

March 2005



Estimating the Need

Projecting from Point-in-Time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing

By Martha R. Burt and Carol Wilkins

Acknowledgements

CSH is grateful to Martha R. Burt and Carol Wilkins for their valuable work on this publication.

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Table of Contents

Who Should Use this Guide	1
Background—PIT and Annual Estimates	1
What this Guide will Cover	2
Getting Your PIT Count Right.....	3
Coverage	2
Duplication	4
Limiting Times and Places.....	5
Unique Identifiers.....	5
Service and Program Use Information.....	6
Projecting to an Annual Estimate When You Have Personal Information	7
The Formulas.....	8
Example.....	9
Projecting to an Annual Estimate When You Have No Personal Information.....	10
Example.....	11
Estimating Unmet Need and Setting Goals for Supportive Housing	12
Defining “Need”.....	12
Estimating “Need”	15
Calculations	17
Unsheltered/On the “Streets”	17
Emergency Shelters	19
Transitional Housing.....	21
Permanent Supportive Housing.....	21
If You Don’t Have Local Data, Can You Do Anything?	23
National Data for Making PIT to Annual Calculations.....	23
Determining the Proportion or Number of Chronically Homeless People.....	26
An Example: Connecticut	28
References	30

GLOSSARY

ES	Emergency Shelter
HMIS	Homeless Management Information System—a system for recording information about homeless people using services at homeless assistance programs. Usually electronic and usually covering all or most homeless assistance programs in a community.
PIT	Point in Time, as in “point-in-time count”—a count of homeless people conducted during a 24-hour period, or sometimes over several days, reflecting the level of homelessness at a particular moment.
NSHAPC	The National Survey of Homeless Assistance Providers and Clients—the most recent (1996) source of national statistics on homelessness, including the estimates that appear in Tables 1-4 of this guide.
PSH	Permanent Supportive Housing
TH	Transitional Housing

WHO SHOULD USE THIS GUIDE

This guide is meant to help communities that want or need to do three different but related things:

- Calculate an expected number of homeless people over a year's time when you only have data from a point-in-time (PIT) count,
- Use both PIT information and projections to annual levels of homelessness to figure out how many chronically homeless people you are likely to have, now and in the future; and
- Plan and develop appropriate levels of permanent supportive housing to
 - End long term homelessness for people who currently are chronically homeless,
 - End homelessness for people with special needs who are currently homeless and at risk of long-term homelessness, and
 - Prevent homelessness for people with special needs who are at high risk of homelessness if their housing and support needs are not met.

Users of this guide could be conveners of Continuums of Care that need to meet HUD's requirements for local estimates of homeless populations and estimates of unmet need. They could also be planners or interagency councils in cities, counties, or whole states that are developing plans to end homelessness, often with a focus on chronic homelessness, and need to know how much affordable and supportive housing is "enough" to do the job. Still other communities may have given themselves an even broader mandate—to assure stable housing for all their special needs populations. These communities aim to develop housing for people who currently are chronically homeless, and also create the conditions that would prevent other people with disabilities from becoming homeless at all or remaining homeless for long periods.

BACKGROUND—PIT AND ANNUAL ESTIMATES

An accurate idea of how many people are homeless in your community is essential for planning and designing an appropriate system of programs and services. Many communities have conducted counts of homeless people, either annually or from time to time. These counts show the number of homeless people on the night of the count, or

sometimes over period of just a few days, and are therefore referred to as point-in-time (PIT) counts.

As homelessness research and service planning have advanced during the past decade or so, it has become increasingly evident that PIT counts show only part of the picture of homelessness in any jurisdiction. PIT counts are biased in showing high proportions of people who have been homeless a long time. But the number of people who become homeless during the course of a year is much higher than those who are homeless at any given time. PIT counts significantly underrepresent those whose homelessness does not last very long—but who nevertheless need, and use, emergency shelter and services. From the HMIS data available in several jurisdictions (e.g., New York, Philadelphia, Columbus, Ohio), it is now clear that as many as 5 to 10 percent of poor people in a jurisdiction may experience homelessness over the course of a year.

WHAT THIS GUIDE WILL COVER

We now recognize that jurisdictions need estimates of both PIT and annual estimates of homelessness if they are to plan an adequate response¹. Producing some type of annual estimate is (or will be) relatively easy for communities that have an HMIS, once the HMIS has been functioning for at least a year with coverage of most relevant homeless assistance programs and services (80+% coverage). Until that time, and for communities without an HMIS, it is possible to develop an annual estimate without an HMIS, as this guide describes.²

The first part of the guide has three sections:

1. Getting your PIT right.
2. Making annual estimates when you have interview information about the people you counted.
3. Making annual estimates when you don't have any information other than the fact that a person has been counted.

¹ The methods described in this guide assume you are interested in the number of people who have been homeless ***within your community's geographical boundaries*** during the course of a year. These people may also have been homeless in someone else's community, but your concern is the number of people your community has had to serve, or will have to serve, even if their homelessness did not originate within your community's jurisdiction(s).

² Even communities *with* an HMIS will have to consider how they plan to include non-shelter using homeless people in both their PIT and annual estimates, assuming that coverage of outreach, meal programs, drop-in, and other non-shelter services will be less comprehensive than for shelter/housing programs in most HMISs.

In general, annual estimates—that is, projections to the number of people experiencing homelessness in the course of a year—will be more accurate when you have three or four critical pieces of information about the people included in your PIT count. It is also possible to develop an annual estimate without this information, but you won't be able to feel as confident about its accuracy.

In a final section, after describing how to get your PIT count and annual projections, the guide discusses how to use this information to plan how much permanent supportive housing you are likely to need. For this exercise you will have to be able to identify the chronically homeless and/or chronically disabled people in your homeless population, as they are the most appropriate users of permanent supportive housing (PSH).

GETTING YOUR PIT COUNT RIGHT

Projecting is easy but getting the baseline right is hard. First you have to get your PIT count right, after which you **may** be able to estimate annual numbers.

The primary issues for the PIT count are coverage (including all relevant people) and duplication (not counting anyone more than once). This guide is really not the place to consider either coverage or duplication. But they are both so important that we mention them briefly. For more detailed guidance on these and other counting issues, see *A Guide to Counting Unsheltered Homeless People*, http://www.hudhre.info/documents/counting_unsheltered.pdf (Burt, Turnham, and Wilson, 2004).

Coverage

Ideally, your PIT count includes homeless people

1. Sleeping on count night in emergency shelters, transitional housing, and their equivalents (e.g., motels or hotels on “homeless” vouchers);
2. Non-sheltered homeless people, including
 - a. Those connecting to the homeless assistance system (HAS) through meal programs, outreach, drop-in, health care, and the like, and

- b. Those who live “on the streets” without having any contact with the HAS.³

To the extent that your count missed significant segments of the local homeless population, you will have to assess potential biases and possibilities for correcting them, as well as the ways they may throw off any projection you make to annual numbers.

For a simple count, when you are not going to try to “fill in the blanks,” it doesn’t much matter which homeless people you missed. You counted those you counted, and that’s what you will report. It will be an underestimate, of unknown proportions, but it will be accurate in the sense that you can have confidence that you did really count everyone you are reporting.

The problems come in when you try to *describe* the “homeless population” based on what you learn from an incomplete count. If you missed people pretty randomly, then it might be reasonable to use information you have from the people you did count without making adjustments. But it is not very likely that you missed people randomly. You are most likely to miss the non-service users, and within that group, even more likely to miss those that never use shelters and never, or only rarely, connect to meal, outreach, and other non-shelter HAS programs. The people you miss are likely to be quite different from the people you find. Those differences will reduce the accuracy of your PIT descriptions. They will also affect the accuracy of your annual projections, because the people you miss are likely to have very different patterns of homelessness than the people you find, and it is their patterns of homelessness that you must use to make annual estimates.

You must do as much as possible to adjust, accurately, your PIT data to account for coverage inadequacies before you try to project annual estimates. The importance of the “missed people” gets magnified in the process of moving from PIT to annual estimates, as we will see below.

Duplication

It is extremely important for both PIT and annual estimates that each person is counted once and only once. Various mechanisms exist for eliminating duplication, including limitations on the times and places involved in the count, unique identifiers, and service use information.

³ You also want to include in your count those living in permanent supportive housing, but you should not consider them to be currently homeless and you should report them separately.

Limiting Times and Places

The “one night blitz” approach was the original approach to reducing the odds of duplicate counting. The approach limits both times and locations, going only to shelters and “streets,” and doing so within a short time period—usually one night. The assumption is that people will not move around much during this short time frame, so few are likely to be counted twice.

The problem with this approach, as many realize, is that it misses many homeless people. It is especially problematic in localities with sparse and dispersed populations and few homeless assistance services, which includes most rural areas but also many suburban and exurban areas. In areas of these types, relatively small proportions of the homeless population will be visible or in contact with services on any particular day.

Some communities have responded to these deficiencies in the one night count approach by expanding the types of places they search for homeless people (i.e., including meal programs, outreach and drop-in services, and so on), the number of days they continue the search, or both. These expanded options increase the odds of counting some people more than once. If the count searches in both shelters and meal programs, some people will use both, and may be counted at both. Including outreach or drop-in programs, meal programs, health services, and various outdoor locations as search locations increase the odds of double or even triple counting. Expanding the time frame for the count has the same effect, as a person may use a shelter one night, a meal program the next day, a second meal program three days later, and so on.

Nevertheless, the payoff of expanding both times and places in assuring that hard-to-find homeless people are included in the count has led some communities to follow this route. Kentucky, for instance, has conducted two statewide counts (1993 and 2002) in many types of places including mainstream service agencies such as food stamp offices, and over a period of six to eight weeks. When a community expands the times and/or places of its homeless count, it needs to employ one or more specialized methods of eliminating duplication.

Unique Identifiers

A number of communities use information supplied by respondents to create unique identifiers, and compare across all people counted to eliminate duplication. Things to know about unique identifiers include:

1. Elements of a unique identifier often include two or three letters of first and last names, age, and gender. Additional information such as education, veteran status, and self-identified race may also be used.
2. Getting unique identifiers requires that you have information from or about each person counted. The information may come from an HMIS, but is more likely to come from interviews completed on the day(s) of the count.
3. Unique identifiers only work to eliminate duplication if you have tried to count all homeless people and if you have at least some information from all of them (enough to create the identifier). If you sampled instead of trying to count everyone, or if you counted everyone but only collected interview and identifying information from a sample, you won't be able to rely on unique identifiers to eliminate duplication.
 - a. If you are planning to sample, either as a basic counting strategy or for interviewing in addition to counting, you need to involve someone who knows a good deal about sampling. This guide will not lead you through all of the intricacies of sampling.
4. Someone needs to examine each person's identifying information to determine and eliminate duplication. This is sometimes (often) at least as much an art form as a science.

Service and Program Use Information

Knowledge about each person's use of homeless assistance services and programs can help you unduplicate if the unique identifier approach cannot work. If your count involves searching for people in many different types of places and/or if you count over a period of time longer than a few hours, you have the potential for a lot of duplicate counting. If you know the likelihood that each person counted uses the programs and services where you searched for people, you can analyze that information to eliminate duplicate counting. Some things to keep in mind if you want to rely on this method for unduplicating are:

1. To get service use patterns, you have to interview people.
2. This is easier to do in many places if you take only a sample of the people using that place, especially if it is as crowded as many meal programs often are, or emergency shelters at check-in time.

3. If you sample, you then have to weight your sample results to get to an estimate of the entire homeless population. Even if you have a full count but only a sample for personal information, you will have to use sample weights to create accurate descriptions of the population.
4. If you sample, use a sampling expert to help you. Be sure to get that person on board and involved in **planning** the count, sampling, and interviewing, as well as in analyzing the information you get. A sampling expert won't be able to help you if you left out some critical piece of information when you collected the data.
5. The information you have on service use patterns gets incorporated into the sample weights to create a (reasonably) accurate picture of people with different patterns (e.g., those who use only shelters; those who use both meal programs and shelters; those whose only HAS contacts are with street outreach, drop-in, and health care for the homeless programs, and so on).

You MUST eliminate duplication from your PIT data before projecting to annual estimates.

PROJECTING TO AN ANNUAL ESTIMATE WHEN YOU HAVE PERSONAL INFORMATION

You will need the following types of information about each adult included in the PIT count (see appendix for suggested questions). You can get it from interviews, and/or from an HMIS. The biggest problem with getting it from HMIS is that the system may not cover many of the people who do not use shelters. But if HMIS coverage is good, there is no reason why you can't get the information you need from it:

1. Homeless history, specifically:
 - a. When this spell of homelessness began
 - i. Whether it began within the last 7 days
 - ii. If the person has been homeless longer than 7 days, whether s/he *just came THIS community*, already homeless, within the last 7 days
 - b. Whether the respondent has ever been homeless before this time
 - c. Whether a previous homeless episode occurred during the past 12 months

2. Number of children homeless with respondent

The Formulas

The easiest formula to use to project from point-in-time (PIT) estimates to estimates of the annual prevalence of homeless people in a jurisdiction is:

$$A + ((B * 51) * (1-C)) = \text{annual estimate}$$

Where:

A = PIT count of currently homeless (CH) people – including adults and children, and don't forget to take out the people you counted who live in PSH

B = number of CH adults and children who 1) became homeless within last 7 days, whether for the first time or not, or 2) were already homeless, but just entered the boundaries of your community within the past 7 days

C = proportion (expressed in decimals – i.e., 15% = .15) of CH adults and children in A who have had a previous homeless episode within the past 12 months.

It is important to understand what this formula says.

“B” and “(B*51)” – this part of the formula asks you to supply the number of people whose current homeless spell began within the past 7 days, or who, though homeless already, just came within your community's boundaries within the past 7 days.

Assumption: You need to know “B” because you are going to *assume* that, in *every week* of the year to which you are projecting, the same number of people enter homelessness or enter your community area already homeless. If you make this assumption, you can multiply “B” by 51 (the remaining number of weeks in a year) to get the number of people who were not homeless or in your community at the time you did your count, but whom you expect to become homeless or come into your community homeless, week after week, during the course of the next year.

“C” and (1-C) – *Problem:* Some people will become homeless more than once during the coming year. If you only use “(B*51)” as the projection, you will overestimate because the projection will double-count these people with more than one spell during a year.

We don't know how many people *will* become homeless more than once during the next 12 months, but

We *could* (if we ask the right questions) know how many currently homeless people had more than one spell of homelessness within the *past* 12 months. We can use this knowledge to partially correct for the duplication that our projection would otherwise produce.

That's why the formula includes the element "(1-C)," to reduce the projection to account for the probable effects of multiple spells of homelessness within the coming year.

Don't Forget the Children—Most counting strategies interview adults, and ask them whether they have children with them. Don't forget to add these children to your PIT count, and to include the children in all parts of your formula (A, B, and C). If you are getting your information from an HMIS, you will have to assume that each child shares the same homeless history as the parent reports for herself.

- Children in "A" – For each adult, use the information from the question "Do you have any children with you? How many?" to calculate the number of children to add to "A." For example, if 100 adults are homeless today and 50 of them have 1 child with them, the total number of children would be 50 and the total number of people in "A" would be 150.
- Children in "B" – For each adult who became homeless *this time* within the past week, use the information from the question "Do you have any children with you? How many?" to calculate the number of children to add to "B." For example, if 10 adults became homeless within the past 7 days, and each had 2 children with them, the total number of children in "B" would be 20 and the total number of people in "B" would be 30.
- Children in "C" – For each adult in A, use the information on children with them to calculate the number of children who experienced a previous spell of homelessness within the 12 months before being included in your PIT count.

Example

You counted 1000 currently homeless adults in your PIT, who had 300 children with them. So **A = 1300**.

60 of these adults had just become homeless within the past 7 days, or had just come, already homeless, into your community within the past 7 days. These 60 adults had 15 children with them. So **B = 75**.

20 percent of the currently homeless people (adults and children in) A had a previous homeless episode within the past 12 months. **So C = .20.**

Applying these findings to the formula, we get:

$$A + ((B * 51) * (1-C)) = \text{gives } 1300 + ((75*51) * (1-.20)) = 1300 + (3825 * .8) = 1300 + 3060 = 4360.$$

So in this example, the PIT count is 1300 and the annual estimate is 4360, 3.35 times as many.

Annual estimates are likely to be anywhere from three to six times as high as PIT estimates or even more, depending on the proportion of people in your PIT count who are new entrants into homelessness and the odds that people in your PIT count have had recent prior episodes of homelessness.

PROJECTING TO AN ANNUAL ESTIMATE WHEN YOU HAVE NO PERSONAL INFORMATION

When you have no personal information from the people in your PIT count, you can still do a rough projection to annual numbers if:

1. You know where you counted each person, and you can isolate the people you counted in emergency shelters
2. You can get the average length of stay (LOS) of people in the emergency shelters in your community from which people were included in your PIT count. This means the average LOS for all of these emergency shelters combined
3. You can make some guesses about how many people use more than one emergency shelter over the course of a year, and how many different ones they use.

$$\mathbf{A + ((B*365/C) * (1-D)) = \text{annual estimate}}$$

A = PIT count of currently homeless (CH) people – including adults and children, and don't forget to take out the people you counted who live in PSH

B = number of CH adults and children who were counted *in emergency shelters only*

C = average LOS for all emergency shelters contributing people to the PIT count.

D = correction factor for more than one emergency shelter stay during a 12-month period, either returning to the same shelter or going to a different one. If you just used C

to project, and did not correct for duplication using D, you would be making the assumption that new people occupy each shelter bed as soon as it is vacated, and that every person uses emergency shelter for one and only one spell during the 12-month index period.

Example

- You counted 1,000 currently homeless adults in your PIT, who had 300 children with them. So **A = 1,300**.
- 700 of these adults were counted in emergency shelters, along with 200 children. So **B = 900**.
- On average, people stay in your community's emergency shelters for 60 days. So **C = 60 and 365/C = 6.08**
- Half the adults (350 adults) and 10 percent of the children (20 children) who stay in one emergency shelter either come back to that shelter one more time or stay in one other emergency shelter during the same 12-month period. No one has more than two shelter stays during the period.
- $D = 370/900 = .411$ – the adults and children (370 people) found in emergency shelters who are expected to have more than 1 shelter stay in a 12-month period would be double-counted if you projected from PIT emergency shelter count, because they would come back to the same shelter or use another shelter during the 12-month period. So you have to reduce the projection by this proportion. Thus **D = .411 and 1-D = .589**.
- Applying these findings to the formula, we get:

$$A + ((B*365/C) * D) = 1300 + ((900*6.08) * .589) = 1300 + (5472 * .589) = 1300 + 3223 = 4523 = \text{annual estimate}$$

So in this example, the PIT count is 1300 and the annual estimate is 4523, 3.47 times as many. In this case, the ratio of annual to PIT estimates depends on your emergency shelter LOS and your guess as to how many people included in the PIT count are likely to experience more than one shelter stay during the 12 months to which you are projecting.

ESTIMATING UNMET NEED AND SETTING GOALS FOR SUPPORTIVE HOUSING

Most communities will want to use PIT information and annual estimates of homelessness to help guide plans for meeting the need for permanent supportive housing, as well as a broader range of housing and services to respond to homelessness. The Corporation for Supportive Housing seeks to help communities create PSH, so the focus of this guide is on using data to help set goals for creating PSH. Planning for supportive housing is often conducted in a larger context, which may include Continuum of Care planning to identify unmet needs for emergency shelter, transitional housing, and other services for homeless people. You will need to have some additional information about the personal characteristics of homeless people included in your PIT count, or consult with local experts, to use this information to estimate the need for PSH or other types of housing and services in your community.

Some communities and coalitions seek to develop more comprehensive plans for meeting a broader range of needs for affordable and supportive housing for people with low and moderate incomes, homeless families, and/or people with special needs. These plans will rely on data from a number of sources, which will be used to set targets for creating affordable housing units for people with the lowest incomes, with plans that a portion of these units will be PSH. Estimates of the number of individuals and families who experience homelessness every year can be used as evidence of the shortage of housing that is affordable to people with extremely low incomes. The most easily available estimates of need for affordable housing come from the National Low Income Housing Coalition, which publishes annual updates down to the county level (<http://www.nlihc.org/oor2003>).⁴

Defining “Need”

Estimating “unmet need” is complicated by a lack of shared understanding of what we mean by “need.”

In this guide, “need” means

“What the person needs to end his or her homelessness for good.”

Thus you might, initially, want to argue that everyone you counted on the street “needs” emergency shelter. But for most of them, emergency shelter will not end their

⁴ You would have to do some inferring and manipulating of the information provided by NLIHC to arrive at an estimate of units (or subsidies) needed. But it can be done, and no other source gets down to the county level every year.

homelessness, as most have tried emergency shelter, sometimes frequently, and they are still homeless. Some have rejected or been excluded from shelter, while others have stayed in shelters for months or years without any success in moving on to permanent housing. Therefore they do not “need” emergency shelter; they “need” either transitional or permanent supportive housing.

In most communities, the “need” for emergency shelter is driven in large part by the lack of rental housing that is available and affordable to people with the lowest incomes. If affordable housing were more widely available, fewer people would become homeless, and most families or individuals who did become homeless could move very quickly from emergency shelter to permanent housing. A small number of beds could meet the emergency needs of a large number of people over the course of a year. If adequate affordable housing were available, there would be little need for transitional housing programs, and those that remained could be targeted to people who truly need time-limited support, including some families participating in reunification or escaping domestic violence, some people re-entering communities from jails or prisons, and some people who are seeking intensive support for recovery from addiction.

Most people who become homeless need a decent place to live, where they can afford to pay the rent, and where they can access supportive services and other opportunities using resources that are (or could be) available in the community.⁵ Some people will need emergency or transitional help—often coupled with ongoing financial assistance for paying rent, while others will not be able to end their homelessness without a combination of affordable housing and supportive services that are available for as long as they are needed, in other words, PSH. This guide offers some suggestions about how to differentiate those who need PSH from those who may need other emergency or transitional assistance, and mostly “just” a place to live where they can afford to pay the rent.

Need for PSH. People need PSH if they would not be likely to get and retain housing—even if it was housing they could afford—without ongoing support because of one or more factors that promote instability. The factors might be one or more mental illnesses, severely dysfunctional levels of addictions, developmental disabilities, or debilitating levels of physical illness. In some cases a combination of factors such as mental health problems, use of drugs or alcohol, and trauma resulting from family violence may create

⁵ Some families or individuals may “need” many other things such as health care, job training, treatment, or family supports. But these needs do not differ substantially from the needs of very low income people who are not homeless. They do not require solutions before people leave homelessness. In fact, a growing body of evidence indicates that people may be able to use transitional or community-based services most effectively if they first have stable housing that does not require them to move because of time limits.

barriers to housing stability. Many people who have not been homeless need PSH, hence the sometimes extensive networks of residential programs for people with mental illnesses, HIV/AIDS, or developmental disabilities. It is also true that the same conditions make one vulnerable to homelessness, and once homeless, make it less likely that one can exit homelessness on one's own. Exactly because many people need PSH for a variety of reasons, some communities are beginning to combine their campaigns to end chronic homelessness with campaigns to develop sufficient levels of supportive housing or special needs housing (SNH) to cover the needs of homeless and non-homeless people alike who need some level of ongoing support to remain stably housed.

CSH's perspective on the need for Transitional Housing (TH). While the focus of this guide is on estimating the need for PSH, some communities will also want to use a similar approach to estimate the need for transitional housing (TH). As the "between" category, need for TH is perhaps the hardest to define. When estimating "need" for TH, it is important to differentiate households for whom affordability is the only problem from those households that actually need the supportive services to help them stabilize, even if they have adequate incomes or are able to obtain ongoing rent subsidies to help pay for housing. The former do not need TH, while the latter may benefit from programs that offer a combination of housing and transitional supportive services.

A second point of differentiation is between those who need temporary supports (generally defined in TH as two years or less) versus permanent supports (for whom PSH--with no limit on length of stay – is more appropriate). Some people may not need support indefinitely to remain stably housed, but they do need supports for some period of time while they stabilize enough to be able to move on to completely independent living. These are households for whom affordability is not their only problem, and who would be likely to lose housing again even if they had a housing subsidy, without the supports that TH provides. TH appears to be particularly appropriate to certain circumstances, such as family reunification (where child welfare departments would be reluctant to return children to their mothers without some supervision and support being available), people in recovery who want or need sufficient time in a supportive residence to become more confident in their own ability to avoid relapse, some families fleeing domestic violence for whom it takes some time to put a new life together, and so on. In addition to facility-based TH programs, which usually require residents to move after 12 to 24 months, promising models also include "transition-in-place" programs (that place people in units where they may remain while the services phase out when no longer needed). The only thing common to all TH is the assumption that within a two-year period the household will no longer need the supportive services provided by TH to remain stably housed.

One strategy that combines elements of PSH and TH approaches is to offer permanent supportive housing to homeless people with a broad range of disabilities, and make tenant based rent subsidies (for example, through Section 8) available to residents after a period of occupancy (usually 12 months). This approach offers ongoing assistance with housing affordability for tenants whose supportive services needs were transitional (including those needing support for recovery from addiction, but without other long-term disabilities such as mental illness), without imposing strict time limits for other tenants who need ongoing support. In general, CSH encourages communities to develop TH approaches that include strategies to address long-term needs for affordable housing and supportive services, as appropriate. This approach makes estimating the “need for TH” more challenging.

Need for affordable housing. This guide does not seek to provide a way to estimate the need for affordable housing. But policy makers and planners concerned with ending homelessness could contribute to estimating that need using an HMIS that can track the unduplicated number of households that pass through the homeless system in a year’s time. As a rough and ready “estimate” of affordable housing need, one could use that number of households as the number of additional affordable units needed to address the needs of homeless people. In the communities that have already made this estimate, a finding that about 10 percent of poor households pass through the homeless assistance system every year is not uncommon. Of course a community’s total projection of the need for affordable housing will also incorporate estimates of the number of people living in substandard or seriously overcrowded housing, those paying an excessive percentage of their income for rent, and other groups.

Estimating Need

To estimate unmet need, you will have to use:

1. Information from your PIT count on total numbers of homeless people, including numbers in emergency shelter (ES), transitional housing (TH), and permanent supportive housing (PSH)
2. The number you arrived at for your annual projection, and the ability to make the projection separately for the people in your PIT count whom you found unsheltered, those in ES, those in TH, and those in PSH.
3. Information providing clues as to the level of housing support actually needed to end homelessness for those currently homeless. This information could be of two types:

- a. Personal characteristics that you assume have implications affecting need—for example, you might assume that anyone who has been homeless repeatedly or for many years will need PSH, or that anyone with a chronic mental illness needs PSH. Thus you would need the following information about each person in your PIT count, or as much of this information as is feasible.
 - i. Length of current homeless episode, especially those lasting a year or more (for people in TH and PSH, try to get how long they had been homeless *before* moving into TH or PSH, as the time in TH will extend their period of homelessness but have a very different meaning).
 - ii. Number of homeless episodes and their timing (how many within the past 3 years, and how many altogether) (again, for those in TH or PSH, before moving in)
 - iii. Chronic disabling conditions, such as serious mental illness, addictions of long standing, chronic disabling physical conditions.
- b. Estimates made by providers in emergency shelters (ES), TH, and PSH about the number of their residents who need PSH, other affordable housing with transitional supportive services, or simply emergency assistance to re-connect them to housing to end their homelessness. It is unlikely that PSH providers will believe that ES is sufficient to end homelessness for their tenants. But it is possible that some PSH providers will admit that some of their tenants needed only transitional supports through TH or time-limited services linked to affordable housing, and that some TH providers will admit that some of their tenants needed only affordable housing. And it is likely that many ES and TH providers will believe that some of their residents need PSH to end their homelessness.
 - i. Providers will likely use the same types of information described in 3a above in making these determinations—the difference is that you, the estimator of unmet need, do not have to know the information for each individual.
 - ii. It will also be helpful to rely on the opinions of objective “experts” and focus groups of current and formerly homeless people to adjust the estimates and assumptions provided by providers.

- iii. Note that the net result of these estimates will almost certainly be a *reduced need* for ES and an increased need for affordable housing (with and without transitional supportive services) and PSH.

WHAT IS AN EPISODE?

HUD never clarified the meaning of “an episode.” HUD also has rules about whether people residing in institutions are considered homeless. We make the following suggestions, which we consider sensible, about how to define an episode.

We define a homeless episode as: an "episode" must be bounded by a significant period (at least two months) in housing in which the tenant would be able to stay as long as s/he liked and could pay the rent (i.e., a conventional dwelling, not a transitional program or institution).

Any **short** periods out of literal homelessness but not in regular housing (e.g. in a treatment facility or jail) for a few days, a week, or even a month would not define a new episode but would be considered part of the same homeless episode.

Long periods in institutions (longer than 2 months, the same length of time that we used to define “in housing”) would define a new episode once the person got out, if she or he were homeless at exit.

Our suggested definition means that in general, people will have fewer, but longer, episodes than they might otherwise report – but whatever, they would still qualify as “chronic” by federal definitions if they had 4 episodes in a 3-year period or a current episode longer than one year.

Calculations

We present a number of different calculations you can make, going from the simple to the more complex. Each one starts from the basis of where you found people for your PIT count.

People You Found Unsheltered/On the “Streets” at PIT

Using Expert Opinion. Ask outreach, Health Care for the Homeless (HCH) providers, and/or other people *who know the street homeless population* for their estimates of

need. This will probably produce estimates close to 85-90 percent needing PSH and 10-15 percent needing affordable housing with transitional supports.

Using 1,000 people on the streets, this method would give you an unmet need for 850-900 PSH beds or units and another 100–150 units of affordable housing with transitional supports. If you found 940 singles and 30 1-parent-1-child families, you would need 800-840 PSH units for singles, and about 25 units of PSH for families.

Using Personal Characteristics. If you have information about personal characteristics and are willing to make some assumptions about what those characteristics mean for a person’s need for PSH and other affordable housing, including units with transitional supports, you can use this third method. You can use homeless histories, disabling conditions, or both, to determine need.

First, by homeless history. Determine the proportion of the people you found on the street who are (1) chronically homeless as defined by the federal government (current episode of continuous homelessness for more than a year or at least 4 episodes over 3 years), (2) repeatedly (episodically) homeless (using some criteria that capture multiple episodes of some duration that have occurred over a significant period of time, even if the pattern does not exactly match the federal definition, or (3) both.

Say that 85 percent of the people you counted in unsheltered locations qualify as chronic by these criteria. Then, using 1,000 again, you would need 850 PSH units for these folks. You could also estimate the separate need for single and family units.

Second, by disabling condition. This is harder, as some people with disabling conditions need ongoing support to get and keep housing, while others can live independently or with support from available community resources if they have financial support to pay rent. Nevertheless, some conditions are usually thought of as chronically disabling (e.g., serious mental illness, advanced AIDS) while others, although disabling at the time, may be overcome or stabilized with the right supports (e.g., addictions). If you have reliable information about these conditions, you could use them to make your projections. The people with one or more chronic and disabling conditions would probably need PSH while some people with less substantial or complex disabilities, or some who are working to achieve and sustain recovery from addiction and don’t have other disabilities, may need affordable housing with transitional supports.

Say that 80 percent have permanent disabling conditions, and that another 15 percent have challenges that are not expected to be permanent and disabling. Then, using 1,000 again, you would need 800 PSH units and 150 units of affordable housing with

transitional supports. You could also estimate the separate need for single and family units.

Doing The Last Two and Comparing. If you have the data to do both expert opinion and personal characteristics, try doing them both and seeing whether you get even close to the same answers. If you do, great! If you don't, you'll have to figure out why and which one to trust more, or you may use both approaches to calculate a range or average.

Estimating Unmet Need—PIT. Given that everyone in this group—those you found on the streets—does not at present have either TH or PSH and has been in need of something for a very long time, it is safe to say that, unless you have a lot of unused TH and PSH capacity, these people truly need the number of units you have calculated if your community is going to end their homelessness.

Accounting for Annual Inflow. Given that we expect few people that we found on the streets to have been homeless less than a year, it may seem a waste of time to do the PIT-to-Annual projection for this segment of the homeless population. Nevertheless, a few people certainly do become chronically homeless over the course of a year who would not have met the “chronic” definition before, and others enter homelessness who are very likely to experience long spells but who will not have reached one year at the time you count. If desired, and you have the necessary information (when they became homeless this time, and/or when they got to your community already homeless), you could calculate “people new to chronic homelessness” during a year’s time, also looking at their characteristics (homeless histories, disability status), and see how much unmet need they would add to the total you already have.

Alternatively, you could assume that the total number of PSH units your community will need is not likely to be more than double the estimate of unmet need for PSH you calculate from the chronically homeless population included in your street and ES PIT information. This is so because, unlike short-term homelessness, there is not an endless turnover in chronically homeless people. Those with you now have been there a long time, and institutions and “the woodwork” are not likely to harbor more than an equal number of people “at risk” who then do become homeless.

People You Found in Emergency Shelters at PIT

Use Expert Opinion. Have ES operators and direct care workers make the same estimates for their ES residents as were done for unsheltered homeless people – how many are likely to need only ES to end their homelessness, for how many would

affordable housing (with transitional supportive services if needed) be sufficient, and how many will need PSH? Be sure you know whether ES operators base their estimates only on the people who were captured in the PIT count, or on their experience with people in their shelter over a longer period of time. If at all possible, ES operators should use actual evidence to make these estimates – e.g., how many people leave ES during the course of a year and do not come back or go on to a higher level of care? How many have frequented ES on and off for years and probably need PSH? Etc. Obviously the evidence they could use would NOT be limited to the people counted at PIT – this makes a difference for whether or not you need to adjust your need estimates for annual inflow.

In this particular area of using expert opinion, a word of caution is advised, as opinions are mixed about what is required for “housing readiness.” More and more providers are accepting that “housing first” makes sense for a lot of people, who might then benefit once stably housed from a variety of supportive services. So it will be important for you to know where your local experts stand on this issue to be able to place an appropriate interpretation on their estimates.

Use Personal Characteristics. In this case, you could use the same types of characteristics—homeless history and presence of conditions that are permanently or temporarily disabling. Compared to unsheltered homeless people, expect to see far fewer people who have the characteristics that would point toward a need for PSH.

Divide into Singles, Family Units, Other Relevant Populations. If it is important for your calculations of need, divide whatever estimate you develop into separate estimates of need for single and family units. This will probably be semi-automatic in communities where families go to different ES than singles. In communities that have mixed use ES, or ES for women with or without children, it may take more effort as the shelters accommodate both singles and families.

Accounting for Annual Inflow. If you use Expert Opinion and ES providers based their opinions on their experiences over a year’s time, you don’t have to do anything more to account for annual inflow. Just apply their percentages to your annual estimate. However, if providers describing what they expect for the people captured at PIT, then you do need a way to estimate how many more such people are likely to show up in the course of a year. Use the basic projection methods to do this, assuming you know how many came into homelessness within the last 7 days, or else use average ES length of stay information.

People You Found in Transitional Housing at PIT

Use Expert Opinion and/or Personal Characteristics. Most people in TH do need permanent housing but not necessarily permanent supportive housing. In all likelihood some people in TH probably do need PSH (while some others didn't really need TH to begin with, but simply needed affordable housing). But PSH shortages as well as optimism (and possibly incomplete information about TH residents' difficulties) may well have resulted in some misplacements, and some people with promise may not have been able to fulfill it. So it would be worth asking TH operators what proportion of their PIT residents need PSH. There is no need to project over the year, because people who would be misplaced in TH have already been accounted for by projections of PSH need related to people on the streets and in ES.

People You Found in Permanent Supportive Housing at PIT

Determine Unused Capacity. Find out from PSH operators how many units (for singles and families) are vacant on PIT day. These units represent unused and therefore available capacity. You should account for these units when you calculate unmet need (i.e., subtract them from any total you calculate), and then (a) get some people into those units, and (b) develop a system to keep PSH vacancies to a minimum (ideally less than 5 percent at any given time).

Use Expert Opinion and/or Personal Characteristics. About the people already in PSH, the easiest thing to assume is that they all need PSH, are appropriately placed, and that PSH has ended their homelessness. You might want to probe PSH providers to see if they think some of their tenants could have made it on their own without PSH,... Good screening and placement decisions, and the consistent application of eligibility criteria tied to project funding should make this pretty rare⁶. In many communities some units identified as PSH are occupied by people who have never been homeless. You may or may not want to consider this an inappropriate use of PSH resources, depending in part on the sources of funding used in these projects. If you think it is inappropriate, you should include in your unmet need calculations that this excess

⁶ While PSH does not impose limits on how long tenants can remain in their housing after they have achieved stability, a growing number of supportive housing residents have expressed the desire for a broader range of affordable housing opportunities. High housing costs and limited access to rent subsidies or other affordable housing may keep some tenants from moving on when they no longer need the level of support that is available in PSH. Some communities are beginning to offer tenant-based rent subsidies that allow supportive housing tenants the option of moving to other housing, freeing up PSH units for people with unmet needs.

capacity exists and take steps to increase access to this housing for homeless people as current tenants move out.⁷

Summarizing:

Unmet need for PSH, or goals for creating additional PSH =

1. Number of unsheltered homeless people estimated to need PSH **plus**
 - 1a. Any similar people likely to enter homelessness and become unsheltered homeless people during the coming year **plus**
2. Number of people in ES at PIT estimated to need PSH **plus**
 - 2a. Any similar people likely to enter ES, need PSH, and not be counted in 1a during the coming year **plus**
3. Number of people in TH at PIT estimated to need PSH (no correction here, as anyone coming into TH later in the year will/should have been captured in the unsheltered and ES projections).
4. Split into singles and families, as these are likely to need quite different PSH facilities.
5. **Subtract** PSH units in development that you know will soon be available. Also calculate and subtract the number of occupied PSH units you expect to turn over during a year, as these are also available every year for occupancy by new tenants. This will likely be few, between 10 and 20 percent of all PSH units, with significantly lower turnover rates for family PSH units, based on the experience of communities with lots of PSH.
6. **Equals the net unmet need/goal for units to be created.**

⁷ The PSH components of many CoC applications' Housing Activity Chart (table 3f) are at least partially inflated because they contain group homes, 811 units, and other entities that undeniably offer supportive housing to people who need support to live on their own, but that do not take homeless people as a matter of policy or would only very rarely take a homeless person – especially a chronically homeless person, even when that person otherwise fits the program's eligibility criteria. Further, participation in treatment in many of these programs is mandatory—they are essentially MR/DD or MH/MR group homes or other treatment venues.

IF YOU DON'T HAVE LOCAL DATA, CAN YOU DO ANYTHING?

Many communities may not have the types of local data that the foregoing instructions require—at least, not during their first year or two of doing these estimates. What alternatives exist? Are there any national data that one can use? What are the dangers of doing so? What is the most appropriate, or defensible, way to use national data, or data from someone else's community?

A few national statistics or statistics from selected jurisdictions exist that you could use, **but....**

- They are old (1996 is the latest!!!)
- For statistics from selected jurisdictions, the circumstances in your own jurisdiction may be very different
- If you use them, they are best combined with at least some local data and/or a reality check with local expert opinion, and
- It would be wise to come at the estimate from two and preferably three directions and see how well the different methods converge.

National Data for Making PIT to Annual Calculations

That being said, here are statistics that you could think about applying to your own jurisdiction, after careful thought about what might make your own jurisdiction different and what adjustments you might need to make to take those differences into consideration. We end with an example from Connecticut that uses a combination of local (statewide) shelter data, estimates from NSHAPC, and expert opinion to develop a “most reasonable guess” about need for PSH.⁸

⁸ Many will be confused by having both October and February estimates from NSHAPC. The bottom line for purposes of this guide is that the truth is probably somewhere in between the two estimates, which can therefore be used to create a reasonable floor and ceiling of need for planning purposes. NSHAPC data collection occurred in two phases. Data from homeless assistance **providers** were collected in late fall 1995 and asked about the number of people they expected to serve “on an average day in February” 1996 (when the data collection for homeless people was originally scheduled to take place). Various delays (including a government shutdown) forced the interviews with **homeless people** to be postponed until fall; the actual dates of these interviews were from October 18 through November 14, 1996. In Tables 1, 2, and 3, the October estimates were created based on the weighting derived from the sample of people actually interviewed. Information from the October data were applied to the provider estimates of people they expected to serve in February 1996 to create the February estimates. See Burt, Aron, and Lee (2001) for a full explanation of the February and October estimates.

**Table 1: MULTIPLIERS FOR PIT TO ANNUAL CALCULATIONS
(TURNOVER RATES)**

(You should apply these multipliers *only* to currently homeless people from your PIT count who are either in ES or on the streets—NOT those in TH or PSH)

Multiplier	Source*	Qualifiers
4.14	NSHAPC, households, October 1996	Annual projection from PIT, using self-report data to estimate annual based on the “1-week” method described earlier in this guide.
5.24	NSHAPC, people, October 1996	
3.36	NSHAPC, households, February 1996	
4.15	NSHAPC, people, February 1996	
4.22	NSHAPC average, 1996	
3.62	New York City, households, 1992, Culhane et al.	Annual unduplicated counts from shelter tracking data (i.e., HMIS data) covering about 80% of all ES in each jurisdiction
6.12	Philadelphia, households, 1992, Culhane et al.	
2.39	Atlanta tri-county area, 2003	PIT, uses self-report data from a survey to estimate annual

* “People” includes/counts everyone, including children; “households” counts each single person and each family (regardless of number of children) as one household. NSHAPC estimates from Burt, Aron, & Lee, 2001, table 2.9; NYC and Philadelphia estimates from Culhane et al., 1994; Atlanta data from www.altrue.net/site/trij.

If you only have PIT counts and do not have the data described earlier in this guide to help you estimate annual prevalence, you could use one or more of the multipliers in Table 1 to get an estimate of the number people or households likely to be homeless in your jurisdiction over the course of a year. Select the most appropriate multiplier(s) and multiply by your own local PIT, making sure to do so only for people you counted “on the streets” or who are in emergency shelter—not those in TH or PSH.

Table 2: HOMELESS PEOPLE AS A PROPORTION OF TOTAL AND POOR POPULATION OVER 1 YEAR’S TIME

%	Source	Qualifiers
0.9	NSHAPC, October 1996, re total population	Annual projection from PIT, using self-report data to estimate annual based on the “1-week” method described earlier in this guide.
1.3	NSHAPC, February 1996, re total population	
6.3	NSHAPC, October 1996, re poor population	
9.6	NSHAPC, February 1996, re poor population	
1.1	NSHAPC average, 1996, re total population	
8.0	NSHAPC average, 1996, re poor population	
1.2	New York City, 1992, Culhane et al., re total population	Annual unduplicated counts from shelter tracking data (i.e., HMIS data) covering about 80% of all ES in each jurisdiction
1.0	Philadelphia, 1992, Culhane et al., re total population	

* “People” includes/counts everyone, including children; “households” counts each single person and each family (regardless of number of children) as one household. NSHAPC estimates from Burt, Aron, & Lee, 2001, table 2.9; NYC and Philadelphia estimates from Culhane et al., 1994.

You could calculate the expected number of people homeless during a year using the proportions in Table 2, and compare the results to what you get from using the multipliers in Table 1.

Table 3: PIT RATE OF HOMELESS PEOPLE PER 10,000 TOTAL POPULATION, BASED ON NSHAPC, 1996

Rate per 10,000 population	Source	Qualifiers
44.2	Central city, October 1996	Note that this is only for PIT
83.7	Central city, February 1996	
8.6	Balance of MSA, October 1996	
16.3	Balance of MSA, February 1996	
8.8	Non-MSA, October 1996	
16.7	Non-MSA, February 1996	
20.0	NSHAPC national average, October 1996	
38.0	NSHAPC national average, February 1996	

* "People" includes/counts everyone, including children. NSHAPC estimates from Burt, Aron, & Lee, 2001, table 2.8.

You could calculate the expected number of homeless people in your community at a single point in time by applying the rate per 10,000 population in your jurisdiction to your community's population using the proportions in Table 3, and compare the results to what you got from your PIT count.

Determining the Proportion or Number of Chronically Homeless People

The first three tables provide statistics that you could apply to get PIT and annual estimates of the number of homeless people in your community. Tables 4 and 5 address another issue that both HUD and most 10-year plans need to know about—what proportion are chronically homeless, and thus likely to need PSH. You would apply

the NSHAPC proportions to a PIT count, and the Culhane et al. proportions to an annual unduplicated count or estimate.

Table 4: PROPORTION OF HOMELESS PEOPLE WHO ARE CHRONICALLY OR EPISODICALLY HOMELESS, USING PIT DATA

%	Source	Qualifiers
NSHAPC, PIT, CLUSTER METHOD		
27%	Chronic	Avg length current spell=50.2 months; avg episodes, 1.6
17%	Episodic	Avg length current spell=11.3 months; avg episodes, 7.4
NSHAPC, PIT FOR SINGLES ONLY		
50%	Meets federal definition of chronic, but based on PIT data	Current episode at least 1 year, and/or at least 4 episodes in last 3 years.

Estimates from Burt, Aron, & Lee, 2001, table 6.2

Table 5: PROPORTION HOMELESS PEOPLE WHO ARE CHRONICALLY OR EPISODICALLY HOMELESS, USING ANNUAL DATA

CULHANE ET AL., PHILADELPHIA, ANNUAL/LONGITUDINAL FROM SHELTER TRACKING DATA		
9.8%	Chronic	Defined as 180+ days in shelter over a 12-month period
9.1%	Episodic	Multiple episodes of shelter use with at least 30 days of nonuse between each episode

Estimates from Culhane et al., 1994.

CONCLUSION

This guide has covered range of topics, from issues in doing a PIT count, to methods for projecting to annual estimates from your PIT data, to ways to identify the chronically homeless population in your data, to approaches for estimating the number of new PSH units that will be needed to end chronic homelessness. At this point it might be appropriate to remember that chronic homelessness has a front as well as a back door, and developing more affordable housing with supports has the potential to close the first as well as opening the second. The folks most likely to be “tomorrow’s chronically homeless people” are those with severe disabilities who are leaving institutions, or whose living arrangements with family and friends becomes unavailable for any number of reasons (e.g., death of a parent). For this reason some communities have already integrated their planning for ending chronic homelessness with their planning for special needs housing, to stop homelessness before it occurs. As affordable housing with appropriate types of in-house and community-based supports becomes more plentiful, fewer people should reach the condition of chronic homelessness because adequate preventive resources and structures will be in place.

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