

The Second Annual Homeless Assessment Report to Congress

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Executive Summary

The U.S. Department of Housing and Urban Development (HUD) is pleased to present this second national report to Congress on homelessness in America. The first Annual Homeless Assessment Report (AHAR) was submitted in February 2007.¹ These reports were developed in response to a series of Congressional directives beginning with the FY 2001 HUD Appropriations Act. In that year, Congress directed the Department to assist communities to implement local Homeless Management Information Systems (HMIS) and required every jurisdiction to have client-level reporting within three years. Senate Report 106-410 noted that HMIS data could be used to develop an unduplicated count of homeless people and to analyze the use and effectiveness of homeless assistance services. To that end, Congress further charged the Department with collecting and analyzing HMIS data from a representative sample of communities in order to understand the nature and extent of homelessness nationally.²

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

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

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

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

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

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

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

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

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

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

The Number of Homeless Persons at a Point in Time

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

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

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

Point-in-time data from CoC applications also provide information about sheltered homeless subpopulations, including the number of persons who are chronically homeless.

Ending chronic homelessness has been a goal of the Administration for several years. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more *or* has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, a person must have been on the streets or in emergency shelter (i.e., not in transitional or permanent housing) during these stays.

Based on their PIT counts, CoCs reported a total of 155,623 chronically homeless people in their jurisdictions in January 2006. This represents approximately 21 percent of the total sheltered and unsheltered homeless population. Approximately 66 percent of chronically homeless individuals in January 2006 were unsheltered homeless persons, and 34 percent were sheltered homeless persons. Compared to 2005 data reported in the first AHAR the number of chronically homeless persons declined by 11.5 percent (from 175,914). The decline could be partially attributed to HUD's ongoing efforts to address the special needs of this subpopulation by developing permanent supportive housing⁶ and providing local communities with technical assistance guidance for developing effective interventions. It may also be attributed to improved techniques among local communities to capture this information accurately.

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

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

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

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

June 2006.⁷ Nearly three-quarters (73 percent) of all shelter users during the six-month time period are homeless as individuals or in households without children. About one-quarter (27 percent) are members of households with children. By comparison, a much larger proportion of the nation's poor (65 percent) and the total U.S. population (55 percent) are persons in households with children.⁸

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

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

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

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

The Nation's Capacity to House Homeless Persons

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

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

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

Where Homeless Persons Receive Shelter

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

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

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

Patterns of Shelter Use in Emergency Shelter and Transitional Housing

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

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

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

Looking Ahead

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

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

Chapter 1.

Introduction

The U.S. Department of Housing and Urban Development (HUD) is pleased to present this second national report to Congress on homelessness in America. It follows the first Annual Homeless Assessment Report (AHAR) submitted in February 2007.¹ These reports were developed in response to a series of Congressional directives beginning with the FY 2001 HUD Appropriations Act. In that year, Congress directed the Department to assist communities to implement local Homeless Management Information Systems (HMIS) and required every jurisdiction to have client-level reporting within three years. Senate Report 106-410 noted that HMIS data could be used to develop an unduplicated count of homeless people and to analyze the use and effectiveness of homeless assistance services. To that end, Congress further charged the Department with collecting and analyzing HMIS data from a representative sample of communities in order to understand the nature and extent of homelessness nationally.²

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

1.1 Background on HMIS and the First AHAR

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

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

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

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

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

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

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

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

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

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

for developing these standards included consultation with a blue-ribbon group composed of researchers, homeless assistance providers, users of HMIS and predecessor data systems, and federal officials. Development of the Data Standards also included a public comment process. The final standards were released in 2004.⁷

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

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

Bed Coverage

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

Client Coverage

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

⁷ 69 FR 45888, July 30, 2004.

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

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

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

Other Challenges to Participation in AHAR

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

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

1.2 HMIS Data

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

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

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

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

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

Limitations of the National Estimates Based on HMIS Data

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

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

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

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

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

In addition, the estimates are based on local de-duplicated counts of persons who used an emergency shelter or transitional housing. Thus, the HMIS data in this report focus on *sheltered homeless persons* and do not account for homeless persons who only used a supportive service program, such as an outpatient substance abuse program or a food pantry, or did not access any type of homeless service program during the study period. Past research conducted in Philadelphia found that 87 percent of chronically street homeless people had at least one emergency shelter or transitional housing stay between 2000 and 2002.¹⁴ This suggests that the estimates of sheltered homeless people over a long period of time would identify and describe the characteristics of a very large percentage of people who were homeless during that period. However, because the HMIS data for this report were collected over a six-month (rather than two-year) period, they probably capture a somewhat smaller proportion of the unsheltered homeless population than did the Philadelphia study. While HMIS data do not allow us to estimate the number of people who experience homelessness but do not use homeless residential services, the CoC application data do provide an estimate of the number of unsheltered homeless persons on a single night during this period.

1.3 CoC Application Data

Since the mid-1990s, HUD has required communities to assess local homeless needs as part of the Continuum of Care competitive funding process. Each CoC is required to undertake a comprehensive public-private planning process that assesses local services; inventories emergency, transitional, and permanent supportive housing for homeless persons¹⁵; and determines homeless needs through periodic point-in-time counts of homeless persons in shelter and on the street. Each CoC also prepares a strategic plan. The plan's objectives include but are not limited to: ending chronic homelessness and moving homeless families and individuals to permanent housing; setting priorities for available HUD funds; and reporting CoC performance against these priorities. Consistent with the direction provided by Congress in 2001, HUD has moved progressively to tighten and standardize the requirements of CoCs for submitting point-in-time data on homeless individuals and families as part of the annual CoC competition application.

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

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

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

Data from 2006 Continuum of Care (CoC) Applications

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

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

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

Basis for the Estimates Reported on CoC Applications

Unsheltered Homeless People

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

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

¹⁷ Information on coverage percentage is for 2006.

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

Sheltered Homeless People

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

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

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

Emergency, Transitional and Permanent Housing Inventory

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

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

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

Limitations of National Estimates Based on CoC Application Data

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

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

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

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

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

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

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

1.4 Report Contents

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

Chapter 2.

Point-in-Time (PIT) Estimates of Homeless Persons

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

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

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

2.1 PIT Counts of Sheltered and Unsheltered Homeless Persons

PIT Counts Based on CoC Application Data

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

2006 Single-Day Estimates:

Total: 759,101 Persons

Sheltered: 428,000 Persons

Unsheltered: 331,100 Persons

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

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

Exhibit 2-1

Total Number of Homeless Persons on a Single January Night in 2005 and 2006^a

	January 2006		January 2005 ^b		Change	
	#	%	#	%	#	%
Sheltered	427,971	56.4%	418,165	54.8%	9,806	2.3%
Unsheltered	331,130	44.6%	344,845	45.2%	-13,715	-3.9%
Total	759,101	100%	763,010	100%	-3,909	-0.5%

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

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

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

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

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

PIT Counts Based on HMIS Data

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

- 338,000 sheltered homeless persons on a single day in the last week of January;²
- 339,000 sheltered homeless persons on a single day in the last week of April;³ and
- 337,000 sheltered homeless persons on an average day between January 1, 2006 and June 30, 2006.⁴

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

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

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

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

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

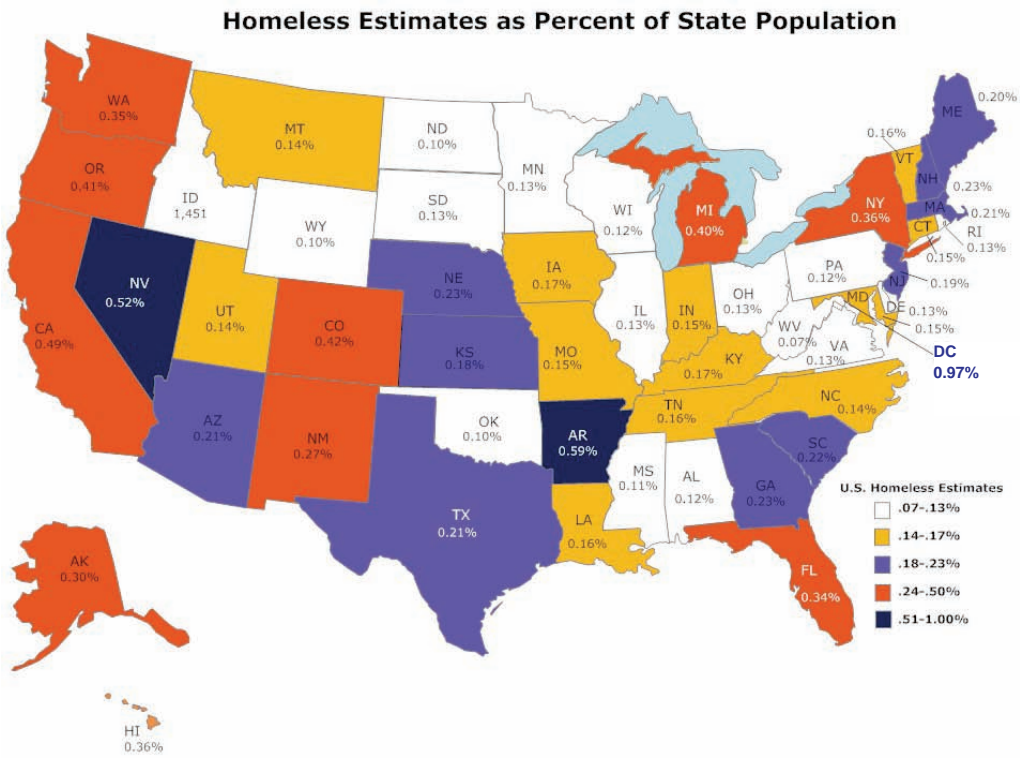
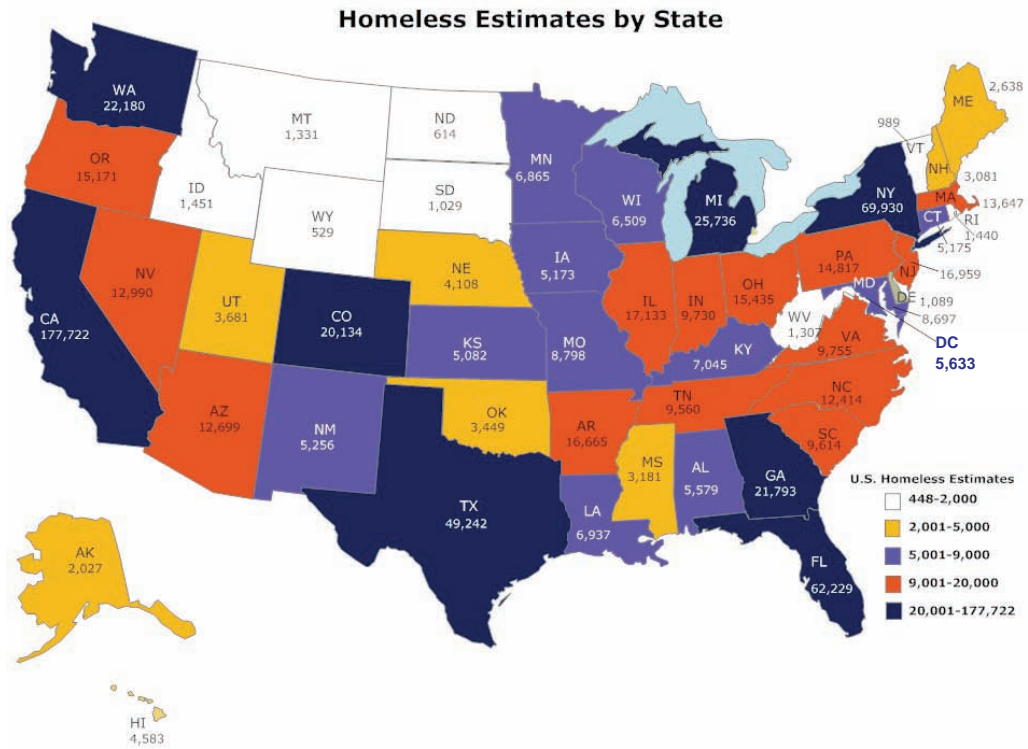
In addition, we would expect to see a decrease in the number of sheltered homeless people estimated from HMIS data in April compared to January, because shelter use tends to decrease in warmer weather. However, seasonal patterns in shelter use vary by program type and region. An analysis of the seasonal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

2.2 PIT Counts of Homeless Persons by State

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

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

Exhibit 2-2



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

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

Exhibit 2-3						
Homeless Individuals and Persons in Families on a Single January Night						
	January 2006			January 2005		
	Number	% of Sheltered or Unsheltered Homeless Persons	% of all Homeless Persons (n=759,101)	Number	% of Sheltered or Unsheltered Homeless Persons	% of all Homeless Person (n=763,010)
Sheltered Homeless Persons						
Individuals and Persons in Households without Children ^a	224,293	52.4%	29.6%	216,448	51.8%	28.4%
Persons in Households with Children	203,678	47.6%	26.8%	201,717	48.2%	26.4%
Total	427,971	100%	56.4%	418,165	100%	54.8%
Unsheltered Homeless Persons						
Individuals and Persons in Households without Children	228,287	68.9%	30.1%	227,579	66.0%	29.8%
Persons in Households with Children	102,843	31.1%	13.5%	117,266	34.0%	15.4%
Total	331,130	100%	43.6%	344,845	100%	45.2%

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

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

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

2006 Single-Day Estimates:

*452,600 Persons in
Households without Children:*

*306,500 Persons in
Households with Children*

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

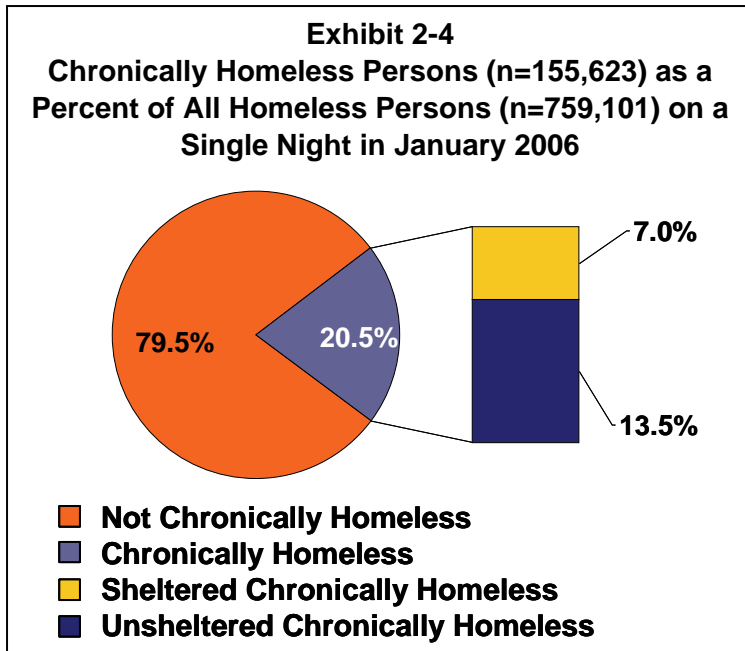
The increase in sheltered persons previously noted (+ 9,800) from 2005 to 2006 was comprised mostly of persons in households without children, while the decrease in the number of unsheltered persons (-13,700) was made up mostly of persons in households with children. The number of *sheltered* persons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

2.4 PIT Counts of Sheltered Homeless Persons by Subpopulation

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

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

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



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

Exhibit 2-5 presents additional information about sheltered homeless subpopulations on a single night in January 2006, including the number and proportion of sheltered persons that are severely mentally ill, substance abusers, veterans, unaccompanied youth, and/or

copied with HIV/AIDS. It should be noted that it is unclear whether communities are reporting subpopulation estimates that account for all sheltered homeless persons (adults, children, and unaccompanied youth) or whether they are collecting and reporting this information for only adults or adults and unaccompanied youth. To calculate the proportions in Exhibit 2-5, it was assumed that communities collected this information based on the HMIS Data Standards. Thus, for example, information on severe mental illness, substance abuse, and HIV/AIDS was collected and reported for just adults and unaccompanied youth, and information on domestic violence was collected from all persons.

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

Exhibit 2-5

**Subpopulation Characteristics of Sheltered Homeless Persons
on a Single Night in January 2006**

Subpopulation	Number	Percentage of Total
		% of all sheltered adults (n=271,208)^a
Veterans	42,115	15.5%
		% of all sheltered adults and unaccompanied youth (n=291,765)
Severely Mentally Ill Persons	73,941	17.3%
Chronic Substance Abuse	106,077	24.8%
Persons with HIV/AIDS	13,608	3.2%
		% of all sheltered homeless persons (n=427,971)
Domestic Violence Victims	53,771	12.6%
Unaccompanied Youth	20,557	4.8%

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

Chapter 3.

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

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

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

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

As shown in Exhibit 3-1, more than 1,150,000 total persons used emergency shelter and/or transitional housing during the six-month period. The nation's sheltered homeless population includes approximately 838,000 persons in households without children (73 percent) and 313,000 persons in households with children (27 percent). The six-month estimates are based on an unduplicated count of homeless persons that used a shelter or transitional housing. This means that persons who used multiple residential programs during the six-month period were only counted once. The six-month count does not include persons who were served only in domestic violence shelters¹ because these providers were prohibited from entering client information into an HMIS pursuant to the Violence Against Women and Department of Justice Reauthorization Act of 2005. Furthermore, these estimates do not include the U.S. Territories or the Commonwealth of Puerto Rico. Future AHARs will include HMIS data from these areas.

Six-Month Estimates:

1,150,866 Sheltered Homeless Persons

99,451 Sheltered Homeless
Households with Children

The longitudinal six-month count differs considerably from both the one-day PIT count and the three-month estimate produced in the first AHAR, which underscores an important pattern in homelessness. The number of sheltered homeless persons during the six-month

period is 2.5 times the number of sheltered homeless persons on a single night in January

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

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

Exhibit 3-1		
Number of Sheltered Homeless Persons and Households Between January 1 and June 30, 2006		
	Total Number	Percent of Sheltered Homeless Population
Number of Sheltered Persons ^a	1,150,866 ^c	100.0%
Individuals and Persons in Households without Children ^b	838,011 ^d	72.8%
Persons in Households with Children	312,855 ^d	27.2%
Number of Sheltered Households with Children	99,451	--

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

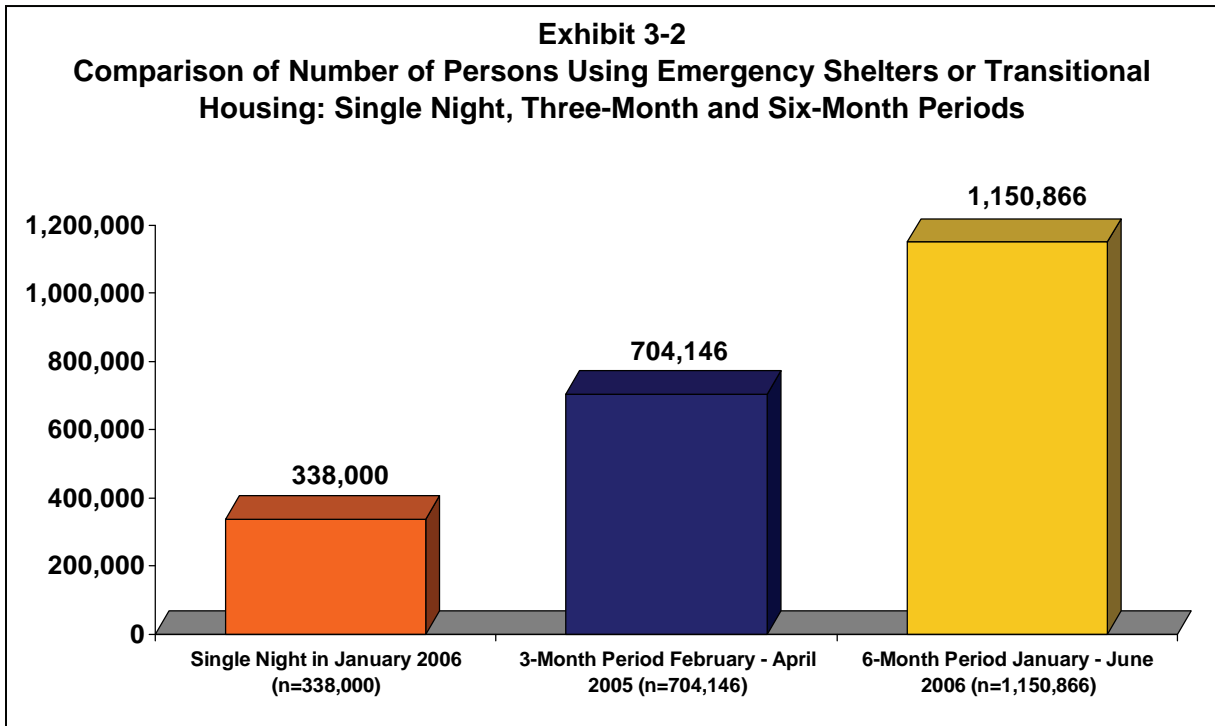
^b This category includes unaccompanied adults and youth as well as multiple adult households without children.

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

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

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

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



3.2 Characteristics of Sheltered Homeless Persons

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

All Sheltered Homeless Persons

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

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

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

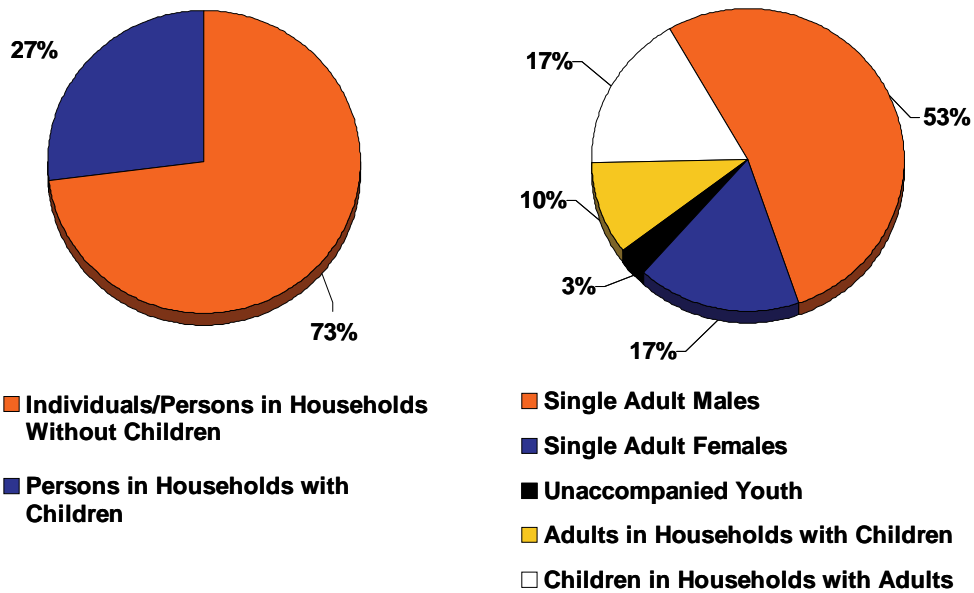


Exhibit 3-3 also shows that the majority of all shelter users (53 percent) are single adult males and less than one-fifth (17 percent) are single adult females. Single adult men constitute a much smaller share of the U.S. population (23 percent) and the poverty population (16 percent) than the homeless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

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

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

Exhibit 3-4			
Demographic Characteristics of Sheltered Homeless Persons in January 1 to June 30, 2006			
Period Compared to the U.S. and Poverty Populations			
<i>Characteristic</i>	% of All Sheltered Homeless Pop.	% U.S. Poverty Pop.	% of U.S. Pop.
Gender of Adults ^a			
Female	31.7%	60.4%	51.7%
Male	68.3%	39.6%	48.3%
Gender of Children ^a			
Female	47.0%	49.4%	48.8%
Male	53.0%	50.5%	51.2%
Ethnicity ^b			
Non-Hispanic/non-Latino	75.3%	75.5%	85.5%
Hispanic/Latino	24.7%	24.5%	14.5%
Race			
White, Non-Hispanic/non-Latino	33.7%	45.4%	66.8%
White, Hispanic/Latino ^c	12.8%	13.1%	7.9%
Black or African-American	43.7%	23.2%	12.1%
Asian	.6%	3.8%	4.3%
American Indian or Alaska Native	2.3%	1.5%	0.8%
Native Hawaiian or Other Pacific Islander	.4%	0.2%	0.1%
Some other race (alone)	0.0%	10.3%	6.0%
Multiple races	6.6%	2.5%	1.9%
Age ^a			
Under 1	2.1%	2.4%	1.4%
1 to 5	7.6%	10.7%	7.0%
6 to 12	6.8%	12.9%	9.7%
13 to 17	3.4%	8.9%	7.3%
18 to 30	20.5%	23.7%	17.2%
31 to 50	41.2%	22.4%	29.6%
51 to 61	12.9%	8.2%	13.2%
62 and older	3.0%	10.8%	14.7%
Unknown	2.7%	--	--
Persons by Household Size ^d			
1 person	73.0%	35.3%	45.4%
2 people	6.3%	5.2%	2.4%
3 people	9.3%	13.5%	12.3%
4 people	5.7%	17.2%	19.1%
5 or more people	5.7%	28.6%	20.8%
Veteran (adults) ^e			
	14.3%	5.5%	11.2%
Disabled (adults) ^e			
	38.4%	29.6%	16.8%

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

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

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

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

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

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

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

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

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

Veterans, while underrepresented among the poverty population, are overrepresented in the homeless shelter population when compared to the general population. About 14 percent of all homeless adults who accessed a shelter during the six-month time period were veterans.⁵ The HMIS-based estimate is slightly lower (about 2 percentage points)

than the single-day PIT estimates reported in Chapter 2. The difference is small and may reflect the inexact estimates from the two sources. However, it is also possible that veterans are more likely to be present on the day of the PIT count because they remain in shelters for longer periods of time when compared to other sheltered populations.

Distinguishing Features of Sheltered Homeless Persons

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

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

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

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

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

The disability rate reported for this second AHAR (38 percent) is 13 percentage points higher than the rate reported for the first AHAR (25 percent). While both numbers should be treated with caution, the higher disability figure reported in this AHAR is probably more accurate. Overall, the disability rates have several important limitations. While information on disabling condition was missing for 43 percent of sheltered adults in this AHAR, it is a significant reduction in missing disability information from the first AHAR (55 percent). While the missing data were excluded from the calculations, the result is a smaller and potentially less representative sample to estimate the proportion of the homeless population that is disabled. In addition,

communities' approaches for collecting and verifying this information vary considerably; some conduct full medical assessments with qualified staff and others allow homeless persons to self-report. Finally, the Census's definition of disability is broader than the definition used in the HMIS Data Standards, making comparisons between the sheltered homeless population and the U.S. population and poverty population imprecise.

Sheltered Persons in Households with Children Are Likely to Be:

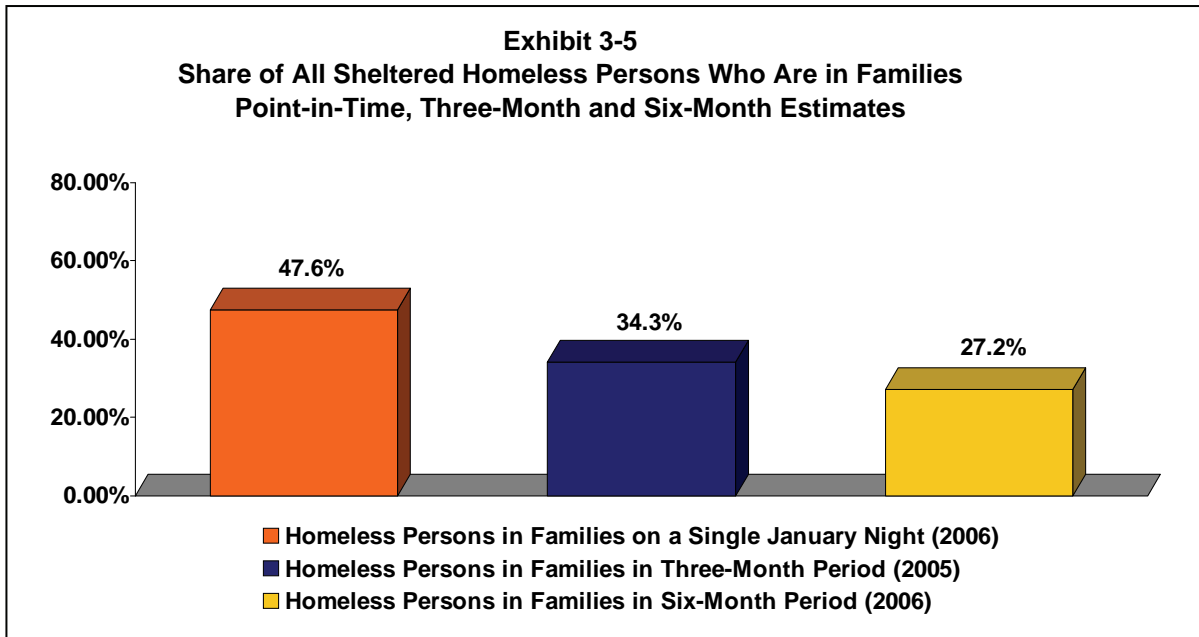
- Headed by a female adult (83 percent)
- African-American (61 percent)
- Under age 31 (83 percent)
- Non-Disabled (77 percent)

Sheltered Persons in Households with Children

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

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

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



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

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

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

Exhibit 3-6

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

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

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

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

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

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

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

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

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

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

Exhibit 3-7

Prior Living Situation of Persons Using Homeless Residential Services in January 1 to June 30, 2006 Period^a		
	% of Adults in Households with Children	% of Individuals and Adults in Households without Children^b
Living arrangement the night before program entry^c		
Place not meant for human habitation	6.2%	15.5%
Emergency shelter or transitional housing	30.9%	26.4%
Permanent supportive housing	0%	.5%
Psychiatric facility	.1%	1.0%
Substance abuse treatment center or detox	1.5%	5.1%
Hospital (non-psychiatric)	.9%	1.4%
Jail, prison, or juvenile detention	.4%	5.2%
Rented housing unit	7.8%	9.2%
Owned housing unit	2.3%	5.5%
Staying with family	25.6%	11.7%
Staying with friends	10.5%	9.5%
Hotel or motel (no voucher)	9.6%	3.2%
Foster care home	.0%	.3%
Other living arrangement	4.2%	5.5%
Stability of previous night's living arrangement. Stayed there...		
One week or less	23.6%	28.5%
More than one week, but less than a month	17.3%	17.7%
One to three months	30.6%	17.4%
More than three months, but less than a year	20.8%	14.0%
One year or longer	7.7%	22.6%
Zip Code of Last Permanent Address^d		
Same jurisdiction (city or county depending on the site) as program location	77.8%	58.0%
Different jurisdiction than program location	22.2%	42.1%
Number of Homeless Adults	117,855	838,011

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

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

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

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

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

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

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

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

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

Sheltered Persons in Households without Children

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

Sheltered Persons in Households Without Children Are Likely to Be:

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

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

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

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

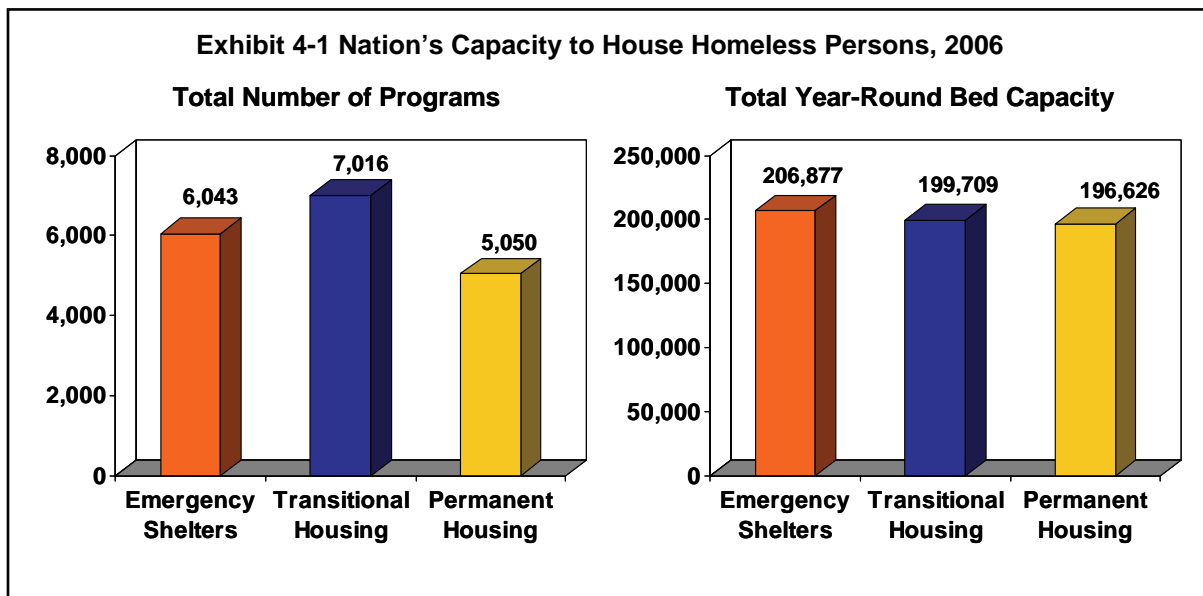
⁸ Institutional facilities include psychiatric facilities, substance abuse treatment centers, detoxification centers, or hospitals.

Chapter 4.

The Nation’s Capacity for Housing Homeless Persons

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

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



Source: Housing Inventory Charts from the 2006 CoC Applications.

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

