



12-Month Evaluation Report July 1, 2017 – June 30, 2018

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About Gateway Center

Our successful track record is rooted in the unwavering commitment of the Gateway Center Board, staff, volunteers, and partners to our vision, mission, philosophy, and values.

Vision

To live in a community where homelessness is rare, brief, and non-recurring.

Mission

To connect people experiencing homelessness with the support necessary to become self-sufficient and find a permanent home.

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

- We believe in the worth and dignity of every person in our community.
- We operate with transparency.
- We use resources efficiently.
- We achieve 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.

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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.

Veterans Low Barrier Shelter — 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).

The Evolution Center — with funding provided by Partners for Home, Gateway Center launched the Evolution Center on December 6, 2017 to address the needs of Atlanta's chronically homeless in need of a low barrier shelter option. The Evolution Center provides emotional and physical support for men that are experiencing homelessness. Evolution Center is designed to provide rapid access to safe shelter that is voluntary 24 hours per day, 7 days per week. The goal of this program is to provide shelter beds to individuals who need it most with priority for those who are most acute and have the highest needs.

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Program Descriptions

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.

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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 management 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.



Partner Agency Programs

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. A Full list of partnerships can be viewed at:

www.gatewayctr.org/programs-and-services/

Georgia Works! — comprehensive methodology provides participants with transitional housing for up to 1 year, paid transitional work, case management services, life skills 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.

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.

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.

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 goal

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 management
- Pre-treatment: a) psycho-educational groups,
 b) intensive sobriety monitoring, c) 12 Step meetings & sponsors, d) coordination & linkage

Job Training & Placement

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- Employment support and training: a) financial literacy tutorials & counseling, b) career center, c) MARTA assistance, d) information resource fairs, e) Georgia Works!
- 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

SO THAT THESE OUTCOMES OCCUR:

SHORT TERM

INTERMEDIATE TERM

LONG TERM

- Community more aware of and knowledgeable about homelessness & related services
- Providers more engaged in wraparound approach and extends the service network
- Initial connection to housing continuum & case management
- Personal relationships & trust established
- Initial housing options identified, requirements discussed and availability assessed
- Awareness of needs & client focused solutions developed
- Assessed & linked appropriate service (s)
- Compliance with services accessed
- A medical home identified
- Applied for public benefits/ entitlements
- I.D. process started
- Mental/behavioral health needs assessed
- Physical health needs assessed
- Résumé & employment application skills acquired
- Financial education goals developed

- 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 acquired
- · 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

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- Employment secured and/ or maintained
- •Financial literacy increased

- •Community committed to ending homelessness
- Continuum of services maximized

Permanently housed:

- Supportive
- Independent
- Family & friends
- Affordable

Sustaining income acquired:

- Employment stability
- Public benefits received
- GED, 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

Characteristics at Intake

Demographics

From July 1, 2017 thru June 30, 2018, Gateway Center served approximately 10,598 clients. 1,241 individuals were served in a residential program. Among residential clients:

- 87% were African American.
- 41% were between the ages of 51 60 years.
- 45% were veterans.
- 30% were chronically homeless.
- 74% had a disabling condition.
- 75% stayed at an emergency shelter or place not meant for habitation the night before arriving at the Gateway Center.
- 56% did not have any cash income at intake.

Program Enrollment

- On average, clients stayed in a Transitional Housing (TH) program for 4.4 months and in a Short Term Residential (STR) program for 31 days.
- On average, Gateway Center operated at 92% of its maximum residential capacity.

Special Needs

- 74% had a disabling condition (a special need that is indefinite and impairing).
- 59% had more than one special need (mental health, drug abuse, alcohol abuse, chronic health condition, physical disability, developmental disability, and/or HIV/ Aids).

Vulnerability Index

 52% of all clients assessed via the VI-SPDAT qualified for Permanent Supportive Housing.

Executive Summary

Outcomes for Residential Programs

- 57% of residential clients at intake and 64% at exit had **health insurance** (8% increase; a statistically significant increase).
- 44% of residential clients at intake and 53% at exit had **cash income** (9% increase; a statistically significant increase).
- 30% of residential clients at intake and 34% at exit had **SNAP** benefits (4% increase; a statistically significant increase).

Discharge Reasons

- Discharge reasons for those in a Transitional Housing program were positive (61%), neutral (4%), negative (22%) or other/unknown (13%).
- Discharge reasons for those in a Short Term Residential program were positive (57%), neutral (9%), negative (13%) or other/ unknown (21%).

Discharge Destination

- 53% of Transitional Housing discharges were to a permanent setting and 23% were to a temporary setting.
- 13% of Short Term Residential discharges were to a permanent setting and 56% were to a temporary setting.

Feedback

- Approximately 1,982 volunteers served at Gateway Center in FY18.
- 98% of volunteers surveyed rated their experience as excellent or good.
- 73% of clients surveyed reported being satisfied with the services received at Gateway Center.



Homeless Management Information Systems

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. Beginning July 1, 2018, information is also being collected in an additional management information system — Social Solution's Apricot. The Gateway Center will collect data in both Client Track and Apricot in FY 2019.

Partner Data

Data from the Georgia Works! partner program are only included on pages 17, 19 and 20. Data from the Recuperative Care by Mercy Care partner program are included in all analyses throughout the report when possible.

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
- Program Enrollment
- Chronically Homeless
- Special Needs
- Prior Night's Stay
- Finances at Intake
- Vulnerability Index

Gateway Center has served:

Clients Served	FY16 ¹	FY17 ²	FY18
Total Clients	5,241	6,056	10,598
Residential Program Clients	1,096	1,003	1,241
Non-Residential Clients— Client Engagement Center (CEC)	4,145	5,053	6,292
Non-Residential Clients— Clear Path Services Only	NA	1,104	3,410 ³

Gateway Center's Partners have served:

	FY16	FY17	FY18
Georgia Works	368	428	684

In FY18 Mercy Care Clinic services provided 6,323 encounters including:

- 2,609 medical encounters
- 2,500 behavioral health encounters
- 1,214 dental encounters

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Clients Served

In FY18, the average residential client age was 50 years (Range 18 - 79 years). The average non-residential client age was 30.6 years (Range 0 - 85 years).

FY 2018	Residential Clients	Non-Residential Clients ¹
Gender	n = 1,241	n = 3,164
Male	99.5%	45.2%
Female	0.0%	54.6%
Transgender	0.5%	0.1%
Race	n = 1,237	n = 3,161
Black or African-American	86.6%	93.5%
White or Caucasian	11.3%	4.6%
Multi-racial	1.1%	1.4%
American Indian / Alaska Native	0.4%	0.3%
Asian	0.4%	0.1%
Native Hawaiian /Other Pacific Islander	0.2%	0.1%
Ethnicity	n = 1,237	n = 3,159
Hispanic/ Latino	1.9%	2.0%
Veteran (among those over 18)	n = 1,240	n = 2,159
Yes	45.2%	4.6%
Age as of enrollment date	n = 1,241	n = 3,168
0-17	0.0%	31.8%
18-30	9.2%	17.8%
31-50	31.1%	30.4%
51-60	40.5%	15.0%
61 or older	19.3%	5.1%

¹ For FY18—The only non-residential clients tracked in FY18 were those in Clear Path Services Only and/or who used a storage locker. Individuals may be enrolled in more than one program. Only includes clients never enrolled in a residential program.

¹ Fiscal Year (FY) is from July 1st through June 30th.

² For FY17—All non-residential clients were tracked in Pathways for the first half of FY17 (3,176 non-residential clients were served from 7/1/2016 to 12/31/2016). However, the clients served via the CEC were not tracked in the second half of FY17 with the switch to Client Track. Therefore, the total number served during FY17 was estimated based on ratios served in previous years.

³ For FY18—A total of 3,410 clients (includes significant others and children) were served by Clear Path Services Only. 2,256 heads of household were served (does not include significant others and children). Individuals may be enrolled in more than one program. 3,065 clients were only served by Clear Path Services only and not any other residential program.

Program Enrollment

On average, clients stayed in a Gateway Center Transitional Housing program for 4.4 months, in a short term residential program for 31 days. 264 clients were enrolled in more than one Gateway Center residential program.

Number Served and Mean Length of Stay Per Program ¹		
	# Served	Mean LOS
Transitional Housing Programs		
Life Changers	46	5.1 months
RI Program	24	9.3 months
Upward	55	3.2 months
Veterans Transitional Housing	180	4.0 months
Short Term Residential Programs		
Clear Path Residential	97	2.4 months
Evolution Center	348	1.3 months
PATH Teams	92	2.2 months
Veterans Contract Beds (VACB) Emergency	48	2.3 months
Veterans Low Barrier Shelter	401	6.2 days
Non-Residential Programs		
Clear Path Services Only ²	3,410	NA
Partner Agency Programs		
Georgia Works!	684	3.6 months
Recuperative Care by Mercy Care	181	1.1 months

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On average, Gateway Center operated at 92.3% of its maximum residential capacity.

Mean Nightly Occupancy and Capacity ¹			
	Mean Nightly Occupancy	Capacity ¹ (average # of available beds)	% Occupancy / Capacity
Transitional Housing Programs			
Life Changers	18.3	19	96.4%
RI Program	11.7	13	97.4%
Upward	12.3	13	94.3%
Veterans Transitional Housing	41.1	46	89.3%
Short Term Residential Programs			
Clear Path Residential	16.5	18	91.5%
Evolution Center	62.9	65	96.8%
PATH Teams	16.5	18	91.6%
Veterans Contract Beds (VACB) Emergency	7.3	10	73.2%
Veterans Low Barrier Shelter	7.4	8	92.4%
Partner Agency Programs			
Georgia Works!	159	175	90.9%
Recuperative Care by Mercy Care	15.6	19	82.0%

¹ Individuals may be enrolled in more than one program.

All individuals served—including children, spouses, and other family members.

¹Due to construction and programs beginning, various beds were off-line throughout FY18. As such, an average of the number of available beds was used. The Evolution Center program began 12/1/17.

30.1% of residential clients were chronically homeless¹.

The U.S. Department of Housing and Urban Development (HUD) defines a chronically homelessness individual as someone who (1) has a disabling condition and (2) lives either in a place not meant for human habitation or in an emergency shelter, and (3) has been living as described in #2 continuously for at least 12 months or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months².

	Residential Clients ¹
Chronically Homeless	n = 1,161
Yes	30.1%
Number of <u>times</u> homeless in last three years	n = 1,095
One Time	31.0%
Two Times	23.1%
Three Times	15.7%
Four or More Times	30.2%
Total number of <u>months</u> homeless in the last three years	n = 1,121
One Month (this time is the first month)	22.3%
Two Months	18.4%
Three Months	8.4%
Four to Seven Months	11.9%
Eight to Eleven Months	2.5%
A year or more	36.6%

¹ For clients with more than one enrollment record during the report window, only data from the earliest enrollment date is included.

74.2% of residential clients had a disabling condition (at least one of the below special needs that is indefinite and impairing).

Special Needs At Any Point While Enrolled	Residential Clients (n ~ 1,085)
Mental Health	48.9%
Drug Abuse	38.8%
Alcohol Abuse	35.7%
Chronic Health Condition	35.5%
Physical Disability	32.6%
Developmental Disability	17.0%
HIV / Aids	3.2%

78.7% of residential clients had at least one special need.

58.9% of residential clients had more than one client special need.

# of Special Needs Per Client	Residential Clients (n ~ 1,085)
0 Special Needs	21.3%
1 Special Need	19.8%
2 Special Needs	20.0%
3 Special Needs	17.8%
4 Special Needs	11.5%
5 or more Special Needs	9.6%

Among those with a mental health need, for **93.6%** of clients this need is indefinite and impairing.

Percentage of Special Needs That Are Indefinite and Impairing	Residential Clients
Mental Health (n = 500)	93.6%
Drug Abuse (<i>n</i> = 409)	88.0%
Alcohol Abuse (n = 382)	90.3%
Chronic Health Condition (n = 387)	94.8%
Physical Disability (n = 352)	92.9%
Developmental Disability (n = 191)	87.4%
HIV / Aids (n = 47)	72.3%

² For the full definition visit: https://www.hudexchange.info/resources/documents/ Defining-Chronically-Homeless-Final-Rule.pdf

Prior Night's Stay

75.3% 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 Gateway Center ¹		
		Residential Clients (n = 1,175)
	Place not meant for habitation	47.0%
	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	28.3%
Temporary	Transitional housing for homeless persons	2.6%
81.6%	Staying with family	1.3%
	Staying with a friend	1.3%
	Hotel or motel paid for without E.S. voucher	0.6%
	Interim Housing	0.5%
	Hospital or other residential non-psychiatric medical facility	13.3%
	Jail, prison or juvenile detention facility	2.3%
Institutional	Substance abuse treatment facility or detox center	1.5%
18.1%	Psychiatric hospital or other psychiatric facility	0.8%
	Residential project or halfway house with no homeless criteria	0.1%
	Long-term care facility or nursing home	0.1%
Permanent 0.3%	Rental by client	0.3%

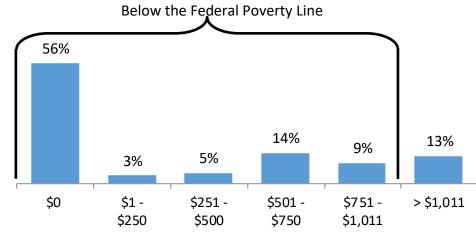
¹ For clients with more than one enrollment record during the report window, only data from the earliest enrollment date is included.

55.8% of clients in a residential program did <u>not</u> have any cash income at intake. Of those residential clients who did have income, their average income was \$881.39/month¹ (Range: \$10 - \$4,236). 87.4% of residential clients were below the federal poverty line at intake.

The 2018 federal poverty line² for an individual is \$12,140 annually or \$1,011.67 monthly. The median household income in Atlanta, GA is \$49,398 or \$4,116.50 monthly.³ In FY18, the average rent for a one bedroom apartment was \$1,390 per month⁴. The monthly payment amount for someone with SSI in 2018 is \$750 (about half the cost of an average one-bedroom rental).

Monthly Income: Residential Clients

(n = 1,212)



¹For clients with more than one enrollment record, only data from the earliest enrollment date is included above.

² https://aspe.hhs.gov/poverty-guidelines. The guideline used in report is for single person in household.

³ https://www.census.gov/quickfacts/fact/table/atlantacitygeorgia,US/INC110215#viewtop. Estimate is from 2016.

⁴ https://www.rentjungle.com/average-rent-in-atlanta-rent-trends/

Nulnerability Index

In FY18, **2,363** VI-SPDATs were completed at the Gateway Center¹. **51.6%** of all clients assessed qualified for Permanent Supportive Housing (PSH) or Housing First.

The VI-SPDAT (Vulnerability Index—Service Prioritization Decision Assistance Tool) is a survey administered to 'determine risk and prioritization when providing assistance to individuals experiencing homelessness'. There are two versions of the VI-SPDAT—one for individuals and one for families.

All assessed clients are enrolled in the Clear Path Services Only program. The VI-SPDAT categorizes clients into one of the below 3 categories which determines placement on the city housing queue—with the most vulnerable receiving priority placement. The individual items on this survey are described on the following pages.

	Individual VI-SPDATs (n = 1,682)	Family VI-SPDATs (n = 681)	All VI-SPDATs ¹ (<i>n</i> = 2,363)
No Housing Intervention	9.1%	1.5%	6.9%
Rapid Re-housing	42.9%	38.0%	41.5%
Permanent Supportive Housing / Housing First	48.0%	60.5%	51.6%

History of Housing and Homelessness Questions¹

13.5% of assessed clients were 60 years or older.

On average, those assessed reported being homeless:

- twice in the past 3 years (Range: 0 times 100 times)
- for a year and a half (Range: 0 months 36 years)

Where do you sleep most frequently? (n=2,311)	
Outdoors	46.0%
Shelters	32.7%
Transitional Housing	2.0%
Other	19.3%

Socialization and Daily Functioning Questions¹

There is a person, past landlord, business, bookie, dealer, or government group like the IRS that thinks the client owes them money. (n=2,357)	53.4%
Client does NOT get any money from the government, a pension, an inheritance, working under the table, a regular job, etc. (n=2,351)	47.6%
Client does NOT have planned activities, other than just surviving, that make them feel happy and fulfilled. (n=2,338)	71.1%
Client is currently NOT able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that. (n=2,344)	38.7%
Client's current homelessness is caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused the client to become evicted. (n=2,342)	57.1%

¹ Some clients may have been assessed more than once. All assessments are included. If a Family VI-SPDAT was conducted, the questions pertain to the client AND anyone in their family.

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Risk Assessment Questions¹

Emergency Service Use In the Past Six Months	
Client has received health care at an emergency department / room. (n=2,357)	62.8%
Client has taken an ambulance to the hospital. (n=2,357)	34.7%
Client has been hospitalized as an inpatient. (n=2,352)	32.0%
Client has used a crisis service, including sexual assault crisis, mental health crisis, family / intimate violence, distress centers & suicide prevention hotlines. (n=2,355)	31.3%
Client has talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them to move along. (n=2,352)	22.5%
Client has stayed one or more nights in a holding cell, jail, or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between. (n=2,343)	14.6%

Risk of Harm	Client has been attacked or beaten up since becoming homeless. (n=2,358)			
	Client has threatened to or tried to harm themselves or anyone else in the last year. (n=2,349)	12.1%		
Legal	Client has legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live. (n=2,347)			
	Someone forces or tricks the client to do things that they do not want to do. (n=2,358)	14.3%		
tation	Client does things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, etc. (n=2,337)	7.6%		

¹Some clients may have been assessed more than once. All assessments are included. If a Family VI-SPDAT was conducted, the questions pertain to the client AND anyone in their family.

Wellness Questions¹

Client has had to leave an apartment, shelter program, or other place they were staying because of their physical health. (n=2,357)	13.8%
Client has a chronic health issue with their liver, kidneys, stomach, lungs, or heart. (n=2,359)	24.1%
Client has interest in a program that assists with HIV/AIDS. (n=2,307)	6.6%
Client has a physical disability that limits the type of housing they can access, or that makes it hard to live independently because they'd need help. (n=2,357)	13.5%
Client avoids getting medical help when they are sick. (n=2,349)	11.9%
Drinking or drug use by client has led to client being kicked out of an apartment or program in the past. (n=2,352)	22.7%
Drinking or drug use will make it difficult for client to stay housed or afford your housing. (n=2,339)	8.6%
Client has mental health or brain issues that would make it hard for them to live independently because help would be needed. (n=2,345)	6.4%
There are medications that a doctor said client should be taking that, for whatever reason, they are not taking. (n=2,353)	36.7%
There are medications like painkillers that client doesn't take the way the doctor prescribed or they sell the medication. (n=2,344)	3.5%
Client's current period of homelessness was caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma client experienced. (n=2,338)	71.0%

Client has had trouble maintaining your housing, or has been kicked out of an apartment, shelter program, or other place because of: (n~2355)		
A mental health issue or concern	28.2%	
A past head injury	4.5%	
A learning disability, developmental disability, or other impairment.		

13.2% of assessed clients had a medical condition, mental health concern, AND problematic substance use.

¹Some clients may have been assessed more than once. All assessments are included. If a Family VI-SPDAT was conducted, the questions pertain to the client AND anyone in their family.



Family Unit Questions¹

Children have been removed from the family by a child protection service within the last 180 days. (n=694)	3.6%
There are family legal issues that are being resolved in court or need to be resolved in court that will impact housing or who may live within client's housing. (n=691)	2.5%
In the last 180 days children have lived with family or friends because of your homelessness or housing situation. (n=696)	54.9%
A child in the family has experienced abuse or trauma in the last 180 days. (n=695)	12.7%
School-aged children DO NOT attend school most of the time. (n=675)	17.8%
The members of the client's family have changed in the last 180 days, due to things like divorce, kids coming back to live with the client, someone leaving for military service or incarceration, a relative moving in, etc. (n=695)	43.9%
It is anticipated that other adults or children will come to live with the client within the first 180 days of being housed. (n=694)	14.8%
Client does NOT have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, etc. (n=696)	38.9%
IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, etc. (n=655)	29.6%

After school, or on weekends or days when there isn't school, the total time children spend each day where there is no interaction with the client or another responsible adult is...

3 or more hours per day for children aged 13 or older (n=663)

3.0%

2 or more hours per day for children aged 12 or younger (n=684)

Outcomes for Residential Programs

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

- Changes in Health Insurance
- Changes in Cash-Income
- Changes in SNAP
- Discharge Reasons
- Discharge Destination

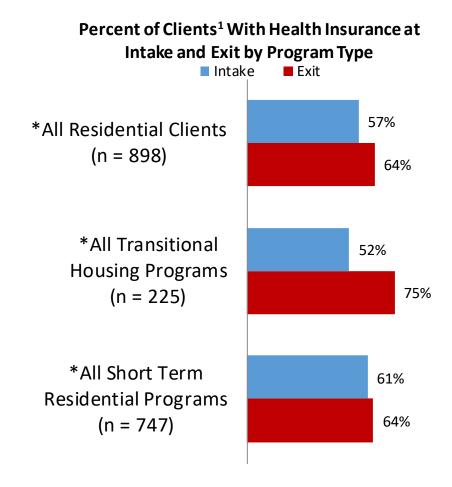
29

3.2%

¹ Some clients may have been assessed more than once. All assessments are included. If a Family VI-SPDAT was conducted, the questions pertain to the client AND anyone in their family.

Changes in Health Insurance

57% of residential clients at intake and **64%** at exit had health insurance (an **8%** increase). There was a statistically significant increase in the number of clients with health insurance from entry to exit for all residential clients, Transitional Housing clients and Short Term Residential clients only.



Among those with health insurance, most had military health insurance.

Health Insurance ¹ of Residential Clients (n = 898)	Intake	Exit
No Health Insurance	43.5%	35.6%
Military Insurance	41.6%	48.2%
Medicaid	10.0%	9.8%
Medicare	8.8%	8.2%
Private—Self Pay	0.6%	0.7%
Private—Employer Provided	0.2%	0.6%
State Funded Insurance (HIP or HIP 2.0)	0.1%	0.6%
Private—COBRA	0.0%	0.0%
Indian Health Services	0.0%	0.0%
Other Insurance	1.2%	1.1%

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Changes in Health Insurance

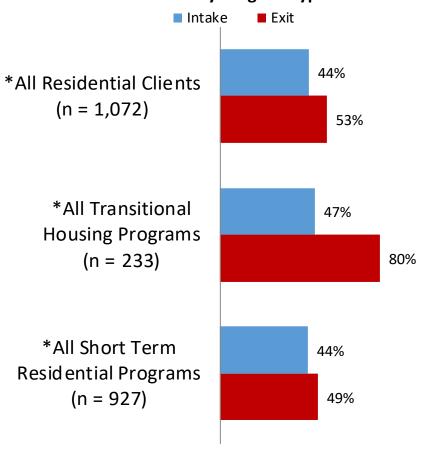
¹Only clients with data at entry and exit are included. For clients with more than one enrollment record, only data from one enrollment in each program type is included.

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1 Changes in Cash Income

<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.

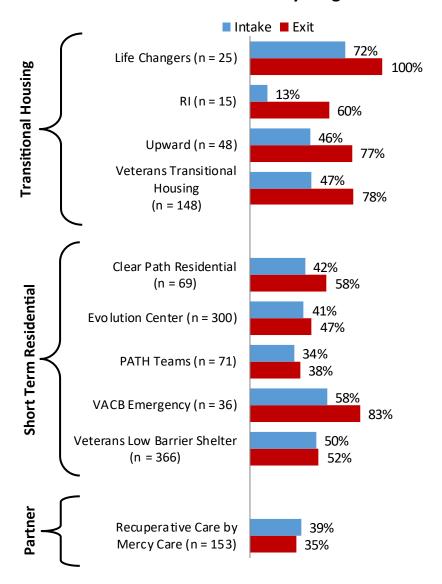
Percent of Clients¹ With Cash Income at Intake and Exit by Program Type



^{*} Indicates statistically significant change at p < .05.

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



¹ Only clients with data at entry and exit are included. For clients with more than one enrollment record, only data from one enrollment in each program is included.

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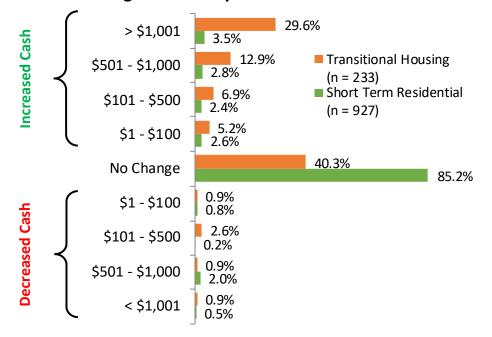
Changes in Cash Income

<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 programs¹.

	Mean Income at Entry	Mean Income Exit	Amount Increase
All Residential Clients (n = 1,072)	\$388.51	\$531.90	个 \$143.39
Transitional Housing (n = 233)	\$391.18	\$1,007.52	↑ \$616.34
Short Term Residential (n = 927)	\$383.39	\$457.18	个 \$73.79

30% 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 Intake to Exit



¹Only clients with data at entry and exit are included. For clients with more than one enrollment record, only data from one enrollment in each program is included.

Changes in Cash Income

The table below describes income sources at intake and exit among residential clients. The percent of clients with earned income increased by **8%** from intake to exit.

	Residential (n = 1,072)		
Cash Income Sources ¹	Intake	Exit	% Change
Supplemental Security Income (SSI)	13.8%	14.7%	0.9%
Veteran's Disability Payment	11.2%	12.0%	0.8%
Social Security Disability Insurance (SSDI)	10.1%	9.5%	-0.6%
Earned Income	9.8%	17.7%	7.9%
Veteran's Pension	1.9%	2.1%	0.2%
Retirement from Social Security	1.4%	1.5%	0.1%
Job Pension	0.3%	0.3%	0.0%
Private Disability Insurance	0.6%	0.7%	0.1%
General Assistance	0.2%	0.2%	0.0%
Workers Comp	0.2%	0.1%	-0.1%
Unemployment Insurance	0.1%	0.2%	0.1%
Child Support	0.0%	0.0%	0.0%
Alimony	0.0%	0.0%	0.0%
Other	0.6%	0.6%	0.0%

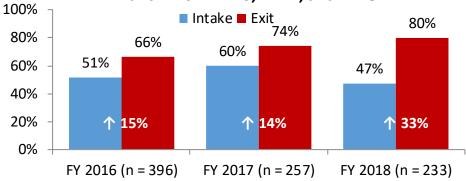
¹ Only clients with data at entry and exit are included. For clients with more than one enrollment record, only data from one enrollment in each program is included. Individuals may have more than one income source at intake; therefore percentages may add to more than 100%.



Changes in Cash Income (FY16, 17, 18)

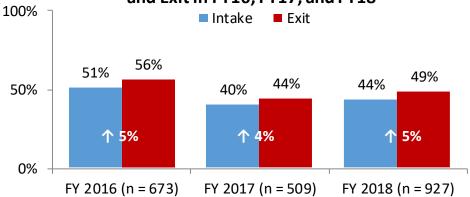
80% of Transitional Housing clients had cash income at exit in FY¹ 2018, **74%** in FY 2017, and **66%** in FY 2016.

Transitional Housing: Percent of Clients with Cash Income at Intake and Exit in FY16, FY17, and FY18



49% of Short Term Residential clients had cash income at exit in FY 2018, **44%** in FY 2017, and **56%** in FY 2016.

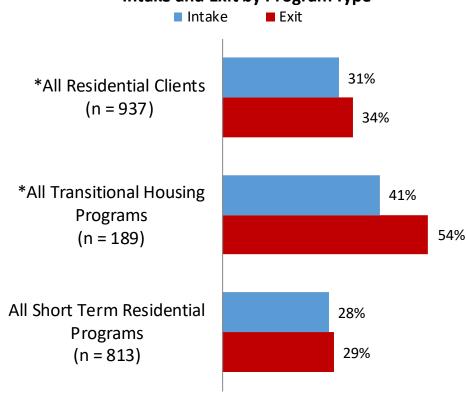
Short Term Residential: Percent of Clients with Cash Income at Intake and Exit in FY16, FY17, and FY18



¹ Fiscal Year (FY) is from July 1st through June 30th.

30% of residential clients at intake and **34%** at exit received Supplemental Nutrition Assistance Program (SNAP) benefits (formerly food stamps). There was a statistically significant increase in the number of clients with SNAP benefits from entry to exit for Transitional Housing clients and all residential clients. This was not true of the Short Term Residential clients only.

Percent of Clients¹ With SNAP Benefits at Intake and Exit by Program Type



^{*} Indicates statistically significant change at p < .05.

¹Only clients with data at entry and exit are included. For clients with more than one enrollment record, only data from one enrollment in each program type is included.

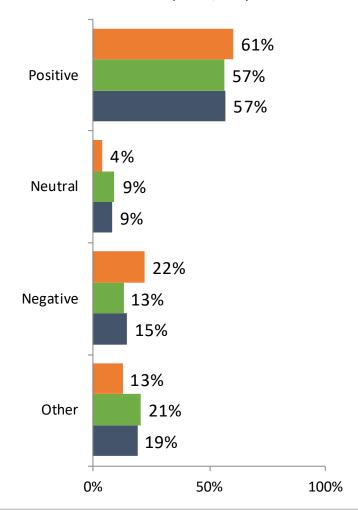


Discharge Reasons

Overall, 57% of discharges were for a positive reason.

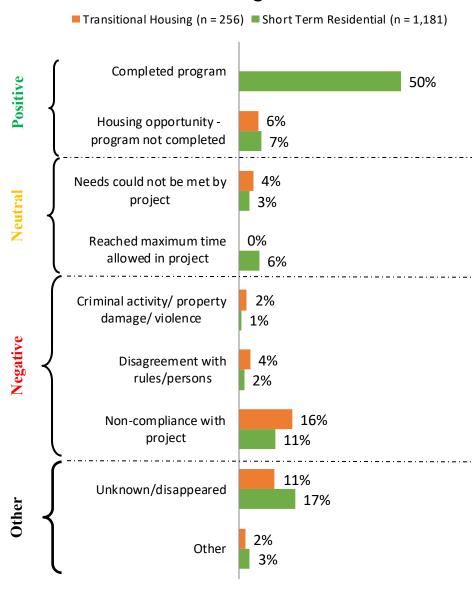
Discharge Reasons By Program Type¹

- Transitional Housing (n = 256)
- Short Term Residential (n = 1,181)
- All Residential Clients (n = 1,437)



¹Clients with multiple enrollments during the report period are included in the above analyses more than once.

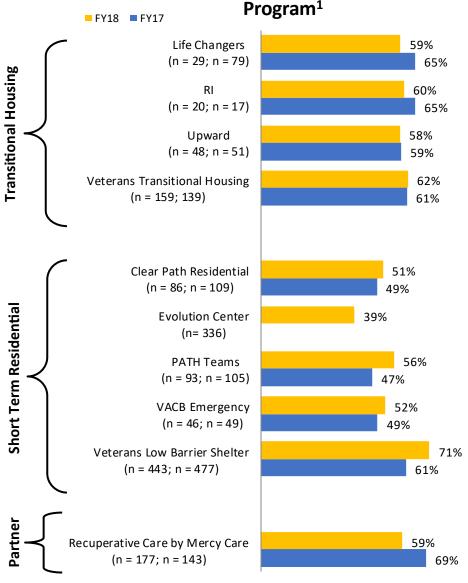
Discharge Reasons¹



¹Clients with multiple enrollments during the report period are included in the above analyses more than once.

Discharge Reasons

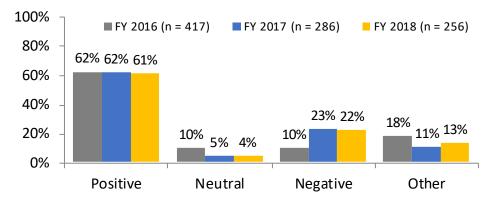
Positive Discharge Destination By Program¹



¹Clients with multiple enrollments in the report period may be included in the analyses more than once. The first sample size provided is for FY18. The second sample size provided is for FY17.

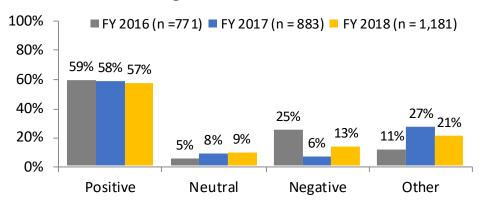
61% of Transitional Housing discharges were positive in FY 2018, **62%** in FY 2017 and **62%** in FY 2016 (a **1%** decrease from FY16 to FY18).

Transitional Housing: Discharge Reasons in FY16, FY17, and FY18¹



57% of Short Term Residential discharges were positive in FY 2018, **58%** in FY 2017 and **59%** in FY 2016 (a 2% decrease from FY16 to FY18).

Short Term Residential: Discharge Reasons in FY16, FY17, and FY18¹



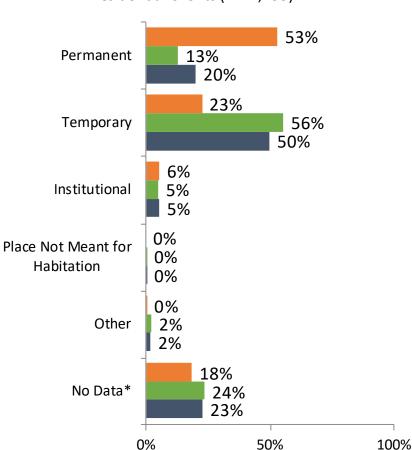
¹Clients with multiple enrollments during the report period may be included in the above analyses more than once. Fiscal Year (FY) is from July 1st through June 30th.

Discharge Destination

Overall, **20%** of discharges were to a permanent destination. **53%** of Transitional Housing discharges and **13%** of Short Term Residential Housing discharges were to a permanent destination.

Discharge Destination¹

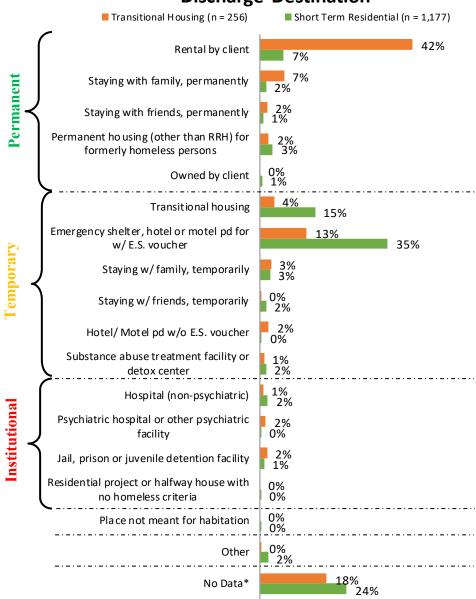
- Transitional Housing (n = 256)
- Short Term Residential (n = 1,177)
- All Residential Clients (n = 1,433)



¹Clients with multiple enrollments in the report period are 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.

Discharge Destination¹

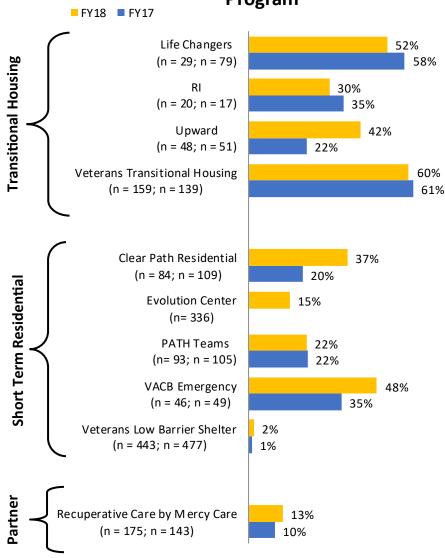


¹Clients with multiple enrollments in the report period are included in the analyses more than once.

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

Discharge Destination

Permanent Discharge Destination By Program¹

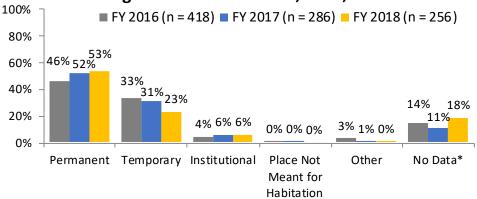


¹Clients with multiple enrollments in the report period are included in the analyses more than once. The first sample size provided is for FY18. The second sample size provided is for FY17.

n Discharge Destination (FY16, 17, 18)

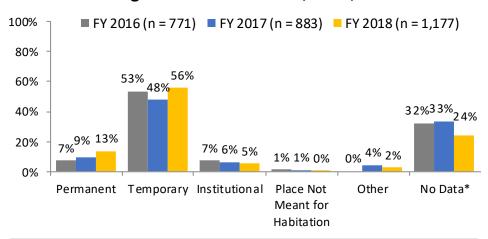
53% of Transitional Housing discharges were to a permanent housing destination in FY 2018, **52%** in FY 2017, and **46%** in FY 2016 (a **7%** increase from FY16 to FY18).

Transitional Housing: Discharge Destination in FY16, FY17, and FY18¹



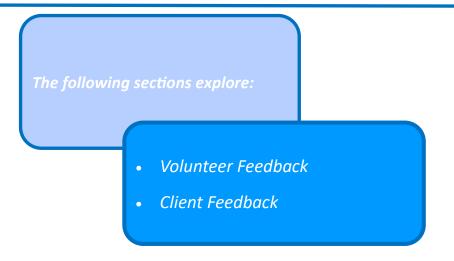
13% of Short Term Residential discharges were to a permanent housing destination in FY 2018, **9%** in FY 2017, and **7%** in FY 2016 (a **6%** increase from FY16 to FY18).

Short Term Residential: Discharge Destination in FY16, FY17, and FY18¹



¹Clients with multiple enrollments during the report period are 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.

Feedback



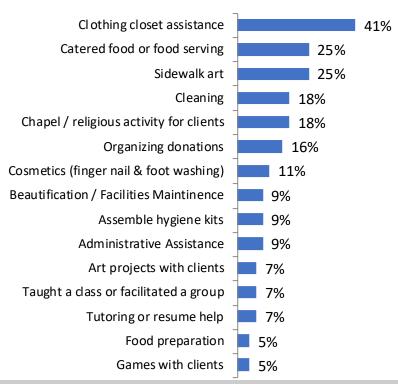
1 Volunteer Feedback

Volunteers are a valuable asset to Gateway Center. Approximately, 1,982 volunteers served between July 1, 2017 to June 30, 2018¹.

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

97.7% of volunteers rated their overall volunteer experience as excellent or good.

What Activities Did You Perform While Volunteering at Gateway Center? 2 (n = 44)



¹The 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.

² Volunteers may be involved in more than one activity.



100% of volunteers strongly agreed or agreed that:

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

% Agreeing or Strongly Agreeing $(n = 44)^1$ I enjoyed my volunteer experience at 100% Gateway. I would recommend this volunteer 100% experience to my friends. I was engaged in my volunteer 100% experience at Gateway. My time at Gateway made an impact 98% on my life. As a result of my time at Gateway, I am more likely to be engaged with 96% issues in the homeless community. My time at Gateway made an impact 96% on the lives of those served by Gateway. My time at Gateway was used 93% efficiently. I have a greater understanding of homelessness, because of my time at 91% Gateway. Gateway staff were well informed about homelessness, poverty, and 91% justice is sues. The feedback/reflection session at the conclusion of my volunteer 91% experience at Gateway was helpful.

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Volunteer Feedback

What was the highlight of your volunteer experience?

Most volunteers referred to (1) serving and interacting with clients, (2) learning about homelessness, and (3) the welcoming environment.

Serving and Interacting with Clients

- "My friend and I painted people's nails and it was actually the best."
- "The entire experience was AMAZING! The men are amazing."

Learning about Homelessness

- "Learning more about the issues of homelessness in this city."
- "Hearing how the Gateway Center serves the homeless in Atlanta.

Welcoming Environment

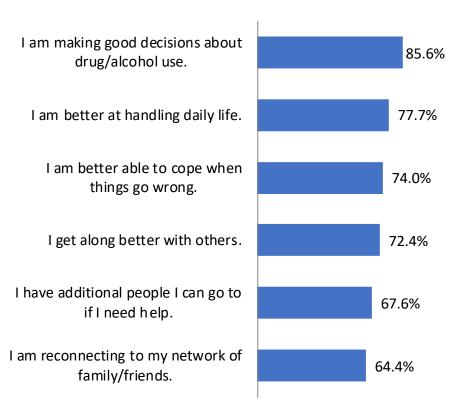
- "Seeing how grateful the homeless families were."
- "I really appreciated all the people thanking us for our service there."
- "I liked how free my experience was. I was given tasks to complete, and it was mostly up to me to find out the best way to complete it. The environment was very inviting, and I always felt at home there."



Client Feedback

Residential clients provided feedback about Gateway Center via a 14 question survey. Each question is on a scale from 1 = 'Strongly Disagree' to 5 = 'Strongly Agree'. 248 surveys¹ were collected in FY 2018. The average of all survey items was **3.8**, indicating, on average, a medium to high level of client satisfaction.

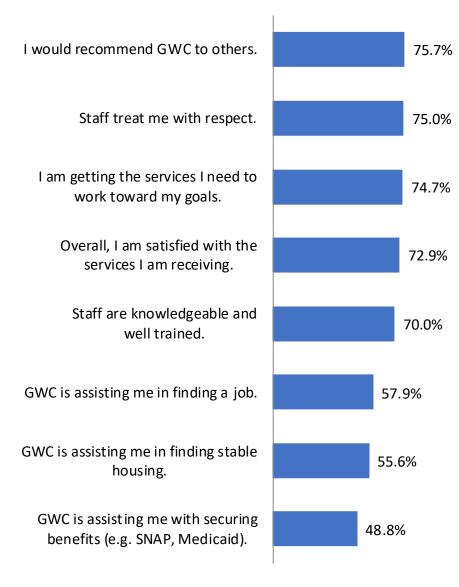
As a Result of the Services I am Receiving at GWC... % Agreeing or Strongly Agreeing $(n \sim 225)^1$



¹Clients complete this survey anonymously. It is possible that the same client answered the survey more than once. All surveys are included in the above results.

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% Agreeing or Strongly Agreeing $(n \sim 230)^1$



¹Clients complete this survey anonymously. It is possible that the same client answered the survey more than once. All surveys are included in the above results.

Client Feedback

Clients were asked to provide feedback about what was <u>most helpful</u> about the services provided at Gateway. A summary of their feedback is provided below.

A Place to Stay, A Safe Haven, Stability (23%)

• "I was homeless. Now, I have a safe place to stay."

Support from Counselors, Case Workers, & Staff (18%)

• "My case worker cares about me and listens to me."

Services and Benefits (16%)

- · Help finding housing
- Obtaining ID, government assistance, etc.

Pathways to Financial Stability (13%)

• "Being able to find a job and save money."

Opportunity, Time, & Resources to "Get on Track" (12%)

- "I have a place to get my life together."
- "Allowing me to build towards my goals."

Ability to Cope with Addition/Get Clean from Drugs (9%)

"I am well connected to recovery tools."

Meetings (6%)

• "Meetings give me motivation."

Other (3%)

- · Gaining knowledge
- Prayer groups / religious meetings
- Access to medication

11 Client Feedback

Clients were asked to provide feedback about what would <u>improve</u> services at Gateway. A summary of their feedback is provided below.

Better Interactions with Staff (24%)

- "Need staff that are caring and passionate about their work."
- "Train staff to treat clients with respect."

Nothing Needs Improvement (23%)

"Everything is great. Services have been very helpful."

More Services and Accommodations (21%)

- Transportation to and from job
- · More help with job placement and housing
- On-site nurse

Higher Quality of Food, Bigger Portions at Meal Time (17%)

- "Food portions are too small."
- "Need better, more nutritious food."

Change in Curfew Time/Later Curfew (6%)

Improvement in Facility Maintenance (5%)

- Elevators not in service
- Key cards not working

Other Concerns (4%)

- Need to increase the length of stay at Gateway
- Need more meetings with counselors
- Need fewer clients in the facility
- Increase networking with other facilities



Questions or Comments?

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