



# 12-Month Evaluation Report July 1, 2016 – June 30, 2017

Prepared By: Michelle DiMeo-Ediger, Ph.D.



About Gateway Center	3-4
Program Descriptions	5-10
Logic Model	11-12
Executive Summary	13-14
Analysis Notes	15
Characteristics at Intake	16
Clients Served	17
Demographics	18-20
Program Enrollment	21-22
Last Permanent Zip Code	23-27
Prior Night's Stay	28
Housing Barriers	29-30
Finances at Intake	31
Outcomes for Residential Programs	33
Changes in Cash Income	34-38
Changes in Non-Cash Benefits	39-42
Discharge Reasons	43-46
Discharge Destination	47-50
Volunteer Feedback	51
Volunteer Feedback	52-54



# **About Gateway Center**

# Mission

Gateway Center works to end homelessness, and particularly chronic homelessness, by providing the support and framework people need to achieve self-sufficiency.

# Vision

The Board, staff, partners, and volunteers of Gateway Center are committed to **ending homelessness in metro Atlanta** through partnerships with like-minded individuals, service agencies, and business, civic, academic and faith-community leaders.

# Philosophy

The Gateway Center philosophy rests on the guiding principle that individuals experiencing homelessness can ultimately achieve permanent housing through **their own dedicated efforts** combined with a **collaborative process** built on a **foundation of support** from a skilled staff, intensive case management, and trained volunteers.

Gateway Center clients commit to programs designed to meet their individual needs – such as mental health support, substance abuse counseling, sustaining employment, or job-readiness and training. Everyone is required to **set goals and demonstrate progress** towards those goals in order to remain at Gateway Center.

# **About Gateway Center**

# Values

Our successful track record is rooted in the unwavering commitment of the Gateway Center Board, staff, volunteers, and partners to our **founding principles:** 

- The worth and dignity of every person in our community
- The inherent value of providers, partners, volunteers, donors, and staff
- Hospitality
- Self-determination
- Respect
- Integrity
- Spirituality
- Accountability and transparency
- Efficient use of resources
- Approaching solutions with an objective and open point of view
- Achieving measurable, lasting impact

# History

In 2002 Atlanta Mayor Shirley Franklin asked the United Way of Metropolitan Atlanta to study the issue of homelessness in the city, and provide recommendations on how to make substantive progress in moving individuals experiencing chronic homelessness into permanent housing. The result was a Blueprint to End Homelessness in Atlanta.

A major Blueprint recommendation was to establish a central point of care in metro Atlanta to meet the needs of those experiencing homelessness in a systematic and supportive manner. To that end, the United Way Regional Commission on Homelessness oversaw the development of the Gateway Center, which opened July 27, 2005, and is now a self-managed 501(c)(3) organization. It serves as the primary portal for the continuum of care for individuals experiencing chronic homelessness in metro Atlanta.

# **Program Descriptions**

Gateway Center offers Non-Residential programs and Residential Programs (Short Term and Transitional Housing). Each of these are described on the following pages.

**Non-Residential Programs** — humanitarian and trust building services as well as referral services.

Short Term Residential Programs — short-term (up to 90 days) residential services. Provides clients with a supportive structured, therapeutic, safe, and drug-free environment. Men experiencing homelessness (often with mental disabilities and/or substance dependencies) are provided an initial screen and coordinated assessment, comprehensive case management services, and linkages to resources and community partners to stabilize their condition in order to successfully transition them into rapid re-housing or permanent supportive housing.

**Transitional Housing Programs** — housing and supportive services and collaboration designed to move persons experiencing homelessness to permanent housing and sustainable income. These programs utilize relationships/partnerships with local property managers and supportive housing programs in order to assist clients to secure housing. Residents may reside in these programs for up to a year.

5



# Non-Residential Programs

Client Engagement Center — serves as a resource center during the day and an emergency response center under special circumstances. While permanent housing is the end-goal for persons experiencing homelessness, basic humane services are critical to the first efforts in building a relationship and meeting immediate needs. Gateway Center provides several services for non-residents of Gateway Center who are experiencing homelessness. These services include access to restrooms, showers, storage lockers, telephones, cell phone charging stations, clothing, laundry, hygiene supplies, health (physical and behavioral) services, and referral services (i.e. DFCS, ID assistance, and employment resources).

Clear Path @ Gateway Center Services Only — connects men, women, and families with the most appropriate housing resources to assist them in ending their homelessness through the Atlanta Continuum of Care. Gateway Center utilizes an industry standard initial screening tool, the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT). The VI-SPDAT is rooted in leading medical research that determines the chronicity and medical vulnerability of individuals experiencing homelessness. The most vulnerable receive priority placement utilizing this screening tool. Clients are able to stay in the program until they move into permanent housing (began 6/7/2016).



# Short Term Residential Programs for Men

**Veterans Contract Beds (VACB) Emergency** — provides short term beds for up to 60 days to veterans referred to Gateway Center by the Veteran Affairs office located at Fort McPherson. Veterans are assessed through case management and connected to all available services including treatment, income, and housing services.

United Way of Greater Atlanta Veterans Homeless Program — provides short-term beds for veterans for up to 5 days. Veterans are assessed for services through Fort McPherson and if eligible are then transitioned to longer term residential programs; rapid re-housing; or permanent supportive housing based on their eligibility and needs.

Clear Path @ Gateway Center Residential Program — assists men — for up to 90 days — who are experiencing chronic homelessness in ending their homelessness. Clients are screened for this program using the Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT). Most men enter the program with no Identification. Case managers work closely with clients to obtain identification and disability paperwork. Clients are connected to substance abuse, mental health, and physical health resources (began 6/13/2016).

7



# Short Term Residential Programs for Men

#### **Projects for Assistance in Transition from Homelessness (PATH)**

**HOPE Atlanta PATH** — assists men experiencing homelessness by engaging them where they are located and providing access to needed treatments to address mental health, physical health, and/or substance abuse issues. When clients are engaged by the outreach team they are then offered beds at Gateway Center. HOPE Atlanta case managers work to connect individuals to needed resources. Clients are housed in this program for up to 60 days.

Mercy Care PATH — serves men experiencing homelessness and who have severe and persistent mental illnesses. Short term beds for up to 60 days are made available to Mercy Care PATH team clients while ensuring that individuals are connected to mental health services and resources. Clients and case managers work together to create housing plan goals that include, but are not limited to, mental health, medical care, income, employment, and stable housing (began 3/12/2015).

Community Friendship PATH — provides, in partnership with Community Friendship, outreach and case management for up to 60 days to men experiencing homelessness with mental illness or co-occurring mental illness and substance use disorders who are unable/ unwilling to access traditional services on their own.

8

Note: throughout this report these three PATH programs are combined and labeled "PATH Teams".

# Transitional Housing Programs for Men

**Veterans Transitional Housing** — provides beds for transitional housing (TH) with a maximum stay of up to 2 years. This program is a collaborative project funded by the U.S. Department of Veterans Affairs. Clients must be referred by Atlanta's Homeless Veterans Program to gain access to this program. Veterans are assessed through case management and connected to all available services including treatment, income, and housing services.

**Upward** — provides beds for up to 90 days and is a residential addiction recovery program designed to support men in their efforts to end their addiction. Clients develop a plan for implementing and sustaining a substance abuse recovery plan, and then connect to employment resources and stable housing. Through intensive case manage services and the utilization of a pre-treatment curriculum for single men, individuals are able to remain clean and sober.

**Life Changers** — provides beds for up to 90 days for men in need of housing and employment case management as they re-enter the workplace. Addresses various factors that may contribute to homelessness, such as educational, legal, and critical life needs.

Resident Intern (RI) Program — provides beds for up to 18 months. This program is an opportunity for men to first volunteer their time within Gateway Center. After 30 days of success as a RI, men earn a stipend for their work at the Gateway Center. RIs are clients who have displayed exemplary behavior and determination while in stabilization, but have not yet been able to identify employment opportunities in the community. These clients have an opportunity to develop new job and leadership skills.

# **Program Descriptions**

# Partner Agency Programs

**Georgia Works!** — comprehensive methodology provides participants with transitional housing for up to 1 year, paid transitional work, case management services, life skill and workforce training. Georgia Works! guides participants down a road to independence, so that, upon graduation, each man has addressed the underlying issues that led him to experience homelessness, obtained permanent housing, and most importantly, secured full-time employment.

Division of Family and Children Services (DFCS) — in partnership with Gateway Center, DFCS provides those experiencing homelessness with greater access to the Supplemental Nutrition Assistance Program (SNAP). DFCS helps clients apply, verify eligibility, and receive food stamp benefits through an Electronic Benefits Transfer (EBT) card. Clients can receive food stamp-related mail through Gateway Center to help maintain their nutrition assistance while eligible.

Recuperative Care by Mercy Care— provides short term housing for up to 30 days to individuals experiencing homelessness who have been hospitalized, are ready for discharge, and can function independently, but require recuperation and have no home to return to. The program is intended to serve the hospitals (Grady, Saint Joseph's, and Piedmont) and the community by preventing extended hospital stays beyond necessity and unnecessary healthcare expenses.

Mercy Care Clinic @ Gateway Center — using an integrated health care model, provides onsite medical services (physical health, behavioral health, and dental) to those experiencing homelessness.

Gateway Center collaborates with a wide range of social services agencies working collaboratively to provide wraparound services. The onsite continuum of services promotes positive outcomes and allows each agency to make homelessness rare and brief for those served. Additional partnerships can be viewed at: <a href="www.gatewayctr.org/">www.gatewayctr.org/</a>
<a href="programs-and-services/">programs-and-services/</a>

### WHAT WE DO...

#### **Community Engagement**

- Education of partners and potential partners
- · Collaboration with partners to end homelessness
- Staff participation in and/or leadership of community-wide initiatives

#### **Client Based Core** Services

- Short Term Residential
- Transitional Housing
- Clear Path
- Financial Literacy
- Intensive Case Management
- Referral & linkage to assistance and social services
- Integrated Medical Services (Medical, Behavioral, Dental)
- Food Stamps (DFCS)
- · Meals for residents
- Fatherhood Services
- Life Skills
- Chaplain Services
- Job Coaching and Placement
- SA Support Groups
- SSI & SSDI application assistance
- Transportation
- Career Center
- Health & Fitness
- Art Therapy
- Homelessness verification (HUD required)
- TB/RPR Testing
- Supplemental support provided by volunteers and interns
- Discharge Services

#### **Programs for Residents**

#### Screening/Assessment

- Coordinated intake and assessment
- Access to housing to Atlanta Continuum Queue
- Focus on long term sustainable housing as ultimate

#### **Health & Wellness**

- Recuperative Care (Mercy Care): a) enhanced food services, b) on-site nursing support, c) enhanced client support
- · Case management): a) intensive case management, b) PATH services c) linkage to medical home

#### Recovery

- · Veterans transitional program: a) extended residence, b) enhanced services (food, MARTA, mental health & substance abuse groups), c) employment readiness, d) enhanced case man-
- Pre-treatment: a) psycho-educational groups, b) intensive sobriety monitoring, c) 12 Step meetings & sponsors, d) coordination & linkage

### **Job Training & Placement**

literacy tutorials & counseling, b) career center, c) MARTA assistance. d) information resource fairs. e) Georgia Works!

### SO THAT THESE OUTCOMES OCCUR:

#### **SHORT TERM**

· Community more aware of

and knowledgeable about

homelessness & related

• Providers more engaged in wraparound approach

and extends the service

Initial connection to housing

services

network

continuum &

case management

trust established

assessed

developed

accessed

entitlements

I.D. process started

Assessed & linked

Initial housing options

Awareness of needs &

identified, requirements

client focused solutions

appropriate service (s)

Compliance with services

A medical home identified

Applied for public benefits/

Mental/behavioral health

needs assessed

Physical health needs

• Résumé & employment

application skills acquired

• Financial education goals

assessed

developed

discussed and availability

Personal relationships &

#### INTERMEDIATE TERM

- Community more engaged & supportive
- · Continuum of services improved
  - Mental / behavioral & physical health stabilized
  - Sobriety attained
  - Income increased
  - · Computer skills increased
  - · Life skills increased
  - · Connected to family/friends
  - Connected to resources & extended services
  - Engaged in community
  - · Eligibility for benefits determined
  - . I.D. and vital records acauired
  - · Legal issues addressed
  - · Barriers to housing reduced
  - · Connected to mental / behavioral & physical health services
  - Appointments kept
  - Taking medications
  - · Making healthy food choices
  - Nutrition improved
  - Physical activity increased
- Employment interviews attended
  - Participating in educational programs
  - Employment secured and/ or maintained
  - Financial literacy increased

Community committed to ending homelessness

LONG TERM

 Continuum of services maximized

#### Permanently housed:

- Supportive
- Independent
- Family & friends
- Affordable

#### Sustaining income acquired:

- Employment stability
- Public benefits received
- GFD, certificate or degree acquired

#### **Behavioral Health** needs addressed.

 Dedicated to services & self-help

#### Physical health needs addressed:

 Dedicated to services & self-help

#### Well-being sustained:

- Recidivism reduced
- Contributing to the community

- Employment support and training: a) financial
- Resident Intern Programs: a) scholarship, b) private room, c) keys and access card, d) on the job training, e) enhanced case management, f) extended residence

### Characteristics at Intake

### **Demographics**

From July 1, 2016 thru June 30, 2017, Gateway Center served approximately 6,056 individuals — 1,003 were enrolled in a residential program. Among residential clients:

- 85% were African American.
- 43% were between the ages of 51-60 years.
- 57% were veterans.
- 36% were chronically homeless.
- 84% had a disabling condition.
- 44% had no health insurance

### **Program Enrollment**

 On average, clients stayed in a Transitional Housing (TH) program for 3.6 months and in a Short Term Residential (STR) program for 20 days.

### Last Permanent Zip Code and Prior Night's Stay

- 86% were from in Georgia. 79% were previously living in one of the 7 counties served by United Way's Regional Commission on Homelessness. 60% were previously living in the City of Atlanta.
- 35% were in a place not meant for habitation before arriving at Gateway Center.

### **Housing Barriers**

- 56% have been convicted of one or more misdemeanors.
- 62% had poor credit.
- 89% did not have a working car or other reliable transportation to get to work.

#### **Finances**

53% did NOT have any cash income at intake.

# **Executive Summary**

### **Outcomes for Residential Programs**

### **Changes in Cash Income and Non-Cash Benefits**

- There was a statistically significant increase in the amount of cash income residential clients had from entry to exit.
- There was not a statistically significant increase in the number of clients with non-cash benefits from entry to exit.

### **Discharge Reasons**

- Discharge reasons for those in a Transitional Housing program were positive (62%), neutral (5%), negative (23%) or other/unknown (11%).
- Discharge reasons for those in a Short Term Residential program were positive (58%), neutral (8%), negative (6%) or other/unknown (27%).

### **Discharge Destination**

- 52% of Transitional Housing discharges were to a permanent setting and 31% were to a temporary setting.
- 9% of Short Term Residential discharges were to a permanent setting and 48% were to a temporary setting.

### **Volunteer Feedback**

### **Volunteer Feedback**

- Approximately 2,167 volunteers served at Gateway Center in FY 2017.
- 100% of volunteers rated their experience as excellent or good.



#### **A New Database**

Gateway Center transitioned from collecting data in the Compass Rose Pathways Homeless Management Information System (HMIS) to the Client Track HMIS on January 1, 2017. Some data elements that were collected in Pathways are no longer collected in Client Track. As such, some information in this report only reflect data collected during the first half of fiscal year 2017—and are noted as such on those pages.

#### **Partner Data**

Data from the Georgia Works! partner program are only included on pages 21 & 22. Data from the Recuperative Care by Mercy Care partner program are included in all analyses throughout the report when possible. It is important to note that Recuperative Care underwent renovations during FY 2017 - impacting service to their clients.

### **Sample Sizes**

Throughout the report, n denotes the sample size for the analysis for that section. Sample sizes vary due to missing data (e.g., client does not provide the data).

# **Characteristics at Intake**

The following sections explore characteristics at intake, Including

- Clients Served
- Demographics
- Program Enrollment
- Last Permanent Zip Code
- Prior Night's Stay
- Housing Barriers
- Finances at Intake





## **Gateway Center has served:**

	FY15 <sup>1</sup>	FY16 <sup>1</sup>	FY17 <sup>1</sup>
Total Unduplicated Clients	5,503	5,241	6,056
Residential Program Clients	776	1,096	1,003
Non-residential Clients	4,727	4,145	5,053 <sup>2</sup>

## **Gateway Center's Partners have served:**

	FY15 <sup>1</sup>	FY16 <sup>1</sup>	FY17 <sup>1</sup>
Georgia Works	374	368	428

### **In FY17 Mercy Care Clinic services provided:**

- 652 tuberculosis (TB) screens and referred 56 individuals to the clinic for the treatment of TB
- 2,021 medical encounters
- 1,844 behavioral health encounters
- 751 dental encounters

		Non-Residential
	Clients	Clients <sup>1</sup>
Gender		
Male	99.9%	77.3%
Female	0.0%	22.4%
Transgender	0.2%	0.3%
Race		
Black or African-American	85.3%	88.3%
White or Caucasian	12.3%	9.4%
Native Hawaiian /Other Pacific Islander	0.7%	0.1%
American Indian / Alaska Native	0.2%	0.4%
Other or Multi-racial	1.5%	1.7%
Ethnicity		
Hispanic/ Latino	1.6%	2.5%
Veteran		
Yes	56.8%	9.1%
Age as of 7/1/2016		
0-17	0.0%	0.5%
18-30	8.0%	17.1%
31-50	34.9%	46.5%
51-60	42.8%	28.0%
61 or older	14.4%	7.8%

Average residential client age was 50 years (Range 18 - 82 years). Average non-residential client age was 44 years (Range 0 - 79 years).

<sup>&</sup>lt;sup>1</sup> Fiscal Year (FY) is from July 1st through June 30th.

 $<sup>^2</sup>$  Not all non-residential clients are tracked in Client Track. 3,176 non-residential clients were served from 7/1/2016 to 12/31/2016. The total number served during the fiscal year was estimated based on ratios served in previous years.

<sup>&</sup>lt;sup>1</sup> Not all non-residential clients are tracked in Client Track. This information only represents clients enrolled from 7/1/16 to 12/31/16.

<b>Demographics</b>
---------------------

**84%** had a disabling condition (at least one of the below client barriers). **63%** of residential clients had more than one client barrier.

Client Barriers At Any Point While Enrolled	Residential Clients (n = 962)
Mental Health	40.4%
Drug Abuse	26.5%
Alcohol Abuse	24.7%
Physical Disability	28.3%
Chronic Health Condition	28.4%
Developmental Disability	12.8%
HIV / Aids	4.4%

Health Insurance at Intake	Residential Clients (n = 988)
No Health Insurance	43.9%
Medicaid	11.6%
Medicare	8.1%
Military Insurance	43.3%
Private—Employer Provided	0.7%
Private—COBRA	0.1%
Private—Self Pay	0.3%
State Funded Insurance (HIP or HIP 2.0)	0.4%
Other	0.1%

	Residential Clients
Number of <u>times</u> homeless in last three years	n = 853
One Time	38.2%
Two Times	25.4%
Three Times	16.3%
Four or More Times	20.0%
Total number of <u>months</u> homeless in the last three years	n = 784
One Month (this time is the first month)	25.5%
Two Months	18.6%
Three Months	10.1%
Four to Seven Months	8.7%
Eight to Eleven Months	3.6%
A year or more	33.6%
Chronically Homeless (Homeless for at least a year or on at least four occasions in the last three years)	n = 880
Chronically Homeless	35.5%

**Program Enrollment** 

On average, clients stayed in a Gateway Center Transitional Housing program for 3.6 months, in a short term residential program for 20 days. 146 clients were enrolled in more than one Gateway Center residential program.

Number Served and Mean Length of Stay Per Program			
	# Served	Mean LOS	
Transitional Housing Programs			
Veterans Transitional Housing	165	3.7 months	
Upward	55	2.1 months	
RI Program	27	10.3 months	
Life Changers	89	3.0 months	
Short Term Residential Programs			
Veterans Contract Beds (VACB) Emergency	51	1.6 months	
Clear Path Residential	113	1.5 months	
UWGA Veterans Homelessness	426	4.8 days	
PATH Teams	111	1.8 months	
Non-Residential Programs			
Clear Path Services Only	551	NA	
Storage Locker	299	NA	
Partner Agency Programs			
Recuperative Care by Mercy Care	128	1.2 months	
Georgia Works!	428	3.4 months	

<sup>&</sup>lt;sup>1</sup> Individuals may be enrolled in more than program.

The below programs share a total of **347** beds. On average, beds are provided to 271 individuals each night; this equates to 78% of the maximum residential capacity.

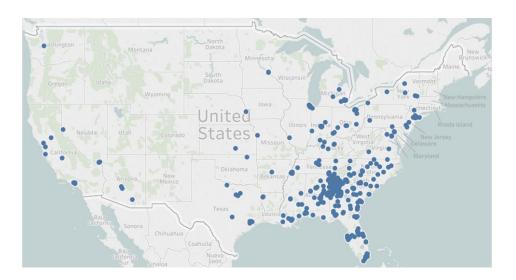
Mean Nightly Occupancy and Capacity <sup>1</sup>			
	Mean Nightly Occupancy	Capacity (# of available beds)	% Occupancy / Capacity
Transitional Housing Programs			
Veterans Transitional Housing	41.7	46	90.7%
Upward	8.1	10	81.0%
RI Program	10.7	13	82.3%
Life Changers	16.8	20	84.0%
<b>Short Term Residential Programs</b>			
Veterans Contract Beds (VACB) Emergency	7.0	10	70.0%
Clear Path Residential	14.6	29	50.3%
UWGA Veterans Homelessness	6.2	10	62.0%
PATH Teams	13.9	15	92.7%
Partner Agency Programs			
Recuperative Care by Mercy Care	12.8	19	67.4%
Georgia Works!	139	175	79.4%

<sup>&</sup>lt;sup>1</sup>Some beds were offline from February to June due to building construction impacting occupancy rates.



### **Gateway Center serves clients across the United States.**

This map illustrates clients' last permanent zip code before arriving at Gateway Center.<sup>1</sup>

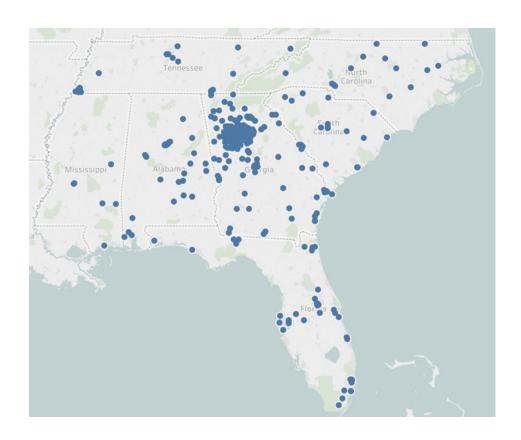


# <sup>1</sup>For clients with more than one enrollment record, only data from the most recent enrollment date is included. This information was only collected in Pathways and therefore only represents clients enrolled from 7/1/16 to 12/31/16. n = 1,870

# **1** Last Permanent Zip Code

#### **Southeastern United States**

**92%** of all Gateway Center clients were previously in the southeastern region of the United States<sup>1</sup> (**93%** in FY 2016 and **99%** in FY 2015).

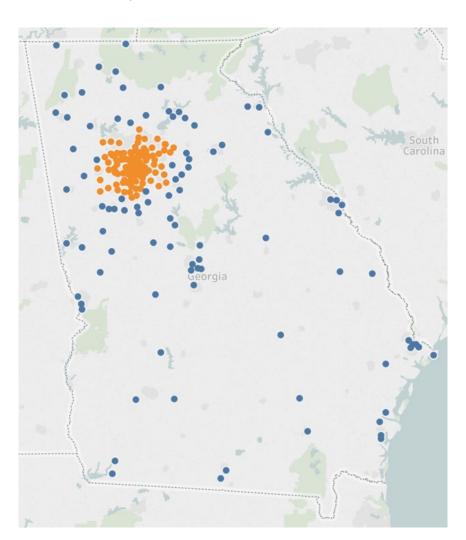


<sup>&</sup>lt;sup>1</sup>This information was only collected in Pathways and therefore only represents clients enrolled from 7/1/16 to 12/31/16.



#### Georgia

**86%** of all Gateway Center clients were previously in Georgia. The orange dots represent individuals in one of the 7 counties served by United Way's Regional Commission on Homelessness<sup>1</sup> (**86%** in FY 2016 and **83%** in FY 2015).



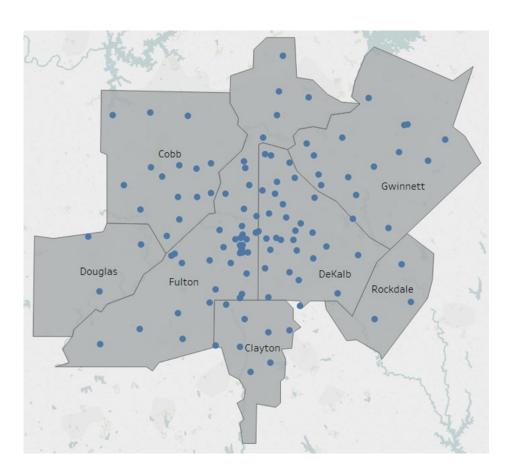
<sup>1</sup>This information was only collected in Pathways and therefore only represents clients enrolled from 7/1/16 to 12/31/16. n = 1,603

25

# **1** Last Permanent Zip Code

#### **United Way's Regional Commission on Homelessness**

**79%** of all Gateway Center clients were previously living in one of the 7 counties served by United Way's Regional Commission on Homelessness<sup>1</sup> (**79%** in FY 2016 and **77%** in FY 2015).

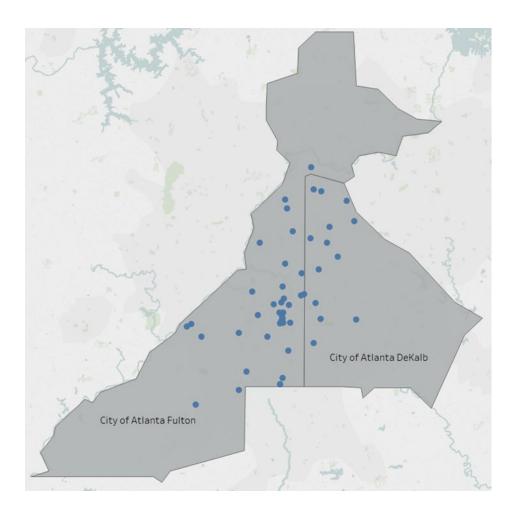


<sup>1</sup>This information was only collected in Pathways and therefore only represents clients enrolled from 7/1/16 to 12/31/16. n = 1,475



#### **Atlanta**

**60%** of all Gateway Center clients were previously living in the city of Atlanta<sup>1</sup> (**63%** in FY 2016 and **63%** in FY 2015).



 $^{1}$ This information was only collected in Pathways and therefore only represents clients enrolled from 7/1/16 to 12/31/16. n = 1,225

27

**65%** of all clients were at an Emergency Shelter or place not meant for habitation the night before arriving at Gateway Center.

Location of	Residence the Night Before Arriving at Gate	eway Center <sup>1</sup>
		Residential Clients (n = 999)
	Rental by client	0.9%
	Permanent supportive housing for formerly homeless persons	0.1%
Permanent 1.6%	Owned by client, no ongoing housing subsidy	0.1%
1.0%	Residential project or halfway house	0.2%
	Permanent housing for formerly homeless persons	0.3%
	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	
	Staying with family	2.5%
Temporary	Staying with a friend	4.0%
44.6%	Hotel or motel paid for without E.S. voucher	2.3%
	Transitional housing for homeless persons	5.9%
	Interim Housing	0.3%
	Safe Haven	0.2%
	Substance abuse treatment facility or detox center	3.1%
Institutional	Hospital or other residential non-psychiatric medical facility	12.0%
18.3%	Psychiatric hospital or other psychiatric facility	2.3%
	Jail, prison or juvenile detention facility	0.8%
	Long-term care facility or nursing home	0.1%
	Place not meant for habitation	35.1%
	Other	0.3%

<sup>&</sup>lt;sup>1</sup> For clients with more than one enrollment record during the report window, only data from the earliest enrollment date is included.

# **1** Housing Barriers (self-reported<sup>1</sup>)

453 residential clients completed the Barriers to Housing form. On average, clients had 5 barriers to housing. (range 0-16).

- 81.9% reported needing temporary assistance to get or keep housing.
- 65.2% reported needing permanent assistance to get or keep housing.

#### **Rental History**

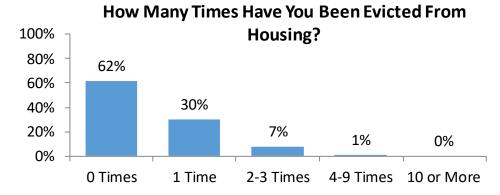
- 27.4% never had a lease for an apartment/ home in their name.
- 24.1% never had utilities in their name.
- 16.0% would receive a bad reference from a prior landlord.

#### **Credit History**

- 34.8% had unpaid rent or utility bills in their name.
- 34.0% had no credit history.
- 61.5% had poor credit.

### **Criminal History**

- 56.4% had been convicted of one or more misdemeanors.
- 39.8% had been convicted of a felony.
- 10.9% were on probation at intake.



<sup>1</sup>This form was only collected in Pathways and therefore housing barriers are provided only for clients enrolled from 7/1/16 to 12/31/16. Only the most recent Barriers to Housing Stability forms per client completed during the report window are included. Only program clients complete the form.

# Housing Barriers (self-reported1)

#### **Family Composition**

- 1.6% had more than four individuals in their household.
- 1.1% had a male between 12 and 18 years of age in their household.

#### **Physical Health**

- 5.9% lost housing because of their physical abilities or physical health.
- 5.9% had physical health challenges that currently impact their ability to get housing.

#### **Mental Health**

- 7.5% lost housing because of their mental health issues.
- 6.4% had mental health challenges that currently impact their ability to get housing.

#### **Substance Use**

- 11.7% lost housing because of their substance use.
- 5.0% had substance use problems that currently impact their ability to get housing.

#### **Domestic Violence**

- 2.7% lost housing because of domestic violence or abuse.
- 0.9% had domestic violence or abuse challenges that currently impact their ability to get housing.

#### **Job Barriers**

- 88.9% did not have a working car or other reliable transportation to get to work.
- 5.8% English is a second language.

<sup>1</sup>This form was only collected in Pathways and therefore housing barriers are provided only for clients enrolled from 7/1/16 to 12/31/16. Only the most recent Barriers to Housing Stability forms per client completed during the report window are included. Only program clients complete the form.

# **finances at Intake**

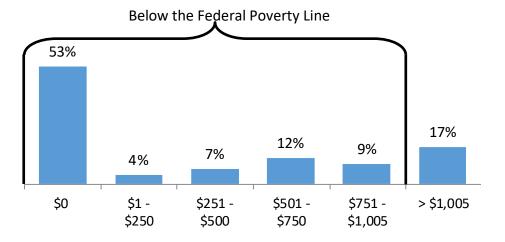
**53.1%** (n = 526) of clients in a residential program did <u>not</u> have any cash income at intake. Of those residential clients who did have income (n = 463), their average income was \$858 /month<sup>1</sup> (Range: \$92 - \$4,000).

The 2017 federal poverty line<sup>2</sup> for an individual is \$12,060 annually or \$1,005 monthly. The median household income in Atlanta, GA is \$47,527 or \$3,961 monthly.<sup>3</sup>

**83.2%** (n = 834) of residential clients were below the federal poverty line at intake.

# **Monthly Income: Residential Clients**

(n = 989)



<sup>&</sup>lt;sup>1</sup>For clients with more than one enrollment record, only data from the earliest enrollment date is included above.

<sup>&</sup>lt;sup>2</sup>Retrieved from: https://aspe.hhs.gov/poverty-guidelines. The guideline used in report is for single person in household.

<sup>&</sup>lt;sup>3</sup> Retrieved from: https://www.census.gov/quickfacts/fact/table/atlantacitygeorgia,US/INC110215#viewtop. Estimate is from 2015.



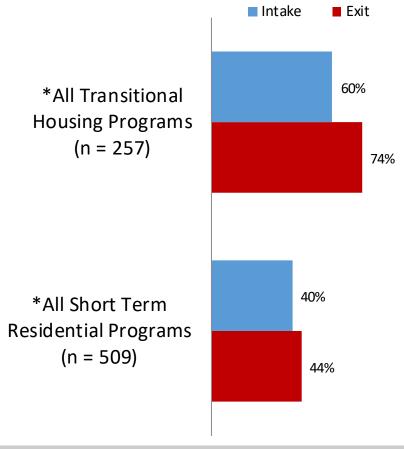
# **Outcomes for Residential Programs**

<u>Change in Having Cash Income (Yes/No).</u> There was a statistically significant increase in the number of clients having cash income from entry to exit for Transitional Housing clients and Short Term Residential clients.

The following sections explore the outcomes of Gateway Center, Including:

- Changes in Cash-Income
- Changes in Non-Cash Benefits
- Discharge Reasons
- Discharge Destination

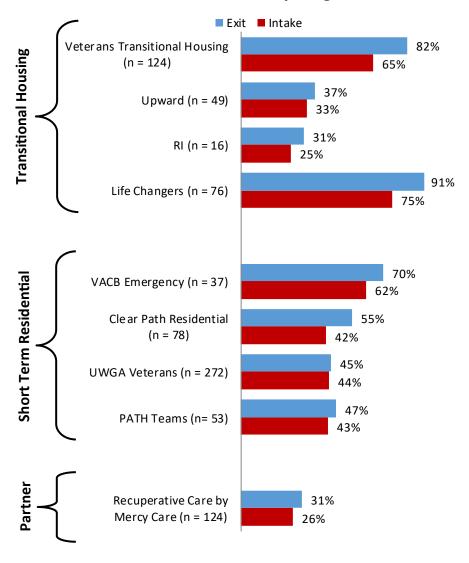
# Percent of Clients<sup>1</sup> With Cash Income at Intake and Exit by Program Type



<sup>&</sup>lt;sup>1\*</sup> Indicates statistically significant change at p < .05.

# **Changes in Cash Income**

# Percent of Clients With Cash Income at Intake and Exit by Program



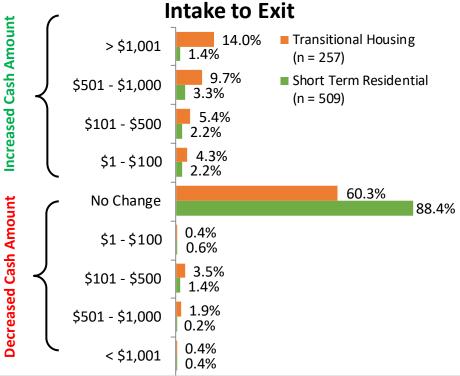


<u>Change in Dollar Amount of Cash.</u> There was a statistically significant increase in client amount of monthly cash income from entry to exit for both short term residential and transitional housing programs<sup>1</sup>.

	Mean Income at Entry	Mean Income Exit	Amount Increase
Transitional Housing* (n = 257)	\$494	\$751	个 \$258
Short Term Residential* (n = 509)	\$328	\$370	个 \$42

**14%** of those in a Transitional Housing program increased their monthly cash income from intake to exit by more than a thousand dollars.

# Change in Monthly Income From



<sup>&</sup>lt;sup>1</sup> Only clients with data at entry and exit are included.



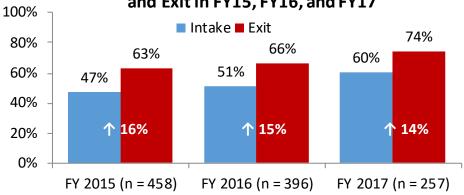
The table below describes income sources at intake and exit among residential clients.

	Residential ( <i>n</i> = 775)	
Cash Income Sources <sup>1</sup>	Intake	Exit
Earned Income	15.1%	20.0%
Veteran's Disability Payment	13.2%	13.7%
Supplemental Security Income (SSI)	11.9%	11.7%
Social Security Disability Insurance (SSDI)	10.2%	9.8%
Job Pension	3.2%	2.8%
Retirement from Social Security	2.2%	2.5%
Unemployment Insurance	0.5%	0.3%
General Assistance	0.1%	0.3%
Child Support	0.1%	0.1%
Alimony	0.0%	0.0%
Temporary Assistance for Needy Families (TANF)	0.0%	0.0%
Workers Comp	0.0%	0.0%
Private Disability Insurance	0.0%	0.1%
Other	0.4%	0.3%

# 1 Changes in Cash Income (FY15, 16, 17)

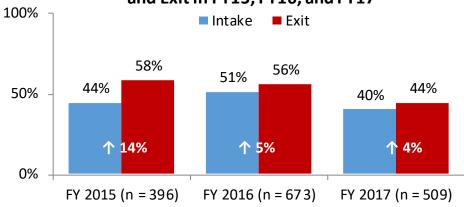
74% of Transitional Housing clients had cash income at exit in FY<sup>1</sup> 2017, 66% in FY 2016, and 63% in FY 2015.

# **Transitional Housing:** Percent of Clients with Cash Income at Intake and Exit in FY15, FY16, and FY17



44% of Short Term Residential clients had cash income at exit in FY<sup>1</sup> 2017, **56%** in FY 2016, and **58%** in FY 2015.

# **Short Term Residential:** Percent of Clients with Cash Income at Intake and Exit in FY15, FY16, and FY17



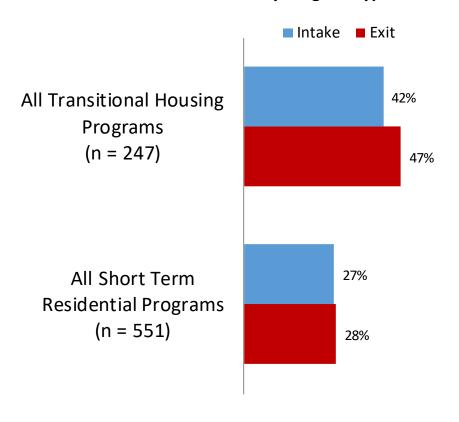
<sup>&</sup>lt;sup>1</sup> Fiscal Year (FY) is from July 1st through June 30th.

<sup>&</sup>lt;sup>1</sup> For clients with more than one enrollment record, only data from the earliest enrollment date is included above. Individuals may have more than one income source at intake; therefore percentages may add to more than 100%.

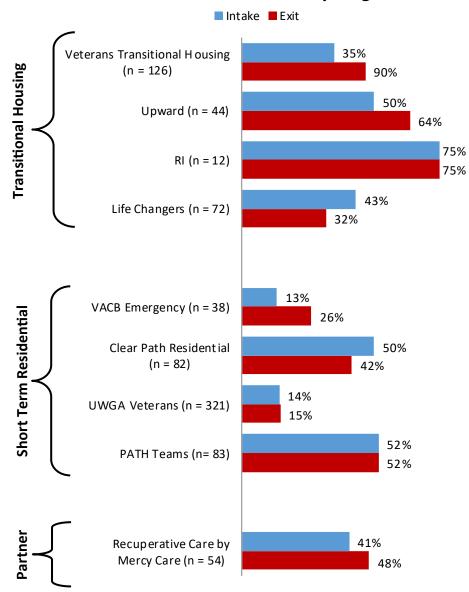
**1** Changes in Non-Cash Benefits

Overall, the percentage of clients with non-cash benefits did NOT statistically significantly increase, from intake to exit, for all clients in a Transitional Housing (TH) or Short Term Residential (STR) program.

# Percent of Clients<sup>1</sup> With Non-Cash Benefits at Intake and Exit by Program Type



# Percent of Clients With Non-Cash Benefits at Intake and Exit by Program



# **Changes in Non-Cash Benefits**

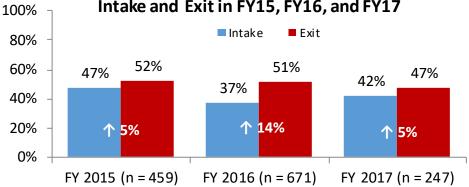
The table below describes non-cash benefits sources at intake and exit among residential clients. **30%** of clients received Food Stamps / Money for Food on Benefits Card at intake and exit.

	Residential (n = 750)	
Non-Cash Benefits Sources <sup>1</sup>	Intake	Exit
Food Stamps / Money for Food on Benefits Card	30.0%	30.4%
Section 8, Public Housing, Other Rental Assistance	0.5%	0.5%
TANF Child Care Services	0.0%	0.0%
TANF Transportation Services	0.1%	0.1%
Other TANF Funded Services	0.0%	0.0%
Temporary Rental Assistance	0.0%	0.0%
Other	0.2%	0.8%

# Changes in Non-Cash Benefits (FY15, 16, 17)

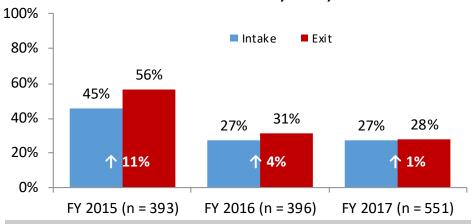
**47%** of Transitional Housing clients had non-cash benefits at exit in FY<sup>1</sup> 2017, **51%** in FY 2016, and **52%** in FY 2015.

# Transitional Housing: Percent of Clients with Non-Cash Benefits at Intake and Exit in FY15, FY16, and FY17



**28%** of Short Term Residential clients had non-cash benefits at exit in FY<sup>1</sup> 2017, **31%** in FY 2016, and **56%** in FY 2015.

# Short Term Residential: Percent of Clients with Non-Cash Benefits at Intake and Exit in FY15, FY16, and FY17



<sup>&</sup>lt;sup>1</sup> Fiscal Year (FY) is from July 1st through June 30th.

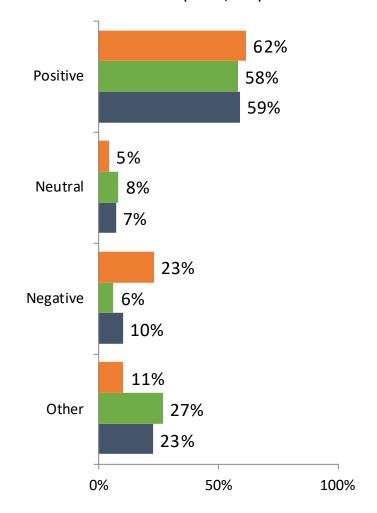
<sup>&</sup>lt;sup>1</sup>For clients with more than one enrollment record, only data from the earliest enrollment date is included above. Individuals may have more than one income source; therefore percentages may add to more than 100%.

**Discharge Reasons** 

Overall, 59% of discharges were for a positive reason.

### Discharge Reasons By Program Type<sup>1</sup>

- Transitional Housing (n = 286)
- Short Term Residential (n = 883)
- All Residential Clients (n = 1,169)



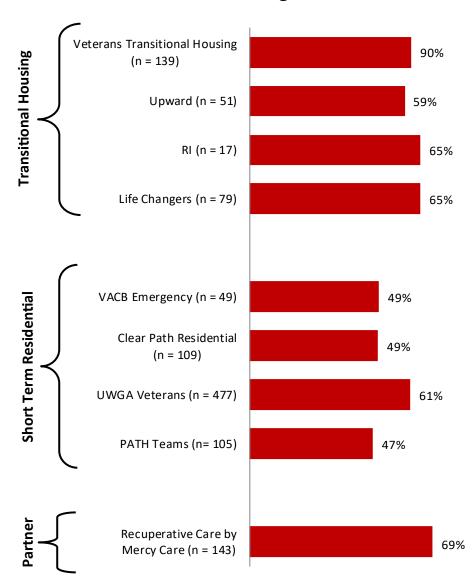
Discharge Reasons<sup>1</sup> ■ Transitional Housing (n = 286) ■ Short Term Residential (n = 883) 51% **Positive** Completed program 54% Housing opportunity -11% program not completed 5% Needs could not be met by 4% Neutral project 3% Reached maximum time 1% allowed in project 6% Criminal activity/ property 2% damage/violence 0% Negative Disagreement with 5% rules/persons 1% Non-compliance with 16% 5% project Unknown/disappeared 25% 1% Other 2%

<sup>1</sup>Clients with multiple enrollments during the report period may be included in the above analyses more than once.

<sup>&</sup>lt;sup>1</sup>Clients with multiple enrollments during the report period may be included in the above analyses more than once.

# **Discharge Reasons**

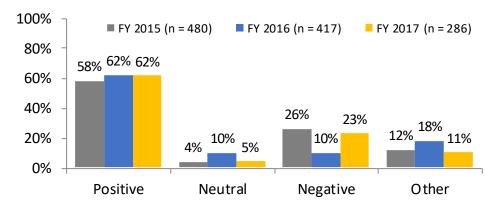
# Positive Discharge Destination By Program<sup>1</sup>



<sup>1</sup>Clients with multiple enrollments during the report period may be included in the above analyses more than once.

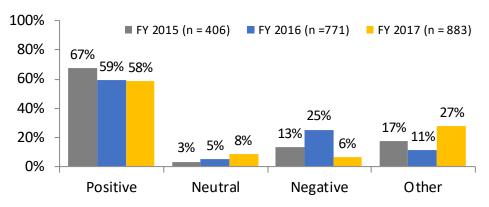
**62%** of Transitional Housing discharges were positive in FY 2017, **62%** in FY 2016 and **58%** in FY 2015 (a 4% increase from FY 2015).

# Transitional Housing: Discharge Reasons in FY15, FY16, and FY17<sup>1</sup>



**58%** of Short Term Residential discharges were positive in FY 2017, **59%** in FY 2016 and **67%** in FY 2015 (a 9% decrease from FY 2015).

# Short Term Residential: Discharge Reasons in FY15, FY16, and FY17<sup>1</sup>

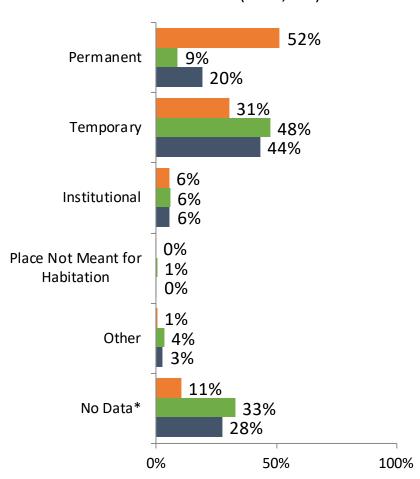


<sup>1</sup>Clients with multiple enrollments during the report period may be included in the above analyses more than once. Fiscal Year (FY) is from July 1st through June 30th.

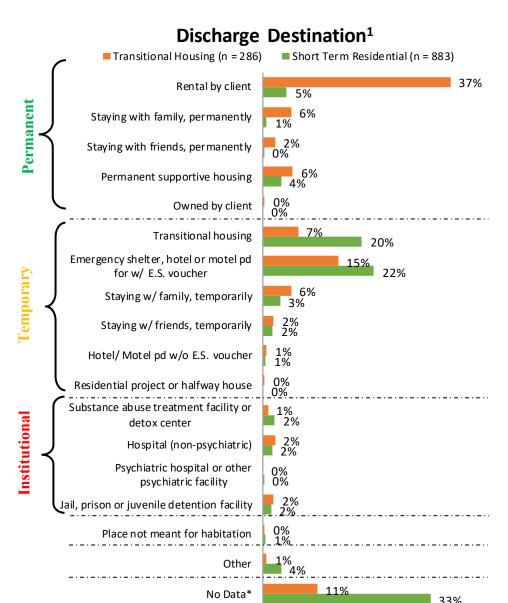
Overall, 20% of discharges were to a permanent destination.

### Discharge Destination<sup>1</sup>

- Transitional Housing (n = 286)
- Short Term Residential (n = 883)
- All Residential Clients (n = 1,169)



<sup>1</sup>Clients with multiple enrollments in the report period may be included in the analyses more than once. \* No Data includes responses in which no exit interview was conducted, the client doesn't know, or the client refused to answer.

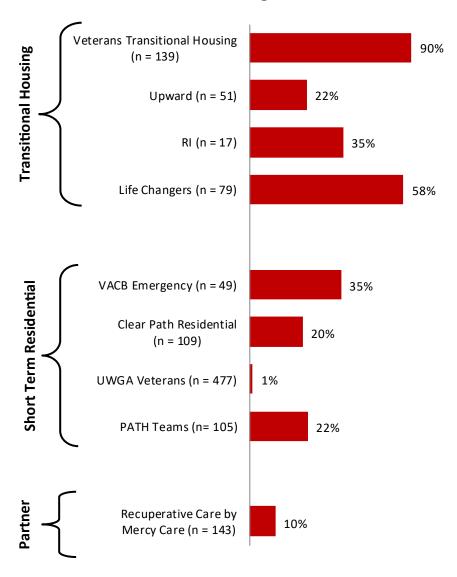


<sup>1</sup>Clients with multiple enrollments in the report period may be included in the analyses more than once. \* No Data includes responses in which no exit interview was conducted, the client doesn't know, or the

\* No Data includes responses in which no exit interview was conducted, the client doesn't know, or the client refused to answer.

# **Discharge Destination**

# Permanent Discharge Destination By Program<sup>1</sup>

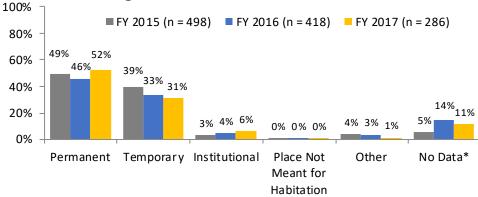


<sup>1</sup>Clients with multiple enrollments in the report period may be included in the analyses more than once.

# n Discharge Destination (FY15, 16, 17)

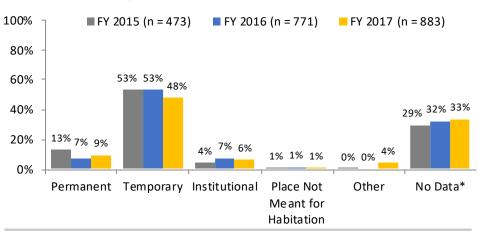
**52%** of Transitional Housing discharges were to a permanent housing destination in FY 2017, **46%** in FY 2016, and **49%** in FY 2015 (a **3%** increase from FY 2015).

# Transitional Housing: Discharge Destination in FY15, FY16, and FY17<sup>1</sup>



**9%** of Short Term Residential discharges were to a permanent housing destination in FY 2017, **7%** in FY 2016, and **13%** in FY 2015 (a 4% decrease from FY 2015 but a 2% increase from FY 2016).

# Short Term Residential: Discharge Destination in FY15, FY16, and FY17<sup>1</sup>



<sup>1</sup>Clients with multiple enrollments during the report period may be included in the above analyses more than once. Fiscal Year (FY) is from July 1st through June 30th. \* No Data includes responses in which no exit interview was conducted, the client doesn't know, or the client refused to answer.

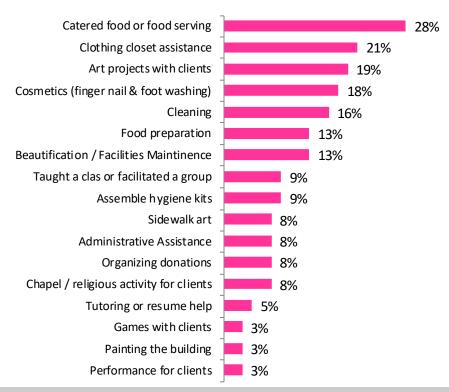
# **Volunteer Feedback**

Volunteers are a valuable asset to Gateway Center. Approximately, 2,167 volunteers served between July 1, 2016 to June 30, 2017<sup>1</sup>.

Volunteers provided feedback about their experience. Their responses are below and on the following page.

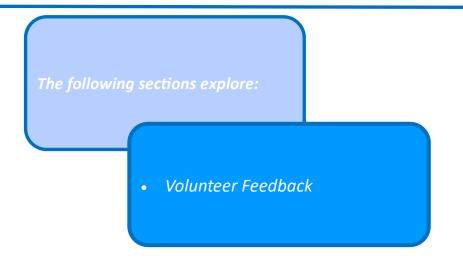
**100%** of volunteers rated their overall volunteer experience as excellent or good.

# What Activities Did You Perform While Volunteering at Gateway Center? $^2$ (n = 67)



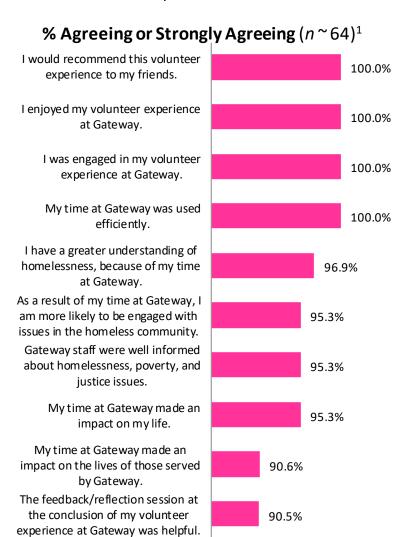
<sup>1</sup>The numbers are an approximation using volunteer sign-in sheets as well as volunteer appointments with groups that volunteer with Gateway Center on an ongoing basis. Therefore, these numbers may have duplicates (e.g., a person may have volunteered more than once) and are likely an underestimation of the total number of volunteers. <sup>2</sup> Volunteers may be involved in more than one activity.

# **Volunteer Feedback**



### 100% of volunteers strongly agreed or agreed that:

- (1) they recommend this volunteer experience to their friends;
- (2) they enjoyed their volunteer experience;
- (3) they were engaged in their volunteer experience; and
- (4) their time was used efficiently.



<sup>&</sup>lt;sup>1</sup>The symbol ~ denotes slight variations in sample size among questions.

### What was the highlight of your volunteer experience?

Most volunteers referred to (1) serving and interacting with clients and (2) learning about homelessness.

### **Serving and Interacting with Clients**

- "Seeing the men enjoy the meals that we prepared and served."
- "The appreciation shown by those who we served."
- "I enjoyed seeing the residents and customers at the clothing closet happy. When I am able to assist someone, or have a conversation with someone and it make them smile, my day is made."
- "Having reflective, thoughtful conversations and prayers with the men at Gateway Center."
- "Getting to help the clients with financial planning, budgeting, and resume building."

### **Learning about Homelessness**

- "It was an eye opening experience and placed me in the shoes of those who are less fortunate."
- "The orientation time spent with Bec. Really opened my eyes and students to those experiencing homelessness."
- "Bec does an amazing job of helping student volunteers gain perspective on community and homelessness."



# **Questions or Comments?**

Michelle Dimeo-Ediger: mdimeo@emstarresearch.com