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# The Second Annual Homeless Assessment Report to Congress

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# The Second Annual Homeless Assessment Report to Congress

**March 2008**

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

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# Executive Summary

The U.S. Department of Housing and Urban Development (HUD) is pleased to present this second national report to Congress on homelessness in America. The first Annual Homeless Assessment Report (AHAR) was submitted in February 2007.[1] These reports were developed in response to a series of Congressional directives beginning with the FY 2001 HUD Appropriations Act. In that year, Congress directed the Department to assist communities to implement local Homeless Management Information Systems (HMIS) and required every jurisdiction to have client-level reporting within three years. Senate Report 106-410 noted that HMIS data could be used to develop an unduplicated count of homeless people and to analyze the use and effectiveness of homeless assistance services. To that end, Congress further charged the Department with collecting and analyzing HMIS data from a representative sample of communities in order to understand the nature and extent of homelessness nationally.[2]

The second AHAR makes use of two primary data sources. The first source is HMIS data on the number, characteristics, and patterns of shelter use among ***sheltered*** homeless persons—or persons who used emergency and transitional housing—during a six-month period from January 1 through June 30, 2006. The data were obtained from a nationally representative sample of communities.[3] A total of 58 sample sites participated in the second AHAR, including 49 communities that participated in the first AHAR and 9 new sample communities that were not able to provide data for the first report. Because some sample communities are still working to secure the participation of homeless assistance providers in HMIS, not all could provide data for this analysis (or could provide only partial data). As a result, the estimates provided in this report have large confidence intervals (i.e., sampling error).[4]

In addition to the sample communities, 16 communities, or "contributing communities," that were not part of the original sample met the minimum requirements for participation and volunteered to provide their data for this second report. These communities, or "contributing"

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1 U.S. Department of Housing and Urban Development. *The Annual Homeless Assessment Report to Congress.* Washington DC: Office of Community Planning and Development. February 2007. The report is available at: http://www.hud.gov/offices/cpd/homeless/ahar.cfm.

2 Congress renewed its support for the HMIS initiative and the development of a national report on homelessness in conjunction with the passage of the Transportation, Treasury, Housing and Urban Development, the Judiciary, the District of Columbia, and Independent Agencies Appropriations Act of 2006 (PL 109-115).

3 The nationally representative sample includes 80 Community Development Block Grant jurisdictions located within 71 Continuums of Care (CoCs). CoCs are local homeless services planning bodies that can cover a city, a county, a metropolitan area, or even an entire state.

4 A confidence interval is a range of values that describes the uncertainty surrounding an estimate. A wide interval suggests a less precise estimate.

sites, have advanced HMIS systems, and several had participated in the first AHAR. Their data help to improve the reliability of the national estimates.

The report also makes use of data provided by all Continuums of Care (CoCs) as part of their 2006 HUD application for funding. The CoC application data contain information on *sheltered* and *unsheltered* homeless persons on a single night in January 2006. While only for a single night, these point-in-time (PIT) data complement the HMIS data because they provide information on the number of unsheltered homeless persons and on the national inventory of homeless shelter beds.

The remainder of this Executive Summary reviews the key topics addressed in the AHAR:

- The number of homeless persons based on point-in-time counts;
- The number and characteristics of sheltered homeless persons based on longitudinal HMIS data;
- The nation's capacity to house homeless persons;
- Where homeless persons receive shelter; and
- The patterns of shelter use in emergency shelter and transitional housing.

## The Number of Homeless Persons at a Point in Time

According to CoC application data, the total number of homeless persons reported on a single night in January 2006 was 759,101. At this point in time, more than half of the nation's homeless population (56 percent or nearly 428,000 persons) were *sheltered*, while 44 percent (331,000 persons) were *unsheltered*. Overall, these numbers represent a slight decrease when compared to the PIT data reported by the CoCs in 2005 (from 763,010 in 2005 to 759,101 in 2006).[5] This change is comprised of a decrease (-13,700) in the total number of unsheltered homeless persons, offset somewhat by an increase (+ 9,800) in the number of sheltered homeless persons.

Of the nearly 428,000 people *in shelter*, approximately 52 percent were persons in households without children, while approximately 48 percent of the sheltered homeless were persons in households with children. By contrast, unsheltered homeless persons were more than twice as likely to be in households without children. Nearly 70 percent of unsheltered persons were in households without children, while approximately 30 percent were persons in households with children. Compared to data reported in the first AHAR, we find that the distribution of sheltered and unsheltered persons by household type remains essentially unchanged.

[5] The first AHAR (February 2007) reported 754,147 homeless persons in total. This estimate excluded 8,863 homeless persons (or 2,799 sheltered and 6,064 unsheltered homeless persons) in the U.S. Territories and the Commonwealth of Puerto Rico.

Point-in-time data from CoC applications also provide information about sheltered homeless subpopulations, including the number of persons who are chronically homeless.
Ending chronic homelessness has been a goal of the Administration for several years. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more *or* has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, a person must have been on the streets or in emergency shelter (i.e., not in transitional or permanent housing) during these stays.

Based on their PIT counts, CoCs reported a total of 155,623 chronically homeless people in their jurisdictions in January 2006. This represents approximately 21 percent of the total sheltered and unsheltered homeless population. Approximately 66 percent of chronically homeless individuals in January 2006 were unsheltered homeless persons, and 34 percent were sheltered homeless persons. Compared to 2005 data reported in the first AHAR the number of chronically homeless persons declined by 11.5 percent (from 175,914). The decline could be partially attributed to HUD's ongoing efforts to address the special needs of this subpopulation by developing permanent supportive housing[6] and providing local communities with technical assistance guidance for developing effective interventions. It may also be attributed to improved techniques among local communities to capture this information accurately.

## The Number and Characteristics of Sheltered Homeless Persons based on Longitudinal HMIS Data

The HMIS data provided by the AHAR sample allow for estimation of the number and characteristics of people using homeless services over time. The population of people using homeless services over time is different from the population at a single point in time. Point-in-time estimates capture a higher share of homeless individuals and families who use shelters or transitional housing for long periods of time and underrepresent people whose homelessness is episodic (cycling in and out of shelters) and people who have single, brief episodes of homelessness. Thus, HMIS data can provide a more accurate picture than point-in-time estimates of the characteristics and shelter use patterns of people who experience homelessness over a period of time.

Based on the HMIS data provided by the national AHAR sample, more than 1,150,000 total persons used emergency shelter and/or transitional housing nationwide from January through

[6] Permanent supportive housing is long-term housing with supportive services for homeless persons with disabilities. It enables special needs populations to live as independently as possible in a permanent setting.

June 2006.[7] Nearly three-quarters (73 percent) of all shelter users during the six-month time period are homeless as individuals or in households without children. About one-quarter (27 percent) are members of households with children. By comparison, a much larger proportion of the nation's poor (65 percent) and the total U.S. population (55 percent) are persons in households with children.[8]

Other key findings about sheltered homeless persons based on six months of HMIS data include:

- ***The majority of all shelter users (53 percent) are single adult males.*** By comparison, single adult men constitute just 23 percent of the U.S. population and 16 percent of the poverty population.
- ***Children represent roughly 20 percent of all people who use the shelter system.*** This includes unaccompanied youth and children in households with adults. Although this is a lower percentage than that of children among the U.S. poverty population (35 percent), the number of children who not only are poor but also become homeless is a cause for concern.
- ***Homelessness disproportionately affects minorities, especially African Americans.*** Minorities constitute one-third of the total U.S. population and about half of the poverty population, but about two-thirds of the sheltered homeless population. African-Americans are heavily overrepresented in the sheltered homeless population, representing about 44 percent of the sheltered homeless population but 23 percent of the poverty population and only 12 percent of the general population.
- ***Fourteen percent of all homeless adults who accessed a shelter during the six-month time period are veterans.*** While underrepresented among the poverty population, veterans are overrepresented in the homeless shelter population when compared to the general population.
- ***A significant proportion of the sheltered homeless population is disabled.*** Sheltered homeless adults are more than twice as likely to have a disability when compared to the general U.S. population. Approximately 38 percent of adults who used a shelter between January 1 and June 30, 2006 had a disabling condition compared to 30 percent of the poverty population and 17 percent of the total U.S. population.

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[7] The six-month count does not include persons who were served only in domestic violence shelters because these providers were prohibited from entering client information into an HMIS pursuant to the Violence Against Women and Department of Justice Reauthorization Act of 2005. Furthermore, these estimates do not include the U.S. Territories or the Commonwealth of Puerto Rico. Future AHARs will include HMIS data from these areas.

[8] The data for the U.S. poverty population and total U.S. population come from the 2005 American Community Survey.

## The Nation's Capacity to House Homeless Persons

According to 2006 CoC application data, there are approximately 406,586 emergency and transitional year-round beds nationwide. About one-half of the total year-round housing inventory (206,877 beds or 51 percent) is in emergency shelters, and the remaining inventory (199,709 or 49 percent) is in transitional housing programs. The mix of available year-round beds differs slightly across household types. There are more family beds in transitional housing (about 103,743 beds) than in emergency shelters (95,301 beds), and conversely, there are more individual beds in emergency shelters (111,576 beds) than in transitional housing (95,966 beds).

The 2006 inventory also includes approximately 21,769 seasonal beds and 55,047 overflow/voucher beds, which are used sporadically throughout the year depending on weather conditions and demand. If these beds are added to the total number of year-round shelter beds in emergency and transitional housing programs, the nation's peak bed capacity for homeless persons is about 483,402 beds.

In addition to funding emergency shelter and transitional housing beds, HUD continues to encourage communities to develop permanent supportive housing for formerly homeless persons. Overall, there are about 196,626 permanent supportive housing beds in the nation's bed inventory. Approximately 56 percent of the beds (109,351) are in projects serving unaccompanied individuals, while the rest (87,275) are in projects serving families.

## Where Homeless Persons Receive Shelter

Homelessness is, in general, concentrated in central cities. Based on data from the 2006 AHAR sample, approximately 75 percent of homeless persons are in central cities rather than in suburban or rural areas. This is roughly double the proportion of the poverty population in central cities and three times the proportion of the U.S. population in central cities.

Mobility patterns among homeless people most likely account for much of these differences. A 1996 study of people using homeless assistance services indicates that only 28 percent of homeless persons began their homeless spell in a central city (which is only a little higher than the share of the population living in central cities), and 44 percent of homeless persons left the community where their current homeless spell began.[9] The AHAR data suggest that much of this mobility among homeless persons consists of moving from suburban or rural areas to central cities. There are many possible reasons for such mobility, including movement to more densely populated areas to find jobs, to be closer to relatives who may provide support, or to access the greater variety of homeless residential and supportive services that may be available in a larger city.

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[9] Burt, Martha R., Laudan Y. Aron, and Edgar Lee. 2001. Helping America's Homeless: Emergency Shelters or Affordable Housing? Washington, DC: Urban Institute Press.

## Patterns of Shelter Use in Emergency Shelter and Transitional Housing

More than three-quarters of all those served by homeless residential programs between January and June 2006 used emergency shelters only. About 18 percent used transitional housing programs only, and a small share (3.5 percent) accessed both types of residential services.

The length of stay in emergency shelters and transitional housing is very different for families with children than for individuals. For emergency housing only, about 19 percent of the persons in households with children stayed a week or less compared to 40 percent of unaccompanied females and 45 percent of unaccompanied males. At the same time, 7 percent of persons in families stayed at an emergency shelter every night (181 nights) during the study period compared to less than one percent of unaccompanied individuals. The median length of stay in emergency shelter for persons in families was 37 days compared to 17 days for unaccompanied females and 12 days for unaccompanied males.

There are also differences in length of stay between individuals and households with children who were served in transitional housing during the six-month reporting period for the second AHAR. The median length of stay for persons in households with children was 135 days compared to 94 days for unaccompanied females and 72 days for unaccompanied males. Transitional housing programs usually allow clients to stay for up to two years while working toward a permanent housing solution, so it not surprising that many people stayed there during the entire six-month (or 181 days) reporting period. Almost one-third (30 percent) of persons in families stayed in transitional housing the entire study period compared to only 13 percent of unaccompanied males. The share of unaccompanied females staying the whole period was close to that of persons in families (27 percent).

## Looking Ahead

Participating communities have made much progress since the start of the AHAR 2 data collection period in early 2006, but additional work is needed to increase the precision of the estimates and the breadth of information reported. HUD is continuing outreach and technical assistance activities to help communities increase the number of providers participating in HMIS and improve the quality and usefulness of data for local needs. These efforts will also enable more communities to participate in AHAR. Simultaneously, HUD continues to provide technical assistance to communities on conducting one-night street and shelter counts, which will continue to be the source of information on the unsheltered homeless population in future AHAR reports.

HMIS implementation has progressed to the point that communities should now be able to provide data for an entire year. Since the third AHAR will cover a one-year period (October 1, 2006 through September 30, 2007), HMIS data will also be able to provide more detailed patterns of service use for people experiencing homelessness. This will help clarify the picture of current homeless service use and the needs of people experiencing homelessness.

# Chapter 1. Introduction

The U.S. Department of Housing and Urban Development (HUD) is pleased to present this second national report to Congress on homelessness in America. It follows the first Annual Homeless Assessment Report (AHAR) submitted in February 2007.[1] These reports were developed in response to a series of Congressional directives beginning with the FY 2001 HUD Appropriations Act. In that year, Congress directed the Department to assist communities to implement local Homeless Management Information Systems (HMIS) and required every jurisdiction to have client-level reporting within three years. Senate Report 106-410 noted that HMIS data could be used to develop an unduplicated count of homeless people and to analyze the use and effectiveness of homeless assistance services. To that end, Congress further charged the Department with collecting and analyzing HMIS data from a representative sample of communities in order to understand the nature and extent of homelessness nationally.[2]

This chapter provides background information on the development of HMIS and the AHAR and introduces the primary data sources used for this report. The first source is HMIS data on ***sheltered*** homeless persons—or persons who used emergency and transitional housing—during a six-month period from January through June 2006. The data were obtained from a nationally representative sample of communities. Because some sample communities are still working to secure the participation of homeless assistance providers in HMIS, not all could provide complete data for this report. Given this limitation as well as the fact that the HMIS data are limited to sheltered homeless persons, the report also makes use of data provided by all Continuums of Care (CoCs)[3] as part of their 2006 HUD application for funding. The CoC application data contain information on the number of sheltered and unsheltered homeless persons on a single night in January 2006.

## 1.1 Background on HMIS and the First AHAR

An HMIS is an electronic data collection system that stores person-level information about homeless persons who access the homeless service system.[4] HMIS represents a significant

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1 U.S. Department of Housing and Urban Development. *The Annual Homeless Assessment Report to Congress.* Washington DC: Office of Community Planning and Development. February 2007. The report is available at: http://www.hud.gov/offices/cpd/homeless/ahar.cfm.

2 Congress renewed its support for the HMIS initiative and the development of a national report on homelessness in conjunction with the passage of the Transportation, Treasury, Housing and Urban Development, the Judiciary, the District of Columbia, and Independent Agencies Appropriations Act of 2006 (PL 109-115).

3 Continuums of Care are local homeless services planning bodies that can cover a city, a county, a metropolitan area, or even an entire state.

4 Homeless persons are generally defined as those living in homeless facilities or in places not meant for human habitation. This definition has governed the Department's implementation of the federal government's largest emergency shelter, transitional housing and permanent supportive housing programs since the McKinney Act first became law in 1987. It reflects a longstanding policy to target scarce resources to the most needy or, in this case, those who are "literally homeless."

advancement in HUD's ability to collect data on the number and characteristics of homeless persons. Until recently, the estimates of homelessness were made based on expert opinion or were derived from a single-night—or point-in-time—count.[5] The development and implementation of HMIS have enabled homeless service providers to collect data on homeless persons over time. The advantages of longitudinal data collected through HMIS compared to point-in-time counts include the following:

- First, compared to point-in-time data, longitudinal data have the flexibility to provide ***unduplicated counts over any period of time***, including a day, a week, or a year.
- Second, longitudinal data provide a more accurate picture of ***service use patterns***. Because the data capture dates and types of service use by each person who accesses the homeless service system over the course of a year or more, the data provide a record of the duration and pattern of service use for each person who enters the homeless system in a community. Thus, longitudinal data can reveal if a spell of homeless service use is very short (crisis), very long (chronic), or on-again-off-again (episodic).
- Third, longitudinal data take into account ***seasonal variation*** in shelter use. Evidence suggests that shelter use may be highest during the winter months for unaccompanied individuals (December through February). There are also indications that families may be more likely to enter shelters during the summer months (July and August) because they are more mobile when children are not in school.[6] Longitudinal data can account for seasonal shelter use by household type because the data include information on all seasons throughout the year.
- Finally, longitudinal data present a **more complete picture of the demographic characteristics** of people who experience homelessness than do data from point-in-time counts. Because point-in-time counts are more likely to count certain types of homeless people, the demographic profile of the homeless population based on a point-in-time count is more likely to emphasize people who use emergency shelters and transitional housing for longer periods of time. For example, once sheltered, families tend to stay longer than unaccompanied individuals, thus a point-in-time count will capture a higher proportion of families that experience homelessness than of unaccompanied individuals that experience homelessness.

Following Congress's directive for local HMIS implementation in 2001, HUD began to lay the groundwork for developing the first Annual Homeless Assessment Report based on HMIS data. The first key task was the development of HMIS Data and Technical Standards (Data Standards) that allow HUD and local communities to collect standardized information on the characteristics, service patterns, and service needs of homeless persons. The process

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[5] A review of these methods and related literature can be found in the first *Annual Homeless Assessment Report*.

[6] Culhane, Dennis, E. Dejowski, J. Ibananez, E. Needham, & I. Macchia. 1994. "Public Shelter Admission Rates in Philadelphia and New York City: The Implications of Turnover for Sheltered Population Counts." *Housing Policy Debate*, 5(2), 107-140.

for developing these standards included consultation with a blue-ribbon group composed of researchers, homeless assistance providers, users of HMIS and predecessor data systems, and federal officials. Development of the Data Standards also included a public comment process. The final standards were released in 2004.[7]

A second key task was the development of a nationally representative sample of 80 jurisdictions.[8] The sample selection took place in 2003 and occurred concurrently with local efforts to implement a new HMIS or to update existing systems. Shortly after the sample was selected, 60 percent of the sample communities did not yet have a functioning HMIS.[9]

HMIS represented a significant departure for most CoCs and homeless assistance providers as they moved from keeping hard-copy records and submitting hand-written reports to maintaining electronic databases and producing computer-generated reports. Many communities in the sample encountered challenges in producing complete local AHAR reports using HMIS. The most significant challenges were ***low bed coverage*** in the HMIS as a whole and ***low client coverage*** in the projects reported in the HMIS. To some extent, the challenges that communities in the sample encountered in producing complete data for the first AHAR persisted into the data collection for the second AHAR, and are therefore discussed in some detail in the remainder of this section.

### *Bed Coverage*

The level of participation in a community's HMIS is measured by a "bed coverage" rate. The bed coverage rate is the total number of beds offered by those programs that participated in the HMIS divided by the total number of beds offered by all programs in the community. To be included in the AHAR, sample communities are expected to meet a minimum bed coverage threshold of 50 percent in at least one of four categories: emergency shelters serving individuals, emergency shelters serving families, transitional housing serving individuals, or transitional housing serving families. Each program-household category is assessed separately, and categories with bed coverage rates below 50 percent are excluded from the analysis.

### *Client Coverage*

In addition to low bed coverage, several sample sites had problems with ***low client coverage*** in the HMIS among providers participating in the system. In other words, some providers

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[7] 69 FR 45888, July 30, 2004.

[8] The nationally representative sample includes 80 Community Development Block Grant jurisdictions located within 71 CoCs.

[9] It was not possible to select communities based on the status of their HMIS implementation and still produce a nationally representative sample. It was always anticipated that a number of communities would not be able to provide data for the first several reports, but that the number of communities that could participate would grow over time.

participating in HMIS submitted data on only a fraction of clients served by the program, rather than on all clients served. The problem with incomplete client coverage is that it underestimates the number of clients served and makes it appear as if shelters are not being fully utilized. It also can distort estimates of the characteristics of homeless people in the community, because people who stay in emergency shelters or transitional housing for longer periods of time are more likely to have data entered into the HMIS. HUD is funding a national HMIS technical assistance effort to help sample sites and other communities to address data quality issues, including problems with low bed and client coverage.

### *Other Challenges to Participation in AHAR*

Several other circumstances can compromise a community's ability to participate in the AHAR. First, in order to aggregate data across communities, every participating AHAR community must be compliant with HUD's Data Standards. Communities that are not fully compliant are not able to report on all categories of information. Second, homeless assistance providers must regularly record client exit dates in the HMIS. Missing exit dates result in an overcount of people reported as served during the period and an overestimate of the lengths of time spent in shelters. Finally, some service providers refuse to participate in the HMIS. Many providers of homeless services do not receive federal funds. Their participation in a local HMIS is voluntary, thus convincing them to participate can be a challenge to realizing the full benefits of HMIS in a community.

In spite of these challenges, 54 of the 80 sample communities had implemented an HMIS by the start of the data collection period for the first AHAR (February 1, 2005) and were able to contribute data for the report, which was published in February 2007. HMIS data were used in the first AHAR to report on the numbers and characteristics of sheltered homeless people over a three-month period in 2005. For this second AHAR, the number of communities contributing HMIS data increased to 58 and the data collection period was extended from three to six months. The sections that follow describe in more detail the HMIS data collected for the second AHAR, as well as the CoC application data used to produce point-in-time counts of sheltered and unsheltered homeless people.

## 1.2 HMIS Data

A total of 58 sample communities contributed HMIS data for the second AHAR. In producing these data, the communities faced similar challenges to those encountered during the data collection period for the first report. Although communities had an additional eight months to recruit providers to participate in HMIS, become compliant with the Data Standards, and address data quality issues, in most instances this timeframe was not sufficient to address all of these issues. There were also new challenges. First, communities were asked to monitor HMIS data collection over a six-month period rather than for three months. Second, as a result of the re-authorization of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA), most domestic violence providers who had

previously participated in HMIS stopped participating.[10] Consequently, the second AHAR does not include information for any shelters whose primary mission is to provide housing for victims of domestic violence.

The 58 sample sites participating in the second AHAR include 49 communities that participated in the first AHAR and 9 new sample communities that were not able to provide data for the first report. The total number of participating sample communities only increased by four (from 54 to 58) because five sample communities that participated in the first report were not able to provide data for this report. Most of these communities should be able to participate in future AHARs as their reason for not participating either involved a transition to new HMIS software or staff turnover that led to gaps in their available HMIS data.

In addition to the 58 sample sites, 16 communities that were not part of the sample met the minimum requirements for participation and volunteered to provide their data for this second report. These communities, or "contributing" sites, have advanced HMIS systems, and several had participated in the first AHAR. The number of contributing communities increased from 9 to 16 between the first and second reports. (See Appendix A for a list of all sample and contributing communities.)

The data from sample and contributing sites provide estimates of the number and characteristics of sheltered homeless people based on *de-duplicated* records of a total sample of more than 144,000 people who used emergency shelters or transitional housing at any time from January 1 to June 30, 2006. Before obtaining a count of homeless persons in a community, it is necessary to review HMIS records to ensure that people who received services from more than one provider or who accessed services multiple times are counted only once. De-duplication is the process by which information on homeless clients within a program or across several programs is consolidated into individual, unique client records.[11] National estimates of the number of sheltered homeless people and descriptions of their characteristics are derived from this de-duplicated sample.

### *Limitations of the National Estimates Based on HMIS Data*

To produce the national estimates of the number and characteristics of homeless persons discussed in this report, statistical adjustments were made to account for sample communities that did not participate or were able to provide only partial data.[12] Because some communities

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[10] HUD's HMIS Data Standards include requirements for protecting the privacy of individuals whose information is entered into an HMIS. HUD is working with privacy and security professionals to identify solutions for domestic violence providers to participate in HMIS.

[11] De-duplication involves comparing personal identifiers (such as Social Security Number and date of birth) in order to check that multiple records for the same person are counted only once.

[12] See the Methodology Appendix (Appendix B) for a description of this adjustment.

could not provide data for this analysis or could provide only partial data, the estimates provided in this report have large confidence intervals (i.e., sampling error).[13]

In addition, the estimates are based on local de-duplicated counts of persons who used an emergency shelter or transitional housing. Thus, the HMIS data in this report focus on *sheltered homeless persons* and do not account for homeless persons who only used a supportive service program, such as an outpatient substance abuse program or a food pantry, or did not access any type of homeless service program during the study period. Past research conducted in Philadelphia found that 87 percent of chronically street homeless people had at least one emergency shelter or transitional housing stay between 2000 and 2002.[14] This suggests that the estimates of sheltered homeless people over a long period of time would identify and describe the characteristics of a very large percentage of people who were homeless during that period. However, because the HMIS data for this report were collected over a six-month (rather than two-year) period, they probably capture a somewhat smaller proportion of the unsheltered homeless population than did the Philadelphia study. While HMIS data do not allow us to estimate the number of people who experience homelessness but do not use homeless residential services, the CoC application data do provide an estimate of the number of unsheltered homeless persons on a single night during this period.

## 1.3 CoC Application Data

Since the mid-1990s, HUD has required communities to assess local homeless needs as part of the Continuum of Care competitive funding process. Each CoC is required to undertake a comprehensive public-private planning process that assesses local services; inventories emergency, transitional, and permanent supportive housing for homeless persons[15]; and determines homeless needs through periodic point-in-time counts of homeless persons in shelter and on the street. Each CoC also prepares a strategic plan. The plan's objectives include but are not limited to: ending chronic homelessness and moving homeless families and individuals to permanent housing; setting priorities for available HUD funds; and reporting CoC performance against these priorities. Consistent with the direction provided by Congress in 2001, HUD has moved progressively to tighten and standardize the requirements of CoCs for submitting point-in-time data on homeless individuals and families as part of the annual CoC competition application.

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[13] A confidence interval is a range of values that describes the uncertainty surrounding an estimate. A wide interval suggests a less precise estimate.

[14] Maguire, Marcella, Dennis Culhane and Stephen R. Poulin. "The Costs of Chronic Homelessness in Philadelphia – 2000-2002." (Forthcoming.)

[15] Permanent supportive housing is long-term housing with supportive services for homeless persons with disabilities. It enables special needs populations to live as independently as possible in a permanent setting.

### *Data from 2006 Continuum of Care (CoC) Applications*

In this report, data reported to HUD in the 2006 applications are used to supplement HMIS data from the AHAR sample. With the CoC application data it is possible to:

- Report the number of unsheltered as well as sheltered homeless people at a point in time.
- Describe the nation's inventory of emergency shelters and transitional housing beds, as well as the units identified by CoCs as permanent supportive housing for persons who are homeless and disabled at program entry.
- Estimate now, before longitudinal HMIS data are available, the number of people who are chronically homeless.

Much of this information has been required in CoC applications for many years. Starting in 2005, with the goal of improving local estimates, HUD began requiring CoCs to conduct a count of sheltered and unsheltered homeless persons during the last week in January at least once every two years.[16] Since the geographical areas included in CoCs represents roughly 97 percent of the U.S. population,[17] information reported in CoC applications should cover a very large fraction of all homeless people in the United States during the last week of January every year.

### *Basis for the Estimates Reported on CoC Applications*

#### *Unsheltered Homeless People*

HUD requires CoCs to conduct a point-in-time count of *unsheltered* homeless persons—homeless persons who do not use shelters and are on the streets, in abandoned buildings, or in other places not meant for human habitation—on a specific day in January at least once every two years. This is a challenging data collection process, and the results are not always reliable. There are many ways to conduct "street counts," and HUD has provided guidance on the various methods CoCs might use.[18] Some CoCs focus their counts on areas where homeless people are expected to congregate, which can include service centers but also parks, encampments, and steam grates. Other communities send teams of enumerators to canvass every street in the jurisdiction. Communities often also conduct interviews with unsheltered homeless persons as part of the street count. For example, they may first count during nighttime, and then do interviews during the day over the next two or three weeks, distributing the results proportionally to where they found people. A few communities conduct interviews at non-shelter service locations such as soup kitchens.

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[16] HUD also began to set standards for these counts and to provide technical assistance on how to perform them.

[17] Information on coverage percentage is for 2006.

[18] For example, HUD's Guide to Counting Unsheltered Homeless People describes different methods for conducting a street count, and helps CoCs consider which is the most suitable for their circumstances. Available at: www.hud.gov/offices/cpd/homeless/library/webcast101006/street_count_guide.pdf.

### *Sheltered Homeless People*

HUD also requires CoCs to conduct a point-in-time count of *sheltered* homeless people at the same time they do their street count of unsheltered homeless people. CoCs must count all adults, children, and unaccompanied youth residing in emergency shelters and transitional housing, including: domestic violence shelters, residential programs for runaway or homeless youth, and any hotel/motel/apartment paid for with a voucher from a public or private agency because the person is homeless. These counts are typically conducted by surveying homeless assistance providers and asking them to identify the number of persons who were in an emergency shelter or transitional housing program on the night of the count.

In addition to producing an overall count, CoCs are required to report on the number of sheltered homeless people who belong to certain (not mutually exclusive) subpopulations: people who are chronically homeless, seriously mentally ill, chronic substance abusers, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth.[19] This subpopulation information is generally compiled from individual reports provided by homeless assistance providers. The reports may be based on client surveys, extracts from hard-copy client records, or staff estimates.

In the future, communities will rely on local HMIS systems to estimate the number of sheltered homeless people and to enumerate the homeless subpopulations. While provider participation in HMIS is growing, it is less than 100 percent in many communities. As a result, only the most advanced CoCs use their HMIS to provide the shelter counts or the subpopulation information for the CoC application. As participation in HMIS increases to include all providers of emergency shelter and transitional housing for homeless persons, an HMIS can automatically generate a count of all people in the sheltered system on a given day.

### *Emergency, Transitional and Permanent Housing Inventory*

The CoC application also requires that communities conduct a complete housing inventory on an annual basis. The inventory includes the number of emergency shelter, transitional housing, and permanent supportive housing beds for individuals and families that are available year-round, as well as those available on a seasonal and overflow basis.[20] The inventory is reported at the facility level. CoCs usually collect this information through an annual mail or telephone survey of residential service providers.

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[19] Subpopulation information is optional for unsheltered homeless populations, except for the number of chronically homeless persons. CoCs that do report this information gather it through interviews with unsheltered homeless persons during the street count.

[20] Permanent supportive housing beds are included in the inventory because they are often funded by HUD and provide shelter to formerly homeless persons as part of a CoC's overall housing strategy. Persons living in permanent supportive housing are not counted as homeless.

### *Limitations of National Estimates Based on CoC Application Data*

In 2005, HUD conducted an analysis of CoC application data to assess the methods communities use to collect the required information. For *unsheltered homeless people*, many CoCs conduct street counts using acceptable methodologies. However, some CoCs still simply estimate the number of unsheltered homeless persons based on presumed ratios between their sheltered and unsheltered populations. When actual street counts are conducted, CoCs experience some common problems such as confusion on the part of enumeration teams as to the geographic areas the teams are assigned to cover and double-counting because the count is taken over several days without a mechanism for de-duplication. Some communities may also combine a count with estimates or use criteria for homelessness that are different from what HUD prescribes. For example, some communities may mistakenly include some number of "doubled up" families or other persons that they consider homeless but who are not seen on the night of the count or who do not meet HUD's definition of homelessness.

For *sheltered homeless* people, the basic counts are reasonably reliable, because many are based on actual head counts of homeless persons staying in residential facilities. The counts are typically conducted on a single evening, and thus duplication is not a problem. Nonetheless, HUD's analysis also showed that some CoCs are using data collection methods that likely produce less reliable data. For example, some CoCs extend the data collection period to over a week or more, without an adequate strategy for de-duplication, and therefore risk double-counting sheltered homeless persons who use multiple programs during the week. Other communities estimate the sheltered homeless population by applying an average occupancy rate to each provider's bed inventory. Similarly, subpopulation information can be questionable, particularly when CoCs use information on the characteristics of homeless people from past national studies to create the estimates for specific subpopulations, such as victims of domestic violence, veterans, and chronically homeless persons.

Researchers attempting to use the *housing inventory* data as a starting point for studies of homeless programs have found that it too contains inaccuracies. Without very detailed guidance from a CoC, the providers that report this information can easily provide inaccurate bed counts. For example, there is sometimes confusion about how to count family beds, because providers track families by unit rather than by bed. In order to arrive at a bed count, a provider may simply multiply the size of their average family unit by the number of families served to calculate the family bed inventory. In addition, some providers count only permanent beds, whereas others also count the number of temporary beds the facility can accommodate when needed. While most CoCs attempt to update their bed inventory information annually, a small number submit outdated inventory information, or submit inventory data from administrative reports or databases without checking on the accuracy of the data.

Although significant variation remains in the quality of information reported in annual CoC applications, this data source provides a very useful supplement to information based on analysis of HMIS data. CoC application data certainly are the best available national

information on the bed inventory of emergency shelters, transitional housing, and permanent supportive housing. Further, the CoC data provide the only information on the *unsheltered* homeless population, because HMIS data can be analyzed on a national basis only over a relatively short period of time and do not yet include nonresidential programs such as outreach programs that serve people who are on the street. Even after HMIS data are more complete and support longitudinal analyses of patterns of homelessness, point-in-time street counts will still be important for a complete picture of homelessness on the local and national levels. Such counts are the only way to include people who do not use any homeless services. With ongoing HUD guidance and technical assistance, the accuracy of street counts of unsheltered homeless people should continue to improve.

Data presented in this report are from the 2006 CoC applications. However, since HUD only requires that communities conduct street counts every other year, some CoCs are reporting information on the sheltered and unsheltered homeless population based on their 2005 count. The 301 communities (61 percent of all CoCs) that did conduct new street counts in 2006 reported the procedures were smoother the second time around, and thus they are producing more reliable counts.

Given the limitations of the data sources used for this second AHAR, it should be considered a work in progress. HUD has been devoting extensive technical assistance resources to help communities improve both HMIS and the methods used to conduct point-in-time counts. As a result, the quality of data provided by CoCs is expected to improve considerably in the next few years. With improved data quality at the local level, future AHAR reports will provide more definitive and expanded information on the extent and nature of homelessness in the United States.

## 1.4 Report Contents

The remainder of this report summarizes the data on homelessness provided through HMIS and the 2006 CoC applications. Chapter 2 presents estimates of how many people are homeless on a single day in the United States, as well as information about their characteristics. Chapter 3 presents information about the number and characteristics of homeless persons over a six-month period. Chapter 4 describes the nation's bed inventory and Chapter 5 discusses how homeless people use emergency and transitional housing. Finally, Chapter 6 describes expectations for future AHAR reports.

# Chapter 2.
# Point-in-Time (PIT) Estimates of Homeless Persons

This chapter provides information about homeless persons based on one-day, point-in-time counts. Point-in-time (PIT) counts offer a "snapshot" of homelessness on any given day and can be used to develop estimates of the numbers of both sheltered and unsheltered homeless persons nationwide. These counts also provide estimates of the numbers of homeless persons within particular subpopulations, including persons who are chronically homeless, severely mentally ill, substance abusers, veterans, unaccompanied youth, and/or living with HIV/AIDS. The data for these counts are drawn primarily from 2006 CoC applications.

As discussed in Chapter 1, PIT counts differ from longitudinal counts in several ways. Perhaps most importantly, because PIT counts only collect data on people experiencing homelessness on a given day, they tend to capture those people who use shelters often or have been homeless for longer periods of time, rather than people who use shelters episodically or experience a single short-term housing crisis. By contrast, longitudinal estimates account for all shelter users over an extended period of time

Estimates of all shelter users over a six-month time period are presented in Chapter 3. For *unsheltered* homeless people, we have only PIT estimates.

## 2.1 PIT Counts of Sheltered and Unsheltered Homeless Persons

### *PIT Counts Based on CoC Application Data*

Exhibit 2-1 presents the total number of homeless persons on a single night in January 2006 based on data collected by communities throughout the 50 states, the U.S. Territories, and Puerto Rico and reported to HUD in the 2006 CoC application. The total number of homeless persons reported on a single night in January 2006 was 759,101. At this point in time, more than half of the nation's homeless population (56 percent or nearly 428,000 persons) were sheltered, while 44 percent (331,100 persons) were unsheltered.

***2006 Single-Day Estimates:***

*Total: 759,101 Persons*

*Sheltered: 428,000 Persons*

*Unsheltered: 331,100 Persons*

If we compare these numbers to the PIT data reported by the CoCs in 2005 (Exhibit 2-1), we find a slight decrease in the total number of homeless persons (from 763,010 in 2005 to 759,101 in 2006).[1] This change is comprised of a decrease (-13,700) in the total number of unsheltered homeless persons, offset somewhat by an increase (+ 9,800) in the number of sheltered homeless persons.

[1] The first AHAR (February 2007) reported 754,147 homeless persons in total. This estimate excluded 8,863 homeless persons (or 2,799 sheltered and 6,064 unsheltered homeless persons) in the U.S. Territories and the Commonwealth of Puerto Rico.

| Exhibit 2-1 | | | | | | |
|---|---|---|---|---|---|---|
| **Total Number of Homeless Persons on a Single January Night in 2005 and 2006 [a]** | | | | | | |
| | **January 2006** | | **January 2005 [b]** | | **Change** | |
| | **#** | **%** | **#** | **%** | **#** | **%** |
| Sheltered | 427,971 | 56.4% | 418,165 | 54.8% | 9,806 | 2.3% |
| Unsheltered | 331,130 | 44.6% | 344,845 | 45.2% | -13,715 | -3.9% |
| **Total** | 759,101 | 100% | 763,010 | 100% | -3,909 | -0.5% |

*Sources*: "HUD's 2005 Continuum of Care Homeless Assistance Programs, Homeless Populations and Subpopulations," November 2006; "HUD's 2006 Continuum of Care Homeless Assistance Programs, Homeless Populations and Subpopulations," October 2007. Note that 39% of CoCs did not conduct a PIT count in 2006, and thus reported their 2005 PIT count results on their 2006 CoC Application.

[a] These counts include homeless persons in CoCs located throughout the 50 states as well as U.S. Territories and the Commonwealth of Puerto Rico.

[b] The first AHAR (February 2007) reported 754,147 homeless persons in total. This estimate excluded 8,863 homeless persons (or 2,799 sheltered and 6,064 unsheltered homeless persons) in the U.S. Territories and the Commonwealth of Puerto Rico.

The decrease in the unsheltered population and increase in the sheltered population between 2005 and 2006 may suggest that homeless assistance providers are having some success reaching and engaging the unsheltered homeless population. That is, more unsheltered homeless persons may be leaving the streets and entering into shelters or into long-term housing. However, caution should be used in interpreting these data as the changes are relatively small. In addition, it is unclear how much these trends represent actual person-level changes in the status of homeless persons and how much they reflect improved methodologies for accurately counting unsheltered homeless persons.

Another reason for caution in interpreting changes between 2005 and 2006 is that a sizable proportion of CoCs (39 percent) did not conduct a PIT count in 2006. As a result, it was necessary to rely on their 2005 data reported in the 2006 CoC applications in lieu of more recent data. The "recycled" data may mask changes in the number of sheltered and unsheltered homeless persons that are not consistent with the pattern shown in Exhibit 2-1.

### *PIT Counts Based on HMIS Data*

In addition to the PIT counts reported in the CoC applications, HMIS data from the AHAR sample offer three single-day estimates of the *sheltered* homeless population. Data from the AHAR sample indicate that there were approximately:

- 338,000 sheltered homeless persons on a single day in the last week of January;[2]
- 339,000 sheltered homeless persons on a single day in the last week of April;[3] and
- 337,000 sheltered homeless persons on an average day between January 1, 2006 and June 30, 2006.[4]

[2] The 95% confidence interval for this estimate is 248,900 to 426,400 persons. The date of the point-in-time count was January 25, 2006.

[3] The 95% confidence interval for this estimate is 249,100 to 428,500 persons. The date of the point-in-time count was April 26, 2006.

[4] The number of homeless people on an average day (or average daily census) is calculated by dividing the total number of nights of shelter provided to homeless persons (i.e., bed nights) by the number of days in the covered time period. The 95% confidence interval for this estimate is 249,200 to 424,900 persons.

The HMIS PIT estimates suggest that the number of sheltered homeless was stable over the six-month reporting period and lower than the PIT counts reported in the CoC applications.

At first glance, these results are surprising. First, we would expect the PIT estimates from HMIS to be similar in magnitude to the PIT estimates from the CoC applications. One reason that they are not more similar is that persons served in domestic violence shelters were included in the PIT counts reported in the CoC applications, but not in the HMIS data.[5] According to CoC counts, approximately 54,000 homeless persons counted in January 2006 were victims of domestic violence. While not all of these persons were found in domestic violence shelters at the time of the count, the average daily count based on HMIS data would increase if domestic violence shelters participated in HMIS.

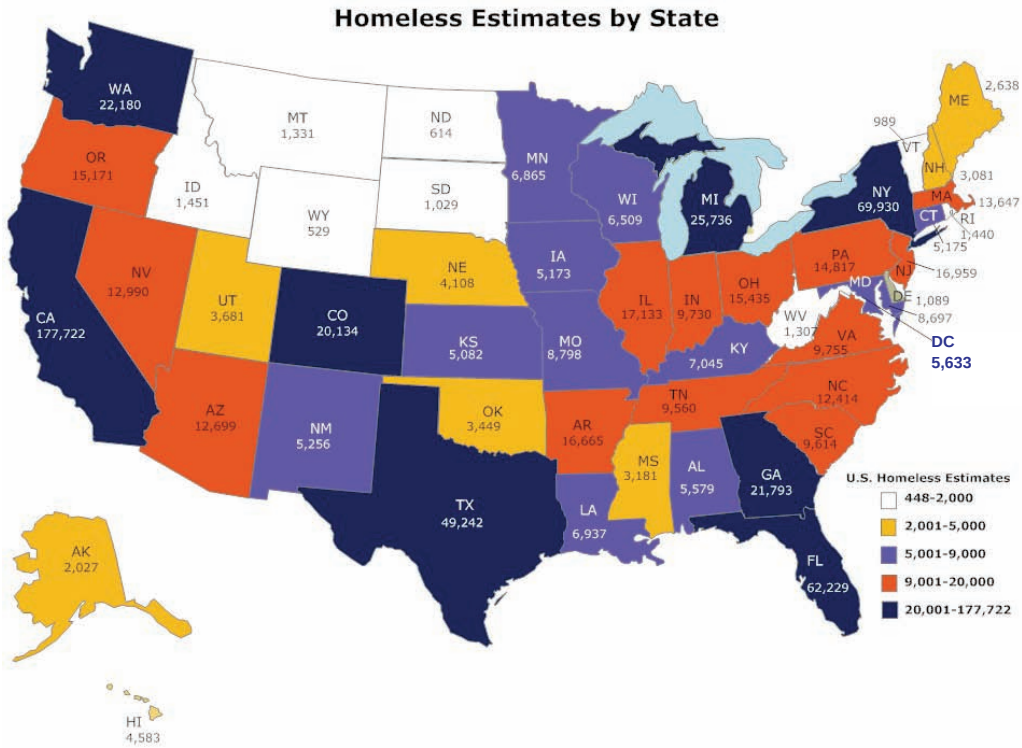
In addition, we would expect to see a decrease in the number of sheltered homeless people estimated from HMIS data in April compared to January, because shelter use tends to decrease in warmer weather. However, seasonal patterns in shelter use vary by program type and region. An analysis of the seasonal PIT counts by program type found that the number of individuals served in emergency shelters was higher in January than in April, but the number of people served in the other reporting categories (individuals and families in transitional housing and families in emergency shelter) was higher in April. In addition, shelter use in the Midwest, Northeast, and Northwest is typically highest during the winter months, but in the South and Southwest it tends to be highest in the summer. Regional variation in shelter use is challenging to measure accurately with 2006 HMIS data because there is not sufficient data from sample sites in all regions. Future AHARs will be able to explore these issues more carefully as participation in the AHAR increases. Future AHARs will also report four different seasonal counts (January, April, July, and October) based on HMIS data, which will set an annual baseline for understanding how shelter use varies by season.

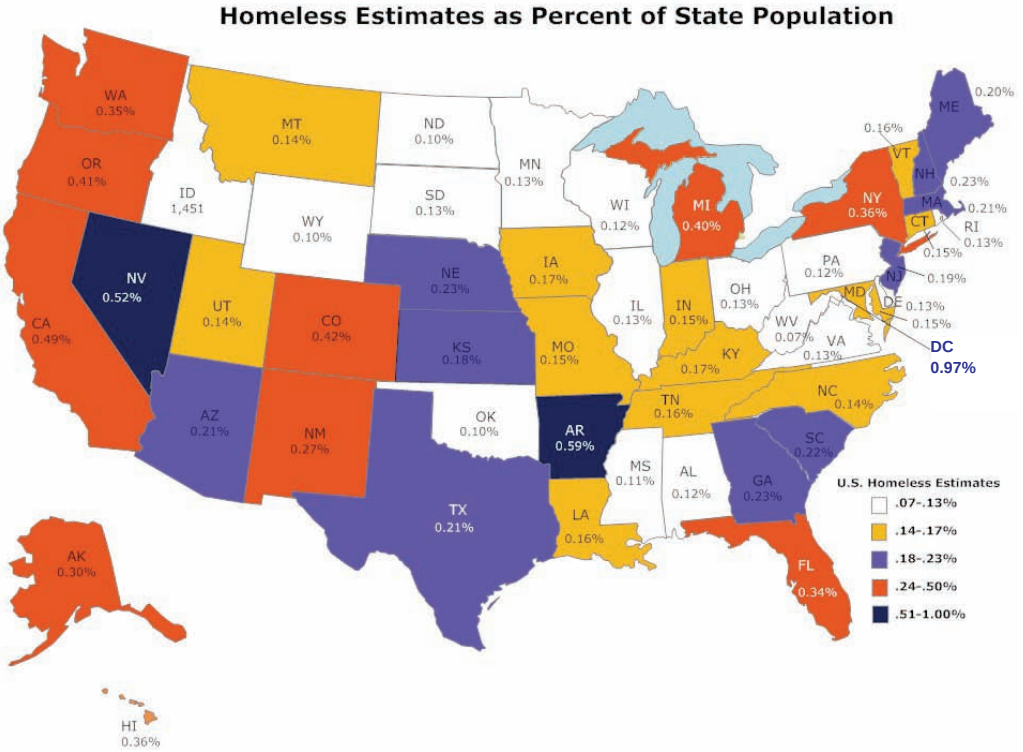
## 2.2 PIT Counts of Homeless Persons by State

PIT data from 2006 CoC funding applications can offer preliminary insights into state variations in the homeless population. Exhibit 2-2 presents the January 2006 PIT counts by state (top map) and the percentage of each state's population represented by homeless people (bottom map). As expected, several populous states have large numbers of homeless persons (California, Florida, Georgia, Michigan, New York, Texas and Washington) and less populous states have smaller estimates (Idaho, Montana, North Dakota, South Dakota, Vermont, West Virginia and Wyoming). However, Arkansas, the District of Columbia and Nevada have the highest rates of homelessness. Appendix C presents all of these numbers in a table.

[5] Persons served in domestic violence shelters were excluded from HMIS in accordance with the Violence Against Women and Department of Justice Reauthorization Act of 2005.

## Exhibit 2-2


Homeless Estimates by State
WA 22,180
OR 15,171
CA 177,722
NV 12,990
ID 1,451
MT 1,331
WY 529
UT 3,681
AZ 12,699
CO 20,134
NM 5,256
ND 614
SD 1,029
NE 4,108
KS 5,082
OK 3,449
TX 49,242
MN 6,865
IA 5,173
MO 8,798
AR 16,665
LA 6,937
WI 6,509
IL 17,133
MS 3,181
MI 25,736
IN 9,730
KY 7,045
TN 9,560
AL 5,579
GA 21,793
FL 62,229
OH 15,435
WV 1,307
VA 9,755
NC 12,414
SC 9,614
PA 14,817
NY 69,930
VT 989
NH 3,081
ME 2,638
MA 13,647
RI 1,440
CT 5,175
NJ 16,959
DE 1,089
MD 8,697
DC 5,633
AK 2,027
HI 4,583
U.S. Homeless Estimates
448-2,000
2,001-5,000
5,001-9,000
9,001-20,000
20,001-177,722


Homeless Estimates as Percent of State Population
WA 0.35%
OR 0.41%
CA 0.49%
NV 0.52%
ID 1,451
MT 0.14%
WY 0.10%
UT 0.14%
AZ 0.21%
CO 0.42%
NM 0.27%
ND 0.10%
SD 0.13%
NE 0.23%
KS 0.18%
OK 0.10%
TX 0.21%
MN 0.13%
IA 0.17%
MO 0.15%
AR 0.59%
LA 0.16%
WI 0.12%
IL 0.13%
MS 0.11%
MI 0.40%
IN 0.15%
KY 0.17%
TN 0.16%
AL 0.12%
GA 0.23%
FL 0.34%
OH 0.13%
WV 0.07%
VA 0.13%
NC 0.14%
SC 0.22%
PA 0.12%
NY 0.36%
VT 0.16%
NH 0.23%
ME 0.20%
MA 0.21%
RI 0.13%
CT 0.15%
NJ 0.19%
DE 0.13%
MD 0.15%
DC 0.97%
AK 0.30%
HI 0.36%
U.S. Homeless Estimates
.07-.13%
.14-.17%
.18-.23%
.24-.50%
.51-1.00%

## 2.3 PIT Counts of Sheltered and Unsheltered Homeless Persons by Household Type

Exhibit 2-3 presents the number of sheltered and unsheltered homeless persons by household type on a single night in January. The exhibit also shows the percentage of all homeless persons that are represented by each household type.

**Exhibit 2-3**

**Homeless Individuals and Persons in Families on a Single January Night**

| | January 2006 | | | January 2005 | | |
|---|---|---|---|---|---|---|
| | Number | % of Sheltered or Unsheltered Homeless Persons | % of all Homeless Persons (n=759,101) | Number | % of Sheltered or Unsheltered Homeless Persons | % of all Homeless Person (n=763,010) |
| ***Sheltered Homeless Persons*** | | | | | | |
| Individuals and Persons in Households without Children[a] | 224,293 | 52.4% | 29.6% | 216,448 | 51.8% | 28.4% |
| Persons in Households with Children | 203,678 | 47.6% | 26.8% | 201,717 | 48.2% | 26.4% |
| **Total** | 427,971 | 100% | 56.4% | 418,165 | 100% | 54.8% |
| ***Unsheltered Homeless Persons*** | | | | | | |
| Individuals and Persons in Households without Children | 228,287 | 68.9% | 30.1% | 227,579 | 66.0% | 29.8% |
| Persons in Households with Children | 102,843 | 31.1% | 13.5% | 117,266 | 34.0% | 15.4% |
| **Total** | 331,130 | 100% | 43.6% | 344,845 | 100% | 45.2% |

*Sources*: "HUD's 2005 Continuum of Care Homeless Assistance Programs, Homeless Populations and Subpopulations," November 2006; "HUD's 2006 Continuum of Care Homeless Assistance Programs, Homeless Populations and Subpopulations," October 2007. Note that 39 percent of CoCs did not conduct a PIT count in 2006, and thus reported their 2005 PIT count results on their 2006 CoC Application.

[a] This category includes unaccompanied adults and youth as well as multiple adult households without children.

Sheltered homeless people are almost as likely to be in households with children as they are to be in households without children. Approximately 52 percent of the sheltered homeless were persons in households without children, while approximately 48 percent of the sheltered homeless were persons in households with children. By contrast, unsheltered homeless persons are more than twice as likely to be in households without children. Nearly 70 percent of unsheltered persons were households without children, while approximately 30 percent were persons in households with children. If we compare the data in Exhibit 2-3 to comparable data for 2005 reported in the first AHAR, we find that the distribution of sheltered and unsheltered persons by household type remains essentially unchanged.

***2006 Single-Day Estimates:***

*452,600 Persons in Households without Children:*

*306,500 Persons in Households with Children*

In proportion to the total homeless population, unaccompanied individuals constitute the largest segment of the nation's homeless population. Sheltered and unsheltered persons in households without children comprise 60 percent of the total homeless population. Persons in households with children constitute about 40 percent of the total homeless population.

The increase in sheltered persons previously noted (+ 9,800) from 2005 to 2006 was comprised mostly of persons in households without children, while the decrease in the number of unsheltered persons (-13,700) was made up mostly of persons in households with children. The number of *sheltered* persons in households *without children* increased by about 7,800, while the number of *unsheltered* persons in households *with children* decreased by nearly 15,000 persons.

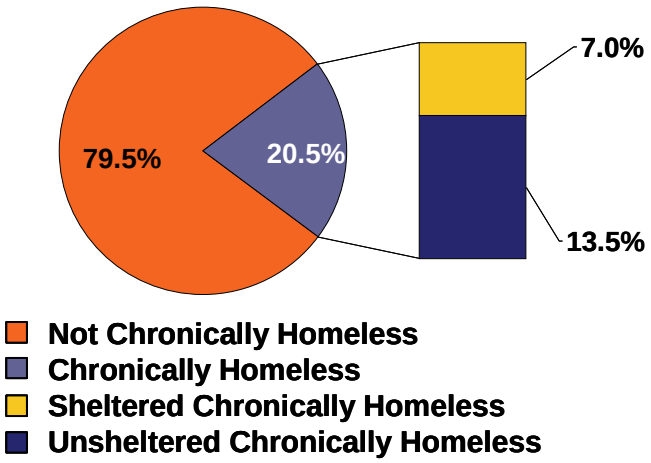
## 2.4 PIT Counts of Sheltered Homeless Persons by Subpopulation

Point-in-time data from CoC applications also provide information about sheltered homeless subpopulations, such as the number of persons who are chronically homeless and the numbers that are veterans, chronic substance abusers, victims of domestic violence, unaccompanied youth, and persons with serious mental illness.

Ending chronic homelessness has been a goal of the Administration for several years. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more *or* has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, a person must have been on the streets or in emergency shelter (i.e., not in transitional or permanent housing) during these stays. HUD has been working to address the special needs of this subpopulation by offering incentives for communities to develop permanent supportive housing and by providing guidance and technical assistance on best practice strategies for reducing chronic homelessness and on estimating the size and characteristics of the population. While HUD has requested that CoCs provide annual counts of both sheltered and unsheltered chronically homeless persons, it can be difficult to determine whether someone meets the definition without an in-person interview or historical information on service utilization. Many CoCs do not have the resources to conduct interviews as part of a street count process, and thus the estimates reported below should be interpreted as approximations rather than precise measures.

Based on their PIT counts, CoCs reported a total of 155,623 chronically homeless people in their jurisdictions in January 2006. This represents approximately 21 percent of the total sheltered and unsheltered homeless population (see Exhibit 2-4). Approximately 66 percent of chronically homeless individuals in January 2006 were unsheltered homeless persons and 34 percent were sheltered homeless persons. Compared to 2005 data reported in the first

**Exhibit 2-4**
**Chronically Homeless Persons (n=155,623) as a Percent of All Homeless Persons (n=759,101) on a Single Night in January 2006**




AHAR the number of chronically homeless persons declined by 11.5 percent (from 175,914). With future AHARs it will be possible to better assess the validity and the significance of this change.

Exhibit 2-5 presents additional information about sheltered homeless subpopulations on a single night in January 2006, including the number and proportion of sheltered persons that are severely mentally ill, substance abusers, veterans, unaccompanied youth, and/or coping with HIV/AIDS. It should be noted that it is unclear whether communities are reporting subpopulation estimates that account for all sheltered homeless persons (adults, children, and unaccompanied youth) or whether they are collecting and reporting this information for only adults or adults and unaccompanied youth. To calculate the proportions in Exhibit 2-5, it was assumed that communities collected this information based on the HMIS Data Standards. Thus, for example, information on severe mental illness, substance abuse, and HIV/AIDS was collected and reported for just adults and unaccompanied youth, and information on domestic violence was collected from all persons.

According to the CoC applications, approximately 17 percent of sheltered homeless adults and unaccompanied youth were severely mentally ill, 25 percent were chronic substance abusers, and just over 3 percent had HIV/AIDS. Veterans comprised about 16 percent of sheltered homeless adults on a single night in January. Victims of domestic violence comprised 13 percent of the total sheltered homeless population while unaccompanied youth accounted for 5 percent of the sheltered homeless population. These subpopulation categories are not mutually exclusive.

| Exhibit 2-5 | | |
|---|---|---|
| **Subpopulation Characteristics of Sheltered Homeless Persons on a Single Night in January 2006** | | |
| **Subpopulation** | **Number** | **Percentage of Total** |
| | | **% of all sheltered adults (n=271,208)[a]** |
| Veterans | 42,115 | 15.5% |
| | | **% of all sheltered adults and unaccompanied youth (n=291,765)** |
| Severely Mentally Ill Persons | 73,941 | 17.3% |
| Chronic Substance Abuse | 106,077 | 24.8% |
| Persons with HIV/AIDS | 13,608 | 3.2% |
| | | **% of all sheltered homeless persons (n=427,971)** |
| Domestic Violence Victims | 53,771 | 12.6% |
| Unaccompanied Youth | 20,557 | 4.8% |

[a] The CoC application does not report the total number of sheltered adults. To calculate the total number of sheltered adults we subtracted the total number of unaccompanied youth from the total number of persons in households without children and added one person per family household (i.e., assumed one adult in each household with children).

# Chapter 3.
# A Profile of Sheltered Homeless Persons During a Six-Month Period (January – June 2006)

Chapter 2 presented estimates of the numbers of homeless people on a single night or point in time and some demographic characteristics of homeless people based on PIT counts that were reported by CoCs nationwide. This chapter presents an analysis of the sheltered homeless population using six months of longitudinal HMIS data from the AHAR sample. The data describe homeless people that used an emergency shelter and/or transitional housing program at any time between January 1 and June 30, 2006.

Because the AHAR sample of geographic areas is representative of the U.S. population, the demographic profile presented in this chapter is representative of all sheltered homeless persons nationwide during that six-month period.

## 3.1 Number of Persons who Used Emergency Shelters or Transitional Housing at Some Time During a Six-Month Period

As shown in Exhibit 3-1, more than 1,150,000 total persons used emergency shelter and/or transitional housing during the six-month period. The nation's sheltered homeless population includes approximately 838,000 persons in households without children (73 percent) and 313,000 persons in households with children (27 percent). The six-month estimates are based on an unduplicated count of homeless persons that used a shelter or transitional housing. This means that persons who used multiple residential programs during the six-month period were only counted once. The six-month count does not include persons who were served only in domestic violence shelters[1] because these providers were prohibited from entering client information into an HMIS pursuant to the Violence Against Women and Department of Justice Reauthorization Act of 2005. Furthermore, these estimates do not include the U.S. Territories or the Commonwealth of Puerto Rico. Future AHARs will include HMIS data from these areas.

***Six-Month Estimates:***

1,150,866 Sheltered Homeless Persons

99,451 Sheltered Homeless Households with Children

The longitudinal six-month count differs considerably from both the one-day PIT count and the three-month estimate produced in the first AHAR, which underscores an important pattern in homelessness. The number of sheltered homeless persons during the six-month period is 2.5 times the number of sheltered homeless persons on a single night in January

[1] Domestic violence shelters are those whose primary mission is to serve victims of domestic violence. They include: rape crisis centers, battered women's shelters, and domestic violence transitional housing programs.

2006 (see Exhibit 3-2). The six-month estimate is 1.6 times the total number of sheltered homeless persons (704,000) over a *three*-month period (February to April 2005) reported in the first AHAR. These estimates suggest that homeless shelter counts are not cumulative linearly—that is, a three-month count cannot be doubled to produce a six-month count. Instead, the total number of persons who are homeless over time depends on how many homeless persons remain in shelter for extended periods of time, cycle in-and-out of shelters, or experience a one-time episode of homelessness. Culhane and Kuhn (1998) used shelter data from New York and Philadelphia to conclude that most single adults who use the shelter system do so on a short-term basis, but a sizable proportion of homeless single adults (between 6 and 21 percent) experience long episodes of shelter use.[2]

**Exhibit 3-1**

**Number of Sheltered Homeless Persons and Households Between January 1 and June 30, 2006**

| | Total Number | Percent of Sheltered Homeless Population |
|---|---|---|
| **Number of Sheltered Persons** [a] | 1,150,866[c] | 100.0% |
| Individuals and Persons in Households without Children [b] | 838,011[d] | 72.8% |
| Persons in Households with Children | 312,855[d] | 27.2% |
| **Number of Sheltered Households with Children** | 99,451 | -- |

[a] These estimated totals reflect the number of homeless persons in the 50 states and District of Columbia who used emergency shelters or transitional housing programs during the covered time period: January 1, 2006 through June 30, 2006. The U.S. Territories and the Commonwealth of Puerto Rico are not included in these estimates. The estimated totals also do not include persons served by "victim service providers." The estimated totals include an extrapolation adjustment to account for people who use emergency shelters and transitional housing programs that do not yet participate in their local HMIS. However, a homeless person who does not use an emergency shelter or transitional housing during the covered time period is not accounted for in this estimate. The total number of people who experienced homelessness during the covered time period is larger than the number who used emergency shelters or transitional housing.

[b] This category includes unaccompanied adults and youth as well as multiple adult households without children.

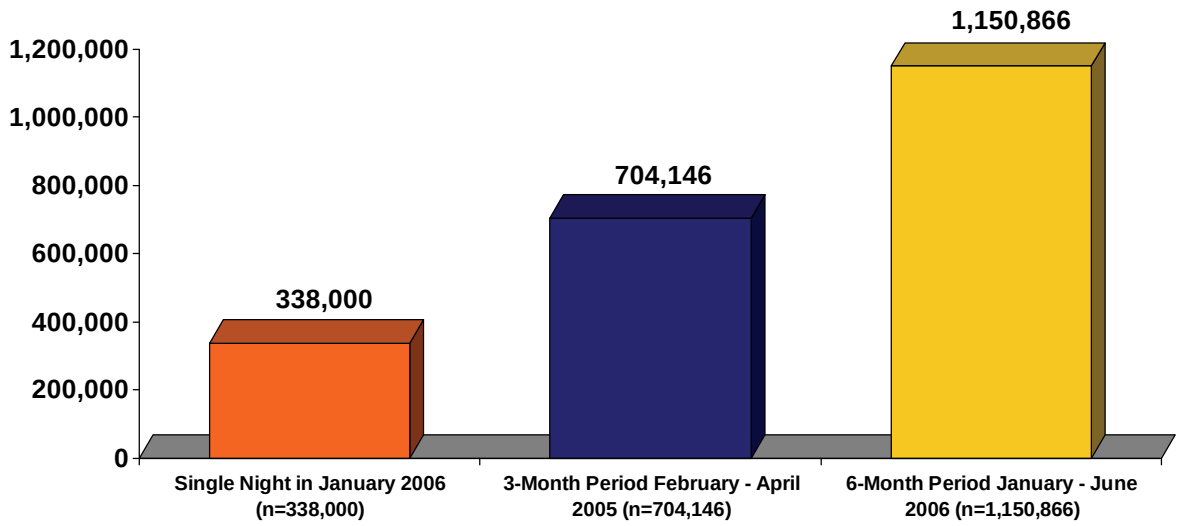
[c] This count includes unaccompanied individuals and persons in households. The 95% confidence interval for the estimated number of sheltered homeless persons in the population is 691,129 persons to 1,610,603 persons. A 95% confidence interval means that we are 95 percent confident that the true value (the exact number of homeless residential homeless service users in the six-month period) is within this interval. The reported estimate is from the sample of communities (weighted to represent the nation) who provided the data analyzed in this report. As more communities provide usable data for future reports, the width of the confidence interval is expected to decrease.

[d] Approximately 3.5 percent of homeless persons were served both as an unaccompanied individual and as part of a household with children during the covered period. For these reported numbers, the person is only counted once.

There were an estimated 99,000 sheltered households with children during the six-month time period, containing 312,855 of the 1.15 million homeless persons. By comparison, the first AHAR reported 72,800 households with children during a three-month time period.

[2] Culhane, Dennis and Randall Kuhn. 1998. "Patterns and Determinants of Public Shelter Utilization among Homeless Adults in New York City and Philadelphia." Journal of Policy Analysis and Management, 17(1): 23-43.

**Exhibit 3-2**
**Comparison of Number of Persons Using Emergency Shelters or Transitional Housing: Single Night, Three-Month and Six-Month Periods**




## 3.2 Characteristics of Sheltered Homeless Persons

This section focuses on the characteristics of all homeless persons who used an emergency shelter or transitional housing during the six-month period, January to June 2006.

### *All Sheltered Homeless Persons*

Exhibit 3-3 shows the proportion of persons in different household types when they entered emergency shelters or transitional housing. Nearly three-quarters (73 percent) of all shelter users during the six-month time period are homeless as individuals. About one-quarter (27 percent) are members of households with children. By comparison, among the nation's poor, only 35 percent of persons are in households without children and for persons at all income levels the figure stands at 45 percent.[3] A much larger proportion of the nation's poor (65 percent) and the total U.S. population (55 percent) are persons in households with children. Similar proportions were observed in the first AHAR report.

[3] The data for the U.S. poverty population and total U.S. population come from the 2005 American Community Survey.

**Exhibit 3-3**
**Sheltered Homeless Persons in January 1 to June 30, 2006 Period by Household Type**

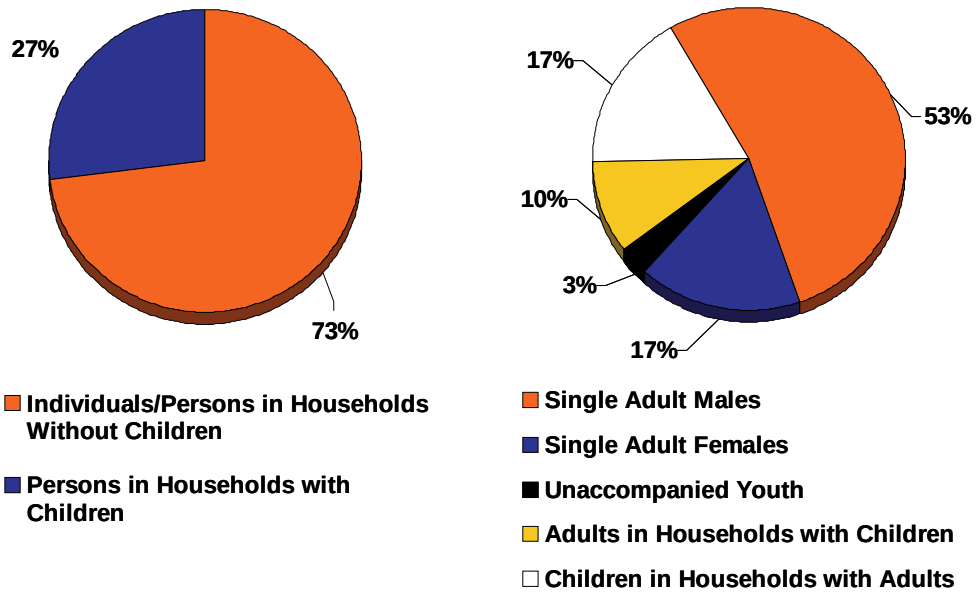



Exhibit 3-3 also shows that the majority of all shelter users (53 percent) are single adult males and less than one-fifth (17 percent) are single adult females. Single adult men constitute a much smaller share of the U.S. population (23 percent) and the poverty population (16 percent) than the homeless population. The prevalence of single adult men in the shelter system may be driven by several factors. Single men who are poor may be more vulnerable to homelessness because the largest safety net programs are for families (TANF) or elderly people (Social Security). Single men may also feel less vulnerable on the streets or in shelters than either single women or families, so they may be less likely to double up with families or friends to avoid living on the streets. They are also more likely to have substance abuse issues that make it less likely someone will take them in. Also, some shelters have policies prohibiting males over a certain age from sleeping in family shelters, requiring men and teenage boys to stay at men's shelters. As a result, some of the males that are being counted in the AHAR as unaccompanied individuals are part of intact families that are housed elsewhere. The share of sheltered homeless men may also be artificially inflated because the HMIS data presented here do not include persons served by domestic violence providers. Persons served by these providers are primarily single women and women with children. Excluding these providers results in an underestimate of the number of single women and persons in families, and thus inflates the proportion of single males in the sheltered homeless population.

Roughly one in five of the people who used the shelter system during the six-month time period was a child. This includes unaccompanied youth (3 percent of all homeless persons) and children in households with adults (17 percent of all homeless persons). Although this is a lower percentage than that of children among the U.S. poverty population (35 percent), the number of children who not only are poor but also become homeless is a cause for concern.

Additional demographic characteristics are reported in Exhibit 3-4 and compared to percentages of people with those characteristics among the U.S. poverty population and the U.S. population as a whole. Although homelessness is a problem that affects all segments of society, it does not affect all segments of society equally.

**Exhibit 3-4**

**Demographic Characteristics of Sheltered Homeless Persons in January 1 to June 30, 2006 Period Compared to the U.S. and Poverty Populations**

| *Characteristic* | % of All Sheltered Homeless Pop. | % U.S. Poverty Pop. | % of U.S. Pop. |
|---|---|---|---|
| **Gender of Adults** [a] | | | |
| Female | 31.7% | 60.4% | 51.7% |
| Male | 68.3% | 39.6% | 48.3% |
| **Gender of Children** [a] | | | |
| Female | 47.0% | 49.4% | 48.8% |
| Male | 53.0% | 50.5% | 51.2% |
| **Ethnicity** [b] | | | |
| Non-Hispanic/non-Latino | 75.3% | 75.5% | 85.5% |
| Hispanic/Latino | 24.7% | 24.5% | 14.5% |
| **Race** | | | |
| White, Non-Hispanic/non-Latino | 33.7% | 45.4% | 66.8% |
| White, Hispanic/Latino [c] | 12.8% | 13.1% | 7.9% |
| Black or African-American | 43.7% | 23.2% | 12.1% |
| Asian | .6% | 3.8% | 4.3% |
| American Indian or Alaska Native | 2.3% | 1.5% | 0.8% |
| Native Hawaiian or Other Pacific Islander | .4% | 0.2% | 0.1% |
| Some other race (alone) | 0.0% | 10.3% | 6.0% |
| Multiple races | 6.6% | 2.5% | 1.9% |
| **Age** [a] | | | |
| Under 1 | 2.1% | 2.4% | 1.4% |
| 1 to 5 | 7.6% | 10.7% | 7.0% |
| 6 to 12 | 6.8% | 12.9% | 9.7% |
| 13 to 17 | 3.4% | 8.9% | 7.3% |
| 18 to 30 | 20.5% | 23.7% | 17.2% |
| 31 to 50 | 41.2% | 22.4% | 29.6% |
| 51to 61 | 12.9% | 8.2% | 13.2% |
| 62 and older | 3.0% | 10.8% | 14.7% |
| Unknown | 2.7% | -- | -- |
| **Persons by Household Size** [d] | | | |
| 1 person | 73.0% | 35.3% | 45.4% |
| 2 people | 6.3% | 5.2% | 2.4% |
| 3 people | 9.3% | 13.5% | 12.3% |
| 4 people | 5.7% | 17.2% | 19.1% |
| 5 or more people | 5.7% | 28.6% | 20.8% |
| **Veteran (adults)** [e] | 14.3% | 5.5% | 11.2% |
| **Disabled (adults)** [e] | 38.4% | 29.6% | 16.8% |

*Source:* American Community Survey, 2005 for poverty and U.S. population numbers.

[a] Age is calculated based on a person's first time in shelter during the covered time period. A child is defined as a person age 17 or under, and an adult is defined as a person age 18 or older.

[b] A substantial number of records were missing ethnicity information (25.0 percent).

[c] It is not possible to identify other race-Hispanic/Latino categories (e.g., Black, Hispanic/Latino) because the aggregate race data provided by communities are not broken out by these categories. Non-white Hispanic/Latinos are included within the other race categories.

[d] If a person is part of more than one household over the study period, the household size reflects the size of the first household in which the person presented during the covered time period. If household size changed during the program episode (i.e., a household member left the program early or joined later), household size for each person reflects household size on the day that person entered the program.

[e] Veteran status and whether a person had a disabling condition are recorded only for adults in HMIS. The percentage calculations shown indicate the percent of homeless adults with this characteristic. A substantial number of records were missing information on disability status (42.8 percent) and veteran status (20.1 percent). The percentage calculations include only persons whose disability and veteran status was recorded.

Homelessness, like poverty, disproportionately affects minorities, especially African Americans. Minorities constitute one-third of the total U.S. population, but about two-thirds of the sheltered homeless population. African-Americans are heavily overrepresented in the sheltered homeless population, representing about 44 percent of the sheltered homeless population but only 12 percent of the general population.

The prevalence of homelessness also varies by age. More than two-fifths (41 percent) of the sheltered population is between 31 and 50 years old compared to 22 percent of the poverty population and 29 percent of the U.S. population.

Only 3 percent of the sheltered homeless population is over age 62 compared to almost 15 percent of the total U.S. population. Older Americans may be less at risk of homelessness because they are eligible for a variety of social safety net programs, such as Supplemental Security Income (SSI), Social Security, Medicare and public and other assisted housing for seniors. Also, the risk factors that are associated with homelessness (poverty, substance abuse, mental health problems), as well the experience of being homeless, can lead to poor health conditions over time. Hence, persons experiencing long-term homelessness are likely to have mortality rates that outpace those of the housed population.[4]

Veterans, while underrepresented among the poverty population, are overrepresented in the homeless shelter population when compared to the general population. About 14 percent of all homeless adults who accessed a shelter during the six-month time period were veterans.[5] The HMIS-based estimate is slightly lower (about 2 percentage points) than the single-day PIT estimates reported in Chapter 2. The difference is small and may reflect the inexact estimates from the two sources. However, it is also possible that veterans are more likely to be present on the day of the PIT count because they remain in shelters for longer periods of time when compared to other sheltered populations.

***Distinguishing Features of Sheltered Homeless Persons***

When compared to the U.S. population, sheltered homeless persons during the six-month period are more likely to be:

- Unaccompanied men (53 percent)
- Between 31 and 50 years of age (41 percent)
- Minorities (66 percent)
- Disabled (38 percent)
- Veterans (14 percent)

---

[4] Barrow, S.M., D.B. Herman, P. Cordova and E.L. Struening, “Mortality among Homeless Shelter Residents in New York City”, *American Journal of Public Health* (1999), pp. 529-34, and Hibbs, Jonathan R., Lawrence Benner, Lawrence Klugman, Robert Spencer, Irene Macchia, Anne K. Mellinger, and Daniel Fife. (1994) "Mortality in a Cohort of Homeless Adults in Philadelphia," *The New England Journal of Medicine*, Vol. 331:304-309, No. 5, August.

[5] Veteran status was not reported for 20 percent of all adults.

Disability status also appears to be a distinguishing feature among the sheltered homeless population. Sheltered homeless adults are more than twice as likely to have a disability when compared to the general U.S. population. Approximately 38 percent of adults who used a shelter between January 1 and June 30, 2006 had a disabling condition compared to 17 percent of the total U.S. population.

The disability rate reported for this second AHAR (38 percent) is 13 percentage points higher than the rate reported for the first AHAR (25 percent). While both numbers should be treated with caution, the higher disability figure reported in this AHAR is probably more accurate. Overall, the disability rates have several important limitations. While information on disabling condition was missing for 43 percent of sheltered adults in this AHAR, it is a significant reduction in missing disability information from the first AHAR (55 percent). While the missing data were excluded from the calculations, the result is a smaller and potentially less representative sample to estimate the proportion of the homeless population that is disabled. In addition, communities' approaches for collecting and verifying this information vary considerably; some conduct full medical assessments with qualified staff and others allow homeless persons to self-report. Finally, the Census's definition of disability is broader than the definition used in the HMIS Data Standards, making comparisons between the sheltered homeless population and the U.S. population and poverty population imprecise.

***Sheltered Persons in Households with Children Are Likely to Be:***

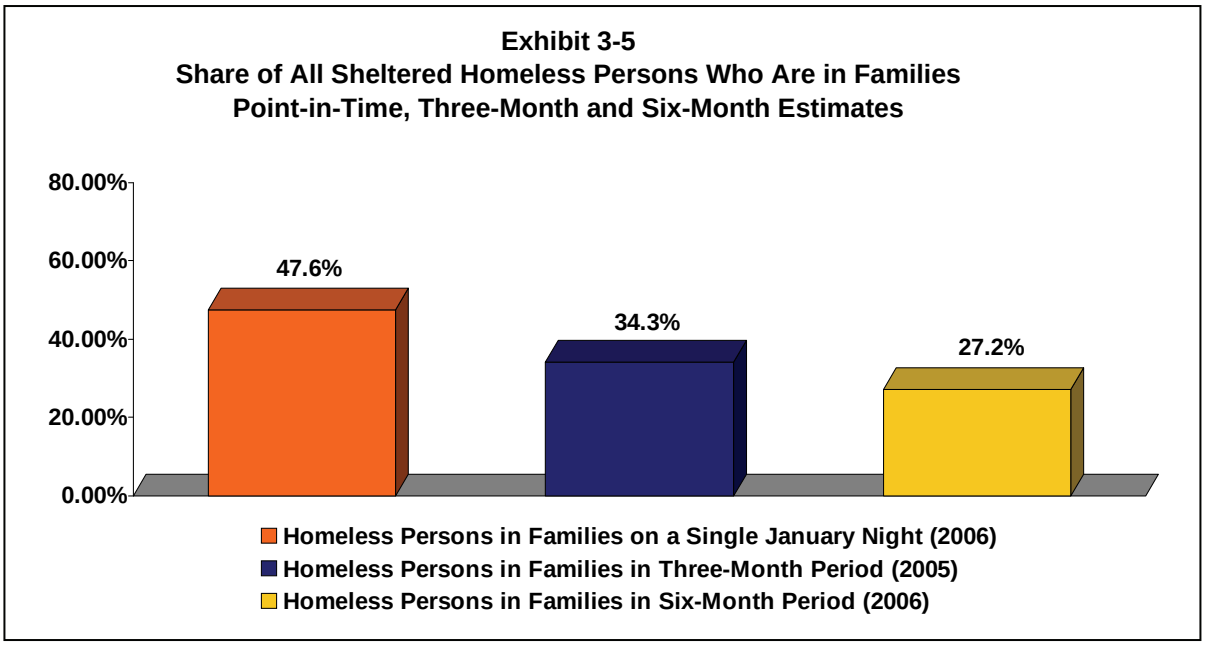
- Headed by a female adult (83 percent)
- African-American (61 percent)
- Under age 31 (83 percent)
- Non-Disabled (77 percent)

### *Sheltered Persons in Households with Children*

Recent Congressional language has focused on addressing the needs of homeless families.[6] In this section, we describe the characteristics of persons in households with children, focusing on how they differ from persons in households without children.

As discussed earlier, about one-quarter of all sheltered homeless persons were persons in households with children. The proportion of persons in households with children—like several other demographic characteristics discussed in this chapter—can change appreciably depending on when (and for how long) the data are collected. As demonstrated in Exhibit 3-5, persons in households with children comprised just under half (48 percent) of sheltered homeless persons on a single night in January; one-third (34 percent) of sheltered homeless persons during a three-month period; and about one-quarter (27 percent) of sheltered

[6] See Senate Report 110-131, Transportation and Housing and Urban Development, and Related Agencies Appropriations Bill, 2008.




homeless persons over the current six-month reporting period. Changes in the distribution of household types over time are associated with differences in service-use patterns. The next AHAR will provide a baseline, annual estimate from which to compare changes in household types and demographic characteristics.

Exhibit 3-6 presents the demographic characteristics of persons using shelters by household type. Across several key demographic categories—gender, race, ethnicity, age, and veteran and disability status—there are important differences in the characteristics of persons in households with children when compared to households without children:

- ***Gender of Adults***. More than four-fifths of sheltered adults in households with children are female (83 percent). Many sheltered homeless households are headed by a single female, and a large portion of women who use shelters do so with their children.
- ***Race and Ethnicity***. The majority of sheltered persons in households with children are African-American (61 percent), while relatively few are Hispanic (18 percent).
- ***Household Size***. More than 40 percent of sheltered households with children include four or more people.
- ***Veteran Status.*** Very few adults in sheltered households with children are veterans (5 percent). The low percentage of veterans reflects the small proportion of men in these households.
- ***Disability Status.*** Fewer than one in four sheltered adults in households with children has a disability (23 percent).

**Exhibit 3-6**

**Demographic Characteristics of Persons Using Homeless Residential Services in January 1 to June 30, 2006 Period by Household Type**

| Characteristic | % of All Sheltered Homeless Pop. | % of Persons in Households with Children | % of Individuals and Persons in Households with No Children [a] |
|---|---|---|---|
| **Gender of Adults [b]** | | | |
| Female | 31.7% | 83.2% | 24.2% |
| Male | 68.3% | 16.8% | 75.8% |
| **Gender of Children [b]** | | | |
| Female | 47.0% | 48.1% | 41.3% |
| Male | 53.0% | 51.9% | 58.7% |
| **Ethnicity [c]** | | | |
| Non-Hispanic/non-Latino | 75.3% | 82.5% | 72.4% |
| Hispanic/Latino | 24.7% | 17.7% | 27.6% |
| **Race** | | | |
| White, Non-Hispanic/non-Latino | 33.7% | 24.5% | 37.6% |
| White, Hispanic/Latino [d] | 12.8% | 4.8% | 16.1% |
| Black or African-American | 43.7% | 61.0% | 36.3% |
| Asian | .6% | .6% | .7% |
| American Indian or Alaska Native | 2.3% | 1.7% | 2.5% |
| Native Hawaiian or Other Pacific Islander | .4% | .5% | .3% |
| Multiple races | 6.6% | 7.0% | 6.5% |
| **Age [b]** | | | |
| Under 1 | 2.1% | 6.6% | .4%[g] |
| 1 to 5 | 7.6% | 24.9% | 1.2%[g] |
| 6 to 12 | 6.8% | 20.9% | 1.5% |
| 13 to 17 | 3.4% | 9.5% | 1.1% |
| 18 to 30 | 20.5% | 20.5% | 20.4% |
| 31 to 50 | 41.2% | 16.1% | 50.5% |
| 51 to 61 | 12.9% | .8% | 17.4% |
| 62 and older | 3.0% | .1% | 4.1% |
| Age not reported | 2.7% | .6% | 3.4% |
| **Persons by Household Size [e]** | | | |
| 1 person | 73.0% | 0% | 100% |
| 2 people | 6.3% | 23.4% | 0% |
| 3 people | 9.3% | 34.5% | 0% |
| 4 people | 5.7% | 21.0% | 0% |
| 5 or more people | 5.7% | 21.1% | 0% |
| **Veteran (adults) [f]** | 14.3% | 4.5% | 15.6% |
| **Disabled (adults) [f]** | 38.4% | 22.6% | 41.0% |

[a] This category includes unaccompanied adults and youth as well as multiple adult households without children.

[b] Age is calculated based on a person's first time in shelter during the covered time period. A child is defined as a person age 17 or under, and an adult is defined as a person age 18 or older.

[c] A substantial number of records were missing ethnicity information (25.0 percent).

[d] It is not possible to identify other race-Hispanic/Latino categories (e.g., Black, Hispanic/Latino) because the aggregate race data provided by communities are not broken out by these categories. Non-white Hispanic/Latinos are included within the other race categories.

[e] If a person is part of more than one household over the study period, the household size reflects the size of the first household in which the person presented during the covered time period. If household size changed during the program episode (i.e., a household member left the program early or joined later), household size for each person reflects household size on the day that person entered the program.

[f] Veteran status and whether a person had a disabling condition are recorded only for adults in HMIS. Thus, the percentage calculations shown indicate the percentage of homeless adults with this characteristic. A substantial number of records were missing information on disability status (42.8 percent) and veteran status (20.1 percent). The percentage calculations include only persons whose disability and veteran status was recorded.

[g] These presumably are the children of teenage parents. In the data reported by AHAR sample communities, families with children are defined as families with at least one adult (age 18 or older) and one child (age 17 or younger). By this definition, a household with a 17-year old mother and a baby would be reported as two unaccompanied individuals.

HMIS data were used to examine where homeless adults and unaccompanied youth in shelters lived before becoming homeless. The results presented in Exhibit 3-7 demonstrate that the flow of homeless persons into the shelter system varies considerably by household type.[7] Persons in

**Exhibit 3-7**

**Prior Living Situation of Persons Using Homeless Residential Services in January 1 to June 30, 2006 Period [a]**

| | % of Adults in Households with Children | % of Individuals and Adults in Households without Children [b] |
|---|---|---|
| **Living arrangement the night before program entry [c]** | | |
| Place not meant for human habitation | 6.2% | 15.5% |
| Emergency shelter or transitional housing | 30.9% | 26.4% |
| Permanent supportive housing | 0% | .5% |
| Psychiatric facility | .1% | 1.0% |
| Substance abuse treatment center or detox | 1.5% | 5.1% |
| Hospital (non-psychiatric) | .9% | 1.4% |
| Jail, prison, or juvenile detention | .4% | 5.2% |
| Rented housing unit | 7.8% | 9.2% |
| Owned housing unit | 2.3% | 5.5% |
| Staying with family | 25.6% | 11.7% |
| Staying with friends | 10.5% | 9.5% |
| Hotel or motel (no voucher) | 9.6% | 3.2% |
| Foster care home | .0% | .3% |
| Other living arrangement | 4.2% | 5.5% |
| **Stability of previous night's living arrangement. Stayed there…** | | |
| One week or less | 23.6% | 28.5% |
| More than one week, but less than a month | 17.3% | 17.7% |
| One to three months | 30.6% | 17.4% |
| More than three months, but less than a year | 20.8% | 14.0% |
| One year or longer | 7.7% | 22.6% |
| **Zip Code of Last Permanent Address [d]** | | |
| Same jurisdiction (city or county depending on the site) as program location | 77.8% | 58.0% |
| Different jurisdiction than program location | 22.2% | 42.1% |
| **Number of Homeless Adults** | 117,855 | 838,011 |

[a] Information in this table is for adults and unaccompanied youth only, because the HMIS Data Standards require this information to be collected only for adults and unaccompanied youth. Even for this population, there was substantial missing information for each item: living arrangement the night before program entry (33.4 percent) and stability of previous night's living arrangement (38.6 percent).

[b] This category includes: unaccompanied adults and youth as well as multiple adult households without children.

[c] People may use multiple programs and thus have multiple program entries and multiple responses to this question during the study period. Only the living arrangement the night before the first program entry during the covered period is reported here. If the person was already in a program prior to the start of the study period, the living situation the night before that program entry is reported here. The purpose is to understand where people were the night before they used an emergency shelter or transitional housing unit during the covered period.

[d] A substantial number of records were missing information on zip code of last permanent address (56.5 percent).

[7] The analysis presented in Exhibit 3-7 is limited to adults and unaccompanied youth because the HMIS Data Standards require homeless assistance providers to record this information only for these persons.

households with children are more likely than households without children to be staying with family or friends prior to entering the shelter system. About 36 percent of persons in households with children stayed with family or friends prior to entering a shelter, which suggests that these households are more likely to use informal support networks to help stave off homelessness when compared to households without children. When those support networks break down and they can no longer stay in someone else's household, they seek emergency shelter or transitional housing.

Almost one-third (31 percent) of persons in households with children were living in a different emergency shelter or transitional housing facility prior to entering the shelter system during the AHAR reporting period. Very few households with children (6 percent) came from places not meant for human habitation—e.g., streets, or abandoned cars or buildings—prior to entering a particular shelter. About 10 percent of persons in households with children were in a hotel or motel (unsubsidized) prior to their homeless episode during the reporting period—compared to 3 percent of households without children. Overall, the analysis suggests that households with children exhaust all their housing options before the final crisis that causes them to become homeless.

While many persons in households with children rely on alternative forms of housing to stave off homelessness, the stability of their previous living arrangements is temporary. Few households with children stayed in their previous arrangement for one year or more (8 percent), while approximately 41 percent stayed for less than one month.

As expected, Exhibit 3-7 also shows that persons in homeless households with children are less mobile than people who become homeless as individuals or in households without children. For about 78 percent of persons in households with children, their last permanent address was in the same jurisdiction (city or county—depending on the site) as the location of the shelter, compared with 58 percent of other homeless persons.

### *Sheltered Persons in Households without Children*

People who become homeless as individuals or in households without children are likely to be adult males (76 percent). More than one-quarter of persons in these households are Hispanic (28 percent), and they are as likely to be White, Non-Hispanic (38 percent) as they are to be African-American (36 percent).

***Sheltered Persons in Households Without Children Are Likely to Be:***

- *Adult Males (76 percent)*
- *Between 31 and 50 years of age (51 percent)*
- *Disabled (41 percent)*

More than half of all persons in households without children are between the ages of 31 and 50, and about 21 percent are age 51 or over. Compared to households with children, persons in households without children are far more likely to be disabled (41 percent) or veterans (16 percent).

Before entering a particular shelter during the AHAR period, persons in households without children are more likely than those in households with children to have been in a place not meant for human habitation (16 percent), a correctional facility (5 percent), or some form of institutional facility (8 percent).[8] They tend to have stayed in their prior living arrangement either for very short periods of time (29 percent stayed for less than one week) or for long periods of time (23 percent stayed for one year or more). This probably is associated with the nature of their prior living situation. Persons staying on the streets may not tolerate that type of living condition for very long, whereas persons in institutional settings may have been forced by circumstances to stay there.

Finally, households without children are considerably more mobile than their counterparts. For about 40 percent of persons in households without children, the last permanent address was in a different jurisdiction than where the shelter is located.

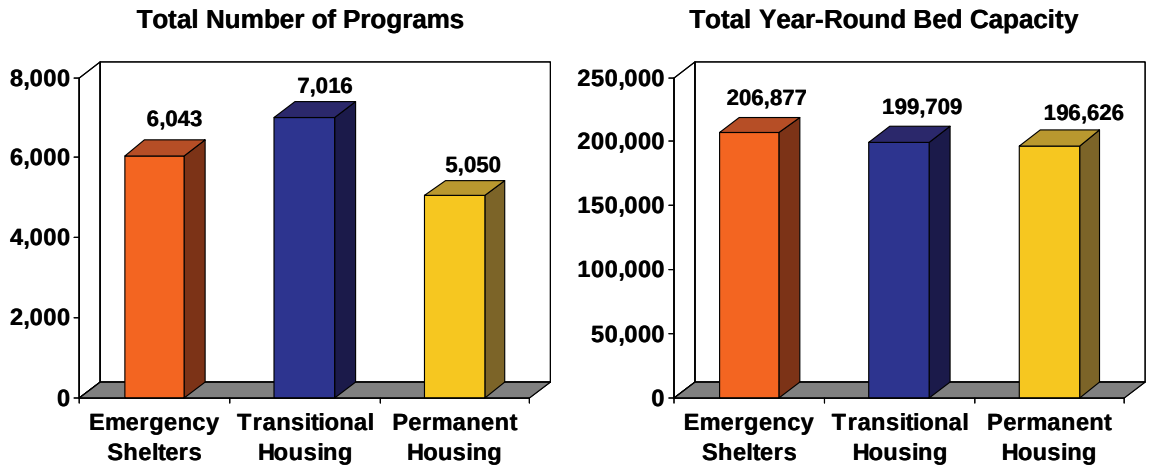
[8] Institutional facilities include psychiatric facilities, substance abuse treatment centers, detoxification centers, or hospitals.

# Chapter 4.
# The Nation's Capacity for Housing Homeless Persons

This chapter describes the nation's estimated capacity to provide housing for homeless persons through emergency shelter and transitional housing and for formerly homeless persons with disabilities through permanent supportive housing.[1] It also provides information on the estimated capacity to provide housing to particular homeless subpopulations, including persons in households with or without children, unaccompanied youth, veterans, victims of domestic violence, and persons with HIV/AIDS. The information presented in this chapter was reported by CoCs in the Housing Inventory section of the 2006 CoC application. Capacity is measured in terms of the total number of residential programs and beds available for these types of housing.

Exhibit 4-1 shows the national inventory of homeless residential programs and beds in 2006. In total, there are an estimated 18,109 homeless residential programs nationwide, including 6,043 emergency shelters (33 percent), 7,016 transitional housing programs (39 percent), and 5,050 permanent housing programs (28 percent). The national inventory of homeless residential programs includes an estimated 603,212 beds. The year-round bed inventory is evenly distributed across the three program types: 206,877 beds in emergency shelters (34 percent), 199,709 beds in transitional housing (33 percent), and 196,626 beds in permanent housing (33 percent).

**Exhibit 4-1 Nation's Capacity to House Homeless Persons, 2006**




*Source*: Housing Inventory Charts from the 2006 CoC Applications.

[1] Permanent supportive housing includes housing funded by the Shelter Plus Care, Section 8 Mod Rehab Single Room Occupancy, and the Permanent Housing component of the Supportive Housing Program. It may also include other permanent housing projects or units that have been dedicated exclusively to serving homeless persons—for example, public housing or housing funded by the Section 811 program for people with disabilities. These beds are included in the inventory because they serve formerly homeless people as part of a Continuum of Care's overall housing strategy. Residents of permanent supportive housing are no longer counted as homeless.

Continuums of Care reported fewer programs and beds in 2006 compared with 2005. From 2005 to 2006, the total number of homeless residential programs and beds reported by CoCs decreased by about 7 percent each. The reported decline occurred among all programs (emergency, transitional and permanent) and beds (individual and family), although it was associated mostly with a 14 percent decrease in the number of permanent housing programs and a 9 percent decrease in the number of transitional housing beds.

The decline in the number of programs and beds reported by CoCs is likely explained by better reporting. First, HUD rigorously reviewed the 2006 CoC inventory data and particular emphasis was placed on identifying duplicate records. HUD identified 1,740 erroneous records from the 2006 inventory data (approximately 9 percent of all records) and deleted them after consultations with CoCs. Second, HUD recently issued detailed guidance on how to complete the Housing Inventory Chart in the CoC application, and thus some of the reported decline may be associated with more accurate reporting. HUD will continue to rigorously review future inventory data and is currently working on an electronic submission process that will contain important data quality checks.

## 4.1 The Current Inventory

Exhibit 4-2 presents the number of emergency and transitional beds and units available in the homeless assistance system in early 2006.[2] Four types of beds are listed.

- *Year-round beds* are available for use throughout the year and are considered part of the stable inventory of beds for homeless persons.
- *Seasonal beds* are typically available during particularly high-demand seasons of the year (e.g., winter months in the North or summer months in the South) to accommodate increased demand and/or in response to local laws requiring emergency shelters to prevent illness or death due to the weather. They are not available throughout the year.
- *Overflow beds* are typically used during unanticipated emergencies—e.g., the temperature drops precipitously or a natural disaster displaces residents—and their availability is sporadic.
- *Voucher beds* are usually made available in a hotel or motel, and often function like overflow beds. Some rural communities use vouchers instead of building shelters.

There are approximately 406,586 emergency and transitional year-round beds nationwide. About one-half of the total year-round housing inventory (206,877 beds or 51 percent) is in emergency shelters and the remaining inventory (199,709 or 49 percent) is in transitional housing programs. Also, the mix of available year-round beds differs slightly across household types. There are more family beds in transitional housing (about 103,743 beds)

[2] The bed inventory includes beds located in the Commonwealth of Puerto Rico and the U.S. Territories of Guam and the Virgin Islands.

than in emergency shelters (95,301 beds), and, conversely, there are more individual beds in emergency shelters (111,576 beds) than in transitional housing (95,966 beds).

**Exhibit 4-2**

**Number of Emergency and Transitional Beds in Homeless Assistance System Nationwide**

| | Year-Round Units/Beds | | | Total Year-Round Beds | Other Beds | |
|---|---|---|---|---|---|---|
| | Family Units | Family Beds | Individual Beds | | Seasonal Beds | Overflow/ Voucher |
| **Emergency Shelters** | | | | | | |
| Current Inventory | 28,745 | 95,301 | 111,576 | 206,877 | 21,769 | 55,047 |
| **Transitional Housing** | | | | | | |
| Current Inventory | 32,802 | 103,743 | 95,966 | 199,709 | -- | -- |
| **Total** | | | | | | |
| Total Inventory | 61,547 | 199,044 | 207,542 | 406,586 | 21,769 | 55,047 |

*Source*: Housing Inventory Charts from the 2006 CoC Applications.

Exhibit 4-2 also presents the total number of *family units* by program type. Family units are housing units (e.g., apartments) that are used to serve homeless families, and each family unit has multiple beds. As of early 2006, there are approximately 61,547 family units in the current inventory, and over half of these units (53 percent) are provided by transitional housing programs.

The 2006 inventory also includes approximately 21,769 seasonal beds and 55,047 overflow/voucher beds, which are used sporadically throughout the year depending on weather conditions and demand. If these beds are added to the total number of year-round shelter beds in emergency and transitional housing programs, the nation's peak bed capacity for homeless persons is about 483,402 beds.

In addition to funding emergency shelter and transitional housing beds, HUD continues to encourage communities to develop permanent supportive housing for disabled homeless persons. Exhibit 4-3 shows the nation's inventory of permanent supportive housing beds. Overall, there are about 196,626 permanent supportive housing beds in the nation's bed inventory. Approximately 56 percent of the beds (109,351) are in projects serving unaccompanied individuals, while the rest (87,275) are in projects serving families.

| Exhibit 4-3 | | | | | | |
|---|---|---|---|---|---|---|
| **Number of Permanent Supportive Housing Beds in Homeless Assistance System Nationwide** | | | | | | |
| | **Year-Round Units/Beds** | | | Total Year-Round Beds | **Other Beds** | |
| | Family Units | Family Beds | Individual Beds | | Seasonal Beds | Overflow/ Voucher |
| ***Permanent Supportive Housing*** | | | | | | |
| Current Inventory | 29,935 | 87,275 | 109,351 | 196,626 | -- | -- |

*Source*: Housing Inventory Charts from the 2006 CoC Applications.

## 4.2 Current Inventory by Household Type and Homeless Subpopulation

Exhibit 4-4 presents information on the estimated number of year-round emergency shelter and transitional housing beds for particular homeless households and subpopulations.

Approximately 154,998 beds (38 percent) are targeted to persons in households without children, and 135,313 (33 percent) are intended to serve persons in households with children. Emergency shelters are much more likely to target persons in households without children when compared to transitional housing programs. Also, a much larger proportion of emergency shelter beds (31 percent) are targeted to mixed household types when compared to transitional housing programs (21 percent). Beds dedicated to unaccompanied youth constitute a small proportion of the total housing inventory (about 2 percent).

Exhibit 4-4 also shows the number of beds that are targeted to particular homeless subpopulations. There are approximately 49,781 beds targeted to victims of domestic violence; nearly two-thirds of these beds (32,196 or 65 percent) are located in emergency shelters. By contrast, among the estimated 11,707 beds dedicated to veterans, the overwhelming majority (9,912 or 85 percent) are located in transitional housing programs. Few beds (5,972 or almost 2 percent) are targeted specifically to homeless persons with HIV/AIDS.

| Exhibit 4-4 | | | | | | |
|---|---|---|---|---|---|---|
| **Year-Round Beds by Household and Subpopulation Type** | | | | | | |
| | **Emergency Shelter** | | **Transitional Housing** | | **Total** | |
| | **Number** | **Percent** | **Number** | **Percent** | **Number** | **Percent** |
| **Household Type** | | | | | | |
| Persons in households without children | 76,405 | 36.9% | 78,593 | 39.4% | 154,998 | 38.1% |
| Persons in households with children | 60,905 | 29.4% | 74,408 | 37.3% | 135,313 | 33.3% |
| Unaccompanied youth | 4,463 | 2.2% | 3,351 | 1.7% | 7,814 | 1.9% |
| Mixed household types | 64,577 | 31.2% | 42,738 | 21.4% | 107,315 | 26.4% |
| **Total**[a] | 206,877 | 100.0% | 199,709 | 100.0% | 406,586 | 100.0% |
| **Homeless Subpopulation** | | | | | | |
| DV victims only | 32,196 | 15.6% | 17,585 | 8.8% | 49,781 | 12.2% |
| Veterans only | 1,795 | 0.9% | 9,912 | 5.0% | 11,707 | 2.9% |
| Persons with HIV/AIDS only | 2,277 | 1.1% | 3,695 | 1.9% | 5,972 | 1.5% |
| General population | 170,609 | 82.5% | 168,517 | 84.4% | 339,126 | 83.4% |
| **Total** | 206,877 | 100.0% | 199,709 | 100.0% | 406,586 | 100.0% |

*Source*: Housing Inventory Charts from the 2006 CoC Applications.

[a] There were 523 emergency shelter programs and 573 transitional housing programs with missing household type information.

# Chapter 5.
# How Homeless Persons Use Emergency Shelters and Transitional Housing

This chapter begins by looking at the percentages of sheltered homeless persons using emergency shelter and transitional housing in central cities[1] versus suburban and rural areas and the different characteristics of persons who use services in these locations. It then explores the differences in shelter use between individuals and persons in households with children, and in particular how long people in these groups use these residential services. The final section examines bed utilization and turnover rates. This chapter relies on HMIS data covering the AHAR study period, January 1 through June 30, 2006.

## 5.1 Shelter Use in Central Cities versus Suburban and Rural Areas

Exhibit 5-1 shows that most sheltered homeless persons (75 percent) access homeless residential services that are located in central cities rather than in suburban or rural areas. The proportion of homeless persons located in central cities is approximately double the proportion of the poverty population in central cities, and triple the proportion of the U.S. population in central cities. By contrast, 25 percent of homeless persons are using residential services located in suburban and rural areas, even though 63 percent of the poverty population and 75 percent of the U.S. population lives in those areas.

The significantly higher percentage of sheltered homeless persons in central cities compared to the poverty population is likely explained by mobility patterns. Burt et al.'s 1996 study of people using services for homeless persons indicates that only 28 percent of homeless persons began their homeless spell in a central city (which is slightly higher than the share of the population living in central cities) and 44 percent of homeless persons left the community where their current homeless spell began.[2] The AHAR data suggests that much of this mobility among homeless persons consists of moving from suburban or rural areas to central cities. There are many possible reasons for such mobility, including movement to more densely populated areas to find jobs, to be closer to relatives who may provide support, or to access the greater variety of homeless residential and supportive services that may be available in a larger city. It is also possible that a housing emergency that would lead to a shelter stay in a city might be treated with rent or mortgage assistance in a rural area, because

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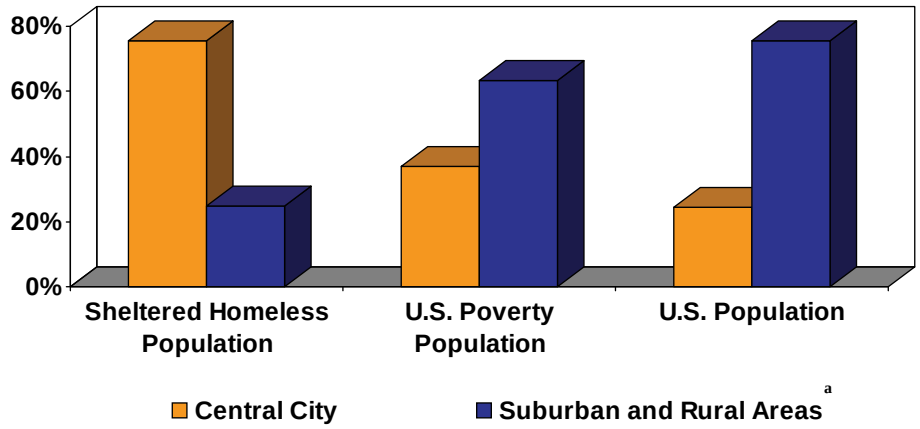
[1] The AHAR sample is comprised of CDBG jurisdictions stratified by four geographic areas: larger central cities of metropolitan areas ("central cities"), other cities with a population greater than 50,000, urban counties, and rural areas. Since the sample was selected, HUD has followed the guidance of the Office of Management and Budget in replacing the term "central cities" with "principal cities." Because the original sample was selected using the previous terminology, we have retained the term "central city" in this report.

[2] Burt, Martha R., Laudan Y. Aron, and Edgar Lee. 2001. Helping America's Homeless: Emergency Shelters or Affordable Housing? Washington, DC: Urban Institute Press.

few emergency shelter beds are available there. Another explanation may be that persons come to cities to seek medical care in hospitals or mental health or drug treatment facilities and have few resources upon discharge to return home.

**Exhibit 5-1**
**Geographic Location where People Receive Homeless Residential Services during January to June 2006 Compared to Location of U.S. and Poverty Populations**




*Source:* American Community Survey, 2005 for poverty and U.S. population numbers.

[a] Suburban or rural areas include CDBG non-entitlement communities and all urban counties and cities with a population of at least 50,000 that are classified as CDBG entitlement communities and are not defined as central cities under the CDBG formula. Non-metro areas (most rural areas) are all non-entitlement areas under CDBG.

Exhibit 5-2 shows that the characteristics of people using emergency shelters and transitional housing vary considerably by type of location. A sheltered homeless person in a central city is more likely to be older, a minority, and in a single-person household compared to their counterparts elsewhere in the country. He or she is less likely to be disabled. Approximately 70 percent of homeless persons in central cities are minorities compared to 56 percent in suburban and rural areas. Disability rates are high for both groups, but the estimates suggest that nearly half of the homeless adults in suburban or rural areas have a disability compared to just over one-third of homeless adults in central cities. As mentioned in Chapter 3, information on disability is missing for 44 percent of adults, so these results are at best suggestive concerning the rate of disability.

***Sheltered Homeless Persons in Suburban and Rural Areas***

Compared to central cities, sheltered homeless persons in suburban or rural areas are more likely to be:

- Under age 30
- White, non-Hispanic
- Part of a family with children

Homeless persons accessing shelter in suburban or rural areas are more likely to seek homeless services as part of a family, compared to homeless persons in central cities. Nearly one-quarter (23.4 percent) of the people using emergency shelters and transitional housing over the six-month

study period in suburban and rural areas are children and 37.7 percent are in families with an adult and child. By contrast, in central cities, 18.7 percent of sheltered homeless persons are children and only 23.5 percent are families with an adult and child.

**Exhibit 5-2**

**Characteristics of Persons Using Homeless Services by Type of Location**
**January through June 2006**

| Characteristic | Percentage of Persons Using Homeless Residential Services in: Central Cities | Suburban & Rural Areas |
|---|---|---|
| **Ethnicity** [a] | | |
| Non-Hispanic/non-Latino | 66.8% | 95.4% |
| Hispanic/Latino | 33.2% | 4.7% |
| **Race** | | |
| White, Non-Hispanic/Non-Latino | 29.4% | 43.6% |
| White, Hispanic/Latino [b] | 17.0% | 2.9% |
| Black or African-American | 43.0% | 45.3% |
| Asian | 0.5% | 0.9% |
| American Indian or Alaska Native | 2.9% | 0.8% |
| Native Hawaiian or Other Pacific Islander | 0.5% | 0.1% |
| Multiple Races | 6.7% | 6.5% |
| **Age** | | |
| 17 and under | 18.7% | 23.4% |
| 18 to 30 years | 19.2% | 24.5% |
| 31 to 50 years | 41.9% | 38.7% |
| 51 to 61 years | 13.4% | 11.5% |
| 62 and older | 3.4% | 1.7% |
| Unknown | 3.5% | 0.2% |
| **Persons by Household Size** [c] | | |
| 1 person | 76.5% | 62.3% |
| *Homeless Families:* | | |
| 2 people | 5.6% | 8.4% |
| 3 people | 7.3% | 15.5% |
| 4 people | 5.8% | 5.2% |
| 5 or more people | 4.7% | 8.6% |
| **Veteran (adults)** [d] | 14.7% | 13.1% |
| **Disabled (adults)** [d] | 34.4% | 46.6% |
| **Number of Homeless Persons** | 867,709 | 283,157 |

[a] A substantial number of records were missing ethnicity information (24 percent).

[b] It is not possible to identify other race-Hispanic/Latino categories (e.g., Black, Hispanic/Latino) because the aggregate race data provided by communities are not broken out by these categories. Non-white Hispanic/Latinos are included within the other race categories.

[c] If a person is part of more than one household over the study period, the household size reflects the size of the first household in which the person presented during the covered time period. If household size changed during the program episode (i.e., a household member left the program early or joined later), household size reflects household size on the day the person entered the program.

[d] Veteran status and whether a person had a disabling condition are recorded only for adults in the HMIS. Thus, the percentage calculations shown indicate the percent of homeless adults with this characteristic. A substantial number of records were missing information on veteran status (20.1 percent) and disability status (42.8 percent). The percentage calculations include only persons whose veteran status and disability was recorded.

These differences between central cities and suburban or rural areas are not as stark as the differences found in the first AHAR that covered a three-month period.[3] The six-month period covered by this AHAR captured a higher proportion of individuals because, once homeless, families tend to stay in shelters longer (see next section on shelter stays). The smaller difference in this report could also be driven by the inability of domestic violence providers to provide data for this AHAR, which may disproportionately affect the number of families served in suburban or rural areas relative to central cities.

## 5.2 Patterns of Shelter Use

As seen in Exhibit 5-3, AHAR data suggest that more than three-quarters of all those served by homeless residential programs (78.3 percent) used emergency shelters only during the six-month study period. Most of the rest (18.2 percent) used transitional housing programs only, and a small share (3.5 percent) accessed both types of residential services.

**Exhibit 5-3**
**Share of Sheltered Homeless Persons Using Emergency Shelters and Transitional Housing: January 1 to June 30, 2006**

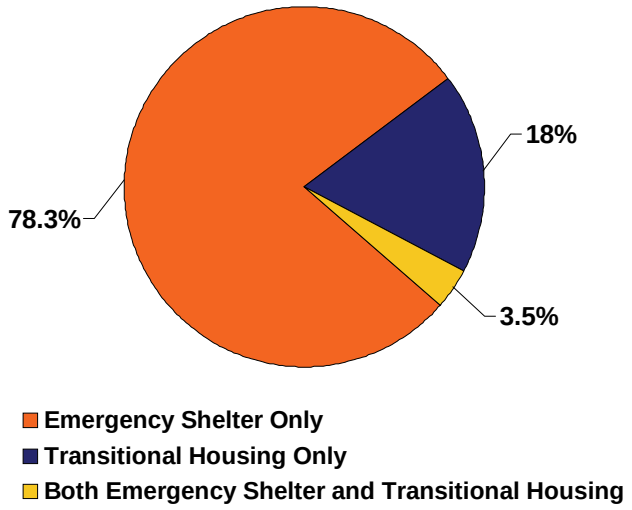



Exhibit 5-4 (emergency shelters) and Exhibit 5-5 (transitional housing) provide information on the number of nights during the six-month study period that unaccompanied homeless persons and persons in households with families used homeless residential services. Note that this analysis covers just the shelter use over the January to June 2006 period. It does not reflect the fact that some people were already living in emergency shelters or transitional housing prior to the study period and some continued living there after the study period ended. Thus, the data more likely reflect actual length of stay experience for persons that use emergency shelter than for persons using transitional housing.

As expected, the median amount of time spent in transitional housing (114 of the 181 night period) is much larger than the median time spent in emergency shelters (17 nights) during the period. These differences reflect the different purposes of these residential programs. Emergency shelters are intended to be short-term housing programs until the person can regain or find new permanent housing or, if needed, enter a transitional housing program. A transitional housing stay can last up to two years before the person obtains permanent housing, because many of these programs are designed to help homeless persons resolve difficult issues that contribute to their homelessness. For example, transitional housing programs supplement their residential

[3] In the first AHAR (covering February through April 2005), 48 percent of sheltered homeless persons in suburban or rural areas were served as part of a family with at least one adult and one child compared to 29 percent of sheltered homeless persons in central cities.

services with intensive on- and off-site supportive services—e.g., substance abuse counseling, mental health services, employment assistance, life skills training, and education services—that take time to affect individual outcomes and lead to housing stability.

**Exhibit 5-4**

**Number of Nights in Emergency Shelters During the Study Period**

| | All Sheltered Homeless Persons | Unaccompanied Persons [a] | | Persons in Households with Children [b] |
|---|---|---|---|---|
| | | Male | Female | |
| **Percentage of Population by Number of Nights in Emergency Shelters (maximum = 181)** [c] | | | | |
| 1 to 7 nights | 39.0% | 45.3% | 40.1% | 18.8% |
| 8 to 30 nights | 25.6% | 25.3% | 26.2% | 26.1% |
| 31 to 60 nights | 16.4% | 14.4% | 16.6% | 22.6% |
| 61 to 90 nights | 9.2% | 7.8% | 7.7% | 14.6% |
| 91 to 120 nights | 3.6% | 2.8% | 4.9% | 4.6% |
| 121 to 150 nights | 2.2% | 1.8% | 1.5% | 4.3% |
| 151 to 180 nights | 2.2% | 2.2% | 2.0% | 2.2% |
| 181 nights | 1.9% | 0.5% | 1.0% | 6.7% |
| ***Median Number of Housing Nights*** | *17* | *12* | *16* | *37* |

[a] Unaccompanied persons includes all persons (including unaccompanied youth) who did not enter a shelter as a household with at least one adult and one child.

[b] Each person in the household is counted separately.

[c] The results are for the covered time period, and do not reflect the fact that some people were already living in the shelter prior to the study period and some will continue living there after the study period.

In both emergency shelters and transitional housing there are very different patterns for persons in households with children and unaccompanied individuals. First, persons in households with children comprise over half (53 percent) of the transitional housing users, but less than one-quarter (22 percent) of the emergency shelter users. Within each of these program types, persons in households with children have a median stay that is approximately twice as long as unaccompanied individuals.

***Patterns of Shelter Use over a Six-Month Period***

For persons in households with at least one adult and one child:

- 207,000 use an emergency shelter
- 116,000 use transitional housing
- They comprise 22% of emergency shelter users and 53% of transitional housing users

Among persons who access emergency housing, Exhibit 5-4 shows that about 19 percent of the persons in households with children stay a week or less compared to 40 percent of unaccompanied females and 45 percent of unaccompanied males. On the other end of the spectrum, about 7 percent of the persons in families stay at an emergency shelter every night (181 nights) during the study period compared to less than one percent of unaccompanied individuals.

The median length of stay for persons in families is 37 days compared to 16 days for unaccompanied females and 12 days for unaccompanied males.

As can be seen in Exhibit 5-5, there are also differences in length of stay in transitional housing between individuals and households with children. The median length of stay for persons in households is 135 days compared to 94 days for unaccompanied females and 72 days for unaccompanied males. Transitional housing programs usually allow clients to stay for up to two years while working toward a permanent housing solution, so it not surprising that many people stay there during the entire six-month period.[4] Almost one-third (30 percent) of persons in families stayed in transitional housing the entire 181-day period compared to only 13 percent of unaccompanied males. The share of unaccompanied females staying the whole period is close to that of persons in families (27 percent). Overall, the amount of time in transitional housing (as well as emergency shelters) for unaccompanied females is in-between the shorter stays of unaccompanied males and the longer stays of persons in families; however, their patterns are closer to their single male counterparts than to persons in households with children.

**Exhibit 5-5**

**Number of Nights in Transitional Housing During the Six-Month Study Period**

| | All Sheltered Homeless Persons | Unaccompanied Persons [a] | | Persons in Households with Children [b] |
|---|---|---|---|---|
| | | Male | Female | |
| **Percentage of Population by Number of Nights in Transitional Shelters** (181=maximum)[c] | | | | |
| 1 to 7 nights | 7.5% | 10.6% | 7.9% | 5.3% |
| 8 to 30 nights | 13.8% | 18.6% | 21.0% | 7.7% |
| 31 to 60 nights | 13.0% | 16.8% | 13.7% | 10.3% |
| 61 to 90 nights | 8.8% | 10.6% | 6.9% | 8.4% |
| 91 to 120 nights | 8.6% | 7.2% | 4.8% | 11.1% |
| 121 to 150 nights | 9.9% | 6.6% | 2.8% | 14.9% |
| 151 to 180 nights | 14.1% | 16.4% | 15.4% | 12.1% |
| 181 nights | 24.2% | 13.2% | 27.4% | 30.0% |
| ***Median Number of Housing Nights*** | *114* | *72* | *94* | *135* |

[a] Unaccompanied persons include all persons (including unaccompanied youth) who did not present as a household with adults and children.
[b] Each person in the household is counted separately.
[c] Note that the results are for the covered time period, and do not reflect the fact that some people were already living in the shelter prior to the study period and some will continue living there after the study period.

The shorter lengths of stay among unaccompanied persons have several possible explanations. An unaccompanied individual may find it easier to find a friend or relative to take him or her in than a family with several household members. Alternatively, a single person may be more

[4] Note that 7.5 percent of persons are reported to have stayed less than one week in transitional housing. This figure does not reflect all persons who left a transitional housing program within the first week of entry. Some of these persons were completing stays in transitional housing that started prior to the AHAR 2 reporting period or beginning stays at the end of the six-month study period.

willing to leave a shelter or a transitional housing facility and take the risks associated with life on the streets, compared to a parent accompanied by children. Families also may find it harder to leave an emergency shelter because they cannot as readily find a permanent housing unit that is large enough to accommodate their housing needs. At the same time, the effects of extended stays in emergency shelters may be particularly negative for families, especially for children.

## 5.3 Shelter Beds Used on an Average Night

Exhibit 5-6 uses AHAR data to calculate the average daily utilization rates of all year-round emergency shelter and transitional housing beds. The average daily utilization rate is equal to the average daily census during the AHAR study period divided by the number of year-round beds in the current inventory.

**Exhibit 5-6**

**Average Daily Utilization and Turnover Rate of All Year-Round Beds by Program-Household Type**

| | Emergency Shelters | | Transitional Housing | |
|---|---|---|---|---|
| | Family | Individual | Family | Individual |
| **Utilization Rate** [a] | 68.5% | 99.7% | 74.2% | 83.6% |
| **Turnover Rate** [b] | 2.2 | 6.2 | 1.1 | 1.6 |

[a] Average daily utilization is calculated by dividing average daily census during the study period by the number of year-round equivalent beds in the current inventory and then converting it to a percentage of beds utilized by multiplying by 100.

[b] This measures the number of persons served per available bed over the six-month period. It is calculated by dividing the number of persons served by the number of year-round beds.

Utilization rates are highest among individuals in emergency shelters (99.7 percent) and lowest among families in emergency shelters (68.5 percent) and families in transitional housing (74.2 percent).[5] There are several reasons why utilization rates for families are lower than utilization rates for individuals. Families are often provided with their own housing unit, rather than just a room. If the number of beds in the unit exceeds the family's needs, some of the beds will necessarily be vacant. For example, if an emergency shelter unit has four beds and a family of two stays in the unit, the bed utilization rate will be 50 percent for that unit, even though the *unit* utilization rate is 100 percent and no other family can use that unit. Furthermore, transitional housing programs for families typically set aside a much higher percentage of designated "program" slots for specific subpopulations or client characteristics (e.g., women who are recovering from substance abuse, or parents attempting to reunite with their children). These beds are more likely to remain vacant until an appropriate client requests services that fit the intended program model and goes through the assessment and intake process. Finally, since the length of stay for families is longer than for

[5] Seasonal and overflow beds are part of the total emergency shelter bed inventory, but they are not part of the year-round bed inventory on the basis of which the utilization rates shown in Exhibit 5-6 were calculated. If the utilization rate is adjusted to account for the time seasonal beds were available (e.g., if a bed was available for two months of the six-month period, count it as one-third of a bed), the utilization rate for emergency shelters serving individuals is reduced to 89 percent. The transitional housing utilization rates are not affected at all by this adjustment and the emergency shelters for families utilization rate drops by 0.2 points.

individuals, it may take more time to turn over the bed or unit when a family leaves the program. For example, this transition time may involve conducting minor repairs or reconfiguring bed/crib allocations.

Exhibit 5-6 also shows the turnover rate or the number of people served during the covered period per available bed. It is equal to the total number of people served over the six-month period divided by the number of beds. Over the six-month period, emergency shelters for individuals served an average of 6.2 people per bed. On the other end of the spectrum, transitional housing beds for families served an average of 1.1 persons per bed. The difference in turnover rates reflects both the longer lengths of stay in transitional housing (i.e., fewer beds are made available for new users) and the lower utilization rate of transitional housing beds (i.e., not all beds are in use every night).

# Chapter 6
# Looking Ahead

Compared with the first Annual Homeless Assessment report, this second AHAR includes information from several more communities and reports on a longer period (six months versus three months). The communities also provided better quality data in that the level of missing data was reduced. Despite this progress, there are still large confidence intervals around the estimates, primarily because many sample sites were not able to provide usable data from all of their program types.

Participating communities have made much progress since the start of the AHAR 2 data collection period in early 2006, but additional work is needed to increase the precision of the estimates and the breadth of information reported. HUD is continuing outreach and technical assistance activities to help communities increase the number of providers participating in HMIS and improve the quality and usefulness of data for local needs. These efforts will also enable more communities to participate in AHAR. Simultaneously, HUD continues to provide technical assistance to communities on conducting one-night street and shelter counts, which will continue to be the source of information on the unsheltered homeless population in future AHAR reports.

The third Annual Report will be the first AHAR to cover an entire year (October 1, 2006 through September 30, 2007). The first two AHARs covered shorter periods in order to allow communities additional time to implement HMIS and increase HMIS participation, as well as to permit the local HMIS coordinators a smaller amount of data to review and for which to address data quality issues. HMIS implementation has progressed to the point that communities should now be able to provide data for an entire year. Since the third AHAR will cover a one-year period, HMIS data will also be able to provide more detailed patterns of service use for people experiencing homelessness. This will help clarify the picture of current homeless service use and needs for people experiencing homelessness. For example, the third AHAR will be the first to report on differences between long-term users of emergency shelters (at least six months of the one-year period) and shorter-term users.

The fourth AHAR (and subsequent AHARs) will also cover a one-year period. This will allow direct year-to-year comparisons of numbers and characteristics of homeless people and their patterns of service use, as these reports will cover the same length period. HUD also is adding additional AHAR sample sites for the fourth AHAR to permit more detailed reporting of differences among geographic areas (i.e., city, suburban, rural) and to increase the overall precision of the estimates. Finally, HUD is encouraging additional non-sample sites to provide their information for the report.

For AHAR 5 and subsequent AHARs, HUD is planning to add information from other homeless service providers, such as street outreach providers who serve unsheltered homeless persons and permanent supportive housing providers who serve formerly homeless persons. This will increase

the coverage of AHAR reports beyond the sheltered homeless population to provide a more comprehensive picture of homelessness.

HUD is trying to find ways to allow domestic violence providers to participate in HMIS while meeting stringent requirements for protecting the identity of domestic violence victims at the local level. (Communities provide aggregate data for AHAR, so there is no risk of re-identification from data provided for the national-level AHAR.) The exclusion of homeless persons using domestic violence shelters results in an incomplete picture of homeless persons and homeless service users. The inclusion of domestic violence victims would provide a more comprehensive picture of who is homeless and for how long people are experiencing homelessness.

With the continued support of the Congress, HUD is committed to assisting communities improve local data collection in order to strategically allocate local homeless assistance funds, improve program operations, and inform future national policy aimed at reducing homelessness in the years to come.

# Appendix A.
# List of AHAR 2 Sample Sites and Contributing Communities

| AHAR Sample Sites | | | |
|---|---|---|---|
| **Community Name** | **State** | **Continuum of Care** | **Participated in AHAR 2** |
| FLAGSTAFF | AZ | Rural Arizona CoC | Yes |
| PHOENIX | AZ | Maricopa CoC | Yes |
| FRESNO | CA | Fresno/Madera CoC | Yes |
| LOS ANGELES | CA | County of Los Angeles | No |
| LOS ANGELES COUNTY | CA | County of Los Angeles | No |
| MARIN COUNTY | CA | Marin County | No |
| MISSION VIEJO | CA | County of Orange | Yes* |
| MODESTO | CA | Stanislaus County Housing & Support Services Collaborative | No |
| MORENO VALLEY | CA | County of Riverside | Yes* |
| PASADENA | CA | Pasadena Community Development Commission | No |
| PICO RIVERA | CA | County of Los Angeles | Yes* |
| SAN DIEGO | CA | City of San Diego Consortium | Yes |
| SAN FRANCISCO | CA | City and County of San Francisco | No |
| SEASIDE | CA | County of Monterey | No |
| ADAMS COUNTY | CO | The Metropolitan Denver Homeless Initiative | Yes |
| CROWLEY COUNTY | CO | State of Colorado | Yes* |
| HARTFORD | CT | Hartford CoC | No |
| STRATFORD | CT | Bridgeport CoC | Yes |
| WASHINGTON | DC | District of Columbia Homeless Services | Yes |
| WILMINGTON | DE | CoC Delaware | Yes |
| DELTONA | FL | Volusia County CoC | Yes* |
| MARION COUNTY | FL | Ocala/Marion County CoC | Yes |
| POLK COUNTY | FL | Polk/Hardee/Highlands County CoC | Yes |
| SARASOTA | FL | Sarasota/Mantee CoC | Yes |
| ATLANTA | GA | Atlanta Tri- Jurisdictional | Yes |
| AUGUSTA-RICHMOND | GA | Augusta-Richmond County | Yes |
| MACON COUNTY | GA | Georgia CoC | Yes* |
| OCONEE COUNTY | GA | Georgia CoC | Yes* |
| CHICAGO | IL | Chicago CoC | No |
| COOK COUNTY | IL | Cook County CoC | Yes |
| HARDIN COUNTY | KY | Commonwealth of Kentucky CoC | Yes |
| BOSSIER CITY | LA | Northwest Louisiana | No |
| SLIDELL | LA | Slidell/Livingston/St. Helena | Yes |
| ATTLEBORO | MA | Greater Attleboro and Taunton CoC | No |

| AHAR Sample Sites | | | |
|---|---|---|---|
| **Community Name** | **State** | **Continuum of Care** | **Participated in AHAR 2** |
| BOSTON | MA | City of Boston | Yes |
| LAWRENCE | MA | Lawrence County CoC | No |
| MONTGOMERY COUNTY | MD | Montgomery County, Maryland | Yes |
| DETROIT | MI | City of Detroit CoC | Yes |
| FARMINGTON HILLS | MI | Oakland County CoC | Yes* |
| LANSING | MI | Lansing, East Lansing/Ingham County CoC | Yes |
| MACOMB COUNTY | MI | Macomb County CoC | Yes |
| WASHTENAW COUNTY | MI | Washtenaw County/Ann Arbor CoC | Yes |
| HENNEPIN COUNTY | MN | Minneapolis/Hennepin County CoC | Yes |
| MOORHEAD | MN | West Central Minnesota CoC | Yes |
| NORMAN COUNTY | MN | Northwest Minnesota CoC | Yes* |
| ROCHESTER | MN | Southeast/South Central Minnesota Regional CoC | Yes |
| ST PAUL | MN | St. Paul/Ramsey County CoC | Yes |
| WASHINGTON COUNTY | MN | Washington County CoC | Yes |
| HATTIESBURG | MS | Mississippi Balance of State CoC | No |
| HUMPHREYS COUNTY | MS | Mississippi Balance of State CoC | Yes* |
| BILLINGS | MT | State of Montana CoC | No |
| GREAT FALLS | MT | State of Montana CoC | No |
| COUNCIL BLUFFS | NE | City of Omaha | Yes |
| BERGEN COUNTY | NJ | Bergen County | Yes |
| BRICK TOWNSHIP | NJ | Ocean County CoC | Yes |
| CAMDEN | NJ | Camden City/Camden County | Yes |
| CLARK COUNTY | NV | Southern Nevada CoC | Yes |
| ELMIRA | NY | Chemung County | Yes |
| ISLIP TOWN | NY | Suffolk County CoC Group | No |
| NEW YORK CITY | NY | New York City Coalition/CoC | Yes |
| ONONDAGA COUNTY | NY | Syracuse/Clay/Onondaga County CoC | Yes |
| CLEVELAND | OH | Cuyahoga County/Cleveland CoC | Yes |
| LANCASTER | OH | Ohio Balance of State | Yes |
| PUTNAM COUNTY | OH | Ohio Balance of State | Yes* |
| SPRINGFIELD | OH | Ohio Balance of State | Yes* |
| MIDWEST CITY | OK | State of Oklahoma | No |
| LYCOMING COUNTY | PA | Central-Harrisburg Region of Pennsylvania | No |
| PHILADELPHIA | PA | City of Philadelphia | Yes |
| SNYDER COUNTY | PA | Central-Harrisburg Region of Pennsylvania | No |
| WESTMORELAND COUNTY | PA | Westmoreland County | Yes |
| DALLAS | TX | Dallas Homeless CoC | No |
| EL PASO | TX | El Paso CoC | Yes |
| HOUSTON | TX | Houston/Harris County | Yes |

| AHAR Sample Sites | | | |
|---|---|---|---|
| **Community Name** | **State** | **Continuum of Care** | **Participated in AHAR 2** |
| CHESTERFIELD COUNTY | VA | Richmond CoC | Yes |
| PORTSMOUTH | VA | Portsmouth CoC | Yes |
| CHITTENDEN COUNTY | VT | Chittenden County | Yes* |
| ADAMS COUNTY | WA | State of Washington CoC | Yes* |
| SEATTLE | WA | Seattle-King County CoC | No |
| SKAGIT COUNTY | WA | State of Washington CoC | No |
| FOREST COUNTY | WI | State of Wisconsin CoC | Yes |
| **AHAR Contributing Communities** | | | |
| LITTLE ROCK | AR | Little Rock CoC | Yes |
| IOWA | IA | State of Iowa | Yes |
| EVANSTON | IL | Evanston CoC | Yes |
| BATON ROUGE | LA | Baton Rouge CoC | Yes |
| BALTIMORE | MD | Baltimore CoC | Yes |
| LANSING | MI | Lansing/Ingham County CoC | Yes |
| OAKLAND COUNTY | MI | Oakland County CoC | Yes |
| FLINT | MI | Flint/Genessee County CoC | Yes |
| ST LOUIS COUNTY | MO | St. Louis County CoC | Yes |
| CINCINNATI-HAMILTON COUNTY | OH | Cincinnati/Hamilton County CoC | Yes |
| TULSA | OK | Tulsa Coc | Yes |
| PORTLAND | OR | Portland/Grasham/Multnomah County CoC | Yes |
| CHATTANOOGA | TN | Chattanooga CoC | Yes |
| MEMPHIS | TN | Memphis/Shelby CoC | Yes |
| SPOKANE | WA | Spokane CoC | Yes |
| WHEELING-WEIRTON COUNTY | WV | Wheeling/Weirton County CoC | Yes |

*These sample communities had no emergency shelters or transitional housing in their jurisdictions in early 2006.

# Appendix B
# Data Collection and Analysis Methodology

## B-1 Introduction

This document summarizes the methodology for producing the Annual Homeless Assessment Report (AHAR). Abt Associates and the University of Pennsylvania Center for Mental Health Policy and Services Research (the AHAR research team) developed the methodology.

The AHAR report is based on data from the AHAR sample and from the 2006 Continuum of Care (CoC) Application.

- The AHAR sample data contain information on homeless persons that used emergency shelters or transitional housing between January 1 and June 30, 2006. The data are from a nationally representative sample of communities that aggregated and de-duplicated Homeless Management Information System (HMIS) data from emergency shelter and transitional providers in their jurisdictions. HMIS data include information on the number, characteristics, and service-use patterns of homeless persons.
- The 2006 CoC application data complement the AHAR sample data because they include an estimate of the number of unsheltered homeless persons on a single night in January 2006. They also include an estimate of the number and basic demographic characteristics of sheltered homeless persons on that night and the number of emergency shelter and transitional housing beds available to serve homeless persons. The information is from the 2006 CoC applications that all CoCs must complete to be eligible for HUD McKinney-Vento Act funding.

The remainder of this appendix describes the AHAR sample data in more detail. Section B-2 describes the population represented by the AHAR sample and the information collected about persons experiencing homelessness. Section B-3 describes how the nationally representative sample was selected and the number of communities that were able to contribute local HMIS data to the AHAR. Section B-4 presents the results of the data cleaning process and describes how usable data was identified for the final AHAR analysis file. Section B-5 describes the process for developing the analysis weights for each site to produce nationally representative estimates.

# B-2 Data and the AHAR Table Shells

This section describes the target population for inclusion in the AHAR sample, the source of data, and the data collection instrument (i.e., the AHAR table shells).

## Target Population for the AHAR Sample

The AHAR sample represents all persons experiencing homelessness who used a homeless residential service during a six-month period. Specifically, the AHAR sample represents persons who used an emergency shelter or transitional housing facility during the AHAR data collection period (January 1 through June 30, 2006).

This population does not include individuals who are homeless, but live in an area that is not within a CoC or live in a CoC community but do not use an emergency shelter or transitional housing program. However, because CoCs cover 97 percent of the U.S. population, including all areas thought to have a high rate of homelessness, few homeless persons are likely to live outside CoC communities. The target population also excludes CoCs in Puerto Rico and other U.S. territories. Hence, the estimates represent only the 50 U.S. states. The unsheltered homeless population—persons who live on the street or other places not meant for human habitation—is not represented by the AHAR sample if they do not use an emergency shelter or transitional housing facility at any time during the data collection period. The unsheltered homeless population may have different socio-demographic characteristics than the sheltered homeless population that are in the AHAR sample.

One important caveat to the use of HMIS data for national reporting is that an important subset of homeless service providers is not permitted to fully participate. "Victim service providers"[1] are prohibited from entering personally identifying information into an HMIS by the 2005 Violence Against Women and Department of Justice Reauthorization Act. Although Continuums of Care were required to include these programs as part of their housing inventory in the CoC funding application, we excluded their beds from our extrapolations and thus persons using residential "victim services" programs are not included in the national estimate of the sheltered homeless population.[2]

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[1] The term victim service provider is defined as "a nonprofit, nongovernmental organization, including rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking." (72 FR 5056, March 16, 2007)

[2] In a few cases, AHAR communities did include HMIS data from victim services providers. In order to be consistent, we adjusted down our final analysis weights to exclude data from these programs.

## Homeless Management Information System Data

The information on homeless persons in the AHAR sample is based on Homeless Management Information System (HMIS) data that are collected by local homeless assistance providers. HMIS are computerized data collection applications operated by Continuums of Care that store data on homeless individuals and families using homeless assistance services.

HMIS data have a few important features. First, HMIS data have been standardized nationally in accordance with HUD's National HMIS Data and Technical Standards Notice (Data Standards).[3] All HUD McKinney-Vento funded homeless programs are required to collect 14 universal data elements from every client served. The Data Standards provides definitions for each data element. These data are essential to obtaining an accurate picture of the extent, characteristics and patterns of service use of the local homeless population. The universal data elements include information on a client's demographic characteristics (e.g., date of birth, ethnicity and race, gender, veterans status, and disability information) and recent residential history (e.g., residence prior to program entry, program entry and exit dates, and zip code of last permanent address).

Second, HMIS data include personally identifying information that allows local communities to produce an accurate de-duplicated count of homeless persons in their communities. For each person served, programs are required to collect a client's full name, as well as a Social Security Number. This personally identifying information can be used in combination with other client-level information to calculate the number of unique users of homeless services and identify persons who use multiple types of services.

Lastly, HMIS data can be manipulated to produce a more comprehensive picture of homelessness when compared to older data collection systems (e.g., paper records). Because the data are stored electronically in sophisticated software applications, users of the data can produce cross-tabulations and other outputs that were impractical or impossible prior to the development of HMIS. As a result, HMIS data offers new opportunities to study the nature and extent of homelessness.

## The AHAR Table Shells

To facilitate the AHAR reporting process, the AHAR research team developed five sets of linked Excel spreadsheets—the AHAR table shells—for participating communities.[4] All of the information required in the table shells is based only on the universal data elements from the HMIS Data Standards. The five sets of spreadsheets include tables for:

1. Individuals served by emergency shelters;
2. Individuals served by transitional housing facilities;

[3] 69 FR 45888, July 30, 2004.

[4] Copies of the AHAR Table Shells are available on www.hmis.info.

3. Families served by emergency shelters;
4. Families served by transitional housing facilities; and
5. A summary table.

Table shells 1 through 4 (or the program-household table shells) contain several sections. The first section is an extrapolation worksheet for estimating the total number of individuals or families who used an emergency shelter or transitional housing facility during the data collection study period. The worksheet guides the community through a process for estimating the number of individuals or families served both by providers participating in HMIS and by non-participating providers. A limited amount of data from the HMIS and the Housing Inventory Chart is required to complete the extrapolation worksheet. The remaining sections in each set of table shells are designed to capture information about the homeless population in the community. Each set of table shells has embedded codes to check for data errors, such as missing values or inconsistent information. A summary sheet of data errors is automatically generated as communities complete the program-household table shells, and communities are prompted to review and correct the errors.

The final set of tables—the summary tables—is designed to save time and to increase data accuracy. The summary tables provide estimates of the total unduplicated count of persons who used a participating and non-participating emergency shelter or transitional housing program in each jurisdiction during the data collection period. The summary tables also show estimates of the demographic characteristics of this population, patterns of program use, and the average daily utilization rate among persons accessing shelters and transitional housing. Like the program-household tables, the summary tables automate many calculations and have embedded data quality checks that list error messages when inconsistent information is entered.

The AHAR table shells streamline the entry of data by linking the four program-household table shells with the summary table, which aggregates the information automatically from the four program-household table shells and records the information into the summary tables.

# B-3 Sample Selection

This section describes the procedures for selecting a nationally representative sample of 80 jurisdictions for the AHAR.

## CDBG Jurisdictions Are Primary Sampling Units

The AHAR uses the geographic areas defined for the allocation of CDBG funding as the primary sampling unit. There are four types of CDBG jurisdictions:

- Central cities;
- Cities with 50,000 or more persons (that are not central cities);
- Urban counties; and
- Rural areas or non-entitlement jurisdictions.

CDBG jurisdictions constitute the basic building blocks of CoCs. In some cases the CDBG jurisdiction and the CoC represent the same geographic area (e.g., central cities are often a single CoC), but in other situations the CDBG jurisdiction is a geographic subunit of the CoC (e.g., a small city with 50,000 or more persons may be a subunit of a county-wide CoC). The selection of 80 CDBG jurisdictions ensures that a wide range of sites are included in the study and that the characteristics of persons who are homeless and their patterns of service use are measured with reasonable precision.

The sampling frame for the selection of CDBG jurisdictions was provided by the Department of Housing and Urban Development. The sampling frame is a list of all 3,142 CDBG jurisdictions within the 430 CoCs in the 50 U.S. states as of 2002.[1] The next section describes the decision to stratify the sites based on geographic type and the procedures for selecting certainty and non-certainty sites.

## Stratifying the Sample by Type of Geographic Area

A CDBG jurisdiction can be a large central city of a metropolitan area, a smaller city with a population of 50,000 or more, one or more suburban or urban fringe counties, or a rural area. As such, the number of homeless persons in each jurisdiction varies considerably.

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[1] HUD provided a file called "COC_GeoAreasInfo.xls" with a list of 3,219 CDBG jurisdictions, the type of jurisdiction, and the population of each jurisdiction. Geographic areas in U.S. territories and in Puerto Rico and three duplicate records were eliminated, resulting in a sampling frame of 3,142 CDBG jurisdictions. In addition, four CDBG areas in Massachusetts and one in New Hampshire included overlapping geographic areas and double counted the population. For these cases, the population was evenly divided across the overlapping CDBG jurisdictions before sampling.

Using the relative size of the homeless population in each CDBG jurisdiction to select a sample can increase the precision of the estimates for any particular sample size. However, the number of homeless persons in each CDBG jurisdiction is unknown, so the total population in each CDBG jurisdiction was used as a measure of relative size of the homeless population for selecting a sample. This decision is based on the assumption that there is a correlation between the number of homeless persons and the total population in the area served by the CDBG jurisdiction. This strategy is further refined by dividing the sample into strata based on the expected rate of homelessness.[2]

Prior research on homelessness indicates that the rate of homelessness varies by type of geographic area. For example, Burt (2001) found that 71 percent of the homeless persons using homeless-related services are located in central cities, but only 30 percent of the population lives in central cities.[3] By contrast, rural areas contain 9 percent of the homeless population, but 20 percent of the population. Also, suburban/urban fringe areas contain 21 percent of homeless persons, but 50 percent of the population. These findings suggest that before using the total population as a proxy for the relative size of the homeless population, the CDBG jurisdictions should be stratified by type of geographic area to take into account that the ratio of the number of homeless persons to the population varies across geographic areas. Hence, the CDBG jurisdictions were divided into four groups based on their classification for allocation of CDBG funding: central cities, other cities larger than 50,000, urban counties, and rural areas (i.e., non-entitlement areas). This stratification will increase the precision of estimates.

## Very Large CDBG Jurisdictions Selected with Certainty

Because the size of the population across CDBG jurisdictions is skewed with a few very large jurisdictions covering areas where several million persons live, a good strategy to reduce sampling variability in the estimates of the number and characteristics of homeless persons is to select very large jurisdictions in the sample with certainty. Selecting a CDBG jurisdiction with certainty means the CDBG jurisdiction will only represent itself in the sample estimates, but it ensures that the sample will not exclude the largest jurisdictions where the number and characteristics of the homeless population could have a substantial impact on national estimates.

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[2] Sampling based on the expected rate of homelessness is an attempt to obtain more precise estimates than a simple random sample. If the proxy for the expected rate of homelessness is not correlated with the actual rate of homelessness, the resulting estimates will still be unbiased; however, the extra precision gains will not be realized.

[3] Burt, Martha. 2001. "Homeless Families, Singles, and Others: Findings from the 1996 National Survey of Homeless Assistance Providers and Clients." *Housing Policy Debate, V12 (4)*, pp. 737-780. This report presents the share of homeless by Urban/Rural status. The share of the population in each type of geographic area is from the author's calculations based on March 1996 CPS data.

For selecting the certainty sites, the CDBG jurisdictions were divided into the four geographic-type strata. Assuming the rate of homelessness was the same in each area within the stratum, the standard deviation (square root of the variance) of the number of homeless for the entire stratum was calculated. Then the standard deviation was recalculated excluding the largest site (as if that site was taken with certainty) to obtain a relative estimate of the reduction in the variance of the estimates that would occur if that site was selected with certainty. If there is a substantial reduction in the variance due to the selection of the certainty unit, then the overall variance of the sample estimates will be smaller as the variance contribution to the estimate from the certainty sites is zero. This process of selecting the next largest site as a certainty site was continued until the reduction of the variance or standard deviation was small or marginal. This process resulted in the identification of 11 certainty sites consisting of eight central cities, one other city larger than 50,000, and two urban counties (but zero rural areas).

Based on prior research findings that homeless persons are disproportionately located in central cities, seven additional central cities were identified as certainty sites, for a total of 15 central cities in the certainty sample (and 18 certainty sites in total). These seven additional central cities were selected with certainty because they had among the largest populations of persons living in emergency and transitional shelters in the 1990 and 2000 Census counts.[4] All seven of these certainty sites had one of the ten largest counts in either 1990 or 2000.[5] Because so many homeless persons live in these cities, it is important to include them with certainty in a nationally representative sample. Exhibit B-1 lists the 18 CDBG jurisdictions selected with certainty.

## Selection of Non-Certainty Sample

To select the remaining 62 sample sites, the 3,124 CDBG jurisdictions were divided into sixteen strata based on the four types of geographic areas and Census regions. As discussed earlier, the sample was divided into strata based on the type of geographic area because past research has indicated that the rate of homelessness is higher in central cities than in other areas. The sample was further divided into census regions because business cycles might affect regions differently and thus the rate and trend in homelessness might vary across regions. Dividing the sample into strata that are more similar in terms of the rate of homelessness and the characteristics of homeless persons than the overall population reduces the variance of the sample estimates for a particular sample size. Stratified sampling also removes the possibility of some undesirable samples. For example, with a simple random sample, one of the possible samples that could be selected would be only sites in rural areas or only sites in the northeast. By stratifying, these undesirable possibilities are eliminated.

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[4] For 1990 counts, see: HUD (1992), "Allocating Homeless Assistance by Formula." A Report to Congress. For 2000 counts, see: U.S. Census Bureau (2001), "Emergency and Transitional Shelter Population: 2000." A Census 2000 Special Report.

[5] The other eight certainty sites in central cities were all ranked in the top 15 in the 1990 or 2000 Census counts.

One possibility considered was to allocate the sample to the stratum in proportion to the population in each stratum. However, this method ignores the research that suggests a disproportionate share of the homeless are located in central cites. By ignoring this information, there would be a relatively high degree of imprecision in the national estimates. If this allocation method were used, 20 of the 62 non-certainty sites would be allocated to central cities, 6 to non-central cities, 16 to urban counties, and 20 to rural areas. Hence, the same number of rural areas as central cities would be selected even though prior research suggests only 9 percent of the homeless population lives in rural areas whereas 70 percent live in central cities.

**Exhibit B-1**

**Geographic Characteristics and Population of the 18 Certainty Sites**

| | Geographic Areas | Type of CDBG Entity | Size of Housed Population | Census Region | CoC Name |
|---|---|---|---|---|---|
| 1 | NEW YORK CITY | Central City | 8,008,278 | Northeast | New York City Coalition/CoC |
| 2 | LOS ANGELES | Central City | 3,694,820 | West | County of Los Angeles, Ca |
| 3 | CHICAGO | Central City | 2,896,016 | Midwest | Chicago CoC |
| 4 | HOUSTON | Central City | 1,953,631 | South | Houston/Harris County |
| 5 | PHILADELPHIA | Central City | 1,517,550 | Northeast | City of Philadelphia |
| 6 | PHOENIX | Central City | 1,321,045 | West | Maricopa CoC |
| 7 | SAN DIEGO | Central City | 1,223,400 | West | City of San Diego Consortium |
| 8 | DALLAS | Central City | 1,188,580 | South | Dallas Homeless CoC |
| 9 | DETROIT | Central City | 951,270 | Midwest | City of Detroit CoC |
| 10 | SAN FRANCISCO | Central City | 776733 | West | City and County of San Francisco |
| 11 | BOSTON | Central City | 589,141 | Northeast | City of Boston |
| 12 | WASHINGTON DC | Central City | 572,059 | South | District of Columbia Homeless Services |
| 13 | SEATTLE | Central City | 563,374 | West | Seattle-King County CoC |
| 14 | CLEVELAND | Central City | 478,403 | Midwest | Cuyahoga County/Cleveland CoC |
| 15 | ATLANTA | Central City | 416,474 | South | Atlanta Tri- Jurisdictional |
| 16 | LOS ANGELES COUNTY | Urban County | 2,205,851 | West | County of Los Angeles, Ca |
| 17 | COOK COUNTY | Urban County | 1,712,784 | Midwest | Cook County CoC |
| 18 | ISLIP TOWN | City >50,000 | 322,612 | Northeast | Suffolk County CoC Group |

Another possibility considered was to allocate the total non-certainty sample of 62 CDBG jurisdictions to each of the 16 strata in proportion to adjusted population in each stratum, where the adjustment takes into account different rates of homelessness across geographic areas. This allocation method produces the highest degree of precision of national estimates for a given sample size. The adjusted population is the population of persons living in an area multiplied by an adjustment factor for the expected rate of homelessness in the area. Since the rate of homelessness in central cities is roughly five times that of other areas,[6] the population in central cities was multiplied by five so that the adjusted populations reflect the relative number of homeless persons expected to be in each stratum. If the adjusted population was used to allocate the non-certainty sites across the strata, 39 of the 62 non-certainty sample sites would have been allocated to central cities, four to non-central cities, eight to urban counties, and eleven to rural areas. While optimal for national estimates, there were too few sites in the non-central city strata for sub-national estimates.

The sampling allocation procedure decided upon strikes a balance between obtaining the most precise national estimates possible with a sample of 62 non-certainty sites and obtaining reasonably sized samples from each of the four types of geographic areas. The 62 non-certainty sample sites were allocated across the 16 strata based on the square root of the adjusted population. This method results in a sample allocation between the allocation in proportion to the population and the allocation in proportion to the adjusted population. With this method, 27 of the 62 non-certainty sites are in central cities, 8 are in non-central cities, 13 are in urban counties, and 14 are in rural areas. This selection method will result in lower variances of the estimates than simple random sampling or allocating the sample in direct proportion to the population, and provides better representation of non-central city areas than the allocation in proportion to the adjusted population.

To select the non-certainty sites in each stratum, the sites were divided into groups based on size, and then one site was randomly selected from each group. The number of non-certainty sites allocated to the stratum determined the number of groups and each group in a stratum contained the same number of sites. The benefit of sampling from groups based on population size is that it ensures the sample has a similar distribution of CDBG jurisdiction-sizes as the population. Because the size of the homeless population is expected to be correlated with the total population within strata, this is an important feature of the sample. Exhibit B-2 shows the number of sites and the number of certainty and non-certainty sites selected from region-CDBG type stratum.

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[6] This ratio was determined as follows. Burt (2001) found that 71 percent of the homeless population lived in central cities in 1996. At the same time, Current Population Survey data indicate that only 30 percent of the overall population lived in central cities at that time. The ratio of the share of the homeless population to the share of the overall population in central cities is 2.36. This ratio is 0.42 for non-central city portions of MSAs and 0.46 for rural areas. Dividing the central city ratio by the rural ratio (2.36/0.42) equal 5.1, suggesting that the rate of homelessness is about 5 times higher in central cities than rural areas.

| Exhibit B-2<br>Number of Sites in Universe and Sample by Region-CDBG Type | | | | |
|---|---|---|---|---|
| **Stratum** | **# of Geographic Areas in Universe** | **# of Certainty Sites in Sample** | **# of Non-Certainty Sites in Sample** | **Total Sample** |
| Northeast Central City | 86 | 3 | 5 | 8 |
| South Central City | 151 | 4 | 8 | 12 |
| Midwest Central City | 124 | 3 | 7 | 10 |
| West Central City | 106 | 5 | 7 | 12 |
| Northeast City >50,000 | 81 | 1 | 2 | 3 |
| South City >50,000 | 48 | 0 | 2 | 2 |
| Midwest City >50,000 | 55 | 0 | 1 | 1 |
| West City >50,000 | 114 | 0 | 3 | 3 |
| Northeast Urban County | 33 | 0 | 3 | 3 |
| South Urban County | 54 | 0 | 4 | 4 |
| Midwest Urban County | 33 | 1 | 3 | 4 |
| West Urban County | 34 | 1 | 3 | 4 |
| Northeast Non-Entitlement County | 148 | 0 | 3 | 3 |
| South Non-Entitlement County | 812 | 0 | 4 | 4 |
| Midwest Non-Entitlement County | 890 | 0 | 4 | 4 |
| West Non-Entitlement County | 373 | 0 | 3 | 3 |
| Total | 3142 | 18 | 62 | 80 |

The sample sites contain over 40 million persons, or approximately 16 percent of the population living within CoC communities and 14 percent of the U.S. population. The expectation is that the sample will contain an even higher proportion of the U.S. homeless population, since the selection procedures were designed to over sample areas with a high rate of homelessness (i.e., central cities). In fact, over half of the selected sites (42 sites) are central cities, even though only one third of the total population lives there. The other 38 sample sites were distributed across non-central cities with a population over 50,000 (9 sites), urban counties (15 sites), and non-entitlement/rural areas (14 sites). Appendix A lists all CDBG jurisdictions selected for the sample.

## Addition of Contributing Sites

In addition to the 80 sample sites selected for the study, other communities volunteered to provide data for the report to help produce more precise national estimates. These additional communities are referred to as "contributing sites." Sixteen communities volunteered and were able to provide data for use in the first AHAR report. Like sites selected with certainty, the data from these sites represent only their community in the national estimates. As discussed in Section B-5, the non-certainty sample sites represent all the communities that were not selected with certainty and that are not contributing sites. The contributing sites are also listed in Appendix A.

# B-4 AHAR Data Cleaning

This section presents the data cleaning results for the AHAR. For each AHAR sample community and contributing site, the program-household type table shells (described in Section B-2) were reviewed for reporting irregularities. In particular, the review focused on four indicators:

- Bed coverage rate;
- Average daily bed utilization rate;
- Proportion of missing variables; and
- Key caveats from participating sites.

## Bed Coverage Rate

Bed coverage rates refer to the proportion of beds in the AHAR community that participate in HMIS. This indicator is important because the accuracy of the extrapolation technique depends on obtaining reasonably high bed coverage rates.[7] Each program-household table shell was assessed independently, and a table shell with a bed coverage rate below 50 percent was excluded from the final AHAR analysis file.

## Average Daily Bed Utilization Rate

The average daily bed utilization rate refers to the frequency of bed use on an average day. The utilization rate is equal to the number of homeless persons who use a program on an average day during the covered time period divided by the total number of year-round equivalent beds[8] in the current inventory during the study period. Utilization rates above 100 percent were typically indicative of missing exit dates, and unusually low utilization rates often suggested that communities did not enter data on all clients served. In most situations where unusually high or low utilization rates could not be explained or confirmed by the community, the data from the entire program-household table shell was not used for analysis. However, in

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[7] Prior to releasing the table shells, the extrapolation procedures were tested with data from Philadelphia and Massachusetts under a variety of coverage rate assumptions. This was done by taking a random sample of providers (to match 50 percent, 75 percent, and 90 percent coverage rates) and comparing the extrapolated estimates to the true population counts for these jurisdictions. The findings were that extrapolation estimates were substantially more accurate when the bed coverage rate was 75 percent or higher. However, the threshold was set at the 50 percent coverage rate to obtain a more diverse sample of sites. (See 2004 National HMIS Conference Breakout Session Materials "Extrapolation Methods" for more information on the extrapolation testing. These materials are available on www.hmis.info.)

[8] A year-round equivalent bed counts seasonal beds as partial beds in direct proportion to the amount of covered time period that the provider makes the bed available. For example, a bed from a provider with a seasonal bed open in January, February and March would count as one-half of a bed if the covered time period is January through June.

some situations, the site representative was able to explain why the total length of stay information—which is needed for the average daily utilization calculation—was inaccurate but the total count and characteristics of persons served were accurate. In these situations, their data were included in the analysis, but the inaccurate information was set to missing and calculated estimates were based on the sites with non-missing data.

## Proportion of Missing Variables

Missing data limit the ability to present a complete picture of homelessness. Exhibit B-3 presents the proportion of missing values for the weighted AHAR data. The data element where we were most constrained by missing values was disability status, which was missing for 42.8 percent of adult clients. As expected, the proportion of missing information was also high for data that communities were not required to collect prior to the release of HUD's Data Standards: living arrangement prior to program entry (33.4 percent), length of stay in prior living arrangement (38.6 percent), and zip code of last permanent address (57 percent). In addition to these variables, the proportion of missing data was also high for ethnicity (25 percent), race (20 percent), and veteran status (20.1 percent).

Table shells from the AHAR analysis file were not excluded because of missing information. Instead, the estimates are based on non-missing data and we have marked the estimates based on data elements with missing rates over 20 percent.

**Exhibit B-3**

**Proportion of Missing Values Across all AHAR Program Household-Type Table Shells (weighted data)**

| Variable | % Missing | Variable | % Missing |
|---|---|---|---|
| 1. Gender of Adults | 0.6% | 8. Disability Status | 42.8% |
| 2. Gender of Children | 0.3% | 9. Household Type | 0.5% |
| 3. Ethnicity | 25.0% | 10. Living Arrangement Prior to Program Entry | 33.4% |
| 4. Race | 20.0% | 11. Length of Stay in Prior Living Arrangement | 38.6% |
| 5. Age | 2.7% | 12. Zip Code of Last Permanent Address | 57.0% |
| 6. Household Size | 0.3% | 13. Number of Nights in Program | 3.0% |
| 7. Veterans Status | 20.1% | | |

## Key Caveats

A few communities submitted AHAR data with important caveats. The caveats provide a context for their data and at times offer a cautionary note on the interpretation of the data. The caveats can be categorized as follows:

- *Underrepresentation of data*: A few communities indicated that specific subpopulations are not represented in their data because some service providers do not participate in HMIS. This is particularly relevant for women served by domestic violence shelters, who were prohibited from entering personally identifying information into an HMIS.
- *Overrepresentation of data*: Some communities, particular smaller jurisdictions, indicated that their AHAR data represented only one type of service provider.
- *Definition of an AHAR family*. For many AHAR communities, the definition of a family in the AHAR is different from the local definition. AHAR communities were asked to reclassify individuals and beds to meet the AHAR definition. As a result, communities indicated that their AHAR bed counts would not match the information reported in their Housing Inventory Chart.[9]
- *Defining program types*. New York City was the only community that included a caveat on how they defined an emergency shelter and a transitional housing program for the AHAR table shells. New York City has a "right to shelter" law and therefore functions primarily as an emergency shelter system. For the purposes of the AHAR, New York distinguished program types by funding source. Providers who receive HUD's Emergency Shelter Grant funding were classified as emergency shelters, and providers who receive HUD's Supportive Housing Program (SHP) funding were classified as transitional housing.
- *Bed Utilization Rates for Family Programs*. Bed utilization rates were calculated by dividing the number of persons served on an average night by the total number of available beds. Several AHAR communities noted that their family programs operate on a unit basis so the bed utilization rate is not a meaningful measure for them. For example, they might have 20 family units that each has five beds per unit. If this program is serving 20 families with three persons per family, technically the beds are only 60 percent utilized but in reality the program is operating at 100 percent of its capacity.

AHAR table shells were not excluded from the analysis file because of these caveats. However, these caveats are noted in the AHAR report to properly contextualize the information.

Each of these data quality indicators was recorded and tracked in an Access database by AHAR community. The database was updated bi-weekly during the period that sites submitted completed table shells (August - December 2006). At the end of this period, staff

[9] In several communities, there were considerable discrepancies between the bed inventory reported on the AHAR table shells and the inventory reported in the Housing Inventory Chart that was not associated with the AHAR definition of a family or the geographic definition of the AHAR jurisdiction. The bed inventory information reported in the AHAR tables was used for all calculations requiring this information.

reviewed the information in the Access database, as well as each program-household table shell, to gauge whether each community's data could be included in AHAR.
Based on these indicators, all 80 sample communities and 16 contributing communities were classified into five categories that describe the usability of their AHAR data. Exhibit B-4 summarizes the findings. Overall, 74 communities are participating in the AHAR, including 58 sample communities and 16 contributing sites. Among these communities, 18 contributed usable data across all 4 program-household table shells, 42 submitted usable data for only some of their table shells, and 14 had no emergency shelter or transitional housing providers located within the sample site.[10]

In total, 22 of the 80 sample communities (28 percent) were unable to participate in the AHAR. Most of these sites were unable to participate because of implementation issues that did not enable the site to produce any information from their HMIS. A few of the sites were far enough along to submit data, but were still working through kinks in their implementation or had recently made major changes to their system that made the quality of the data suspect. Data were judged to be unusable if the bed coverage rate was below 50 percent, if the community contact expressed concern that the data were not accurate, or if the other quality control procedures raised issues that site staff could not rectify.

**Exhibit B-4**

| Status | Total | | Number of Sample Communities | Number of Contributing Sites |
|---|---|---|---|---|
| | Percent | Number | | |
| **Participating in the AHAR** | | | | |
| All Table Shells | 19% | 18 | 11 | 7 |
| Partial Table Shells | 44% | 42 | 33 | 9 |
| Zero Providers | 15% | 14 | 14 | 0 |
| **Subtotal** | **78%** | **74** | **58** | **16** |
| **Not Participating in the AHAR** | | | | |
| Submitted Unusable Data | 11% | 11 | 11 | 0 |
| No Data Submitted | 11% | 11 | 11 | 0 |
| **Subtotal** | **22%** | **22** | **22** | **0** |
| **Total** | **100%** | **96** | **80** | **16** |

[10] These sites still contribute towards the national count of homelessness, because they represent other communities with zero providers.

# B-5 AHAR Weighting and Analysis Procedures

This section describes the process of progressing from the raw HMIS data provided by participating communities to the national estimates. The estimates of the number and characteristics of the homeless population using residential service providers are based on weighted data. The weights were designed to produce nationally representative estimates from the sites that provided data. The steps for obtaining the final estimate are listed here and described in more detail below.

- **Step 1:** Staff from the AHAR sites filled out table shells with information (the raw data) from emergency shelters and transitional housing providers that entered data into their local HMIS.
- **Step 2:** The raw data were adjusted by program-household type within each site to account for providers that did not participate in the site's HMIS.
- **Step 3:** Base sampling weights were developed assuming 100 percent of the selected AHAR sample sites provided information.
- **Step 4**: Base sampling weights were adjusted to account for contributing sites.
- **Step 5**: The weights were adjusted for non-response to arrive at the analysis weights.
- **Step 6** The analysis weights were adjusted to account for new CDBG jurisdictions added since 2002.
- **Step 7:** Final adjustment factor was derived to account for users of multiple program types.
- **Step 8:** National estimates were calculated using the final weight (Step 6) and the final adjustment factor (Step 7).

**Step 1: Staff from the AHAR sites filled out table shells with information from emergency shelters and transitional housing providers that entered data into their local HMIS.**

Each AHAR site was provided table shells to record their HMIS information (the raw data) on the number of homeless persons, their characteristics, and their patterns of service. There were separate table shells for each of the four program-household type table shells: individuals using emergency shelters (ES-IND); persons in families using emergency shelters (ES-FAM); individuals using transitional housing (TH-IND); and persons in families using transitional housing (TH-FAM). The information was then aggregated into a fifth set of tables, the summary tables, to provide total cross-program estimates for the site. The table shells can be viewed and downloaded from: www.hmis.info.

**Step 2**: **The raw data were adjusted by program-household type within each site to account for providers that did not participate in the site's HMIS.**

The raw data at each site were upwardly adjusted to account for non-participating providers (i.e., providers that did not submit their data to HMIS). This adjustment, or extrapolation, was done separately by program-household type within each site. The extrapolation technique assumes that non-participating providers serve the same number of unique persons per available bed as participating providers during the covered period, and makes a small adjustment for the overlap between users of participating and non-participating providers.[11]

The post-extrapolation results for each site are estimates of the homeless population served by each program-household type and the total sheltered homeless population at all emergency shelters and transitional housing in the entire site during the covered period.

**Step 3: Base sampling weights were developed assuming 100 percent of the selected AHAR sample sites provided information.**

The largest sites (i.e., the CDBG jurisdictions with the largest populations) were selected with certainty. Since they were selected with certainty, their base sampling weight is 1.0, meaning their data is meant only to represent their site. Non-certainty sites were divided into 16 stratums based on the four Census regions (East, West, Midwest, and South) and four CDBG types (three types of entitlement communities—central city, urban county, other city with population greater than 50,000—and one type of non-entitlement community). The base sampling weights for the non-certainty sites are the inverse of the probability of selection. For example, if one out of 100 sites was selected in a stratum, the base sampling weight for selected sites in that stratum would be 100 (the inverse of 1/100 =100). Each non-certainty site in a stratum had the same chance of being selected, so each has the same weight.

If all the selected sample sites provided full AHAR data (and there were no contributing sites), national estimates of the homeless population would be based on multiplying each site's base sampling weight times the extrapolated number of persons with each characteristic at the site and then aggregating across sites.

**Step 4: Base sample weights were adjusted to account for contributing sites.**

Several communities volunteered to provide their HMIS-based data for the second AHAR even though they were not part of the randomly selected AHAR sample. They are referred to as the contributing sites. The data from the contributing sites increase the accuracy of the AHAR estimates. The 16 CoCs that are contributing sites represent over 150 CDBG

[11] Since data from non-participating providers were not available, this assumption cannot be verified. However, this assumption is the most reasonable given that it is accurate when non-participating providers are missing in random or at least if they are not systematically missing in a way that is correlated with the number of people they serve per available bed.

jurisdictions.[12] All of these sites were treated like certainty sites and were given a weight of 1.0, and thus they represent only themselves in the national estimates. The base sampling weights of the non-certainty sites were adjusted downward to represent only the non-contributing sites in their stratum. For example, assume there were two sample sites in a stratum and both originally had a weight of 100. If the contributing sites represented 10 CDBG jurisdictions in that stratum, the sample weight for each sample site would be downwardly adjusted to 95. In other words, the two sample sites originally represented 200 sites in their stratum, but since the contributing sites now represent 10 of those 200 sites, the sample site only needs to represent 190 sites. The base sampling weights of the certainty sites were unaffected by the addition of the contributing sites.

If all the selected sample sites and the 16 contributing sites provided full AHAR data, national estimates of the homeless population would be based on multiplying each site's base weight times the extrapolated number of persons with each characteristic at the site and then aggregating across sites.

**Step 5: The base weights were adjusted for non-response to derive the analysis weights.**

The above base weights assume that all the sample and contributing sites provide data for all four program-household types except for program-household types for which they have no providers in their jurisdiction. Unfortunately, 22 sample sites were not able to provide any usable data, and 42 others were not able to provide data for all their program-household types (i.e., they provided partial data). Nine of the contributing sites also provided only partial data. In addition, 14 sample sites had zero providers. These zero-provider sites are part of the estimate (because they represent themselves and all the non-sample zero-provider sites), but they need to be treated different from the other sites because there was not any non-response from the zero-provider sites. Once it was confirmed that the site had zero providers, no further information was needed. Since these zero-provider sites did not have any information to put in the AHAR table shells, none of them was a non-respondent.

Because some participating sites provided only partial data (i.e., data on some, but not all of their program-household types) and because these were useful data for the AHAR report, the non-response adjustment to the weights was done separately for each of the four program-household types. That is, each site contributing data to the AHAR has four analytic weights—one for each program-household type. However, for any program-household table that the site was not able to provide data, the analytic weight is zero. The respondent sites for that program-household table represent the site. (Step 8 describes the procedures for aggregating across program-household tables to arrive at the national estimates.)

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[12] The AHAR sample consists of CDBG jurisdictions, which are either the same as the CoC or just part of the area covered by the COC. CDBG jurisdictions are the building blocks of the CoC. The contributing sites volunteered as CoCs. The Iowa State COC represents 104 CDBG jurisdictions: 96 non-entitlement communities and eight central cities. The other contributing sites represent between one and seven CDBG jurisdictions.

Below is a description of how the weight for each type of site was adjusted for non-response to derive the final analysis weights.

(a) The weights of the ***contributing sites*** did not change; each contributing site continues to represent itself with an analytic weight of 1.0 for each program-household type for which they provided data.

(b) The weights of the ***zero-provider sites*** did not change. Their weight remained the base weight that was calculated in Step 4. Their weight did not change because all the zero-provider sites are in the analysis sample. In essence, there was 100-percent response from the zero-provider sites. Put differently, since none of the *non-response* sites have zero providers, the zero-provider sites would not appropriately represent them.

(c) For the ***certainty sites*** providing data, base weights were adjusted so that the analytic weights represented all certainty sites. This adjustment was done separately for each program-household type within four weighting classes based on region: North, South, East, and Midwest.[13] The non-response adjustment was based on the relative number of shelter beds in the non-respondent sites, because there can be a high degree of variance in size between certainty sites. The non-response adjustment formula was as follows:

| Total # of program-household type beds at certainty sites in region | ÷ | # of program-household type beds at respondent certainty sites in region |
|---|---|---|

For example, assume that six of the seven certainty sites in the West provided TH-IND data and one site did not. If the non-respondent certainty site had 1000 TH-IND beds and the six participating certainty sites had 5000 beds, the weight of the six participating certainty sites would be multiplied by 6/5$^{ths}$ (6000 divided by 5000). This adjustment assumes that the non-respondent certainty sites would serve approximately the same number of persons per bed as the participating certainty sites. The non-response adjustment for certainty sites was derived separately based on the judgment that homeless providers in central cities in the same region were more likely than central cities nationally to serve persons with similar characteristics.

(d) For the ***non-certainty sites***, the weights of the participating sites were upwardly adjusted so that they would also represent all the sites that were meant to be represented by the non-respondent sample sites. This adjustment was done separately for each program-household type within three weighting classes based on type of CDBG jurisdiction: (1) central city, (2) city > 50,000, and (3) urban and rural counties. The non-response adjustment was based on the ratio of the total number of sample sites in the weighting class divided by the number of participating sites.

[13] Fifteen of the 18 certainty sites are central cities, so the non-response adjustment is essentially being done within CDBG type also.

The adjustment calculation works as follows. Suppose there are 15 non-certainty sample sites in urban and rural counties but only 10 of those selected sample sites were able to participate in the AHAR, the base weight for these participating, non-certainty sites would be multiplied by 1.5 (15 ÷ 10 = 1.5) to create the analytic weight for ES-FAM data.

**Step 6: Final analysis weights were updated to reflect new CDBG jurisdictions added since 2003.**

The initial AHAR sample was drawn based on the number of CDBG jurisdictions in existence in 2002. However, since that time the number of CDBGs has increased from 3143 to 3900.[14] Therefore, we had to adjust the analysis weights to account for this expansion. The increase in CDBG jurisdictions was not evenly distributed, most of the growth occurred in the South, particularly in the rural south. Thus, we needed to adjust the weights separately for each of the sixteen strata. The adjustment factor was the ratio of 2006 CDBG jurisdictions to 2002 jurisdictions by strata.

For example, for emergency shelters for families, the analysis weight based on 2002 CDBG jurisdictions for non-certainty southern central city sample sites was 68. This means that data from an AHAR sample site within a southern sample city was weighted to account for 68 southern central cities not included in the sample. To adjust this number we multiplied 68 by the ratio of 2006 southern central cities (207) to 2002 southern central cities (150). Applying, the adjustment factor (207/150=1.38) to the analysis weight yields the final adjusted analysis weight of 68 * 1.38 = 93.84.

These Step 6 weights are the final analysis weights. The analysis weights can be used with the sample and data provided to produce national estimates of the homeless population for each program-household type separately. However, to aggregate the data across program-household types, one further adjustment is needed to account for the persons who use more than one program-household type during the covered period.

**Step 7: Final adjustment factor was derived to account for users of multiple program types.**

To calculate national estimates that require aggregating data across the four program-household types, an adjustment must be made for persons who used more than one program-household type during the covered period. That is, if a person used an emergency shelter for individuals and then used a transitional housing program for individuals during the reporting period, the person will appear in more than one set of program-household tables. Thus, aggregating the numbers from the four tables will double count that person. It is the same type of adjustment that is embedded in the AHAR summary table shell for sites that provide data on all four program household types. For the 18 participating sites (11 sample sites + 7 contributing sites) that provided data on all four program-household types, the adjustment factor is the actual

[14] Note that the 3900 CDBG jurisdictions also include non-funded CDBGs that were not part of the original sampling frame.

adjustment factor calculated from how much overlap they report with their HMIS data. However, for the 42 participating sites that provided only partial data, it is not possible to calculate the overlap adjustment factor from their data. Instead, for all the partial reporting sites, the average overlap adjustment factor from the 18 sites that provided full data is used. Thus, for the partial reporting sites, the overlap adjustment factor is assumed to be .9571.

This overlap adjustment factor was calculated as follows.

| | | |
|---|---|---|
| Total unduplicated # of persons served at the 18 full-reporting sites | ÷ | Total # of persons served at the 18 full-reporting sites prior to accounting for persons who were served by more than one program-household type |

**Step 8: Calculate national estimates.**

To calculate the national estimates, the first step is to calculate the total number of persons with each characteristic within each of the four program-household types. Then, within program household-type, the final analysis weight (from Step 6) for each site is multiplied by the number of persons with that characteristic in that site's program-household table. Then the number of persons in each site is summed across sites to arrive at the estimated number of persons with that characteristic that was served by that program-household type. For estimates of the number of persons served by all four program-household types, the totals are summed across the four program-household types and then multiplied by the adjustment factor from Step 7. For percentage calculations, the same procedures were followed by calculating both the numerator and denominator of the desired percentage calculation.

# Appendix C.
# Point-in-Time Estimates from January 2006 of Homeless Population by State

**Exhibit C-1**

**Point-in-Time Estimates from January 2006 of Homeless Population by State**

| State | Total Sheltered Population | Total Unsheltered Population | Total Homeless Population | State Population | Homeless Rate (Percentage of State Population) |
|---|---|---|---|---|---|
| Alaska | 1,586 | 441 | 2,027 | 670,053 | 0.30% |
| Alabama | 4,080 | 1,499 | 5,579 | 4,599,030 | 0.12% |
| Arkansas | 14,704 | 1,961 | 16,665 | 2,810,872 | 0.59% |
| Arizona | 8,352 | 4,347 | 12,699 | 6,166,318 | 0.21% |
| California | 50,535 | 127,187 | 177,722 | 36,457,549 | 0.49% |
| Colorado | 7,720 | 12,414 | 20,134 | 4,753,377 | 0.42% |
| Connecticut | 4,458 | 717 | 5,175 | 3,504,809 | 0.15% |
| District of Columbia | 5,286 | 347 | 5,633 | 581,530 | 0.97% |
| Delaware | 876 | 213 | 1,089 | 853,476 | 0.13% |
| Florida | 31,169 | 31,060 | 62,229 | 18,089,888 | 0.34% |
| Georgia | 9,499 | 12,294 | 21,793 | 9,363,941 | 0.23% |
| Guam | 258 | 792 | 1,050 | 154,805 | 0.68% |
| Hawaii | 1,976 | 2,607 | 4,583 | 1,285,498 | 0.36% |
| Iowa | 3,120 | 2,053 | 5,173 | 2,982,085 | 0.17% |
| Idaho | 1,130 | 321 | 1,451 | 1,466,465 | 0.10% |
| Illinois | 11,994 | 5,139 | 17,133 | 12,831,970 | 0.13% |
| Indiana | 7,079 | 2,651 | 9,730 | 6,313,520 | 0.15% |
| Kansas | 3,246 | 1,836 | 5,082 | 2,764,075 | 0.18% |
| Kentucky | 5,917 | 1,128 | 7,045 | 4,206,074 | 0.17% |
| Louisiana | 5,529 | 1,408 | 6,937 | 4,287,768 | 0.16% |
| Massachusetts | 12,214 | 1,433 | 13,647 | 6,437,193 | 0.21% |
| Maryland | 6,656 | 2,041 | 8,697 | 5,615,727 | 0.15% |
| Maine | 2,589 | 49 | 2,638 | 1,321,574 | 0.20% |
| Michigan | 10,679 | 15,057 | 25,736 | 6,437,193 | 0.40% |
| Minnesota | 5,955 | 910 | 6,865 | 5,167,101 | 0.13% |
| Missouri | 6,858 | 1,940 | 8,798 | 5,842,713 | 0.15% |
| Mississippi | 2,633 | 548 | 3,181 | 2,910,540 | 0.11% |
| Montana | 879 | 452 | 1,331 | 944,632 | 0.14% |
| North Carolina | 7,396 | 5,018 | 12,414 | 8,856,505 | 0.14% |
| North Dakota | 537 | 77 | 614 | 635,867 | 0.10% |
| Nebraska | 2,991 | 1,117 | 4,108 | 1,768,331 | 0.23% |
| New Hampshire | 1,308 | 1,773 | 3,081 | 1,314,895 | 0.23% |
| New Jersey | 13,673 | 3,286 | 16,959 | 8,724,560 | 0.19% |
| New Mexico | 2,049 | 3,207 | 5,256 | 1,954,599 | 0.27% |
| Nevada | 3,336 | 9,654 | 12,990 | 2,495,529 | 0.52% |
| New York | 64,334 | 5,596 | 69,930 | 19,306,183 | 0.36% |
| Ohio | 11,355 | 4,080 | 15,435 | 11,478,006 | 0.13% |
| Oklahoma | 2,743 | 706 | 3,449 | 3,579,212 | 0.10% |
| Oregon | 7,678 | 7,493 | 15,171 | 3,700,758 | 0.41% |

| Exhibit C-1 | | | | | |
|---|---|---|---|---|---|
| **Point-in-Time Estimates from January 2006 of Homeless Population by State** | | | | | |
| **State** | **Total Sheltered Population** | **Total Unsheltered Population** | **Total Homeless Population** | **State Population** | **Homeless Rate (Percentage of State Population)** |
| Pennsylvania | 13,783 | 1,034 | 14,817 | 12,440,621 | 0.12% |
| Puerto Rico | 2,687 | 6,085 | 8,772 | 3,927,776 | 0.22% |
| Rhode Island | 1,332 | 108 | 1,440 | 1,067,610 | 0.13% |
| South Carolina | 5,464 | 4,150 | 9,614 | 4,321,249 | 0.22% |
| South Dakota | 987 | 42 | 1,029 | 781,919 | 0.13% |
| Tennessee | 5,606 | 3,954 | 9,560 | 6,038,803 | 0.16% |
| Texas | 20,034 | 29,208 | 49,242 | 23,507,783 | 0.21% |
| Utah | 3,247 | 434 | 3,681 | 2,550,063 | 0.14% |
| Virginia | 7,269 | 2,486 | 9,755 | 7,642,884 | 0.13% |
| Virgin Islands | 94 | 354 | 448 | 108,612 | 0.41% |
| Vermont | 742 | 247 | 989 | 623,908 | 0.16% |
| Washington | 15,561 | 6,619 | 22,180 | 6,395,798 | 0.35% |
| Wisconsin | 5,483 | 1,026 | 6,509 | 5,556,506 | 0.12% |
| West Virginia | 968 | 339 | 1,307 | 1,818,470 | 0.07% |
| Wyoming | 337 | 192 | 529 | 515,004 | 0.10% |

**Sources:** Estimates of the homeless population are based on 2006 CoC application data aggregated across CoCs in the state. State population estimates are from: U.S. Census Bureau, 2006 Population Estimates, accessible through Population Fact Finder on www.census.gov. Guam and Virgin Island population estimates are from 2000 Census.