

# **The Annual Homeless Assessment Report**

## **Frequently Asked Questions**

September 2003





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# The Annual Homeless Assessment Report:

## Frequently Asked Questions

Over the past several years, Congress has directed the U.S. Department of Housing and Urban Development (HUD) to assist local jurisdictions in implementing Homeless Management Information Systems (HMIS) and in using data from these systems to obtain an unduplicated count of homeless persons, analyze local patterns of services usage, and assess local service needs. To help meet this directive, HUD contracted with Abt Associates Inc. and the University of Pennsylvania's Center for Mental Health Policy and Research (the Abt/UPenn team) to produce the nation's first Annual Homeless Assessment Report (AHAR) to Congress. Work on the research project began in July 2002 and is progressing rapidly.

Abt Associates and University of Pennsylvania staff have compiled a list of frequently asked questions (FAQ) regarding the AHAR and related HMIS activities. This list of questions and answers is intended to provide communities with an initial reference guide to the AHAR research project, the national data standards, and other HMIS issues. The list is organized into five sections:

- overview of the AHAR research project
- national data standards
- timeline for the AHAR research project
- expectations for communities participating in the AHAR research project
- technical assistance to communities participating in the AHAR research project and other information

Some of the following questions address issues that are specific to communities participating in the AHAR research project. The answers to these questions provide useful information regarding a major HUD-sponsored research project focusing on the nature of homelessness in the United States and will likely interest all communities. These answers may also provide all communities with a better understanding of HUD's expectations regarding HMIS implementation.

### Overview of the AHAR Research Project

#### *1. What is the goal of AHAR research project?*

The HUD-sponsored research project will analyze HMIS data collected from a nationally representative sample of 80 communities in the United States. The goal of the research is to produce an unduplicated count of homeless persons within each of the 80 communities and, on the basis of that information, develop a descriptive profile of the homeless population using services provided by Continuum of Care (CoC) members throughout the nation. The results of the research will form the basis of the nation's first AHAR to Congress in 2005.

The information will be presented in the AHAR for the nation as a whole and by broad categories such as region of the country and size of jurisdiction.



## ***2. Who is participating in the research project?***

There are 80 jurisdictions (or sample sites) located within 71 Continuums of Care participating in the research project. This constitutes the nationally representative sample (see Table 1 on page 11). Most of the jurisdictions are central cities (42), a few are other cities with more than 50,000 people (9), some are urban counties (15), and several jurisdictions are in rural areas (14). The jurisdictions are regionally distributed, with 17 in the Northeast; 22 in the South; 19 in the Midwest; and 22 in the West. Altogether, the jurisdictions contain 40 million people or more than 14 percent of the U.S. population.

## ***3. How were the 80 sample sites selected?***

The selection of a nationally representative sample relied on Community Development Block Grant (CDBG) jurisdictions as the primary sampling unit. All 3,142 CDBG jurisdictions within the 430 CoCs in the 50 U.S. states (as of 2002) were considered for the national sample, and 80 jurisdictions were selected for participation in the study.

The selection of the 80 jurisdictions proceeded in three phases. First, since prior research on homelessness indicated that the rate of homelessness varies by type of geographic area, the 3,142 CDBG jurisdictions were grouped into four categories based on established CDBG funding classifications: central cities, other cities larger than 50,000, urban counties, and rural areas.

Second, 18 jurisdictions (among the 3,142 CDBG jurisdictions) were selected with “certainty.” These sites were intentionally selected for two reasons. Because the size of the population across CDBG jurisdictions is skewed, with a few very large jurisdictions covering areas where several million people live, selecting very large jurisdictions with certainty will improve the statistical accuracy of the national sample. In addition to their overall size, prior research has found that homeless people are disproportionately located in central cities. This is another reason for including large central cities with certainty in the sample. This will not inflate the national estimate of the number of homeless people, but it will make both the national estimate of homelessness and the descriptive profiles of the homeless more accurate.

Third, to select the remaining 62 sample sites, the remaining 3,124 CDBG jurisdictions were divided into sixteen groupings based on the four types of geographic areas and the four Census regions. The 62 sampled—or non-certainty—sites, were randomly selected from within these groupings.

## ***4. Will the intentional selection of the largest CDBG jurisdictions bias the results or possibly misrepresent homelessness in rural areas?***

Selecting a CDBG jurisdiction with certainty means the CDBG jurisdiction will only represent itself in the sample estimates. That is, the data collected for a certainty site cannot be used to make generalizations about the nature of homelessness elsewhere in the country, but rather can only represent the characteristics of homeless persons in the jurisdiction itself. Because certainty sites can only represent themselves, there is no danger of misrepresenting or under- or over-estimating homelessness in suburban areas, rural areas, or in other central cities.



**5. *Do sample sites with no homeless service providers stay in the sample?***

Yes. Sample communities that do not have any homeless service providers stay in the research sample and, for statistical purposes, simply represent other communities across the country that similarly do not have any homeless service providers. These sites will not be asked for data. However, if a homeless service provider becomes operational within the jurisdiction in the future, data will be requested at that time from the sample community.

## **National Data Standards**

**6. *How did HUD develop the national data standards?***

The development of the national data standards was a nearly yearlong process and included extensive input from an Expert Panel composed of practitioners, advocates, government representatives, and researchers. The composition of the Expert Panel was designed to balance the need for addressing key policy questions with practical knowledge about the data collection limits of local jurisdictions. The panel met over two days in August 2002 to discuss a set of universal and program-level data elements and definitions, including the issue of whether unique identifiers should be required.

After the Expert Panel meeting, the data standards were drafted and were refined through follow-up discussions with Expert Panel members and with HUD. HUD's review of the draft data standards reflected input from the Office of Community and Planning and Development (both the Office of Special Needs Assistance Programs and the Office of HIV/AIDS Housing) and various other HUD offices. A lawyer on the Abt/UPenn team specializing in privacy and information policy also reviewed the draft standards.

The proposed standards have been released in the Federal Register for public comment. Interested persons are encouraged to submit comments on the proposed Notice to Michael Roanhouse, Office of Special Needs Assistance Programs, Office of the Assistant Secretary for Community Planning and Development, Room 7262, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410. All comments should refer to the docket number and title on the Notice. Comments from staff at the AHAR sites will be particularly useful for refining the standards before final publication.

**7. *Who was on the Expert Panel?***

The Expert Panel is composed of 40 leading homeless practitioners, national advocates, government representatives, and researchers. Table 2 on page 13 lists the names and affiliations of each panel participant.

**8. *What is the difference between universal and program-level data elements?***

As discussed in the proposed Notice, universal data elements are to be collected from all clients served by all programs reporting to the HMIS. Universal data elements are needed for CoCs to understand the basic dynamics of homelessness on the local level and for HUD to meet the Congressional direction for an



unduplicated count of homeless service users at the local level and a description of their characteristics. Altogether, there are 15 universal data elements (11 require data entry and 4 are computer-generated).

Program-level data elements are elements to be collected from clients served by programs—federal, state or local—that include an assessment of the client’s needs as a basic element in their provision of service. That assessment elicits key information used to plan service delivery, in some cases to determine eligibility for services, to track the provision of services, and to record outcomes. Program funders may require the collection of certain program-level data elements as part of their annual reporting requirements. There are 16 program-level data elements (all require data entry). Most are needed to complete Annual Progress Reports (APR) for certain HUD McKinney-Vento Act programs and some are needed for future AHAR reports to Congress.

In the future, much of the information to be included in APRs will be derived from HMIS data. This will be possible since guidelines for reporting to the APR will reflect the data standards set forth in the proposed Notice and used in the HMIS.

### ***9. Who is expected to participate in HMIS and comply with the data standards?***

As specified in the proposed Notice, HUD expects that *all* CoCs will make substantial progress toward meeting the Congressional direction for full implementation of HMIS by October 2004, and *all* recipients of HUD McKinney-Vento Act program funds are expected to participate in an HMIS. The 80 communities in the research sample are being asked to accelerate their HMIS implementation and to become operational by January 2004. (The timeline for the research project is discussed below, as is the provision of technical assistance to help facilitate HMIS implementation.)

The HUD McKinney-Vento Act programs include Emergency Shelter Grants, Supportive Housing Program, Shelter Plus Care, and Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO). In the FY 2003 funding notices for the Supportive Housing, Shelter Plus Care, and Section 8 SRO Moderate Rehabilitation programs, HUD announced that providing data to an HMIS is a condition of funding for grantees. Housing Opportunities for Persons with AIDS (HOPWA) projects that serve homeless persons are expected to, and strongly encouraged to, participate in the area’s HMIS.

### ***10. Why is it necessary to collect Social Security Numbers and other personal identifying information?***

The collection of a client’s Social Security Number (SSN) and other personal identifying information is required for *two* important activities. First, unique identifiers are key to producing an accurate unduplicated count of homeless persons. This is particularly critical among jurisdictions that do not share data and are, therefore, unable to use a Personal Identification Number to deduplicate (at intake) across all the programs participating in the CoC’s HMIS. Where data are not shared, CoCs must rely on a set of unique identifiers to produce an unduplicated count once the data are sent to the CoC or central server. Name and date of birth are useful unique identifiers, but these identifiers by themselves cannot be used to produce an accurate unduplicated count of homeless persons since names change and people share the same date of birth. The addition of the social security number greatly improves the accuracy of deduplication.

Second, one of the most important applications of HMIS data is the ability to link HMIS data with mainstream administrative databases. Our current understanding of homelessness, service use, and gaps in the service system has been greatly improved by studies that link homeless data with welfare, public



health, housing, criminal justice, and other administrative records. The process of linking two databases, however, requires a common set of unique identifiers in each database. That is, name, SSN, date of birth, and gender collectively act as the “bridge” across the two (or more) databases that programmers use to merge files together. Without these unique identifiers it would be extremely difficult to merge homeless data with other data sources, and would therefore severely restrict the broader applicability of HMIS data.

Communities that choose to share their data with researchers or other entities outside of their communities for the purposes of merging HMIS data with mainstream administrative databases are expected to develop data user agreements to provide for the protection of the confidentiality of the data. Also, the use of HMIS and administrative data will be subject to state and local privacy laws governing the disclosure of information.

### ***11. How are program entry and exit dates defined?***

*Program Entry Date.* As discussed in the proposed Notice, for a shelter stay, this date would represent the first day of residence in a shelter program following residence outside the shelter or in another program. For example, the first date of service is the date a person is admitted into a shelter, after residing in an abandoned building, staying with relatives, or living in another setting the night before. It may also represent the first date of residence in a transitional program after transferring from an emergency shelter program. For services, this date may represent the day a service was provided, or the first date of a period of continuous service. For example, if a person receives daily counseling as part of an ongoing treatment program, the first date of service is the date of enrollment in the treatment program. Any return to a program one day or more after the last date of program use must be recorded as a new program entry date. The same logic applies to treatment programs that are scheduled less frequently than a daily basis. For example, if a person receives counseling once a week, any return to a program one week or more after completing the program or a termination of the program by the user or provider of the treatment must be recorded as a new program entry date. The termination can be a formal termination or a failure of the user to return for counseling.

*Program Exit Date.* For a shelter stay, the exit date would represent the last day of residence in a shelter program. For example, the last date of service for an emergency shelter would be the day the person left the shelter to move into permanent or transitional housing or failed to return to the shelter. For services, this date may represent the day a service was provided or the last date of a period of continuous service. For example, if a person has been receiving weekly counseling as part of an ongoing treatment program and either formally terminates their involvement or fails to return for counseling, the last date of service is the date of the last counseling session.

### ***12. When will the data standards be finalized?***

HUD estimates that the final Notice will be issued by the end of 2003. The precise date will depend on several factors, including the number of public comments submitted for review, the nature of the comments, and the speed of HUD’s clearance process. HUD will make every effort to have the final Notice completed as early as possible.

### ***13. What can HMIS communities do while the proposed Notice is being reviewed?***

There are many activities that HMIS communities can work on prior to the completion of the final Notice. These activities will help position the community for quick and full HMIS implementation once the



Notice is finalized and released. The activities depend on the current status of HMIS implementation within the CoC.

For emerging communities without an operational HMIS, the communities can:

- recruit service providers located within the AHAR sample site for participation in the HMIS. (The draft Notice provides a table that presents HUD's prioritized list of programs for HMIS participation. The table places all emergency shelter, transitional housing, and street outreach programs in the highest priority category.)
- develop staffing models that meet agency needs, especially in terms of technology and software expertise.
- design and implement staff training modules to address privacy and confidentiality issues, data quality concerns, and the use of the software application.
- complete the process for procuring HMIS software.
- implement pilot tests to ensure the HMIS software application's functionality and reliability.

For experienced communities with an operational HMIS, the activities include:

- prepare for the retrofitting of existing systems to comply with the data standards.
- expand service provider participation in the HMIS, especially within the target AHAR sample site.
- update staff training modules to address privacy and confidentiality issues, data quality concerns, and the use of the software application.
- conduct regular data quality checks.

## **Proposed Timeline for the AHAR Research Project**

### ***14. What is the timeline for the research project?***

*August 2003 – December 2003:*

- Convene second Expert Panel meeting
- Develop the Final Data Standards and Definitions Notice
- Prepare guidebook on local uses of HMIS data
- Provide outreach and technical assistance to sample sites

*January 2004 – December 2004:*

- Continue technical assistance to sample sites
- Collect data for AHAR starting in 2004

*January 2005 – July 2005:*

- Prepare the first Annual Homeless Assessment Report.

The first AHAR will include HMIS data for part or all of 2004. Both HUD and the Abt/UPenn researcher team realize that the timeline for the AHAR research project is ambitious, and we understand that some sites will not be able to fully adhere to the schedule. Staff from the Abt/UPenn research team and the technical assistance providers under contract with Aspen Systems (discussed below) will be available to facilitate each site's HMIS implementation. Technical assistance providers from Aspen Systems will also continue to provide technical assistance to sites that are not part of the AHAR sample.



### ***15. What happens if a sample site is not fully implemented and collecting data by January 2004?***

There is *no penalty* whatsoever for sites that are not fully implemented and collecting data by January 2004. HUD has clearly recognized that HMIS implementation and data collection is an iterative process that will steadily evolve as communities become more experienced with HMIS. The Abt/UPenn team and the technical assistance providers will continue to work with these sites to complete their implementation and begin data collection. In addition, the Abt/UPenn team is exploring options for handling data that represents part of 2004 but would preserve the statistical validity of the national estimates.

## **Expectations for Communities Participating in the AHAR Research Project**

### ***16. What will sample sites be expected to do?***

Participating sites are expected to:

- designate a lead contact person to coordinate activities with the Abt/UPenn team.
- recruit service providers within the targeted sample site to participate in the HMIS.
- implement final data standards and, where applicable, retrofit existing systems to become compliant with the final Notice.
- work with service providers to ensure compliance with the data standards.
- conduct data quality checks after the first three months of data collection, and in regular intervals thereafter.
- participate in conference calls with Abt/UPenn research staff to discuss the status of HMIS implementation and data collection, and address any issues or concerns as needed.
- prepare a local HMIS report for submission to the AHAR.

The Abt/UPenn team will be available to assist sites with each of these expectations.

### ***17. What is the local HMIS report?***

The local HMIS report will contain multiple table shells (or templates) that will describe the homeless population in the sample site. The table shells for the first AHAR will be available in early 2004 and will likely include cross tabulations of the universal data elements.

The table shells will be based on aggregated data. The aggregated data, in turn, must be based on an unduplicated count of homeless persons in the sample site and reflect counts of homeless persons using reliable and acceptable extrapolation techniques (see next question for more information on extrapolation). If requested, the Abt/UPenn team will be available to assist communities in producing the unduplicated count of homeless persons and applying the extrapolation procedures. Alternatively, communities can submit client-level data, and Abt/UPenn project staff will be responsible for producing the unduplicated count of homeless persons and applying the appropriate extrapolation procedures. If this option is chosen, the client-level data must contain all the necessary data elements needed to produce the AHAR table shells, and the site must sign a research agreement with Abt/UPenn providing for the protection of the confidentiality of the data.



Second, based on feedback from the July HMIS Conference, we are revisiting the question of whether the data for the local HMIS report will be based on the location of the intake or the location of where the service was provided. This distinction is especially critical among street outreach programs and permanent housing facilities since the intake may occur outside of the sample site but the client receives services from a provider located within the sample community. The reverse may be true as well: the intake may occur within the sample site but the services are provided outside of the sample jurisdiction. HUD understands that this is an issue and will consult with HMIS practitioners on the pros and cons of using place of intake or place of service before deciding on a general rule to be used by all sites.

***18. Will communities that are not part of the AHAR research project be expected to develop a local HMIS report and how will the Annual Progress Report (APR) relate to the HMIS?***

HUD will likely request a local HMIS report from all communities based on the universal data elements and modeled after the basic sample site tables that are under development.

All HMIS communities will eventually use the HMIS to produce and submit an electronic APR for projects receiving HUD's McKinney-Vento funding through the Continuum of Care and Emergency Shelter Grants Programs. However, in the short-term HUD has issued an Interim APR. This APR reflects Congressional direction contained in the 2003 HUD Appropriation Act for the inclusion of information on chronic homelessness. Directions on the implementation of this Interim APR will be issued shortly. Once the standards are finalized and HUD's McKinney-Vento Act funded homeless service providers are participating in HMIS, HUD will consider changes in the Interim APR. Future changes in the APR will be undertaken after extensive consultation with affected grantees and HMIS system administrators. HUD is sensitive to the need for adequate time to reprogram HMIS systems to produce a revised APR.

***19. What are extrapolation procedures?***

Extrapolation procedures are used to obtain estimates of the number of people using homeless services in a jurisdiction when some of the providers have not yet started participating in the local HMIS. Extrapolation is needed to ensure that the number of people using homeless services is not underestimated because some providers did not provide information on the number of people they served. For example, if 50 percent of the Emergency Shelter beds in a jurisdiction are covered by HMIS, a simple extrapolation procedure would be to double the count of homeless from the beds that are covered by HMIS to arrive at an estimate of the total number of Emergency Shelter users in the jurisdiction. We are investigating different extrapolation procedures to ascertain the most accurate method for obtaining accurate local counts of people using homeless services. We will present the findings of this investigation to the Expert Panel for their recommendation and then disseminate the procedures to follow. We can assist with extrapolation procedures as part of the technical assistance.

***20. How should sample communities deliver HMIS data for the AHAR?***

Regardless of whether a community chooses to submit aggregated or client-level data, all data should be delivered electronically to Abt/UPenn project staff. Aggregated data should be compiled and recorded within each table shell, which will either be in Microsoft Word or Excel, and all the table shells should be submitted electronically to project staff. Client-level data should be exported from the HMIS application into a tab-delimited format to give Abt/UPenn researchers the ability to generate aggregate data for the



AHAR table shells. Access to client-level data will be restricted to the entities specified in the data user agreement. All the aggregated data will be sent to HUD.

Transmission of the aggregated data can be done via email or saved on a diskette/CD and sent via standard postal mail. The delivery of client-level data must fully comply with the privacy and confidentiality standards set forth in Chapter 4 of the proposed Notice regarding the electronic transmission of data.

***21. Will the requested data cover the entire Continuum of Care, only the sample site, or both?***

For the purposes of the first AHAR, all participating communities must submit data that, at a minimum, covers the sample site selected in the nationally representative sample (please refer to Table 1 for the list of sample sites). In some cases, the selected geographic area is coterminous with the CoC (e.g., the City of Chicago and the Chicago CoC), and thus the data will reflect the characteristics of homeless persons throughout the entire CoC. In other cases, the selected geographic area constitutes a smaller jurisdiction within the larger CoC (e.g., Great Falls and the State of Montana CoC), and thus the data will only reflect the nature of homelessness in Great Falls.

In the latter case (where the sample site is a smaller jurisdiction within the larger CoC) the CoC may choose to submit data for the entire CoC or even the entire state (where applicable). However, the CoC- or state-wide data *must be* submitted as a separate report from the sample site report. It is very important that the data for areas outside the sample site be submitted separately from the sample-site data, because only the data from the sample site can be used to make generalizations about homelessness in places for which we do not have data. Likewise, CoCs that are not part of the sample (i.e., no sample sites within the CoC) may also submit data for inclusion in the AHAR report. The data for areas beyond the CDBG jurisdictions selected for the sample will be used to represent homelessness in that specific area for the national estimates, but cannot be weighted to represent other jurisdictions. We will adjust the weights on the sample sites to take into account the data provided for non-sample areas. This will ensure statistically reliable national estimates.

***22. Do sample sites need to achieve a certain level of bed coverage in order to be included in the AHAR?***

At this point, we have not determined the criteria for including or excluding data based on the level of participation of service providers. Past studies have used a minimum threshold requiring that at least 75 percent of the emergency shelter beds of providers within the Continuum of Care must be reported to the HMIS in order to support analysis. However, this criterion does not capture homeless individuals using only transitional housing or other services outside the emergency shelter system. The criteria for AHAR reports will be discussed at the second Expert Panel Meeting in the fall of 2003.

***23. What steps will be taken to protect data submitted by sample sites?***

Upon request, the Abt/UPenn team will work with a participating site to develop a letter of understanding when client-level data is transmitted to the research team. The letter of understanding will describe the provisions for the protection of data, how the data will be used, and who will have access to the data. The letter of understanding will also comply with the privacy and security standards outlined in Chapter 4 of the proposed Notice, and more rigorous standards established locally will also be considered.



Both Abt Associates and the University of Pennsylvania have established track records in using and protecting sensitive client-level data. Abt Associates and UPenn have used housing, unemployment insurance, mental health, welfare, correctional, and other client-level databases in past research studies.

## **Technical Assistance to Communities Participating in the AHAR Research Project and Other Information**

### ***24. What kind of technical assistance is available to sample sites?***

There are two types of technical assistance available to sample sites. First, the Abt/UPenn team offers research-related assistance specific to the production of good quality data. Staff from the research team can help with data quality issues, producing an unduplicated count of homeless persons, applying appropriate extrapolation methods, and generating the AHAR report.

Second, Aspen Systems offers three separate workshops under a contract with HUD. The first workshop (HMIS 101) is geared towards introductory audiences who want more information on HMIS and how to plan for HMIS implementation. The second workshop (HMIS 201) is designed for communities that understand the HMIS basics and are in the implementation (or intermediate) stage. Because each community's situation varies, a workshop can be designed to "mix and match" modules from both workshop curriculums. In addition, trainers can emphasize and spend more time on a particular module, as needed to address a specific community issue. The third workshop (Consumer Involvement) is designed to educate consumers of homeless services and provider agencies to increase involvement of consumers in HMIS planning and decision-making.

### ***25. How will HMIS software vendors be included in the AHAR research project?***

HMIS software vendors are encouraged to comment on the proposed Notice. HUD and the Abt/UPenn team will also be available to discuss questions and concerns regarding the draft data standards with representatives from HMIS software vendors.

### ***26. How can I get more information about the AHAR research project or the availability of technical assistance?***

For more information on the AHAR research project, please contact:

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**Table 1: List of 80 Communities Participating in the Annual Homeless Assessment Report**

	Sample Site	Type of Location	State	Continuum of Care
<b>Midwest</b>				
1	CHICAGO	Central City	IL	Chicago CoC
2	DETROIT	Central City	MI	City of Detroit CoC
3	CLEVELAND	Central City	OH	Cuyahoga County/Cleveland CoC
4	ST PAUL	Central City	MN	St. Paul/Ramsey County CoC
5	LANSING	Central City	MI	Lansing, East Lansing/Ingham County CoC
6	DEARBORN	Central City	MI	Out - Wayne County CoC
7	SPRINGFIELD	Central City	OH	Ohio Balance of State
8	COUNCIL BLUFFS	Central City	NE	City of Omaha
9	LANCASTER	Central City	OH	Ohio Balance of State
10	MOORHEAD	Central City	MN	West Central Minnesota CoC
11	FARMINGTON HILLS	City >50,000	MI	Oakland County CoC
12	WASHTENAW COUNTY	Non-Entitlement	MI	Washtenaw County/Ann Arbor CoC
13	PUTNAM COUNTY	Non-Entitlement	OH	Ohio Balance of State
14	FOREST COUNTY	Non-Entitlement	WI	State of Wisconsin CoC
15	NORMAN COUNTY	Non-Entitlement	MN	Northwest Minnesota CoC
16	COOK COUNTY	Urban County	IL	Cook County CoC
17	HENNEPIN COUNTY	Urban County	MN	Minneapolis/Hennepin County CoC
18	MACOMB COUNTY	Urban County	MI	Macomb County CoC
19	WASHINGTON COUNTY	Urban County	MN	Washington County CoC
<b>Northeast</b>				
20	NEW YORK CITY	Central City	NY	New York City Coalition/CoC
21	PHILADELPHIA	Central City	PA	City of Philadelphia
22	BOSTON	Central City	MA	City of Boston
23	HARTFORD	Central City	CT	Hartford CoC
24	CAMDEN	Central City	NJ	Camden City/Camden County
25	NIAGARA FALLS	Central City	NY	Niagara County CoC
26	ATTLEBORO	Central City	MA	Greater Attleboro and Taunton CoC
27	GLENS FALLS	Central City	NY	Saratoga County - City of Saratoga Springs
28	ISLIP TOWN	City >50,000	NY	Suffolk County CoC Group
29	BRICK TOWNSHIP	City >50,000	NJ	Ocean County CoC
30	STRATFORD	City >50,000	CT	Bridgeport CoC
31	CHITTENDEN COUNTY	Non-Entitlement	VT	Chittenden County
32	LYCOMING COUNTY	Non-Entitlement	PA	Central-Harrisburg Region of Pennsylvania
33	SNYDER COUNTY	Non-Entitlement	PA	Central-Harrisburg Region of Pennsylvania
34	BERGEN COUNTY	Urban County	NJ	Bergen County
35	WESTMORELAND COUNTY	Urban County	PA	Westmoreland County
36	ONONDAGA COUNTY	Urban County	NY	Syracuse/Clay/Onondaga County CoC
<b>South</b>				
37	HOUSTON	Central City	TX	Houston/Harris County
38	DALLAS	Central City	TX	Dallas Homeless CoC
39	WASHINGTON	Central City	DC	District of Columbia Homeless Services
40	EL PASO	Central City	TX	El Paso CoC
41	ATLANTA	Central City	GA	Atlanta Tri- Jurisdictional
42	AUGUSTA-RICHMOND	Central City	GA	Augusta-Richmond County
43	PORTSMOUTH	Central City	VA	Portsmouth CoC



**Table 1: List of 80 Communities Participating in the Annual Homeless Assessment Report**

	<b>Sample Site</b>	<b>Type of Location</b>	<b>State</b>	<b>Continuum of Care</b>
44	WILMINGTON	Central City	DE	CoC Delaware
45	BOSSIER CITY	Central City	LA	Northwest Louisiana
46	SARASOTA	Central City	FL	Sarasota/Mantee CoC
47	HATTIESBURG	Central City	MS	Mississippi Balance of State CoC
48	SLIDELL	Central City	LA	Slidell/Livingston/St. Helena
49	DELTONA	City >50,000	FL	Volusia County CoC
50	MIDWEST CITY	City >50,000	OK	State of Oklahoma
51	HARDIN COUNTY	Non-Entitlement	KY	Commonwealth of Kentucky CoC
52	OCONEE COUNTY	Non-Entitlement	GA	Georgia CoC
53	MACON COUNTY	Non-Entitlement	GA	Georgia CoC
54	HUMPHREYS COUNTY	Non-Entitlement	MS	Mississippi Balance of State CoC
55	MONTGOMERY COUNTY	Urban County	MD	Montgomery County, Maryland
56	POLK COUNTY	Urban County	FL	Polk/Hardee/Highlands County CoC
57	CHESTERFIELD COUNTY	Urban County	VA	Richmond CoC
58	MARION COUNTY	Urban County	FL	Ocala/Marion County CoC
<b>West</b>				
59	LOS ANGELES	Central City	CA	County of Los Angeles, Ca
60	PHOENIX	Central City	AZ	Maricopa CoC
61	SAN DIEGO	Central City	CA	City of San Diego Consortium
62	SAN FRANCISCO	Central City	CA	City and County of San Francisco
63	SEATTLE	Central City	WA	Seattle-King County CoC
64	FRESNO	Central City	CA	Fresno/Madera CoC
65	MODESTO	Central City	CA	Stanislaus County Housing & Support Services Collaborative
66	BERKELEY	Central City	CA	Alameda County-wide CoC Partnership 2002
67	BILLINGS	Central City	MT	State of Montana CoC
68	GREAT FALLS	Central City	MT	State of Montana CoC
69	FLAGSTAFF	Central City	AZ	Rural Arizona CoC
70	SEASIDE	Central City	CA	County of Monterey
71	MORENO VALLEY	City >50,000	CA	County of Riverside
72	MISSION VIEJO	City >50,000	CA	County of Orange, Ca
73	PICO RIVERA	City >50,000	CA	County of Los Angeles, Ca
74	SKAGIT COUNTY	Non-Entitlement	WA	State of Washington CoC
75	ADAMS COUNTY	Non-Entitlement	WA	State of Washington CoC
76	CROWLEY COUNTY	Non-Entitlement	CO	State of Colorado
77	LOS ANGELES COUNTY	Urban County	CA	County of Los Angeles, Ca
78	CLARK COUNTY	Urban County	NV	Southern Nevada CoC
79	ADAMS COUNTY	Urban County	CO	The Metropolitan Denver Homeless Initiative
80	MARIN COUNTY	Urban County	CA	Marin County



**Table 2: Participants on the HMIS Expert Panel**

	<b>Name</b>	<b>Organization</b>
<b><i>Local Practitioners/Experts</i></b>		
1	Jaqueline Brown	Atlanta Children's Shelter
2	Gloria Townsend	City of Baltimore Department of Housing & Community Development
3	Matthew Berg	City of Philadelphia Office of Emergency Shelter & Services
4	Barbara Ritter	City of Spokane Human Services
5	Brooke Spellman	Consultant
6	Julie Williams	Idaho Housing and Finance Association
7	Matt White	Matt White Consulting
8	Jill Berry	New York City Department of Homeless Services
9	Martha Are	North Carolina Coalition to End Homelessness
10	Tedd Kelleher	State of Washington Office of Community Development
11	Michelle Hayes	University of Massachusetts - McCormack Institute
12	Oscar Gutierrez	University of Massachusetts - McCormack Institute
13	Julie Hovden	Wisconsin State Division of Housing & Intergovernmental Relations
<b><i>National Advocates</i></b>		
14	Nan Roman	National Alliance to End Homelessness
15	Donald Whitehead	National Coalition for the Homeless
16	Lyn Rosenthal	National Network to End Domestic Violence
<b><i>U.S. Government Representatives</i></b>		
17	Peter H. Dougherty	U.S. Department of Veterans Affairs
18	Allen Taylor	U.S. Department of Veterans Affairs
19	Annetta C. Smith	U.S. Census Bureau
20	Fay Nash	U.S. Census Bureau
21	Jean Hochron	U.S. Department of HHS
22	John Fanning	U.S. Department of HHS
23	Stan Chappell	U.S. Department of HHS - Family and Youth Services Program
24	Fran Randolph	U.S. Department of HHS - Homeless Programs Branch
25	Patricia Carlile	U.S. Department of HUD - CPD
26	John Garrity	U.S. Department of HUD - CPD
27	Marty Horwath	U.S. Department of HUD - CPD
28	Mark Johnston	U.S. Department of HUD - CPD
29	Michael Roanhouse	U.S. Department of HUD - CPD
30	David Vos	U.S. Department of HUD - HOPWA
31	Paul Dornan	U.S. Department of HUD - PD&R
32	Rob Wilson	U.S. Department of Labor
33	Carol Coleman	U.S. FEMA
34	Philip Mangano	U.S. Interagency Council on the Homeless
35	F. Stevens Redburn	U.S. Office of Management & Budget
36	Robert Rosenheck	Veterans Affairs NE Program Evaluation Center / Yale University
<b><i>Researchers</i></b>		
37	Jill Khadduri	Abt Associates
38	Donna Friedman	University of Massachusetts - McCormack Institute
39	Dennis Culhane	University of Pennsylvania - CMHPSR
40	Martha R. Burt	Urban Institute