October 2013

Annual Homeless Assessment Report (AHAR)

Frequently Asked Questions

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AHAR DATA COLLECTION: FREQUENTLY ASKED QUESTIONS

This document provides answers to many commonly asked questions about the Annual Homeless Assessment Report (AHAR). If you have a question that is not addressed in the Frequently Asked Questions (FAQ), please contact your AHAR liaison through the HUD Homelessness Data Exchange (HDX) or submit a question through Ask A Question.

OVERVIEW OF THE ANNUAL HOMELESS ASSESSMENT REPORT

1. **What is the goal of the Annual Homeless Assessment Report?**

   The AHAR uses aggregate HMIS data from communities across the country, as well as information from CoC applications, to produce a national report on homelessness to the U.S. Congress. The AHAR is designed to:

   - Develop an estimate of the number of homeless people nationwide;
   - Estimate the number of people receiving assistance in permanent supportive housing (PSH);
   - Create a descriptive profile of homeless people and people in PSH;
   - Understand service use patterns; and,
   - Estimate the nation's capacity to house homeless people.

   The AHAR is based on an unduplicated count of people within each community, and focuses on people who use emergency shelters, transitional housing programs and/or permanent supportive housing. The HMIS data portion of the AHAR does not account for: (a) homeless people who only use a supportive service program; (b) people in shelters that target victims of domestic violence, or; (3) people who are service resistant and do not access any type of homeless residential program during the study period.

2. **What data are reported to the AHAR?**

   The AHAR contains data from two sources. The first source is HMIS data. The AHAR is based largely on the universal data elements in HUD's HMIS Data and Technical Standards. All HMIS data are reported in the aggregate to the research team. At present, the data represent any person who enters an emergency shelter, transitional housing program and/or permanent supportive housing during a 12-month reporting period, from October 1 to September 30 of the following year. Since 2010, the AHAR has included people served in permanent supportive housing programs (PSH). Data are reported separately for individuals and persons in families in these program types.

   The AHAR also includes information from annual CoC Exhibit 1 applications. Point-in-Time (PIT) counts of homeless populations offer a "snapshot" of homelessness on a single night in January and include estimates of the unsheltered homeless population. The annual PIT counts also provide information on the numbers of homeless people within particular subpopulations, such as people who are chronically homeless, severely mentally ill, substance abusers, veterans, unaccompanied youth, or living with HIV/AIDS. Lastly, the applications provide housing inventory data that are tabulated in the AHAR.

3. **Do I submit data to the AHAR via the Homelessness Data Exchange (HDX)?**

All data submissions for the AHAR are completed through a web-based data collection tool designed for AHAR reporting—the HUD Homelessness Data Exchange (HDX). The HDX can be accessed 24 hours a day, seven days a week, and is located at: http://www.hudhdx.info/. This site also allows communities to generate local reports based on data for any community that participates in the AHAR. Please visit the HDX for training materials on how to use and navigate the HDX.

- If do not have access to the HDX, please use the "Create an Account" link to set up a new user account.
- If a new person needs to obtain AHAR Submit rights in HDX, the CoC Primary Contact can make this change on the HDX Admin tab.
- If the CoC Primary Contact for the CoC has changed, then the CoC should submit a question through Ask A Question.

4. **What is the schedule for submitting data to the AHAR?**

The AHAR reports data on people served during a 12-month period, from October 1 through September 30 of the following year. Beginning on October 1st of each year, AHAR team members (or AHAR liaisons) contact participating communities to collect their data. Thus, October 1 is an important date because it marks both the start of a new AHAR data cycle and the collection of data for the previous 12 months.

The schedule for submitting data to the AHAR is:

- *November* **15, 2013**: draft data on both All Persons and Veterans
- *December* **13, 2013**: final data on both All Persons and Veterans

CoCs should complete their All Persons data before completing their Veterans data submissions.

Data are deemed final when the community has done everything it can to resolve any data quality issues *and* the community has confirmed the data as accurate.

Web-based AHAR training is available on the OneCPD to introduce the AHAR process to communities that are new to the AHAR. This training provides an overview of the AHAR process, reviews the data reporting requirements, and introduces communities to the HDX. For more experienced communities, a second training is available to improve the quality of AHAR data and to increase the capacity of communities to participate fully.

NOTE: HUD moved the deadline up for two, main reasons:

- CoC feedback suggested that an earlier timeframe is doable, and in some cases preferred. Communities indicated that they typically do not use the full data-collection timeframe to submit the data, and some were unhappy about working through the December and early-January holidays.
- The usefulness of the homelessness estimates in the AHAR depend partially on the timely release of the data. Timely data can be used to inform public policy and tweak local interventions. At present, the HMIS data in the AHAR are being released with about a 1-year lag. HUD, other federal stakeholders, advocates, and local representatives that use the estimates in the AHAR would like to see the estimates

released sooner. Accordingly, all parts of the project—including the timeframe for data collection, analysis, writing, and production of the report— are accelerated to meet this need.

IDENTIFYING PROGRAMS TO INCLUDE IN YOUR AHAR DATA

5.   What types of programs should be included in my AHAR data?

Data from all emergency shelters, transitional housing, and permanent supportive housing programs that participate in your community's HMIS should be included in your AHAR data, regardless of funding source. At the moment, the HMIS portion of the AHAR *does not* account for people served in Safe Havens, street outreach programs, homelessness prevention programs, SSVF, and supportive service only programs.

6.   How do I determine if a program should be counted as an emergency shelter, a transitional housing program, or a permanent housing program?

Information about the types of providers in each community can be found on a community's Housing Inventory Count (HIC), which is submitted to HUD as part of the CoC Exhibit 1application. Each community's housing inventory is entered into the HDX as part of the CoC application process, and each program is designated as an emergency shelter, a transitional housing program, or a permanent supportive housing program. (The HIC also has separate reporting categories for Safe Havens and Rapid Re-Housing Programs). Providers that are listed as emergency shelters in the housing inventory should be counted as an emergency shelter in your AHAR data. The same approach should be used for transitional housing and permanent supportive housing programs.

7.   Should a Safe Haven be counted as part of my community's housing inventory and reflected in my AHAR data?

Safe Havens are a form of supportive housing that serves hard-to-reach homeless people with severe mental illness. Prior to 2008, Safe Havens were classified as either transitional housing Safe Havens (or TH-SH) or permanent housing Safe Havens (or PH-SH). Beginning in 2008, HUD required Safe Havens to classify themselves as transitional housing, permanent supportive housing, or safe havens. Any Safe Haven that has reclassified itself as a transitional housing program or permanent supportive housing should be included in the AHAR. The remaining Safe Havens are excluded from the AHAR.

8.   Should shelters for homeless youth be included in the AHAR?

Yes, both the beds and the youth in these shelters should be included in the AHAR.

9.   How do I determine which residential service providers to include in the AHAR data?

All emergency shelters, transitional housing programs, and permanent supportive housing programs that are physically located in the AHAR jurisdiction (and participate in HMIS) should be included in your AHAR data submission. The location of a program is determined by the physical location of its beds, rather than the program's administrative office or headquarters. Accordingly, when considering a

scattered-site program, the program should be included in your AHAR data if a plurality of the beds associated with that program are physically located within the AHAR jurisdiction.

In some situations, a CoC may have a scattered-site program that has beds located in multiple AHAR jurisdictions, rather than in a single facility—and thus the location of the program is unclear. For scattered-site programs, if the plurality of beds are located within the AHAR jurisdiction, then include the program as part of the AHAR. All the beds and people served in those beds should be reported in the community's AHAR data.

10. What is the difference between an AHAR "sample site" and a "contributing community"?

There are two types of communities that submit data to the AHAR: sample sites and contributing communities. Sample sites were selected as part of the AHAR's nationally representative sample of communities, and there are 102 sample sites in the AHAR. All sample sites are Community Development Block Grant (CDBG) jurisdictions, which constitute the basic building blocks of CoCs. In some cases, the CDBG jurisdiction and the CoC represent the same geographic area (e.g., principal cities are often a single CoC), but, in other situations, the CDBG jurisdiction is a geographic subunit of the CoC (e.g., a small city with 50,000 or more people may be a subunit of a countywide CoC). Sample sites submit AHAR data for those residential service providers located within the CDBG jurisdiction, even if the jurisdiction is a sub-geography of the larger CoC.

Contributing communities are typically CoCs, and the data from contributing communities should account for all residential service providers in the CoC. There are a few exceptions—i.e., when one or more sample sites are located within a CoC, and the balance of the CoC submits data to the AHAR as a contributing community—but these situations are uncommon. Question 12 provides more information about how CoCs with sample sites can submit data that cover the sample site and the balance of the CoC.

Questions regarding sample sites and contributing communities should be directed to your AHAR liaison through the HUD Homelessness Data Exchange (HDX) or submit a question through the Ask a Question function on OneCPD Resource Exchange.

11. How do I determine which residential service providers are located in the AHAR sample site?

The Housing Inventory Count that is submitted as part of the CoC funding application provides a full listing of emergency shelter, transitional housing, and permanent supportive housing providers located in the CoC. In the inventory, each provider should be associated with a geocode that designates the Community Development Block Grant (CDBG) jurisdiction where the provider is located. Every emergency shelter, transitional housing, or permanent supportive housing provider with the geocode that corresponds to the AHAR jurisdiction should be reported in the AHAR. Question 14 provides more information on how to properly identify the geocode associated with a sample site.

In some situations, an AHAR sample site may contain one or more scattered-site programs—that is, the program's beds are located in multiple CDBG jurisdictions, rather than in a single facility—and thus the location of the program is unclear. For scattered-site programs, if the plurality of beds are located within the AHAR sample site, then include the program as part of the AHAR. All the beds and people served in those beds should be reported in the community's AHAR data.

12. How do I report data for both a sample site located within a CoC and the rest of the CoC?

Communities that wish to provide data for both the sample site and the balance of their CoC should complete two separate AHAR submissions. One submission provides the data for the sample site only, and the second submission provides data for the balance of the CoC only (i.e., providers located outside of the sample site but within the CoC). The two submissions should be mutually exclusive to ensure that homeless people and beds are not double counted in the two submissions.

13. How are data from sample sites valid if it doesn't reflect the entire CoC?

Sample sites were selected randomly to generate a nationally representative sample of communities, and data from these communities are adjusted statistically to represent similar communities across the United States. Thus, data from sample sites are not intended to represent an entire CoC, but rather are intended to represent similar types of communities nationally.

14. Where do I find the geocode for an AHAR sample site?

As part of the annual CoC Homeless Assistance Programs competition, HUD provides a list of geocodes by state and also identifies the name of the jurisdiction associated with each geocode. Communities should refer to this list to identify the geocode that corresponds to the AHAR sample site. The most recent list can be found here:

https://www.onecpd.info/resources/documents/FY2013_GeoCodes_PPRN.pdf

15. Which reporting categories should I submit for the Veterans AHAR?

Communities can submit data for the Veterans AHAR for any reporting category where they have also submitted All Persons data.

COUNTING PEOPLE AND HOUSEHOLDS IN THE AHAR

16. In what AHAR reporting category should I count a pregnant woman with no children, as an individual or as a person in a family (or IND or FAM)?

For the purposes of the AHAR, a family is defined as a household composed of at least two people, one of who is an adult and one is a child. Until the child is born, a pregnant woman with no children should be counted as an individual (IND). When the child is born, then the household would be considered a family as long as the parent is an adult (age 18 or over). Juvenile parents and their children are always counted as individuals for the purposes of reporting to the AHAR.

17. In what AHAR reporting category should I count teenage (or juvenile) parents and their children?

Teenage (or juvenile) parents under 18 and their children are counted as individuals (IND) in the AHAR reporting categories. Those households are reported in the reporting categories for individuals because the HMIS Data Standards do not include any information about the relationship between members of a household or identify a head of household, and therefore there is no unambiguous way to differentiate between two unrelated people (e.g., two friends) versus a teenage mother and child who present together to obtain services.

18. In what AHAR reporting category should I count a married couple without children?

The married couple should be reported in the individual (IND) AHAR reporting categories. Only families with at least one adult and one child are reported in the family reporting categories. The reporting categories are separated this way so that the experiences and characteristics of families with children can be analyzed separately from other households and individuals who are homeless.

19. How do I count households in the AHAR? For example, how many households do I count for a Mom and two children that use an emergency shelter for one week, but later the Mom comes back with only one of her children?

In this scenario, one household is counted in the ES-FAM reporting category. For counting households in the family reporting categories, a person is counted as part of the <u>first</u> household that they are served in during the AHAR reporting period. In this example, any subsequent household that the mother or two children is served in by an ES-FAM provider should not get counted as an additional household, unless there are new members of that household that were not served previously by an ES-FAM provider. Thus, if the mother and one child had made the first emergency shelter visit together then came back to the shelter later with the second child who had not been part of any other household (i.e., the second child has not been previously served by an ES-FAM provider), two households should be counted. This is because the second ES-FAM visit is the first household for the second child. In other words, the initial household of mom and child would be counted as a household, and the second household of mom and two children would be counted as a household because it is the first household for the second child.

First Service Encounter	Second Service Encounter	Third Service Encounter	Number of Households: Explanation *
Eliza, Henry	Eliza, Henry	--	**1 household:** One household is counted based on the first service encounter because this was the first household for Eliza and Henry.
Eleanor, Joe	Eleanor, Joe, and Sue	--	**2 households:** Two households are counted because the first service encounter was Eleanor and Joe's first household and the second service encounter was Sue's first household.
Eleanor, Joe, and Sue	Eleanor, Joe	--	**1 household:** One household is counted based on the first service encounter, because no new people were part of the household in the second service encounter.

First Service Encounter	Second Service Encounter	Third Service Encounter	Number of Households: Explanation *
Janice, Larry	Janice, Larry, Devon	Larry, Devon	**2 households:** Two households are counted because the first service encounter was Janice and Larry's first household, and the second service encounter was Devon's first household. The third service encounter is not a new household because both Larry and Devon were previously counted as part of a household.

* For the AHAR, a family is defined as a household composed of at least one adult (age 18 or older) and one child (age 17 or younger).

> *Rule of thumb*: Exits from a household never result in a new household; entries into an existing household may result in a new household if the person who entered the household has not been served previously as a member of a household in the reporting category. The table above provides a few examples.

20. How should a person's household size be recorded if the household composition changes during the year?

For each reporting category, a person's household size is based on the size of the household on the first day they were served within that reporting period. A household size should be recorded for each new household. For example, an adult and two children enter a transitional housing program and, at some point, one of the children leaves the household leaving the remaining household members. In this scenario, you would count 1 household with a household size equal to 3 because there were 3 people in the household on the first day this household was served in the program.

Counting household sizes can be challenging if a new household is counted due to changes in the composition of an existing household. For example, an adult and two children use transitional housing in October, and the same adult returns with the same two children plus one more child in February. The new child has not been served before in the TH-FAM reporting category. In this scenario, the community should count 2 households; the first household has a size of 3 people and the second household has the size of 4 people. [A variation to this example: if the child who was added to the household in February had used transitional housing for families prior to joining the household, then only one household should be counted in the AHAR and the household has a size of 3 people. The household size is based on the first day this household was served—in October.]

21. For the Veterans AHAR, how do I indicate that no veterans were served in a given reporting category?

Each reporting category on the Veterans My Data page will have a button that says "No Veterans Served." Please click that button if no veterans were served in that reporting category during the reporting year.

COUNTING BEDS IN YOUR AHAR SUBMISSION

22. **What should I do if the pre-populated bed counts for my AHAR are not correct?**

The HDX automatically pre-populates the number of HMIS and non-HMIS beds from your most recent Housing Inventory Count (HIC) submission. If your housing inventory has changed since the submission of your HIC, you should manually adjust the pre-populated numbers to reflect your current housing status according to the guidance provided in "Counting Beds in Your AHAR Submission" and in "Accounting for Irregular HMIS Participation." If, after reading this guidance, you are still uncertain about whether to include a program or edit your bed counts, please contact your AHAR liaison.

23. **I have made changes to my CoC's Housing Inventory Count since submitting it to the HDX. Do I need to submit a new Housing Inventory Count?**

If your housing inventory has changed since the submission of your HIC, you cannot submit a new HIC for the current year. However, you should manually adjust the pre-populated bed numbers in AHAR to reflect your current housing status according to the guidance provided in "Counting Beds in Your AHAR Submission" and in "Accounting for Irregular HMIS Participation." If, after reading this guidance, you are still uncertain about whether to include a program or edit your bed counts, please contact your AHAR liaison.

24. **I have beds and/or shelters in my CoC designated for victims of domestic violence. Should these beds be included in the AHAR?**

Beds located in domestic violence shelters or that are designated for victims of domestic violence should not be included in your AHAR data submission.

25. **Which HMIS beds should be included on the quarterly sheltered point-in-time counts (Question 2 in the AHAR reporting requirements)?**

The number of HMIS beds on the quarterly sheltered point-in-time count should include the following: a) Year Round Beds in HMIS that were _available for use_, b) Seasonal Beds in HMIS that were _available for use_, c) Overflow Beds _in use_, and d) Voucher Beds _in use_ *on the night of the point in time count*.

26. **How do I count the beds associated with a scattered-site provider that has beds inside and outside the AHAR jurisdiction?**

If a provider has beds in more than one jurisdiction, you should first determine which geocode contains the plurality (or most) of the beds. For example, if a program has 40 percent of their beds in the AHAR jurisdiction; 35 percent in an adjacent jurisdiction; and 25 percent in a third jurisdiction, then the program would be included in the AHAR. All beds (and homeless people) associated with the program should be counted in the AHAR if the plurality of the beds are located in the AHAR jurisdiction. Conversely, if the plurality of the beds is located outside of the AHAR jurisdiction, then no beds from that provider should be counted in the AHAR.

Communities may or may not know where the plurality of beds associated with a scattered-site program are located. In these situations, you will need to review the community's Housing Inventory Count, which is located in the HDX and is submitted

as part of a CoC funding application. Using the geocodes assigned to each provider, calculate the total number of beds available within the various jurisdictions. If the program operates beds that traverse Continuums of Care—and thus the total bed inventory does not appear on a single housing inventory—discuss this with your AHAR liaison.

27. How do I count the beds associated with a rotating shelter—e.g., beds rotate among local religious institutions—but the number of beds may fluctuate depending on the capacity of each institution?

When counting rotating shelter programs (often religious institutions), the goal is to calculate how many *year-round equivalent beds* are associated with the rotating program. To begin this calculation, determine how many beds are used within each institution and the total number of nights per year when the beds are available. Next, prorate the bed inventory in each institution by multiplying each institution's inventory by the number of year-round bed nights in that institution. The number of year-round bed nights is equal to the total number of nights per year when the beds are available divided by 365. Finally, sum the product of each multiplication (i.e., each institution's year-round equivalent beds) across all the institutions to derive your total bed count.

For example, assume that a community has four institutions with rotating beds:

- Institution A has 10 beds;
- Institution B has 8 beds;
- Institution C has 15 beds; and
- Institution D has 18 beds.

Each institution is open for 7 nights per month, or about 84 nights per year (7 x 12 = 84). The number of year-round bed nights per institution is .23 (or 84 / 365 = .23). To prorate the beds per institution, you multiple each institution's bed inventory by .23 and then sum the resulting prorated inventory across all the institutions to produce the final bed count. In our example, the prorated bed count is: (a) 10 x .23 = 2.3; (b) 8 x .23 = 1.84; (c) 15 x .23 = 3.45; and (d) 18 x .23 = 4.14. The total number of year-round equivalent beds is equal to 2.3 + 1.84 + 3.45 + 4.14 = 11.73 beds (or rounded to 12 beds).

All clients who use these beds should be counted in the AHAR.

28. Are voucher beds included in the AHAR, and if so, how do I count voucher beds for the AHAR?

Yes, all voucher beds (and people served in these beds) should be included in your AHAR data submission.

Counting voucher beds in the AHAR can be challenging because the number of beds associated with voucher programs is not fixed throughout the year. Accordingly, voucher beds in the AHAR should be prorated to produce *year-round equivalent beds* using the following formula:

$$\frac{\text{Total number of household voucher nights provided during the AHAR reporting year}}{365} = \text{Year-Round Equivalent Voucher Beds}$$

For the IND reporting categories

$$\left(\frac{\text{Total number of household voucher nights provided during the AHAR reporting year}}{365}\right) \times \text{Average family size} = \text{Year-Round Equivalent Voucher Beds}$$

For the FAM reporting categories

To calculate the number of voucher beds, determine the total number of *voucher nights* provided during the AHAR reporting period and divide by 365. The total number of voucher nights provided during the year is equal to the sum of household nights used during the year. For example, if a voucher program issues:

- A voucher to one household for one day, the total number of voucher nights is equal to one.
- A voucher to one household for 7 nights, the total number of voucher nights is equal to 7.
- Two vouchers on the same day to two separate households and each voucher is used for one night, the total number of voucher nights is equal to two.
- Two vouchers to two separate households, and one voucher is used for 7 nights and the other voucher is used for 30 nights. The total number of voucher nights is 37 even if the households used the vouchers during some of the same nights.

If you are calculating voucher beds for an IND reporting category in the AHAR (i.e., ES-IND, TH-IND, or PSH-IND), then this fraction is your final, year-round equivalent voucher bed count for individuals. If you are calculating voucher beds for a FAM reporting category in the AHAR (ES-FAM, TH-FAM, or PSH-FAM), then multiply this fraction by the average family size to derive your final, year-round equivalent voucher bed count for families.

Example for Counting Voucher Beds Used by Homeless Individuals: During the AHAR reporting period, a community's voucher program was used by 75 households and each household consumed 2 nights of shelter. Thus, the voucher program supported 150 voucher nights during the year. To calculate the number of year-round equivalent voucher beds, divide the number of vouchers nights per year (150) by total number of nights in the year (365), or 0.4. This number is the number of year-round equivalent voucher beds for individuals that should be reported to the AHAR.

Example for Counting Voucher Beds Used by Homeless Persons in Families: During the AHAR reporting period, a community's voucher program for families was used by 4 households. The Smith household has 3 family members and the household used 230 nights of shelter; the Roberts household has 2 family members and it consumed 365 nights; the Bedford household has 4 family members and it used 110 nights; and the Reed family has 3 members and it consumed 195 nights. Accordingly, the

voucher program supported 900 voucher nights during a year (or 230 + 365 + 110 + 195 = 900). The average family size is equal to 3 [or (3 + 2 + 4 + 3)/4 = 3]. To calculate the number of year-round equivalent voucher beds, divide the total number of voucher nights per year (900) by the total number of nights in the year (365), or 2.5. Then, take this number (2.5) and multiply it by the average family size (3 people). This number (2.5 x 3 = 7.5) is the total number of year-round equivalent beds for families.

29. **Some providers serve both homeless individuals and persons in families, but the beds are fluid and can be used by either household type throughout the year. How do I count the beds for this type of program?**

The bed count for each household type should be calculated in proportion to the share of individuals and persons in families served during the AHAR reporting period. For example, a program has 20 beds total and the beds float among individuals and persons in families depending on need. If during the AHAR reporting period, a program served 50 people total; 60 percent were individuals and 40 percent were people in families. The bed inventory that should be reported to the AHAR is equal to 12 beds for individuals (or 20 x .6 = 12) and 8 beds for people in families (or 20 x .4 = 8).

30. **When do I need to prorate beds for the AHAR and how do I do it?**

Any type of bed that is not available year-round—such as seasonal or voucher bed—should be converted into a year-round equivalent bed by prorating the bed in proportion to the amount of time, per year, that they are available. For example, assume that a program has 50 seasonal beds that are open from October through March (or 6 months). In effect, each seasonal bed counts as 0.5 year-round equivalent beds (or 6 / 12 = 0.5) because the bed is available for only half the year. The program's total prorated (or year-round equivalent) bed count is equal to 25 (or 50 x 0.5 = 25).

31. **Are cribs counted as beds in the housing inventory and in the AHAR?**

Cribs are not counted as beds in the housing inventory or the AHAR.

UNDERSTANDING UTILIZATION RATES IN THE AHAR

32. **How do I calculate a bed utilization rate?**

Utilization rates—or bed occupancy rates—represent the percentage of beds or units that are occupied on a given night or on an average night over a period of time. To calculate the overall bed utilization rate for a community on a given night, take the number of people served on that night and divide it by the number of beds available on that night. The average daily utilization rate is calculated by taking the average number of people served over a given time period (e.g., the 12-month AHAR reporting period) divided by the total number of beds.

Bed utilization rates can be calculated at different levels. For example, bed utilization rates can be calculated at the provider level by taking the number of people served on any given night in that provider and divide by the number of beds available at that provider. Rates can also be calculated at the program level—e.g., what proportion of emergency shelter beds were occupied on any given night. Bed Utilization rates are

calculated for each community in the Data Summary Report, located in the HDX under the "Reports" tab and in "AHAR Reports."

33. How do I calculate a unit utilization rate?

Unit utilization rates refer to the proportion of units that are occupied on any given day. Unit utilization rates are calculated by taking the number of households served on any given day and dividing by the number of units available. Like bed utilization rates, unit utilization rates can be calculated for a particular provider or aggregated to the program-level. However, unlike bed utilization rates, average daily unit utilization rates cannot be calculated because we do not have a good way to calculate the average number of households served during the AHAR reporting period. Thus, we have several point-in-time (or one day) unit utilization rates.

Unit utilization rates are particularly important for programs that serve persons in families. Because a unit can be occupied by one family only and the number of beds in the unit may exceed the size of the family, some family programs may have high unit utilization rates but low bed utilization rates. For example, a family of 2 may occupy a unit that has 4 beds, resulting in a unit utilization rate equal to 100 percent and a bed utilization rate equal to 50 percent. Unit Utilization rates are calculated for each community in the Data Summary Report, located in the HDX under the "Reports" tab and in "AHAR Reports."

34. Do bed utilization rates <u>below</u> 65 percent or <u>over</u> 105 percent always indicate poor data?

No, there are legitimate reasons why a bed utilization rate may be below 65 percent or above 105 percent, but low/high rates should be investigated. Bed utilization rates below 65 percent are usually attributed to either (1) the program did not enter all their clients into the HMIS and thus the program appears to be under-utilized; or (2) the program was genuinely under-utilized. Bed utilization rates above 105 are often explained by either (1) the program did not capture exit dates for all their clients; or (2) the program offered overflow beds—e.g., cots or mattresses—sporadically throughout the year to accommodate high-demand nights, which results in a larger count of persons but the same number of year-round beds.

35. Do bed utilization rates <u>between</u> 65 percent and 105 percent always indicate good quality data?

No, a community's bed utilization rates for each of the six AHAR reporting categories (ES-IND, ES-FAM, TH-IND, TH-FAM, PSH-IND, PSH-FAM) should always be confirmed regardless of their value. In some cases, unusually high utilization rates among some providers can get masked by unusually low utilization rates among other providers in the same reporting category—i.e., they offset each other when calculated in the aggregate, and thus the overall bed utilization rate appears reasonable.

36. Veterans were served by my community, but there are no beds dedicated for veteran use. Should I be concerned with the bed utilization and bed coverage rates in the Veterans AHAR?

Since veterans may use any beds (not just veteran-only beds), bed utilization and bed coverage rates may not be accurate measures in the Veterans AHAR, which are based on veteran-designated beds only. Thus, bed/unit utilization rates are not used for analysis purposes in the veterans section of the AHAR.

ACCOUNTING FOR IRREGULAR HMIS PARTICIPATION

37. **How should I account for a provider that was open throughout the AHAR period but started participating in HMIS at some point during the reporting period?**

Providers must be participating in HMIS on October 1 (the start of the AHAR reporting period) and entering data throughout the reporting period to be included in the community's data. (There are a few caveats that are discussed below.) Accordingly, providers that were open throughout the AHAR reporting period but started participating in HMIS at some point during the reporting period should not be counted as an HMIS-participating provider, and should not be counted towards the community's HMIS-bed coverage rate. However, these beds should be reported as part of the community's "non-HMIS participating" bed inventory. The provider would be eligible to participate in the next cycle of the AHAR, assuming they are still participating in HMIS.

38. **How should I count a provider that did not exist at the start of the AHAR reporting period (October 1) but opened and started participating in HMIS at some point during the reporting period?**

A new provider that opened and started participating in HMIS during the course of the AHAR reporting period can be included in the AHAR. Both the beds and the people served by the provider should be reported to the AHAR. The provider's beds should be prorated depending on how long they were open during the 12-month reporting period. To prorate the beds, take the total number of beds and multiply them by the proportion of the reporting period that they were open. For example, a shelter has 100 beds that opened in April and immediately began participating in HMIS. These beds were available for 58 percent of the AHAR reporting period (or 7 / 12 = .58). The prorated bed count is therefore equal to 58 year-round equivalent beds (or 100 x .58 = 58).

39. **Should I count a provider that stopped submitting data to HMIS at some point during the AHAR reporting period but returned to the HMIS at a later date?**

In general, a provider that stopped entering data into HMIS at some point during the AHAR reporting period should be dropped from (a) the numerator in the HMIS-bed coverage rate and (b) the data submitted to the HDX. Accordingly, these providers would be considered non-HMIS participating providers and communities should report their beds accordingly in the HDX.

However, if the provider closed (permanently) at some point during the AHAR reporting period and thus stopped entering data into HMIS, the provider can be included in the AHAR. Both the beds and the people served by the provider should be reported to the AHAR. The provider's beds should be prorated depending on how long they were open during the 12-month reporting period. To prorate the beds, take the total number of beds and multiply them by the proportion of the reporting period that they were open. For example, a shelter had 100 beds and closed in April. These beds were available for 58 percent of the AHAR reporting period (or 7 / 12 = .58). The prorated bed count is therefore equal to 58 year-round equivalent beds (or 100 x .58 = 58).

Also, if the provider is willing to "back enter" data—that is, enter data into the HMIS on all clients served while the program was off-line—then the program can be included in the AHAR submission.

40.   How do I handle a facility that participated in HMIS, but closed permanently during the year?

If an HMIS-participating provider closed (permanently) at some point during the AHAR reporting period, the provider can be included in the AHAR. Both the beds and the people served by the provider should be reported to the AHAR. The provider's beds should be prorated depending on how long they were open during the 12-month reporting period. To prorate the beds, take the total number of beds and multiply them by the proportion of the reporting period that they were open. For example, a shelter had 100 beds and closed in April. These beds were available for 58 percent of the AHAR reporting period (or 7 / 12 = .58). The prorated bed count is therefore equal to 58 year-round equivalent beds (or 100 x .58 = 58).

41.   How do I handle a facility that participates in HMIS, but closed temporarily during the year—for example, a seasonal shelter that is open during the winter months and then closes for a defined period of time?

Seasonal shelters, or other facilities that participate in HMIS for a defined period of time during the year, can be included in the AHAR. Both the beds and the people served by the provider should be reported to the AHAR. The provider's beds should be prorated depending on how long they were open during the 12-month reporting period. To prorate the beds, take the total number of beds and multiply them by the proportion of the reporting period that they were open. For example, a shelter has 100 beds and is open from October to April. These beds were available for 58 percent of the AHAR reporting period (or 7 / 12 = .58). The prorated bed count is therefore equal to 58 year-round equivalent beds (or 100 x .58 = 58).

42.   Should I count a provider that—as a matter of practice—does not exit a client until he/she has been unseen for a defined period of time—e.g., 90 days?

In general, communities should attempt to obtain the most accurate information possible, and in some cases, communities can retroactively record an exit date as the last day that the client was seen (or received services). In other cases, communities can impute an exit date if the shelter operates like an over-night shelter—meaning that everyone must exit and then re-enter the facility on a daily basis, rather than reserve beds for an undefined period of time. If a community is unable to impute exit dates, discuss this situation with the AHAR liaison.

ZERO PROVIDER COMMUNITIES AND AHAR REPORTING

43.   What is a "zero provider" community or reporting category?

A zero provider community indicates that the community does not have any emergency shelters, transitional housing programs or permanent supportive housing located within the community. Similarly, a zero provider reporting category suggests that the community does not have any providers in that reporting category.

44. How do I confirm if I'm a zero provider community?

In most cases, confirming the status of a zero provider community is relevant for communities that are sample sites (see Question 10). To confirm that you are a zero-provider community, identify the geocode that corresponds to your AHAR jurisdiction (see Question 14 above for information about identifying the correct geocode) and review your community's most recent housing inventory to ensure that no provider has this geocode associated with it. If your housing inventory suggests that a provider is located in the AHAR jurisdiction (via the geocode), then you are not a zero provider community.

45. Can a community be a zero provider for some AHAR reporting categories but not others?

Yes, a community can be a zero provider for one, two, three, four, five, or all six reporting categories. As long as there are no providers of that program type (i.e., emergency shelters for individuals, emergency shelters for persons in families, transitional housing for individuals, transitional housing for persons in families, permanent supportive housing for individuals, or permanent supportive housing for families), the community can be a zero provider for that reporting category.

46. How do I indicate that my community is a zero provider?

The steps for marking a community as a zero provider are basically the same whether or not a community is a zero provider in one or more reporting categories. Communities must be marked as a "Zero Provider" in the HDX. If a reporting category is a zero provider, mark its corresponding Reporting Status as "Zero Provider." Then, change the reporting category's Status to "In Review" and click the "Update Status" button for the category. This must be done for all six of the program reporting categories if the community is a Complete Zero Provider.

COMPLETING THE AHAR REPORTING REQUIREMENTS

47. If a client enters a program multiple times throughout the reporting year, how should I calculate his length of stay for the AHAR?

The AHAR collects length of stay information separately for each reporting category. Within each reporting category, the length of stay information should be cumulative to account for all stays. For example, if a client enters 4 emergency shelters for individuals during the AHAR reporting period and stays for 7, 10, 31, and 5 nights, the client's total length of stay should be reported as 53 (or 7 + 10 + 31 + 5 = 53) in the ES-IND reporting category.

However, the annual length of stay information reported in the AHAR is truncated to the 12-month AHAR reporting period, and thus the maximum number of nights is 365 nights (from October 1 through September 30 of the following year). For example, clients who entered a shelter prior to October 1 and remained in the shelter during the AHAR reporting period should have an AHAR start date equal to October 1. Similarly, clients who are still in the program at the end of the AHAR reporting period should have an AHAR end date of September 30.

48. **How do I report information about a client who had multiple service records during the reporting period and is reported as being disabled (or a veteran) in one service record but not the other?**

If a client has been served more than one time during the AHAR reporting period, then the community should review all the service records for each client within the AHAR reporting period. If any of those records indicate that the person is a veteran or disabled, then count them as a veteran or disabled in the AHAR.

49. **Should communities de-duplicate across all service providers or within each reporting category?**

De-duplication is very important in the AHAR because proper de-duplication ensures that a homeless person is counted once only in the national estimates. De-duplication should be done within each reporting category, rather than across all persons in a community. Put differently, a person can be reported in multiple reporting categories if that person was served accordingly—e.g., as an individual in an emergency shelter and as a person in a family in transitional housing. But the person should be counted once only within the reporting category. Thus, if a person enters and exits an emergency shelter (ES-IND) multiple times, this person should be counted once in the ES-IND reporting category.

The Summary reporting category asks communities to report the number of people who were served in multiple reporting categories. For example, the Summary tables ask communities to report the total number of people who used ES-IND and ES-FAM or ES-IND, ES-FAM, and TH-IND, etc. This information is used to produce a de-duplicated count of all persons served for the entire AHAR jurisdiction.

50. **How do I report on Long-Term Stayer demographics in the Emergency Shelter reporting categories?**

It is no longer necessary to report on long-term stayer demographics in the Emergency Shelter reporting categories. These questions have been removed from the HDX and CoCs are no longer responsible for providing this information as part of their AHAR submission.

51. **What questions in the Summary reporting category am I required to complete?**

The number of questions included in the Summary reporting category has been reduced. CoCs now only need to complete Summary Question 1, as well as provide the number of HMIS-participating units for the FAM categories in ES (Q2a) in TH (Q3a) and PSH (Q4a). These are pre-populated based on your HIC, but could require updating. Note that Q2b-g, Q3b-g, and Q4b-g were optional in the past, but are now removed.