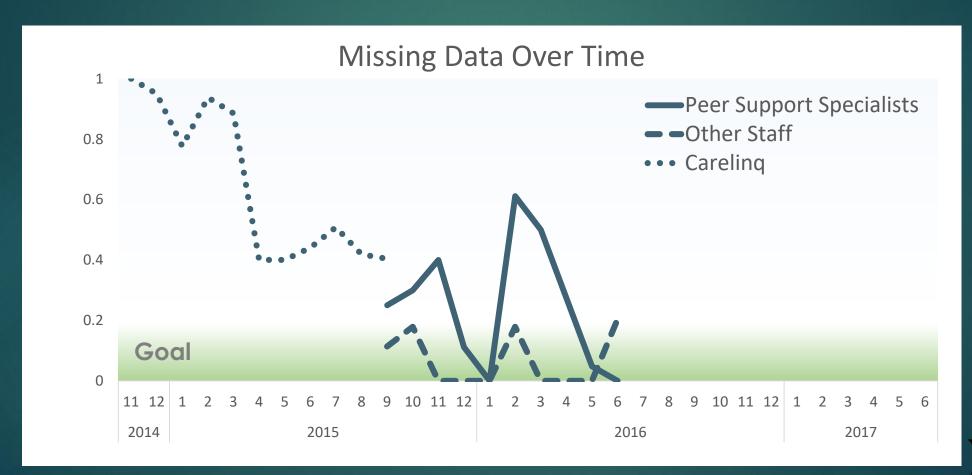






٨	Aissing [	Data Since 6/1
	Но	0%
S	VA	0%
25	VA ER	0%
ш.	BDOC	0%
	Avg	0%
£	Но	18%
Sta	VA	18%
	ER	18%
)th	Ho VA ER BDOC	27%
$\circ$	Avg	20%







## Counting New Clients

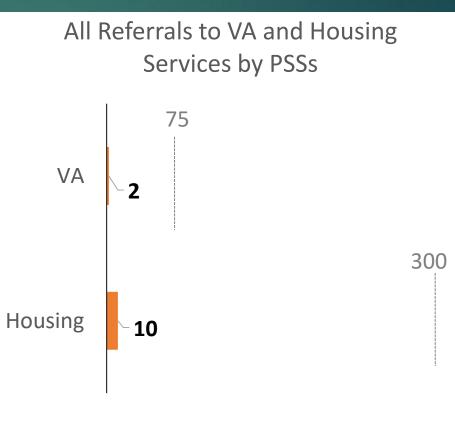
#### **Intakes & Referrals**

		Past	This Mo	Total
PSSs	Intake	56	3	59
F 338	Referral	14	0	14
Staff	Intake	85	11	96
Stall	Referral	81	11	92
Carelinq	Intake	331	0	331
Totals	Intake	472	14	486
IUtais	Referral	95	11	106



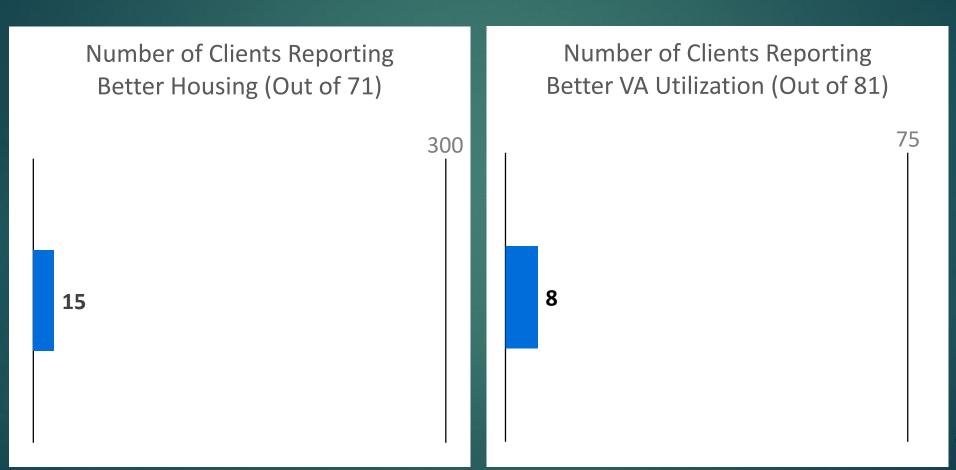
#### Referrals





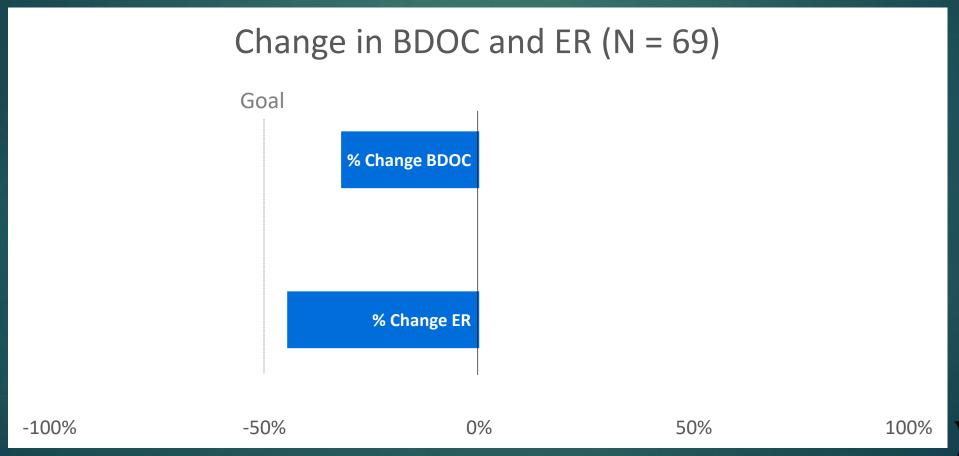


#### Outcomes: Housing & VA Use

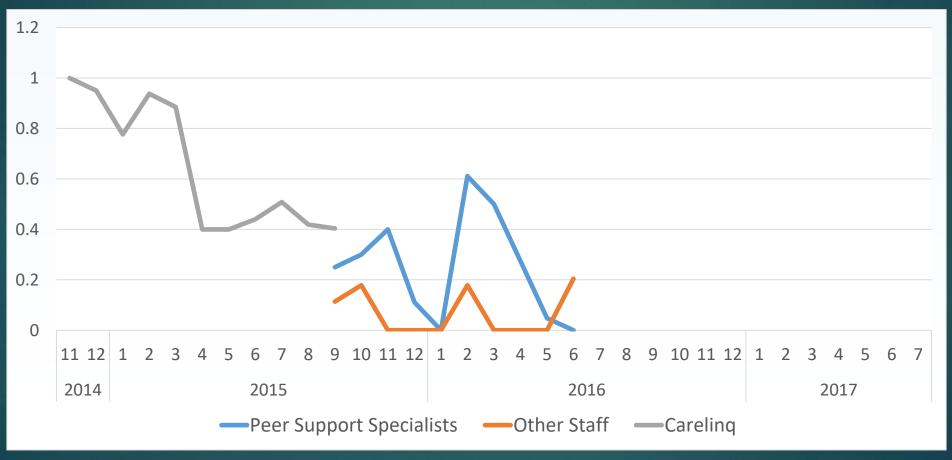




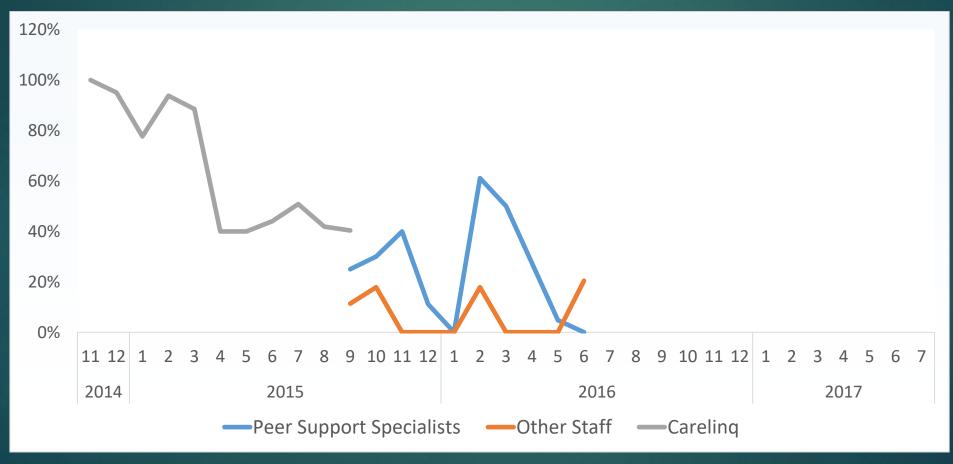
#### Outcomes: Hospital Stays & ER Use



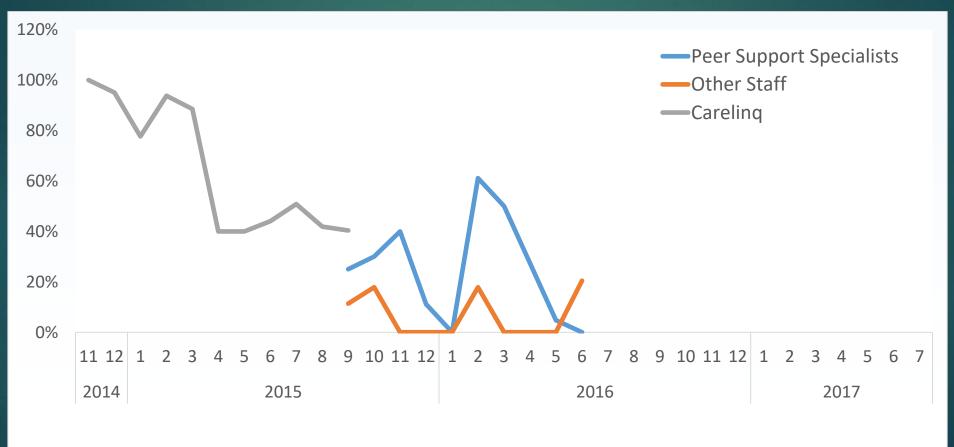




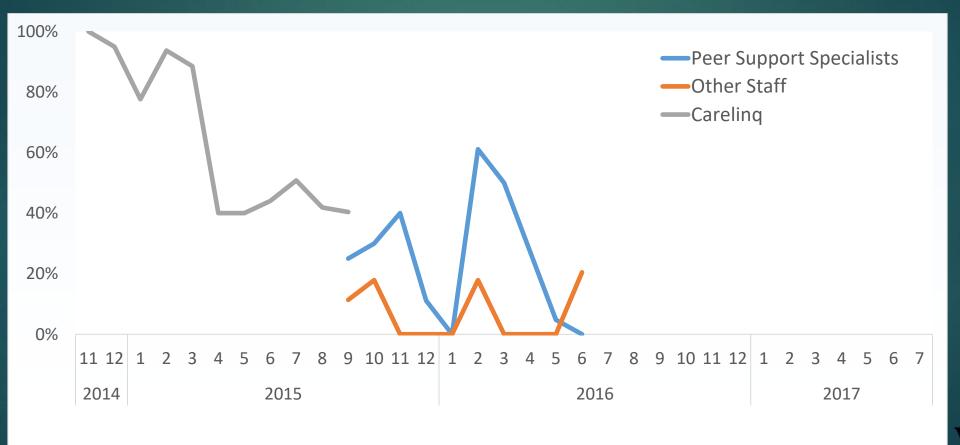




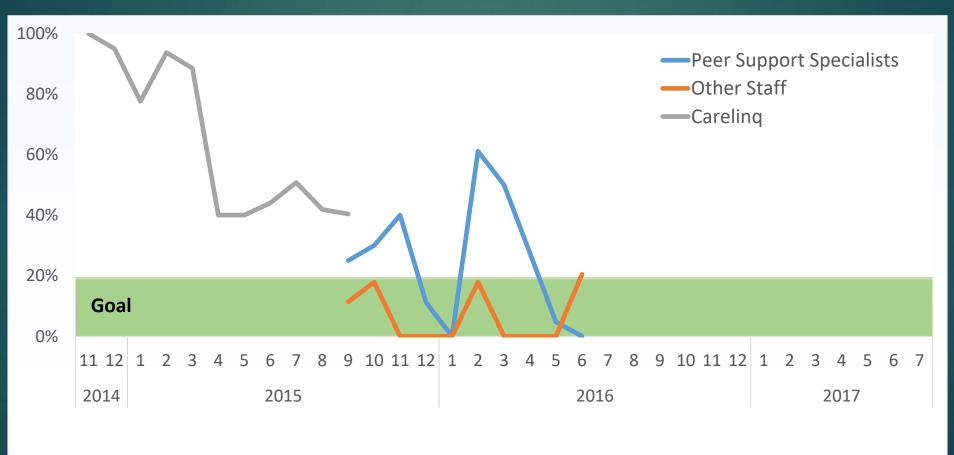




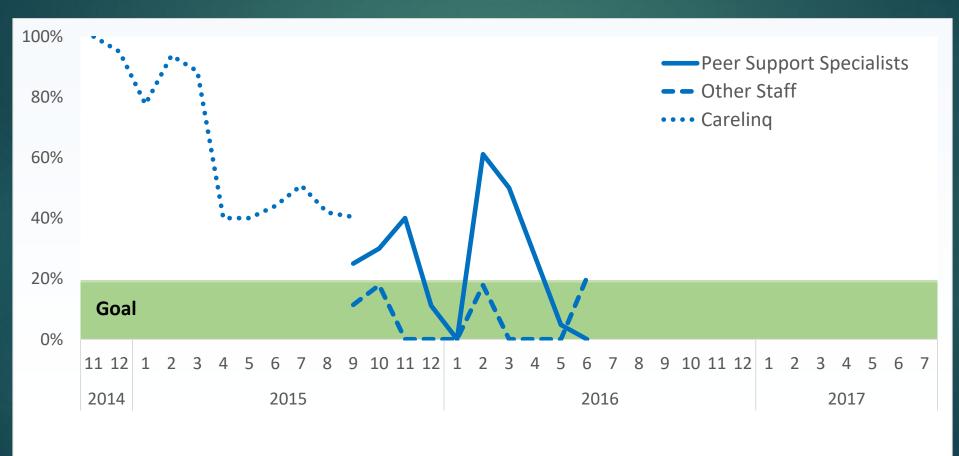












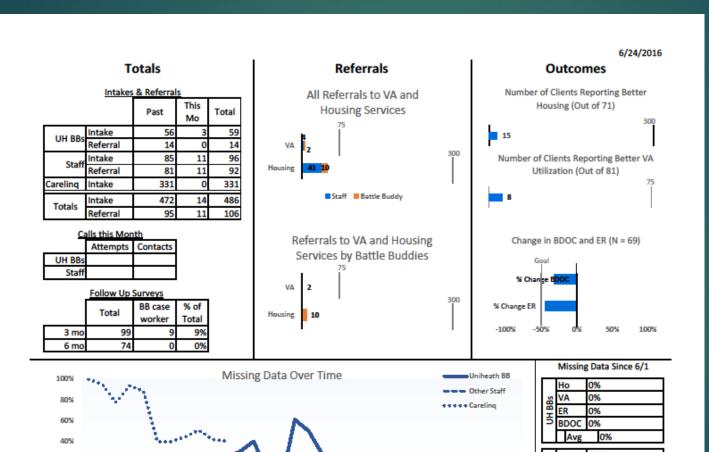


#### The Final Dashboard

20%

2014

2015



7 8 9 10 11 12 1 2 3 4 5 6

18%

BDOC 27%



#### Discussion with Program Leadership

- ▶ Program activities ≠ planned model
- PSSs felt data collection interfered with providing services
- ► Health outcomes (BDOC) may not be appropriate measures of success
- Actual client needs may not match early expectations



#### Changes to the Evaluation

- ▶ Re-envisioned as formative
- Emphasized process evaluation
- Redesigned data collection
  - ▶ New forms
  - ▶ Easier case tracking
  - Assigned data entry staff member

