HUD's
Homeless Assistance Programs

A Guide to Counting Sheltered Homeless People

Third Revision

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Contents

1. Introduction

This guide on counting sheltered homeless persons is part of HUD's larger technical assistance effort to help Continuums of Care (CoCs) prepare annual applications for homeless assistance funds and meet Congressional directives on improving the quality of information on homelessness. The Continuum of Care Application for McKinney-Vento homeless assistance funding requires CoCs to produce statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. CoCs are also asked to report the number of homeless persons in eight subpopulation categories: chronically homeless individuals, chronically homeless families, severely mentally ill, chronic substance abusers, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied children (under 18 years of age).

In the past, some CoCs applied findings from national research or statistics to their community – essentially, estimating a count without accounting for local variations. HUD is requiring CoCs to move away from using these techniques and to base population and subpopulation estimates on local data stored in Homeless Management Information Systems (HMIS) or collected through shelter and street counts.

This guide describes recommended methods for collecting data on *sheltered homeless populations*, that is, homeless persons residing in emergency shelter, transitional housing or Safe Havens. Beginning in 2012, all CoCs will be required to conduct an annual sheltered PIT count. The count must include population and subpopulation data. Originally published in 2006, it is a companion to HUD's Guide to Counting Unsheltered Homeless People (http://www.hudhre.info/documents/counting_unsheltered.pdf) (revised in 2008) and Calculating Unmet Need for Homeless Individuals and Families (http://www.hudhre.info/documents/CalculatingUnmetNeed_December2011.pdf) (revised in 2011). This updated version clarifies HUD standards for counting homeless persons moving forward. By giving CoCs the tools they need to collect accurate, reliable data on their local homeless populations, HUD hopes that these three resources will help CoCs to identify community-specific service needs and gaps, access additional funding and resources, and increase public awareness of the challenges to ending homelessness.

The intended audience for this guide is individuals and agencies involved in the CoC planning process, state and local government agencies, and regional councils of government. The guide will be useful in determining a process for collecting high-quality data on the number and characteristics of sheltered homeless people in your community. If your CoC has experience with conducting a point-in-time (PIT) sheltered count, you are encouraged to review this guidance and consider how your process and methods might be improved or how to start using HMIS for this purpose.

The remainder of this guide is organized in three chapters as follows: Chapter 2 describes the basic information CoCs need to conduct a count of sheltered homeless people, including information on HUD requirements and the data sources CoCs should use to collect information

on sheltered homeless populations and subpopulations. Chapter 3 discusses how HMIS can be used, alone or in combination with other methods, to generate PIT count and subpopulation information for sheltered populations. Chapter 4 describes alternative methods for collecting accurate and reliable local data through provider and client surveys. Chapter 5 presents techniques for deriving population and subpopulation estimates from incomplete or sampled PIT data. Finally, the Appendices provide further guidance on how to generate PIT count and subpopulation data using HMIS, sample HMIS data quality reports, and sample survey instruments.

2. The Basics of Counting Sheltered Homeless Persons

This chapter provides an introduction to collecting information about sheltered homeless persons, addressing the following key questions:

- Why collect data on sheltered homeless people?
- What types of data should CoCs collect?
- What data sources should CoCs use?

2.1 Why Collect Data on Sheltered Homeless People?

The most important reason to collect information on the number and characteristics of sheltered homeless people is for program and system planning. To be responsive to the needs of homeless persons in the community, a CoC needs to understand how many individuals, families, and children are being served through its homeless service system and what their needs are. Current and accurate data on the number and characteristics of homeless persons in the community enable the CoC to adjust the types of services available according to need and to use resources as efficiently as possible. For example, if shelters for families with children are continually operating below full capacity, and shelters for single women frequently rely on overflow beds, then the CoC may want to examine eligibility requirements to consider allowing single women to be served within the family shelter programs.

CoCs from different regions of the country emphasize the varied benefits of gathering PIT data, including:

- Collecting important data for program planning and reporting to funders.
- Promoting the count to focus public attention on the issue of homelessness.

Many CoCs use the demographic and subpopulation data collected through point-in-time counts and HMIS to make policy and planning decisions. Having reliable local data on topics of broad interest – such as the number of homeless children – can also play an important role in raising public awareness of the challenges facing homeless people and bringing in more funding from public and private sources. Finally, many funders require CoCs and individual programs to provide data on the number and type of people being served on a regular basis. In particular, Exhibit 1 of HUD's annual application for CoC Programs requires each community to report on the number and characteristics of its homeless population. Many communities also use a point-in-time count (either alone or in combination with HMIS) to collect data to use in applying for non-HUD funding.

2.2 What Types of Data Should CoCs Collect?

Point-in-Time Count and Subpopulation Information

Each year, HUD requires CoCs to report local information about homeless persons through the Homelessness Data Exchange (HDX). CoCs must conduct an annual point-in-time count of sheltered homeless people. Unsheltered counts are required at least once every two years, with odd calendar years being required years. All PIT counts must be conducted during the last ten calendar days in January — between January 22nd and 31st, unless a CoC requests and receives a waiver from HUD.

The PIT module in the HDX requires a count of all sheltered and unsheltered homeless persons in the community, according to the following categories: persons in households with at least one adult and one child, persons in households with only children, and persons in households without children. The number of households in each group also must be reported.

CoCs should categorize homeless persons as sheltered or unsheltered based on their whereabouts on the night of the point-in-time count. For example, a person sleeping in a temporary shelter on the night of the count should be counted as a sheltered homeless person even if he normally sleeps on the street.

PIT Homeless Populations Tab in HDX

Homeless Populations | Homeless Subpopulations | Notes

Persons in Households with at least one Adult and one Child	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households				0
Number of Persons (Adults and Children)				0

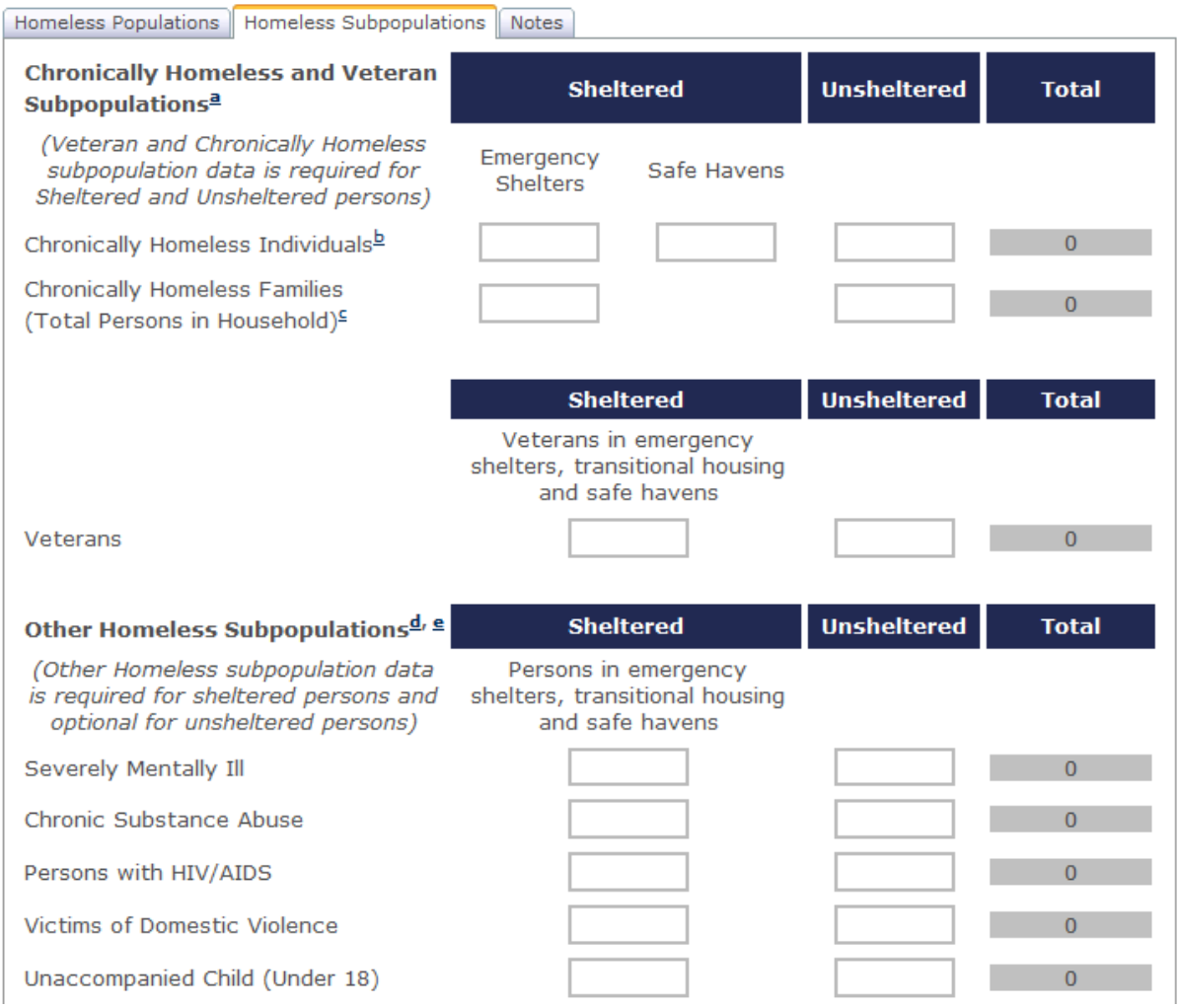
Persons in Households with only Children[a]	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven[b]		
Number of Households					0
Number of Persons (Age 17 or under)					0
Subtotal households with children	0	0	0	0	0
Subtotal persons in households with children	0	0	0	0	0

Persons in Households without Children	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven[b]		
Number of Households					0
Number of Persons (Adults)					0

The PIT module also requires counts of the number of persons in eight subpopulation categories.[1] With the exception of chronically homeless families and unaccompanied children, only adults (persons 18 years of age or older) should be included in counts for each subpopulation category.

[1] All eight subpopulation categories are required for sheltered homeless people. With the exception of chronically homeless individuals, chronically homeless families, and veterans, subpopulation categories are optional for unsheltered homeless persons.

PIT Homeless Subpopulations Module in HDX



Homeless Populations | Homeless Subpopulations | Notes

Chronically Homeless and Veteran Subpopulations[a]	Sheltered		Unsheltered	Total
(Veteran and Chronically Homeless subpopulation data is required for Sheltered and Unsheltered persons)	Emergency Shelters	Safe Havens		
Chronically Homeless Individuals[b]				0
Chronically Homeless Families (Total Persons in Household)[c]				0

	Sheltered	Unsheltered	Total
	Veterans in emergency shelters, transitional housing and safe havens		
Veterans			0

Other Homeless Subpopulations[d, e]	Sheltered	Unsheltered	Total
(Other Homeless subpopulation data is required for sheltered persons and optional for unsheltered persons)	Persons in emergency shelters, transitional housing and safe havens		
Severely Mentally Ill			0
Chronic Substance Abuse			0
Persons with HIV/AIDS			0
Victims of Domestic Violence			0
Unaccompanied Child (Under 18)			0

The Homeless Population and Subpopulation portions of the PIT module must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a PIT. CoCs are required to describe the methods they use to count and estimate homeless persons in Exhibit 1 of their annual CoC application.

HUD defines sheltered homeless persons as adults, children, and unaccompanied children who, on the night of the count, are living in shelters for the homeless. This includes all beds dedicated for use by homeless persons that are reported by a CoC in their Housing Inventory Count (HIC), including dedicated beds located in:

- ☑ Emergency shelters, including:
  - Domestic violence shelters;
  - Any hotel, motel, or apartment voucher arrangements paid by a public or private agency because the person or family is homeless;

- ☑ Safe Havens;
- ☑ Transitional housing, including:
    - HUD-funded Rapid Re-housing Demonstration Grant programs.

The following types of people should not be counted as part of the sheltered population:

- ☒ Persons living doubled up in conventional housing;
- ☒ Formerly homeless persons living in Section 8 SRO, Shelter Plus Care, Supportive Housing Program permanent housing or other permanent housing units;
- ☒ Persons living in conventional housing and receiving temporary assistance (Rapid Re-housing or Homelessness Prevention) from a program funded by the Homelessness Prevention and Rapid Re-housing Program (HPRP);
- ☒ Children or youth, who because of their own or a parent's homelessness or abandonment now reside temporarily or for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, or detention facilities;
- ☒ Adults in mental health facilities, chemical dependency facilities, or criminal justice facilities.

Annual Bed Inventory Information

Each year CoCs must complete a HIC in the HDX. The HIC requires CoCs to provide a snapshot of their housing inventory on a single night during the last ten days of January. The count should reflect the number of beds and units available on the night designated for the count that are dedicated for persons who are homeless. Housing inventory data must be obtained from all emergency shelters (ES), transitional housing (TH), Safe Haven (SH), and permanent supportive housing (PSH) programs in the CoC, including those programs that do not receive HUD funding that are dedicated to serve persons that are homeless. An inventory of Rapid Re-housing beds and units in HPRP programs must also be included.

CoCs should collect bed inventory data for the same night they conduct the PIT count and collect subpopulation information. For example, many CoCs include questions about housing inventory on the survey sent to providers for the night of the count. Others send out the previous year's HIC data to have providers review and update housing inventory information on the night of the count. Still other CoCs survey for housing inventory a few days or weeks prior to the night of the PIT count and have providers verify on the night of the count that the inventory has not changed.

Combining data collection activities makes good sense, but there are a few things to bear in mind if you are planning to collect housing inventory data in conjunction with the point in time count:

- The HIC requires CoCs to collect information from permanent supportive housing programs. Even though persons in permanent supportive housing are not included in the Population and Subpopulation PIT count, CoCs will need to conduct a housing inventory of permanent supportive housing programs and collect a PIT count of persons served in that program for the purpose of completing the HIC.
- CoCs need to make sure that providers have a clear understanding of the housing inventory data required. For example, when requesting housing inventory information from providers in the CoC, it is helpful to include definitions of key terms used in the HIC, such as seasonal and overflow beds. For projects serving more than one household type (households without children, households with at least one adult and one child, and/or households without children), it may also be helpful to provide guidance on how to categorize beds by household type.

Other Information Useful for Program Planning and Reporting

Many communities use the PIT count as an opportunity to collect additional information on the characteristics of the individuals and families using the homeless service system. If a CoC has robust HMIS data, additional data gathering may not be necessary, but communities that use provider or client surveys to collect the required population and subpopulation data often find it useful to add a small number of questions on topics of particular interest to the community. For example, the provider survey may include questions on the number of clients requesting housing that had to be turned away, the number of voluntary and involuntary discharges, the reasons for discharge, clients' work status, and household size and type.

Other Data that May be Collected Through Point-in-Time Surveys

- Income sources and amounts
- Housing and service needs
- Family size and type
- Education level
- Health status

In deciding how much additional data to collect, CoCs need to weigh their need for the information against the burden of collecting it for provider staff and clients. In addition, the longer the survey instrument and the more intrusive the questions, the less complete and accurate the resulting data are likely to be. Finally, much of the information that CoCs currently collect through PIT surveys are standard data elements that all providers are required to collect at intake, assessment, or exit for HMIS. As described in Chapter 3, once a community has a fully implemented HMIS with several years' worth of reliable data, the population and subpopulation information required for Exhibit 1 of the CoC application, as well as additional data on client characteristics needed for effective program planning, may be available on demand from the HMIS without the need for manual surveys.

2.3 What Data Sources Should CoCs Use?

There are two main data sources that CoCs can use to generate accurate PIT counts for the populations and subpopulations for the sheltered homeless persons living in their communities:

HMIS and provider or client surveys. These data sources are not mutually exclusive; they can be combined depending on the needs of the community and the type of information available. In this section, we briefly describe each data source. Further detail on using HMIS for PIT counts and subpopulation information can be found in Chapter 3; provider and client surveys are discussed in Chapter 4.

Homeless Management Information Systems (HMIS)

An HMIS is a computerized data collection application designed to capture client-level information over time on the characteristics and service needs of homeless persons. All recipients of HUD McKinney-Vento Act program funds, as well as programs funded through Housing Opportunities for Persons with AIDS (HOPWA) that target homeless persons, are required to participate in HMIS, as specified in HUD's HMIS Data Standards[2] published in March 2010.

A community's HMIS should be the primary resource for local data on sheltered homeless persons needed for the CoC application. HMIS contains individual records on each client served by participating providers in the CoC, with information on each client's demographic characteristics. HMIS software can typically generate a PIT count of sheltered homeless individuals, the number of sheltered households by household type, and provide a breakdown of the sheltered population by many of the characteristics required to be reported for the PIT subpopulation chart.

An HMIS that is fully implemented with strong data quality may be a more cost effective and accurate data source for sheltered population and subpopulation information than provider or client surveys. However, in order for the HMIS to be useable for this purpose, it must have good coverage – i.e., covering most providers in the CoC and all clients served by those providers – and the data must cover all the necessary variables, have few missing values, and be up-to-date. Data quality checks that can be used to assess the coverage and completeness of your HMIS data are discussed in Chapter 3.

CoCs with less than complete HMIS data may nevertheless find HMIS useful to complete a partial count from providers that participate in HMIS, while surveying only those providers that do not participate in HMIS. Depending on the level of HMIS coverage, your CoC may also be able to use the HMIS data as a starting point for the count, extrapolating to fill in data for the non-participating providers if a supplemental survey is not used. Strategies for combining HMIS with other data collection methods are discussed in Chapter 3.

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[2] Homeless Management Information System (HMIS) Data Standards, Revised Notice. U.S. Department of Housing and Urban Development. March 2010. http://www.hudhre.info/documents/FinalHMISDataStandards_March2010.pdf

Provider and Client Surveys

Surveys can be used to collect a variety of local data on the sheltered homeless population, including point-in-time counts of persons and households, subpopulation information, and housing inventory data. The surveys can be done via mail, e-mail, fax, telephone, or be web-based and are typically completed by provider staff or trained volunteers, although for some purposes clients themselves may be asked to complete the survey.

Surveys can be used to collect both "provider-level" and "client-level" data. Provider-level data is information about the program, not about individual clients. Examples of provider-level data include the total number of beds and units available on a given night and the "bed availability" – year-round, seasonal or overflow. Please consult the most recent HIC and PIT Count Data Collection Guidance on HUDHRE for further information about "provider-level" data, as the Program Descriptor Data Elements are now required for the HIC.

Client-level data is information on each individual client in the program, not information on the program or the program's client population as a whole. Client-level information does not necessarily have to come from client surveys or interviews – it can also come from HMIS or case management records. For example, a provider can query their HMIS data to generate the aggregate figures on occupancy and client characteristics needed to complete the survey. However, if a provider does not have a well-developed HMIS, does not offer case management, or if its client records are incomplete or out of date, client surveys are the best way to collect accurate subpopulation information.

Client surveys are typically conducted by provider staff or volunteer enumerators using a standardized survey instrument, one for each client interviewed. In some cases, staff may complete the survey for a particular client based on their knowledge of the client and case management records, but typically clients are interviewed on the night of the count. In some cases, providers have clients fill out the surveys themselves, but this makes it more likely that some questions will be skipped or that the questions will be interpreted differently. Depending on the size of the CoC and the resources available to devote to data collection, you may attempt to survey all sheltered homeless people in the community or interview a statistically valid sample of people and extrapolate the survey results to the broader sheltered homeless population. Both survey techniques are discussed in Chapter 4.

Combining Data Sources

CoCs often need to use a combination of data sources in order to obtain the most accurate information for their local planning needs and for the CoC application. For subpopulation data and other detailed information on sheltered homeless people, client-level data are needed – i.e., information on *individual clients* from HMIS, case management records, or client surveys. However, even if your CoC collects client-level data, you will always need to collect two pieces of provider-level data. First, bed and unit inventory information is needed from each provider to complete the HIC every year. Second, you will need a count of the homeless households and

persons using each facility on the night of the PIT count. Having an accurate count is especially important if you collect subpopulation information from a sample of clients and plan to extrapolate that information to the overall sheltered homeless population. Even if you plan to gather client-level data from every sheltered homeless person in the CoC, it is a good idea to request a total count from each provider for quality assurance purposes.

Each CoC will need to decide which data source or sources to use to collect sheltered count and subpopulation information on sheltered homeless people. Chapter 3 provides detailed guidance to help you determine whether it is feasible to use your HMIS for all or part of the count, inventory, and subpopulation information that HUD requires. If your CoC does not have adequate HMIS data, or if your HMIS data need to be supplemented by additional data collection, you can use one or more of the methods described in Chapter 4 to gather data directly from providers and clients on the night of the PIT count. In addition, Chapter 5 discusses extrapolation techniques that can be used to derive accurate population and subpopulation estimates from incomplete HMIS data or sampled survey data.

3. Using HMIS for PIT Counts and Subpopulation Information

Homeless Management Information Systems (HMIS) are a key source of information about sheltered homeless populations. This chapter discusses the benefits of using HMIS for PIT count and subpopulation information, how HMIS can be used, and the steps that CoCs need to take to execute a count using HMIS, including evaluating local HMIS data quality.

3.1 Benefits of HMIS

There are several benefits of using HMIS to gather PIT count and subpopulation information about sheltered homeless people. Perhaps the greatest benefit is that a fully-implemented HMIS will contain most of the data needed to complete the *sheltered* portion of the PIT module in HDX. Rather than conducting extensive manual PIT surveys of homeless providers and clients, the PIT process may be streamlined to consist primarily of asking providers to confirm that data entered into HMIS is accurate and up-to-date. The time- and resource-saving benefits of this can be dramatic, especially for Balance of State CoCs that need to collect data from many communities.

Another advantage of using HMIS is that it can help to identify overlap between the sheltered and unsheltered counts if identifying information is collected during the unsheltered count. This helps to ensure that the same people are not being counted as both unsheltered and sheltered for the same PIT period and that the PIT count is an accurate assessment of the unduplicated number of persons who are homeless.

Using HMIS for Counts of *Unsheltered* Homeless People

HMIS usually captures information on homeless people who access shelter and services and is therefore most useful for the counts of sheltered homeless people discussed in this guide. If your CoC has a well-developed network of outreach providers that enter data into HMIS, HMIS can be an effective tool for collecting data on unsheltered homeless people. However, it will not replace manual street and service-based counts of unsheltered homeless people.

If enumerators are able to collect basic identifying information from the unsheltered people counted, you can also use HMIS data to identify people who may have been counted in both the sheltered and unsheltered counts. For example, if a person counted out on the street during the unsheltered count at 3:00 a.m. also has a record in HMIS showing that he was in emergency shelter that night, it would not be appropriate to include him in both the sheltered and unsheltered counts; you will need to decide which count to include him in.

Finally, using HMIS for PIT counts and subpopulation information helps to reinforce the value of the HMIS to homeless service providers in the community. Making HMIS the source for annual PIT data will encourage greater provider participation and improved data quality year-round, which will in turn make HMIS a more useful tool for planning and for reporting (e.g., completing HUD's Annual Performance Report and other reports to funders).

3.2 How HMIS Can be Used

There are many ways to use HMIS to generate PIT count and subpopulation information on the sheltered homeless population, either alone or in combination with other data sources. The single most important factor determining which option you choose should be the quality of your HMIS data. HMIS data quality has two main components – coverage and completeness. This section begins by reviewing these two key concepts, and then presents a series of options for how HMIS can be used to report on the numbers and characteristics of the sheltered homeless population.

HMIS Data Coverage

Complete and accurate HMIS data are essential when using the system to generate a PIT count and subpopulation information. If data are not complete, they may not be representative of the sheltered homeless population. Determining your CoC's HMIS coverage rate is the first step in evaluating the completeness of your HMIS data and determining whether HMIS can be used for count and subpopulation information. A bed is considered an "HMIS participating bed" if the program makes a reasonable effort to record all Universal data elements on all clients served in that bed and discloses that information through agreed upon means to the HMIS Lead Agency at least once annually.

HMIS Data Coverage
=
Number of people staying in shelter on a given night in an HMIS participating bed
÷
Number of homeless people served in the CoC on that night overall
x
100

The higher the CoC's HMIS bed coverage rate, the more accurate and reliable the HMIS data will be for reporting and extrapolation purposes. If your CoC's coverage rate is 50 percent, then statistics derived from HMIS may show service use for only half of the total homeless clients served in the community. Ideally, all homeless service providers in the community should participate in HMIS, but it is critical to have at least 75 percent of the emergency shelter, transitional housing, and Safe Haven beds in the community included in your HMIS if you intend to extrapolate for non-participating agencies and use HMIS to analyze the characteristics and service needs of the sheltered homeless population. With less than 75 percent coverage, or no coverage at all for certain types of programs, you cannot extrapolate from your HMIS data

and be confident that the resulting data accurately represents the experiences of the sheltered homeless persons in your community. There may also be bias in the numbers that show how many people are veterans or have a particular disability depending on which types of homeless programs (substance abuse programs, shelters for the elderly, Safe Havens, etc.) are participating in HMIS.

HMIS Data Completeness

HUD requires that all HMIS systems be programmed to collect Program Descriptor, Universal, and Program-Specific Data Elements, according to the HMIS Data Standards, revised March 2010. These data elements are standardized fields into which HMIS or program staff enters information about programs and clients. The data collected for the sheltered PIT count relies on the Universal data elements, as well as several of the Program-Specific data elements for some subpopulation characteristics (e.g., disabilities and mental health status). Appendix A lists the HMIS data elements needed to complete the PIT module in the HDX.

Complete data is essential for providing accurate information about homeless populations using HMIS. However, some programs in the CoC may not be collecting all of the required data elements, or may be collecting complete data for only a subset of clients. If you are considering using HMIS for the PIT count, you must be able to identify those programs that are not collecting all of the required information and either encourage them to collect the necessary data for the purposes of the PIT count or develop an alternative data collection strategy.

In addition to knowing which programs are entering data into HMIS, you should also be aware of the timing of providers' data entry. Many programs do not enter complete data on all clients on a daily basis, and instead collect the data manually and enter it at a later time. To ensure that your population and subpopulation data are accurate and complete, it is important for providers to complete client data entry by a specified deadline (e.g., within two or three days of the date of the count) so the CoC can generate the necessary reports to understand the number and characteristics of the clients served on the night on the count. Coordination and communication with provider program management and staff about the PIT count, data quality expectation, and data entry deadlines are essential in generating accurate data.

In the next section of this chapter, we provide a detailed timeline for preparing to use HMIS for a PIT count that covers communication with providers as well as suggested data coverage and completeness checks. A thorough discussion of HMIS data quality issues, including data validity checks and guidelines for dealing with missing or incomplete client records can be found in the document *From Intake to Analysis: Toolkit for Developing a CoC Level Data Quality Plan*, available at www.hudhre.info.

Options for Using HMIS for PIT Counts and Subpopulation Information

There are several ways to use HMIS data for PIT counts and subpopulation information for the sheltered homeless population. Which option you choose depends largely on your HMIS

coverage rate among the emergency shelter, transitional housing, and Safe Haven providers in your community and the extent to which all of the data elements needed to generate count and subpopulation information are being entered. The following table briefly summarizes the different ways that HMIS can be used, either alone or in combination with other data sources, and how to determine which option makes the most sense for your community. These options are also discussed in Section 3.4, Steps to Prepare for the Count.

Ways to Use HMIS for Sheltered Counts	Considerations
Use HMIS for PIT count and subpopulation information.	Requires that *all* emergency shelters, transitional housing, and Safe Haven providers in the CoC participate in HMIS and are entering all of the relevant Universal and Program-Specific data elements for all clients.
Use HMIS for HMIS-participating providers (for both count and subpopulation information) and use provider or client surveys for non-participating providers.	A good option if most emergency shelter, transitional housing, and Safe Haven providers in the CoC participate in HMIS and HMIS data quality for those providers is good.
Use HMIS for the PIT count and provider or client surveys for the subpopulation information.	A good option if the HMIS coverage rate is high but the data elements required for the subpopulation information are not complete.
Have HMIS-participating providers complete surveys using HMIS-generated reports; non-participating providers complete traditional provider or client surveys.	This option gives HMIS-participating providers the opportunity to take advantage of their HMIS data, but also recognizes that a paper survey is needed for most providers due to low HMIS coverage or incomplete data.
Use HMIS for HMIS-participating providers and extrapolate from that data for non-participating providers.	This requires that the HMIS coverage rate be relatively high (at least 75%) and that providers that do not participate in HMIS be similar to participating providers in terms of the types of programs offered and types of clients served. In order to extrapolate the subpopulation information, all of the providers participating in HMIS must be collecting all of the relevant Universal and Program-Specific data elements on all clients.

HMIS is often used not as a primary data source for sheltered homeless populations but rather to compare to data collected using provider or client-level surveys. If your CoC does not have sufficient HMIS coverage or data quality, you can use HMIS for verification rather than as a stand-alone enumeration. The most common way to use HMIS to verify information collected from providers and clients is to compare sheltered count and subpopulation totals to the information in the HMIS. You can compare the two sources of data at the provider level and at the CoC level. If you discover discrepancies between what was reported by a provider and HMIS data for that program, you should contact program staff to resolve the inconsistency. Even communities with a fully implemented HMIS may continue to conduct PIT counts of

sheltered homeless populations using surveys as a way to assess the quality and completeness of their HMIS data on a regular basis.

3.3 Timeline for Using HMIS for a PIT Sheltered Count

Most communities begin preparing for their PIT count of sheltered homeless people about four months prior to the day designated for the PIT count. However, if you are considering using HMIS to generate count and subpopulation data, and especially if you have not used it for past counts, you should begin the process six months ahead of time. A lengthy lead time gives you an opportunity to assess the coverage and quality of your HMIS data, to take steps to improve coverage and quality if necessary, and to develop complementary or alternative data collection approaches if you find that you cannot use HMIS for all of the data you need. Starting to plan well in advance also allows you to coordinate the planning processes for sheltered and unsheltered counts, which should take place on the same day.

The following is a suggested timeline for preparing to use HMIS for a PIT count of the sheltered population. Each step is discussed in detail below.

Timeline for Using HMIS for a Point-in-Time Count

- ❑ **4 to 6 months before the count –** Assess HMIS data quality, identify issues, and work toward resolving them so that you can use HMIS for count and/or subpopulation information.
- ❑ **3 to 4 months before the count –** Finalize data collection approach (e.g., HMIS only, HMIS plus client/provider surveys, client/provider surveys only) and communicate with providers about participation.
- ❑ **2 weeks before the count –** Provide details about your data collection approach to providers, along with any other information they may need to participate successfully.
- ❑ **A few days before the count –** Conduct final HMIS data quality checks and remind providers about the count.

After the count:

- ❑ **The week after the count –** Assess results, and follow up on missing or inaccurate data, and verify with providers that counts for their programs are correct.
- ❑ **The month(s) after the count –** Analyze data and assemble findings.

3.4 Steps to Prepare for the Count

Six Months Before the Count – Assess HMIS Data Quality

Assessing the quality of your HMIS data is the first step in determining whether or not your community is ready to use HMIS for PIT count and subpopulation information for the sheltered homeless population. If not, you will have information about what needs to be done to improve data quality so that you are ready by the date of the count. As discussed above, HMIS data quality has two main components – data coverage and quality – and both must be evaluated carefully.

First, you need to estimate your CoC's HMIS coverage rate, as described in the previous section. In particular, you need to pay attention to the characteristics of those programs that are not reporting client-level data to the HMIS. If the non-HMIS participating programs are similar in terms of program size and client characteristics to those programs that participate in HMIS, you may be able to extrapolate count and subpopulation information from the data you have in your HMIS. Extrapolation is discussed in Chapter 5. However, if your HMIS data coverage is less than 75 percent *or* if the programs that do not report data to HMIS are very different in terms of size or clients served from programs that do report (e.g., the two biggest emergency shelters in the community do not enter data into HMIS), then you will need to consider supplementing your HMIS data with alternative data sources, such as provider or client surveys.

In addition to data coverage, you need to assess the quality of your HMIS data. A first step is to develop data quality reports to help program staff and management assess the completeness of the data that they are entering into HMIS. Examples of such reports include:

- ***Client roster reports*** that program staff can use to verify that everyone staying in their program is entered in the HMIS and that those clients who have left the program have program exit dates in the HMIS.
- ***Program and system-level occupancy reports*** to calculate occupancy rates (the ratio of clients enrolled to beds in inventory, including overflow beds). Theoretically, the number of clients should not exceed the number of available beds. If the occupancy rate is over 100 percent, it is likely that some clients who left the program have not been exited in HMIS. On the CoC APR, Q8 Persons Served provides information on the average number of persons served per night as well as PIT counts of the persons served on the last Wednesdays in January, April, July, and October. (See http:// http://hudhre.info/apr for links to HPRP and CoC APR templates.)
- ***Missing (null) values reports*** to check for missing data fields within individual client records. The CoC APR includes a question that reports on the numbers of clients with missing or non-responsive (Don't Know or Refused) values for key data elements.
- Program and system-level report to check for ***duplicate client records***.

- ❑ Program and system-level ***population and subpopulation report*** to generate the information needed for the Homeless Population and Subpopulations chart. See Appendix A for the Universal and Program-Specific data elements needed to complete the chart.

Monitoring and improving HMIS data quality must be an ongoing collaborative process that involves HMIS administrators, CoC leads, program management, and program staff. HMIS training should provide information about available data quality tools and how to use them appropriately to evaluate and improve HMIS data quality. Following are some questions that should be discussed with providers:

- Do some programs use a bed management system (see the description in the box below) that would provide more accurate PIT count information than the program entry and exit dates?
- Do some programs enter clients into HMIS once they are "accepted" into the program, but prior to placing them in a bed?
- Do some programs exit clients on the same day as entry?
- Do all programs enter HMIS data on a "real time" basis, or do some programs wait to do all of their data entry once per week?

Once such issues have been identified, you can begin working with HMIS users to correct existing errors in the HMIS data, improve data entry and quality control procedures on an ongoing basis, and understand how to interpret or modify that agency's data. You should also continue to run data quality reports in the months leading up to the count to ensure that providers follow through with data quality improvements as planned.

Using HMIS for Subpopulation Information

Bed Management Systems

Similar to a hotel reservation system, a bed management system is a centralized way of tracking real-time bed occupancy and availability across all participating residential programs in an HMIS by "checking in" and "checking out" clients as they enter and exit programs. Depending on how it is implemented within a community, bed management systems can be used to verify bed availability, refer a client, and reserve a bed.

Bed management systems offer several key benefits. By sharing information on available beds with other programs in the community, agencies can refer clients to the programs with available beds/units. This can help homeless persons access units more quickly, eliminate or reduce instances of clients being referred to programs that do not have space, and minimize shelter vacancies when there are people in need of shelter. At the system level, having information on bed utilization allows system planners to understand seasonal variations in shelter use and to examine vacancies and waiting lists as a way to plan shelter expansion or reductions.

Bed management systems can also provide more accurate client-level length of stay information than program entry and exit dates. Since no more than one person can occupy a bed on a given night, agencies have to "check out" a client before they can assign that bed to another person. By contrast, case managers often forget to enter an exit date in HMIS for a client leaving the program since there is no operational trigger to remind them to do so. CoCs with bed management systems in their HMIS should therefore consider whether the bed management system could provide more accurate point-in-time count information than using the program entry and exit data fields. Bed management systems may also be a good source for housing inventory data.

As described in Appendix A, the subpopulation information is based on a combination of Universal and Program-Specific HMIS data elements. The Universal data elements must be entered by all programs participating in the HMIS, but the Program-Specific data elements are only required to be collected by programs that complete an Annual Performance Report for HUD or otherwise collect and enter this information in HMIS. Therefore, it is likely that some providers in the CoC will not be collecting data on those program-specific data elements (disabilities, HIV/AIDS status, and mental health status) required for the subpopulation chart. If this is the case, it may be possible to ask these providers to enter the missing information for clients in their programs on the night of the PIT count. Alternatively, you can consider using HMIS for the count data and collecting the subpopulation information through provider or client surveys conducted with clients in sheltered programs on the night of the count, as described in Chapter 4.

Deciding Whether to Use HMIS Data

Ultimately, given the data quality issues you have identified, you need to consider whether using HMIS data is a feasible strategy for all programs in the CoC that use HMIS, or whether it would be more efficient to use a combination of HMIS data and provider or client surveys. For

example, it might make sense to use a traditional survey form to collect count and subpopulation data from all providers in the CoC, but also to develop HMIS reports that participating providers can use to generate the data needed to fill out the survey form. For a CoC that is still building its HMIS capacity, this approach could help to "jump start" increased use of HMIS by participating providers by showing them an example of how the data can be used. However, you should assume that the same kinds of data quality checks will be needed for providers using HMIS to complete their survey forms as would be required if the count and subpopulation data were generated directly from HMIS.

For those programs that are not entering any data into HMIS, there are several options. First, if your HMIS coverage rate is at least 75 percent, the data from participating providers is relatively complete, and the non-participating providers are generally similar in size and client population to those that participate in HMIS, you might be able to extrapolate count and subpopulation information for the entire sheltered population based on the data contained in your HMIS. Extrapolation methods are discussed in Chapter 5. Alternatively, it might be possible to ask those providers that do not normally participate in HMIS to enter select data on the night of the count, de-identified if necessary to preserve client confidentiality. However, giving providers access to the system for one night might prove technically challenging, depending on the number of non-participating providers and the configuration of your HMIS. If neither of these solutions is feasible, you will need to develop a supplemental data collection strategy using provider or client surveys, as described in Chapter 4, for the programs that do not participate in HMIS.

Three to Four Months before the Count – Finalize the Data Collection Approach

You should finalize the data collection strategy – whether using HMIS or not – well in advance of the date of the count. Once the data collection strategy is finalized (if not before), you should establish a regular count meeting in which the HMIS administrator for the CoC can coordinate with the PIT planning team. In addition, you will need to communicate with and secure the participation of providers, so that every provider (and program) in the CoC is represented in the count. Every provider in the CoC should either be reporting count and subpopulation information via HMIS or a survey, or they should be accounted for using extrapolation of HMIS or survey data (see Chapter 5). Finally, it is important to develop procedures to integrate the data on sheltered homeless people pulled from HMIS with the data collected through surveys of sheltered and unsheltered homeless people on the night of the count.

Two Weeks before the Count – Communicate with Providers

Communicating with providers two weeks prior to the count – either by telephone, fax, or e-mail – will help ensure their participation in the count and provides an opportunity to address last-minute data quality issues.

Providers that routinely enter data into HMIS should be reminded:

- ❑ That there will be a final data quality check in the days just before the count; and

- ❑ To enter information about each required data element for each client on the night of the count, including subpopulation information. This is especially important for emergency shelter providers that have higher rates of turnover and shorter client stays.

Some CoCs schedule an official data clean-up period a week before the count, during which time providers can verify data quality and correct any problems. It might also be helpful to send providers a chart showing the crosswalk between the HMIS data elements and the PIT module in the HDX. A sample crosswalk is provided in Appendix A.

For providers that do not routinely enter data into HMIS, reiterate the request that they do so on the night of the count (if this is the strategy your CoC has adopted). Be sure to give these providers a firm date by which they must enter the data – typically two or three days after the date of the count.

A Few Days before the Count – Final HMIS Data Quality Checks

Two to three days before the count, ask providers to verify their active client rosters one last time to ensure that all current residents have been entered into HMIS and that clients who have left the program have been exited. You can also run a system-level occupancy report to check for problems and follow-up with providers as needed.

The day before the count:

- ❑ Run a missing values report to see if critical data elements are missing for current clients; and
- ❑ Ask providers to collect and enter the missing information while the clients are still accessible.

3.5 Completing the Count

In the week after the count, the CoC should focus on assessing the results of the count and following up on any missing or obviously inaccurate data. The first step is to draft a system-wide HMIS sheltered report for review by the PIT count committee. This report should include:

- A system-level occupancy report showing the list of programs represented in the chart, along with the client count and bed inventory information for those programs on the night of the count;
- Overall counts and subpopulation information; and
- A data quality report that provides the percentage of records with missing or non-responsive (Don't Know or Refused) values in HMIS data elements used for the count and subpopulation information.

Individual reports should also be produced for each program that participated in the HMIS-based count. These reports should include, for each program, the count and subpopulation information, the client to bed ratio (occupancy rate), and a way to identify client records with missing or non-responsive (Don't Know or Refused) values in HMIS data elements used for the count and subpopulation information. Sharing these reports with programs provides a final data quality check and an opportunity to fill in any missing data. Seeing the results of the HMIS-based count may also help providers to understand the benefits of HMIS for program analysis and management, and motivate them to work on improving their data quality.

> Seeing the results of the HMIS-based count may help providers understand the benefits of HMIS and may motivate them to work on improving their HMIS data quality.

Once the HMIS-based data is finalized, it will need to be merged with the other data collected for the count, including:

- Survey data or extrapolated HMIS data for programs that did not enter data into HMIS;
- Survey data on client characteristics, if HMIS was used for the count only; and
- Data from the count of unsheltered homeless persons (if applicable).

Once data from all relevant sources has been synthesized, the CoC should review the results and evaluate the process, including how to most effectively utilize HMIS to gather count and/or subpopulation information. The evaluation should culminate in written recommendations for steps that should be taken in the months before the count and year-round in order to improve the process for the following year. Suggested topics include:

- Encouraging greater HMIS participation by providers;
- Improving HMIS data quality;
- Refining pre-count communication strategies;
- Identifying other HMIS reports that could be used to support the count;
- Improving the integration of HMIS data and data from other sources (e.g., surveys); and
- Improving coordination between the sheltered and unsheltered counts.

4. Using Provider and Client Surveys to Gather Data About Sheltered Homeless Persons

There are two main survey approaches used to gather PIT count and subpopulation data for people living in emergency shelter, transitional housing, and Safe Havens. First, you can ask providers to report on the total number of households and persons residing in their facilities on the night of the count, as well as the number in each of the eight subpopulation categories. Providers may collect this information by doing a count of the households and persons in the facility and completing the subpopulation information based on aggregate data about the number or percent of clients in each category. With this type of ***provider data collection***, there is typically one survey form per provider or program. Another approach is to try to collect individual-level data on all or a sample of people living in emergency shelter, transitional housing, and Safe Havens on the night of the count. Provider staff complete individual surveys for each client using case management records or their knowledge of the client; alternatively, CoC staff, volunteers, or program staff interview clients directly. This is referred to as ***client-level data collection*** and is used to obtain more detailed and often more accurate subpopulation information.

In this chapter, we discuss both provider data collection and client-level data collection, highlighting the common steps that CoCs need to take to ensure that they receive the most accurate PIT count and subpopulation information. For both approaches, CoCs need to conduct outreach to providers, design surveys and data collection forms, provide training and technical assistance to the program staff or volunteers that collect the information, and create a plan to collect and analyze completed data forms after the night of the count. This chapter also reviews basic guidance on sampling if you want to collect client-level data but are not able to interview each sheltered homeless person in the CoC.

4.1 Provider Data Collection

To obtain a count of sheltered homeless people and aggregate subpopulation information from providers, each CoC will need to:

- Identify providers to include in the sheltered count;
- Conduct outreach to these providers to solicit their participation in the count;
- Prepare for provider data collection by creating and distributing forms and other materials;
- Provide support and training to providers before and during the count; and
- Collect sheltered count data.

Identifying Providers and Conducting Outreach

You should begin preparing for your PIT count of sheltered homeless persons by identifying the emergency shelter, transitional housing, and Safe Havens providers in your community. These should be the same programs identified by the CoC and included on the HIC and updated annually. In addition to HUD-funded homeless assistance programs, the list should also include social service agencies, faith-based, and other community-based organizations that offer shelter, and state or local agencies serving the homeless if, for example, the organization manages a hotel/motel voucher program for homeless persons. Make sure to obtain current contact information including telephone and fax numbers and e-mail addresses for each provider.

Once community providers have been identified, you will need to reach out to all providers on the list to solicit their participation with data collection on the night of the count. Ideally, this initial outreach should be done by telephone about six weeks in advance of the date of the PIT count. In addition to telephone outreach, announcements about the PIT count at regular CoC meetings can help inform providers. It can also be helpful to develop an email or fax distribution list that includes all providers so you can provide low-cost, low-effort, and timely announcements or updates about the count. (This type of distribution list can also be used for countless other CoC activities, so it is well worth the initial effort to set it up.) It is important to communicate to providers that the sheltered portion of the PIT count is essential to completing the annual CoC application, that it helps to identify needs and gaps in services, and that it ultimately generates resources for homeless persons in the community. Providers who are informed and prepared for the count will help to facilitate an orderly and effective process.

One way to secure the buy-in of providers is to offer information in return. CoCs that have been successful in gaining broad provider participation have noted the importance of sharing results of the PIT count with the provider community. Some CoCs produce reports based on PIT sheltered and unsheltered count results and distribute them to providers and the wider community. This practice helps providers better understand the characteristics of homeless people outside of the clients they serve and offers information that can be used for resource development or other purposes.

Developing Tools and Procedures for Provider Data Collection

CoCs need to start preparing for provider data collection at least three months in advance of the PIT count. This involves:

- Deciding what data to collect from providers;
- Preparing data collection forms to gather enumeration and subpopulation information;
- Distributing count materials to providers; and
- Deciding whether or not to offer training on data collection protocols and, if so, conducting the training.

Deciding what data to collect and designing the data collection form

First, CoCs need to decide what information to gather and how it will be collected. At a minimum, count and subpopulation information needs to be collected to complete the PIT module in the HDX. It is also possible that you will want to collect additional information beyond what is needed for the CoC application.

If you decide to collect ***provider data only***, your provider survey needs to include questions related to:

(1) Bed inventory data (if not already entered into HMIS)

(2) The number of households and individuals served, including:

- Number of households with at least one adult and one child;
- Number of persons in households with at least one adult and one child;
- Number of households with only children;
- Number of persons in households with only children;
- Number of households without children; and
- Number of persons in households without children.

(3) The number of persons that fall into each of the eight subpopulation categories:

- Chronically homeless individuals;
- Chronically homeless families;
- Severely mentally ill;
- Chronic substance abuse;
- Veterans;
- Persons with HIV/AIDS;
- Victims of domestic violence; and
- Unaccompanied children.

If you decide to collect ***both provider data and client-level data***, your provider survey only needs to include questions related to items (1) and (2), since you will be collecting subpopulation information through a separate client survey.

HUD Standard for Counting Households

In 2010, HUD began requiring that CoCs report the number of homeless households with at least one adult and one child, the number of households with only children, and the number of households without children, as well as the number of people in each type of household. Households without children include single adults, adult couples, and groups of adults who present for services together. Households with only children include only persons age 17 or younger, including unaccompanied children, adolescent parents and their children, adolescent siblings, and other household configurations comprised of only children.

In addition to *what* information will be collected through your provider survey, you also need to think about *how* the data will be collected:

- Will you send the survey form to providers and ask them to complete it and return it after the night of the count (either by fax or e-mail)?
- Will you have CoC staff call the providers to complete the survey form over the phone?
- Should your CoC set up a web-based survey, so providers can enter the information online minimizing the need for later data entry?

Which option you choose depends on the size of your Continuum and the staff resources you have available. You may receive a better initial response if staff is available to call providers to collect the information and complete the form. Another advantage of this approach is that staff can directly enter the data into a spreadsheet or database and quickly tabulate the results. Similarly, a web-based data entry system is beneficial because data will already be in electronic format. If the information is faxed, e-mailed, or entered online by providers, CoC staff should be available in the days following the count to monitor the submission of information and enter it into a central spreadsheet or database if necessary.

A web-based survey increases the efficiency of the survey process. Providers can complete the survey online and CoC staff avoid time-consuming data entry that accompanies paper surveys.

Distributing count materials to providers

Approximately two weeks before the date of the count, e-mail or send count information and forms to each participating provider. This dissemination should include a schedule for the count and submission of information, instructions about what to do on the night of the count, procedures for submitting data, and a CoC contact name, telephone number, and e-mail address. If you are only collecting count and subpopulation totals from providers, e-mail or fax is likely the easiest way to communicate with providers. However, if providers are collecting client-level data, they might appreciate receiving a package that includes the correct number of client survey forms so they can avoid the time and cost of duplicating the surveys. It could be useful to telephone each provider to confirm the receipt of the count information and answer any

questions. You may also want to send a reminder e-mail to providers the day of or before the count.

Checklist for Provider Notification

- ☑ Purpose of the Point-in-Time count
- ☑ Date and time of the count
- ☑ List of information to be collected
- ☑ Data collection forms, worksheets, and/or tally forms with detailed instructions
- ☑ Procedures and a deadline for submitting information
- ☑ Name, telephone number, and e-mail of the point-in-time count contact person at the CoC

Offering training for providers

You should consider whether or not providers would benefit from a training session on the data collection protocols and forms. If you offer training, keep it brief (one hour or less) and offer more than one session to accommodate provider schedules. One of the training sessions could take place during a regularly scheduled CoC meeting. In addition to any training or instructions provided before the count, an "on-call" staff person should be available to answer questions on the night of the count and for a few days thereafter.

Collecting Sheltered Count Data from Providers

It is important to collect the sheltered count data from providers as soon as possible following the night of the count. If you call providers to obtain this information, then the telephone calls should start the day after the count. An assigned CoC staff person should contact all providers identified by the CoC to gather data from the sheltered enumeration. This person could be the primary contact person for the CoC, staff from a CoC member organization, a CoC volunteer or intern, or a person or group hired by the CoC to provide technical assistance during the PIT count.

Alternatively, you may elect to have service providers contact the CoC at a phone number identified in the count information or you may request that providers transmit the enumeration data via fax, e-mail, or a web-based data entry system. If you ask the providers to submit data, then you should assign a staff person to monitor information as it is submitted and call or e-mail providers that do not submit their data in the two days following the count. Staff should also be ready to review the information that is submitted for errors, make follow-up calls as needed, and then enter the data into a spreadsheet or database so total numbers can be determined for the

entire CoC. A secure web-based data entry system can save a lot of effort formatting and entering data into a centralized electronic database for analysis.

CoCs should make every effort to gather surveys from all providers offering emergency shelter and transitional housing in the community. However, there may be a few providers that do not return surveys in spite of persistent efforts. Communities can deal with the missing data in one of two ways:

1. ***Report the number of sheltered homeless people that are actually counted in the PIT module in the HDX.*** Acknowledge the undercount by reporting on the provider response rates (the percent of providers that returned surveys for each program type) in the CoC application.

2. ***Estimate the number of people being served by each missing program and extrapolate subpopulation characteristics using data you gather from other similar programs***—or the same type of program (emergency shelter, transitional housing or Safe Havens), serving the same group of clients (individuals, families, men, women, etc.). Chapter 5 provides guidance on how to estimate population and subpopulation information for providers that do not respond to the survey.

Considerations for Rural and Balance of State CoCs

Balance of State (BoS) and rural CoCs face unique challenges in conducting PIT sheltered counts and collecting data on bed inventories and homeless subpopulations. BoS CoC applicants for McKinney-Vento funding are responsible for collecting homeless population and subpopulation data from large numbers of communities around the state. In the absence of HMIS, this process can be extremely labor intensive, and requires that the BoS representative(s) work closely with local contacts to ensure that data are collected as efficiently and consistently as possible across jurisdictions. Despite such efforts, it is likely there will be some variation in the ways in which data are collected at the local level. Variation across local jurisdictions can be minimized to some extent through the use of a standardized provider survey and other data collection tools.

If it is necessary to supplement the data collected through their HMIS, BoS CoCs can use a standardized data collection form to gather population and subpopulation information for the PIT count. Providers complete the form during a designated 24-hour period (a PIT count) using client-level data from intake forms or client records. The data collection form is included in Appendix C. Providers then send the forms back to the CoC where the data are entered into a spreadsheet for analysis. The CoC's response rate among HUD-funded providers is 100 percent. A fax distribution list could also be used to distribute and collect information in a BoS Continuum.

It may also be difficult to conduct shelter counts or collect accurate information on homeless subpopulations in rural areas. Shelter resources may be limited or providers may use hotel/motel vouchers to house homeless individuals and families. When this happens, the CoC must be sure to

include the organization administering these vouchers in the sheltered enumeration process, including the beds as "voucher beds" in the HIC.

4.2 Client-Level Data Collection

Many of the steps that CoCs take in preparing for provider data collection also apply to client-level data collection. These include identifying providers and conducting outreach, developing and distributing count materials, and collecting the data after the day of the PIT count. CoCs will need to undertake additional activities for client-level data collection, including:

- Deciding whether to interview every sheltered homeless person or a sample of clients;
- Devising a sampling strategy and a plan for extrapolating subpopulation data;
- Developing a survey instrument to conduct interviews or collect administrative data;
- Deciding how to gather client-level data (client interviews, case management records, or provider knowledge);
- Deciding who (volunteers, program staff, or CoC staff) will collect the information and securing their commitment to participate; and
- Providing training for interviewers.

Who Should Be Interviewed?

You should first decide whether to collect client-level data for all sheltered homeless people or for a sample of clients. For large CoCs, interviewing every sheltered client or having staff complete a survey for every sheltered client may not be feasible. Although every survey does not need to be completed on the night of the count, interviews or data collection should be conducted within two or three days of the PIT count. Regardless of when interviews take place, information should only be collected from those individuals or families staying in the facility on the night of the count. Collecting data over a longer period of time, even if it is on clients who were in the facility on the night of the count, may skew the results toward the client characteristics of those who remain in shelter for longer periods of time rather than representing all clients served by a program on that night. If interviews last for a few days, large programs with high turnover rates may need to include a screener question to ensure the person was housed in the program on the night of the count and should be interviewed and included in the count. A screener question at the beginning of the interview would confirm that the individual was in the program on the night designated for the PIT count.

Developing a Sampling Strategy

If you decide to conduct interviews with a sample of sheltered homeless people, you need to devise a sampling strategy that allows you to interview a *representative* subset of the sheltered homeless people that are counted. There are two main approaches to sampling for client interviews:

1. Select a random sample of homeless people at each shelter; or
2. Select a sample of emergency shelter, transitional housing, and Safe Haven programs from within the CoC and interview all clients at that subset of programs.

Each approach is discussed below.

(1) Selecting a Random Sample of Homeless People at Each Shelter or Program

The first approach to sampling is to systematically interview every n^{th} person from each provider. For example, you may decide to interview every 3^{rd} or every 5^{th} person that is served at a particular shelter. This approach is useful if you do not already have basic demographic information about your homeless population because you will survey a portion of clients from each program. You do not need to sample the same percentage of clients for each provider. If there is a particularly large shelter, a smaller proportion of clients may still yield a sufficient sample size for that provider. To determine what the interval should be, you will need to make some estimates in advance about:

- The total sheltered homeless population at each program;
- How large an interview sample you need for the types of analyses you want to conduct; and
- What level of resources you have to devote to conducting the interviews.

The number of interviews you need to complete is affected by the types of analyses you want to conduct as well as the size of your sheltered homeless population. Do you just want to find out about the overall characteristics of the sheltered homeless population to complete the PIT module in HDX? Or do you want to collect more detailed subpopulation information, for example, the number of men with severe mentally illness? There is no general rule for determining the appropriate sample size for a survey under every possible circumstance, but if you are simply interested in the overall characteristics of the homeless population, a sample of 150 to 200 people is usually sufficient. If you also want to better understand the characteristics of a particular subpopulation, you need to ensure that your overall sample is large enough that you will interview at least 30 to 50 individuals in each subpopulation group that you are curious about across all programs in the CoC.

The Reasoning Behind Sample Size

The size of the sample needed depends on the precision of the estimates needed. For a community with a large sheltered population (more than 1,000 sheltered persons), 150 to 200 completed interviews results in a margin of error of +/- 7 to 8 percentage points at the 95 percent confidence level for a population percentage estimate (e.g., the percentage of chronically homeless persons in the homeless population). The margin of error is the range in which we are almost statistically certain that the actual population percentage would be within if we performed an actual census of all clients. The 95 percent confidence level means we are 95 percent confident that the margin of error is within +/- 7 to 8 percentage points. A larger sample would produce more precise estimates (i.e., a smaller margin of error at the 95 percent confidence level) and the same sample size will produce more precise estimates for communities with a smaller sheltered population (less than 1,000 sheltered homeless people). The sample size, margin of error, and confidence interval should always be reported along with the results of a study.

For example, providers in the Farragut CoC had noticed an increase in the number of sheltered homeless people with chronic substance abuse problems and wanted to find out more about this group. Therefore, in designing the sampling strategy for the PIT count, the planning committee for the CoC wanted to make sure that at least 30 chronic substance abusers were interviewed in order to be able to do further analysis on this subpopulation. Based on input from providers and the previous year's surveys, the committee estimated that about 20 percent of the sheltered homeless people in the CoC were chronic substance abusers. As a result, the committee determined that it needed to interview at least 150 sheltered homeless people in order to collect information on 30 chronic substance abusers (20% of 150 = 30). If the committee later determined that chronic substance abusers represented 15 percent of the sheltered homeless population, they would need to increase the overall sample size to 200 interviews in order to reach at least 30 chronic substance abusers.

It is also important to achieve a high response rate from the sample of people selected for the survey. The response rate is the number of people who complete the survey as a percentage of people targeted for the survey. The danger of a low response rate is that the people who do not complete the survey may have different characteristics than those who do complete the survey. That is, the people who complete the survey may not be representative of the people who stay in shelters or transitional housing in your community. Generally, you should aim for a response rate of 80 percent or higher to mitigate this risk.

The more diverse your homeless population is or the more complicated or detailed your analysis questions become, the greater the likelihood that you will need to consult someone with expertise in sampling. If you just want to find out about the overall characteristics of the sheltered homeless population, using the guidelines above is satisfactory. If however, your questions get more complicated and you are narrowing in on a small subgroup (e.g., "What are the characteristics of chronically homeless persons with co-occurring disorders in the sheltered homeless population in our community?"), you may require additional help. One guideline is if you think you will need to run multiple cross tabulations during your analysis to arrive at the

answers you are looking for, then you should seek expert assistance to ensure your sample will be large enough and the sampling design is as efficient as possible. A small amount of assistance in the beginning from a sampling statistician can help you maximize your investment in conducting the survey and analyzing the results.[3]

(2) Selecting a Sample of Programs and Interviewing All Clients at These Programs

The second approach to sampling is interviewing clients at a sample of providers by constructing a stratified sample that reflects the broader populations you want information about. In essence, stratification means that you would divide the providers into groups that serve particular subpopulations, such as shelters that serve victims of domestic violence or shelters that serve primarily persons with chronic substance abuse. We refer to these groups as provider type groups. You would then sample at least one or two providers in each provider type group (e.g., at least one domestic violence shelter) to ensure that all providers serving the different subpopulations are represented. Ideally, you would divide the provider groups into small groups that represent all the different subpopulations served (e.g., domestic violence shelters, veterans shelters, etc.), but at a minimum you should create four groups: emergency shelters serving individuals, emergency shelters serving families, transitional housing serving individuals, and transitional housing serving families. When you are interviewing, you will need to interview all clients who are staying in the programs selected for the sample on the night of the PIT count.

Chapter 5 provides guidance on calculating population and subpopulation estimates for your entire community based on these two types of sampling.

Preparing for Client-Level Data Collection

This section reviews the basics of developing a client-level survey instrument, deciding who will be conducting interviews or collecting data, providing training for interviewers or data collectors, and collecting client-level surveys. The companion to this guidebook, HUD's A Guide to Counting Unsheltered Homeless People, (http://www.hudhre.info/documents/counting_unsheltered.pdf) also provides detailed guidance on: interviewing clients and developing client surveys; gathering information about chronically homeless people; and recruiting and training volunteers. The guidance provided here is very similar, but is less detailed and tailored to data collection on sheltered homeless persons. For more information, readers should refer to the guide on unsheltered homeless persons.

If possible, involve providers in the development of the client-level survey instrument. Provider input may help identify supplemental data that it would be useful for your CoC to collect.

[3] One resource for locating a reputable survey organization (including survey sampling statisticians) is the American Association for Public Opinion Research's (AAPOR) Blue Book listing, which can be found on the Internet (www.aapor.org).

Developing a survey instrument

Most CoCs use the same or a similar survey instrument for sheltered and unsheltered client-level data collection. The primary difference between a survey instrument for unsheltered and sheltered homeless people is that you are sure that people living in emergency shelters, transitional housing or Safe Havens are homeless according to the HUD definition. Therefore, you can eliminate some questions that help determine an individual's homeless status.

A client-level survey instrument can collect all the necessary information for Exhibit 1 with an emphasis on subpopulation data (including questions used to determine if an individual is chronically homeless). CoCs that conduct client-level surveys also typically request additional information.

A client-level survey could include a portion or all of the following information (see Appendix C for examples of client-level survey instruments for sheltered homeless people):

Information needed to complete the PIT module in HDX:

□	Age or date of birth for each member of the household (Number of adults and children; unaccompanied individual or other household)
□	Household type (Household with at least one adult and one child, household with only children, household without children)
□	Length of time of the person's homeless episode(s)
□	How many times the person has been homeless and sleeping in an emergency shelter, Safe Haven, or on the streets
□	Disability status by category (severe mental illness, chronic substance abuse, HIV/AIDS)
□	Recent history of domestic violence
□	Veteran status

Optional additional information:

□	Gender
□	Race/ethnicity
□	The last city the person lived in before the current location
□	Reasons the person became homeless
□	Employment status
□	Education completed
□	Health status
□	Income level and source of income
□	Receipt of public benefits
□	Service use patterns over the past week or month
□	Supportive services needs
□	Housing needs

How will client-level data be gathered?

CoCs need to decide how client-level data will be collected and who will be responsible for data collection. The CoC could:

- Have provider staff, CoC staff, or volunteers interview clients to complete the survey;
- Request that provider staff complete a survey for each client based on intake or case management records and/or experience working with the client; or
- Distribute surveys to clients to complete independently.

The best way to gather client data combines client self-reported information with provider knowledge. Ideally, a client and a direct service provider (e.g. case manager or social worker) complete the survey together. This approach allows the provider to correct information that is not accurate or add information that a client may be hesitant to reveal, such as a chronic substance abuse problem or history of domestic violence. However, this time intensive approach is not always feasible for large programs, for providers with limited staff resources, or for programs with high turnover rates, such as emergency shelter or Safe Havens. Alternatively, a client could complete the survey instrument independently (if they are capable) and provider staff could review the form prior to submission. Using volunteers or CoC staff to administer the surveys may also be acceptable. The CoC will need to decide which method is most appropriate for the community and ensure that it is implemented consistently across providers.

CoCs also need to be vigilant about client confidentiality, particularly if volunteers are administering the survey. If this is the case, it may be best to recruit volunteers with experience interacting with homeless people, for example social services professionals or formerly homeless people and, in all cases, appropriate steps to ensure client confidentiality and protection should be taken.

Training for data collectors

Depending on who will be collecting client-level data (e.g. volunteers, provider staff, or CoC staff) it will be important to provide at least minimal training to ensure data collection is consistent. For provider or CoC staff, this may involve a brief session (about a half hour) at a regular CoC meeting or immediately before the start of the count. At the very least, detailed instructions should accompany the materials sent to provider agencies. However, if recruiting volunteers to conduct interviews, the CoC needs to hold training sessions to familiarize interviewers with the survey instrument and answer any questions. At minimum, training for volunteers should include:

- A brief review of the background of the count, why it is important, and uses of the information.
- A thorough review of the survey instrument.
- A review of the client sampling strategy, if volunteers or providers need to sample.

- A review of the client confidentiality policy and any other related concerns.
- Logistics for the night or day of the interviews, including site assignments, what time volunteers should arrive, who will be in charge at site, how to submit the completed forms, and whom to call with any questions in the meantime.

Gathering client-level surveys after the count

Client-level surveys should be collected at the same time as the provider surveys – within two or three days of the PIT count. For each program you will need to collect the completed client-level surveys and the provider summary sheet with count and, if applicable, bed inventory information. If provider data is collected via phone or a web-based system, you will need to come up with a plan for obtaining the client-level surveys.

One way to encourage providers to participate in the count and to submit sheltered count data in a timely manner is to prepare a report that summarizes client-level data for each program. This type of report will become more valuable once sheltered PIT information has been collected over a period of years and it is possible to determine how the homeless population is changing.

Combining Surveys and HMIS

As described in Chapter 3, it is possible to combine data from HMIS with manual provider or client-level survey data to gather required information for the Homeless Population and Subpopulation Chart and additional information for local planning purposes. A combined approach melds the suggested steps and timelines outlined in Chapters 3 and 4. Below is a comprehensive timeline for communities that are able to start or continue integrating HMIS into the PIT count for sheltered homeless persons.

Timeline for Using HMIS and Provider or Client Surveys for a PIT Count

- ❑ **6 months before the count**
  - o Assess HMIS data quality

- ❑ **4 months before the count**
  - o Decide if you can use HMIS for count and/or subpopulation information
  - o Finalize data collection approach (e.g., HMIS only, HMIS plus client/provider surveys, client/provider surveys only)

- ❑ **3 to 4 months before the count**
  - o If using HMIS, begin data clean-up process with providers
  - o If using client-level surveys, decide whether or not to sample and, if so, develop a sampling and extrapolation strategy
  - o Begin drafting provider and client-level surveys or reviewing and revising surveys used in the past
  - o Decide who will be interviewing clients or gathering client-level information (CoC staff, provider staff, volunteers)
  - o Update your list of emergency shelter and transitional housing providers
  - o Begin outreach to providers to solicit their participation in the count

- ❑ **2 months before the count**
  - o Finalize tools and procedures for provider or client-level data collection
    - Finalize surveys – provider and/or client-level
    - Develop provider or volunteer training materials
    - Develop written protocols for data collection on the day of the count
  - o If applicable, begin outreach to recruit volunteers

- ❑ **1 to 2 months before the count**
  - o If you have decided to do so, offer training for providers on data collection and protocols
  - o If volunteers are conducting interviews with clients, conduct training sessions

- ❑ **2 weeks before the count**
  - o Remind providers about the HMIS data collection procedures and answer last minute questions
  - o Distribute manual survey materials to providers

- ❑ **A few days before the count**
  - o Conduct final HMIS data quality checks
  - o Remind all providers and volunteers about the count with an e-mail or phone call

Timeline for Using HMIS and Provider or Client Surveys for a PIT Count (Continued)

After the count:

- **The days after the count**
  - Monitor provider and client-level surveys as they are submitted
  - Follow up with providers with any questions about data or if they have not submitted survey materials within two or three days
  - Enter manual survey information into HMIS, Excel, or another type of database
- **The week after the count**
  - Assess HMIS data quality and follow up on missing or inaccurate HMIS data
  - Assess provider / client-level survey data and follow-up on missing or inaccurate data
- **The month(s) after the count**
  - Analyze data
    - Extrapolate for non-responders to estimate a complete count
    - Extrapolate client-level survey results to derive a representative subpopulation data, if you used a sampling approach
  - Assemble findings for distribution to providers, the community, and funders

4.3 Interpreting the Results of a PIT Count

When you are satisfied that the numbers you have derived are accurate you can begin to think about the implications of the results of your sheltered count. Keep in mind that PIT data presents a different picture than longitudinal data. PIT information offers a snapshot of the population being served and is more relevant for service planning and shelter capacity purposes than for understanding the characteristics of persons who will use emergency shelter, transitional housing, or Safe Haven over the course of a year. For instance, PIT counts over-represent homeless individuals and families who use shelters or transitional housing for long periods of time and under-represent people who cycle in an out of shelters and people who have a single, brief episode of homelessness. Typically, chronically homeless persons comprise 35 to 50 percent of a PIT census, but a much smaller percent in longitudinal data collection and analysis. People who stay in shelters for shorter periods of time will be underrepresented compared to those that are long-term shelter users. Over time, HMIS data will provide longitudinal data that will help you further analyze the characteristics of persons using homeless assistance services.

5. Deriving Population and Subpopulation Estimates from Incomplete or Sampled PIT Data

This chapter describes how to extrapolate population and subpopulation estimates for the sheltered homeless people that live in your community. Extrapolation is a technique that allows you to estimate the number and characteristics of sheltered homeless persons when you have gathered data on some, but not all, sheltered homeless people in your CoC. You may need to extrapolate because certain providers do not participate in HMIS, because providers have not responded to the CoC's PIT survey, or because you elected to collect subpopulation information from a sample of sheltered homeless people. The chapter reviews procedures for the following circumstances.

- Section 5.1 reviews extrapolation methods when CoCs are using HMIS data to conduct a PIT count of sheltered homeless persons and have non-participating providers.
- Section 5.2 helps CoCs calculate complete count and subpopulation information in cases when some providers do not respond to the PIT survey.
- Section 5.3 provides extrapolation procedures for subpopulation information when a CoC conducts interviews with a sample of homeless people.

5.1 Calculating Population and Subpopulation Estimates from Incomplete HMIS Data

This section describes the extrapolation procedures you can use to calculate population and subpopulation estimates of sheltered homeless persons when you have a group of providers that do not participate in HMIS, meaning your CoC's HMIS coverage is less than 100 percent. As an alternative to the extrapolation calculations in this section, you can supplement HMIS data with manual PIT surveys for those providers that do not participate in HMIS, as described in Chapters 3 and 4. In order to extrapolate population information from HMIS data, you have to go through the following four steps:

1. Divide all emergency shelter, transitional housing, and Safe Haven providers in the CoC into groups according to program type and client population served;
2. Calculate the HMIS coverage percentage for each group of providers;
3. Extrapolate estimates from HMIS-participating providers to obtain count estimates for persons in households with at least one adult and one child, persons in households without children, households with only children, and for the entire sheltered homeless population; and
4. Extrapolate estimates from HMIS-participating providers to obtain subpopulation estimates for the entire sheltered homeless population.

Step 1: Divide providers into groups.

Extrapolation is most accurate when you divide providers into program-type groups based on the type of services they provide, and the household and subpopulation types they serve. Grouping providers allows you to estimate the number and characteristics of the group that you do not have information about – people served by providers that do not participate in HMIS – based on clients of the same type for whom you do have information.

All emergency shelter, transitional housing, and Safe Haven providers in the CoC should be divided into at least seven groups based on program type (emergency shelter, transitional housing, or Safe Haven) and the client group served (households with at least one adult and one child, households without children, and households with only children). The seven main groups are:

- Emergency shelters serving households with at least one adult and one child;
- Emergency shelters serving households without children;
- Emergency shelters serving households with only children;
- Safe Havens for households without children;
- Transitional housing programs serving households with at least one adult and one child;
- Transitional housing programs serving households without children; and
- Transitional housing programs serving households with only children.

***Example* Extrapolation from HMIS Data – Step 1**

Separating Providers into Groups

The example used throughout this section is a mid-sized CoC that has six emergency shelter programs and five transitional housing programs. Four of the emergency shelter programs and three of the transitional housing programs are participating in HMIS.

Emergency Shelters for Households without Children	Transitional Housing for Households without Children
- HELP (HMIS Participant) - P Street (HMIS Participant) - ARC (Non-participant)	- HOPE (HMIS Participant) - Support (Non-participant)

Emergency Shelters for Households with at Least One Adult and One Child	Transitional Housing for Households with at Least One Adult and One Child
- Family Center (HMIS Participant) - Tri-House (HMIS Participant) - Women's Way (Non-participant)	- Cochran Street (HMIS Participant) - Liberty (HMIS Participant) - Sarah's Place (Non-participant)

You may also want separate provider groups based on subpopulations – for example, emergency shelters for victims of domestic violence or transitional housing programs that only serve veterans. The more specialized the grouping in terms of the population served, the better the resulting count and subpopulation estimates. However, you need to have at least one HMIS-participating provider in each group for this method to work. For example, if your CoC has one veterans' only shelter and it is not using HMIS, you will not be able to create a provider group for shelters serving veterans. In this situation, you either need to manually obtain the information from the program through a survey or include the program in the group of emergency shelters serving individuals.

Underlying Assumptions for Extrapolation

The extrapolation processes described in this section are based on the assumption that HMIS-participating and non-participating providers in the same program-type group serve approximately the same number of people per available bed and serve people with similar characteristics. If this assumption is reasonable, this method will provide accurate estimates of sheltered homeless populations and subpopulation characteristics. If this assumption is not reasonable for your community, you should conduct a survey of providers or clients residing in programs that do not contribute information to HMIS.

Step 2: Calculate the HMIS bed coverage percentage for each group.

The HMIS bed coverage percentage measures the extent to which the CoC's HMIS contains records on all homeless people residing in shelter on the night of the PIT count. Calculating an HMIS coverage percentage for each provider group helps you to determine if you can use HMIS to extrapolate population and subpopulation estimates that are reasonably accurate.

The goal with HMIS is to achieve 100 percent bed coverage; in other words, to have *all residential homeless assistance providers* in the community submitting all Universal data elements on *all of their clients* to the HMIS. If your HMIS bed coverage percentage is low, your HMIS data may not accurately represent the sheltered homeless persons in the community. This is because the clients included in your HMIS may have different characteristics from the people who are not included, especially if a specific type of provider does not participate in your HMIS. For example, if shelters serving single persons submit client data to the HMIS, but shelters serving families do not, analysis of the HMIS data may give the impression that families are not experiencing homelessness in your community.

Calculating HMIS bed coverage can be done one of two ways, depending on the information you have about the number of people served by programs. To demonstrate the calculations in step 2 of this section, the box below provides fictional data for one group of providers – emergency shelters serving persons in households without children.

Example Extrapolation from HMIS Data Sample Data for Calculations in Steps 2 and 3 Emergency Shelters Serving Persons in Households without Children			
Program	Participating in HMIS?	Bed Capacity	PIT Count or Number of People Served
HELP	Yes	30	28
P Street	Yes	45	46
ARC	No	15	15
Total		90	89

Calculating HMIS Coverage

It may be difficult to determine the number of persons served by providers that do not participate in HMIS. In most cases, you will need to find a proxy for the number of persons served that can be obtained for both participating and non-participating providers. For providers of residential services, the number of beds is a good proxy because it is closely correlated with the number of persons served if the program model types are similar. Option 2 uses beds as a proxy for persons served, so the HMIS coverage percentage is the total number of beds offered by providers participating in HMIS divided by the total number of beds offered by all providers in that group.

Formula and *Example* Calculation for Emergency Shelters Serving Persons in Households without Children Calculating HMIS Coverage Percentage – Option 2 Using Beds as a Proxy When You Do Not Know How Many People Are Served by Non-Participating Providers					
Formula	Number of beds offered by providers that participate in HMIS	÷	Number of beds offered by all providers in group (HMIS participants and non-participants)	=	HMIS coverage percentage for provider group
Example	30 + 45 = 75	÷	90	=	83%

Once you have calculated the HMIS coverage percentage for each provider group, you can determine if you can extrapolate from HMIS. Generally, you need at least 75 percent coverage to extrapolate accurately, although you can extrapolate with a minimum of 50 percent coverage understanding that the error rates of the results will be significantly higher. If your coverage rate is lower than 50 percent for a group of providers, you should not extrapolate from your data because your error rates will be too high to be useful. In this case you should use the HMIS data for participating providers and collect manual PIT survey data from non-participating providers.

Step 3: Extrapolate for population estimates.

This step explains how to extrapolate for population estimates of sheltered homeless persons, assuming you have adequate coverage percentages. Below are the formulas you should use to estimate the sheltered homeless population for each group of providers. In our examples, we have used emergency shelters serving persons in households without children. **You should calculate population estimates separately for each provider group.**

3.1 Calculate the number of people served per available bed for HMIS-participating providers on the night of the PIT count. In our example, the number of persons served by the two emergency shelters for persons in households without children that participate in HMIS is 74, and the total bed capacity of these two shelters is 75. Therefore, the average number of persons served per bed for emergency shelters for persons in households without children (based on those participating in HMIS) is .99 (74 ÷ 75).

Formula and *Example* Calculation for Emergency Shelters Serving Persons in Households without Children

Calculating the Number of Persons Served Per Bed for HMIS-Participating Providers

Formula	Total number of persons served by HMIS-participating providers	÷	Total bed capacity of HMIS-participating providers	=	Average number of persons served per bed for HMIS-participating providers
CoC Example	28 + 46 = 74	÷	30 + 45 = 75	=	.99

3.2 Next, estimate the number of persons served by non-participating providers based on the average number of persons served per bed among providers participating in HMIS. In our example, the average number of persons served per bed for emergency shelters for persons in households without children (based on those participating in HMIS) is .99 and the bed capacity of the one emergency shelter for persons in households without children not participating in HMIS is 15. Therefore, the estimated number of persons served by non-participating providers of emergency shelter for persons in households without children is 15 (.99 x 15, rounded up to the nearest whole number).

Formula and *Example* Calculation for Emergency Shelters Serving Persons in Households without Children Estimating the Number of Persons Served by Providers that Do Not Participate in HMIS					
Formula	Average number of persons served per bed for HMIS-participating providers	X	Total bed capacity of non-participating providers	=	Estimated number of persons served by non-participating providers[1]
***CoC* Example**	.99	X	15	=	14.85 » **15**

[1] Round to the nearest whole number

3.3 Add the actual number of people served by HMIS participating providers to the estimates for non-participating providers to arrive at the population estimate for each provider group. In our example, the number of persons served by the two emergency shelters for persons in households without children that participate in HMIS is 74 and the estimated number of persons served by the one emergency shelter for persons in households without children that does not participate in HMIS is 15. Therefore, the total estimated number of persons served by emergency shelters for persons in households without children in the CoC (including both HMIS-participating providers and providers that do not participate in HMIS) is 89.

Formula and *Example* Calculation for Emergency Shelters Serving Persons in Households without Children Totaling the Estimate for the Provider Group					
Formula	Total number of persons served by HMIS participating providers	+	Estimated number of persons served by non-participating providers	=	Estimated number of persons served by HMIS participants and non-participants
CoC Example	28 + 46 = 74	+	15	=	89

3.4 After calculating the estimated number of sheltered homeless persons served for each provider group, you can add the groups together as appropriate, by persons in households with at least one adult and one child, households with only children, and households without children. In our example, the estimated number of persons served by emergency shelters for persons in households without children is 89. Following the same steps (although the calculations are not shown here), we arrived at an estimated number of persons served by emergency shelters for persons in households with at least one adult and one child of 112, and the estimated number of persons served by emergency shelters for persons in households with only children of 13. Therefore, our estimate of the total number of persons served by emergency shelters in the CoC is 214.

Formula and *Example* Calculation Total Population Estimate for Emergency Shelter (ES)							
Formula	Total estimate of persons served by ES for persons in households without children	+	Total estimate of persons served by ES for persons in households with at least one adult and one child	+	Total estimate of persons served by ES for persons in households with only children	=	Total estimate of persons served by ES providers for the CoC
CoC Example	89	+	112	+	13	=	214

After completing the calculations for emergency shelters, you will need to repeat the calculations for transitional housing and Safe Haven programs serving persons in households without children, transitional housing programs serving persons in households with at least one adult and one child, and transitional housing programs serving persons in households with children only. You will need to do two additional calculations to: (1) account for ***mixed population facilities*** (i.e., programs that serve households with at least one adult and one child, households without children, and households with only children); and (2) calculate the total ***number of households with at least one adult and one child, the number of households without children,*** and ***the number of households with only children*** (as opposed to the number of persons in these households). These calculations are discussed in the next section.

Special Considerations for Completing the Population and Subpopulations Data in the HDX

As discussed in Chapter 2, HUD requires CoCs to provide a PIT population estimate for the following sheltered homeless populations, separated by program type (emergency shelter, transitional housing, and Safe Havens):

- Households with at least one adult and one child;
- Persons in households with at least one adult and one child;
- Households without children;
- Persons in households without children;
- Households with only children (ES and TH only);
- Persons in households with only children (ES and TH only)

Assuming your HMIS bed coverage rate is high enough, you can produce all of these population estimates using the extrapolation method described in Steps 1 through 3 above.

If your CoC has ***mixed population facilities*** (i.e., facilities that serve all three household types), you can calculate an estimate of the total population served by these facilities using Steps 1 through 3, but you will need a way of determining what share of the total population to report under "persons in households with at least one adult and one child," what share to report under "persons in households without children," and what share to report under "persons in households with only children." The easiest way to do this is to look at the HMIS data you have for emergency shelters and transitional housing programs that serve a mixed population and determine, for each program type, what percent of the population served is by each of the three household types. You can then apply these percentages to your population estimate for mixed facilities that do not participate in HMIS.

For example, if your community has 10 mixed emergency shelters that report to HMIS, and together they serve a total of 150 people, you can use your HMIS to determine how many of the 150 people are persons in households with at least one adult and one child and how many are persons in households without children or households with only children. (See Appendix A for the HMIS data elements required to determine household type.) If you find that 120 of the people served are persons in households without children, 16 are persons in households with only children, and 24 are persons in households with at least one adult and one child, you can assume that on average, emergency shelters serving mixed populations serve approximately 75 percent persons in households without children, 10 percent are persons in households with only children, and 15 percent persons in households with at least one adult and one child. You would then need to do the same type of calculation for transitional housing programs serving mixed populations.

In some communities, family programs serve multi-person households without children as well as households with at least one adult and one child, or serve households without children if households with at least one adult and one child have not used all the units. There are also emergency shelters or transitional housing programs for households without children that on occasion also serve households with at least one adult and one child. In these cases, there is not a simple correspondence between the number of persons served by programs that are designated as serving families and the "persons in households with at least one adult and one child" category in the HDX PIT module. Likewise, the "number of persons in households without children" may not be simply equal to the number of persons served by programs designated as serving individuals. If this is the case in your community, you can do the same kind of calculation as you would do for mixed populations to assign people to the correct category in the PIT module. For example, if you know that some of the family emergency shelters in your CoC serve households without children, you can use your HMIS data to determine what percentage of the family shelter population represents persons in households with at least one adult and one child versus persons in households without children. You can then apply this percentage to your extrapolated estimate of the total number of persons served by family emergency shelters.

Calculate HMIS Coverage Rate Separately for Each Program Type

Remember, you can only use extrapolation to estimate the population served by mixed population facilities if you have an HMIS coverage rate of at least 50 percent within each program type (i.e., emergency shelters and transitional housing programs). If your HMIS coverage rate for mixed population facilities is lower than 50 percent, you will need to use provider or client surveys to collect count and subpopulation data for those mixed population facilities that do not participate in HMIS.

You do not need to do a separate extrapolation calculation in order to estimate:

- The ***number of households with at least one adult and one child***;
- The ***number of households without children***; and
- The ***number of households with only children***.

Instead, you can use the data in your HMIS on emergency shelters, transitional housing, and Safe Haven programs to calculate an average number of persons per household, separated into households with at least one adult and one child, households without children, and households with only children. This calculation should be done separately for emergency shelters, transitional housing, and Safe Haven programs for each household type. Simply divide the total number of persons in that household type (calculated using extrapolation) by the average number of persons per household in the household type to arrive at an estimate of the number of households served.

For example, your extrapolated estimate of the total number of persons in households with at least one adult and one child served in emergency shelters is 100. You can use the data you have in your HMIS for those shelters that participate in HMIS to calculate an average number of persons per household with at least one adult and one child. Let's assume you find an average family size of three. In order to calculate the total number of families in emergency shelter for the PIT module in HDX, you simply divide the total number of persons in households with at least one adult and one child (100) by the average number of persons per household with at least one adult and one child (3). Your estimate of the total number of households with at least one adult and one child in emergency shelter would be 33.

The chart below summarizes how the different calculations fit together to complete the Homeless Population portion of the PIT module for sheltered homeless populations.

Homeless Population	**Sheltered**		
	Emergency	**Transitional**	**Safe Havens**
Number of Households with at Least One Adult	Total estimate of persons in households with at least one adult	Total estimate of persons in households with at least one adult	

Homeless Population	Sheltered		
	Emergency	**Transitional**	**Safe Havens**
and One Child	and one child in ES for the CoC ÷ Average number of persons per household with at least one adult and one child in ES (based on HMIS data)	and one child in TH for the CoC ÷ Average number of persons per household with at least one adult and one child in TH (based on HMIS data)	

Homeless Population	Sheltered		
	Emergency	**Transitional**	**Safe Havens**
Total Number of Persons in Households with at Least One Adult and One Child	Total estimate of persons in households with at least one adult and one child in ES for families + Total estimate of persons in households with at least one adult and one child served by mixed population ES + Total estimate of persons in households with at least one adult and one child served by ES for singles (if applicable)	Total estimate of persons in households with at least one adult and one child in TH for families + Total estimate of persons in households with at least one adult and one child served by mixed population TH + Total estimate of persons in households with at least one adult and one child served by TH for singles (if applicable)	
Number of Households without Children	Total estimate of persons in households without children in ES for the CoC ÷ Average number of persons per household without children in ES (based on HMIS data)	Total estimate of persons in households without children in TH for the CoC ÷ Average number of persons per household without children in TH (based on HMIS data)	Total estimate of persons in households without children in SH for the CoC ÷ Average number of persons per household without children in SH (based on HMIS data)
Number of Persons in Households without Children	Total estimate of persons in households without children served by ES for singles + Total estimate of persons in households without children served by mixed population ES + Total estimate of persons in households without children served by ES for families (if applicable)	Total estimate of persons in households without children served by TH for singles + Total estimate of persons in households without children served by mixed population TH + Total estimate of persons in households without children served by TH for families (if applicable)	Total estimate of persons in households without children served by SH for singles

Homeless Population	Sheltered		
	Emergency	**Transitional**	**Safe Havens**
Number of Households with Only Children	Total estimate of persons in households with only children in ES for the CoC ÷ Average number of persons per household with only children in ES (based on HMIS data)	Total estimate of persons in households with only children in TH for the CoC ÷ Average number of persons per household with only children in TH (based on HMIS data)	
Number of Persons in Households with Only Children	Total estimate of persons in households with only children served by ES for singles + Total estimate of persons in households with only children served by mixed population ES + Total estimate of persons in households with only children served by ES for families (if applicable)	Total estimate of persons in households with only children served by TH for singles + Total estimate of persons in households with only children served by mixed population TH + Total estimate of persons in households with only children served by TH for families (if applicable)	
Total Persons:	Sum of Number of Persons in Households with at Least One Adult and One Child, the Number of Persons in Households without Children, and the Number of Persons in Households with Only Children	Sum of Number of Persons in Households with at Least One Adult and One Child, the Number of Persons in Households without Children, and the Number of Persons in Households with Only Children	Number of Persons in Households without Children

Step 4: Extrapolate for subpopulation estimates.

This step explains how to extrapolate for the number of sheltered homeless persons that belong in the eight subpopulation categories in the Subpopulations tab of the PIT module in HDX. Below we calculate subpopulation estimates, using veterans living in emergency shelter and transitional housing programs as an example. The calculation will be the same for each of the eight subpopulations and should be done separately for each subpopulation. **You should calculate subpopulation estimates separately for each provider group (see Step 1 in this section for information on grouping).**

Required Subpopulation Information
The CoC application requires eight types of subpopulation information for sheltered homeless people:
- Chronically homeless individuals
- Chronically homeless families
- Severely mentally ill
- Chronic substance abuse
- Veterans
- Persons with HIV/AIDS
- Victims of domestic violence
- Unaccompanied children (Under 18)

Aside from unaccompanied youth and chronically homeless, subpopulation information should be collected on adults only.

Extrapolation Calculation for Veterans in Emergency Shelter, Transitional Housing, and Safe Havens

4.1 First, use HMIS data element 2.6 (Veteran Status) to determine how many veterans are served by emergency shelter, transitional housing, and Safe Haven providers that participate in HMIS.

4.2 Calculate the average number of veterans served per available bed on the night of the PIT count for providers that participate in HMIS. Be sure to go through these calculations separately for each provider group.

Formula and *Example* Calculation for Emergency Shelters Serving Households without Children **Calculating the Average Number of Veterans Served per Bed for HMIS-Participating Providers**					
Formula	Total number of veterans served by HMIS-participating providers	÷	Total bed capacity of HMIS-participating providers	=	Average number of veterans served per bed for HMIS-participating providers
CoC Example	5	÷	75	=	.07

4.3 Estimate the number of veterans served by non-participating providers based on the average the number of veterans served per bed among HMIS-participating providers. Be sure to estimate this number separately for each participating provider group.

Formula and *Example* Calculation for Emergency Shelters Serving Households without Children Estimating the Number of Veterans Served by Providers That Do Not Participate in HMIS					
Formula	Average number of veterans served per bed for HMIS-participating providers	X	Total bed capacity of non-participating providers	=	Estimated number of veterans served by non-participating providers[1]
CoC Example	.07	X	15	=	1.05 **» 1**

[1] Round to the nearest whole number

4.4 Add the actual number of veterans served by HMIS-participating providers to the estimates for non-participating providers to arrive at the estimated number of veterans for each provider group.

Formula and *Example* Calculation for Emergency Shelters Serving Households without Children Totaling the Estimate for the Provider Group					
Formula	Total number of veterans served by HMIS-participating providers	+	Estimated number of veterans served by non-participating providers	=	Estimated number of veterans served by HMIS-participants and non-participants
CoC Example	5	+	1	=	6

4.5 Repeat this series of calculations for each provider group and add the resulting estimates together to determine the total estimate of sheltered homeless persons who are veterans.

***Example* Extrapolation from HMIS Data** **Total Veterans Subpopulation Estimate for Emergency Shelter (ES), Transitional Housing (TH), and Safe Havens (SH)**	
Total veterans estimate for persons in households without children in ES +	**6**
Total veterans estimate for persons in households with at least one adult and one child in ES +	**1**
Total veterans estimate for persons in households without children in TH +	**3**
Total veterans estimate for persons in households with at least one adult and one child in TH +	**2**
Total veterans estimate for persons in households without children in SH =	**1**
Total estimated number of veterans in CoC	**13**

4.6 Repeat this series of calculations for each subpopulation category: chronically homeless, chronically homeless families, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, victims of domestic violence, and unaccompanied children (under 18). For Step 1, refer to Appendix A to understand which HMIS data elements correlate with each of the eight subpopulations required for sheltered homeless persons. Remember that for some subpopulation categories, you will need to pull information from more than one HMIS data element to determine the number of people in that subpopulation.[4]

5.2 Estimating Population and Subpopulation Information for Non-Respondents to the PIT Survey

This section reviews extrapolation techniques for CoCs that collect count and subpopulation information through a PIT provider survey, as described in Chapter 4. Extrapolation can be used to estimate the number of sheltered homeless people in the CoC and in each subpopulation group if the overall response to the survey was high, but some programs did not complete the survey.

In order to complete the extrapolation for programs that did not complete the survey, you will need to know the number of beds in each program and the type of clients served (households with at least one adult and one child; households without children; and households with only children). Ideally, you should have a survey response rate of at least 80 percent, i.e., at least 80

[4] Information from providers who serve households with children only should not be incorporated into any subpopulation categories except unaccompanied children.

percent of programs in the CoC completed the survey, before extrapolating for population and subpopulation information. Extrapolating from a survey response rate that is lower than 80 percent could lead to misrepresenting the number and characteristics of the sheltered homeless programs from which you were not able to collect information. If your initial survey response rate is lower than 80 percent, you should try to work with non-responding providers to try to get additional surveys completed.

Extrapolating from provider-level data is similar to the process outlined in Section 5.1 for missing HMIS data.

- First, follow Step 1 (*Divide providers into groups*) and group providers according to program type (emergency shelter, transitional housing, or Safe Havens) and the type of client served (households with at least one adult and one child; households without children; and households with only children). Remember, you should have at least five groups, but may have more if you want to break things down according to programs that serve special populations (e.g., victims of domestic violence). For each group, however, you must have at least one provider that responded to the survey for the extrapolation to work properly.
- Next, follow Step 3 (*Extrapolate for population estimates*) to estimate the number of sheltered homeless people in non-responding programs. When using the formulas, simply substitute "HMIS-participating providers" with "participating providers." In this case, "participating providers" are those that completed the survey and "non-participating providers" are those that did not.
- Lastly, follow Step 4 (*Extrapolate for subpopulation estimates*) to estimate the number of sheltered homeless people that belong in each subpopulation category. When using the formulas, simply substitute "HMIS-participating providers" with "participating providers." In this case, "participating providers" are those that completed the survey and "non-participating providers" are those that did not.

5.3 Extrapolating for Subpopulation Information from a Sample of Client Interviews

If you collected subpopulation information by surveying or interviewing a random sample of clients or surveying clients at a sample of programs, you will need to extrapolate the information to estimate figures for the sheltered homeless population overall. Extrapolation techniques vary according to the sampling method used to collect the data. See Chapter 4, Section 4.2, for details on the two sampling methods covered in this guide. The first part of this section reviews extrapolation techniques if you interviewed a random sample of clients from every emergency shelter and transitional housing program in the CoC. The second part explains techniques for extrapolating from a stratified sample of programs.

Extrapolating from a Random Sample of Client-Level Data Collected at Each Program

If you have randomly sampled a subset of clients at each program, you must first estimate, for each program, the total number of clients in each subpopulation group. First, take the total number of clients interviewed at a given program and determine the number of clients who fall into each subpopulation group. Then, for each subpopulation group, multiply the number of clients sampled by the denominator of the fraction of clients that made up the sample.

Formula to Extrapolate Subpopulation Survey Results from a Random Sample of Clients for Each Program				
Number of clients sampled that are part of subpopulation	X	Inverse of the fraction of clients sampled at the program (For example, 1/5 of clients = 5 OR 1/3 of clients = 3)	=	Total number of clients at the program who are part of the subpopulation

Next, add the subpopulation numbers from each emergency shelter, transitional housing, and Safe Haven programs to calculate the total number of sheltered homeless people in each subpopulation group across the CoC.

For example, if you interview every fifth client in an emergency shelter (i.e., 1/5 of the clients) and determine that 6 people in the sample are veterans, then you multiply that figure by 5 (the inverse of 1/5) to derive a total of 30 veterans in that program. Add each program total from emergency shelters, transitional housing, and Safe Haven programs to come up with the total number of veterans for the CoC.

***Example* – Extrapolating Veterans Subpopulation Information at an Emergency Shelter**						
Total population at emergency shelter	Sample size	Number of surveys completed – every 5th client	Number of clients interviewed who are veterans	Extrapolate survey to entire population of program	Total number of clients at emergency shelter who are veterans	Total the number of veterans from all ES, TH, and SH programs
100	20% or 1/5 of clients	20	6	6 X 5 = 30	30	30 + All other veterans from ES, TH, and SH programs

Extrapolating from a Sample of Homeless Programs

If client data was obtained from a stratified sample of providers, you must first extrapolate to determine the client characteristics for the provider type as a group (emergency shelter, transitional housing, or Safe Havens) before you can apply the findings to the larger population of sheltered homeless people. This step "weights" the data from the selected providers to obtain estimates about the characteristics of the population served by the provider type as a whole. You will complete this step for emergency shelters, transitional housing, and Safe Haven programs.

Formula for Extrapolating Subpopulation Data from a Stratified Sample of Homeless Programs				
Number of clients from sampled providers that are part of the subpopulation	X	Inverse of the fraction of program type beds that sampled providers represent (For example, 1/2 of emergency shelter beds = 2)	=	Total number of clients in program type who are part of the subpopulation

Next, total the results from the emergency shelter, transitional housing, and Safe Haven calculations. This equals the total number of sheltered homeless people that belong in this subpopulation for the entire CoC.

For example, if you interview all clients from one of three emergency shelter facilities, and this facility represents 50 percent (1/2) of the total emergency shelter beds, then you would multiply the subpopulation data for that facility by 2 (the inverse of $\frac{1}{2}$) to determine the estimate for the emergency shelter population as a whole. The veterans subpopulation numbers from emergency shelter, transitional housing, and Safe Haven providers are added together to arrive at a veterans subpopulation estimate for sheltered homeless persons for the CoC.

***Example* – Extrapolating Veterans Subpopulation Information from a Stratified Sample of Emergency Shelter Providers**						
Total emergency shelter beds in CoC	Number of beds at sampled providers	Number of surveys completed – every client at sampled providers	Number of clients interviewed who are veterans	Extrapolate survey results to entire ES population	Total number of emergency shelter residents who are veterans	Total the number of sheltered homeless veterans in CoC
100	50 beds or 50% (½) of total ES beds in CoC	50	15	15 X 2 = 30	30	30 + Veterans from ES programs

Accounting for Non-Respondents within the Sample

As mentioned in Chapter 4, it is important to achieve a high response rate (80 percent or higher) among the clients you interview to be confident that the sample of persons who complete the survey are representative of the people targeted for the survey, and, thus, are representative of all sheltered homeless persons in the community. It is also important that your extrapolation procedure account for non-respondents so that your community-level numbers represent the entire sheltered homeless population.

When extrapolating from a random sample of client-level data collected from each program, accounting for non-respondents simply means basing your extrapolation on the share of the population who *actually* complete the survey, rather than the share who were *targeted* for the survey. For example, if you target every fifth person for the survey, but only complete interviews with every sixth person, then the multiplier is 6 rather than 5.

When extrapolating from a stratified sample of homeless programs, you have to adjust the bed coverage for non-respondents. For example, if you target all homeless persons at a particular provider, but only 80 percent of the people complete the survey, then you should only count 80 percent of the beds for that provider.

These extrapolation procedures are treating the non-response as if you just selected a smaller random sample. However, there is a major difference with non-response leading to a smaller sample than having selected a smaller random sample to start with—a concern that the people who complete the interview are actually representative of the population. The best way to mitigate this concern is to ensure you have selected a truly random sample of the sheltered homeless population[5] and to obtain a high response rate (80 percent or higher). If you do not achieve a high response rate or if there are other reasons to be concerned that non-respondents are significantly different than respondents, for example, if you have reason to believe victims of domestic violence were less likely to complete the survey, then you may need to make more complex adjustments.

[5] The key characteristics of a random sample are that every sheltered homeless person has a chance of being selected for the survey and the probability of being selected for the sample is known. For example, if you choose to interview every fifth person at a shelter, each person at the shelter had a 20 percent chance of being selected for the sample. It is not a random sample if you skip persons that you think may be difficult to interview or exclude or under-represent persons with any particular characteristics.

Appendix A: HMIS Data Elements Needed to Complete the PIT Module in the HDX

The HMIS Data Standards (available at www.hudhre.info) describe in detail the client-level information that must be reported to HMIS for different program and provider types. This appendix discusses the data elements needed to generate the count and subpopulation information required for the PIT module in HDX. Following the discussion is a summary crosswalk table that can be shared with providers to help prepare for an HMIS-based PIT count.

HMIS Data Elements Needed for Count and Subpopulation Information

The following HMIS data elements are needed to complete the Homeless Population portion of the PIT module in HDX:

- **3.12 Program Entry Date / 3.13 Program Exit Date:** to determine if the client is in the program on the night of the count.
- **2.3 Program Identifier:** to classify whether the person is in Emergency Shelter, Safe Haven, Transitional Housing, or Permanent Supportive Housing. *Note: Only count clients in Emergency Shelter, Safe Haven, and Transitional Housing programs in your sheltered count.*
- **3.3 Date of Birth:** to determine whether the person is an adult or child.
- **3.15 Household Identification Number:** to determine whether the person should be counted as a person in a household without children, a household with at least one adult and one child, or a household with only children.

The following HMIS data elements can be used for the information required on Homeless Subpopulations (Subpopulation section of the PIT module in HDX):

- **4.7 Mental Health:** to determine which clients are severely mentally ill.*
- **4.8 Substance Abuse:** to determine which clients are chronic substance abusers.*
- **3.7 Veteran Status:** to determine which clients are veterans.
- **4.6 HIV/AIDS:** to determine which clients have HIV/AIDS.
- **4.9 Domestic Violence:** to determine which clients are victims of domestic violence.
- **3.3 Date of Birth and 3.15 Household Identification Number:** to determine which clients are unaccompanied children.

***Note:** HMIS data elements 4.7 Mental Health and 4.8 Substance Abuse each contain two response categories. The first response category indicates whether the person has a mental health or substance abuse problem. The second response category indicates whether the problem is "expected to be of long-continued and indefinite duration and substantially impairs ability to live independently." Both conditions must be true in order for the client to be counted as "severely mentally ill" or suffering from "chronic substance abuse" as required for the subpopulations chart.

Crosswalk of Information Needed for the Population and Subpopulations Chart (Sheltered Population Only) and Corresponding HMIS Data Elements

Homeless Population	HMIS Data Elements
Number of Households with at Least One Adult and One Child:	• 3.12 Program Entry Date / 3.13 Program Exit Date: to determine whether client is in the program on the night of the count. • 2.3 Program Identifier: to determine that the client is in emergency shelter or transitional housing. • 3.3 Date of Birth: to determine if the client is an adult or child. • 3.15 Household Identification Number: to identify other household members, if any.
Number of Persons in Households with at least one Adult and One Child:	
Number of Households with Only Children:	
Number of Persons in Households with Only Children:	
Number of Households without Children	
Number of Persons in Households without Children	

Part 2: Homeless Subpopulations	HMIS Data Elements
	•
Severely Mentally Ill	• 4.7 Mental Health (both parts of the data element)
Chronic Substance Abuse	• 4.8 Substance Abuse (both parts of the data element)
Veterans	• 3.7 Veteran Status
Persons with HIV/AIDS	• 4.6 HIV/AIDS
Victims of Domestic Violence	• 4.9 Domestic Violence
Unaccompanied Child (Under 18)	• 3.3 Date of Birth • 3.15 Household Identification Number

Appendix B: Sample Data Quality Report by Program – Missing Values

Source: CSPTech Program, Massachusetts. Only partial report is shown.

		New Records Entered			Percentage of Records Containing Data By Field										
Provider	HMIS Staff	# Total	# New In Year	# New In 3rd Quarter	First Name	Last Name	SSN	DOB	Gender	Ethnicity	Race	Prior Living	Vet	Disability	Last Perm Zip
Provider A	Joe	1030	354	111	100)%	100%	74%	99%	99%	96%	99%	96%	95%	54%	62%
Provider B	Mary	26	15	10	100%	100%	100%	100%	100%	100	100%	93%	93%	95%	0%
Provider C	Mary	1	1	1	100%	100%	0%	100%	100%	100%	100%	0%	0%	0%	0%
Provider D	Joe	417	135	26	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Provider E	Mary	915	231	3	100%	100%	91%	100%	100%	94%	100%	37%	99%	84%	81%

Appendix C: Sample Provider and Client-level Survey Instruments

This section provides examples of provider and client-level survey instruments.

The State of New Hampshire collects provider and client level information in two pages. Each provider completes the first page with bed inventory and aggregate client information. The second page is a brief client survey for program participants who are willing to answer the questions. The PIT surveys are sent to providers with the attached cover letter that provides clear definitions of a homeless person, chronically homeless, and severely mentally ill.

Erie/Buffalo County conducts client level surveys. The survey collects demographic information, subpopulation information, and data on income and service needs for each client.

A Note about Sample Survey Instruments:
These samples are from 2005. Changes were made to subsequent NOFAs. Please use these samples for reference only.

State of New Hampshire

POINT IN TIME COUNT
Sheltered Homeless
Noon, January 25, 2005 - Noon, January 26, 2005

Name of Facility	Name of person filling out form	Time and Date

How many actual beds does your facility have?

	Total # of Beds for Singles	Total # of Beds for Families
Emergency Beds		
Transitional Beds		
Permanent Supportive Housing		
Seasonal Beds		
TOTAL		

How many people did you serve during January 25th – January 26th?

Homeless Populations	Emergency	Transitional	Seasonal
1. Homeless Individuals			
2. Homeless Families with Children			
2a. Persons in Homeless Families with Children			
Total (lines 1 + 2a)			
Homeless Subpopulations	**Emergency**	**Transitional**	**Seasonal**
1. Chronically Homeless**			
2. Severely Mentally Ill			
3. Chronic Substance Abuse			
4. Veterans			
5. Persons with HIV/AIDS			
6. Victims of Domestic Violence			
7. Youth (-18 years of age)			

How many turnaways (i.e., people you could not shelter/house) did you have in this 24-hour period?

_____ # singles
_____ # families
_____ # persons in families

Please make any notations on the back of this form or use additional paper if needed. Your comments are very valuable to us.

If you have questions, please call Kristina Riera at 271-5055
Please return by February 4, 2005 to fax #: 271-5139 Attn: Kristina Riera

****PLEASE SEE DEFINITION ON BACK OF FORM**

POINT IN TIME COUNT
Service Provider Count for the Sheltered Homeless
Noon, January 25, 2005 - Noon, January 26, 2005

Name of interviewer _____County_____

Agency Surveyed _____Time and Date_____

Has anyone approached you and asked questions, for example (read one from below) tonight?
_____ No _____ Yes – If Yes, skip this page.

1	What are the first initial of your first name and first two initials of your last name? For example John Potter (JPO) (This will help us eliminate possible duplications)	___ ___ ___		Don't Know
2	How many people are homeless in your family with you now?			Don't Know
3	Do you have any school age children with you now?	Yes	No	Don't Know
4	Are they enrolled in school?	Yes	No	Don't Know
5	Where were you sleeping? You do not have to give specific location (car, abandoned building, tent site is fine)			Don't Know
6	Were you in foster care as a minor?	Yes	No	Don't Know
7	Were you previously 'doubled up dependent'? (Couch surfing)	Yes	No	Don't Know
8	(For individuals only) How long have you been homeless?			Don't Know
9	Have you been homeless 4 times in the last 3 years?	Yes	No	Don't Know
10	Have you ever been told you have a substance use disorder?	Yes	No	Don't Know
11	Have you ever been told you have a mental illness?	Yes	No	Don't Know
12	Are you a veteran?	Yes	No	Don't Know
13	Have you ever been told you have HIV/AIDS?	Yes	No	Don't Know
14	Have you ever been a victim of domestic violence?	Yes	No	Don't Know

If you have questions, please call Kristina Riera at 271-5055
Please return by February 4, 2005 to fax #: 271-5139 Attn: Kristina Riera

****THIS FORM IS NOT REQUIRED. THIS IS FOR ANY INDIVIDUAL OR FAMILY WILLING TO COMPLETE THIS FORM.**

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF BEHAVIORAL HEALTH

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5059 1-800-852-3345 Ext. 5059
Fax: 603-271-5139 TDD Access: 1-800-735-2964

John A. Stephen
Commissioner

Geoffrey C. Souther
Bureau Chief

January 18, 2005

TO: Transitional Housing Programs and Emergency Shelter Providers

FROM: Patrick C. Herlihy, Director
Office of Homeless, Housing, and Transportation Services

RE: Point-in-Time Count of Homeless Individuals and Families

As in the past, the New Hampshire Bureau of Behavioral Health, Office of Homeless, Housing, and Transportation Services is coordinating a statewide effort to bring federal resources into the state to address issues of homelessness in our communities. The resources come from the U.S. Department of Housing and Urban Development (HUD) through the Continuum of Care process.

One of HUD's requirements for funding is that we conduct a "point-in-time" count of the homeless, both sheltered and unsheltered, in New Hampshire. Since many of the state's street and hidden homeless approach/become known to you, we are asking for your assistance in completing this "point-in-time" count.

We have designated from noon, **January 25, 2005 until noon, January 26, 2005** as the date for the statewide "point-in-time" count. Enclosed you will find a form to fill out. We would appreciate your completing the form for those individuals and families who approach your agency between noon on January 25th until noon on the 26th, who had no permanent address during this time period and were living either on the street, in a shelter, or about to be evicted from either their own apartment or an apartment/house of a family member or friend. As noted on the attached form, the information needs to be returned to Kristina Riera by February 4th either by fax (271-5139) or at the following address:

Kristina Riera, Program Administrator
Office of Homeless, Housing and Transportation Services
State Office Park South
105 Pleasant Street
Concord, NH 03301

Please note that the numbers will be used in the aggregate on a regional basis and will not be reported from individual offices.

Thank you in advance for your assistance. If you have any questions, please do not hesitate to contact Kristina Riera at 271-5055. Once again, thank you for helping us to access these much-needed resources.

PH:mry

HUD's definition of "**Homeless**" – A person is considered homeless ONLY when he/she resides in one of the places described below at the time of the count:
An ***unsheltered homeless*** person resides:

- In a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings"

A ***sheltered homeless*** person resides:

- In an emergency shelter
- In transitional housing or supportive housing for homeless persons who originally came from the streets or emergency housing.

HUD's definition of "**Chronically Homeless**" - An unaccompanied homeless INDIVIDUAL with a disabling condition who has either: been continuously homeless for a year or more or has had at least 4 episodes of homelessness in the past 3 years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation and/or in an emergency shelter during that time

NH's definition of "**Severely Mentally Ill**" – Severe functional impairment in the areas of activities of daily living, interpersonal functioning, concentration/task performance and adaptation to change due to a mental illness as defined in the DSM IV. A person is severely impaired if he/she requires intensive supervision and cannot function adequately in an autonomous or semi autonomous environment or without medication."

The Mandate... According to the U.S. Department of Housing and Urban Development, "For **sheltered homeless people**, Continuum of Cares (CoC's) are instructed to count all adults, children and unaccompanied youth residing in emergency shelters and transitional housing, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person is homeless. In addition to collecting a one-day Point in Time count of homeless individuals and families in shelters, CoC's must collect information on the number of sheltered homeless people considered to be chronically homeless, seriously mentally ill, chronic substance abusers, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth. For **unsheltered homeless people,** CoC's are instructed to count all adults, children, and unaccompanied youth sleeping in places not meant for human habitation. CoC's must also count or estimate the number of unsheltered homeless people who meet HUD's definition of chronic homelessness." *pg. 7 (HUD'S Homeless Assistance Programs)*

Erie County, PA

Erie County Commission on Homelessness

Erie County Housing and Services Survey

Hello, my name is _____. I am a volunteer interviewer for a county-wide housing and services survey. We are seeking your help at this time to find out about people in our community and the types of services they need. The results of this survey will be used to improve the quality and variety of housing and services available. **Your answers are completely confidential and will not affect the services you receive here or anywhere else.** Would you be willing to spend five minutes to take part in the survey?

Start time:

Location:

Interview Initials (First, Middle, Last):

First, I'd like to ask a few questions about you.

1. What are your first and last initials? *First Initial:* _____ *Last Initial:* _____

2. What is your date of birth? Month: _____ Day: _____ Year: _____

3. Which of the following terms best describes you? ☐ Male ☐ Female

4. Do you consider yourself to be:
☐ White ☐ Black ☐Asian ☐Native American ☐ Bi-Racial: _____

5. Do you consider yourself to be of Hispanic Origin? ☐ *Yes* ☐ *No*

6. What is the highest level of schooling you COMPLETED?
1 2 3 4 5 6 7 8 9 10 11 12/GED
Some College (No Degree) Associates Bachelors Professional

7. Did you ever serve in the U.S. Military?
☐ *Yes - Discharge Status:* _____ ☐ *No*

8. Are you in any kind of school or training now --- for a diploma, degree, vocational course, or other program?
☐ *Yes* ☐ *No*

9. Are you currently employed?
☐ *Yes, Full Time* ☐ *Yes, Part Time* ☐ *Education/Training Program*
☐ *No - Reason:* _____ *(Skip to Question 11)*

10. Is this a regular, seasonal, or temporary position?
☐ *Regular* ☐ *Seasonal* ☐ *Temporary*

11. Do you have any conditions – physical, emotional, or other conditions - that limit your ability to work or perform activities?
_____

12. What is your current marital status?
☐ *Never Married (Single)* ☐ *Living with Someone (Cohabiting)* ☐ *Married*
☐ *Separated* ☐ *Divorced* ☐ *Widowed*

13. Do you have any children? ☐ *Yes – How Many:*_____ ☐ *No*

14. What is your (family's) main source(s) of income? _____

15. What is your (family's) TOTAL income in an average month? _____

Next, I'd like to ask you about your living arrangements.

16. Have you ever been without a place to stay or lived in a place not meant for people to live (e.g., outside, on the streets, living in a car or a field, living in an abandoned building)?
☐ *Yes* ☐ *No*

17. Have you ever had to live with friends or family because you were homeless?
☐ *Yes* ☐ *No (if NO to questions 16 AND 17; skip to Question 26)*

18. Are you currently homeless, without a place to stay, or living with friends or family?
☐ *Yes* ☐ *No (if NO, skip to Question 25)*

19. Where did you stay last night?
☐ *Shelter* ☐ *Friends/Family* ☐ *Streets*
☐ *Drop-In Center* ☐ *Hotel/Motel* ☐ *Other:* _____

20. How long have you been homeless? *Day(s)* __ *Week(s)* __ *Month(s)* __ *Year(s)* __

21. Is this the first time you have been homeless?
☐ *Yes (if YES, skip to Question 25)* ☐ *No*

22. When was the last time you were homeless?
*Month:*_____ *Year:* ____

23. How many times have you been homeless in the past three years?
_____*2 Times* _____*3 Times* _____ *4 or More Times*

24. Do you have any family members staying with you at this time?
☐ *Yes* ☐ *No (if NO, skip to Question 25)*

Please indicate gender & age of each family member staying with respondent at this time.

Member #1: M ____ F_____ Age: _____	Member #6: M ____ F_____ Age: _____
Member #2: M ____ F_____ Age: _____	Member #7: M ____ F_____ Age: _____
Member #3: M ____ F_____ Age: _____	Member #8: M ____ F_____ Age: _____
Member #4: M ____ F_____ Age: _____	Member #9: M ____ F_____ Age: _____
Member #5: M ____ F_____ Age: _____	Member #10: M ____ F_____ Age: _____

25. I'd like you to tell me some of the reasons why you are (were) homeless.

☐ *Lost Benefits*	☐ *Lack Affordable Housing*	☐ *New to Area*	☐ *Institution Release*
☐ *Lost Work*	☐ *Eviction – Landlord/Bank*	☐ *Alcohol/Drug Use*	☐ *Other:* _____
☐ *No Income*	☐ *Eviction – Family/Friend*	☐ *Violence in Home*	☐ *Other:* _____

26. Have you always lived in Erie County? ☐ *Yes (Skip to Statement)* ☐ *No*

27. Where else have you lived in the past twelve months?
_____

Finally, I want to know about the services you have needed or used in the past twelve months.

28a. Please tell me about any services you felt you NEEDED over the past twelve months.

☐ *Emergency Shelter*	☐ *Transitional Housing*	☐ *Permanent Housing*
☐ *Education/Job Training*	☐ *Health Care*	☐ *Alcohol/Drug Services*
☐ *Mental Health Services*	☐ *Food/Meals*	☐ *Financial Assistance*
☐ *Other:* _____	☐ *Other:* _____	☐ *Other:* _____

28b. Please tell me which services you actually USED over the past twelve months.

☐ *Emergency Shelter*	☐ *Transitional Housing*	☐ *Permanent Housing*
☐ *Education/Job Training*	☐ *Health Care*	☐ *Alcohol/Drug Services*
☐ *Mental Health Services*	☐ *Food/Meals*	☐ *Financial Assistance*
☐ *Other:* _____	☐ *Other:* _____	☐ *Other:*_____

29. Are there any services you felt you needed but were not able to access?

_____
_____
_____
_____
_____

30. Is there anything you wish to share with us about your life and experiences?

_____
_____
_____
_____

****

Interviewer Observations

Interviewer Initials (First, Middle, Last): _____

Interview Status:

☐ *Completed*	☐ *Interrupted, then Resumed*
☐ *Stopped by Respondent*	☐ *Stopped by Interviewer/Site Coordinator*

Respondent/Interviewer Interaction:

☐ *Respondent Read Along with Interviewer*	☐ *Respondent Listened to Questions*
☐ *Someone Assisted Respondent with Survey*	☐ *Other:* _____

Interview Experience:

☐ *Mental/Physical Difficulties*	☐ *Angry/Upset*
☐ *Language Barriers*	☐ *Intoxicated*
☐ *Comprehension Barriers*	☐ *Conditions at Site/Noise Problems*
☐ *Frequent Breaks*	☐ *Other:* _____