
Report to Congress:

**Fourth Progress Report on HUD's Strategy for
Improving Homeless Data Collection,
Reporting and Analysis**

March 2005

U.S. Department of Housing and Urban Development
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Fourth Annual Progress Report on HUD's Strategy for Improving Homeless Data Collection, Reporting and Analysis

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I. Overview

This is the Fourth Annual Progress Report on HUD's Strategy for Homeless Data Collection, Reporting and Analysis, which was first submitted to Congress in August 2001. Over the past four years, the Congress has provided significant resources and increased regulatory flexibility to support HUD's Strategy, which has resulted in measurable gains in local communities' abilities to collect homeless data. This report updates the Congress on HUD's efforts in 2004 to improve homeless data collection, reporting and analysis locally and nationally.

HUD's Strategy identified four major activities to address Congressional direction on the need for better data at the local and national levels on homelessness:

- (1) flexible implementation of the new Homeless Management Information System (HMIS) eligible activity under the Supportive Housing Program in the McKinney-Vento competition;
- (2) initiation of a comprehensive technical assistance (TA) program to help local jurisdictions collect unduplicated client-level data by 2004;
- (3) development of an approach to obtain meaningful data for an Annual Homeless Assessment Report (AHAR) from a nationally representative sample of jurisdictions; and
- (4) coordination and standardization of homeless reporting within HUD programs and among other Federal agencies serving homeless persons.

HUD's complete Strategy can be found on HUD's website.

This was a pivotal year for HUD's HMIS initiative. HUD is pleased to report that, for the first time, the majority of communities reported in their 2004 CoC NOFA applications that they are implementing or operating an HMIS. Even more began to collect client-level data during the second half of the year. This is important, since HUD had established a goal for communities to begin collecting HMIS data by October 2004. There are also significant activities and successes to report through the National HMIS Technical Assistance Initiative (TA Initiative) and the Annual Homeless Assessment Report (AHAR) Initiative.

HUD's TA Initiative was revamped at the beginning of 2004 under a new TA contract to focus on developing efficient, national TA strategies as well as individualized assistance to communities. Highlights of the TA Initiative include: coordinating the first annual national HMIS conference for HMIS implementers; developing a communication infrastructure to share information efficiently with practitioners and vendors about HMIS and AHAR topics and technical assistance opportunities; collecting information about communities' progress and barriers; and providing individualized technical assistance to communities. HUD also continued internal and external conversations on standardizing federal homeless reporting as part of this TA effort.

Notably, HUD published the Final HMIS Data and Technical Standards on July 30, 2004, providing guidance to communities on requirements regarding HMIS participation, data collection, reporting, privacy and security. The Clarification and Additional Guidance on Special Provision for Domestic Violence Provider Shelters was issued on October 18, 2004. In addition to the work on the Final HMIS Data and Technical Standards, HUD continued to work closely with communities to complete plans for the first AHAR report. HUD also furthered its efforts to standardize data collection in the CoC process by refining the housing activity chart and by establishing new requirements for point-in-time shelter and street counts. HUD supported these efforts by publishing guidance for one-night homeless counts.

II. HUD's Homeless Management Information System (HMIS) Initiative

In 2004, HUD directly managed three major efforts to encourage and guide local HMIS implementation by the October 2004 goal. Based on Congressional authority established in 2001, HUD continued to finance HMIS implementation and operation through the Supportive Housing Program (SHP). HUD also encouraged communities to implement HMISs by offering points for HMIS implementation as part of the annual, competitive CoC Notice of Funding Availability (NOFA) process. And finally, through the publication of the Final HMIS Data and Technical Standards, HUD set uniform, baseline standards for how data are collected and protected in local HMIS applications. Each of these efforts is discussed in more detail in this section.

A. HUD Financial Assistance for HMIS Projects

For many local communities, HUD's most vital support for their HMIS initiatives has been financial - through the SHP grant program. Most communities rely on HUD funding for a significant portion of their HMIS budgets. Early on, Congress recognized that local communities would need financial assistance to meet the Congressional direction; therefore, in FY2001 it expanded the SHP eligibility requirements to include HMIS expenses.

1. SHP Eligibility

Since the 2001 CoC NOFA, HUD has provided financial support for HMIS start-up and operating costs through its SHP grant program. In 2004, HUD established two new policies that have increased the viability of using SHP grants to support HMIS projects.

- To maximize the reach of its pro-rata share and minimize the loss of funds for housing and services, a CoC could request one year of funding for new HMIS projects rather than the mandatory 3 years for other new projects.
- HUD awarded at least one year of funding to all dedicated HMIS projects that received 40 need points and at least 25 Continuum points.

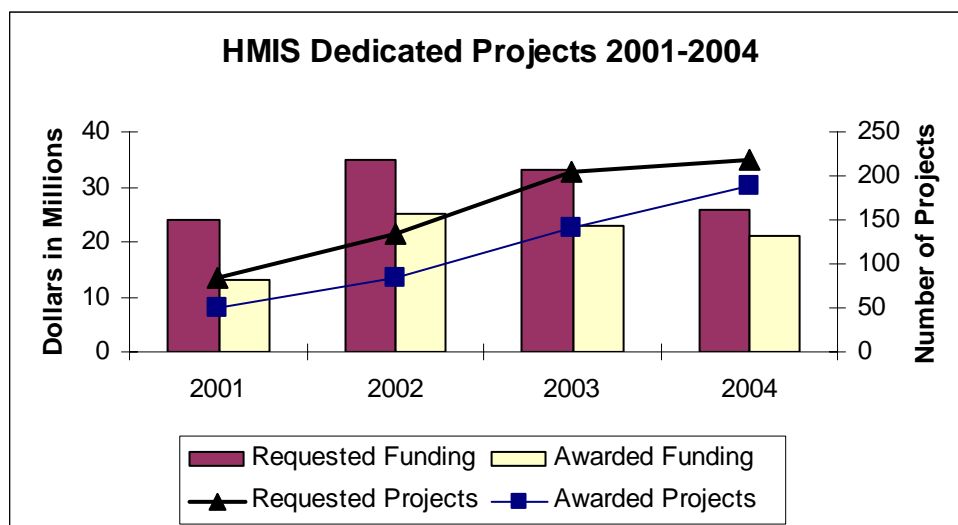
As a result of these two policies, 30 CoCs received funding totaling \$2.16 million for HMIS implementations that would not have received funding under the 2003 policies.

2. SHP Project Funding

A CoC can utilize two approaches to fund an HMIS with SHP grants: (1) a single dedicated HMIS project; and/or (2) a cost-sharing approach, in which projects within a CoC allocate a portion of their project budgets to fund the HMIS. A CoC may use

one or both approaches. To ease the application process, beginning with the 2003 homeless competition HUD established a separate program component for HMIS dedicated project applications and created a new separate budget activity for HMIS in all other SHP program component budgets.

Over the past four years, many communities have applied for and received SHP funding to support their HMISs. The number of annual HMIS dedicated project applications has more than doubled from 84 in 2001 to 198 in 2004. The annual funding awards for HMIS projects have grown from \$13.3 million in 2001 to \$21.1 million in the 2004 competition. In the 2004 competition, there were 218 dedicated HMIS project applications totaling \$26,300,000, including 124 new projects and 94 renewals. HUD funded 189 of these projects – 99 new grants and 90 renewal grants. The 29 grants that were not funded either fell below the funding line (i.e. received fewer than 40 need points or 25 Continuum points) or did not meet threshold eligibility requirements. Information on the dedicated grants applied for and awarded since 2001 is graphed below.



B. HUD NOFA Competitiveness

To meet Congressional direction to improve local and national homeless data collection and to emphasize its commitment to HMIS implementation, HUD began asking for information about local HMIS implementation beginning with the 2001 CoC NOFA process. HUD found that several communities had been implementing an HMIS for more than ten years based on strong local interest and commitment to manage information for service delivery and policy purposes; however, additional motivation and support were needed to persuade the majority of communities to establish homeless data collection as a priority. The NOFA offered a systematic way to understand how far along they were in their data collection process. HUD, in effect, used the NOFA as a means to communicate its October 2004 goal and to reward community progress in its local implementation through competitive scoring.

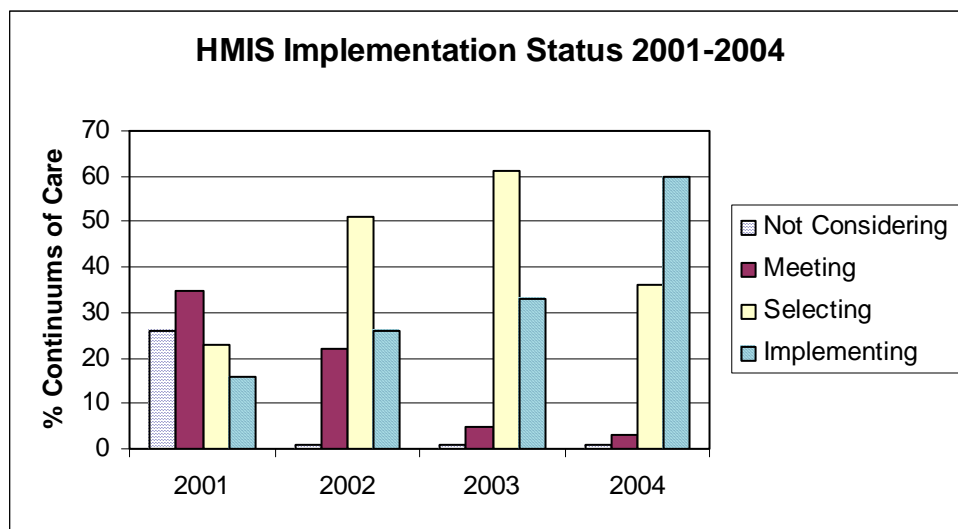
1. Scoring Emphasis

Beginning in 2001, each CoC was asked to complete a new non-scored section of the comprehensive homeless plan reporting its status in implementing an HMIS. In the 2002 competition, HUD began rating the HMIS section of the application. In

subsequent years, the rating factor for a community's HMIS strategy and progress in implementing an HMIS increased to represent a larger portion of the overall application score. In 2004, the HMIS section comprised five of 60 points of a community's overall Exhibit One score, an increase from two points in the 2003 competition.

2. Status of HMIS Implementations

2004 proved to be a turning point in HMIS implementation across the country; for the first time the number of communities that reported themselves to be in the implementation phase exceeded the number of communities in the earlier meeting and software selection phases.¹ The steady addition of new CoCs being created and funded under the CoC process means that a certain number of CoCs will be in the beginning stages of HMIS implementation for the foreseeable future. The number of funded CoCs was 407 in 2001, 400 in 2002, 414 in 2003, and 444 in 2004. The chart below illustrates growth in the number of CoCs that have been implementing an HMIS at each of the four stages of implementation.



Responses from the 2004 application indicated that:

- 60 % of CoCs were implementing an HMIS or were updating or expanding an existing HMIS in 2004, compared with 33 % in 2003, and 26 % in 2002.
- 36 % of CoCs had decided to implement an HMIS and were selecting software and hardware, compared to 61 % in 2003 and 51 % in 2002.
- Only three percent of CoCs had just begun meeting and considering HMIS implementation, compared to five percent in 2003 and 22 % in 2002.
- Consistent with 2002 and 2003 information, only one percent of CoCs had not yet considered implementing an HMIS, compared with 26 % in 2001.

¹ Not Considering: The CoC is not yet considering implementing an HMIS. Meeting: The CoC has begun meeting to consider HMIS implementation, but is still in the initial planning stages. Selecting: The CoC is in the process of selecting or customizing HMIS software or developing software themselves. Implementing: The CoC has purchased or developed HMIS software and is rolling out the system to users and/or is already using the system to collect data on homeless persons and services.

C. Publication of Final HMIS Data and Technical Standards

HUD published the Homeless Management Information System (HMIS) Data and Technical Standards Final Notice (FR-4848-N-02) on July 30, 2004. The *data standards* specify the types of data that HUD-funded providers must collect from clients receiving homeless assistance housing and services. The data standards ensure that providers are collecting the same types of information consistently, such that CoCs can analyze the characteristics of people experiencing homelessness in their communities. Standardized data collection requirements also provide CoCs with the opportunity to more easily aggregate and/or compare their data with those of other communities.

The *technical standards* outline the privacy and security standards for providers, Continuums of Care and all other entities that use or process HMIS data. Prior to the release of the HMIS standards, communities had not implemented uniform privacy and security provisions to adequately protect client confidentiality. The national privacy and security requirements set high baseline standards for all users of HMIS data and provide important safeguards for personal information collected from all homeless clients. HUD finalized the standards with assistance from its lead AHAR contractor, Abt Associates Inc. (Abt), and its expert legal, technical, and research subcontractors as part of the AHAR Initiative.

During the latter half of 2004, HUD actively supported local implementation of the standards. HUD explained the standards in depth at the National HMIS Conference in mid-September 2004 (described in more depth in Section III.B.) and delivered a national broadcast about the standards on October 18, 2004. HUD also published a Clarification and Additional Guidance on Special Provisions for Domestic Violence Provider Shelters (FR-4848-N-03) on October 19, 2004. HUD staff and its TA contractors have provided extensive telephone consultation to respond to local questions. Written technical assistance materials are also under development.

III. National HMIS Technical Assistance Initiative to Assist Communities

In recognition of the challenges local communities face collecting homeless data, the Congress authorized a portion of the HUD McKinney Vento budget to be used for technical assistance. This support over the past four years has been critical in helping local jurisdictions develop HMISs. In December 2003, HUD signed a two-year, \$2.9 million HMIS Technical Assistance (TA) contract with The QED Group, LLC (QED). HUD's new technical assistance effort, referred to as the National HMIS TA Initiative, significantly expands the range of services than those available under the previous HMIS TA contract. Since growing numbers of communities are already planning or implementing an HMIS and need more advanced and individualized assistance, the Department has orchestrated this TA Initiative to take a more targeted approach to technical assistance delivery.

The National HMIS TA effort consists of dedicated staff with direct HMIS experience; sub-contractors include the Center for Social Policy, McCormack Graduate School of Policy Studies at the University of Massachusetts-Boston (UMass); Abt Associates Inc. (Abt); Change and Strategy Solutions; the Urban Institute; Center for Mental Health Policy and Services Research, University of Pennsylvania (UPenn); and a pool of 22 consultants and specialists who have HMIS planning, project management, implementation, evaluation, legal and technical expertise.

A. Communication / Information Sharing

Through its TA resources, HUD has developed an extensive communication infrastructure to effectively and efficiently share information with HMIS stakeholders. These mechanisms represent an important investment that will establish capacity beyond the life of this TA contract.

1. HMIS On-line Information Portal

The HMIS portal, www.hmis.info, was developed as a centralized website for interested persons to get current information, publications and HUD resources related to HMIS. In 2004, the portal provided a general clearinghouse of HMIS-related information and a method for community representatives to ask specific HMIS questions and request assistance. HUD and its TA team worked to respond to the e-Request questions and provide additional training or targeted technical assistance, as appropriate. Individuals could also use the portal to track the status of their e-Requests, and the portal is used to manage technical assistance resources using the e-Request database. E-Requests have also been analyzed and used to inform the development of new TA curricula and processes.

New functionality and a redesign of the HMIS.Info portal scheduled for January 2005 include advanced features designed to encourage peer-to-peer networking and interaction among communities with similar implementations, that are close in geographic proximity, or that may be facing similar challenges in their implementations. New functionalities include an HMIS Solution Provider Registration, Peer-to-Peer Document Sharing, and an HMIS Implementation Search engine.

2. HMIS.Info Listserv

The HMIS.Info listserv was deployed in the summer of 2004 as the primary direct communication tool for HMIS updates and release of publications. By the end of 2004, the listserv included over 1600 subscribers, including HUD field office staff, State policy academy representatives, Continuum of Care contacts, HMIS administrators, HMIS solution providers, and other interested individuals. In 2004, the listserv was used to disseminate HUD announcements, HUD policy updates, Annual Homeless Assessment Report (AHAR) updates, HMIS Q&As and the monthly e-Newsletter.

3. e-Newsletter

The HMIS.Info e-Newsletter was developed to keep field offices, Continuums of Care, providers and stakeholders updated on the latest news related to the National HMIS TA Initiative. The e-Newsletter contains important announcements, information on HMIS events and trainings, brief articles on emerging technical assistance topics, and a *Community Spotlight* that highlights best practices in the field. The e-Newsletter is sent via the HMIS.Info listserv, posted on the HMIS.Info portal (www.hmis.info) and is posted on HUD's HMIS website. Three monthly e-Newsletters were published beginning in October 2004.

B. National HMIS Conferences

1. First National Conference – September 14-15, 2004

HUD sponsored its first national HMIS conference on September 14-15, 2004 in Chicago, IL. The conference convened over five hundred individuals, including HMIS implementers, Continuum of Care representatives, Policy Academy representatives, staff from HUD and other federal agencies, homeless consumers, advocates, HMIS software solution providers and researchers from all fifty states, Puerto Rico and Guam.

The conference agenda included an overview of the Final HMIS Data and Technical Standards, a window into emerging research on homelessness, and information on HUD's vision for HMIS in the future. Twenty-four workshops were offered on topics related to HMIS planning, implementation, technical and programmatic operations, data analysis and research, and policy issues. The workshops were organized into program, technical, and policy tracks. Conference presentations and handouts have been posted online for public use at www.hmis.info. Conference evaluations documented that participants found the overall conference "very valuable" (4.3 out of 5 points).

2. Second National Conference – September 12-13, 2005

The 2005 HMIS Conference is scheduled for September 13-14th in St. Louis, MO. As with the 2004 conference, this conference will convene HMIS community implementers, CoC representatives, State policy academy representatives, researchers, consumers, software solution providers, federal officials, and other subject-matter experts for two days of in-depth discussion and analysis of specific HMIS issues.

C. TA Documentation

HUD commissioned a number of white papers on advanced HMIS-related topics to assist CoCs in their ongoing implementation issues. The papers are designed to build upon previous TA guidance that has been written on basic HMIS implementation issues. UMass, Change and Strategy Solutions, and the Urban Institute are the primary subcontractors under the QED TA contract for this task. The following white papers were delivered in 2004. Several have already been shared with HMIS stakeholders through the national conference and other forums; others will be disseminated in 2005. Additional documentation was also developed in conjunction with the national conference; however, they are not individually described.

1. University Partnerships

Universities play a key role of analytical support for HMIS implementation in some communities. Information about the benefits of university partnerships for HMIS implementations was delivered at the National HMIS conference. A companion handout was produced listing individual researchers and research centers that conduct research in HMIS, homelessness, and other related policy issues.

2. Data Integration Schema

Many communities face the challenge of integrating data from legacy systems or multiple HMIS systems to capture a complete picture of homelessness at the local

level. The data integration schema provides local communities with detailed technical steps to integrate data from multiple disparate systems. The schema includes an XML schema document (XSD). The published data integration schema was developed to mimic the Final HMIS Data and Technical Standards. The data integration standard is an example of a cost-effective utilization of federal resources to provide one tool that can be adopted by any community facing an integration challenge. Broad distribution of this utility will occur in early 2005.

3. Project Management

'HMIS Project Management Topics and Tools' will assist HMIS project managers by describing primary tasks associated with managing an HMIS and providing sample documents to support those activities. The information contained in this paper builds upon previous publications including the HMIS Implementation Guide and Consumer Guide to HMIS software. This paper will be released in early 2005.

4. Masking & Matching Paper

This paper details strategies for generating an unduplicated client count. The paper addresses specific methodologies for matching client records using primary identifiers and/or a masked identifier.

5. Answering Important Questions About Progress in Ending Homelessness with HMIS and Other Data

This paper explains how to use HMIS data, supplemented by other data sources, to address broad local policy concerns of analyzing the effectiveness of the homeless assistance system, service gaps, and access to mainstream resources.

In 2005, HUD will commission additional white papers on advanced HMIS topics and disseminate them through the listserv, portal, TA conference calls, and targeted TA. As well, several papers developed in 2004, such as the project management paper and data integration schema, will be disseminated in early 2005. Other white papers are planned for topics, such as, Program-level Data Quality, Operational Uses of HMIS, and an Updated Cost Analysis of Systems.

HUD and its research experts will also produce AHAR updates and additional TA materials on the Data Standards, such as a sample privacy notice template, which will also be disseminated through the TA communication mechanisms.

D. Targeted Technical Assistance

To maximize technical assistance resources, five TA coordinators are assigned specific regions and states. Thus, HUD field office staff and community representatives in each state have a dedicated TA contact and can easily request and obtain assistance and answers to questions. Each TA Coordinator reviews technical assistance requests from his/her respective region, including e-Requests received through the HMIS Portal. Based on the community's need, a response is initiated via phone, email, on-site visit, or special on-going engagements.

HUD-funded TA experts provided extensive phone and email TA during 2004, using these methods to offer immediate feedback and answers to communities that requested assistance. Email communication proved to be an especially valuable and efficient way to share sample documents and TA resources, much of which will also be made

available to communities on the portal in 2005. More intensive, on-site TA was also provided to communities facing significant barriers preventing the community from moving forward with HMIS implementation.

Through targeted TA, HUD also sought to foster the development of regional HMIS collaboratives, which could facilitate peer-to-peer information sharing and policy discussions. The New England Regional HMIS (NERMHIS) is an example of one of the regional collaboratives supported with TA during 2004. HMIS project staff, representing HMIS implementations from all six New England states, meet monthly to discuss relevant HMIS topics. HUD field office and TA staff also participate to facilitate national and regional information sharing. This regional collaborative model maximizes field office and national HMIS TA resources to meet the demands of a multi-state area.

Specific examples of targeted TA are provided in Appendix A.

E. Status Assessment and Evaluation (SAE) Process

Given HUD's goal of October 2004 for nationwide HMIS implementation, HUD's TA experts developed an analytical process, referred to as the Status Assessment and Evaluation (SAE), to understand the status of every HMIS implementation across the country. The information captured from the SAE enables HUD and the CoC to understand overall progress towards the October 2004 goal, identify successes and best practices in implementation and operation, support peer-to-peer networking, and identify implementation challenges to inform future HMIS TA delivery.

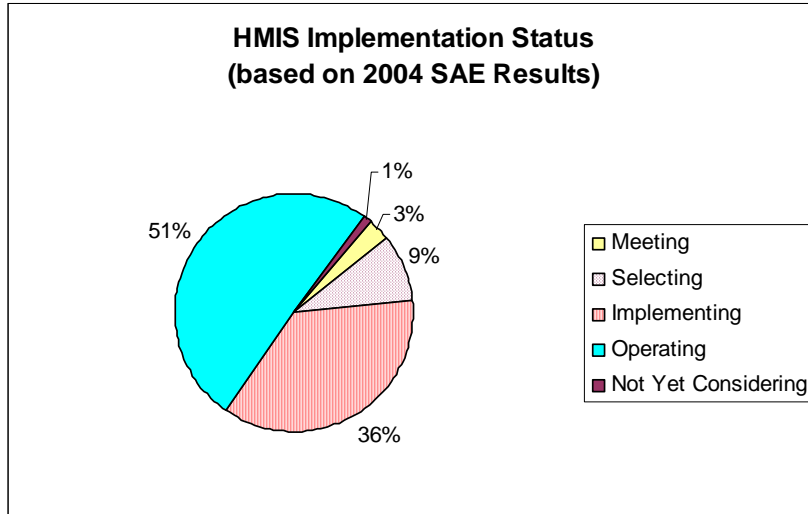
The SAE process also helped HUD understand the overall number and composition of HMIS implementations, since many CoCs are implementing jointly as part of a statewide or multi-CoC implementing jurisdiction (IJ). HUD has consistently encouraged the development of multi-CoC and statewide implementations as a way to achieve economies of scale in implementation, maximize limited resources, and build networks of expertise in local HMIS planning, implementation, operations, and data analysis. Collaborations also can facilitate aggregation of individual CoC homeless data at larger relevant planning areas, such as at the metropolitan, regional and particularly state level.

The SAE topics included: the community's HMIS organizational structure; decision-making structure; privacy and data sharing policies; implementation status; system functionality; user training; data quality; funding; and future plans for expansion and integration. Responses to SAE questions were entered into a central database for analysis and ongoing evaluation. Portions of the SAE information will be available through the www.hmis.info portal in 2005.

Between June and December 2004, 225 implementations were assessed, encompassing 336 CoCs or 80% of the CoCs that were funded in 2003. The remaining SAEs are planned for early 2005. SAEs were conducted either on-site or over the phone. The TA effort prioritized AHAR sample communities for on-site SAEs. The SAE visits were also used to assist with broader community technical assistance issues. The complete list of SAEs is included in Appendix B. Additional detail on the HMIS status assessment results can be found in Appendix C. All of this information will be used by HUD and the TA team to inform the 2005 TA Initiative. Following is a summary of the findings.

1. Status of HMIS Implementations

Based on data collected through December 2004, more than 86% of CoCs that participated in an SAE are implementing (36%) or operating (50%) an HMIS.² Nine percent (9%) are selecting an application, 3% are still planning, and the remaining 1% is not considering implementing an HMIS.



Thirty-two jurisdictions have been collecting data prior to the Congressional Directive (at least four years). 52 jurisdictions have been collecting data for 2-3 years, and another 65 have been collecting data for less than one year. Many others reported plans to begin collecting data in 2005.

Of the 142 jurisdictions that reported on the percentage of their residential programs that are reporting data on their homeless clients, approximately 20% of the IJs have achieved more than 75% bed coverage for their residential emergency and transitional programs, and another 21% of the jurisdictions have achieved 100% coverage. Non-sample AHAR communities need to have at least 75% coverage for emergency and transitional programs in order to submit data for the AHAR project.

2. HMIS Implementing Jurisdiction (IJ) Types

The responsibility for implementing an HMIS resides in the CoC planning process. As discussed previously, HUD promotes collaborative HMIS implementation between more than one CoC. A multi-jurisdictional implementation can achieve greater economies of scale, maximize limited resources, and build networks of expertise in local HMIS planning, implementation, operations, and data analysis. The SAE process was used to understand whether each CoC was working independently or as part of a larger implementing jurisdiction. Three different types of implementing jurisdictions were identified through the SAE process: stand-alone or single CoC implementations, regional or multi-CoC implementations, and

² Not Considering: The CoC is not yet considering implementing an HMIS. Meeting: The CoC has begun meeting to consider HMIS implementation, but is still in the initial planning stages. Selecting: The CoC is in the process of selecting or customizing HMIS software or developing software themselves. Implementing: The CoC has purchased or developed HMIS software and is rolling out the system to users. Operating: The CoC is already using the system to collect data on homeless persons and services.

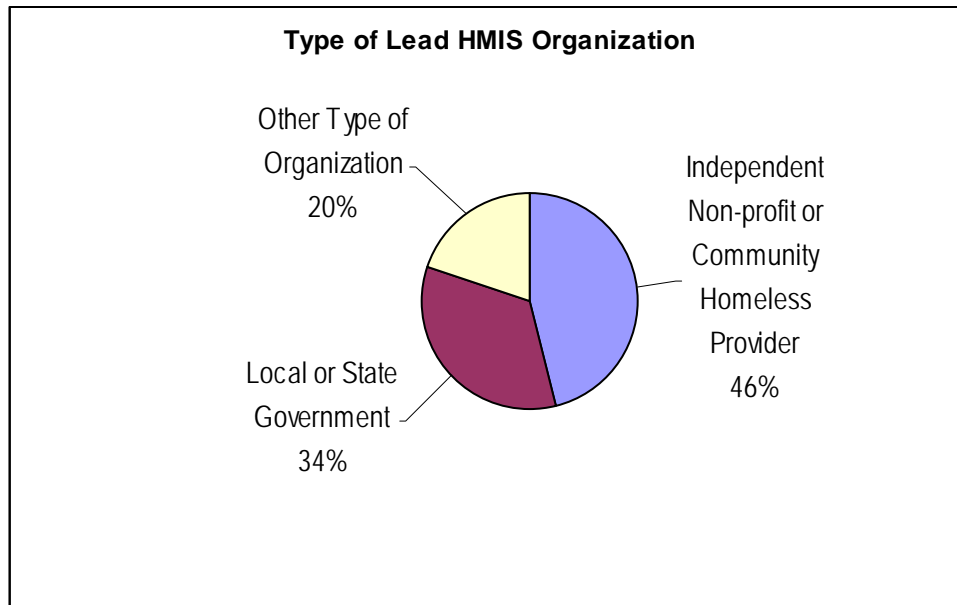
statewide CoC implementations. The results from the CoCs that were contacted through the 2004 SAE process are shown in the table below. Additional CoCs will be contacted in 2005.

Geographic Type	Implementing Jurisdictions	CoCs
Standalone	175	175
Multi-CoC (except statewide implementations)	27	102
Statewide	23	59
TOTAL	225	336

It is significant to note that there are 23 statewide implementations, and several other states are aggregating data through a data warehouse model. Under the data warehouse model, IJs do not jointly operate the HMIS; however, they do agree to share data to a central database with the goal of developing a statewide or regional picture of homelessness. Several states, such as Louisiana, Arizona, Florida, and South Carolina, and multi-CoC collaborations, such as the California Bay Area Collaborative, are pursuing a data warehouse approach.

3. HMIS Leadership

Approximately 46% of the HMIS implementations are managed by an independent non-profit or community homeless provider. Thirty-four percent (34%) are managed by local or state governments; 20% are managed by another type of organization, such as a university or public-private partnership.

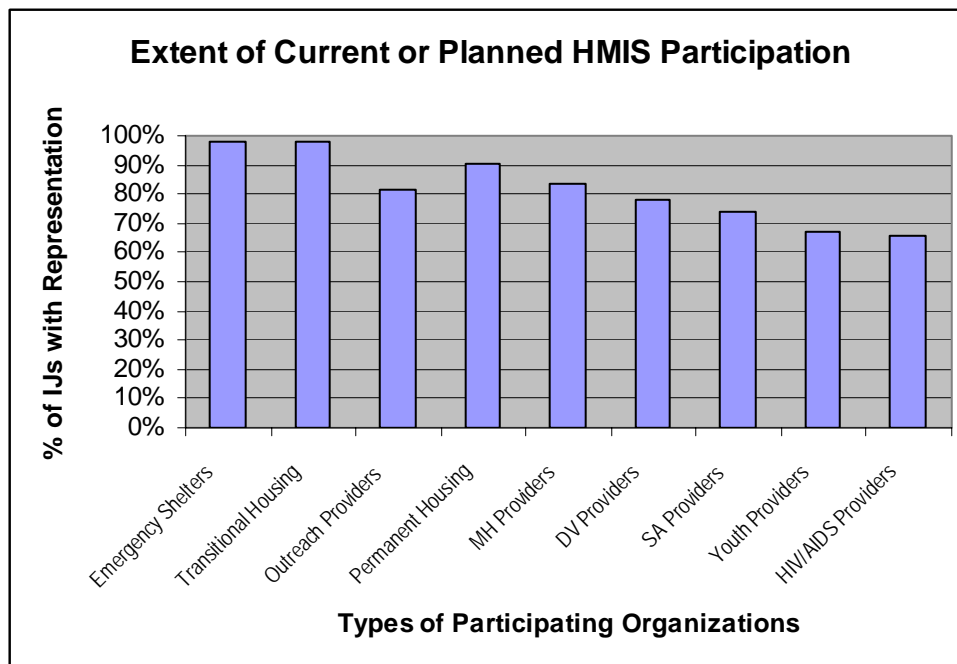


4. Participation

Ninety-eight percent (98%) of the HMIS implementations that were assessed included or planned to include data from emergency shelters and transitional housing programs, and 81% include or will include outreach providers. These program types

were detailed in the HMIS Data and Technical Standards as HUD’s top priority for implementation.

Ninety percent (90%) include or will include permanent housing providers, and 96% included or will include target population providers, such as mental health (84%), domestic violence (78%) substance abuse (78%), youth (67%) and HIV/AIDS (66%) programs.



5. Local Benefits of HMIS

More than 90% of communities reported that they view the HMIS as serving multiple purposes. When asked what they hoped to achieve from HMIS implementation, common community responses included complying with HUD reporting requirements, improving service coordination, improving agency-level reporting, generating data for policy purposes, reducing duplicative intake, and measuring program performance. Sixty-five percent (65%) of communities that are already implementing indicated that they are sharing client data for inter-agency case management purposes. Thus, while HUD reporting requirements may have motivated communities to implement an HMIS, they are developing the HMIS to achieve broader goals.

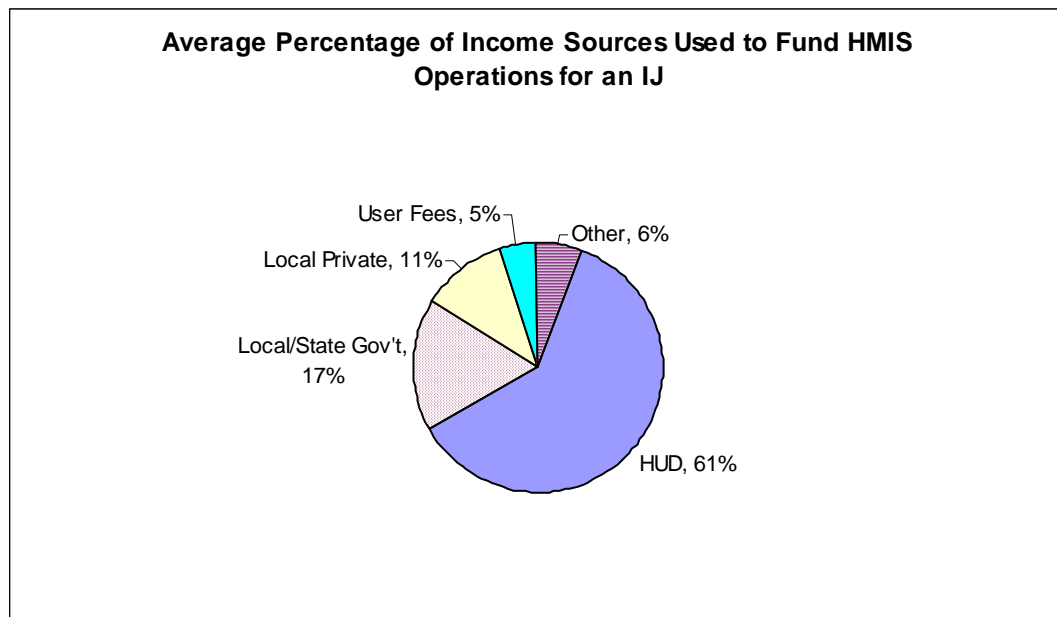
In addition, many communities have realized many benefits that they did not consciously set out to achieve. For instance, 30% reported that they have achieved better communication and collaboration among providers as an unanticipated benefit of the HMIS process. Twelve percent also cited unanticipated benefits for each of the following: improvements in their workflow and operations; improvements in service coordination; enhancements to technology equipment and technical provider skills; and increased knowledge of homeless resources in their community.

6. Funding an HMIS

Seventy percent (70%) of communities that provided budget information through the SAE rely on dedicated SHP grants to fund a significant portion of their HMISs and

an additional 12% use other HUD funds to support their HMIS. The total HUD revenue comprises approximately 71% of the total amount spent on HMIS by all of these communities combined -- 66% from SHP and 5% from other grants. IJs also use a range of other funding sources to fund HMIS operational costs. Forty-eight percent (48%) use local/state government funds, 35% use local private funds, 18% use agency participation fees, and 20% use other sources.

On average, 61% of an IJ's HMIS operating budget is funded by HUD sources (53% from SHP and 9% from other HUD sources), 17% by local/state government, 11% by private resources, 5% by agency participation/user fees, and 6% by other sources. The average level of SHP revenue for HMIS operations is \$130,000 per year.



Despite the important support that HUD has been able to provide through the SHP grant program, communities still report that lack of funding is a major challenge to HMIS implementation and operation.

7. Emerging Technical Assistance Issues

As discussed in Section III.D., the technical assistance needs vary depending on the status of implementation. Additional TA materials will need to be addressed to assist communities in more advanced stages of implementation. Some of the emerging advanced TA needs identified through the SAE process include: data quality; uses of data; data integration; monitoring participating providers for compliance with local policies and federal data standards; and expanding provider participation and coverage, particularly for specialized populations.

IV. The Annual Homeless Assessment Report

The first Annual Homeless Assessment Report (AHAR) will analyze HMIS data collected from a nationally representative sample of communities. A list of the AHAR communities that includes 80 selected sample sites plus an additional 16 volunteer contributing communities is provided in Appendix D. The goal is to produce an unduplicated count and a

descriptive profile of homeless persons using residential homeless services within each AHAR community, as well as an analysis of service use patterns. Aggregated information from all AHAR communities will be used to develop an annual national report on homeless persons using residential services throughout the nation.

This report will address five key questions:

- How many people use homeless residential services?
- Who uses homeless residential services?
- Where do users of homeless residential services receive these services and where did they live before?
- What are the patterns of homelessness and of homeless residential service use?
- What is the current capacity for housing homeless people and how much is utilized?

The first AHAR will rely on aggregated HMIS information from the AHAR communities about the characteristics of homeless persons using residential services (including age, race and ethnicity, gender, veteran's status, and disability), the residence of homeless individuals and families prior to entering the homeless assistance system, and the lengths of stay in the shelter system. The HMIS data will be supplemented with information from the Housing Activity Charts from each community's CoC application to show the current capacity of the AHAR communities to house homeless persons and the average daily utilization of beds in emergency shelters and transitional housing.

A. Status and Schedule of the first AHAR

Since July 2004, the AHAR sample communities have been retooling their HMIS systems to incorporate the new data standards. Several modifications were made to the AHAR data collection requirements for the first AHAR in order to accommodate the needs of sample communities as they work with or wait for their vendors to modify HMIS applications to comply with the HMIS Data and Technical standards (released July 30, 2004). The modifications will also ensure submission of data by as many communities as possible and enable the submission of better quality data.

First, the data collection period was postponed from late 2004 until early 2005. The first AHAR will be based on information collected for a three-month period, from *February 1, 2005 through April 30, 2005*. Subsequent AHARs will each cover a 12-month period.

Second, the first AHAR will be based only on the universal data elements from the final HMIS Notice. HUD will consider collecting and analyzing a set of program-specific data elements for future AHARs. Because many HUD grantees will be using the program-specific data elements to prepare Annual Progress Reports, it is possible that the sample sites will be prepared to contribute program-specific data elements in time for a second AHAR in 2006.

Finally, the first AHAR will focus on persons who use homeless residential services (i.e., emergency shelter and/or transitional housing) during the data collection period. That is, information on persons who use outreach programs, supportive service only programs or permanent housing will not be included in the first AHAR. This is consistent with HUD's recommendation that CoCs stage the entry of providers into

HMIS by recruiting emergency and transitional facilities first. Although HUD also prioritizes the participation of outreach programs, most communities have not achieved adequate outreach provider coverage to generate statistically accurate information. Thus, this valuable information on persons sleeping on the street will not be available for the first report.

Even with these modifications, some sample communities will be unable to contribute data to the first AHAR because provider participation in the HMIS is too low or because some communities are at the very early stages in implementing an HMIS. Sample sites *will not* be dropped from the sample if they are unable to participate in the first AHAR. These sites will provide data for subsequent AHARs as provider participation improves.

The research team will work with sites to produce aggregate data reports during May and June 2005. These reports will be checked, revised, and aggregated to create national data tables. The first AHAR report will be completed by December 2005.

B. Changes to the Original AHAR Sample

Since the original AHAR sites were selected in January 2003, six communities have been dropped from the sample. Sites have been dropped from the sample if they indicated an inability or unwillingness to participate. For instance, communities cited absence of an HMIS, lack of resources to participate, and no plans to participate in HUD's CoC application process as reasons to abstain from the AHAR project. Replacement sites have been selected using the same stratified random sampling technique that was used to choose the original sample. Replacement sites are indicated with an asterisk on the list of AHAR sites that is included in Appendix D.

C. AHAR Table Shells

The sample communities will develop their local reports using *AHAR table shells* developed and tested by the research team. Aggregate HMIS data will be recorded into five sets of table shells. The first four sets of tables are organized by program type:

- Programs serving Individuals in:
 - Emergency Shelters; and
 - Transitional Housing Facilities;
- Programs serving Families in:
 - Emergency Shelters; and
 - Transitional Housing Facilities.

Each of these four sets of table shells contains several sections. The first section in each of the program-type tables contains 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 provides guidance on 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 Activity Chart are required to complete the extrapolation worksheet. The remaining sections in each set of program-type table shells are designed to capture information about the homeless population in the sample community. There is also a fifth set of summary tables that provide data on clients served across all program types.

The data will be aggregated into tables for the AHAR Report to Congress. The blank table shells are included in Appendix E.

V. Federal Standardization in Homeless Reporting

In its Third Progress Report (March 2004) HUD adopted a new goal of furthering the coordination and standardization of homeless reporting within HUD programs and among other Federal agencies serving homeless persons.

A. Standardizing Client Level Reporting in HUD Homeless Programs

The Office of HIV/AIDS Housing has adopted the HMIS Data and Technical Standards Final Notice as the basis for data collection and reporting of homeless persons served by the Housing Opportunities for Persons with AIDS (HOPWA) program. During 2004, HUD continued to review its current Annual Progress Report (APR) for its categorical homeless programs and the Integrated Disbursement and Information System (IDIS) used by its formula programs including Emergency Shelter Grants (ESG) in order to make the reporting of client information across these programs more effective and standardized where possible. The Department is presently undertaking an effort to re-engineer the IDIS system covering the Community Development Block Grant (CDBG), HOME Investment Partnership Program (HOME), HOPWA, and ESG. This re-engineering effort presents a further opportunity for HUD to streamline and standardize reporting where these programs are funding homeless activities.

B. Enhancing Coordination with Other Federal Agencies on Standardizing and Streamlining Reporting Required of Homeless Providers

HUD has sought the involvement of other Federal agencies including the Department of Health of Human Services (HHS), Department of Veterans Affairs (VA), Department of Justice (DOJ), Department of Education (DOE), Department of Labor (DOL), Bureau of Census and the Office of Management and Budget (OMB) in its response to Congressional direction on improving homeless data collection on homelessness with standardized and streamlined reporting across federal agencies.

HUD recognizes that at the local level, grantees often receive funds to provide services to their homeless clients from a variety of federal agencies each of which has its own data collection, reporting, and analysis strategy. As grantees invest in sophisticated HMIS systems, they seek to eliminate inconsistent reporting requirements and duplicative data entry into multiple software systems. Starting in 2002, HUD convened representatives from all federally funded homeless programs to discuss standardizing data collection and reporting requirements. These agencies were invited to participate and provide feedback on the HMIS Data and Technical Standards throughout their development.

Since the publication of the standards, several federal agencies funding services to homeless clients having been exploring adopting and supplementing the baseline requirements defined in the Final Notice. Utilizing local HMIS systems to generate other federal agencies' reporting not only yields uniform data collection requirements, but also means that the minimum protocols for the privacy and security of homeless client information will be applied.

Throughout 2004, HUD worked with other federal agencies to communicate HUD's requirements and move toward the adoption of the Final Notice. Significant progress has

been made in discussions to allow local providers to use HMIS for data collection and reporting with two HHS programs: Runaway and Homeless Youth Management Information Systems (RHYMIS) and the Projects for Assistance in Transition from Homelessness (PATH) Program.

Additionally, HUD has entered into conversations with program staff from Offices at DOJ and HHS that fund domestic violence agencies concerning the HMIS client-level data collection, reporting, and analysis requirements for CoC-funded domestic violence shelters. HUD funds a significant percentage of shelter beds for victims of domestic violence and had determined that domestic violence shelter participation in local HMIS systems-- under special protections for client confidentiality and security protections— was needed to generate unduplicated counts of clients at the local level and to understand the service needs and gaps for this population. As a result, HUD made an ongoing commitment to regularly communicate with DOJ and HHS regarding programmatic requirements for domestic violence providers.

HUD has consistently engaged participation of other federal agencies in an effort to decrease the data collection and reporting burden upon local homeless programs by working towards standardizing homeless reporting across all federal agencies. The efforts these other federal agencies participated in include:

- *Development of HMIS Data and Technical Standards:* Federal agencies' representatives participated and provided input into the development of the HMIS data and technical standards on two occasions- August 2002 for development of the proposed standards and November 2003 on development of the final notice.
- *National Meeting of HMIS Annual Homeless Assessment Report Sample Sites:* Federal agencies participated in a national conference on the AHAR research project that was held on July 14-15, 2003 at the National Conference Center in Lansdowne, Virginia.
- *Expert Panel Input on Methodological Issues:* Federal agencies attended an expert panel convened on November 5, 2003 in Washington D.C. for an all-day discussion on significant research issues in preparing HUD's first homeless assessment report.
- *Expert Panel on Performance Measures:* In February 2005, HUD met with federal agencies representatives, local and state practitioners, and researchers to explore the development of performance measures designed to assess the effectiveness of various program interventions and the investment of HUD resources. This effort will also seek to coordinate the development of performance measures with other federal agencies that fund services for people who are homeless or at risk of homelessness. For instance, HUD will continue its discussions with HHS, VA and DOJ about reporting on special populations, such as youth, victims of domestic violence and persons who experience chronic homelessness. A final report on "Developing Performance Measures for Homeless Programs" will be published on HUD's website in the spring of 2005.

VI. Future of HUD's Strategy

In 2005, HUD will continue to build local and national capacity to collect, report, and analyze homeless data. As this progress report documents, local communities have made great progress towards HMIS implementation. They rely heavily on the financial support provided by HUD through the SHP grants and the TA efforts described in this report to increase their capacity to effectively manage their HMIS implementations and collect valid homeless data. These local gains and HUD's emerging ability to gauge the national extent and nature of homelessness and the effectiveness of its programs would not be possible without continued Congressional support. The TA effort planned for 2005 is summarized below.

A. 2005 CoC NOFA

HUD will continue to competitively score HMIS implementation as part of its overall McKinney-Vento Continuum of Care application review.

B. 2005 Technical Assistance Initiative

In 2005, HUD's TA effort will continue to provide assistance to both emerging and advanced implementing communities through ongoing communication and dissemination of information on HMIS-related topics using: www.hmis.info, listservs, the HMIS e-Newsletters, and a new conference call forum; publication of technical assistance white papers; facilitation of local, regional and national training opportunities; and one-on-one technical assistance with implementing jurisdictions, as appropriate.

In addition to the technical assistance under the QED contract described above, HUD awarded a 2004 Community Development Technical Assistance contract to Abt Associates Inc. to provide HMIS technical assistance in 2005 and beyond. This award will enable HMIS research and technical assistance experts to coordinate their efforts more effectively. Technical assistance activities will focus on two areas: 1) facilitating the formation of metropolitan, regional, and statewide HMIS collaborations; and 2) improving CoC capacity to produce good quality HMIS data for local uses and for the AHAR. Abt is currently coordinating the AHAR research project under a separate contract.

C. First Annual Homeless Assessment Report (AHAR)

HUD will complete the first AHAR report in December 2005 including aggregate analysis of client-level data collection efforts of each of the sample sites between February and April 2005. The AHAR team will provide assistance to each of the sample sites to produce aggregate data reports during May and June 2005. To assist local communities in participation in the first AHAR, Abt will also produce AHAR updates and additional TA materials to assist these communities with data quality and analysis issues.

D. Developing Performance Measures for Local Homeless Programs and Continuums of Care

In 2005, HUD will be continuing to explore the use of performance measures and the role of HMIS in tracking program and system-level performance. Community agencies currently report aggregate program information in the CoC application relative to three client-level performance measures: maintaining permanent housing, moving from transitional to permanent housing, and increasing the employment rate of persons served through HUD's programs. HUD will examine the appropriateness of these client-level outcomes and may explore additional program-level performance measures. HUD will also explore the establishment of system-level indicators that a Continuum can use to determine the effectiveness of its homeless delivery system over time.

E. Integrating HMIS Data into Broader Community Planning

Over the past ten years, the Continuum of Care planning process has resulted in extensive local planning to understand and address homelessness at a local level throughout the country. Simultaneously, new research using the analysis of longitudinal HMIS data revealed that persons who are chronically homeless use homeless and emergency response systems for more than the crisis function for which they were developed. Thus, the Bush Administration established a goal to end chronic homelessness in America. HMIS data can be used to help communities understand how their service delivery systems are being used, whether there are more appropriate service interventions for certain populations currently being served by homeless systems, and whether other mainstream systems also need to change to respond to prevent and end homelessness. The TA provided in 2005 will help communities understand how to use HMIS data for this purpose.

Similarly, HUD will encourage communities to use their HMIS data to inform other community planning processes, such as the Consolidated Plan. This data can be very valuable to communities advocating to improve access to mainstream service delivery systems and to develop new housing opportunities. Communities will be encouraged to use HMIS data to define the specific systems and types of housing most needed, and to develop concrete goals and strategies in the Consolidated Plans to meet local needs. TA resources may also be used to demonstrate successful examples and methods of employing HMIS data in broader community planning.

VII. Conclusion

After years of encouragement, technical assistance, and financial support, the majority of communities now have the capacity to collect, report, and analyze homeless data. Beyond data collection, communities report that they implemented HMIS to achieve improved service outcomes for clients and better coordination of services at local and regional levels. As well, they report many unanticipated benefits, such as improved communication, inter-jurisdictional collaboration, and enhanced technological capacity. As communities begin to generate more representative valid client data, they will be able to use the information to evaluate program effectiveness, better target limited resources, and advocate for increased private investment. State and federal policymakers will also be able to use longitudinal data from the HMISs to guide decision-making on a wide range of policy issues. Overall, HMISs have tremendous potential to maximize the effectiveness of the billions of dollars that Congress invests in homeless assistance programs each year.

All of these achievements stem from the Congressional vision and support for improving homeless data collection at the local and national level. HUD and the local CoCs across the country appreciate the significant level of support that the Congress has provided for the HMIS initiative. With continued technical assistance and financial support over the next few years, every community will realize the benefits that an HMIS can yield at the client, provider, community, and regional level.

Appendix A: Description of 2004 Intensive Targeted TA Engagements

Appendix B: List of 2004 Status Assessment and Evaluations (SAEs) By State

Appendix C: SAE Findings

Appendix D: AHAR Sample Sites and Reporting Communities

Appendix E: Sample AHAR Table Shells

Appendix A: Description of Intensive Targeted TA Engagements

Intensive Technical Assistance for January - December 2004		
<i>Location</i>	<i>Duration</i>	<i>Purpose and Outcome</i>
San Francisco Bay Area, California	Ongoing	The National HMIS TA Team participated in two regional meetings, hosted by the local HUD field office. Specific training was offered in the form of interactive discussions on relevant HMIS issues including implementation of the data standards.
Southern California Central Coast Regional HMIS (SCCCR HMIS)	June - October 2004	Community Connections contract provided intensive TA to formalize organizational structure for collaborative planning approach, draft an initial version of the SCCCR's HMIS Requirements Document, and develop a community-specific RFP for software selection. As a result of TA, four different CoC jurisdictions encompassing 3 separate counties agreed to work together to coordinate HMIS planning, software selection, system management, and operation.
Colorado	September - December 2004 (Continuing in 2005)	The National HMIS TA Team provided on-site and phone technical assistance, which included facilitated discussions with all three separate Continuums of Care to resolve HMIS administration issues. Privacy and confidentiality issues were the primary challenges impeding the HMIS implementation progress. These issues are nearly resolved.
Connecticut	October - December 2004	The National HMIS TA Team provided on-site technical assistance in the form of facilitated discussion with representatives from all CoCs, advocates and HUD staff, because trust and control issues were impeding the implementation process. The technical assistance provided to Hartford enabled the CoC to examine alternatives, understand cost implications, and develop a structured plan for moving forward. Final decisions and agreements have been reached and the HMIS implementation in Connecticut has two software products within one collaborative effort.
Florida Statewide Conference	October 2004	For the third year, HUD's National HMIS TA team has presented at the Florida Coalition for the Homeless state-wide conference. In October 2004, this included a formal HMIS presentation at a conference break-out session as well as the facilitation of a HMIS system administrator roundtable.

Intensive Technical Assistance for January - December 2004		
<i>Location</i>	<i>Duration</i>	<i>Purpose and Outcome</i>
Tampa/Hillsborough County, Florida	Ongoing	The National HMIS TA Team worked with the local HUD field office to provide assistance in resolving community issues that were negatively affecting the community's ability to successfully implement HMIS. This assistance included on-site facilitation with community stakeholders and the development of a next steps plan. As a result of the technical assistance, the community is carrying out specific action steps under the supervision of the field office and is moving forward with HMIS implementation. Technical assistance will be ongoing as the National TA Team will work with the HUD field office to provide support to the community as needed.
Chicago, Illinois	Ongoing	The National HMIS TA Team provided extensive TA to the Chicago Continuum of Care. The TA helped to define its project management needs; develop policies, agreements and SOPs on participation, privacy, technical, data collection and operational issues; develop a communication and training strategy to prepare agencies for implementation; understand HUD reporting and data standards.
Cook County, Illinois	April – December 2004	The National HMIS TA Team provided TA throughout 2004 to assist community with challenges specific to broadly disparate geographic region with little to no experience with large scale collaboration, information sharing, or decision making. As a result of TA the region defined an organizational structure/leadership, articulated goals for HMIS operation, developed a software selection RFP, and ultimately selected software.
Illinois Regional Roundtable (RRT) on Homelessness (Cities of Evanston, Chicago and Rockford and Cook, Kane, McHenry, Lake, Will and DuPage Counties)	November 2004	The National HMIS TA Team reviewed the Status Assessments and Evaluations completed to date and shared information how the jurisdictions were similar and distinct regarding policies, operational decisions, and opportunities for data sharing. As a request of the RRT forum regional technical assistance needs were identified.
Louisiana	Ongoing	The National HMIS TA Team has been engaged since March 2004 with representatives from the ten regions in Louisiana in an effort to aggregate HMIS data at the state level. Technical assistance has included development of a state wide steering committee and facilitation of state meetings to develop parameters for data integration. As a result, the steering committee has developed the methodology they will use to integrate data as well as identified the data fields that will be integrated. Technical assistance is ongoing as needed as the state-wide project moves forward.

Intensive Technical Assistance for January - December 2004		
<i>Location</i>	<i>Duration</i>	<i>Purpose and Outcome</i>
Lake Charles, Louisiana	Ongoing	The National HMIS TA Team provided technical assistance to the Lake Charles region in the development of their HMIS implementation plan, answered specific questions related to HUD policy and regulations, provided assistance in the development of the HMIS budget and provided on-site HMIS training. As a result, the Lake Charles continuum of care was able to identify funding for the HMIS initiative. Technical assistance will be ongoing as needed through the implementation phase of the project.
Maryland	February - October 2004	The National HMIS TA Team provided ongoing support and technical assistance to multi-CoCs within Maryland on issues including privacy, security, and confidentiality; buy-in; and potential statewide collaboration.
Baltimore City, Maryland	July – December 2004 (Continuing in 2005)	The National HMIS TA Team worked with Baltimore's Department of Health (DOH), which assumed responsibility for the City's Office of Homeless Services in September 2004, to provide assistance with strategic planning as well as education on critical issues related to HMIS and software solutions. Further, the Team worked with representatives from DOH to identify integration solutions to better understand homelessness in the context of other agencies (mental health, substance abuse and HIV/AIDS) housed at DOH. As a result, DOH has identified a data warehouse integration model as the tool they will utilize for data analysis moving forward.
Massachusetts	Ongoing	The National HMIS TA Team provided technical assistance in the form of facilitated discussions between local Continuum of Care representatives and UMass staff, as the Department of Transitional Assistance (DTA) takes over management of the HMIS system. With 21 Continua and a new software product being developed by DTA, the National TA team will provide ongoing assistance as needed through the transition.
Detroit, Michigan	May – June 2004	The National HMIS TA Team provided on-site and phone technical assistance, which included facilitated discussions between Continuum of Care members, the City of Detroit, and HUD staff. A review and revision of the HMIS implementation plan and development of an action plan were also completed.
Missouri Statewide Conference	October 2004	The National HMIS TA Team conducted a full-day workshop on Consumer Involvement in HMIS and Using HUD's Universal Data Elements as Benchmarks for Planning to End Homelessness.

Intensive Technical Assistance for January - December 2004		
<i>Location</i>	<i>Duration</i>	<i>Purpose and Outcome</i>
New England Regional HMIS (NERHMIS) Collaborative	Ongoing	The National HMIS TA Team participated in monthly NERHMIS meetings hosted by New Hampshire field office for statewide HMIS staff from Vermont, New Hampshire, Maine, Rhode Island, Connecticut, and Massachusetts. HMIS topics discussed including: local and national TA efforts, data collection and report requirements; data standards; system integration issues; consumer involvement. As a result, the NERHMIS troubleshooting model is regarded as a regional model for collaboration.
New Jersey	Ongoing	The National HMIS TA Team provided ongoing technical assistance to the statewide HMIS project team. TA included participation in regional HMIS meetings with individual CoCs, participation in HMIS kick off meeting, and training on data standards.
New Mexico	Ongoing	The National HMIS TA Team worked with HMIS implementers from two continuums of care in New Mexico to assist with the development of a statewide pilot for the HMIS, provided specific technical assistance on HIPAA and privacy related issues, and facilitated a statewide meeting of HMIS users and planners. As a result, the state has moved forward with the implementation of a new HMIS software solution.
New York City, New York	Ongoing	The National HMIS TA Team participated in monthly HMIS technical task group meetings. This included updating and revising work plans, specked out checklist of policies and procedures to be developed.
Las Vegas, Nevada	Ongoing	The National HMIS TA Team provided technical assistance to assist the community with significant buy-in and provider support challenges. As a result of the TA, the community has transitioned project management to a new entity, increasing credibility and support for overall HMIS project management. Las Vegas has initiated discussion with other major jurisdictions throughout state of Nevada to explore data warehouse and/or state-wide approaches.
Bucks County, Pennsylvania	Ongoing	The National HMIS TA Team, in response to a Congressional request, has been engaged with Continuum of Care and HMIS planning leaders in Bucks County since July 2004. Technical assistance has included on-site facilitation and training as well as the development of a technology survey for use by the community. As a result, Bucks County has moved forward in HMIS planning, begun a software selection process and has identified funding for HMIS implementation.

Intensive Technical Assistance for January - December 2004		
<i>Location</i>	<i>Duration</i>	<i>Purpose and Outcome</i>
Harrisburg, Pennsylvania	Ongoing	The National HMIS TA Team worked with the Pennsylvania Balance of State HMIS implementation, a group of over 30 continuums of care, to develop an implementation and staffing plan for the HMIS. As a result of the TA, the lead agency for HMIS has re-issued an RFP to select an HMIS software solution and plans to move ahead with implementation in 2005.
Virginia Peninsula, Virginia	September - November 2004	The National HMIS TA Team provided HMIS Implementation TA to assist community with non-functioning HMIS administrator. As a result of TA, community divested itself of existing HMIS administrator, developed a new leadership structure, identified an HMIS implementation plan, and explored regional approaches to HMIS implementation.
Seattle/ King County, Washington	Ongoing	The National HMIS TA Team provided technical assistance and consultation to key project staff on implementation issues including specifics on implementation of the data standards as well as legal consultation on consent issues.

Appendix B: List of 2004 Status Assessment and Evaluations (SAEs) By State

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Alabama		
Birmingham (M)	Metropolitan Birmingham	SAE Not Yet Conducted
	Tuscaloosa	
	Anniston	
Huntsville (M)	Northwest	Phone SAE
	North Alabama Huntsville	
	Northeast/Gadsden Alabama	
Mobile (S)	Mobile	Phone SAE
Montgomery (S)	Montgomery	Phone SAE

Alaska		
Alaska Balance of State (S)	Alaska Balance of State	Phone SAE
Anchorage (S)	Anchorage	Phone SAE

Arizona		
Arizona Rural (S)	Arizona Rural	On-site SAE
Maricopa Co/Phoenix (S)	Maricopa Co/Phoenix	On-site SAE
Tucson/Pima County (S)	Tucson/Pima County	Phone SAE

Arkansas		
Arkansas Regional (M)	Little Rock/Central	Phone SAE
	Crittenden/NW	
	Arkansas River	
	Mississippi County	
	Southeast Arkansas	
	Arkansas Balance of State	
Delta Hills (S)	Delta Hills	Phone SAE

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
California		
Bay Area Regional (M)	Santa Clara County	SAE Not Yet Conducted
	City/County San Francisco	On-site SAE
	Alameda County	Phone SAE
	Sonoma County	Phone SAE
	Contra Costa County	SAE Not Yet Conducted
	Monterey County	On-site SAE
	Marin County	On-site SAE
	Santa Cruz County	SAE Not Yet Conducted
	San Mateo County	SAE Not Yet Conducted
	Napa County	Phone SAE
	Solano County	Phone SAE
Butte (S)	Butte County	Phone SAE
California Central Coast Regional HMIS (M)	Ventura County	On-site SAE
	Santa Barbara County	
	City of Oxnard	
	San Luis Obispo County	
Fresno/Madera (S)	Fresno/Madera County	On-site SAE
Kern County Regional (M)	Imperial County	Phone SAE
	Kern County	
Kings/Tulare (S)	Kings/Tulare County	Phone SAE
Los Angeles Regional (M)	Los Angeles	On-site SAE
	City of Long Beach	On-site SAE
	Orange County	On-site SAE
	City of Pasadena	On-site SAE
	City of Glendale	On-site SAE
Mendocino (S)	Mendocino County	Phone SAE
Merced County (S)	Merced County	Phone SAE
Placer (S)	Placer County	Phone SAE
Redding (S)	Redding/Shasta County	SAE Not Yet Conducted
Riverside County (S)	Riverside County	On-site SAE
Sacramento (S)	Sacramento County	Phone SAE
San Bernardino County (S)	San Bernardino County	Phone SAE

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
San Diego Regional (M)	San Diego County	On-site SAE
	City of San Diego	
San Joaquin (S)	San Joaquin County	Phone SAE
Stanislaus (S)	Stanislaus County	On-site SAE
Yolo (S)	Yolo County	Phone SAE

Colorado		
Colorado Balance of State (S)	Colorado Balance of State	On-site SAE
Colorado Springs/El Paso County (S)	Colorado Springs/El Paso County	On-site SAE
Metropolitan Denver (S)	Metropolitan Denver	On-site SAE

Connecticut		
Fairfield County Regional (M)	Greater Danbury	Phone SAE
	Hartford	On-site SAE
	Greater Bridgeport	Phone SAE
	Middlesex County	Phone SAE
	Connecticut Balance of State	Phone SAE
	Greater Norwalk Area	Phone SAE
	New London	Phone SAE
	Greater Stamford/Greenwich Area	Phone SAE
	New Britain	Phone SAE
	Bristol	Phone SAE
Litchfield County	Phone SAE	
New Haven (S)	New Haven	SAE Not Yet Conducted

Delaware		
Delaware Statewide (S)	Delaware	On-site SAE

District of Columbia		
District of Columbia (S)	District of Columbia	On-site SAE

Florida		
Bay County (S)	Bay County	Phone SAE
Brevard County (S)	Brevard County	SAE Not Yet Conducted
Broward (S)	Broward County	Phone SAE

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Charlotte County (S)	Charlotte County	Phone SAE
Collier County (S)	Collier County	Phone SAE
Ft. Pierce/Saint Lucie/Indian River County (S)	Ft. Pierce/Saint Lucie/Indian River County	Phone SAE
Gainesville/Alachua/Putnam County (S)	Gainesville/Alachua/Putnam County	Phone SAE
Jacksonville-Duval/Clay County (S)	Jacksonville-Duval/Clay County	Phone SAE
Lee County (S)	Lee County	Phone SAE
Marion County/Ocala (S)	Marion County/Ocala	On-site SAE
Miami (S)	Miami/Dade County	SAE Not Yet Conducted
Monroe County Regional (M)	Monroe County	Phone SAE
	Palm Beach County	Phone SAE
Okaloosa/Walton (S)	Okaloosa/Walton	Phone SAE
Orlando/Orange/Osceola/Seminole County (S)	Orlando/Orange/Osceola/Seminole County	On-site SAE
Pensacola/Escambia/Santa Rosa County (S)	Pensacola/Escambia/Santa Rosa County	Phone SAE
Pinellas (S)	Pinellas	Phone SAE
Polk/Hardee/Highlands County (S)	Polk/Hardee/Highlands County	Phone SAE
Sarasota/Manatee County (S)	Sarasota/Manatee County	On-site SAE
St Johns County (S)	St Johns County	Phone SAE
Tallahassee/Leon (S)	Tallahassee/Leon	SAE Not Yet Conducted
Tampa/Hillsborough County (S)	Tampa/Hillsborough County	On-site SAE
Volusia/Flagler County (S)	Volusia/Flagler County	On-site SAE

Georgia		
Georgia Statewide (M)	Atlanta Tri-Jurisdiction	On-Site SAE
	Georgia	
	Athens/Clark County	
	Augusta/Richmond County	
	Columbus/Muscogee	
	Cobb	
	Savannah/Chatham	

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Guam		
Guam Statewide (M)	Guam	Phone SAE

Hawaii		
Hawaii Statewide (M)	Hawaii State	Phone SAE
	Honolulu/Partners in Care	Phone SAE

Idaho		
Idaho Statewide (M)	Boise City	Phone SAE
	Idaho	Phone SAE

Illinois		
Central (S)	Central Illinois	SAE Not Yet Conducted
Chicago (S)	Chicago	Phone SAE
Champaign (S)	Champaign/Urbana/Champaign County	SAE Not Yet Conducted
Cook County (S)	Cook County	On-site SAE
Decatur (S)	Decatur/Macon County	SAE Not Yet Conducted
Dekalb (S)	Dekalb City and County	SAE Not Yet Conducted
DuPage (S)	DuPage County	Phone SAE
East St. Louis (S)	E. St. Louis/Belleville/Saint Clair County	SAE Not Yet Conducted
Evanston (S)	Evanston	Phone SAE
Joliet (S)	Joliet/Bolingbrook/Will County	Phone SAE
Kane County (S)	Kane County	SAE Not Yet Conducted
Lake County (S)	Waukegan/N. Chicago/Lake County	On-site SAE
Madison County (S)	Madison County	SAE Not Yet Conducted
McHenry County (S)	McHenry County	On-site SAE
Northwest (S)	Northwestern Illinois	SAE Not Yet Conducted
Peoria (S)	Peoria Area	Phone SAE
Rockford (S)	Rockford/Winnebago/Boone Counties	Phone SAE

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Southern Illinois Regional (M)	Springfield	Phone SAE
	Southern Illinois	
W. Central (S)	West Central Illinois	Phone SAE

Indiana		
Indianapolis (S)	Indianapolis	Phone SAE
Indiana Regional (M)	St. Joseph County/South Bend	Phone SAE
	Evansville	
	State of Indiana	
	City of Ft Wayne/Allen County	

Iowa		
Iowa Statewide (M)	Sioux City/Dakota County	Phone SAE
	Iowa Balance of State	
	Des Moines/Polk County	

Kansas		
City of Lawrence (S)	City of Lawrence	Phone SAE
City Topeka/Shawnee County (S)	City Topeka/Shawnee County	Phone SAE
Leavenworth (S)	Leavenworth	Phone SAE
Kansas City Regional (M)	Wyandotte County/Kansas City	On-site SAE
	Johnson County	
Southeast Kansas (S)	Southeast Kansas	SAE Not Yet Conducted
Wichita (S)	Wichita/Sedgwick County	Phone SAE

Kentucky		
Kentucky Statewide (M)	Commonwealth of Kentucky/Balance of State	Phone SAE
	Louisville/Jefferson County	
	Lexington/Fayette County	
	City of Covington	

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Louisiana		
Acadiana (S)	Acadiana	SAE Not Yet Conducted
Baton Rouge (S)	Baton Rouge	SAE Not Yet Conducted
Houma (S)	Houma/Terrebonne	SAE Not Yet Conducted
Louisiana Central (S)	Central Louisiana	SAE Not Yet Conducted
Louisiana Northeast (S)	Northeast Louisiana	SAE Not Yet Conducted
Louisiana Northwest (S)	Northwest Louisiana	On-site SAE
Louisiana Southwest (S)	Southwestern Louisiana	On-site SAE
New Orleans (S)	New Orleans/Jefferson Parish	SAE Not Yet Conducted
Slidell (S)	Slidell/Livingston/Saint Helena	On-site SAE

Maine		
Maine Statewide (M)	Maine	On-site SAE
	Greater Penobscot/Bangor	
	City of Portland	

Maryland		
Allegany (S)	Allegany County	SAE Not Yet Conducted
Anne Arundel (S)	Anne Arundel County	Phone SAE
Baltimore (S)	Baltimore City	Phone SAE
Baltimore County (S)	Baltimore County	Phone SAE
Carroll (S)	Carroll County	Phone SAE
Cecil County (S)	Cecil County	SAE Not Yet Conducted
Frederick (S)	Frederick City/County	Phone SAE
Garrett (S)	Garrett County	Phone SAE
Hartford (S)	Harford County	Phone SAE
Howard (S)	Howard County	Phone SAE
Mid-Shore Regional (M)	Charles/Calvert/St. Mary's County	SAE Not Yet Conducted
	Mid-Shore Regional	
Montgomery (S)	Montgomery County	On-site SAE

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Prince George's (S)	Prince George's County/Maryland	On-site SAE
Washington (S)	City of Hagerstown/Washington Co	Phone SAE
Wicomico (S)	Wicomico/ Somerset/Worcester Co	Phone SAE

Massachusetts		
Attleboro (S)	Attleboro/Taunton	On-site SAE
Berkshire (S)	Berkshire County	SAE Not Yet Conducted
Brockton (S)	Brockton/Plymouth	SAE Not Yet Conducted
Brookline (S)	Brookline/Newton	SAE Not Yet Conducted
Cape (S)	Cape Cod/Islands	Phone SAE
CSPTech MA Regional (M)	City of Boston	On-site SAE
	City of Cambridge	Phone SAE
	Balance of Commonwealth Massachusetts	Phone SAE
	City of Fall River	Phone SAE
Essex (S)	Essex County Area	SAE Not Yet Conducted
Framingham (S)	Framingham/Waltham	SAE Not Yet Conducted
Franklin Tri-County (S)	Franklin/Hampden/Hampshire Tri-County	Phone SAE
Lawrence (S)	City of Lawrence	On-site SAE
Lowell (S)	City of Lowell	Phone SAE
Lynn (S)	Lynn PACT	Phone SAE
Malden (S)	Malden/Medford	SAE Not Yet Conducted
MA Springfield (S)	City of Springfield	SAE Not Yet Conducted
New Bedford (S)	City of New Bedford	SAE Not Yet Conducted
Quincy (S)	Quincy/Weymouth	Phone SAE
Somerville (S)	City of Somerville	Phone SAE
Worcester (S)	Worcester County Area	SAE Not Yet Conducted

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Michigan		
Ann Arbor/Washtenaw County (S)	Ann Arbor/Washtenaw County	Phone SAE
Grand Rapids/Wyoming/Kent County (S)	Grand Rapids/Wyoming/Kent County	Phone SAE
Kalamazoo County (S)	Kalamazoo County	On-site SAE
Michigan Balance of State (M)	Battle Creek/Calhoun County	On-site SAE
	City of Detroit	
	Flint/Genesee County	
	Hillsdale County	
	Holland/Ottawa County	
	Jackson City/County	
	Lansing/East Lansing/Ingham Co	
	Lenawee County	
	Livingston County	
	Macomb County	
	Marquette/Alger County	
	Michigan Balance of State	
	Monroe County	
	Muskegon City and County	
	Out-Wayne Cty	
Pontiac/Oakland County		
Saginaw County		
Traverse City/Antrim/Leelanau Co		

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Minnesota		
Minnesota Statewide (M)	Anoka County	On-site SAE
	Central Minnesota	
	Dakota County	
	Duluth/St. Louis County	
	Minneapolis/Hennepin County	
	Northeast Minnesota	
	Northwest Minnesota	
	Saint Paul/Ramsey County	
	Scott/Carver County	
	Southwest Minnesota	
	Southeast Minnesota	
	Washington County	
West Central Minnesota		

Mississippi		
Gulf Coast(S)	Gulf Coast Regional	SAE Not Yet Conducted
Jackson (S)	Jackson/Hinds County	SAE Not Yet Conducted
Mississippi (S)	Mississippi Balance of State	On-Site SAE

Missouri		
Columbia/Boone County (S)	Columbia/Boone County	SAE Not Yet Conducted
Independence (S)	Independence/Lee's Summit	Phone SAE
Jasper (S)	Jasper/Newton County	Phone SAE
Kansas City Regional (M)	Clay/Platte County	On-site SAE
	Kansas City/Jackson County	
Missouri Rural State (S)	Missouri Rural State	Phone SAE
St. Joseph (S)	Greater St. Joseph	Phone SAE
St. Louis Regional (M)	St. Louis County	On-site SAE
	City of St. Louis	
Springfield (S)	Greater Springfield	Phone SAE

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Montana		
Montana Statewide (S)	Montana	On-site SAE
Nebraska		
Nebraska Regional (M)	City of Lincoln	Phone SAE
	Heartland Nebraska	
	Panhandle of Nebraska	
	Northeast Nebraska	
	Southeast Nebraska	
Southwest Nebraska		
Omaha (S)	Omaha Area	Phone SAE
Nevada		
Nevada Statewide (M)	Nevada Rural	On-site SAE
	Southern Nevada	
	Washoe/Reno Alliance	
New Hampshire		
New Hampshire Statewide (M)	City of Manchester	On-site SAE
	Greater Nashua	
	New Hampshire	
New Jersey		
Bergen County (S)	Bergen County	Phone SAE
Morris County (S)	Morris County	SAE Not Yet Conducted

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
New Jersey Balance of State (M)	Atlantic City/County	On-site SAE
	Burlington County	
	Camden County	
	Essex County	
	Gloucester County	
	Jersey City/Hudson County	
	Middlesex County	
	Monmouth County	
	Ocean County	
	Passaic County	
	Somerset County	
	City of Trenton/Mercer County	
	Union County	
	Warren	
	Hunterdon	
Cape May County		
Sussex County		

New Mexico		
New Mexico Statewide (M)	Albuquerque	On-site SAE
	New Mexico Balance of State	On-site SAE

New York		
Albany Regional (M)	City/County of Albany	Phone SAE
	City/County of Schenectady	
	City of Troy and Rensselaer	
Allegany County (S)	Allegany County	Phone SAE
Broome County/City of Binghamton (S)	Broome County/City of Binghamton	Phone SAE
Cattaraugus County (S)	Cattaraugus County	Phone SAE
Chautauqua County (S)	Chautauqua County	Phone SAE
City of Elmira (S)	City of Elmira	Phone SAE
Clinton County (S)	Clinton County	Phone SAE
Erie County (S)	Erie County	Phone SAE
Montgomery County (S)	Montgomery County	SAE Not Yet Conducted

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Nassau Suffolk Regional (M)	Nassau County	Phone SAE
	Suffolk County	
New York (S)	New York City	On-site SAE
Niagara County (S)	Niagara County	SAE Not Yet Conducted
Orange Regional (M)	Dutchess County	SAE Not Yet Conducted
	Orange County	
	Sullivan County	
	Ulster County	
Putnam County (S)	Putnam County	SAE Not Yet Conducted
Rochester/Monroe County (S)	Rochester/Monroe County	Phone SAE
Rockland (S)	Rockland County	SAE Not Yet Conducted
Saratoga (S)	Saratoga	SAE Not Yet Conducted
Steuben County (S)	Steuben County	Phone SAE
Syracuse (S)	Syracuse	Phone SAE
Tompkins County (S)	Tompkins County	Phone SAE
Utica-Oneida County (S)	Utica-Oneida County	Phone SAE
Wayne County (S)	Wayne County	SAE Not Yet Conducted

North Carolina		
Charlotte (S)	Charlotte/Mecklenburg	Phone SAE
Cumberland (S)	Cumberland County	Phone SAE
Durham (S)	Durham	Phone SAE
Gaston (S)	Gaston/Lincoln/Cleveland	Phone SAE
Greensboro Regional (M)	Burlington/Alamance	Phone SAE
	City of Winston-Salem	
	Greensboro	
	High Point	

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
North Carolina Balance of State (M)	Anson/Moore/Montgomery/Richmond	SAE Not Yet Conducted
	Ashville-Buncombe	SAE Not Yet Conducted
	Franklin/Granville/Warren/Vance	SAE Not Yet Conducted
	Henderson County	SAE Not Yet Conducted
	Neuse-Tideland Regional	SAE Not Yet Conducted
	Randolph County	Phone SAE
	Pitt County	SAE Not Yet Conducted
	Rocky Mount/Nash/Edgecombe County	SAE Not Yet Conducted
	Wilmington Tri-County	SAE Not Yet Conducted
	Orange County	Phone SAE
Northwestern (S)	Northwestern	Phone SAE
Wake (S)	Wake County	SAE Not Yet Conducted

North Dakota

North Dakota Statewide (M)	North Dakota	Phone SAE
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Ohio

Akron (S)	Akron/Baberton/Summit County	SAE Not Yet Conducted
Cincinnati (S)	Hamilton County/City of Cincinnati	On-site SAE
Columbus (S)	Columbus/Franklin County	On-site SAE
Cuyahoga County/Cleveland (S)	Cuyahoga County/Cleveland	On-site SAE
Dayton (S)	Dayton/Kettering/Montgomery County	Phone SAE
Greater Toledo (S)	Greater Toledo	SAE Not Yet Conducted
Ohio Balance of State (S)	Ohio Balance of State	On-site SAE
Stark County (S)	Stark County/Canton	SAE Not Yet Conducted
Youngstown (S)	Youngstown/Mahoning County	SAE Not Yet Conducted

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Oklahoma		
Norman (S)	City of Norman/Cleveland County	Phone SAE
Northeast Oklahoma (S)	Northeast Oklahoma	Phone SAE
Oklahoma Balance of State (S)	Oklahoma Balance of State	Phone SAE
Oklahoma City (S)	Oklahoma City	SAE Not Yet Conducted
OK North Central (S)	North Central Oklahoma	Phone SAE
Tulsa (S)	Tulsa City and County/Broken Arrow	On-site SAE

Oregon		
Oregon Statewide (M)	Central Oregon	On-site SAE
	Clackamas County	
	Jackson County	
	Lane County	
	Marion/Polk County	
	Rural Oregon	
Washington County		
Portland (S)	Portland/Multnomah County	On-site SAE

Pennsylvania		
Allegheny County/Pittsburg (S)	Allegheny County/Pittsburg	Phone SAE
Beaver County (S)	Beaver County	Phone SAE
Bucks County (S)	Bucks County	On-site SAE
Chester County (S)	Chester County	Phone SAE
Delaware County (S)	Delaware County	Phone SAE
Erie County (S)	Erie County	On-site SAE
Harrisburg Single\Regional (M)	City of Harrisburg/Dauphin County/Pennsylvania	On-site SAE
Lancaster (S)	Lancaster City/County	Phone SAE
Luzerne (S)	Luzerne County	Phone SAE
Montgomery PA (S)	Montgomery County Pennsylvania	Phone SAE
PA Balance of State Regional (M)	Central/Harrisburg Region of Pennsylvania	On-site SAE
	Northeast Region of Pennsylvania	
	Northwest Region of Pennsylvania	
	Southwest Region of Pennsylvania	
Philadelphia (S)	City of Philadelphia	On-site SAE
Reading (S)	Reading/Berks County	Phone SAE

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Scranton (S)	Scranton/Lackawanna Pennsylvania	Phone SAE
Westmoreland County\Regional (M)	Westmoreland County	On-site SAE
York County (S)	York County	Phone SAE

Puerto Rico		
Aguadilla (S)	Aguadilla	SAE Not Yet Conducted
Bayamon (S)	Bayamon	SAE Not Yet Conducted
Caguas (S)	Caguas	SAE Not Yet Conducted
Eastern Puerto Rico (S)	Eastern Puerto Rico	SAE Not Yet Conducted
Ponce (S)	Ponce	SAE Not Yet Conducted
Puerto Rico Balance of State (S)	Balance of State	SAE Not Yet Conducted
San Juan (S)	San Juan	On-site SAE

Rhode Island		
Rhode Island Statewide (S)	Rhode Island	On-site SAE

South Carolina		
Low Country Regional (M)	Low Country/Charleston	Phone SAE
	Myrtle Beach/Sumter County	
	Midlands	
Pee Dee (S)	Pee Dee	Phone SAE
South Carolina Balance of State (S)	South Carolina Balance of State	Phone SAE
South Carolina Upstate (S)	Upstate	On-site SAE

South Dakota		
South Dakota Statewide (S)	South Dakota	Phone SAE

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Tennessee		
Appalachian (S)	Appalachian Region	SAE Not Yet Conducted
Chattanooga (S)	Chattanooga/Southeast Tennessee	SAE Not Yet Conducted
Jackson West TN (S)	Jackson West Tennessee	SAE Not Yet Conducted
Knoxville (S)	Knoxville/Knox County	SAE Not Yet Conducted
Memphis (S)	Memphis/Shelby County	Phone SAE
Mid Cumberland Regional (M)	South Central Tennessee	SAE Not Yet Conducted
	Mid-Cumberland Tennessee	
Murfreesboro (S)	Murfreesboro/Rutherford County	SAE Not Yet Conducted
Nashville (S)	Nashville/Davidson County	Phone SAE

Texas		
Amarillo (S)	Amarillo	Phone SAE
Austin/Travis County (S)	Austin/Travis County	Phone SAE
Cameron County/Hidalgo (S)	Cameron County/Hidalgo	Phone SAE
Central Texas (S)	Central Texas	SAE Not Yet Conducted
Corpus Christi/Nueces County (S)	Corpus Christi/Nueces County	SAE Not Yet Conducted
Dallas (S)	Dallas	On-site SAE
Denton (S)	Denton	Phone SAE
East Texas (S)	East Texas	SAE Not Yet Conducted
El Paso (S)	El Paso	On-site SAE
Ft. Worth/Tarrant County (S)	Tarrant County/Fort Worth	Phone SAE
Galveston/Gulf Coast (S)	Galveston/Gulf Coast	Phone SAE
Gregg/Harrison (S)	Gregg/Harrison	Phone SAE
Houston/Harris County (S)	City of Houston/Harris County	On-site SAE
Laredo (S)	Laredo	SAE Not Yet Conducted
Midland (S)	Midland	Phone SAE
Montgomery (S)	Montgomery	SAE Not Yet Conducted
Odessa (S)	Odessa	SAE Not Yet Conducted

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
San Antonio/Bexar County (S)	San Antonio/Bexar County	Phone SAE
Southeast Texas (S)	Southeast Texas	Phone SAE
Victoria (S)	Victoria	Phone SAE
Waco (S)	Waco	Phone SAE
West Texas/Abilene (S)	West Texas/Abilene	Phone SAE

Utah		
Utah Statewide (M)	Mountainland Region	Phone SAE
	Salt Lake City	
	Utah Balance of State	

Vermont		
Chittenden County (S)	Chittenden County	On-site SAE
Vermont (S)	Vermont	On-site SAE

Virgin Islands		
Virgin Islands Statewide (S)	Virgin Islands	Phone SAE

Virginia		
Alexandria (S)	City of Alexandria	Phone SAE
Arlington (S)	Arlington County	Phone SAE
Bland/Carroll/Grayston/Smyth/Wythe Counties (S)	Bland/Carroll/Grayston/Smyth/Wythe Counties	SAE Not Yet Conducted
Charlottesville Regional (M)	Chesapeake	Phone SAE
	Waynesboro	Phone SAE
	Charlottesville	SAE Not Yet Conducted
	Roanoke Valley	Phone SAE
Fairfax (S)	Fairfax County	Phone SAE
Floyd (S)	Floyd	SAE Not Yet Conducted
King & Queen County (S)	King & Queen County	SAE Not Yet Conducted
Loudon (S)	Loudon County	SAE Not Yet Conducted
Lynchburg (S)	Lynchburg	Phone SAE
Norfolk (S)	Norfolk	Phone SAE
Petersburg (S)	Petersburg	Phone SAE

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Portsmouth (S)	Portsmouth	Phone SAE
Prince William (S)	Prince William County Area	Phone SAE
Rappahannock/Rapidan (S)	Rappahannock/Rapidan	SAE Not Yet Conducted
Richmond Regional (M)	Richmond/Henrico County	On-site SAE
	Shenandoah/Clarke/Frederick/Page/Warren Counties	Phone SAE
	Fredericksburg	Phone SAE
Virginia Beach (S)	Virginia Beach	Phone SAE
Virginia Peninsula (S)	Virginia Peninsula	On-site SAE

Washington		
Bellingham/Whatcom County (S)	Bellingham/Whatcom County	Phone SAE
City of Spokane (S)	City of Spokane	On-site SAE
Everett/Snohomish County (S)	Everett/Snohomish County	Phone SAE
Seattle/King County (S)	Seattle/King County	Phone SAE
Spokane County (S)	Spokane County	Phone SAE
Tacoma/Lakewood/Pierce County (S)	Tacoma/Lakewood/Pierce County	Phone SAE
Vancouver/Clark County (S)	Vancouver/Clark County	Phone SAE
Washington Balance of State (S)	Washington Balance of State	Phone SAE
Yakima City and County (S)	Yakima City and County	Phone SAE

West Virginia		
West Virginia Balance of State (M)	Berkeley/Jefferson Counties	Phone SAE
	McDowell County	
	West Virginia/Virginia	
Cabell/Huntington/Wayne(S)	Cabell/Huntington/Wayne	Phone SAE
Charleston/Kanawha County (S)	Charleston/Kanawha County	Phone SAE
Wheeling Regional (M)	Monongalia/Marion/Taylor/Preston	Phone SAE
	Wheeling /Weirton	

Wisconsin		
Wisconsin Statewide (M)	Madison/Dane County	On-site SAE
	Milwaukee	
	Racine City/County	
	Wisconsin	

<i>Implementing Jurisdictions (S – Single) (M – Multiple)</i>	<i>Continuums of Care</i>	<i>Type of SAE</i>
Wyoming		
Wyoming Statewide (S)	Wyoming	On-site SAE

Appendix C: Status Assessment and Evaluation (SAE) Findings

This appendix includes the complete list of responses to a subset of SAE questions.

1. Status of HMIS Implementations (SAE Questions 7, 48 and 56)

Q7) Continuum describes its stage of implementation as...	N = CoCs	Percentage of N
Operating and/or Expanding	175	50%
Implementing	125	36%
Selecting or Customizing Software	33	9%
Planning	11	3%
Not Considering	4	1%

Q48) Implementing Jurisdiction has been collecting data since...	N = 149 IJs	Percentage of N
Prior to 2000	13	9%
2000 or 2001	19	13%
2002	22	15%
2003	30	20%
2004	65	44%
2005 (anticipated)	26 (not included in N)	

Q56) For the 142 IJs responding, the HMIS coverage each of the following residential program types are...	Average HMIS Bed Coverage	% of responding IJs with > 75% Bed Coverage
Emergency Shelter – Singles	55%	45%
Emergency Shelter – Families	56%	43%
Transitional Housing – Singles	47%	32%
Transitional Housing – Families	56%	46%
Permanent Supportive Housing – Singles	57%	40%
Permanent Supportive Housing – Families	44%	34%
Overall average residential program coverage	52%	40%

2. HMIS Implementing Jurisdiction (IJs) Types (SAE Question 4)

Geographic Type	Number of IJs	Number of CoCs
Standalone	175	175
Multi-CoC	27	102
Statewide	23	59
TOTAL	225	336

3. HMIS Leadership (SAE Question 11)

HMIS Implementation is managed by ...	N = 226 IJs	Percentage of N
Independent Non-profit	74	33%
Local Government	59	26%
Community Homeless Provider	29	13%
Other	21	9%
State Government	17	8%
University	3	1%
Mixed Type	23	10%

4. Participation (SAE Question 14)

HMIS Implementation includes (or will include) ...	N = 227 IJs	Percentage of N
Emergency Shelter Providers	222	98%
Transitional Housing Providers	222	98%
Permanent Housing Providers	205	90%
General Supportive Service Providers	195	86%
Mental Health Providers	190	84%
Outreach Providers	185	81%
Domestic Violence Providers	177	78%
Substance Abuse Providers	168	74%
Youth Providers	152	67%
HIV/AIDS Providers	150	66%
Veteran Providers	135	59%
Local Governments	131	58%
Primary Health Care Providers	78	34%
211 or Information Referral Hotlines	72	32%
Other Human Services	48	21%
State Governments	36	16%
Federal Government Agencies	14	6%
Other Types of Organizations	40	18%

5. Anticipated Benefits of the HMIS (SAE Question 19)

Implementing Jurisdiction hopes to ... through its HMIS implementation.	N = 223 IJs	Percentage of N
Comply with HUD reporting requirements	166	74%
Improve service coordination and/or collaborative case management	159	71%
Improve agency-level reporting or operations	155	70%
Generate data to inform policy and resource allocation decisions	154	69%
Reduce duplicative intake	143	64%
Measure program performance (program evaluation)	120	54%
Improve client benefits acquisition	107	48%
Other	62	28%

6. HMIS Funding (SAE Question 82)

Implementing Jurisdictions report that they use the following funding sources to fund their HMIS operation.	N that use this Funding Source (N=179)	% that use this Funding Source
HUD Funds	146	82%
Supportive Housing Program Dedicated HMIS Grants	126	70%
Other HUD Funds (ESG Admin, CDBG Admin, etc)	47	26%
Local Government Funds	86	48%
Local Private Funds	62	35%
Participating Agency Fees	33	18%
Other Sources	35	20%

When analyzed in total, the following funding sources represent this % of the combined HMIS budget. (N=179 IJs)	% of Combined HMIS Budgets	Average \$ used by each IJ
Supportive Housing Program Dedicated HMIS Grants	66%	\$ 130,084.45
Other HUD Funds (ESG, CDBG, etc)	5%	\$ 10,386.17
Local Government Funds	17%	\$ 34,552.29
Local Private Funds	6%	\$ 12,676.81
Participating Agency Fees	3%	\$ 5,294.94
Other Sources	3%	\$ 5,534.18
Total	100%	\$ 198,528.85

These funding sources represent this % of the average IJ's HMIS annual operating budget. (N=179 IJs)	% of Average IJ HMIS Budgets
Supportive Housing Program Dedicated HMIS Grants	56%
Other HUD Funds (ESG, CDBG, etc)	9%
Local Government Funds	17%
Local Private Funds	11%
Participating Agency Fees	5%
Other Sources	6%
Total	100%

Appendix D: AHAR Sample Sites and Reporting Communities

STATE	SELECTED SAMPLE SITE	CoC
AZ	FLAGSTAFF	Rural Arizona CoC
AZ	PHOENIX	Maricopa CoC
CA	FRESNO	Fresno/Madera CoC
CA	LOS ANGELES	County of Los Angeles, Ca
CA	LOS ANGELES COUNTY	County of Los Angeles, Ca
CA	MARIN COUNTY	Marin County
CA	MISSION VIEJO	County of Orange, Ca
CA	MODESTO	Stanislaus County Housing & Support Services Collaborative
CA	MORENO VALLEY	County of Riverside
CA	PASADENA*	Pasadena Community Development Commission
CA	PICO RIVERA	County of Los Angeles, Ca
CA	SAN DIEGO	City of San Diego Consortium
CA	SAN FRANCISCO	City and County of San Francisco
CA	SEASIDE	County of Monterey
CO	ADAMS COUNTY*	The Metropolitan Denver Homeless Initiative
CO	CROWLEY COUNTY	State of Colorado
CT	HARTFORD	Hartford CoC
CT	STRATFORD	Bridgeport CoC
DC	WASHINGTON	District of Columbia Homeless Services
DE	WILMINGTON	CoC Delaware
FL	DELTONA	Volusia County CoC
FL	MARION COUNTY	Ocala/Marion County CoC
FL	POLK COUNTY	Polk/Hardee/Highlands County CoC
FL	SARASOTA	Sarasota/Mantee CoC
GA	ATLANTA	Atlanta Tri- Jurisdictional
GA	AUGUSTA-RICHMOND	Augusta-Richmond County
GA	MACON COUNTY	Georgia CoC
GA	OCONEE COUNTY	Georgia CoC
IL	CHICAGO	Chicago CoC
IL	COOK COUNTY	Cook County CoC
KY	HARDIN COUNTY	Commonwealth of Kentucky CoC
LA	BOSSIER CITY	Northwest Louisiana
LA	SLIDELL	Slidell/Livingston/St. Helena
MA	ATTLEBORO	Greater Attleboro and Taunton CoC

STATE	SELECTED SAMPLE SITE	CoC
MA	BOSTON	City of Boston
MA	LAWRENCE*	City of Lawrence CoC
MD	MONTGOMERY COUNTY	Montgomery County, Maryland
MI	DETROIT	City of Detroit CoC
MI	FARMINGTON HILLS	Oakland County CoC
MI	LANSING	Lansing, East Lansing/Ingham County CoC
MI	MACOMB COUNTY	Macomb County CoC
MI	WASHTENAW COUNTY*	Washtenaw County/Ann Arbor CoC
MN	HENNEPIN COUNTY	Minneapolis/Hennepin County CoC
MN	MOORHEAD	West Central Minnesota CoC
MN	NORMAN COUNTY	Northwest Minnesota CoC
MN	ROCHESTER*	Southeast/South Central Minnesota Regional CoC
MN	ST PAUL	St. Paul/Ramsey County CoC
MN	WASHINGTON COUNTY	Washington County CoC
MS	HATTIESBURG	Mississippi Balance of State CoC
MS	HUMPHREYS COUNTY	Mississippi Balance of State CoC
MT	BILLINGS	State of Montana CoC
MT	GREAT FALLS	State of Montana CoC
NE	COUNCIL BLUFFS	City of Omaha
NJ	BERGEN COUNTY	Bergen County
NJ	BRICK TOWNSHIP	Ocean County CoC
NJ	CAMDEN	Camden City/Camden County
NV	CLARK COUNTY	Southern Nevada CoC
NY	ELMIRA*	Chemung County CoC
NY	ISLIP TOWN	Suffolk County CoC Group
NY	NEW YORK CITY	New York City Coalition/CoC
NY	ONONDAGA COUNTY	Syracuse/Clay/Onondaga County CoC
OH	CLEVELAND	Cuyahoga County/Cleveland CoC
OH	LANCASTER	Ohio Balance of State
OH	PUTNAM COUNTY	Ohio Balance of State
OH	SPRINGFIELD	Ohio Balance of State
OK	MIDWEST CITY	State of Oklahoma
PA	LYCOMING COUNTY	Central-Harrisburg Region of Pennsylvania
PA	PHILADELPHIA	City of Philadelphia
PA	SNYDER COUNTY	Central-Harrisburg Region of Pennsylvania
PA	WESTMORELAND COUNTY	Westmoreland County
TX	DALLAS	Dallas Homeless CoC

STATE	SELECTED SAMPLE SITE	CoC
TX	EL PASO	El Paso CoC
TX	HOUSTON	Houston/Harris County
VA	CHESTERFIELD COUNTY	Richmond CoC
VA	PORTSMOUTH	Portsmouth CoC
VT	CHITTENDEN COUNTY	Chittenden County
WA	ADAMS COUNTY	State of Washington CoC
WA	SEATTLE	Seattle-King County CoC
WA	SKAGIT COUNTY	State of Washington CoC
WI	FOREST COUNTY	State of Wisconsin CoC

* Denotes a Replacement Site.

STATE	CONTRIBUTING SITES	CoC
IA	Iowa	State of Iowa CoC
LA	New Orleans	New Orleans CoC
MA	Cambridge	Cambridge CoC
MD	Baltimore	Baltimore City CoC
MI	Grand Rapids	Grand Rapids CoC
MO	Greater Kansas City	Greater Kansas City CoC
MO	St. Louis County	St. Louis County CoC
OH	Cincinnati-Hamilton County	Cincinnati/Hamilton County CoC
OH	Dayton-Kettering-Montgomery County	Dayton/Kettering/Montgomery County CoC
OR	Portland-Gresham-Multnomah County	Portland/Gresham/Multnomah County CoC
RI	Rhode Island	State of Rhode Island CoC
TN	Chattanooga	Chattanooga CoC
TN	Memphis-Shelby County	Memphis/Shelby County CoC
VA	Richmond	Richmond CoC
WA	Spokane	Spokane CoC
WV	Wheeling-Weirton County	Wheeling/Weirton County CoC

Appendix E: Sample AHAR Table Shells

Exhibit 1

Estimated Number of Persons Using Homeless Residential Services in the U.S. During the Covered Time Period

Total Number	Percentage of Homeless Population ^a
How many people were homeless at some time during the study period? ^a	100%
During the study period, the number of homeless people that used...	
Emergency shelter only	
Transitional housing only	
Both emergency shelter and transitional housing	

^a This total reflects the number of homeless people who use 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 who 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 included in this estimate. Thus, it does not include homeless people who use non-housing homeless assistance services or permanent supportive housing only and it does not include homeless people who do not use any homeless assistance services. The total number of people who experienced homelessness during the covered time period is larger than the number who uses emergency shelters or transitional housing.

Exhibit 2

Persons Using Homeless Residential Services by Household Type

	Percentage of Homeless Population	Percentage of U.S. Poverty Population ^a	Percentage of U.S. Population
Persons by Household Type^a			
Individual adult male			
Individual adult female			
Adult(s) in households, with child(ren)			
Children in families, with adults			
Unaccompanied youth			
 Persons that were served as individual and as part of household with adults and children during the covered time period			
Number of Homeless People	___ People	--	--
 Households by Type^b			
Individual adult male			
Individual adult female			
Household with adult(s) and child (ren)			
Unaccompanied youth			
 Number of Homeless Households	 ___ Households	 --	 --

^a If a person is in more than one household during the study period, the person's household type is determined by the first household he or she was in during the covered time period. For example, if a mom spends a week in an emergency shelter with her child then later enters another emergency shelter by herself, the mom is categorized as being part of a household with children. (I.e., even though she was later in an individual adult female household, she is not included in that household type category).

^b See previous table note for classifying household type. For calculating the number of households served, the first household that each person is in is counted. If the same person is in a second household and the household contains only people in a previously counted household or households, the household is not counted again. However, if there is a person in the second household who was not previously counted as part of another household (i.e., it is that person's first household during the covered time period), the second household is counted. Note that this method of counting households will count two households if part of a family receives services (e.g., mother and son) at one time and then later the full family (e.g., mother, father, and son) receives services, however, it will count for one household if the full family comes in for services first, then part of the family comes in for services later.

Exhibit 3**Demographic Characteristics of Persons Using Homeless Residential Services**

Characteristic	Percentage of Homeless Population	Percentage of U.S. Poverty Population	Percentage of U.S. Population
Gender of Adults^a			
Female			
Male			
Gender of Children^a			
Female			
Male			
Ethnicity			
Non-Hispanic/non-Latino			
Hispanic/Latino			
Race			
White, Non-Hispanic/Non-Latino			
White, Hispanic/Latino			
Black or African-American			
Asian			
American Indian or Alaska Native			
Native Hawaiian or Other Pacific Islander			
Multiple Races			
Age^a			
Under 1			
1 to 5			
6 to 12			
13 to 17			
18 to 30			
31 to 50			
51 to 61			
62 and older			
Persons by Household Size^b			
1 person			
2 people			
3 people			
4 people			

Exhibit 3

Demographic Characteristics of Persons Using Homeless Residential Services

5 or more people

Veteran^c

Disabled^c

^a Age should be calculated at first time in shelter during 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 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.

^c Veteran status and whether person had disabling condition are only recorded for adults in HMIS. Thus, the percentage calculations shown indicate the percent of homeless adults with this characteristic.

Exhibit 4

Geographic Location where People Receive Homeless Residential Services

	Percentage of Homeless Population	Percentage of U.S. Poverty Population	Percentage of U.S. Population
Region			
Northeast			
Midwest			
South			
West			
Type of Area			
Central City			
<i>New York City</i> ^a			
<i>Large central city</i> ^b			
<i>Other central city</i>			
Balance of metro areas ^c			
Non-metro areas ^d			

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

^b This category includes U.S. cities with a population of at least one million except New York City (separately reported) and San Antonio (not a sample site). There are seven cities in this category: Los Angeles, CA; Chicago, IL; Houston, TX; Philadelphia, PA; Phoenix, AZ; San Diego, CA; and Dallas, TX.

^c Balance of metro areas include 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.

^d Non-metro areas are all non-entitlement areas under CDBG.

Exhibit 5

Characteristics of Persons Using Homeless Services by Type of Location

Characteristic	Percentage of Homeless People in:		
	Central Cities	Balance of Metro Areas	Non-Metro Areas
Ethnicity			
Non-Hispanic/non-Latino			
Hispanic/Latino			
Race			
White, Non-Hispanic/Non-Latino			
White, Hispanic/Latino			
Black or African-American			
Asian			
American Indian or Alaska Native			
Native Hawaiian or Other Pacific Islander			
Multiple Races			
Age			
17 and under			
18 to 30 years			
31 to 50 years			
51 to 61 years			
62 and older			
Persons by Household Size ^a			
1 person			
2 people			
3 people			
4 people			
5 or more people			
Veteran^b			
Disabled^b			
Number of Homeless People	___ People	___ People	___ People

^a 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

^b Veteran status and whether person had disabling condition are only recorded for adults in HMIS. Thus, the percentage calculations shown indicate the percent of homeless adults with this characteristic.

Exhibit 6

Prior Living Situation of Persons Using Homeless Residential Services^a

Living arrangement the night before program entry^b	Percentage of Unaccompanied Persons^c	Percentage of Adults in Households with Children
Emergency shelter		
Transitional housing		
Permanent supportive housing		
Psychiatric facility		
Substance abuse treatment center or detox		
Hospital (non-psychiatric)		
Jail, prison, or juvenile detention		
Rented housing unit		
Owned housing unit		
Staying with family		
Staying with friends		
Hotel or motel (no voucher)		
Foster care home		
Place not meant for human habitation		
Other living arrangement		
Stability of previous night's living arrangement.		
Stayed there...		
One week or less		
More than one week, but less than a month		
One to three months		
More than three months, but less than a year		
One year or longer		
Location of last permanent residence^d		
Same jurisdiction as program location ^e		
Different jurisdiction from program location		
Number of Homeless People	___ People	___ People

Exhibit 6

Prior Living Situation of Persons Using Homeless Residential Services^a

- ^a The HMIS data standard require collecting the information in this table from adults and unaccompanied youth. It is not required to be collected for children in households with adults.
 - ^b 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 should be 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 idea is to understand where people were the night before they entered the homeless assistance system during the covered period.
 - ^c Unaccompanied persons includes all persons (including unaccompanied youth) who did not present as a household with adults and children.
 - ^d Last permanent residence is the most recent place a person lived for 90 days or longer.
 - ^e Jurisdiction is defined as the AHAR sample site's geographic boundaries, i.e., the boundaries of the CDBG area. It includes zip codes that cross the sample site boundary if the majority of addresses with that zip code are within the sample area.
-

Exhibit 7

**Length of Stay in Living Arrangement the Night Before Program Entry for
Persons Using Homeless Residential Services ^a**

Previous Night's Living Arrangement	Percentage Who Stayed the Following Lengths of Time in Previous Night's Living Arrangement				
	One Week or Less	Between 1 Week and 1 Month	One to Three Months	Between 3 and 12 Months	One Year or Longer
Emergency shelter					
Transitional housing					
Permanent supportive housing					
Psychiatric facility					
Substance abuse treatment center					
Hospital (non-psychiatric)					
Jail, prison, juvenile detention					
Rented unit					
Owned unit					
Staying with family					
Staying with friends					
Hotel or motel (no voucher)					
Place not meant for human habitation					
Other living arrangement					

^a The HMIS data standard require collecting the information in this table from adults and unaccompanied youth. It is not required to be collected for children in households with adults.

Exhibit 8
**Number of Persons and Households Using Homeless Residential Services on an
Average Day and During the Covered Time Period**

	Total Number	Percent of Homeless Population
How many people were homeless ...		
...at some time during the time period?		100%
...on an average day? ^a		
...on the last day of the covered time period? ^b		
How many households were homeless ...		
... at some time during the time period?		100%
...on the last day of the covered time period? ^b		

^a The number of people homeless on an average day (or average daily census) is calculated by dividing the number of housing shelter nights by the number of days in the covered time period.

^b This is the number of people using an emergency shelter or transitional housing on the night of April 30th.

Exhibit 9					
Patterns of Program Use by Persons Using Homeless Residential Services					
	Percentage of:				
	All Homeless Persons	Unaccompanied Persons^b		Persons in Households with Children	
		Male	Female	Male	Female
Type of Service^a					
Emergency shelter only					
Transitional housing only					
Both emergency shelter and transitional housing					

^a A person who uses multiple providers of the same type (such as multiple emergency shelters) will only be counted once in that category.

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

Exhibit 10

Length of Stay of Persons in Homeless Residential Programs During the Study Period

	All Homeless Persons	Unaccompanied Persons ^a		Persons in Households with Children ^b	
		Male	Female	Male	Female
Percentage of Population by Number of Housing Service Nights^c					
1 to 7 days					
8 to 30 days					
31 to 60 days					
61 to 90 days					
 Median Number of Housing Service Nights	___ nights	___nights	___nights	___nights	___nights

^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 A housing service night is a night spent in an emergency shelter or transitional housing unit. 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.

Exhibit 11
Number of Beds in Homeless Assistance System

	Year-Round Units/Beds				Seasonal Beds	Overflow/ Voucher
	Family Units	Family Beds	Individual Beds	All Year- Round Beds		
Emergency Shelters						
Current Inventory						
Under Development						
Transitional Housing						
Current Inventory					0	0
Under Development					0	0
Permanent Supportive Housing						
Current Inventory					0	0
Under Development					0	0
Total						
Current Inventory						
Under Development						

Exhibit 12
Average Daily Utilization of All Year-Round Beds by Geographic Location ^a

	Emergency Shelters		Transitional Housing	
	Family	Individual	Family	Individual
Region				
Northeast				
Midwest				
South				
West				
Type of Area				
Central City				
<i>New York City</i> ^b				
<i>Large central city</i> ^c				
<i>Other central city</i>				
Balance of metro areas ^d				
Non-metro areas ^e				

^a This is calculated by dividing average daily census over the study period (see Exhibit 8) by the number of year-round 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 This category includes U.S. cities with a population of at least one million except New York City (separately reported) and San Antonio (not a sample site). There are seven cities in this category: Los Angeles, CA; Chicago, IL; Houston, TX; Philadelphia, PA; Phoenix, AZ; San Diego, CA; and Dallas, TX.

^d Non-metro areas include 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.

^e Non-metro areas are all non-entitlement areas under CDBG.

Exhibit A-1
Size of Homeless Population in Each Sample Site

State	Jurisdiction	Number of People Homeless...		Poverty Population of Site	Total Population of Site
		...on an Average Day	...at Some Time During the Study Period		
AZ	Flagstaff				
AZ	Phoenix				
CA	Fresno				
CA	Los Angeles				
CA	Los Angeles County				
CA	Marin County				
CA	Mission Viejo				
CA	Modesto				
CA	Moreno Valley				
CA	Pasadena				
CA	Pico Rivera				
CA	San Diego				
CA	San Francisco				
CA	Seaside				
CO	Adams County				
CO	Crowley County				
CT	Hartford				
CT	Stratford				
DC	Washington				
DE	Wilmington				
FL	Deltona				
FL	Marion County				
FL	Polk County				
FL	Sarasota				
GA	Atlanta				

Exhibit A-1 (continued)
Size of Homeless Population in Each Sample Site

State	Jurisdiction	Number of People Homeless...		Poverty Population of Site	Total Population of Site
		...on an Average Day	...at Some Time During the Study Period		
GA	Augusta-Richmond				
GA	Macon County				
GA	Oconee County				
IL	Chicago				
IL	Cook County				
KY	Hardin County				
LA	Bossier City				
LA	Slidell				
MA	Attleboro				
MA	Boston				
MA	Lawrence				
MD	Montgomery County				
MI	Detroit				
MI	Farmington Hills				
MI	Lansing				
MI	Macomb County				
MI	Washtenaw County				
MN	Hennepin County				
MN	Moorhead				
MN	Norman County				
MN	Rochester				
MN	St. Paul				
MN	Washington County				
MS	Hattiesburg				
MS	Humphreys County				
MT	Billings				
MT	Great Falls				
NE	Council Falls				
NJ	Bergen County				
NJ	Brick Township				
NJ	Camden				

Exhibit A-1 (continued)
Size of Homeless Population in Each Sample Site

State	Jurisdiction	Number of People Homeless...		Poverty Population of Site	Total Population of Site
		...on an Average Day	...at Some Time During the Study Period		
NV	Clarks County				
NY	Glens Falls				
NY	Islip Town				
NY	New York City				
NY	Onondaga County				
OH	Cleveland				
OH	Lancaster				
OH	Putnam County				
OH	Springfield				
OK	Midwest City				
PA	Lycoming County				
PA	Philadelphia				
PA	Snyder County				
PA	Westmoreland County				
TX	Dallas				
TX	El Paso				
TX	Houston				
VA	Chesterfield County				
VA	Portsmouth				
VT	Chittenden County				
WA	Adams County				
WA	Seattle				
WA	Skagit County				
WI	Forest County				

Exhibit A-2

Share of Homeless Population by Household Type in Each Sample Site

State	Jurisdiction	Unaccompanied Adults		Adult(s) in Families with Children		Children with Adults	Unaccompanied Youth
		Males	Females	Males	Females		
AZ	Flagstaff						
AZ	Phoenix						
CA	Fresno						
CA	Los Angeles						
CA	Los Angeles County						
CA	Marin County						
CA	Mission Viejo						
CA	Modesto						
CA	Moreno Valley						
CA	Pasadena						
CA	Pico Rivera						
CA	San Diego						
CA	San Francisco						
CA	Seaside						
CO	Adams County						
CO	Crowley County						
CT	Hartford						
CT	Stratford						
DC	Washington						
DE	Wilmington						
FL	Deltona						

Exhibit A-2

Share of Homeless Population by Household Type in Each Sample Site

State	Jurisdiction	Unaccompanied Adults		Adult(s) in Families with Children		Children with Adults	Unaccompanied Youth
		Males	Females	Males	Females		
FL	Marion County						
FL	Polk County						
FL	Sarasota						
GA	Atlanta						
GA	Augusta-Richmond						
GA	Macon County						
GA	Oconee County						
IL	Chicago						
IL	Cook County						
KY	Hardin County						
LA	Bossier City						
LA	Slidell						
MA	Attleboro						
MA	Boston						
MA	Lawrence						
MD	Montgomery County						
MI	Detroit						
MI	Farmington Hills						
MI	Lansing						
MI	Macomb County						
MI	Washtenaw County						
MN	Hennepin County						

Exhibit A-2

Share of Homeless Population by Household Type in Each Sample Site

State	Jurisdiction	Unaccompanied Adults		Adult(s) in Families with Children		Children with Adults	Unaccompanied Youth
		Males	Females	Males	Females		
MN	Moorhead						
MN	Norman County						
MN	Rochester						
MN	St. Paul						
MN	Washington County						
MS	Hattiesburg						
MS	Humphreys County						
MT	Billings						
MT	Great Falls						
NE	Council Falls						
NJ	Bergen County						
NJ	Brick Township						
NJ	Camden						
NV	Clarks County						
NY	Glens Falls						
NY	Islip Town						
NY	New York City						
NY	Onondaga County						
OH	Cleveland						
OH	Lancaster						
OH	Putnam County						
OH	Springfield						

Exhibit A-2

Share of Homeless Population by Household Type in Each Sample Site

State	Jurisdiction	Unaccompanied Adults		Adult(s) in Families with Children		Children with Adults	Unaccompanied Youth
		Males	Females	Males	Females		
OK	Midwest City						
PA	Lycoming County						
PA	Philadelphia						
PA	Snyder County						
PA	Westmoreland County						
TX	Dallas						
TX	El Paso						
TX	Houston						
VA	Chesterfield County						
VA	Portsmouth						
VT	Chittenden County						
WA	Adams County						
WA	Seattle						
WA	Skagit County						
WI	Forest County						