

Appendix C: Sample Technical Assessment Survey

Continuum of Care

Technical Capacity Survey

Statement of objectives

The questions contained in this document are designed to obtain a better understanding of the overall technical capabilities currently available within the network of homeless agencies and providers in continuum of care. The objective is to understand what must be done to facilitate agencies and providers to engage in the HMIS Initiative.

Return to

Please fax or mail this completed survey by <date> to:

Name
Organization
Address 1
Address 2
City, State, Zip Code
Fax:
Phone:

General

1. Organization name: _____
2. Please answer based on your personal knowledge or information you can easily obtain. Will your answers reflect? (Check one)
 - ☐ Your organization as a whole
 - ☐ One agency
 - ☐ Other _____
3. How many sites form your entire organization/agency? (Check one)
 - ☐ 1
 - ☐ 2 – 5
 - ☐ 6 – 10
 - ☐ More than 10

4. Type of organization (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emergency Shelter for Individuals | <input type="checkbox"/> Emergency Shelter for Families |
| <input type="checkbox"/> Transitional Housing for Individuals | <input type="checkbox"/> Transitional Housing for Families |
| <input type="checkbox"/> Permanent Housing for Individuals | <input type="checkbox"/> Permanent Housing for Families |

5. Approximately how many clients does your organization serve

per month? (Check one)

- ☐ 1 – 20
- ☐ 21 – 50
- ☐ 51 – 100
- ☐ 101 – 500
- ☐ More than 500

per night? (Check one)

- ☐ 1–20
- ☐ 21– 50
- ☐ 51 – 100
- ☐ 101–5

Programs

6. Please list the major programs that your organization operates and the percentage of clients that access those programs.

Program	% Capacity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Technical

7. What is the total number of computers in your organization? (Check one)

- ☐ None
- ☐ 1 – 5
- ☐ 6 – 10
- ☐ 11 – 20

- ☐ 21 – 50
- ☐ More than 50

8. Overall, what is the age of the computing equipment at your organization? (check one)

- ☐ Less than a year
- ☐ 1 – 3 years
- ☐ 3 – 5 years
- ☐ More than 5 years
- ☐ Don't know

9. Does your organization have access to: (Check all that apply)

- ☐ The Internet for electronic mail?
- ☐ The Internet for data searching and/or file transfer?
- ☐ A network to connect computers within your immediate vicinity (e.g., same building)?
- ☐ A network to connect computers across multiple sites within your organization/agency?

10. Please estimate the percent of time computers are used on:

Agency/Program administration (e.g., bookkeeping financial management) (Check one)

- ☐ 0–33%
- ☐ 34 – 66%
- ☐ 67 – 100%

Report generation (e.g., reports to funding agencies, grant management) (Check one)

- ☐ 0 – 33%
- ☐ 34 – 66%
- ☐ 67 – 100%

Client-related applications (e.g., case management, services provided, bed lists, rosters, meals, etc.) (Check one)

- ☐ 0 – 33%
- ☐ 34 – 66%
- ☐ 67 – 100%

11. For client-related applications, how often is data entered into the system? (Check one)

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other (please specify) _____

12. Personal computer users at your organization use the equipment for (Check all that apply):

- ☐ Word processing
- ☐ Spreadsheet analysis
- ☐ Database use (e.g., maintaining records of services, referrals, etc.)
- ☐ E-mail
- ☐ Don't know

13. Are computers used at your organization to upload/download data to/from government or funding agencies?

- ☐ Yes
- ☐ No

14. What keeps you from acquiring, or making better use of computer or networking technology? (Check one for each line)

	Major	Minor	Don't
	Inhibitor	Inhibitor	Know
Belief that the technology is useful	_____	_____	_____
Hardware and software costs	_____	_____	_____
Difficulty in getting started	_____	_____	_____
No personnel qualified to do it	_____	_____	_____
Other (please specify)	_____	_____	_____

15. Does your organization make use of database packages? (Check one)

☐ Yes (If yes, please answer the following question.)

☐ No

16. What database package(s) does your organization use? (Check all that apply)

☐ Access

☐ Paradox

☐ Oracle

☐ SQL Server

☐ FoxPro

☐ FileMaker

☐ Other (please specify) _____

Staff

17. Approximately how long has your organization used computer systems other than personal productivity tools (e.g., word processing)? (Check one)

☐ 1 – 2 years

☐ 3 – 5 years

☐ 6 – 10 years

☐ More than 10 years

18. How many individuals in your organization operate computers as part of their job? (Check one)

☐ None

☐ 1 – 4

☐ 5 – 10

☐ 11 – 20

☐ More than 20

19. How many of the following positions use computers at your organization? (Indicate actual number of individuals)

_____ Case workers
 _____ Counselors
 _____ Intake workers
 _____ Administrators
 _____ Health workers
 _____ Other (please specify) _____

20. What percentage of the staff working at your organization ... (Indicate each percentage)

_____ Need basic computer or systems training?
 _____ Have some training?
 _____ Are up with computers?
 _____ Are experts?
 _____ Do not require training?

21. What tactics do you think could help your organization to successfully benefit from this initiative? (Check one for each line)

	Major Contributor	Minor Contributor	Don't Know
Joint implementation planning	_____	_____	_____
Training on the specifics of the process	_____	_____	_____
Access to funds for technology	_____	_____	_____
Concerns regarding confidentiality	_____	_____	_____
Privacy protection and data sharing	_____	_____	_____
Other (please specify) _____			

Procedures

22. Please indicate what policies and procedures your organization currently uses regarding client-related data manipulation and use. (Check all that apply)

- ☐ Client data consent for data collection
- ☐ Interagency data sharing agreement
- ☐ Formal/documented intake process
- ☐ Secondary assessment process
- ☐ Collection of client identifiable information
- ☐ Collection aggregate data only
- ☐ Other (please specify) _____

Comments

23. Please express any additional comments.

Thank you.