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The Annual Homeless Assessment Report to Congress

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Abstract
The U.S. Department of Housing and Urban Development (HUD) is pleased to present this national report on homelessness in America. The report was developed in response to Congressional directives that began in 2001 and charged the Department with assisting communities to implement local *Homeless Management Information Systems* or HMIS. The primary goals in promoting local HMIS implementation are to improve the delivery of services to homeless clients and to increase understanding of their characteristics and needs at the local and national levels. According to Senate Report 109-109, "The implementation of this new system would allow the Department to obtain meaningful data on the nation's homeless population and develop annual reports through an *Annual Homeless Assessment Report* (AHAR).

Keywords
homeless, housing, neighborhood, homeless management information systems

Comments
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FOREWORD

I am pleased to submit the U.S. Department of Housing and Urban Development's Annual Homeless Assessment Report (AHAR) to Congress. This first-of-its-kind study provides important baseline data on homelessness and will allow HUD and local communities to get a more complete understanding about how many persons are homeless, what their needs are, and how we can meet their needs so they no longer have to live in shelters and on the streets.

This report is based on two sources of data. The first is a national sample of 80 local communities that have implemented Homeless Management Information Systems (HMIS). This modern data collection method allows us to understand how many people use emergency shelters and transitional housing over time. The sampling of HMIS-generated data in this report focuses on the number of homeless persons from February to April 2005. HUD intends to offer Congress more extensive HMIS data in future AHARs that will provide a longer range perspective on homeless trends.

The second source of data focuses on the number of both sheltered and unsheltered homeless persons on a given night in January 2005. Local communities conduct these point-in-time snapshot counts on a biannual basis and report their data to HUD as part of their Continuum of Care grant applications that seek funding for a wide variety of homeless housing and service programs. These snapshot counts offer communities a powerful tool to gauge their homeless challenge and to create innovative housing solutions in response.

Understanding homelessness is a necessary step to ending it, especially for those persons living with a chronic condition such as mental illness, an addiction, or a physical disability. Ending chronic homelessness remains a national goal for President Bush, HUD, and many within the homeless advocacy community.

This first annual assessment offers all of us a more complete picture of not only how many persons and families are homeless, but critical information about their needs. Good data will help those at the state, local, and federal level to create more effective strategies to house and serve those who might otherwise call the streets their home.

Alphonso Jackson
Secretary
U.S. Department of Housing and Urban Development

Acknowledgements

This first Annual Homeless Assessment Report (AHAR) is the result of a complex, four-year project to develop, collect, and analyze standardized information on homeless persons from a nationally representative sample of communities. The work began in 2002 with the award of a contract to Abt Associates Inc. and the University of Pennsylvania Center for Mental Health Services and Research. The Abt/University of Pennsylvania team responsible for implementation of the project and preparation of the report includes: Jill Khadduri (Abt) and Dennis Culhane (University of Pennsylvania), Co-Principal Investigators; Mary Joel Holin, Abt Project Director; Larry Buron (Abt), Alvaro Cortes (Abt), and Stephen Poulin (University of Pennsylvania), Senior Researchers; K.P. Srinath, Sampling Statistician; Saty Patranbansh, Senior Programmer; Adrienne Smith, Pedram Mahdavi, Michelle Abbenante, and Josh Leopold, Data Collection Staff; and Jeff Smith, Production Specialist.

The AHAR project has greatly benefited from the contributions of numerous other individuals. Paul Dornan, of HUD's Office of Policy Development and Research, and Michael Roanhouse of the Office of Community Planning and Development were the Government Technical Monitors. Without their leadership and vision, this project would not have been undertaken. Thanks to their guidance and thoughtful insights, the first AHAR is successfully concluded and a second annual report is underway. The project has also benefited from the support of other HUD staff in the Office of Community Planning and Development, especially Mark Johnston, Julie Hovden, Karen Williams, and Marty Horwath.

As part of the AHAR project, an expert panel was created in late 2002. Comprised of researchers, federal and local government officials, homeless assistance providers, and housing advocates, the panel provided guidance on the creation of a set of national data standards for Homeless Management Information Systems. The panel's work ultimately enabled the collection of standardized information for the AHAR. The members of the panel included: Martha Are, Matthew Berg, Jill Berry, Jacqueline Brown, Martha Burt, Stan Chappell, Carol Coleman, Peter Dougherty, John Fanning, Donna Friedman, Oscar Gutierrez, Michelle Hayes, Jean Hochran, Tedd Kelleher, Walt Leginski, Philip Mangano, Fay Nash, Fran Randolph, Steve Redburn, Barbara Ritter, Nan Roman, Robert Rosenheck, Lyn Rosenthal, Annetta C. Smith, Brooke Spellman, Allen Taylor, Gloria Townsend, Gayla West, Matt White, Donald Whitehead, Julie Williams, and Rob Wilson.

Several members of the expert panel continued to provide advice over the duration of the project. In particular, Martha Burt of the Urban Institute has been a key advisor. Her review of numerous drafts of the report resulted in substantial improvements.

Finally, this project and this report could not have been possible without the participation of staff from Continuums of Care, local government agencies and nonprofit agencies responsible for HMIS implementation in communities across the country as well as HMIS software solution providers. Their continued commitment to this important project is appreciated.

Contents

Executive Summary

The U.S. Department of Housing and Urban Development (HUD) is pleased to present this national report on homelessness in America. The report was developed in response to Congressional directives that began in 2001 and charged the Department with assisting communities to implement local Homeless Management Information Systems or HMIS. [1] The primary goals in promoting local HMIS implementation are to improve the delivery of services to homeless clients and to increase understanding of their characteristics and needs at the local and national levels. According to Senate Report 109-109, "The implementation of this new system would allow the Department to obtain meaningful data on the nation's homeless population and develop annual reports through an Annual Homeless Assessment Report (AHAR)."[2]

This first Annual Homeless Assessment Report is a culmination of several years of effort on the part of local communities and HUD to improve the collection of data on homeless persons. It is based on two local data sources. The first is HMIS data on ***sheltered*** homeless persons – that is, persons who used emergency and transitional housing – at any time during a three-month period, February to April 2005. The data were obtained from a nationally representative sample of communities. The second source is data on sheltered and unsheltered homeless persons provided by all Continuums of Care (CoCs) as part of their 2005 HUD application for funding. The data are based on one-night counts of sheltered and unsheltered homeless persons conducted in communities across the country in January 2005. An important advantage of the point-in-time count data is that it provides information for this report on ***unsheltered*** homeless persons – those who do not use shelters and are on the streets, in abandoned buildings, or in other places not meant for human habitation.

One benefit of preparing this first AHAR is that it has revealed the strengths and weaknesses of both local HMIS data and efforts to conduct point-in-time counts. At present, many CoCs are still in the process of implementing an HMIS.[3] While 80 communities[4] located in 71

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1 An HMIS is an electronic data collection system that stores person-level information about homeless people who access the homeless service system.

2 Transportation, Housing and Urban Development, the Judiciary, the District of Columbia, and Independent Agencies Appropriations Act of 2006 (PL 109-115), Senate Report 109-109.

3 In particular, they are working to secure the participation of homeless providers in HMIS and to improve data quality by ensuring that providers are reporting on most or all clients served.

4 Community Development Block Grant (CDBG) jurisdictions, which are the geographic building blocks of CoCs, were the primary sampling unit for the AHAR. 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. 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.

CoCs were selected to be part of the AHAR sample, not all were able to provide data for the first AHAR. Of the 80 sample sites, 55 were included in the report. Nine other communities that were not part of the original sample met the requirements for participation and volunteered their data for the report. Because some communities could not provide data for this first analysis (or could provide only partial data), the national estimates that are presented have large confidence intervals (or sampling error).[5]

The CoC application data also have limitations. As part of the annual application for funding, each CoC is required to undertake a comprehensive planning process that assesses local services; inventories emergency, transitional, and permanent supportive housing for homeless persons; and determines homeless needs through periodic point-in-time counts of homeless persons in shelter and on the street. Communities typically develop the estimates of *sheltered* homeless people by surveying providers and asking them to identify the number of persons who were in an emergency shelter or transitional housing program on the night identified for the point-in-time count. The sheltered counts are generally considered reliable.

Point-in-time counts of *unsheltered* homeless persons are much more challenging and the results less reliable. While many CoCs are conducting street counts using acceptable methodologies, some CoCs are making estimates of the numbers of unsheltered homeless persons based on presumed ratios between their sheltered and unsheltered populations. Some CoCs stretch their street counts to cover more than one day, and this can result in double counting. In addition, some CoCs clearly are adding to the count of unsheltered homeless an estimate of people believed to be about to lose their housing.

Given the limitations of the data sources used for this first 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.

The remainder of this Executive Summary reviews the key questions that are addressed in the AHAR:

- How many people are homeless on a single day in the United States?
- How many people use emergency shelters or transitional housing at some time during a three-month period?
- Who is homeless?

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

- What is the nation's capacity to provide housing for homeless persons?
- Where do homeless people receive shelter?
- What are the patterns of shelter use?

How Many People Are Homeless on a Single Day in the United States?

Both the AHAR sample and the CoC application data provide national estimates of the number of ***sheltered*** homeless persons on a single day in 2005. Three different point-in-time estimates are presented in the AHAR report. One estimate is taken from the CoC 2005 applications. CoCs reported that 415,000 people were in emergency shelter or transitional housing for a single day in January 2005. The second is a single-day estimate for the end of the HMIS data collection period, April 30, 2005. According to the HMIS sample data weighted up to provide a national estimate, 314,000 people were in emergency shelters or transitional housing on that day. The final estimate is for an *average* day during the data collection period: 335,000 people were homeless on an average day between February 1 and April 30, 2005. (Because of the incomplete reporting for the AHAR sample, the confidence interval for these HMIS-based estimates is large. We are 95 percent sure that the real number on an average day was between 235,000 and 434,000 people.) Given seasonal patterns of homelessness, it is not surprising that the number for an average day during the late winter and early spring is somewhat greater than the number for the end of April.

The CoC applications also provide information about the number of ***unsheltered*** homeless persons. As previously noted, this information is considered less reliable than CoC reports on the sheltered population. CoCs reported 338,781 unsheltered homeless persons in their communities on a single day during January 2005. Combining the sheltered and unsheltered estimates from the 2005 CoC application data, the total point-in-time estimate is 754,147 sheltered and unsheltered homeless persons in January 2005. This suggests that approximately 45 percent of all homeless persons were unsheltered at that time. The CoC point-in-time estimate represents less than 0.3 percent of the entire U.S. population.

In comparing these results with those of previous studies, there is no evidence that the size of the homeless population has changed dramatically over the past ten years. Given that the total U.S. population grew by 31 million people since 1996, no increase in the homeless population could be deemed an accomplishment. However, given the limitations of the AHAR as well as limitations of earlier studies, it is not possible to make a definitive conclusion on the change in the size of the homeless population. While the estimates presented in this report should be interpreted with caution, they do provide an important benchmark for comparison with future AHARs.

How Many People Use Emergency Shelters or Transitional Housing at Some Time During a Three-Month Period?

In addition to providing estimates of the number of homeless persons in shelter on a single day, 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 than the population at a single point in time. Point-in-time estimates capture a higher share of chronically 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 AHAR data, there were an estimated 704,000 *sheltered* homeless persons at some time during the three-month period from February to April 2005. This three-month estimate is more than twice as large as the estimate of sheltered homeless persons on an average day during this period based on data reported by the AHAR sample communities, and 70 percent higher than the CoC application point-in-time count of sheltered homeless persons for January 2005. This means that there is substantial turnover in the people who are using homeless residential services.

Who is Homeless?

Among sheltered homeless persons during the February to April period, homelessness disproportionately affects adult individuals, especially men. Forty-seven (47) percent of all sheltered homeless people are single adult men living in shelters, while only 20 percent of poor people in the U.S. are adult men living alone.

Homelessness, like poverty, also disproportionately afflicts minorities. About 59 percent of the sheltered homeless population and 55 percent of the poverty population are members of minority groups, compared with only 31 percent of the total U.S. population. African-Americans constitute 12 percent of the total U.S. population but 45 percent of people who are homeless.

Nearly one-quarter of all sheltered homeless persons are age 17 or younger. The percentage of children in emergency shelter and transitional housing is smaller than their percentage of the U.S. poverty population as a whole. Also, there are very few elderly homeless persons: less than 2 percent of the homeless population is age 62 or older, compared with 15 percent of the total population.

Past research has concluded that disabilities such as severe mental illness and chronic substance abuse are risk factors for homelessness. The AHAR sample data suggests that 25 percent of all sheltered homeless adults are disabled. People with disabilities are considered chronically

homeless if they are homeless as unaccompanied individuals and have long or repeated episodes of homelessness. Because AHAR sample communities have reported data from the HMIS for such a short period of time, it was not yet possible to base an estimate of people with chronic homelessness on HMIS data.[6] However, the CoC applications include estimates of both *sheltered and unsheltered* chronic homeless people on a single day in January 2005. According to these estimates, 17 percent of the sheltered homeless population and 30 percent of the unsheltered homeless population are chronically homeless. The share of *all* homeless people that are chronically homeless is 23 percent (169,879 persons).

What Is the Nation's Capacity for Housing Homeless Persons?

As of early 2005, there were approximately 438,300 emergency and transitional year-round beds nationwide. The inventory is distributed nearly equally among emergency shelters (about 217,900 beds) and transitional housing (approximately 220,400 beds). The mix of available year-round beds is also evenly distributed across household types, with about 216,000 beds for persons in families (49 percent) and 222,400 beds for individuals (51 percent).

In keeping with HUD's current priorities, communities across the country are devoting more resources to the development of permanent supportive housing beds when compared to emergency or transitional beds. Overall, there are about 208,700 permanent supportive beds in the nation's bed inventory for formerly homeless persons. Three-fifths of these beds (about 124,600) are in projects serving unaccompanied individuals, while two-fifths (roughly 84,100) serve persons in families.

Since 1996, the overall inventory of emergency, transitional, and permanent housing beds has increased from 607,700 to 647,000, a six percent increase in ten years. The increase in beds reflects a 35 percent *decrease* in the number of emergency beds and dramatic *increases* in the numbers of transitional and permanent supportive housing programs and beds. Transitional housing beds increased by 38 percent, and permanent supportive housing beds by 83 percent during that period.

The shift away from emergency shelter from 1996 to 2005 is likely associated with two phenomena. First, in recent years HUD has placed a priority on providing more permanent housing opportunities for homeless persons. As a result, CoCs have devoted more resources to augmenting the supply of permanent housing programs and beds in their communities. At the same time, residential programs sometimes redefine themselves, so that emergency shelters evolve into transitional housing programs in response to new needs, new funding sources and/or new understanding of what forms of homeless response would be most effective in their situation.

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[6] 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 an emergency shelter (i.e., not transitional housing) during these stays.

Where Do Homeless People Receive Shelter?

Homelessness is concentrated in central cities rather than in suburban or rural areas. This may be explained in part by the availability of more affordable housing options in rural areas compared to cities and in part by the greater number of shelters in central cities compared to suburban and rural locations. Moreover, the geographic concentration of sheltered homeless persons in central cities is remarkably different from the distribution of the poverty and total U.S. populations. Both of these populations are predominantly located in suburban or rural areas.

The characteristics of homeless people differ by where they receive shelter. Nearly half of homeless people in suburban and rural areas are in families with children, and slightly more than half are white, non-Hispanic. In central cities, more than 70 percent are homeless as individuals and only 37 percent of homeless people are white, non-Hispanic.

What Are the Patterns of Shelter Use?

Among those who used emergency shelter at some time during February to April of 2005, 71 percent were individuals and 29 percent were persons in families. The pattern is different for transitional housing, where half of the people served during the three-month period were persons in families.

The length of stay in emergency shelters and transitional housing is very different for families with children than for individuals. Once a family enters a shelter or transitional housing program, it is more likely than an individual to stay for some period of time. This may reflect the fact that living on the street or finding an alternative place to stay short term, such as someone's couch, is a less realistic option for families. It may also reflect differences in policies for programs that serve different populations.

Overall, the utilization of available year-round beds for homeless persons appears to be quite high. For emergency shelters, utilization of beds typically is greater than 90 percent. It is somewhat lower for transitional housing, and especially for transitional housing for families. There are several explanations for this. Transitional housing facilities often hold units vacant for periods that go beyond getting the unit ready for a new client, because they serve particular types of clients that need to be matched to the program. For family shelters and transitional housing, defining utilization in terms of beds can be problematic since some beds in occupied units cannot be utilized if the family is smaller than the maximum capacity of the unit.

Looking Ahead

Advancements in HMIS implementations and improvements in local reporting will greatly enhance HUD's ability to produce a more comprehensive national picture of homelessness in future AHARs. Future national reports will benefit from more and better-quality local reports

from the AHAR sample that cover a broader array of homeless service programs, including non-residential programs. In addition, subsequent reports will benefit from extended data collection time frames (more than three months) that will enable a longitudinal examination of homelessness. Finally, the AHAR sample will one day be able to provide more complete data that will enable a greater understanding of homelessness, especially the size and needs of specific homeless subpopulations such as people with disabilities and youth, utilization of homeless services other than housing, and ability to access mainstream resources.

In addition, HUD continues to provide technical assistance on accurate methods for conducting street and shelter counts in order to improve the information that is being captured about homelessness at the local level through the annual CoC application process. Better information will help to increase understanding of who is homeless in a particular community, especially among the unsheltered population, and what resources are available to house homeless people.

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

Chapter 1.
Background

This report describes the results of recent efforts by the U.S. Department of Housing and Urban Development (HUD) to collect information and report on homelessness in the United States. Reliable information about homeless Americans is essential to understanding the extent and nature of this national problem, assessing the effectiveness of homeless assistance programs and understanding how programs can be improved. It is also critical for making informed decisions about how we should allocate limited resources to meet a pernicious public problem. This effort should also be understood in the context of earlier efforts to document the number of people who are homeless and Congressional direction to HUD to improve data collection on homelessness at the state and local levels. This report also provides Congress and others with the first results from HUD's efforts to work with communities implementing Continuums of Care (CoCs)[1] to generate reliable information on homelessness.

This chapter presents a general overview of the challenges to counting homeless persons, reports estimates of the homeless population size from past studies, and describes Congressional directives to HUD on improving homeless information. The first section focuses on a fundamental question that has stirred considerable public debate for many years: who should be counted as homeless? This is followed by a discussion of how methods for measuring homelessness have evolved since the 1980s. The chapter concludes with a review of the direction provided to HUD by Congress on the topic of improving information on homelessness.

1.1 Defining the Scope of Homelessness

Defining the scope of homelessness has proven controversial since the issue first gained broad public attention during the 1980s. Public debate has revolved around how widely to view the scope of "residential instability" and how to target scarce resources to address it. In general, residential stability can be divided into two broad categories of people: those who are "literally homeless" and those who are "precariously housed."

- ***Literally Homeless***. These include people who for various reasons have found it necessary to live in emergency shelters or transitional housing for some period of time. Most tragically, this category also includes people who sleep in places not meant for human habitation (for example, streets, parks, abandoned buildings, and

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

subway tunnels). These "street homeless" people may also use shelters on an intermittent basis.

- ***Precariously Housed***. These are people on the brink of homelessness. They may be doubled up with friends and relatives or paying extremely high proportions of their resources for rent. They are often characterized as being at imminent risk of becoming homeless.

The McKinney-Vento Act's homeless definition governs HUD's assistance programs. It specifically targets persons living in shelters or in places not meant for human habitation, but not people in precarious housing situations. 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."

The scope of homelessness is also affected by whether one is enumerating persons or households. Some enumerations focus on homeless households, counting a single adult and a mother with two children as two households. Other enumerations report homeless people, and therefore would report the single adult and the mother with two children as four homeless people. Most enumerations do both, specifically breaking out the number of family *households* and the *number of people in families* from the number of single adults enumerated.

This first Annual Homeless Assessment Report to Congress will report the number of persons and households who are literally homeless: those using emergency shelters or transitional housing or living on the street. The report provides estimates for the number of homeless adults, children, and households.

1.2 Evolution in Techniques for Measuring Homelessness

Our understanding of the nature of homelessness has changed with advances in data collection techniques. These techniques have evolved from collecting expert opinions to producing counts derived from: (1) a single-night—or point-in-time—count; (2) a one-week or multi-week count; and (3) more sophisticated annual—or longer—counts generated from local computerized administrative databases, such as Homeless Management Information Systems (HMIS) and their predecessors, "legacy" systems. An HMIS is an electronic data collection system that stores person-level information about homeless people who access the homeless service system. These systems can be used to produce an accurate "unduplicated" count of homeless persons, improve program operations, measure program performance, and coordinate services community-wide.

National Point-in-Time Counts

Since the early 1980s, most counts have been short-term snapshots of people experiencing homelessness, usually one-night or one-week counts. These point-in-time counts tally the number of persons in shelters, and sometimes also include people using soup kitchens or other homeless services, or in street settings.

Single-Night Counts

- HUD conducted the first study using a technique that sampled a group of service providers and asked them to estimate the size of the homeless population in their geographic area. The 1984 study, conducted by Westat, estimated that 250,000 to 350,000 persons were literally homeless at a point-in-time, and found 100,000 shelter beds in 1,900 shelters. The average occupancy per night in January was 70,000.[2]
- HUD conducted a second national survey of shelter providers in the summer of 1988. The average occupancy per night was 180,000 in a shelter system that had expanded almost three-fold, to 275,000 beds in 5,400 shelters. The 1988 study also found that the proportion of shelter resources supported in some fashion by government assistance had increased from one-third to two-thirds.[3]
- The Census Bureau, as part of the 1990 Decennial Census, undertook a "Shelter and Street Enumeration (S-Night)" on a single night in March 1990. The effort was designed to enumerate people in emergency shelters; shelters for runaway, neglected, and homeless youth; shelters for abused women; and at pre-identified, visible street locations. The S-Night effort found approximately 190,000 persons experiencing homelessness including 168,300 persons in emergency shelters, 11,800 youth in runaway or homeless youth shelters, and 10,300 women in domestic violence shelters. In addition, approximately 50,000 persons were identified in visible street locations.[4]
- Finally, the Census Bureau published an Emergency and Transitional Shelter Population report as part of the 2000 Decennial Census. The report presents population data for people enumerated at: ". . .emergency shelters; shelters for children who are runaways, neglected, or without conventional housing; transitional shelters for people without conventional housing; and hotels and motels used to

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2 U.S. Department of Housing and Urban Development. 1984. A Report to the Secretary on the Homeless and Emergency Shelters. Washington DC: Office of Policy Development and Research.

3 U.S. Department of Housing and Urban Development. 1989. A Report on the 1988 National Survey of Shelters for the Homeless. Washington DC: Office of Policy Development and Research.

4 Barrett, Diane, Irwin Anolik, and Florence Abramson. The 1990 Census Shelter and Street Night Enumeration. Washington, DC: United States Bureau of the Census. There is little question that the street component of Census 1990 missed many unsheltered people, but it is impossible to say how many.

provide shelter for people without conventional housing."[5] Unlike the 1990 effort, the 2000 report did not include data for people enumerated in shelters for abused women. The report found 170,700 people experiencing homelessness in these locations.

Seven-Day Counts

- The USDA's Food and Nutrition Service commissioned a study in 1987 that resulted in an estimate of persons using shelters and soup kitchens over a 7-day period in the nation's largest cities. The study, conducted by the Urban Institute and Research Triangle Institute, estimated that there were 229,000 service-using homeless persons in cities of 100,000 or more. This figure was used to develop a national estimate of between 500,000 and 600,000 homeless persons (service users and non-service users) on an average week in March 1987.[6] The study also found 120,000 shelter beds in these cities. The federal government adopted the high end of the estimates (600,000) for planning purposes.
- In 1996, as part of a federally funded National Survey of Homeless Assistance Providers and Clients (NSHAPC), the Census Bureau collected information from homeless assistance providers in a stratified sample of 76 metropolitan and rural areas representative of the nation as a whole. Within providers, their clients were sampled randomly. The Urban Institute used the NSHAPC data to produce national estimates of homeless persons based on sampling ratios and sample weights. They estimated that 640,000 to 840,000 persons were homeless over a seven-day period in February 1996.[7] These estimates are discussed in more detail in Chapter 3.

Local Point-in-Time Counts

Since the early 1990s, HUD has required communities to assess homeless needs as part of the McKinney-Vento Act 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; 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 are to end chronic homelessness and move homeless families and individuals to permanent housing, set priorities for available HUD funds, and report CoC

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[5] Smith, Annetta C. and Denise I. Smith. 2001. Emergency and Transitional Shelter Population: 2000. Washington, DC: United States Bureau of the Census, Census 2000 Special Reports, October, p.1.

[6] Burt, Martha, and B. Cohen. 1989. America's Homeless: Numbers, Characteristics and the Programs that Serve Them. Washington, DC: Urban Institute Press. The lower bound of the national estimate assumed that there were 20 non-service users for every 100 service users. The upper bound was based on the assumption that there were 50 non-service users for every 100 service users.

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

performance against these priorities. In line 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 persons and families as part of the annual CoC competition applications.

In this report, HUD is publishing information for the first time from CoC applications. The information includes: (1) a national inventory of emergency shelters, transitional housing, and permanent supportive housing for homeless persons as reported in 2005 applications; and (2) point-in-time counts of homeless persons residing in shelters and on the street, again reported by communities in their 2005 applications.

Estimates of Homelessness Using Longitudinal Data

The development and implementation of HMIS has enabled homeless service providers to collect longitudinal data on homeless persons. Longitudinal data consist of information about each homeless person who accesses the homeless service system at *any* point-in-time, e.g., a week, a month, a year, or multiple years.

Longitudinal data provide several significant advantages for exploring the extent and nature of homelessness when compared to point-in-time counts:

- 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 of 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). By comparison, point-in-time counts are more likely to count persons who access services frequently or for longer periods of time, because these people are more likely to be present on the day of the count. Point-in-time counts are also less likely to count homeless persons who experience episodic or short-term homelessness.
- 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.[8] Longitudinal data can account

[8] Dennis Culhane, 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 seasonal shelter use by household type because the data include information on all seasons throughout the year.

- Finally, longitudinal data more accurately represent the ***demographic characteristics of homeless persons*** 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, the characteristics of emergency shelter users at a point-in-time are more likely to reflect unaccompanied adults with some type of disability since these individuals are more likely to be found among chronic shelter users.

Estimates from Local Shelter Databases

Starting in the early 1990s, Dennis Culhane and his colleagues at the University of Pennsylvania began working with public agencies in New York City and Philadelphia to analyze local administrative databases and homeless-related data from emerging homeless management information systems. This pioneering work documented the large number of homeless persons flowing through shelters.

- In New York, longitudinal estimates of persons using shelters over one-, three- and five-years were 86,000, 162,000 and 240,000 persons respectively, which differ dramatically from the one-day count of sheltered homeless persons (23,000). Comparing the one-day count to the yearly estimate suggests that each bed turned over on average four times in 1992. One percent of the city's population was estimated to be using public shelters over a one-year period compared to two percent over a three-year period and three percent over a five-year period.
- In Philadelphia, the annual turnover rate in 1992 suggests that, for every person in shelter on a given night, more than six people used the shelter system at some time during the year. The one-day, one- and three-year counts were 3,400, 15,200 and 44,000 persons respectively. The percent of persons using shelters over one year was one percent of the city's population and the percent over three years was three percent.[9]

HUD is working with each CoC to develop local HMIS systems that can, for the first time, assess the number of persons who are homeless over time.

Estimates from National Surveys

Some attempts have been made to estimate the national number of persons who are homeless over one or more years.

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[9] *Ibid.*

- In the fall of 1990, Bruce Link and his colleagues conducted a national telephone survey of more than 1,500 housed adults that asked whether they had ever been homeless and, if so, where they had slept during their homeless episode. The study estimated that 14 percent of the U.S. population (26 million people) had been homeless at some point in their lifetimes and about five percent (8.5 million people) had been homeless in the previous five years (1985-1990). Also, lifetime and 5-year prevalence rates of the literally homeless were over seven percent (13.5 million) and three percent (5.7 million), respectively.[10]
- In an estimate of annual homelessness based on NSHAPC (1996) data, Martha Burt of the Urban Institute concluded that the number of persons (including children) experiencing homelessness during a one-year time period was between 2.5 and 3.5 million.[11]

This first Annual Homeless Assessment Report to Congress uses HMIS data from a nationally representative sample of communities to make estimates of the number and characteristics of sheltered homeless people over a three-month period. Six-month, one-year and longer term data on homelessness will be reported in future Annual Homeless Assessment Reports.

1.3 Congressional Direction to HUD on Improving Homeless Information

In the FY 1999 HUD Appropriations Act, Congress called upon HUD to collect data from a representative sample of existing local HMIS. Senate and House Appropriations Committee reports have since reiterated Congress' directive to HUD regarding improved data collection and understanding of homelessness through the implementation of local HMIS. Specific directives on the scope and nature of the local information that should be collected are stated in House Report 105-610:

> *...HUD is directed to work with a representative sample of jurisdictions to collect, at a minimum, the following data: the unduplicated count of clients served; client characteristics such as age, race, sex, disability status; units (days) and type of housing received (shelter, transitional, permanent); and services rendered. Outcome information such as housing stability, income and health status should be collected as well. Armed with information like this, HUD's ability to assess the success of homeless programs and grantees will be vastly improved. If funds are necessary to implement this directive with new tracking systems, HUD may use the funds requested for technical assistance.*

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[10] Link, B.G., E. Susser, A. Stueve, J. Phelan, R.E. Moore and E. Struening. (1994). Lifetime and Five-Year Prevalence of Homelessness in the United States. American Journal of Public Health 84(12): 1907-1912.

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

Beginning with the FY 2001 HUD Appropriations Act, Congress made the cost of implementing and operating an HMIS an eligible activity under the Supportive Housing Program and directed HUD to take the lead in requiring every jurisdiction to have client-level reporting within three years. The reasons for the emphasis and specific directives on encouraging these systems were stated in a FY 2001 Senate Report 106-410:

> *The Committee believes that HUD must collect data on the extent of homelessness in America as well as the effectiveness of the McKinney homeless assistance programs in addressing this condition. These programs have been in existence for some 15 years, and there never has been an overall review or comprehensive analysis on the extent of homelessness or how to address it. The Committee believes that it is essential to develop an unduplicated count of homeless people, and an analysis of their patterns of use of assistance (HUD McKinney homeless assistance as well as other assistance both targeted and not targeted to homeless people) including how they enter and exit the homeless assistance system and the effectiveness of assistance. The Committee recognizes that this is a long term effort involving many partners. However, HUD is directed to take the lead in approaching this goal by requiring client level reporting at the jurisdiction level within 3 years.*
>
> *To improve the capacity of local providers and jurisdictions to collect data, the bill includes language that makes implementation of management information systems (MIS), as well as collection and analysis of MIS data, an eligible use of Supportive Housing Program funds. Further, the bill includes language allowing HUD to use 1 percent of homeless assistance grant funds for technical assistance, for management information systems, and to further its efforts to develop an automated, client-level APR system. Of this amount, at least $1,500,000 should be used to continue on an annual basis to provide a report on a nationally representative sample of jurisdictions whose local MIS data can be aggregated yearly to document the change in demographics of homelessness, demand for homeless assistance, to identify patterns in utilization of assistance, and to demonstrate the effectiveness of assistance. The Committee also expects HUD to use technical assistance funds to assist in the development of an unduplicated count. The Committee instructs HUD to use these funds to contract with experienced academic institutions to analyze data and report to the agency, jurisdictions, providers and the Committee on findings.*

Most recently, Congress expressed 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). Senate Report 109-109 stated:

> *In order to improve efforts in addressing homelessness, it is critical for providers and government officials to have reliable data. To address this matter, the Committee began an effort in 2001 that charged the Department to collect homeless data through the implementation of a new Homeless Management Information System*

[HMIS]. The implementation of this new system would allow the Department to obtain meaningful data on the Nation's homeless population and develop annual reports through an Annual Homeless Assessment Report [AHAR].

. . . the Committee strongly urges the Department to ensure full participation by all CoCs in the HMIS effort and consider future CoC funding to be contingent upon participation in HMIS and AHAR.

1.4 Report Contents

The remainder of this report describes HUD's recent efforts to collect and analyze HMIS-based reports on homelessness from a representative sample of communities across the country and to improve data collection and reporting by all communities through the Continuum of Care application process. Chapter 2 provides an overview of the data used in this report to explore the extent and nature of homelessness nationally and highlights several key issues that limit the accuracy of the estimates presented in the report. Chapters 3 through 5 discuss what these sources of information have revealed about homelessness in America.

Chapter 2.
Sources of Data on Homeless Persons

This chapter describes the sources of data for this report. It reviews the development of a nationally representative sample of communities that have provided HMIS data for the report. It also describes supplementary information obtained by HUD from Continuums of Care (CoC) through their 2005 applications for funding.

2.1 HMIS Data from a National Sample

To meet the congressional directive to develop an unduplicated count of homeless people and analyze patterns of service use, HUD has collected and analyzed HMIS data from a nationally representative sample of communities – known as the Annual Homeless Assessment Report (AHAR) sample.[1] Much of this report reflects the first analysis of HMIS data from this sample.

Ultimately, all CoCs are expected to have fully implemented HMIS systems and to conduct HMIS-based analysis on the numbers and characteristics of homeless people locally and report it to HUD as part of their annual applications for funding. However, this will take several years to accomplish. Meanwhile, HUD is providing technical assistance on data collection and quality to the sample communities (as well as to all CoCs with an operational HMIS) to improve their reporting capacity. The AHAR sample can also serve as a laboratory for improving HMIS implementation and using HMIS data for local planning and analysis that goes beyond national reporting requirements.

This first national analysis of HMIS data is based on records for *sheltered* homeless people. A person is considered sheltered but nonetheless homeless if he or she is sleeping in an emergency shelter or in a facility that is part of a transitional housing program for homeless people. Because definitions of emergency shelter and transitional housing vary by community, it was not possible to require the sample communities to conform to a standard definition in providing data for this report.

The analysis provides estimates of the number and characteristics of sheltered homeless people based on *de-duplicated* records of more than 100,000 people who used emergency shelters or transitional housing at any time during the three-month period from February 1 through April 30, 2005. 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

[1] The nationally representative sample includes 80 Community Development Block Grant jurisdictions located within 71 Continuums of Care (CoCs).

programs is consolidated into individual, unique client records.[2] National estimates of the number of sheltered homeless people and descriptions of their characteristics are derived from this de-duplicated sample.

The following sections describe the process for developing the first national estimates based on HMIS data, the challenges to developing reports using local HMIS data, and the limitations of the estimates reported here.

Developing HMIS Data Standards and Data from Sample Communities

To make possible the use of HMIS data for local planning and evaluation and for national analysis, HUD contracted with Abt Associates Inc. and the University of Pennsylvania's Center for Mental Health Policy and Research to develop technical standards for HMIS data and to gather HMIS data from a nationally representative sample of 80 jurisdictions.

Uniform technical standards make possible the collection of standardized information on the characteristics, service patterns, and service needs of homeless persons, both within a community and across the country. The process for developing these standards was thorough and deliberate. It included consultation with a blue-ribbon group composed of researchers, homeless assistance providers, users of HMIS and predecessor data systems, and officials from all federal agencies participating in the effort to end homelessness. Draft standards for the technical content of the data, as well as for privacy and data security, were published for public comment as a notice in the Federal Register.[3] This public comment process generated many improvements.

Once the final HMIS data and technical standards were published, on July 30, 2004,[4] the effort to develop data from the AHAR sample began. This occurred concurrently with local efforts, in these and other communities, to implement a new HMIS or to update existing systems. HMIS represents a significant departure for most CoCs and homeless assistance providers as they move from keeping hard-copy records and submitting hand-written reports to maintaining electronic databases and producing computer-generated reports. As of October 2003, shortly after the sample was selected, 60 percent of the sample communities did not yet have a functioning HMIS.[5]

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2 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.

3 68 FR 4340, July 22, 2003.

4 69 FR 45888, July 30, 2004.

5 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 annual homeless assessment report because of incomplete HMIS implementation but that many would be ready for subsequent annual reporting.

By the start of the data collection period (February 1, 2005), 55 of the 80 sample communities had implemented an HMIS, and they are included in the analysis presented in this report. In addition, nine other communities that were not part of the original sample met the minimum requirements for participation and volunteered to provide local reports for this report. These communities, or "contributing" sites, have advanced HMIS systems, and several had participated in previous HUD studies. Their data help to improve the reliability of the national estimates. (See Appendix A for a list of all sample and contributing communities.)

Because HMIS is a new technology that requires a significant change in program operations, most communities in the sample encountered several challenges to producing local reports. One of the most significant challenges was ***low bed coverage in the HMIS***. The level of participation in a community's HMIS for a particular set of programs 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 this first report, sample communities were 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 was assessed separately, and categories with bed coverage rates below 50 percent were excluded from the analysis. Of the 55 sample sites that participated in the study, about half provided data on all four categories. The remaining sites provided data on one to three types of programs. Sample sites that did not contribute data to the first report were not dropped from the sample. It is anticipated that these sites will be providing data for future annual reports.

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 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.

Several other issues arose in developing the local data reports that were aggregated for the national analysis. First, a few communities were only partially compliant with HUD's data standards at the start of data collection and were unable to report on all categories of information. Second, in some communities providers did not regularly record client exit dates in the HMIS. The problem with missing exit dates is that clients who exited a program prior to the beginning of the reporting period on February 1, 2005 still appeared as being served during the reporting period. This leads to an overcount of people reported as served

during the period, overestimates the lengths of time spent in shelters, and produces unreasonable nightly bed utilization rates. Local data that demonstrated potential problems with exit dates were carefully reviewed with representatives from the sample sites. In some cases, these consultations led to additional data cleaning, and revisions to these reports were made accordingly. A few local reports were excluded from the AHAR analysis where the problems could not be explained or addressed by community staff.

Finally, several AHAR communities found that some service providers refused to participate in the HMIS during the period of data collection. Many providers of homeless services do not receive federal funds. Their participation in a local HMIS is voluntary, and is a challenge in implementing an HMIS. In addition, some domestic violence shelters were reluctant to participate in the HMIS. In several cases, domestic violence shelters did participate in the HMIS, but did not submit any personally identifying information – including basic demographic information – into the HMIS. Other shelters submitted data at the start of the data collection period but then, over time, increasingly reported this information as "missing," because of concerns raised by the domestic violence advocacy community. As a result, the analysis may undercount the number of homeless women and persons who are victims of domestic violence, because data without personal identifiers cannot be used to produce a de-duplicated count.[6]

Limitations of the First National Estimates Based on HMIS Data

The issues outlined above affected the quality of local reports from the sample communities and therefore the precision of the national estimates based on HMIS data that are discussed in this report. To achieve national estimates of the number and characteristics of homeless persons, statistical adjustments were made to account for communities that did not participate or were able to provide only partial data. Still, because some communities could not provide data for this first analysis or could provide only partial data, the estimates provided in this report have large confidence intervals (i.e., sampling error).[7] Many of these problems will be solved or reduced for future annual reports to Congress on HMIS data collection and its results.

In addition, the estimates are based on a local de-duplicated count of persons who used an emergency shelter or transitional housing. Thus, this report focuses on the number of *sheltered homeless persons* and does not account for homeless persons who: only used a

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[6] HUD's national HMIS technical standards include requirements for protecting the privacy of individuals whose information is entered into an HMIS. HUD is working with providers who serve special populations, expert privacy and security professionals, and local communities to find solutions for domestic violence providers and others to participate in HMIS. In the near future, HUD will be advising communities on technological solutions that will enable these providers to submit non-personally identifying information to HMIS in a manner that will both produce an unduplicated count and allow communities to better understand the nature and extent of homelessness.

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

supportive service program, such as an outpatient substance abuse program or a food pantry; or are service resistant and do not access any type of homeless service program during the study period. Past research conducted in Philadelphia found that 83 percent of chronically street homeless people had at least one shelter visit during the 2000-2002 period.[8] 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 all the people who were homeless during that long period. However, you still would not be able to tell their pattern of homelessness, or which people staying one night were chronically street homeless people and which were not. The estimates in this report likely capture a smaller proportion of all the people who were homeless in an emergency shelter or transitional housing program during the three months reporting period. They should be considered together with the point-in-time counts of unsheltered homeless people that were reported in the 2005 CoC applications.

Second, the timing of data collection influences estimates of the sheltered homeless population, in particular, those in emergency shelters. In many parts of the country, unaccompanied individuals' use of emergency shelters is highest during the winter months (December through February). Research also has suggested that it is highest for families during the summer months (July and August).[9] The period for which data were collected for this report is February through April 2005. It captures one month of the peak season for unaccompanied individuals. A three-month period that covered more of the winter months would likely have shown a higher number of unaccompanied individuals using emergency shelters, and a three-month period covering the summer months might have shown a higher number of families using emergency shelters. Overall, the February to April period is likely to be a good one for estimating the total number of unaccompanied shelter users during an "average three-month" period, but might be an underestimate of the average number of families using shelters. The effects of seasonality on the use of transitional housing have not been documented in previous research, and so are unknown.

2.2 Data from 2005 Continuum of Care (CoC) Applications

In this report, data reported to HUD in the 2005 applications are used to supplement HMIS data from the AHAR sample. With the CoC application data it is possible to:

- Report on numbers of unsheltered as well as sheltered homeless people at a point in time.

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[8] Dennis Culhane, 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.

[9] *Ibid*.

- Describe the nation's inventory of emergency shelters and transitional housing beds, as well as the units identified by CoCs as permanent supportive housing that may be available to formerly homeless people.
- 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. 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. HUD also began to set standards for these counts and to provide technical assistance on how to perform them.

Since the geographical areas included in CoCs represents roughly 92 percent of the U.S. population, information reported in CoC applications should cover a very large fraction of all homeless people in the U.S. during the last week of January every year.

Once the applications are submitted to HUD, the information is entered into a database that HUD uses to produce estimates of the number of homeless persons on a single night and an inventory of homeless assistance beds nationally.

Basis for the Estimates Reported on CoC Applications

Unsheltered Homeless People

HUD requires 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. This is a challenging data collection process. There are many ways to conduct "street counts," and HUD has begun to provide guidance on the various methods CoCs might use. For example, a 2004 *Guide to Counting Unsheltered Homeless People*[10] describes different methods for doing a street count, and helps CoCs consider which is the most suitable for their circumstances. Some CoCs conduct counts in 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 their jurisdiction. Communities often interview all, or a portion of, 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.

[10] Available at: http://www.hud.gov/offices/cpd/homeless/library/countinghomeless/countingguide.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 are to 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.

Communities typically create the estimates of sheltered homeless people by surveying providers and asking them to identify the number of persons who were in an emergency shelter or transitional housing program on the night identified for the point-in-time count.

CoCs are also 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.[11] Subpopulation information is compiled from individual reports from homeless assistance providers. The reports are 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 their numbers of sheltered homeless people. At present, few CoCs use a local HMIS to report on the shelter counts or on the subpopulation information in the CoC application, because provider participation in HMIS is less than 100 percent. As provider participation in HMIS increases to include all providers of emergency shelter and transitional housing for homeless persons, CoCs will not need to conduct manual point-in-time counts of their sheltered homeless populations. HMIS will automatically generate a count of all people in the sheltered system on a given day.

Bed Inventory

The application also requires a complete bed inventory for each CoC. 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. 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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[11] 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.

Limitations of National Estimates Based on CoC Application Data

In 2005, HUD conducted an analysis of CoC application data to assess what types of methods communities use to collect the required information. For *unsheltered homeless people*, many CoCs are conducting street counts using acceptable methodologies. However, some CoCs still are making estimates of the numbers of unsheltered homeless persons based on presumed ratios between their sheltered and unsheltered populations, or by applying information from other communities on the percentage of the entire population (or of poor people) that consists of unsheltered homeless people. 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; double-counting because the count is taken over several days without a mechanism for de-duplication and homeless people do not stay in one place; and, contrary to HUD guidance, inflating the actual count. For example, some communities will 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 do not meet HUD's definition of homelessness.

For *sheltered homeless* people, the *basic counts* are reasonably reliable, as they 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.

The *subpopulation information* for sheltered homeless persons is less reliable than the simple count. Although some CoCs are beginning to use HMIS data to generate information on specific subpopulations such as victims of domestic violence, veterans, and chronically homeless persons, others rely on data collection methods that can produce questionable information. For example, some CoCs use information on the characteristics of homeless people from past national studies to create the subpopulation estimates for their sheltered population. Other communities apply statistical approaches (e.g., sampling and extrapolation) inappropriately.

While it should be easier to collect reliable data on the number of beds available to homeless persons in a community than on the number of people who are homeless, this is not always the case. Researchers attempting to use the *bed 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 often confusion about how to count family beds, because providers often 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 with providers.

While 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 readily 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 analysis 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 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 2005 CoC applications. The next point-in-time data collection for unsheltered (and sheltered) homeless people was at the end of January 2007.

Finally, notwithstanding the weaknesses of the subpopulation estimates reported in CoC applications, they provide the only current estimates of people whose homelessness is long-standing or chronic. HMIS-based estimates will be superior, but only after data are available for examining patterns of homelessness over several years and beyond shelter locations.

Chapter 3.
The Number and Characteristics of Sheltered Homeless Persons

This chapter explores the most commonly asked questions about homelessness, "How many homeless persons are there?" and "Who are they?" These questions are fundamental to understanding the extent and nature of homelessness and also to gauging the success of HUD and other federal agency efforts to end homelessness. In this report, the focus is on the number and characteristics of sheltered homeless persons, because emergency shelter and transitional housing programs were among the first to be included in the HMIS. Thus, only HMIS data on sheltered homeless persons are available from most communities at this time. In this chapter, we supplement HMIS data from the AHAR sample with information reported by CoC communities in the 2005 CoC application.

The chapter starts with estimates of the number of sheltered homeless persons based on HMIS data from the AHAR sample and information from the 2005 CoC application. The chapter then provides a demographic profile of sheltered homeless individuals and persons in families and compares the homeless profile to the U.S. poverty population and the total U.S. population. For AHAR purposes, a family is defined as a household with at least one adult and one child.

The data suggest that homelessness affects all genders, races, ethnicities, ages, and household types, but that certain groups are disproportionately affected by homelessness. Furthermore, the chapter highlights important differences between homeless individuals and homeless persons in families. These findings are as important to broadening our understanding of homelessness in America as is a national estimate of homeless persons.

3.1 How Many People Are Homeless on a Single Day in the United States?

Most previous attempts to estimate the number of homeless persons have been based on a single-day or point-in-time count. A point-in-time count addresses the question: How many people are experiencing homelessness on a particular day? This section of the report provides point-in-time estimates of the number of homeless persons, while Section 3.2 provides estimates of the number of people experiencing homelessness over a three-month period.

Sheltered Homeless Persons

Both the AHAR sample and the CoC application data provide national estimates of the number of sheltered homeless persons on a single day in 2005. (See Exhibit 3-1.) Based on the AHAR sample, an estimated 313,722 persons were in emergency shelters or transitional housing on

April 30, 2005.[1] The CoC application data suggest that the number of sheltered homeless persons was much higher in the peak winter season: 415,366 persons.[2] The CoC application estimates are based on single-day counts in the last full week of January 2005, although the exact day is not the same across communities.

Exhibit 3-1

Number of Sheltered Homeless Persons in the U.S. on a Single Day in 2005

How many sheltered homeless people were there …	Total Number	Source
…on April 30, 2005?	313,722[a]	HMIS data from AHAR Sample
…on an average day between February 1, 2005 and April 30, 2005?	334,744[b]	
…on a single January day in 2005?	415,366[c]	2005 CoC applications

[a] The 95% confidence interval for this estimate is 218,890 to 408,554 persons.

[b] 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 homeless persons (i.e., bed nights) by the number of days in the covered time period. The 95% confidence interval for this estimate is 235,315 to 434,233 persons.

[c] In addition, there were 2,799 homeless sheltered persons in the Commonwealth of Puerto Rico and the U.S. Territories on a single January day in 2005, according to the 2005 CoC application data. Including the sheltered homeless persons in these areas raises the total number to 418,165. CoC application data estimates are from "HUD's 2005 Continuum of Care Homeless Assistance Programs, Homeless Populations and Subpopulations," November 2006.

Some of the difference between the AHAR sample and CoC application point-in-time counts can be explained by seasonal variation in the use of shelters. The seasonal shelters that are only available in the cold-weather months typically close at the end of February or March, thus they were not available to homeless persons at the end of April. In addition, with the warmer spring weather, more homeless persons may choose to live on the streets (or other areas not meant for human habitation) rather than stay in the shelters.

The AHAR sample communities did not report point-in-time counts from earlier in the year, so no exact "same day" comparison can be made with the CoC application estimates.[3] However, data from the AHAR sample can be used to estimate the number of sheltered homeless persons on an average day between February 1 and April 30, 2005. The number of sheltered homeless persons on an average day is estimated to be 334,744 persons. This is

[1] See Appendix B for information on the methodology for determining nationally representative estimates based on data from the AHAR sample.

[2] Both the AHAR sample and CoC application estimates represent sheltered homeless people in the 50 states and the District of Columbia, except for areas in the United States that are not part of a Continuum of Care. Continuums of Care cover 92 percent of the U.S. population. The estimates reported in the text also do not include the Commonwealth of Puerto Rico and the U.S. Territories of Guam and the Virgin Islands.

[3] Starting with the period from October 1, 2006 to September 30, 2007, AHAR sample communities will report four point-in-time estimates, one for each season, including an estimate that will be from the same week as the CoC application point-in-time estimates.

higher than the April 30th estimate of sheltered homeless persons, suggesting that the number of sheltered homeless persons decreased during the February through April period. Given the difference in weather conditions and shelter availability on this period's average day compared with the last week in January, seasonal differences probably explain a significant portion of the difference between the average day estimate from the AHAR sample and the point-in-time count from the CoC application data.

Furthermore, as discussed in Chapter 2, both sources of information on the number of homeless persons are still under development, and the limitations of each data source may account for some of the difference. The strength of the CoC application point-in-time estimate is that it uses data from all CoC communities, but the weakness is that the communities do not use a consistent and rigorous method for collecting and analyzing the information. The strength of the AHAR sample estimates is that the data are rigorously reviewed, but the weakness is that a number of communities were not far enough along in their implementation to provide data for this report. While statistical adjustments were made to account for this missing information, the estimates of the number of homeless persons are less precise than they would be if data were available from the full sample. For example, the 95 percent confidence interval for the average-day estimate is 235,000 to 434,000 persons. That is, we are nearly statistically certain that the actual number of homeless persons on the average day between February 1 and April 30, 2005, fell within that range. The confidence intervals for estimates based on the AHAR sample will decrease in the future as more of the AHAR sample communities provide data. Future estimates from the CoC application data should also become more reliable, as communities gain more experience in producing these estimates and HMIS implementation progresses to the point at which more communities can use HMIS data for their estimates of the sheltered homeless population.

In summary, given the information available, our best estimates are that there were approximately 415,000 persons in emergency shelters and transitional housing in January 2005 and approximately 314,000 persons at the end of April 2005.

Unsheltered Homeless Persons

The CoC application also provides information about *unsheltered* homeless persons. Unsheltered homeless persons are people who live on the streets, in cars, or in abandoned buildings or other places not meant for human habitation. CoCs reported 338,781 unsheltered homeless persons in their communities on a single day during January 2005.[4] This suggests that approximately 45 percent of all homeless persons were unsheltered at that time. Two-thirds of the unsheltered homeless population estimated in the CoC applications (223,027) were

[4] In addition, the Commonwealth of Puerto Rico and the U.S. Territories of Guam and the Virgin Islands reported 6,064 unsheltered homeless persons on their 2005 CoC applications. Including the homeless persons in these areas raises the unsheltered homeless population estimate to 344,845.

unaccompanied individuals, while one-third (115,754) were persons in families.[5] Combining the sheltered and unsheltered estimates from the 2005 CoC application data, the total point-in-time estimate is 754,147 sheltered and unsheltered homeless persons in January 2005.[6] This is less than 0.3 percent of the entire U.S. population.

This estimate of the total number of homeless people in January 2005 should be used with caution. While the reporting on the numbers of unsheltered homeless people is expected to improve based on HUD guidance, some CoCs are still making upward adjustments to the numbers they derive from point-in-time counts or counting people who are not literally homeless. In particular, some CoCs reported that their estimate of unsheltered families included people considered to be at risk of homelessness (e.g., doubled up), but not currently homeless.

Comparisons to 1996 NSHAPC Estimates

There are few benchmarks with which to compare the AHAR and CoC application estimates of the number of homeless persons. However, Burt et al. (2001) conducted a comprehensive analysis of 1996 data on homeless providers and clients.[7] The study used data from the U.S. Census Bureau's National Survey of Homeless Assistance Providers and Clients (NSHAPC). For NSHAPC, Census Bureau staff conducted telephone interviews with homeless service providers in a representative sample of 76 communities in the United States, and then used a service-based enumeration procedure to conduct in-person interviews with a representative sample of clients from these programs. From these data, Burt and her co-authors were able to identify homeless persons who stayed in emergency shelters or transitional housing; used a shelter voucher for a hotel or motel; used drop-in centers, outreach programs, or other homeless assistance services, or got food from soup kitchens or mobile food programs.

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5 More than one-fifth (21 percent) of the total number of unsheltered persons in families in the nation were reported by just two CoCs, suggesting that street homelessness among families is a crisis in both communities. However, there are indications that these numbers may not be reliable. One community reported an estimate of more than 14,000 unsheltered persons in families based on a survey finding that two out of 1,001 households had homeless families living on their properties. The sample size used to produce the estimate is extremely small. The second CoC appears to have included doubled-up families in its estimate, but could not disaggregate the estimate to exclude these families. Other CoCs also reported data that appear to include doubled-up families or to be inconsistent with the number of sheltered families; however, the size of these estimates is much smaller than in the two communities previously mentioned and thus do not have as large an effect on the national estimates. HUD is providing technical assistance to communities across the country to accurately assess the magnitude of unsheltered homeless families and effectively target community resources to serve unsheltered families.

6 The Commonwealth of Puerto Rico and the U.S. Territories of Guam and the Virgin Islands reported 8,863 sheltered and unsheltered homeless persons on their 2005 CoC applications. Including the homeless persons in these areas raises the total estimate of homeless persons to 763,010.

7 Martha Burt, Laudan Y. Aron, and Edgar Lee. 2001. Helping America's Homeless: Emergency Shelter or Affordable Housing? Washington, DC: The Urban Institute Press.

The NSHAPC study provided national estimates of the total number of homeless persons who used homeless assistance services during a one-week period in 1996. Burt and her co-authors argue that the number of homeless service users over a one week period is a better estimate of the number of homeless persons at a point-in-time than the number of homeless service users on a particular day. This is because many homeless people who use services such as soup kitchens or drop-in centers do not use them every day, so they would not be included in a one-day estimate.[8] Furthermore, even the weekly estimates may be an underestimate because some unknown proportion of homeless people never use any services or use only use services not covered by the study and, therefore, were missed by NSHAPC.

The NSHAPC study provided two sets of national estimates of the total number of homeless persons who used homeless assistance services during a single week in 1996. First, based on interviews with clients who used homeless assistance services, Burt et al. estimated that 444,000 people were homeless and using homeless assistance services during an average week between October 18 and November 14, 1996.[9]

A second NSHAPC estimate was based on telephone interviews with homeless assistance providers in the NSHAPC study communities. Providers were asked how many clients they *expected* to serve during an average week in February 1996. This NSHAPC-based estimate is that 842,000 people were homeless and using homeless assistance services in an average week in February 1996.

Direct comparisons of AHAR and CoC application numbers to either of the NSHAPC estimates are difficult because of differences in definitions and the limitations of each set of estimates. The average day estimate of the sheltered homeless population in early 2005 from the AHAR sample (335,000) and the CoC application single-day estimate of the sheltered population (415,000) are below the NSHAPC estimates for 1996. However, these AHAR and CoC application shelter estimates do not include homeless persons who used only non-shelter services or who did not use any services on the specific day chosen, whereas the NSHAPC estimates do.

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[8] Burt et al. (2001, p.34) state that their "…weekly estimates give a more appropriate assessment of people homeless on an average day, since many will not use such services every day."

[9] Burt et al. (2001) identified a person as currently homeless if any of the following conditions were met: The client stayed in any of the following places on the day of the survey or during the seven-day period prior to being interviewed for NSHAPC: (1) an emergency shelter or transitional housing, (2) a hotel or motel paid for by a shelter voucher, or (3) an abandoned building, a place of business, a car or other vehicle, or anywhere outside; OR (4) reported that the last time they had "a place of [their] own for 30 days or more in the same place" was more than seven days ago, or (5) said their last period of homelessness ended with the last seven days, or (6) were identified for inclusion in the NSHAPC client survey at an emergency shelter or transitional housing program, or (7) reported getting food from "the shelter where you live" within the last seven days, or (8) on the day of the interview, said they stayed in their own or someone else's place but that they "could not sleep there for the next month without being asked to leave." (pp. 18-19). The authors also state that all but criterion number 8 are consistent with the McKinney Act definition of homelessness, and that this criterion added only 0.3 percentage points to the estimate of currently homeless service users.

The best comparison, albeit with limitations, for determining the change in the size of the homeless population over time is the CoC application estimate of 754,147 sheltered and unsheltered homeless persons on a single day in January 2005 and the NSHAPC estimate of 842,000 homeless service users in a single week in February 1996. These are the most comparable numbers because they are both from peak winter months. However, while these numbers suggest a decrease in the number of homeless persons in this period, there are too many limitations of each source to make this claim.

The February NSHAPC numbers are based on homeless assistance providers' expectations of how many homeless persons they will serve. Interviewing providers on their expectations of people they will serve is a less reliable method of estimating the number of homeless people than interviewing clients or using administrative records. Providers may expect to serve more people than they actually end up serving during an average week. In addition, the NSHAPC estimates covers a one-week period of homeless service use rather than a one-day period. Both of these factors may lead to an overestimate of the number of homeless persons on a particular day. If these factors dominate, the apparent decrease over time in the number of homeless persons may not be accurate.

On the other hand, information for the February estimate was based only on providers whose facilities were also open during the client interview period of October 18 through November 14, 1996. None of the cold-weather programs that serve many homeless persons were included in making the February estimate, nor were programs open in February included if they no longer existed by the October data collection period. Furthermore, the NSHAPC estimates do not include persons who do not use any homeless assistance services or only use services not covered by that study. Both of these factors suggest the NSHAPC numbers could be an underestimate of the total homeless population. If these factors counteract the factors that may lead the NSHAPC to be an overestimate, then the apparent decrease in homelessness is accurate. Thus, there are reasons to believe the February 1996 estimate is inflated and also reasons to think it might be too low. We do not know whether the factors that suggest the decrease is real or the factors that suggest the difference is an artifact of the different methodologies dominate. Also, as mentioned earlier, some CoCs are still learning how to accurately count the homeless population in their community, so the CoC application estimate is not precise.

Nevertheless, the results suggest that, at a minimum, the homeless population did not increase substantially in the 1996 to 2005 period. Given that the total U.S. population grew by 31 million people in that period, no increase in the homeless population would be quite an accomplishment. However, given the limitations of both estimates we cannot make a definitive conclusion on the change in the size of the homeless population.

3.2 How Many People Use Emergency Shelters or Transitional Housing at Some Time During a Three-Month Period?

One of the strengths of using HMIS data for estimates – as the AHAR sample estimates do – is that the HMIS contains longitudinal data on persons using homeless services. This allows estimation of the number and characteristics of people using homeless services over time. The population using homeless services over time is different than the population at a single point in time. Point-in-time estimates capture a higher share of chronically homeless individuals and families who use shelters or transitional housing for long periods of time (and thus are more likely to be found in a shelter on any particular day) 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 AHAR data, there were an estimated 704,000 *sheltered* homeless persons at some time during the three-month period from February to April 2005.[10] (See Exhibit 3-2.) This three-month estimate is more than twice as large as the estimate of sheltered homeless persons on an average day during this period based on data reported by the AHAR sample communities, and 70 percent higher than the CoC application point-in-time count of sheltered homeless persons for January 2005. Clearly, there is substantial turnover in the people who are using homeless residential services.

Of the 704,000 homeless shelter users between February 1 and April 30, 2005, approximately two-thirds were unaccompanied individuals and one-third were members of households with children.[11] As can be seen in Exhibit 3-3, this is a very different picture than provided by point-in-time estimates. The April 30, 2005 point-in-time estimate suggests that sheltered homeless persons are evenly split between unaccompanied individuals and persons in families.[12] The higher share of unaccompanied individuals in the three-month estimate compared to the point-in-time estimates suggests that unaccompanied individuals stay at shelters for a shorter time period than persons in families.[13]

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[10] Future reports that use AHAR sample data will cover longer periods of time. The second report will cover a 6-month period from January through June of 2006. Subsequent reports will cover a 12-month period from October 1 through September 30.

[11] In reporting on data from the AHAR sample, the term "households with children" is used interchangeably with "families."

[12] The CoC application point-in-time shelter estimate for a night in January 2005 also indicates that unaccompanied individuals and persons in families are evenly split: 51.8 percent are unaccompanied individuals and 48.2 percent are persons in families.

[13] Patterns of shelter stays are examined in Chapter 5.

Exhibit 3-2

Number of Sheltered Homeless Persons and Households Between February 1 and April 30, 2005

	Total Number	Percent of Sheltered Homeless Population
Number of Sheltered Persons [a]	704,146[b]	100.0%
Individuals and Persons in Households w/ No Children	462,381[c]	65.7%
Persons in Households with Children	241,765[c]	34.3%
Number of Sheltered Households with Children	72,754	--

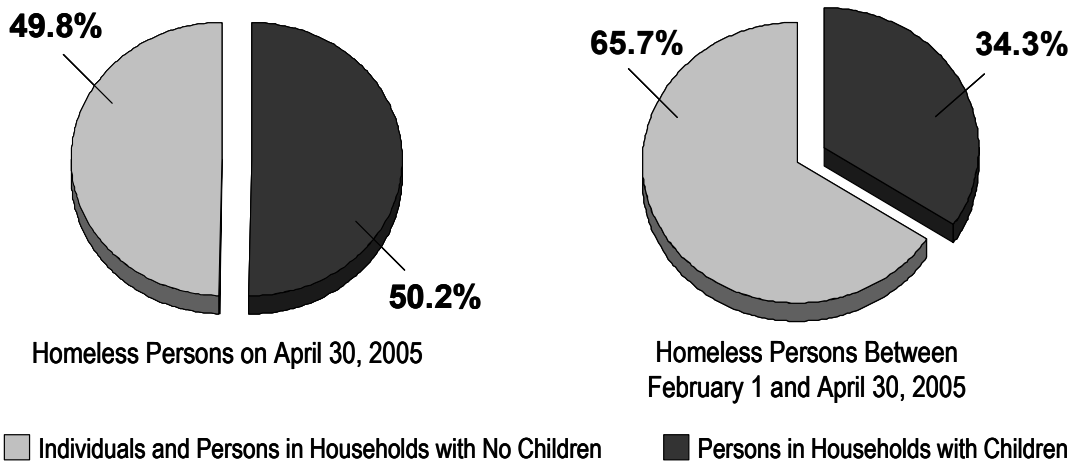
[a] These estimated totals reflect the number of homeless persons in the 50 states and District of Columbia who used emergency shelters or transitional housing programs during the covered time period: February 1, 2005 through April 30, 2005. The estimated total includes an extrapolation adjustment to 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 count includes unaccompanied individuals and persons in households. The 95% confidence interval for the estimated number of sheltered homeless persons in the population is 399,244 persons to 1,009,048 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 three-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 useable data for future reports, the width of the confidence interval is expected to decrease.

[c] Note that approximately 0.4 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. The first household he or she was in during the covered time period determines the person's household type. For example, if a mother spends a week in an emergency shelter with her child and then later enters another emergency shelter by herself, the mother is categorized as being part of a household with children. That is, even though she was later in an unaccompanied adult female household, she is not included in that household type category.

Exhibit 3-3

Difference in Share of Sheltered Homeless Individuals and Persons in Households with Children Between Point-in-Time and Three-Month Estimates



3.3 What Are the Characteristics of Sheltered Homeless People?

This section focuses on the characteristics of homeless persons who used an emergency shelter or transitional housing at any time during a three-month period (February 1 through April 30, 2005).

Sheltered Homeless Persons Are Disproportionately Unaccompanied Individuals

As can be seen in Exhibit 3-4, approximately 66 percent of all sheltered homeless people are unaccompanied adults or youth: 47 percent are unaccompanied adult males, 16 percent are unaccompanied adult females, and 1.4 percent are unaccompanied youth. At the same time, a sizable proportion of homeless persons are in families with children (34 percent). By contrast, poor people in the U.S. are more likely to be members of households with children and are less likely to be unaccompanied adults. The process of becoming homeless may explain part of this difference between the homeless and poverty populations. Some unaccompanied homeless adults were living as part of a family or multi-person household when they were housed, but left (or were forced to leave) and became homeless. Burt et al. (2001) found that 14 percent of homeless unaccompanied males left their last regular housing situation because of their drinking or drug use, and 23 percent of homeless unaccompanied females left because of drug use or domestic violence. On their own, these adults could not afford or otherwise maintain a stable housing situation and were not eligible for some safety net programs (e.g., Temporary Assistance to Needy Families).

Exhibit 3-4

Sheltered Homeless Persons in February 1 to April 30, 2005 Period by Household Type Compared to the U.S. and Poverty Populations [a]

Persons by Household Type	% of Sheltered Homeless Population	% of U.S. Poverty Population	% of U.S. Population
Individuals and Persons in Households w/No Children	65.7%	44.8%	51.7%
Adult male	47.4%	19.8%	25.7%
Adult female	15.6%	25.0%	26.0%
Adult, gender unknown	1.3%	0.0%	0.0%
Unaccompanied youth [b]	1.4%	--	0.1%
Persons in Households w/Children	34.4%	53.9%	48%
Adult in household, with child(ren)	13.0%	20.4%	22.5%
Child in household, with adult(s)	21.2%	33.5%	25.5%
Household member, age unknown	0.2%	0.0%	0.0%

[a] If a person is in more than one household during the study period, the first household he or she was in during the covered time period determines the person's household type. For example, if a mother spends a week in an emergency shelter with her child and then later enters another emergency shelter by herself, the mother is categorized as being part of a household with children. That is, even though she was later in an unaccompanied adult female household, she is not included in that household type category.

[b] If children under age 18 are present in a household with no adults, they are identified as unaccompanied youth for reporting by the AHAR sample. This means that if siblings present together without an adult, they will be identified as unaccompanied youth. It also means that if a parent less than age 18 and his or her child present together, they will both be recorded as unaccompanied youth.

Source: Information about the U.S. poverty population and the U.S. total population is based on the *U.S. Census Bureau 2000 Summary Files 1 and 3.*

Unaccompanied Men, Minorities, and the Youngest Children Are Especially Likely to Become Homeless

Exhibit 3-5 provides additional detail on the demographic characteristics of sheltered homeless people during a three-month period compared to the U.S. poverty and total populations. Homelessness disproportionately affects men. About two-thirds of sheltered homeless adults are men, compared to 40 percent of poor adults.

Homelessness, like poverty, disproportionately afflicts minorities. About 59 percent of the sheltered homeless population and 55 percent of the poverty population are members of minority groups, compared with only 31 percent of the total U.S. population. African-Americans constitute 12 percent of the total U.S. population but 45 percent of people who are homeless.

Nearly one-quarter of all sheltered homeless persons are age 17 or under. Children under age 6 are disproportionately represented within both the sheltered homeless population and the poverty population. About 11 percent of all sheltered homeless people are under age 6, as are 12.7 percent of poor people, while only 8 percent of the total U.S. population is in this age group.

A larger percentage of sheltered homeless people (41 percent) are between the ages of 31 and 50, compared to either the poverty population or the U.S. population. There are very few elderly homeless persons: less than 2 percent of the homeless population is age 62 or over, compared with 15 percent of the total population. Older Americans may be less likely to become homeless, because social safety net programs such as Supplemental Security Income (SSI), Social Security, Medicare, and senior housing are available. SSI and Social Security provide the elderly with income that helps them to obtain and keep housing, Medicare helps reduce their out-of-pocket medical expenses, and about half of the poor seniors who are eligible live in public senior housing. Families may also be more willing to incorporate an elderly member into the household and less willing to eject an elderly member than a younger person. In addition, for people who experience extended periods of homelessness, homelessness may lead to or exacerbate poor health. Hence, long-term homeless people may not live to be age 62 as frequently as the housed population.[14]

[14] 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.

Exhibit 3-5

Demographic Characteristics of Sheltered Homeless Persons in February 1 to April 30, 2005 Period Compared to the U.S. and Poverty Populations

Characteristic	% of Sheltered Homeless Pop.	% U.S. Poverty Pop.	% of U.S. Pop.
Gender of Adults [a]			
Female	34.7%	59.6%	51.7%
Male	65.3%	40.4%	48.3%
Gender of Children [a]			
Female	51.9%	49.2%	48.7%
Male	48.1%	50.8%	51.3%
Ethnicity [b]			
Non-Hispanic/non-Latino	77.9%	77.0%	87.5%
Hispanic/Latino	22.1%	23.0%	12.5%
Race			
White, Non-Hispanic/non-Latino	41.1%	45.5%	69.1%
White, Hispanic/Latino [c]	5.7%	10.1%	6.0%
Black or African-American	45.0%	24.0%	12.3%
Asian	1.2%	3.7%	3.6%
American Indian or Alaska Native	1.7%	1.8%	0.9%
Native Hawaiian or Other Pacific Islander	0.2%	0.2%	0.1%
Some other race (alone)	0%	10.9%	5.5%
Multiple races	5.1%	3.8%	2.4%
Age [a]			
Under 1	2.4%	2.2%	1.4%
1 to 5	8.7%	10.5%	6.9%
6 to 12	7.5%	14.8%	10.3%
13 to 17	4.0%	8.5%	7.1%
18 to 30	21.3%	22.9%	18.1%
31 to 50	41.3%	22.5%	30.3%
51to 61	10.3%	7.3%	11.3%
62 and older	1.8%	11.3%	14.6%
Unknown	2.9%	--	--
Persons by Household Size [d]			
1 person	66.2%	37.1%	43.6%
2 people	10.6%	4.3%	2.0%
3 people	10.3%	12.1%	12.3%
4 people	6.8%	15.5%	19.3%
5 or more people	6.1%	31.0%	22.8%
Veteran (adults) [e]	18.7%	8.9%	12.6%
Disabled (adults) [e]	25.0%	31.9%	19.3%

[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 (30 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. This means that approximately three-fourths of Hispanic/Latino persons who used homeless residential services (16.4 percent out of the 22.1 percent of the homeless residential users that are Hispanic/Latino) are in non-White race categories compared with approximately half of Hispanic/Latino persons in the U.S. population (6.5 percent out of 12.5 percent of the Hispanic/Latino U.S. population) that are in non-White 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 (55 percent) and veteran status (35 percent). The percentage calculations include only persons whose disability and veteran status were recorded.

Source: Most of the information about the poverty population and the U.S. total population is based on the *U.S. Census Bureau 2000 Summary Files 1 and 3*. Information about age, veteran status, disability status, and persons by household size among the poverty population is based on the *Integrated Public Use Microdata Series (IPUMS)* data from *U.S. Census 2000 PUMS 5% sample.*

According to AHAR sample data, nearly one-fifth (18.7 percent) of *adults* who accessed an emergency shelter or transitional housing program during the three-month period are homeless veterans. AHAR sample data on this variable are not completely reliable because this information was missing for almost one-third of the adults. Nevertheless, this is approximately the same percentage of adult veterans (17.8 percent) that communities reported on the CoC application for the one-day count of sheltered homeless persons.[15] Both the AHAR and CoC application estimates are lower than the 1996 estimate from NSHAPC (23 percent).[16] The different populations of homeless persons covered may explain some of the difference in estimates. The NSHAPC estimates cover both shelter and non-shelter users who use homeless assistance services whereas the AHAR and CoC estimates cover only the sheltered homeless population. It may also reflect a decrease in the share of veterans in the homeless population between 1996 and 2005.

Past research has concluded that disabilities such as severe mental illness and chronic substance abuse are risk factors for homelessness.[17] This analysis of AHAR sample data captures information on the number of disabled persons but not the types of disabilities, showing that 25 percent of all sheltered homeless adults have a disabling condition. This is slightly lower than the percentage of disabled adults in both the poverty population (31.9 percent) and the non-elderly poverty population (28 percent), but greater than that of the total overall U.S. population (19.3 percent). The higher incidence of disability among poor adults compared to sheltered homeless adults may be associated with a broader definition of disability in the Census, which was the source of data on the poverty population.[18] It may also be an artifact of the large amount of missing information on disability status in the AHAR sample data. Disability status was missing for 55 percent of adults. While the missing data were excluded from the calculations, the result is

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[15] The percentage of sheltered homeless persons that were veterans was calculated by dividing the reported number of veterans by the number of unaccompanied adults (unaccompanied individuals minus unaccompanied youth) plus one person per family household. The source numbers for this calculation are from Chart K (CoC Point-in-Time Homeless Populations and Subpopulations) of Exhibit 1 in HUD's 2005 Continuum of Care applications. Demographic information on the unsheltered population was optional on the application, except for reporting on the number of chronically homeless persons. Less than half of the CoCs provided the optional demographic information on unsheltered homeless persons; therefore, this report does not include demographic characteristics of the unsheltered homeless population.

[16] Martha Burt, Laudan Y. Aron, T. Douglas, Jesse Valente, Edgar Lee, and B. Iwen. 1999. Homelessness–Programs and the People They Serve: Summary and Technical Reports. Washington, D.C.: Interagency Council on the Homeless/Department of Housing and Urban Development.

[17] Burt et al. (2001).

[18] The Census's Integrated Public Use Microdata Series data represent six different categories of disability: work disability, disability limiting mobility, personal care limitation, physical difficulty, difficulty remembering, and vision or hearing difficulty. These categories are generally broader than the definition in the HMIS data standards. In the HMIS data standards, a disability includes (1) any disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment that (a) is expected to be of long-continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) is of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or (5) a diagnosable substance abuse disorder.

a smaller and potentially less representative sample to estimate the proportion of the homeless population that is disabled. Disability rates may also be higher among the unsheltered than the sheltered homeless population so there may be a higher share of persons with disabilities in the overall homeless population.

People with disabilities are considered chronically homeless if they are homeless as unaccompanied individuals and have long or repeated episodes of homelessness. Because AHAR sample communities have reported data from the HMIS for such a short period of time, it was not yet possible to base an estimate of people with chronic homelessness on HMIS data. However, the CoC applications include estimates of both *sheltered and unsheltered* chronic homeless people on a single day in January 2005.[19] According to these estimates, 57 percent of unaccompanied homeless individuals in emergency shelters and 46 percent of unsheltered individuals are chronically homeless. The share of *all* homeless people that are chronically homeless is much smaller (23 percent or 169,879 persons[20]) because homeless people in families or living in transitional housing are not categorized as chronically homeless.[21] Overall, 17 percent of the sheltered homeless population and 30 percent of the unsheltered homeless population are chronically homeless.

Families in Shelters are Less Likely than Unaccompanied Individuals to be White

Exhibit 3-6 compares the demographic characteristics of homeless persons by household type. The results show that sheltered persons in families are less likely to be white, non-Hispanic (32 percent) than unaccompanied individuals (46 percent) in shelters. This finding may be due to the lower likelihood of white families being headed by a single parent or living in poverty than minority families. Single-parent family and poor families have less of a safety net if a parent loses a job or if other financial or medical emergencies occur.

In addition, homeless adults in families are overwhelmingly women (84 percent), whereas unaccompanied individuals are more likely to be men (75 percent). Put differently, homeless men tend to access emergency and transitional shelters on their own, and homeless women often have children with them during their shelter stays. Compared to unaccompanied adults, adults in families are also less likely to be disabled (16 percent versus 28 percent) and to be veterans (5 percent versus 21 percent). The higher proportion of unaccompanied adults that are veterans is likely due to the higher share of men in this household type.

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[19] Very little data is collected from the CoC application on the characteristics of homeless persons. Where relevant information is available from the CoC applications, it is noted in the text.

[20] This figure does not include chronically homeless persons in the Commonwealth of Puerto Rico and the U.S. Territories of Guam and the Virgin Islands. There were an additional 6,035 chronically homeless persons reported in these areas.

[21] 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 an emergency shelter (i.e., not transitional housing) during these stays.

Exhibit 3-6

Demographic Characteristics of Persons Using Homeless Residential Services in February 1 to April, 30 2005 Period by Household Type

Characteristic	% of Sheltered Homeless Population	% of Unaccompanied Individuals and Persons in Households with No Children [a]	% of Persons in Households with Children
Gender of Adults [b]			
Female	34.7%	24.6%	83.6%
Male	65.3%	75.4%	16.4%
Gender of Children [b]			
Female	51.9%	54.6%	51.7%
Male	48.1%	45.4%	48.3%
Ethnicity [c]			
Non-Hispanic/non-Latino	77.9%	77.6%	78.4%
Hispanic/Latino	22.1%	22.4%	21.6%
Race			
White, Non-Hispanic/non-Latino	41.1%	45.6%	32.0%
White, Hispanic/Latino [d]	5.7%	6.1%	4.8%
Black or African-American	45.0%	42.2%	50.7%
Asian	1.2%	1.2%	1.3%
American Indian or Alaska Native	1.7%	1.4%	2.4%
Native Hawaiian or Other Pacific Islander	0.2%	0.2%	0.2%
Multiple races	5.1%	3.4%	8.7%
Age [b]			
Under 1	2.4%	0.3%[g]	6.3%
1 to 5	8.7%	0.3%[g]	24.6%
6 to 12	7.5%	0.4%	21.0%
13 to 17	4.0%	1.4%	8.9%
18 to 30	21.3%	21.1%	21.5%
31 to 50	41.3%	55.1%	15.0%
51to 61	10.3%	15.2%	1.1%
62 and older	1.8%	2.6%	0.1%
Age not reported	2.9%	3.6%	1.5%
Persons by Household Size [e]			
1 person	66.2%	100.0%	0.0%
2 people	10.6%	0.0%	31.3%
3 people	10.3%	0.0%	30.5%
4 people	6.8%	0.0%	20.1%
5 or more people	6.1%	0.0%	18.1%
Veteran (adults) [f]	18.7%	21.3%	5.0%
Disabled (adults)	25.0%	27.6%	16.2%

[a] Unaccompanied persons include all persons (including unaccompanied youth) who did not present as a household with adults and 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 (30 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. This means that approximately three-fourths of Hispanic/Latino persons who used homeless residential services (16.4 percent out of the 22.1 percent of the homeless residential users that are Hispanic/Latino) are in non-White race categories compared with approximately half of Hispanic/Latino persons in the U.S. population (6.5 percent out of 12.5 percent of the Hispanic/Latino U.S. population) that are in non-White 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 (55 percent) and veteran status (35 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.

3.4 Where Do People Reside Before Coming to Homeless Shelters?

The HMIS data analyzed for this report offer insight into where homeless adults and unaccompanied youth in emergency shelters and transitional housing lived before receiving services.[22] As shown in Exhibit 3-7, approximately one-third of both unaccompanied persons (adults and youth) and adults in families were reported to have stayed at a different emergency shelter or transitional housing location the night before they began their stay in their current residential program.

There is a distinct difference in the prior night's living arrangement between unaccompanied persons and adults in families. Adults in families were more likely to have come from their own or a family or friend's housing unit, whereas unaccompanied persons were more likely to have come from an institutional setting or the streets. Twenty percent of adults in families stayed at a housing unit they rented or owned the night before entering an emergency shelter or transitional housing. This group would include families fleeing domestic violence, families broken up for other reasons, and families who were evicted or who left when they could no longer afford their rent.[23] In addition, 29 percent of adults in families stayed at a relative or friend's unit the night before. Thus, nearly half of adults with children were in a conventional housing situation the night before program entry. By contrast, only 38 percent of unaccompanied persons stayed in a conventional housing unit the night before program entry.

Unaccompanied persons are more likely than persons in families to have come from the streets or an institutional setting. Ten percent of unaccompanied persons (about 48,000) stayed in a place not meant for human habitation, and 6 percent (approximately 29,000) stayed in a correctional facility (e.g., prison, jail, or juvenile detention center) the night before program entry. In contrast, only 2 percent of adults in families stayed in a place not meant for human habitation, and 1 percent stayed in a correctional facility the night before program entry. These results, while tentative because of the large amount of missing data, suggest that homeless prevention efforts need to focus on retaining conventional housing with the additional focus for unaccompanied persons on the transition from institutional settings to permanent housing.

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[22] This analysis is limited to adults and unaccompanied youth because the HMIS data standards require homeless assistance providers to record this information only for these persons.

[23] Burt et al. (2001, p. 67) found that the most common reasons female-headed families left their last regular housing unit were: could not afford rent (20 percent); domestic violence (16 percent); and landlord made client leave (8 percent). For male-headed families, could not pay rent (33 percent) and landlord made client leave (28 percent) were the dominant reasons for leaving.

Exhibit 3-7

Prior Living Situation of Persons Using Homeless Residential Services in February 1 to April 30, 2005 Period [a]

	% of Unaccompanied Individuals and Adults in Families with No Children [b]	% of Adults in Households with Children
Living arrangement the night before program entry [c]		
Place not meant for human habitation	10.3%	2.3%
Emergency shelter or transitional housing	34.1%	36.7%
Permanent supportive housing	0.3%	0.3%
Psychiatric facility	1.3%	0.0%
Substance abuse treatment center or detox	3.4%	2.0%
Hospital (non-psychiatric)	1.1%	0.2%
Jail, prison, or juvenile detention	6.3%	0.9%
Rented housing unit	12.6%	16.7%
Owned housing unit	2.4%	3.1%
Staying with family	13.2%	19.4%
Staying with friends	9.4%	10.0%
Hotel or motel (no voucher)	1.5%	5.2%
Foster care home	0.3%	0.0%
Other living arrangement	3.8%	2.8%
Stability of previous night's living arrangement. Stayed there…		
One week or less	15.0%	8.1%
More than one week, but less than a month	15.6%	12.4%
One to three months	21.8%	30.6%
More than three months, but less than a year	22.6%	29.8%
One year or longer	24.9%	19.1%
Number of Homeless Persons	462,381	91,329

[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 (44 percent) and stability of previous night's living arrangement (66 percent).

[b] Unaccompanied persons includes all persons (including unaccompanied youth) who did not present as a household with adults and 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.

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

This chapter describes the nation's estimated capacity to provide emergency shelter and transitional housing for homeless persons, based on information reported by CoCs in the Housing Inventory Chart section of the 2005 CoC application. It also provides estimates of the number of permanent supportive housing units for formerly homeless persons, as reported by CoCs. Capacity is measured in terms of the total number of residential programs and beds available for these three types of housing.

The demand for homeless services and the nation's capacity to house homeless persons increased considerably during the 1980s, provoked largely by the confluence of the recession of 1981-1982, destruction of single room occupancy housing, diminishing supplies of affordable housing, insufficient supports for persons with serious mental illness, and changing labor market opportunities for people with less than a high school education. For the first time, substantial numbers of unaccompanied women, women with children, and two-parent families sought homeless services, in addition to the numbers of single men that had constituted the homeless population until that point.[1] In 1983, Congress began providing direct federal assistance to homeless service providers through the Emergency Food and Shelter Program, which was operated under the auspices of the Federal Emergency Management Agency.

In 1984, HUD conducted the first federal attempt to describe the nation's capacity to shelter homeless persons and concluded that there were approximately 100,000 shelter beds in about 1,900 shelters.[2] HUD conducted a second national survey of shelter supply in the summer of 1988 and estimated that the nation's capacity to shelter homeless persons was 275,000 beds in 5,400 shelters.[3] Thus, in only four years, HUD identified a nearly three-fold change in both programs and beds for homeless persons. Two subsequent studies produced estimates of shelter capacity, but these studies focused exclusively on the nation's largest cities.[4]

The 1996 NSHAPC study provided an analysis of the whole nation's bed capacity by program type (emergency shelters, transitional housing, and permanent supportive housing). These estimates are presented in Exhibit 4-1 and compared to estimates from the 2005 CoC

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1 U.S. Department of Housing and Urban Development. 2002. Evaluations of Continuums of Care for Homeless People. Washington D.C.: HUD Office of Policy Development and Research, p. 2.

2 U.S. Department of Housing and Urban Development. 1984. A Report to the Secretary on the Homeless and Emergency Shelters. Washington D.C.: HUD Office of Policy Development and Research.

3 U.S. Department of Housing and Urban Development. 1989. A Report on the 1988 National Survey of Shelters for the Homeless. Washington D.C.: HUD Office of Policy Development and Research.

4 Martha R. Burt and Barbara E. Cohen. 1989. America's Homeless: Numbers, Characteristics, and the Programs that Serve Them. Washington, D.C.: The Urban Institute Press. Martha R. Burt. 1992. Over the Edge: The Growth of Homelessness in the 1980s. Washington, D.C.: The Urban Institute Press.

applications. As the exhibit suggests, the national inventory of homeless residential programs and beds has continued to increase overall. In total there are about 19,500 homeless residential programs and 647,000 beds in the current inventory, compared to 15,900 programs and 607,700 beds in 1996. The 6 percent increase in beds reflects a 35 percent *decrease* in the number of emergency beds and dramatic *increases* in the numbers of transitional and permanent supportive housing programs and beds. Transitional housing beds increased by 38 percent, and permanent supportive housing beds by 83 percent during that period.

Exhibit 4-1

Change in the Nation's Capacity to House Homeless Persons, 1996-2005

	1996 [a]	2005 [b]	Change	% Change [c]
Total Number of Programs	15,900	19,500	3,600	23%
Emergency Shelters	9,600 [d]	6,200	-3,400	-35%
Transitional Housing	4,400	7,400	3,000	68%
Permanent Housing	1,900	5,900	4,000	211%
Total Bed Capacity	607,700	647,000	39,300	+6%
Emergency Shelters	333,500	217,900	-115,600	-35%
Transitional Housing	160,200	220,400	60,200	+38%
Permanent Housing	114,000	208,700	94,700	+83%

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

[b] 2005 Housing Inventory Charts from CoC applications.

[c] The change in the nation's capacity to house homeless persons is affected in part by how programs define themselves over time. It is likely that some emergency shelters, for example, were redefined as transitional housing programs during the 1996 to 2005 time period.

[d] Includes 5,700 emergency shelters and 3,900 voucher programs for emergency accommodation.

The change in the distribution of program types from 1996 to 2005 is likely associated with two phenomena. First, in recent years HUD has placed a priority on providing more permanent housing opportunities for homeless persons. As a result, CoCs have devoted more resources to augmenting the supply of permanent housing programs and beds in their communities. At the same time, residential programs sometimes redefine themselves, so that emergency shelters become transitional (or permanent) housing programs. It is possible that some of the 3,400 emergency shelters and 115,600 emergency beds that disappeared between 1996 and 2005 became part of the 3,000 transitional housing programs and 60,200 transitional beds, or the 4,000 permanent housing programs and 94,700 permanent beds, that were gained during this same period.

4.1 The Current Inventory

Exhibit 4-2 reports the number of emergency and transitional beds and units available in the homeless assistance system in early 2005.[5] 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 need for emergency shelters to prevent illness or death due to the weather, but 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.

Exhibit 4-2

2005 CoC Applications
Number of Emergency and Transitional Beds in Homeless Assistance System Nationwide [a]

	Year-Round Units/Beds			Total Year-Round Beds	Other Beds	
	Family Units	Family Beds	Individual Beds		Seasonal Beds	Overflow/ Voucher
Emergency Shelters						
Current Inventory	30,593	100,730	117,217	217,947	24,923	48,622
Transitional Housing						
Current Inventory	33,580	115,225	105,140	220,365	--	--
Total						
Total Inventory	64,173	215,955	222,357	438,312	24,923	48,622

[a] The bed inventory does not include the 1,475 emergency shelter beds and 2,053 transitional housing beds located in the Commonwealth of Puerto Rico and the U.S. Territories of Guam and the Virgin Islands. Including these beds in the nationwide inventory results in a total of 441,840 year-round beds (219,422 emergency shelter beds and 222,418 transitional housing beds).

Overall, there are about 438,300 emergency and transitional year-round beds nationwide as of early 2005 (Exhibit 4-2). The inventory is distributed nearly equally between emergency shelters (about 217,900 beds) and transitional housing (approximately 220,400 beds). The

[5] The bed inventory does not include beds located in the Commonwealth of Puerto Rico and the U.S. Territories of Guam and the Virgin Islands. There were an additional 3,528 year-round beds (1,474 emergency shelter beds and 2,053 transitional housing beds) located in these areas.

mix of available year-round beds is also evenly distributed across household types, with about 216,000 beds for persons in families (49 percent) and 222,400 beds for individuals (51 percent), although the distribution can vary slightly by program type. Of the 216,000 year-round beds available to persons in families, a slight majority (53 percent) are in transitional housing programs. By comparison, of the 222,400 beds available for unaccompanied individuals, slightly more than half (53 percent) are in emergency shelters.

In addition, the exhibit lists (in the first column) the total number of ***family units*** by program type. Family units are housing units (e.g., apartments) that are set aside for serving homeless families, and each family unit has multiple beds. There are about 64,200 family units in the current inventory, and over half of these units (52 percent) are located in transitional housing programs.

Exhibit 4-2 also shows that there are nearly 25,000 seasonal beds and almost 49,000 overflow/voucher beds available at some point as of 2005. If these beds are added to the total number of year-round emergency shelter and transitional housing beds, the nation's peak bed capacity for homeless persons is about 511,900 beds.

In recent years HUD has increasingly encouraged communities to develop permanent supportive housing for homeless disabled persons. 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. Exhibit 4-3 presents information about permanent supportive housing beds that were available as of early 2005.[6]

Exhibit 4-3

2005 CoC Applications
Number of Permanent Supportive Housing Beds in Homeless Assistance System Nationwide

	Year-Round Units/Beds				Other Beds	
	Family Units	Family Beds	Individual Beds	**Total Year-Round Beds**	Seasonal Beds	Overflow/ Voucher
Permanent Supportive Housing						
Current Inventory	32,159	84,051	124,602	208,653	--	--

[6] The bed inventory does not include permanent housing beds located in the Commonwealth of Puerto Rico and the U.S. Territories of Guam and the Virgin Islands. There were an additional 1,374 permanent year-round beds located in these areas.

Overall, there are about 208,700 permanent supportive beds in the nation's bed inventory for formerly homeless persons. Three-fifths of these beds (about 124,600) are in projects serving unaccompanied individuals, while two-fifths (roughly 84,100) serve persons in families.[7]

4.2 Beds under Development

More than 13,000 New Emergency Shelter and Transitional Housing Beds and 18,000 Permanent Beds Are under Development

Exhibit 4-4 presents information on beds that were under development in early 2005, as reported by the CoCs. Beds under development have been fully funded but are not yet serving homeless people. The exhibit shows that, in keeping with HUD's current priorities, CoCs are devoting more resources to the development of permanent supportive housing beds, compared to emergency or transitional beds. Among the approximately 31,600 beds that were under development in early 2005, 59 percent are dedicated to permanent supportive housing programs, while 15 percent will be in emergency shelter programs and 26 percent will be in transitional housing projects. The majority (59 percent) of the 18,600 permanent supportive housing beds under development are targeted to individuals. Overall, the total number of beds currently under development represents a 2 percent increase in emergency shelter beds, a 4 percent increase in transitional housing beds, and a 9 percent increase in permanent supportive housing beds.

Exhibit 4-4

2005 CoC Applications
Beds under Development for All CoCs

	Individual Beds		Family Beds		Total under Development	
Program Type	Under Development	% Beds Under Development	Under Development	% Beds Under Development	Under Development	% Beds Under Development
Emergency Shelter	2,442	15%	2,180	15%	4,622	15%
Transitional Housing	3,445	21%	4,945	33%	8,390	26%
Permanent Supportive Housing	10,892	65%	7,713	52%	18,605	59%
Total Beds	16,779	100%	14,838	100%	31,617	100%

[7] Anecdotal evidence suggests that some communities may be reporting public housing units and other units with marginal levels of supportive services as part of their permanent supportive housing inventory, which would contribute to the large proportion of permanent housing beds serving persons in families.

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

This chapter begins by exploring the locations where people receive homeless residential services compared to the geographic distribution of the poverty population and the U.S. population. The chapter focuses on differences in the characteristics of persons who use emergency shelters and transitional housing in central cities, suburbs, and rural areas. The chapter then explores how people used emergency shelters and transitional housing, including the frequency of use, how use varied by household type, and how long people stayed in these residential programs. This chapter uses the national estimates from the three-month AHAR study period (February 1-April 30, 2005).

5.1 Where Do Homeless People Receive Shelter?

A Large Share of Sheltered Homeless Persons Access Emergency Shelters and Transitional Housing Located in Central Cities

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 more than 32 percentage points higher than the proportion of the poverty population in central cities, and 45 percentage points higher than the proportion of the U.S. population in central cities. By contrast, just under 25 percent of homeless persons are using residential services located in suburban and rural areas, even though 57 percent of the poverty population and almost 70 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. Some homeless persons may migrate to the central city when they become homeless to be closer to families and friends who may offer support. Others may migrate to more densely populated areas to find a job when they fall on hard times in their own communities. If the job search is unsuccessful or they can no longer pay rent, they may use emergency shelters or transitional housing in the city. Furthermore, some homeless persons may also migrate to central cities because there are more homeless residential and supportive services available there. It is also possible that a housing emergency that, in a city, would lead to a shelter stay might be treated with rent or mortgage assistance in a rural area, because few emergency shelter beds are available there.

Exhibit 5-1

AHAR Sample
Geographic Location where People Receive Homeless Residential Services Compared to U.S. and Poverty Populations

Type of Area	Percentage of Sheltered Homeless Population	Percentage of U.S. Poverty Population	Percentage of U.S. Population
Central City	75.3%	42.9%	30.4%
New York City [a]	8.6%	4.9%	2.9%
Other central cities	66.7%	38.0%	27.5%
Suburban and Rural Areas[b]	24.7%	57.1%	69.6%

[a] New York City's information is presented separately from other central cities because of New York City's large population.

[b] 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.

Source: Information about the U.S. poverty population and the U.S. total population is based on the *U.S. Census Bureau 2000 Summary Files 1 and 3.*

Data from the AHAR sample cannot be used to explore these causal explanations. However, data from the 1996 NSHAPC study indicate that 44 percent of homeless persons left the community where their current homeless spells began, and only 28 percent of homeless persons began their current homeless spells in a central city.[1] These findings suggest that homeless persons are fairly mobile and may be drawn to central cities.

Sheltered Homeless People in Central Cities Are More Likely to Be Older, Disabled, and Minorities

As shown in Exhibit 5-2, 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, in a single-person household, and disabled than his or her counterpart in a suburban or rural area.[2] Approximately 63 percent of homeless persons in central cities are members of minority groups, and close to 30 percent of adults have disabilities, compared to in suburban and rural areas, where about 48 percent of homeless persons are minorities and fewer than 14 percent of homeless adults are disabled.

Homeless persons living in suburban and rural areas are more likely to seek homeless residential services as part of a family, compared to homeless persons in central cities. Close to one-third (31.4 percent) of the people using emergency shelters and transitional housing in suburban and rural areas are children, and nearly half (47.6 percent) are in families with an adult and child.[3] By contrast, in central cities, fewer than 20 percent of homeless people in

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

2 A substantial number of records were missing information on disability status (55 percent).

3 For AHAR reporting purposes, all households that did not contain at least one child and one adult were defined as single-person households.

emergency shelters and transitional housing are children, and most homeless people (70.7 percent) seek homeless residential services as unaccompanied individuals. These findings are consistent with the results from the NSHAPC study.

Exhibit 5-2

AHAR Sample
Characteristics of Persons Using Homeless Services by Type of Location

Characteristic	Percentage of Persons Using Homeless Residential Services in: Central Cities	Suburban & Rural Areas
Ethnicity [a]		
Non-Hispanic/non-Latino	75.7%	83.2%
Hispanic/Latino	24.3%	16.8%
Race		
White, Non-Hispanic/Non-Latino	37.1%	52.3%
White, Hispanic/Latino [b]	7.0%	1.8%
Black or African-American	50.2%	30.4%
Asian	0.6%	2.9%
American Indian or Alaska Native	1.1%	3.4%
Native Hawaiian or Other Pacific Islander	0.2%	0.2%
Multiple Races	3.7%	9.0%
Age		
17 and under	19.6%	31.4%
18 to 30 years	19.8%	25.7%
31 to 50 years	44.4%	31.8%
51 to 61 years	10.8%	8.9%
62 and older	1.9%	1.4%
Unknown	3.5%	0.9%
Persons by Household Size [c]		
1 person	70.7%	52.4%
Homeless Families:		
2 people	7.0%	21.6%
3 people	9.1%	13.9%
4 people	6.7%	7.2%
5 or more people	6.5%	5.0%
Veteran (adults) [d]	18.8%	18.5%
Disabled (adults) [d]	29.7%	13.5%
Number of Homeless Persons	530,268	173,878

[a] A substantial number of records were missing ethnicity information (30 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. This means that approximately three-fourths of Hispanic/Latino persons who used homeless residential services (16.4 percent out of the 22.1 percent of the homeless residential users that are Hispanic/Latino) are in non-White race categories compared with approximately half of Hispanic/Latino persons in the U.S. population (6.5 percent out of 12.5 percent of the Hispanic/Latino U.S. population) that are in non-White 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 disability status (55 percent) and veteran status (35 percent). The percentage calculations include only persons whose disability and veteran status was recorded.

The demographic profile of sheltered homeless persons in central cities is likely shaped by two factors. Central cities have higher concentrations of poverty compared to suburban or rural areas, and poor households in central cities are disproportionately composed of minorities and single persons. Thus, to the extent that poor persons in cities become homeless, then a city's homeless population would be expected to be disproportionately composed of minorities and single-person households.

5.2 What Are the Patterns of Shelter Use?

As seen in Exhibit 5-3, AHAR data suggest that almost three-quarters of all those served by residential programs (73 percent) used emergency shelters only during the three-month study period (February 1–April 30, 2005). Most of the rest (23.4 percent) used transitional housing programs only, and a small share (3.6 percent) accessed both types of residential services.

Exhibit 5-3

AHAR Sample
Estimated Number of Persons Using Homeless Residential Services in the U.S. from February 1 to April 30, 2005

	Total Number	Percentage of Sheltered Homeless Population
How many persons used homeless residential service at some time during the study period?	704,146	100.0%
During the study period, the number of homeless persons that used…		
Emergency shelter only	514,326	73.0%
Transitional housing only	164,691	23.4%
Both emergency shelter and transitional housing	25,129	3.6%
Type of Service [a]		
Emergency shelter [b]	539,455	76.6%
Unaccompanied persons [c]	384,157	71.2%
Persons in households with children	155,298	28.8%
Transitional housing [b]	189,820	27.0%
Unaccompanied persons [c]	94,263	49.7%
Persons in households with children	95,557	50.3%

[a] A person who uses multiple providers of the same type (such as multiple emergency shelters) will be counted only once in that category. However, a person who used both an emergency shelter and transitional housing during the covered period (3.6 percent of the total) will be shown in both categories.

[b] The numbers reported include persons who used both types of shelters during the three-month study period.

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

Among users of emergency shelters, there are almost 2.5 times as many unaccompanied persons (384,157) as persons in families (155,298) over the three-month study period. By contrast, the proportion of persons using transitional housing is almost equally divided between unaccompanied persons and persons in families. These service use patterns underscore the need to account for how different types of households use residential homeless services before making generalizations about who is homeless. The portrait of a

homeless person staying in an emergency shelter is clearly different than that of a person in transitional housing.

Based on AHAR data, Exhibits 5-4 and 5-5 provide information on the length of stay in emergency shelters and transitional housing by household type and gender. Overall, the patterns are as expected. The median number of nights in emergency shelters during the period is smaller (31 of 89 days) than the median number of days in transitional housing (88 of 89). Put differently, half of all persons in emergency shelters stay for 31 days or more, but half of all persons in transitional housing stay for 88 days or more (or virtually the entire study 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 is expected to last up to two years before the person obtains permanent housing, because these programs are designed to help homeless persons resolve difficult issues that contribute to their homelessness. For example, transitional housing programs supplement their residential 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.

Before proceeding to discuss lengths of stay for emergency shelter and transitional housing users in more detail, it is important to note that this analysis provides an incomplete picture of the different service use patterns because the analysis is only for a three-month 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.[4] If the study period were extended beyond the three-month reporting period, the contrast in lengths of stay between emergency shelter and transitional housing almost certainly would be greater.

Emergency Shelters

Unaccompanied people using emergency shelters stay for shorter periods of time than people in families. About twice the proportion of unaccompanied persons as persons in families used an emergency shelter for less than a week during the study period (Exhibit 5-4). 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 willing to leave a shelter or a transitional housing facility and take the risks associated with life on the streets,

[4] To generate length of stay information, communities participating in the AHAR sample used the start and end dates of the data collection time period (i.e., February 1 and April 30) as the default beginning and end dates of a residential stay if the stay preceded or extended beyond the data collection period. For example, a homeless person who entered into a transitional housing program four days prior to April 30 would be counted as "staying" for less than one week, even though the person might ultimately stay for many months. Similarly, a person who entered an emergency shelter several months prior to the start of the data collection time period and exited on January 3 would be counted as "staying" for less than one week. Length of stay information will become more accurate with longitudinal data that covers a longer time period.

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 and, especially, for children.

Exhibit 5-4

AHAR Sample
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 = 89) [c]				
1 to 7 days	29.6%	36.2%	28.4%	15.3%
8 to 30 days	25.3%	25.7%	25.9%	24.9%
31 to 60 days	16.5%	15.2%	14.0%	21.0%
61 to 89 days	28.6%	22.8%	31.7%	38.8%
Median Number of Housing Nights	31	19	36	40

[a] Unaccompanied persons includes all persons (including unaccompanied youth) who did not present 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.

Among unaccompanied persons, women were more likely than men to spend one month or more in an emergency shelter during the AHAR three-month study period. Forty-six percent of unaccompanied females spent at least one month in an emergency shelter, compared to 38 percent of unaccompanied males. Almost one-third of unaccompanied females spent at least two months in shelter, compared to only 23 percent of unaccompanied males. One reason for the difference in lengths of stay by gender may be that unaccompanied females are more reluctant to spend time on the streets because of safety concerns. The shorter lengths of stay among unaccompanied males also may be affected by daily turn-out policies – i.e., policies that require all homeless persons to exit the shelter after a one-night stay before returning the next night. Such policies are more often used in men's shelters. Shelters for women are less likely to have turn-out policies that require daily exits.

Transitional Housing

According to AHAR data, very few homeless people in transitional housing stayed for less than one week during the study period, and most stayed for two to three months (Exhibit 5-5). However, lengths of stay in transitional housing vary by household type. Similar to the patterns observed among users of emergency shelters, persons in families are more likely to

stay in transitional shelter for the entire study period than are unaccompanied persons. Three-quarters of persons in families stayed for two to three months during the study period, and few (12 percent) stayed for less than one month. Unaccompanied females were more likely than males to stay in transitional housing at least 60 of the 89 days during the study period (67 percent versus 45 percent).

Exhibit 5-5

AHAR Sample
Number of Nights in Transitional Housing during the Three-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 (89=maximum) [c]				
1 to 7 days	7.3%	10.8%	7.5%	3.8%
8 to 30 days	13.8%	19.5%	15.2%	8.0%
31 to 60 days	17.3%	24.6%	10.8%	12.5%
61 to 89 days	61.5%	45.2%	66.6%	75.8%
Median Number of Housing Nights	88	--	88	89

[a] Unaccompanied persons includes 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.

These service use patterns suggest that unaccompanied individuals, especially men, may be harder to retain in transitional housing and thus potentially harder to transition into a stable, permanent housing environment. Alternatively, unaccompanied men may have needs that can be met without a long stay in transitional housing, or may be easier than families to place in permanent housing.

5.3 Bed Utilization Rates

Utilization Rates for Emergency and Transitional Beds Are Typically Above 80 Percent

Exhibit 5-6 uses AHAR data to calculate average daily utilization rates of all year-round emergency shelter and transitional housing beds by type of geographic location. The average daily utilization rate represents the frequency of bed use on an average day, and is equal to the average daily census during the AHAR study period divided by the number of year-round beds in the current inventory. Overall, utilization rates are typically above 80 percent. Utilization rates are highest among individuals in emergency shelters (104 percent) and lowest among

families in transitional shelters (72 percent). A utilization rate above 100 percent is plausible because the rates reported in Exhibit 5-6 do not account for seasonal beds that are available only during specific months with inclement weather conditions (e.g., winter months) or overflow beds that are available during emergencies. 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.

Exhibit 5-6

AHAR Sample
Average Daily Utilization of All Year-Round Beds by Geographic Location [a]

	Emergency Shelters		Transitional Housing	
	Family	**Individual**	**Family**	**Individual**
Overall	86.6%	104.0%	72.0%	84.6%
Type of Area				
Central City	90.4%	100.2%	74.2%	83.7%
New York City [b]	94.5%	92.6%	90.5%	--
Other central cities	87.2%	103.6%	72.7%	83.7%
Suburban and rural areas [c]	78.6%	110.8%	63.0%	87.4%

[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] New York City's information is presented separately from other central cities because of New York City's large population.

[c] In terms of CDBG jurisdictions, suburban and rural areas consist of all non-entitlement areas and all urban counties and non-central 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 (primarily rural) areas are all non-entitlement areas under CDBG.

Adjusting the bed utilization rates reported in Exhibit 5-6 for seasonal beds reduces the rates considerably.[5] For example, the *adjusted* bed utilization rate for individuals in emergency shelters is 91.2 percent overall (rather than the 104 percent shown on the exhibit); 89.3 percent in central cities; and 94.6 percent in suburban and rural areas. The *adjusted* bed utilization rates for families in emergency shelters remain roughly the same. Utilization rates of about 90 percent for emergency shelters are consistent with anecdotal evidence from communities that monitor occupancy rates. Transitional housing programs do not have seasonal or overflow beds, so no adjustment is necessary for these programs.

There are several reasons why utilization rates in transitional housing, especially for families, are lower than utilization rates in emergency shelters. First, 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 a transitional housing unit has four beds and a family of three stays in the unit, the bed utilization rate will be 75 percent for that unit, even though the *unit* utilization rate is 100 percent and no other family can use that unit. Second, when compared to emergency shelters, transitional housing

[5] For this adjustment, seasonal beds are counted as partial beds in direct proportion to the amount of time that the bed is available during the AHAR study period. The adjustment assumes that each seasonal bed is one-third of a bed; or put differently, each seasonal bed was available for one month out of the three-month study period.

programs typically set aside a much higher percentage of designated "program" slots for specific subpopulations or client characteristics (e.g., single mothers with accompanying children under 18, sober veterans in treatment, women with mental illness). These beds are more likely to remain vacant until an appropriate client requests services that fit the intended program model. Finally, as previously discussed, the length of stay in transitional housing is longer than in emergency housing. As a result, it may take more time to turn over the bed or unit. This transition time may involve conducting minor repairs, reconfiguring bed/crib allocations per unit, and more thorough assessment and intake procedures.

Exhibit 5-6 also suggests that family and individual bed utilization rates vary between central cities and suburban/rural areas. For both emergency shelters and transitional housing, family beds have higher utilization rates in central cities (90 percent in emergency shelters and 74 percent in transitional housing) compared to family beds in suburban/rural areas (79 percent in emergency shelters and 63 percent in transitional housing). By contrast, individual beds in both program types are less utilized in central cities than in suburban/rural areas. Also, unlike all other geographic areas, the average daily bed utilization rates in New York City are consistently above 90 percent for all populations and shelter users.

Chapter 6
Looking Ahead

As this report has demonstrated, the Congressionally-directed HUD effort to improve local and national reporting on homelessness is taking hold. Local communities have made significant progress in developing and implementing Homeless Management Information Systems (HMIS). As of June 2005, 72 percent of Continuums of Care receiving HUD funding are collecting some data on homeless persons through HMIS.[1] This compares to 60 percent of CoCs in 2004 and 33 percent in 2003. Further, because participation in HMIS is now a funding priority for all CoCs, considerable progress in local HMIS implementation is expected during the next year.

In addition, better information is being captured about homelessness at the local level through HUD's annual CoC application process. This information has helped to increase understanding of who is homeless in a particular community, especially among the unsheltered population, and what resources are available to house homeless people. It is also being used to understand the existing needs of homeless service providers and to improve program operations. HUD will continue to provide technical assistance to communities nationwide on developing and implementing accurate methods for conducting street and shelter counts.

Advancements in HMIS implementations and improvements in local reporting will greatly enhance HUD's ability to produce a more comprehensive national picture of homelessness in future years. Future national reports will benefit from more and better-quality local reports from the AHAR sample that cover a broader array of homeless service programs, including non-residential programs. In addition, future reports will benefit from extended data collection time frames (more than three months) that will enable a longitudinal examination of homelessness. Finally, the AHAR sample will one day be able to report on the full set of data elements that are defined in HUD's National HMIS Data and Technical Standards Notice. The inclusion of these data elements will add considerably to the understanding of homelessness, especially the size and needs of specific homeless subpopulations such as people with disabilities and youth, utilization of homeless services other than housing, and ability to access mainstream resources.

With the continued support of the Congress, HUD is committed to continuing to assist communities to 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.

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[1] U.S. Department of Housing and Urban Development. March 2006. Report to Congress: Fifth Progress Report on HUD's Strategy for Improving Homeless Data Collection, Reporting and Analysis.

Appendix A.
List of AHAR Sample Sites and Contributing Communities

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

AHAR Sample Sites			
Community Name	**State**	**Continuum of Care**	**Data Used in AHAR**
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	N/A
LANSING	MI	Lansing, East Lansing/Ingham County CoC	No
MACOMB COUNTY	MI	Macomb County CoC	N/A
WASHTENAW COUNTY	MI	Washtenaw County/Ann Arbor CoC	No
HENNEPIN COUNTY	MN	Minneapolis/Hennepin County CoC	Yes
MOORHEAD	MN	West Central Minnesota CoC	Yes
NORMAN COUNTY	MN	Northwest Minnesota CoC	N/A
ROCHESTER	MN	Southeast/South Central Minnesota Regional CoC	Yes
ST PAUL	MN	St. Paul/Ramsey County CoC	Yes
WASHINGTON COUNTY	MN	Washington County CoC	No
HATTIESBURG	MS	Mississippi Balance of State CoC	No
HUMPHREYS COUNTY	MS	Mississippi Balance of State CoC	N/A
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	N/A
SPRINGFIELD	OH	Ohio Balance of State	N/A
MIDWEST CITY	OK	State of Oklahoma	No
LYCOMING COUNTY	PA	Central-Harrisburg Region of Pennsylvania	No
PHILADELPHIA	PA	City of Philadelphia	No
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	No
HOUSTON	TX	Houston/Harris County	Yes

AHAR Sample Sites			
Community Name	**State**	**Continuum of Care**	**Data Used in AHAR**
CHESTERFIELD COUNTY	VA	Richmond CoC	Yes
PORTSMOUTH	VA	Portsmouth CoC	Yes
CHITTENDEN COUNTY	VT	Chittenden County	N/A
ADAMS COUNTY	WA	State of Washington CoC	N/A
SEATTLE	WA	Seattle-King County CoC	No
SKAGIT COUNTY	WA	State of Washington CoC	Yes
FOREST COUNTY	WI	State of Wisconsin CoC	Yes
Contributing Communities			
IOWA	IA	State of Iowa	Yes
CAMBRIDGE	MA	Cambridge CoC	Yes
BALTIMORE	MD	Baltimore CoC	Yes
GRAND RAPIDS	MI	Grand Rapids CoC	Yes
ST LOUIS COUNTY	MO	St. Louis County CoC	Yes
CINCINNATI-HAMILTON COUNTY	OH	Cincinnati/Hamilton County CoC	Yes
ERIE COUNTY	PA	Erie County CoC	Yes
CHATTANOOGA	TN	Chattanooga CoC	Yes
WHEELING-WEIRTON COUNTY	WV	Wheeling/Weirton County CoC	Yes

Note: N/A means not applicable. This designation is given to communities that had no emergency shelters or transitional housing in their communities in early 2005.

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 2005 Continuum of Care (CoC) Application.

- The AHAR sample data contains information on homeless persons that used emergency shelters or transitional housing during a three-month period in early 2005. The data are from a nationally representative sample of communities that aggregated and deduplicated Homeless Management Information System (HMIS) data from emergency shelter and transitional providers in their jurisdictions. HMIS data includes information on the number, characteristics, and service-use patterns of homeless persons.
- The 2005 CoC application data complements the AHAR sample data because it includes an estimate of the number of unsheltered homeless persons on a single night in January 2005. It also includes 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 2005 CoC applications that all CoCs must complete to be eligible for HUD McKinney-Vento Act funding.

The remainder of the report 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 first AHAR. Section B-4 presents the results of the data cleaning process and describes how useable 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 three-month period. Specifically, the target population that is represented by the AHAR sample is persons who used an emergency shelter or transitional housing facility during the AHAR data collection period (February 1 through April 30, 2005).

This population does not include individuals who are homeless, but live in an area that is not within a Continuum of Care or live in a CoC community but do not use an emergency shelter or transitional housing program. However, because CoCs cover more than 92 percent of the U.S. population,[1] 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 streets or other places not meant for human habitation—are 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.

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 (hereafter referred to as the "HMIS Notice").[2] All HUD McKinney-Vento funded homeless programs are required to collect 14 universal data elements from every client served. The HMIS Notice provides definitions for each data element. These data are essential to obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population. The universal data elements include information on a client's demographic characteristics (e.g., date

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1 The population living in areas covered by CoCs (251,965,307) is from a deduplicated version of the 2002 "COC_GeoAreasInfo.xls" provided by HUD. Total population in U.S. (281,421,906) is from the 2000 Census (www.census.gov).

2 69 FR 45888, July 30, 2004.

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 deduplicated 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.[3] All of the information required in the table shells is based only on the universal data elements from the HMIS Notice. The five sets of spreadsheets include tables for:

1. Individuals served by emergency shelters;
2. Individuals served by transitional housing facilities;
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 are required to complete the extrapolation worksheet. The remaining sections

[3] Copies of the AHAR Table Shells and a more detailed description of the data collection and analysis methodology are available in the: "Annual Homeless Assessment Report: Supplemental Report on Technical Documentation" (January 31, 2006). AHAR Shells are also posted on www.hmis.info.

in each set of table shells are designed to capture information about the homeless population in the community. Each set of table shells has imbedded 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 imbedded 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, so these were evenly divided the population across the overlapping CDBGs 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 homeless 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 multiple 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

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	148	0	3	3
South Non-Entitlement	812	0	4	4
Midwest Non-Entitlement	890	0	4	4
West Non-Entitlement	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 oversample 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." Nine 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 February and March would count as two-thirds of a bed if the covered time period is February, March, and April.

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 based on the sites with non-missing data.

Proportion of Missing Variables

Missing data limits the ability to present a complete picture of homelessness. Exhibit B-3 presents the proportion of missing values for the raw AHAR data. As expected, the proportion of missing information was highest for data that communities were not required to collect prior to the release of HUD's Data and Technical Standards: living arrangement prior to program entry (44 percent), length of stay in prior living arrangement (66 percent), and zip code of last permanent address (63 percent). In addition to these variables, the proportion of missing data was also high for ethnicity (30 percent), race (23 percent), veteran status (35 percent), and disability status (55 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 marked the estimates in the report tables with missing rates of 25 percent or larger.

Exhibit B-3

Proportion of Missing Values (Unweighted) Across all AHAR Program Household-Type Table Shells

Variable	% Missing	Variable	% Missing
1. Gender of Adults	10%	8. Disability Status	55%
2. Gender of Children	1%	9. Household Type	9%
3. Ethnicity	30%	10. Living Arrangement Prior to Program Entry	44%
4. Race	23%	11. Length of Stay in Prior Living Arrangement	66%
5. Age	15%	12. Zip Code of Last Permanent Address	63%
6. Household Size	1%	13. Number of Nights in Program	4%
7. Veterans Status	35%		

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. In most cases, anecdotal information suggests under representation of women served by domestic violence shelters.
- *Overrepresentation of data*: Some communities, particular smaller jurisdictions, indicated that their AHAR data represented only one type of service provider. Interestingly, in many cases, the provider was a women's shelter or a shelter serving veterans.
- *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 Emergency Shelter Grant funding were classified as emergency shelters, and providers who received HUD McKinney-Vento funding were classified as transitional housing.

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 site. The database was updated bi-weekly during the period that sites submitted completed table shells (July - September 2005). At the end of this period, staff 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 89 AHAR communities were classified into five categories that describe the usability of their AHAR data. Exhibit B-4 summarizes the findings. Overall, 64 communities (66 percent) are participating in the AHAR, including 55 sample communities and 9 contributing sites. Among these communities, 23 contributed useable data across all 4 program-household table shells, 26 submitted useable data for only some of their table shells, and 15 had zero emergency shelter or transitional housing providers located within the sample site.[10]

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[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.

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

In total, 25 of the 80 sample communities (31 percent) were unable to participate in the first AHAR. Most of these sites were unable to participate because of HMIS 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 CoC 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	26%	23	18	5
Partial Table Shells	29%	26	22	4
Zero Providers	17%	15	15	0
Subtotal	**72%**	**64**	**55**	**9**
Not Participating in the AHAR				
Submitted Unusable Data	10%	9	9	0
No Data Submitted	18%	16	16	0
Subtotal	**28%**	**25**	**25**	**9**
Total	**100%**	**89**	**80**	**17**

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:** Final adjustment factor was derived to account for users of multiple program types.
- **Step 7:** National estimates were calculated using the final weight (Step 5) and the final adjustment factor (Step 6).

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 are 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 were 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 first 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. For the first AHAR, AHAR data were obtained from 9 CoCs representing over 100 CDBG 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

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[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.

[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.

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 nine 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. However, for the first AHAR, 25 sample sites were not able to provide any useable data, and 22 others were not able to provide data for all their program-household types (i.e., they provided partial data). Four of the contributing sites also provided only partial data. In addition, 15 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 differently than 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-provide sites did not have any information to put in the AHAR table shells, none of them were non-respondents.

Because some participating sites provided only partial data (i.e., data on some, but not all their program-household types) and because this was 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 first 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 7 describes the procedures for aggregating across program-household tables to arrive at the national estimates.)

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 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. 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 process for calculating the non-response adjustment to base weights to create the analytic weights was the same as for certainty sites described in (C) above. The non-response adjustment was based on the ratio of the total number of base-weighted beds in the weighting class divided by base-weighted beds in the participating sites.

The adjustment calculation works as follows. Suppose there are 15 non-certainty sample sites in urban and rural counties that represent 30,000 ES-FAM beds when their actual numbers of beds are multiplied by the base weight. If the sites that provided ES-FAM data represent 20,000 beds (when weighted by the base weight), the base weight for these

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

participating, non-certainty sites would be multiplied by 1.5 (30,000 ÷ 20,000 = 1.5) to create the analytic weight for ES-FAM data.

These Step 5 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 6: 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 23 participating sites (18 sample sites + 5 contributing sites) that provided data on all four program-household types, the adjustment factor is the actual adjustment factor calculated from how much overlap they report with their HMIS data. However, for the 26 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 23 sites that provided full data is used. Thus, for the partial reporting sites, the overlap adjustment factor is assumed to be .9581.

This overlap adjustment factor was calculated as follows.

Total unduplicated # of persons served at the 23 full-reporting sites	÷	Total # of persons served at the 23 full-reporting sites prior to accounting for persons who were served by more than one program-household type

Step 7: 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 5) 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 were 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 6. For percentage calculations, the same procedures were followed by calculating both the numerator and denominator of the desired percentage calculation.