Georgia Balance of State Continuum of Care

2020 Sheltered Homeless Survey: Webinar Training
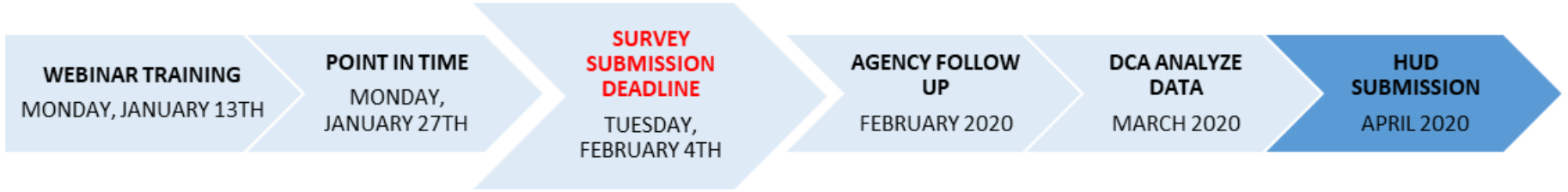
Georgia® Department of Community Affairs

January 2020

Ambra N Houser, Data Analyst

Announcements

- Point In Time Date: Monday, January 27th

- **Survey Submission Deadline: Tuesday, February 4th**

- Survey Link will be distributed & survey will go live on the night of the PIT: Monday, January 27th

- Read the instructions carefully.

- Internet Explorer is <u>not</u> compatible with the survey design, use Firefox or Chrome

- HMIS participants- ensure data is updated in the database for data submission verification

- Bed inventory, unit inventory, persons per household, and household demographics is interrelated data, **review calculations.**

WEBINAR TRAINING
MONDAY, JANUARY 13TH

POINT IN TIME
MONDAY,
JANUARY 27TH

SURVEY
SUBMISSION
DEADLINE

TUESDAY,
FEBRUARY 4TH

AGENCY FOLLOW
UP
FEBRUARY 2020

DCA ANALYZE
DATA
MARCH 2020

HUD
SUBMISSION
APRIL 2020

2020 Sheltered Homeless Survey: Deadline Feb 4 2020

INSTRUCTIONS
(please read instruction carefully)

Georgia Balance of State Continuum of Care (CoC) takes a one-night snapshot of homelessness in the Balance of State counties annually and this year's count is on the night of MONDAY, JANUARY 27 2020. In the pages that follow, there are questions about your Emergency Shelter, Transitional Housing, Rapid ReHousing, and/or Permanent Supportive Housing bed inventory and homeless count for **Monday, January 27, 2020 (sunset Monday, January 27th - sunrise Tuesday, January 28th)**, as well as general information about your bed project.

This survey has four sections which will take approximately 45- 60 minutes to complete total:
1. General agency information
2. Project information
3. Inventory & Point In Time
4. Sign and Submit

Please gather all information needed to submit aggregate numbers on the clients you serve and provide sufficient time needed to complete the survey in its entirety. The survey cannot be paused/stopped and finished at a later time. **Please submit survey no later than noon EST on Tuesday, February 4, 2020** (7 days post night of count).

You will need to complete a separate survey for each housing project that your agency implements.

If you have any questions regarding this survey and your survey submission, please contact Ambra Noble Houser via email: ambra.noble@dca.ga.gov or phone: (404) 679-3102

Part 1 of 4:
General Agency Information

Part 1 of 4:
General Agency Information

- Agency Name

- Agency Project Types (Select all that apply)

- Agency Location (Zip code and County/ street address if non-domestic violence agency)

- Agency Executive Director contact information (Name, Phone Number, and Email)

Agency Name*

[   ]

Which types of housing projects does your agency have?*
(Check all that apply)

Please submit a separate survey for EACH housing project your agency implements.

☐ Emergency Shelter (up to 90 days)

☐ Extreme Weather (Open based on need)

☐ Hotel/ Motel Vouchers

☐ Permanent Supportive Housing

☐ Rapid Re Housing

☐ Seasonal Shelter (open daily for several months per year)

☐ Transitional Housing (90 day to 2 years stay)

Is this a Domestic Violence Agency*
Please note that for the purpose of this survey, HUD has specified those whose current episode of homelessness is a result of actively fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against persons are considered to be homeless and are to be counted for this sheltered count.

○ Yes   ○ No

Agency County*

If your project is a scattered-site housing project, please enter the county of your administrative office.

-Please Select- ▾

Agency Executive Director - Contact Information*

Enter full name below

Agency Executive Director - Contact Information*

Enter Phone Number below

Agency Executive Director- Contact Information*

Enter email address below

Part 2 of 4:

Project Information

Part 2 of 4:
Project Information

Complete/ submit one survey per project that your agency implements

- Project Name

- Project City

- Project Zip Code

- Project County

- HMIS participation (Yes/ No)

- Verification of homeless status (Yes/ No)

- Percentage of HUD homeless clients (100%/ more than 50% / less than 50%)

- Target Population (DV/ Veterans/ HIV)

- Funding Sources, if any?

- **Project Type:** This question has imbedded logic that will determine the next set of questions

Project Name*

The following question reponses must all be related to this project name and project type.

Please remember to complete/ submit a separate survey for each project type your agency implements.

[_____]

Project City*

If your project is a scattered-site housing project, please enter the city where the majority of the project's clients are housed.

If tenant based, enter the city of the site where most beds are located

[_____]

Project Zip Code*

If your project is a scattered-site housing project, please enter the zip code where the majority of the project's clients are housed.

If tenant based, enter zip code of the site where most beds are located

[_____]

Project County*

If your project is a scattered-site housing project, please enter the county where the majority of the project's clients are housed.

If tenant based, enter the county of the site where most beds are located

[-Please Select- ▼]

Is this project participating in the Statewide Homeless Management Information System (HMIS)?*

Do you enter clients in ClientTrack? The entire project must be fully entered in HMIS to be considered participators.

◯ Yes   ◯ No

Does this project verify homeless status when determining whether or not someone is eligible for the program?*

○ Yes   ○ No

Are the majority of the clients served in this project homeless according to HUD's definition?*

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

○ Yes, all (100%) of the clients served in this program are homeless

○ Not all of the clients served in this program are homeless, but more than 50% of them are

○ Less than 50% of the clients served in this program are homeless

Which of these populations does this project target?*

A population is considered a "target population" if your project is designed to serve that population and at least three-fourths (75%) of the clients served by the project fits that target population description.

○ Domestic Violence Victims

○ Veterans

○ Persons living with HIV/AIDS

○ Unsure

○ None of these

Is this project funded through McKinney-Vento Homeless Assistance Act?*

○ Yes   ◉ No

Is this project funded through other federal funding sources?*

○ Yes   ◉ No

What type of project is this?*

Refer to the above question response: Project Name

*Remember to complete a separate survey for EACH housing project your agency implements

○ Emergency Shelter (up to 90 days)

○ Hotel/Motel Vouchers

○ Permanent Supportive Housing

○ Rapid ReHousing

○ Seasonal/Winter Shelter (open several months a year)

○ Transitional Housing (90 days to 2 years)

Emergency Shelter Projects
Hotel/ Motel Voucher Projects
Seasonal/ Winter Projects and
Transitional Housing Projects

Part 3 of 4:
ES/TH Inventory & Point In Time

- Bed Inventory
  - Total Beds (housing capacity)
  - Bed Availability
    - # year round/ # seasonally/ # overflow
  - Household Beds
    - # Family/ # Individual/ # Child Only
  - Youth & Veteran Beds
  - Operational Beds
    - # currently in operation/ # under development
- Unit Inventory
  - Total Units (housing capacity)

Continued…

- Point In Time: Total persons staying on the night of the count
  - Subpopulation
    - # persons with mental illness
    - # persons with substance abuse disorder
    - # persons with HIV/AIDS
    - # persons actively fleeing domestic violence
  - Demographics per Households Type
    - Household Types: Family, Individual, and/or child only
    - Demographics: Age, Gender, Ethnicity, Race, Chronically Homeless
  - Demographics per Veteran Households Type
    - Household Types: Family and Individual
    - Demographics: Age, Gender, Ethnicity, Race, Chronically Homeless
  - Demographics of Unaccompanied Youth Households
    - Demographics: Age, Gender, Ethnicity, Race, Chronically Homeless
  - Demographics of Parenting Youth Households
    - Demographics: Age, Gender, Ethnicity, Race, Chronically Homeless

The beds in this emergency shelter are...*

Select one

☐ Located in a hotel/motel and made available through vouchers or other forms of payment

☐ Located in a residential homeless assistance facility dedicated for use by persons who are homeless

☐ Located in a church or other facility that is not dedicated for use by persons who are homeless

Part 3 of 4: Inventory & Point In Time ⊙

The following questions are related to project bed inventory:

How many TOTAL beds does this project have?*

What is your facility's bed capacity?

[1₂³]

Bed Availability ⊙

Of the TOTAL beds, how many beds are available all year round?*

[1₂³]

○ Rapid ReHousing   ○ Seasonal/Winter   ◉ Transitional
                             Shelter (open   Housing (90 days
                             several months a   to 2 years)
                             year)

The units in this transitional housing is...*

○ Site Based-   ○ Site Based- Single   ○ Tenant-Based
  Multiple sites (i.e.   site (i.e.
  scattered site or   congregate or
  clustered)   project-based)

Part 3 of 4: Inventory & Point In Time ⊗

The following questions are related to project bed inventory:

How many TOTAL beds does this project have?*
What is your facility's bed capacity?

[1²³   ]

Bed Availability ⊗

Of the TOTAL beds, how many beds are available all year round?*

[1²³   ]

The following questions are related to project bed inventory:

How many TOTAL beds does this project have?*

What is your facility's bed capacity?

> 1₂³

Bed Availability ⌄

Of the TOTAL beds, how many beds are available all year round?*

> 1₂³

Of the TOTAL beds, how many beds are available seasonally?*

Seasonally- during planned part of the year such as the winter months

> 1₂³

Of the TOTAL beds, how many beds are available as overflow?

Overflow- available on a temporary basis in response to demand that exceeds planned bed capacity; only available when all other shelters are at capacity

> 1₂³

All three types of bed availability (year round, seasonally, and overflow) should equal the TOTAL number of beds, does the bed availability given equal the number of TOTAL beds?*

Bed Availability ⊙

Household Beds ⊙

Of the TOTAL beds, how many beds typically serve people in households with at least one child?*

Households with children are also referred to "Family" household

[1₂³   ]

Of the TOTAL beds, how many beds typically serve people in households without children?*

Households without children are also referred to "Adult Only" household or "Individual" household

[1₂³   ]

Of the TOTAL beds, how many beds typically serve people in households with only children?*

[1₂³   ]

All three household types (with children, without children, and child only) should equal the TOTAL number of beds, does households given, above, equal the number of TOTAL beds?*

| ⭕ Yes | ⭕ No |

Household Beds ▶

Youth and Veteran Beds ▼

How many of the TOTAL beds are dedicated to serve youth (under 18 years old)?*

[1₂³]

How many of the TOTAL beds are dedicated to serve veterans?*

[1₂³]

Operational Beds ▼

How many of the TOTAL beds are currently in operation?*

current (i.e. all inventory that was in operation on the night of the point in time count)

[1₂³]

How many of the TOTAL beds are under development?*

under development (i.e. all inventory that is projected, but not in operation during the night of the point in time count)

[1₂³]

The following questions are related to project unit inventory:

The following questions are related to project bed inventory:

How many TOTAL beds does this project have?*

What is your facility's bed capacity?

[1₂³]

— **Bed Availability** ▶

— **Household Beds** ▶

— **Youth and Veteran Beds** ▶

— **Operational Beds** ▶

The following questions are related to project unit inventory:

A "unit" is an apartment or room reserved for one household. Units do not exceed bed capacity.

How many TOTAL units does this project have?*

What is your facility's unit capacity?

[1₂³]

The following questions are related to project unit inventory:

A "unit" is an apartment or room reserved for one household. Units do not exceed bed capacity.

How many TOTAL units does this project have?*

What is your facility's unit capacity?

[1₂³]

Household Units ⊙

Of the TOTAL units, how many units typically serve people in households with at least one child?*

Households with children are also referred to "Family" household

[1₂³]

Of the TOTAL units, how many units typically serve people in households without children?*

Households without children are also referred to "Adult Only" household or "Individual" household

[1₂³]

Of the TOTAL units, how many units typically serve people in households with only children?*

[1₂³]

The following questions are related to project Point In Time Count:

We are requesting counts and demographic information about the people in all households staying in your project the night of January 27, 2020.

*Complete the following section referring to the project name given

How many TOTAL people were staying in this project on the night of the count, Monday January 27, 2020?*

Total should include both adults and children

[1₂³]

PIT Subpopulation ⊙

Of the TOTAL people staying in this project on the night of the count, how many adults presented with a serious mental illness?*

Homeless subpopulation

[1₂³]

Of the TOTAL people staying in this project on the night of the count, how many adults presented with a substance abuse disorder?*

Homeless subpopulation

[1₂³]

Of the TOTAL people staying in this project on the night of the count, how many adults presented with HIV/AIDS?*

Homeless subpopulation

[1₂³]

Of the TOTAL people staying in this project on the night of the count, how many adults presented as actively fleeing victims of domestic violence?*

Homeless subpopulation

[1₂³]

Demographics per Household Type

On the night of the count, did you provide shelter to any households with at least one adult and one child?*

Households with children are also referred to "Family" household

○ Yes   ◉ No

Demographics of Family Households ⊙

— Age ▶

— Gender ▶

— Ethnicity ▶

Race ⊙

Chronically Homeless ⊙

- On the night of the count, did you provide shelter to any households with at least one adult and one child? (Yes or No)

- On the night of the count, did you provide shelter to any households without children? (Yes or No)

- On the night of the count, did you provide shelter to any households with children only? (Yes or No)

- **If yes**, the demographics questions will be unlocked for responses

- **If no,** the demographic questions will remain locked and can be skipped.

Demographics of Family Households ⌄

Age ⌄

Gender ⌄

Ethnicity ⌄

Race ⌄

Chronically Homeless ⌄

Permanent Supportive Housing Projects

Part 3 of 4:
PSH Inventory & Point In Time

- Unit Inventory
  - Total Units (housing capacity)
  - Total Units occupied on the night of the count
  - Household Units
    - # Family/ # Individual/ # Child Only
- Bed Inventory
  - Total Beds (housing capacity)
  - Household Beds
    - # Family/ # Individual/ # Child Only
  - Youth, Veteran and chronically homeless Beds
  - Operational Beds
    - # currently in operation/ # under development
- Point In Time: Total persons staying on the night of the count

Unit Inventory
The following questions are related to unit inventory of this project

How many TOTAL units is this project contracted to have?*
A "unit" is an apartment or room reserved for one household.

> 1₂³

Of the TOTAL units in this project, how many units were occupied on the night of the count, January 27th?*

> 1₂³

Of the TOTAL units, how many units typically serve people in households with at least one child?*
Households with children are also referred to "Family" household

> 1₂³

Of the TOTAL units, how many units typically serve people in households without children?*
Households without children are also referred to as "Adult Only" or 'Individual" households

> 1₂³

Of the TOTAL units, how many units typically serve people in households with only children?*

> 1₂³

How many TOTAL contracted beds does this project have?*

$1_2{}^3$ [input field]

Of the TOTAL beds, how many beds typically serve people in households with at least one child?*

Households with children are also referred to "Family" household

$1_2{}^3$ [input field]

Of the TOTAL beds, how many beds typically serve people in households without children?*

Households without children are also referred to as "Adult Only" or 'Individual" households

$1_2{}^3$ [input field]

Of the TOTAL beds, how many beds typically serve people in households with only children?*

$1_2{}^3$ [input field]

How many beds in this project are dedicated to serve youth with children?*

Also referred to as parenting youth

Parenting youth is defined as youth age 24 and under that present without a parent or guardian AND have a child

$1_2{}^3$ [input field]

How many beds in this project are dedicated to serve youth without children?*

Also referred to as unaccompanied youth

Unaccompanied youth is defined as youth age 24 and under that present without a parent or guardian

$1_2{}^3$ [input field]

How many beds in this project are dedicated to serve veterans with children?*

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1₂³
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How many beds in this project are dedicated to serve veterans without children?*

```
1₂³
```

How many beds in this project are dedicated to serve chronically homeless with children?*

A household is chronically homeless when a household
    (a) has a head of household with a disabling condition AND
    (b) has either been continuously homeless for at least a year or has been homeless at
    least 4 times in the past 3 years with their total time in shelters or on the street adding up
    to over 1 year.

```
1₂³
```

How many beds in this project are dedicated to serve chronically homeless without children?*

A household is chronically homeless when a household
    (a) has a head of household with a disabling condition AND
    (b) has either been continuously homeless for at least a year or has been homeless at
    least 4 times in the past 3 years with their total time in shelters or on the street adding up
    to over 1 year.

```
1₂³
```

Would you like to dedicate additional beds for chronically homeless?*

The Balance of State Continuum of Care is requesting agencies with projects serving chronically homeless individuals or families to consider an increase to the number of dedicated beds for serving people who are chronically homeless (S+C and SHP) where they are able (and it makes sense for the program).

If you are considering this for your PSH project or indicate an increase to dedicated beds in the survey, our staff will be reaching out to further discuss this change.

  ○ Yes   ○ No

How many of the TOTAL beds are currently in operation?*

current (i.e. all inventory that was in operation on the night of the point in time count, January 27th)

1_2^3

How many of the TOTAL beds are under development?

under development (i.e. all inventory that is projected, not in operation during the night of the point in time count, January 27th)

1_2^3

On the night of the count, how many TOTAL PEOPLE (adults and children) were staying in this project?*

1_2^3

— **Part 4 of 4: Sign and Submit** ▶

Rapid ReHousing Projects

Part 3 of 4:
RRH Inventory & Point In Time

- County (complete inventory per county)

- Zip code

- Total number of persons staying on the night of the count per household type
  - Family, Individual, child only households
  - Age

RRH Inventory 1

As in previous years, we will be collecting county-level data regarding Rapid ReHousing projects.

Please complete one set of the following questions for each county in which clients in this project were enrolled on the night of the count, January 27th.

County*

▼

Zip Code*

Please provide the zip code for the location in which the majority of the project's clients are housed within the county indicated above

12³

On the night of the point in time count, did your project provide housing service to households with at least one adult and one child?*

Households with children are also referred to as "Families"

○ Yes   ○ No

Did you provide housing services to clients staying in additional counties?*

If yes, please continue to complete inventory per county

○ Yes   ○ No

Part 4 of 4:
Sign and Submit

┌── **Part 4 of 4: Sign and Submit** ⊙────────

Agreement*

Thank you for completing the above information. Thank you for taking the time to partner with the Georgia Balance of State CoC by completing this survey as we strive to measure the prevalence of homelessness, identify resources that are currently available to address homelessness, and address the needs gap within our communities.

Review the aggreement below, select the box below indicating your agreement prior to survey submission.

 If you have any questions regarding the survey, please contact Ambra Noble Houser, Email: ambra.noble@dca.ga.gov or Phone: 404.679.3102

☐ I have provided the most accurate information available at the time this survey was completed on behalf of my agency and did not falsify data given within this survey to the best of my knowledge. I agree to any and all follow up correspondence from DCA staff if questions arise related to mathematical discrepancies within this survey. I agree to respond to questions from DCA staff promptly.

Contributor Name*

The person responsible for submitting survey on behalf of agency

┌───┐
│   │
└───┘

Contributor- Contact Information

Enter email address below

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│   │
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Contributor- Contact Information*

Enter phone number below

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Contributor- Contact Information

Enter email address below

[   ]

Contributor- Contact Information*

Enter phone number below

[   ]

Signature

[🗑]

[   ]

Submission Date/ Time*

| 📅 1/21/20 | 🕐 02:19 PM |

Submit