

U.S. Department of Housing
and Urban Development



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Office of
Special Needs Assistance
Programs

FY 2006 Continuum of Care and FY 2007 Emergency Shelter Grants Awards

HUD is pleased to announce the awards for the FY 2006 Continuum of Care (CoC) and FY 2007 Emergency Shelter Grants (ESG).

Approximately **\$1.205 billion** is awarded for CoC competitive programs and **\$160 million** is being awarded in Emergency Shelter Grants (ESG). The CoC competitive programs provide funding for transitional and permanent housing and supportive services. ESG provides homeless prevention and emergency assistance.

Specifics on the awards can be found at <http://www.hud.gov/offices/cpd/homeless/budget/2006/index.cfm>.

Release of HUD's first-ever Annual Homeless Assessment Report to Congress

The U.S. Department of Housing and Urban Development released a landmark report on the scope and nature of homelessness in America during a media briefing at 1 p.m. (EST), Wednesday, February 28th at HUD Headquarters in Washington.

The AHAR is a report to the U.S. Congress on the extent and nature of homelessness in America. HUD's new data indicates 754,000 persons are homeless on any given night.

The AHAR is one of HUD's most important reports for understanding national trends on homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The AHAR is a pioneering report that is based primarily on Homeless Management Information System data, as well as information from Continuum of Care funding applications.

The first AHAR covers a three month time period (February – April 2005) and answers six key questions:

1. How many people are homeless on a single day in the United States?
2. How many people use emergency shelters or transitional housing at some time during a three-month period?
3. Who is homeless?
4. What is the nation's capacity to provide housing for homeless persons?

5. Where do homeless people receive shelter?
6. What are the patterns of shelter use?

Information in the AHAR will be used to assess local homelessness, improve program operations, and inform future national policy aimed at reducing homelessness in the years to come. HUD would like to thank the communities that contributed data to the first AHAR and made the first report a success!

Visit the following website to download the full report: http://www.huduser.org/publications/povsoc/annual_assess.html

Visit the following website to view HUD's latest homeless assessment data:

<http://www.hud.gov/offices/cpd/homeless/local/index.cfm>

Portal Update: New Community Pages

The HUD sponsored [HMIS.info](http://www.hud.gov/offices/cpd/homeless/local/index.cfm) portal has undergone a series of changes in the last year, and many more are planned to increase the functionality of the site for users. In December, new Community pages were released. These pages allow users to navigate or search for information on every local HMIS implementation in the country.

To **navigate**, click on [Communities](#) in the navigation bar.

- Clicking on a state will provide a list of HMIS implementations in the state along with the CoCs participating in that implementation.
- Clicking on a particular HMIS implementation will provide more information about the HMIS project as well as contact information and links to peer-to-peer documents from that community posted on this site.

Users may also **search** for a community from the search box on the left side of the page. Choose the "Community" radio button, and search for an HMIS Implementation name, a CoC Name, or a CoC Code.

Enhancements to the community pages are coming soon. The pages will contain state maps and the CoCs listed here will eventually link to more detailed pages devoted to the CoC on the HUD website. Users that find outdated or inaccurate information about their community can submit a community update request with the correct information.

Invitation to Participate in the Annual Homeless Assessment Report (AHAR)

The Annual Homeless Assessment Report (AHAR) is a report to the U.S. Congress on the extent and nature of homelessness in America. The AHAR is one of HUD's most important reports for understanding national trends on homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The AHAR is a pioneering report that is based primarily on Homeless Management Information System data.

HUD invites Continuums of Care (CoC) to participate in this important report. During the next few months, CoCs with at least 65 percent HMIS bed coverage for emergency shelter or transitional housing programs in 2006 will be contacted to participate in the AHAR. Any CoC that meets this HMIS-bed coverage threshold or is interested in participating in the AHAR should contact Abt Associates at AHAR@abtassoc.com.

Communities participating in the AHAR will receive targeted technical assistance to help them:

- Understand and use their HMIS data;
- Identify and address HMIS data quality issues;
- Improve their bed inventory information; and
- Develop a comprehensive picture of homelessness in a community.

Increasing participation of CoCs in the AHAR is critical and will improve the ability of planners, policy makers and legislators both locally and nationally to make informed funding and policy decisions. Make a difference by making your community part of the AHAR this year!

Housing Inventory Charts **Tips & Tricks**

- **The #1 error made on Housing Inventory Charts** is reporting beds that are not consistent with the Target Population identified. Follow the chart below to make sure your Target Population A matches your reported beds.

Target Population A	Rule
SM, SF, SMF, YM, YF & YMF	Report NO family units or beds for these codes – year round, seasonal, and overflow/voucher beds for INDIVIDUALS ONLY
FC	Report NO individual beds for this code – FAMILY units and beds, seasonal FAMILY beds, overflow/voucher FAMILY beds and Units ONLY. If family beds are reported, then family units MUST also be reported.
M	Report BOTH INDIVIDUAL and FAMILY beds for year round beds, seasonal and overflow/voucher beds. If family beds are reported, then family units MUST be reported.

- **Update your agency's Housing Inventory Chart as part of your Point In Time count!** Update your HIC at the same time to avoid any confusion about bed usage when the NOFA needs to be completed.
- **Voucher beds are counted differently** than year round, seasonal and overflow beds. While year round, seasonal and overflow beds represent the number of physical beds, mats, or cots, voucher beds are counted by the number of persons served by the voucher (example: 1 voucher housed 3 persons, you report 3 in the voucher beds column).
- **Target Population "FC" (Families with Children) requires you report a number in 2 columns** – Family Units and Family Beds – Family Units are the number of separate housing units (rooms or apartments) that you have designated for families. Family beds are the number of regularly available beds within each of the rooms (example: you have 4 Family Units and each unit/room has 4 beds. You would report Family Units = 4 and Family Beds = 16)
- **Do Not Report** a number in the Individual beds column if your Target Population is "FC" (Families and Children)
- **Calculating "M" Mixed Population Beds** can be confusing when all beds in the facility are not occupied during the Point-in-Time count. Follow the steps outlined below to report the correct # of beds for individuals and families in mixed population facilities with unoccupied beds during the Point-in-Time count. If all the facility's beds are occupied during the Point-in-Time count, then report the beds as individual and family based on the households actually occupying the beds.

Step	Description	Example
1	Find the total number of beds used for families on the day of the Point In Time count	Total of all the beds used by families on the day of the PIT (3 beds)
2	Find the total number of beds used for individuals on the day of the Point In Time count	Total of all the beds used by individuals on the day of the PIT (4 beds)
3	Find the proportion of the beds used for families	Step 1 (3 beds) divided by 10 (total beds) = 30%
4	Find the proportion of the beds used for individuals	Step 2 (4 beds) divided by 10 (total beds) = 40%
5	Find the total number of filled beds (families and individuals)	Step 1 plus Step 2 (3 plus 4 = 7 beds)
6	Find the proportion of UNFILLED beds	10 (total beds) minus Step 5 (7 total filled beds) = 3 Unfilled beds
7	Find the proportion of UNFILLED family beds to report	Step 6 (3 total unfilled beds) multiplied by Step 3 30% (proportion of filled family beds) = .9 or 1 bed
8	Find the proportion of UNFILLED Individual beds to report	Step 6 minus Step 7 (3 minus 1 = 2 beds)
9	Find the Number of Family beds to report on the HIC	Step 1 plus Step 7 (3 plus 1) = 4 beds to place in the Year Round Family Beds Column
10	Find the Number of Individual beds to report on the HIC	Step 2 plus Step 8 (4 plus 2) = 6 beds to place in the Year Round Individual Beds Column
11	Enter Family Units	Enter the number of separate housing units (rooms or apartments) that you have designated for families = 2. NOTE: This number is NOT THE SAME as your family bed count.

Point In Time Charts

The following chart represents the information collected during the Point-in-Time count. The red text boxes correspond to cells in the chart and provide clarifying information for that cell. If you still have questions please email PItcounts@abtassoc.com or call 1-877-789-2427.

Continuum of Care Homeless Population and Subpopulations

Indicate date of last point-in-time count: (mm/dd/yyyy)

Part 1: Homeless Population	Sheltered		Unsheltered
	Emergency	Transitional	
1. Number of Households with Dependent Children:			0
1a. Total Number of Persons in these Households (adults and children)			
2. Number of Households without Dependent Children**			
2a. Total Number of Persons in these Households			0
Total Persons (Add Lines 1a and 2a):	0	0	0
Part 2: Homeless Subpopulations (Adults only, except g. below)	Sheltered	Unsheltered	Total
a. Chronically Homeless			0
b. Severely Mentally Ill		*	0
c. Chronic Substance Abuse		*	0
d. Veterans		*	0
e. Persons with HIV/AIDS		*	0
f. Victims of Domestic Violence		*	0
g. Unaccompanied Youth (Under 18)		*	0

Report the number of households and the number of homeless persons in those households counted during the point-in-time (PIT) count in the Homeless Population Chart.

Report the number of households of couples with children and single parents/guardians with children in this category. Each couple or single parent/guardian with children should be counted as a household.

Enter the total number of persons in the households included in 1.

Enter the total number of persons in the households included in 2.

Subpopulation information should only be reported on adults and unaccompanied youth.

This chart collects information on sheltered and unsheltered homeless persons regardless of the funding source for services provided. Numbers presented in this chart should reflect a point-in-time count conducted during the last seven days of January 2007. Only persons who were homeless on the night designated for the count should be reported in this chart. Persons in jails, hospitals or other institutions during the point-in-time count must not be included.

Single individuals (including unaccompanied youth), couples and other adult-only households should be counted in the "Households without Dependent Children" category.

Chronically homeless subpopulation information is required for sheltered and unsheltered adults. Sheltered chronically homeless are only in emergency shelters.

Numbers for Unsheltered homeless subpopulations (except Chronic Homeless) are optional.

Community Spotlight

"Making Jail the Last Resort"

Eleventh Judicial Circuit of Florida Criminal Mental Health Project, Miami, FL

Miami-Dade County is home to one of the largest percentages of persons with serious mental illnesses of any urban area in the United States (FL Dept of Children and Families). Approximately 9.1% of the total population in the county (210,000 persons) experiences a serious mental illness; yet fewer than 13% of these persons receive treatment. Among individuals who are homeless, the prevalence of mental illness is even higher. Of the estimated 5,000 homeless persons in the county, approximately 20% experience a mental illness and 25% experience co-occurring mental illness and substance use disorders. On any given day, the Miami-Dade County Jail houses between 800 and 1200 inmates with serious mental illnesses – roughly 50% of these persons are homeless on the day they become incarcerated.

The Eleventh Judicial Circuit Criminal Mental Health Project (CMHP) was established to divert people with serious mental illnesses who commit minor, misdemeanor offenses away from the criminal justice system and

into community-based care. The CMHP currently includes two primary programs: Pre-booking Diversion and Post-booking Diversion. The Post-booking Diversion Program uses Miami's local Homeless Management Information System (HMIS) to collect and analyze data on the services provided to program participants.

Post-booking diversion (County Court Jail Diversion Program) occurs within 24-48 hours of eligible defendants with mental illness arrested for misdemeanors arriving at the jail. Under this program, defendants meeting

criteria for diversion are evaluated and then transferred from the jail to mental health crisis facilities for appropriate treatment. Typically, charges are dismissed upon the client's stabilization and completion of a discharge plan.

Data on service utilization by program participants is entered by case managers from eight community health centers, which is then used by CMHP staff to produce monthly case management reports as well as analysis on service delivery. While data input is still a challenge to this fledging program, its high profile focus is anticipated to provide enough quality data in the HMIS within the next 6 months to do more extensive analysis on program successes and gaps in service delivery. Clients' demographic information in the local HMIS is also used to assist with arranging appropriate resources and supports, housing, and reconnection with their original communities.

Initial CMHP data has demonstrated the program to be more effective and cost-efficient than institutionalization for participants. Based on information from court cases, the program has improved public safety, reduced police and civilian injuries, reduced recidivism to jails, and saved lives. Cooperative linkages among stakeholders within the community contribute to the program's success. The Homeless Trust donates HMIS software licenses for data collection, administrative aspects are covered by Miami-Dade County, and the services provided are funded by the Florida Department of Children and Families. Through this collaboration and participation in the local HMIS, CMHP offers the concept of hope and recovery for homeless individuals with serious mental illnesses involved in the criminal justice system.

The Eleventh Judicial Circuit seeks to provide diversion and linkage to comprehensive care to individuals suffering from serious mental illnesses within the criminal justice system – making jail...the last resort.

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