



The U.S. Department of
Housing and Urban Development
OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT

OCTOBER 2016

The 2015 Annual Homeless Assessment Report (AHAR) to Congress

PART 2: Estimates of Homelessness in the United States



Acknowledgements

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Foreword



It is my pleasure to submit to Congress the U.S. Department of Housing and Urban Development's (HUD) 2015 Annual Homeless Assessment Report (AHAR) Part 2. The AHAR provides national estimates of homelessness in the United States. As with previous annual reports, this is the second part in a two-part

series. The Part 1 report was published in November 2015 and is based on one-night national, state, and local estimates of sheltered and unsheltered homelessness. This report enhances our understanding of homelessness by including one-year national estimates of people in shelter and in-depth information about their characteristics and their use of the homeless services system. Reflecting an increasing national commitment to end homelessness among youth, we include more information this year on parenting youth and on youth aged 18 to 24 who use shelter programs. In partnership with the Department of Veterans Affairs, we also provide supplemental information on veterans served through the HUD-Veterans Affairs Supportive Housing (or HUD-VASH) program.

HUD has released the AHAR each year since 2007, giving policymakers and local service providers the information needed to serve this vulnerable population. At the Federal level, HUD and its partner agencies on the U.S. Interagency Council on Homelessness are using the AHAR to track progress against the goals set forth by *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. At the local level, stakeholders are using the AHAR to inform their policy decisions and benchmark their service systems against the national estimates presented in the report. With the knowledge gained through AHAR, we are on the path to ending homelessness in the United States.

The report shows a nationwide decline in people experiencing sheltered

homelessness since HUD began tracking this information in 2007. This reduction of 6.5 percent is important—more than 104,000 fewer people are experiencing homelessness in shelter. This progress is attributable to the hard work of local homeless service providers nationwide. HUD and other Federal agencies have continued to target resources and emphasize evidence-based interventions to support this work.

Targeted efforts to end homelessness among veterans and a Housing First approach have resulted in a 36 percent decline in the one-night count of veterans experiencing homelessness between 2010 and 2015. We have learned from this success that we can end homelessness when resources are adequate and focused. We must remember the nearly 1.5 million Americans with no place to call home and judge our Nation's prosperity by the progress we are making in reducing the number of Americans sleeping in shelters or on the streets. Ending homelessness as we know it is the ultimate goal. To achieve this goal, we need a continued bipartisan commitment to break the cycle of homelessness among our most vulnerable citizens and prevent others from falling into homelessness. Congress must maintain its support of practices and program models that are making a measureable difference, moving our citizens out of shelters and off the streets and into stable housing.

Finally, we must continue to press for comprehensive and accurate data that can be harnessed by policymakers and homeless service providers to advance the most effective approaches to ending homelessness. With ongoing research on how to achieve housing stability for homeless families with children and among youth and young families, we are improving how we count and serve these vulnerable subpopulations. Everyone deserves a chance to thrive and prosper in America, and that begins with a safe place to call home.

Homelessness can be more than addressed; it can be ended. This report shows substantial progress toward ending a social wrong that deprives people of their full potential. Ending homelessness means more than providing a roof over people's heads. It means giving people the opportunity to address their challenges in a stable and secure environment, providing families with a place to raise their children, and ensuring that our Nation's veterans can heal in their own homes.

A handwritten signature in black ink, appearing to read 'JC', is positioned above the name Julián Castro.

Julián Castro, Secretary

U.S. Department of Housing and Urban Development

Key Terms

Note: Key terms are used for AHAR reporting purposes and accurately reflect the data used in this report. Definitions of these terms may differ in some ways from the definitions found in the McKinney-Vento Homeless Assistance Act (McKinney-Vento) and in HUD regulations.

Adults are people age 18 or older.

Children are people under the age of 18.

Chronically Homeless Individual¹ refers to an individual with a disability who has been continuously homeless for 1 year or more or has experienced at least four episodes of homelessness in the last 3 years.

Chronically Homeless People in Families refers to people in families in which the head of household has a disability and has either been continuously homeless for 1 year or more or has experienced at least four episodes of homelessness in the last 3 years.

Continuums of Care (CoC) are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state.

Domestic Violence Shelters are shelter programs for people who are homeless and are domestic violence victims.

Emergency Shelter is a facility with the primary purpose of providing temporary shelter for homeless people.

Family with Children refers to a household that has at least one adult (age 18 and older) and one child (under age 18). It does not include households composed only of adults or only children.

Homeless Management Information System (HMIS) is a software application designed to record and store client-level information on the characteristics and service needs of homeless people. Each CoC maintains its own HMIS, which can be tailored to meet local needs, but must also conform to Federal HMIS Data and Technical Standards.

HMIS Data provide an unduplicated count of people who are experiencing sheltered homelessness and information about their characteristics and service-use patterns over a one-year period of time. These data are entered into each CoC's HMIS at the client level but are submitted in aggregate form for the AHAR.

Homeless describes a person who lacks a fixed, regular, and adequate nighttime residence.

¹ The definition of chronic homelessness changed in 2016, but these changes were not yet in effect for the 2015 data presented in this report

Household Type refers to the composition of a household upon entering a shelter program. People enter shelter as either an individual or as part of a family with children, but can be served as both individuals or family members during the AHAR reporting year. However, the estimates reported in the AHAR adjust for this overlap and thus provide an unduplicated count of homeless people.

Housing Inventory Count (HIC) is produced by each CoC and provides an annual inventory of beds in the CoC.

HUD-Veterans Affairs Supportive Housing (HUD-VASH) program is a program for formerly homeless veterans that combines Housing Choice Voucher (HCV) rental assistance provided by HUD with case management and clinical services provided by the Department of Veterans Affairs (VA) through VA medical centers (VAMCs) and community-based outreach clinics.

Individual refers to a person who is not part of a family with children during an episode of homelessness. Individuals may be homeless as single adults, unaccompanied youth, or in multiple-adult or multiple-child households.

Living Arrangement before Entering Shelter refers to the place a person stayed the night before the first homeless episode captured during the AHAR reporting year. For those who were already in an emergency shelter or transitional housing program at the start of the reporting year, it refers to the place they stayed the night before beginning that current episode of homelessness.

Minority refers to people who self-identify as being a member of any racial or ethnic category other than white, non-Hispanic/Latino. This includes African Americans, Asians, Hispanics/Latinos, American Indians, and people of multiple races. This report uses the term "Hispanic" to refer to people of any race who self-identify their ethnicity as Hispanic or Latino.

Multiple Races refers to people who self-identify as more than one race.

One-Year Shelter Count is an unduplicated count of homeless people who use an emergency shelter or transitional housing program at any time from October through September of the following year. The 1-year count is derived from communities' Homeless Management Information Systems.

Other One Race refers to a person who self-identifies as being one of the following races: Asian, American Indian, Alaska Native, Native Hawaiian, or other Pacific Islander.

Parenting Youth are people under age 25 who are the parents or legal guardians of one or more children (under age 18) who are present with or sleeping in the same place as that youth parent, where there is no person over age 24 in the household.

Parenting Youth Household is a household with at least one parenting youth and the child or children for whom the parenting youth is the parent or legal guardian.

Permanent Supportive Housing (PSH) is a program designed to provide housing (project- and tenant-based) and supportive services on a long-term basis to formerly homeless people. HUD McKinney-Vento-funded programs require that the client have a disability for program eligibility, so the majority of people in PSH have disabilities.

People in Families with children are people who are homeless as part of households that have at least one adult (age 18 and older) and one child (under age 18).

Point-in-Time (PIT) Count is an unduplicated 1-night estimate of both sheltered and unsheltered homeless populations. The 1-night count is conducted according to HUD standards by CoCs nationwide and occurs during the last 10 days in January of each year.

Principal City is the largest city in each metropolitan statistical area. Other smaller cities may qualify if specified requirements (population size and employment) are met.

Safe Havens are projects that provide private or semi-private long-term housing for people with severe mental illness and are limited to serving no more than 25 people within a facility. People in safe havens are included in the 1-night PIT count but, at this time, are not included from the 1-year shelter count.

Sheltered Homelessness refers to people who are staying in emergency shelters or transitional housing programs.

Shelter Programs include both emergency shelter program and transitional housing programs.

Total U.S. Population refers to people who are housed (including those in group quarters) in the United States, as reported in the American Community Survey (ACS) by the U.S. Census Bureau.

Transitional Housing Programs provide people experiencing homelessness a place to stay combined with supportive services for up to 24 months.

Unaccompanied Children and Youth (under 18) are people who are not part of a family with children or accompanied by their parent or guardian during their episode of homelessness, and who are under the age of 18.

Unaccompanied Youth (18 to 24) are people who are not part of a family with children or accompanied by their parent or guardian during their episode of homelessness, and who are between the ages of 18 and 24.

Unduplicated Count of Sheltered Homelessness is an estimate of people who stayed in emergency shelters or transitional housing programs that counts each person only once, even if the person enters and exits the shelter system multiple times throughout the year within a CoC.

Unsheltered Homeless People are people whose primary nighttime residence is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people (for example, the streets, vehicles, or parks).

U.S. Population Living in Poverty refers to people who are housed in the United States in households with incomes that fall below the federal poverty level.

Veteran refers to any person who served on active duty in the armed forces of the United States. This includes Reserves and National Guard members who were called up to active duty.

Victim Service Provider refers to private nonprofit organizations whose primary mission is to provide direct services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, domestic violence programs battered women's (shelters and non-residential), domestic violence transitional housing programs, and other related advocacy and supportive services programs.



HOMELESS
HUNGRY
THANK YOU

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PIT data estimate the number of people experiencing sheltered homeless and unsheltered homelessness on a single night during the year.

HMIS data estimate the number of people experiencing sheltered homelessness at any time during the year.

Since 2007, the U.S. Department of Housing and Urban Development has released an annual report on the extent of homelessness in the United States—the Annual Homeless Assessment Report (AHAR). The report documents how many people are experiencing sheltered homelessness and how many people are experiencing homelessness in unsheltered locations often referred to as “the street.” The AHAR is submitted each year to the U.S. Congress, and its contents are used to inform federal, state, and local policies to prevent and end homelessness.

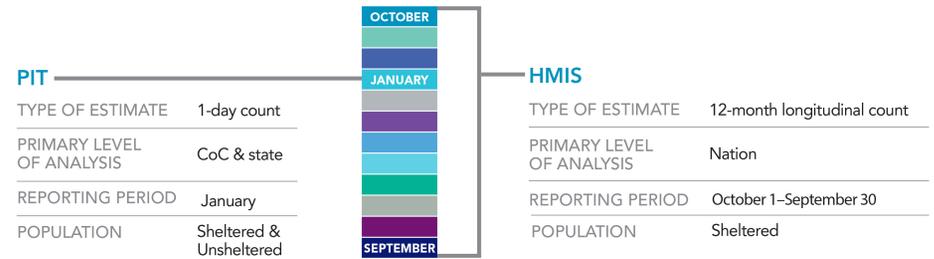
This report is the second part of a two-part series. The first part is called *The 2015 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates of Homelessness*, and was published in November 2015. The Part 1 report provides estimates of homelessness based on the Point-in-Time (PIT) count data gathered by communities throughout the country in late January. The estimates are provided at the national-, state-, and CoC-levels.

Part 2 of the 2015 AHAR builds on the Part 1 report by adding 1-year estimates of sheltered homelessness based on data from Homeless Management Information Systems (HMIS). The HMIS estimates provide detailed demographic information about people who use the nation’s emergency shelters and transitional housing projects during a 12-month period.

Types of AHAR Estimates and Data Sources: PIT Count and HMIS

The estimates presented throughout this report are based primarily on aggregate information submitted by hundreds of communities nationwide about the people experiencing homelessness that they encounter and serve. There are two types of estimates: 1-night counts based on PIT data and 1-year counts based on HMIS data (See Exhibit A).

EXHIBIT A: Comparison of Data Sources PIT Count and HMIS



PIT Count

The PIT counts offer a snapshot of homelessness—of both sheltered and unsheltered homeless populations—on a single night. The 1-night counts are conducted by CoCs in late January¹ and reported to HUD as part of their annual applications for McKinney-Vento funding. In addition to the total counts of homelessness, the PIT counts provide an estimate of the number of people experiencing homelessness within particular populations, such as people with chronic patterns of homelessness and veterans. Typically, CoCs conduct a PIT count in shelters every year and a street (or unsheltered) count at least every other year. Many CoCs choose to conduct both counts each year. In 2015, PIT estimates were reported by 409 CoCs for both a sheltered and an unsheltered count, covering virtually the entire United States.

Communities across the nation typically conduct their PIT counts during a defined period of time (e.g., dusk to dawn) on a given night to minimize the risk of counting any person more than once. Many CoCs also collect identifying information to help unduplicate their counts of unsheltered homeless people. HUD has standards for conducting the PIT counts, and CoCs use a variety of approved methods to conduct the counts. Researchers reviewed the data for accuracy and quality prior to creating the PIT estimates for this report. The PIT estimates reported in previous years are subject to change in the analysis of year-to-year trends if communities have later adjusted their counting methods.

¹ Some CoCs are given permission to conduct counts outside of the last 10 days of January for good cause.

In 2015, HUD began asking CoCs to collect some demographic characteristics (gender, ethnicity, race, and age) as part of the PIT count. This information was first reported in the 2015 AHAR Part 1. Also in 2015, HUD asked CoCs to report on parenting youth as well as unaccompanied youth.

PIT counts are useful because they account for both sheltered and unsheltered homeless people. However, the estimates of homelessness on a single night can be influenced by changes in local methodologies to count people experiencing homelessness, especially those in unsheltered locations. In addition, the estimates are not designed to count people who experience homelessness throughout the year, and thus provided limited information on how people use the homeless service system.

HMIS

The 1-year HMIS estimates provide unduplicated counts of homeless people who use an emergency shelter, transitional housing program, or PSH program at any time from October through September of the following year. In the past few years, HUD has collaborated with its federal partners to increase the participation in HMIS and clarify data collection procedures with communities. These partnerships include the integration of HMIS data for the VA Supportive Services for Veteran Families (SSVF) program, HHS' Runaway and Homeless Youth (RHY) programs, and HHS' Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) program. These efforts have improved HUD's homelessness estimates and will continue to contribute to our understanding of homelessness in this Nation.

The 1-year HMIS estimates in this report provide information about the demographic characteristics of sheltered homeless people and their patterns of service use. The 12-month counts of sheltered homelessness are produced using HMIS data from a nationally representative sample of communities. Data are collected separately by project type (emergency shelter, transitional housing, and permanent supportive housing) and for individuals, people in families, and veterans. While this AHAR does not include 1-year estimates for homeless youth and people with chronic patterns of homelessness, HUD plans to update the AHAR data collection requirements so that, starting with the 2017 AHAR, the 1-year estimates will provide information on these populations.

For the 2015 AHAR, the estimates were derived from aggregate HMIS data reported by 384 CoCs nationwide, 93.9 percent of all CoCs nationwide. The data are unduplicated, offering information on 1,216,676 people served by CoCs, and

are weighted to provide a statistically reliable estimate of the *total number of people* who access shelter throughout the year (1,484,576 people in 2015). Excluded from the HMIS-based estimates are people in unsheltered locations, in programs targeting domestic violence victims, and in safe havens.

In combination, the PIT and HMIS estimates provide a comprehensive picture of homelessness in the United States that includes counts of people on the street as well as information on people who use the shelter system. The PIT estimate of homelessness will be smaller than the annual HMIS estimate because the PIT count data capture homelessness on a single night, whereas HMIS estimates capture anyone that is found in the shelter system at any point during the year.

Exhibit B shows the trends in the PIT and HMIS counts since the first AHAR was released in 2007 and places them in a larger historical context.

Supplemental Data Sources

Two other data sources are used in the AHAR: Housing Inventory Count (HIC) data and U.S. Census Bureau's American Community Survey (ACS) data. The HIC data provide an inventory of beds dedicated to serve people who are experiencing homelessness² and thus describe the nation's capacity to house such people. The HIC data are compiled by CoCs and represent the inventory of beds in various programs, including programs from all funding sources, within the homeless services system that are available during a particular year.

ACS data are used to provide a profile of the total U.S. population and the U.S. population living in population. The AHAR uses ACS data on gender, age, ethnicity, race, household size, disability status, and type of geographic location to serve as a comparison to the nationally representative HMIS data. The ACS data come in several forms. This report uses the 1-year Public Use Microdata Sample (PUMS) that corresponds most closely to the HMIS data for any given year.

The AHAR compares the estimate of homelessness with ACS data about all people in housing units or group quarters in the U.S. Through this comparison, the report provides a picture of how people who are homeless differ from, or are similar to, the broader population. This report on sheltered homelessness also compares the sheltered homeless population with the U.S. population living in poverty. Most homeless people are poor, so differences between all people who are poor and people who are homeless may highlight subgroups at greatest risk of becoming homeless.

² People served in permanent supportive housing programs are no longer considered homeless.

In collaboration with the U.S. Department of Veteran Affairs (VA), this 2015 report for the first time includes information on the veterans who use the HUD-Veterans Affairs Supportive Housing program (HUD-VASH),³ a permanent housing program that has been growing rapidly. The 2015 AHAR supplements the HMIS data on veterans in permanent supportive housing with administrative data on HUD-VASH from the VA's Homeless Operations Management Evaluation System (HOMES).

Data Notes

Information on people's characteristics and patterns of homelessness collected as part of CoCs' PIT counts and HMIS records are generally self-reported. This information may be collected using a standard survey or intake form. Some HMIS data may reflect additional supporting documentation if the information is necessary to establish eligibility for services.

PIT and HMIS data quality has improved considerably since HUD began to compile these data resulting in more reliable estimates of homelessness. PIT count methodologies have become more robust, meaning that communities are employing approaches that are improving the accuracy of their counts. HMIS bed-coverage rates, a measure of how many beds within the community contribute data in a CoC's HMIS, have increased sharply over time, and rates of missing data have declined.

Not all information presented in the narrative in this report is reflected in the exhibits. For example, the exhibits may present the percentage of homeless people within a particular category, while the narrative highlights the percentage change over the years.

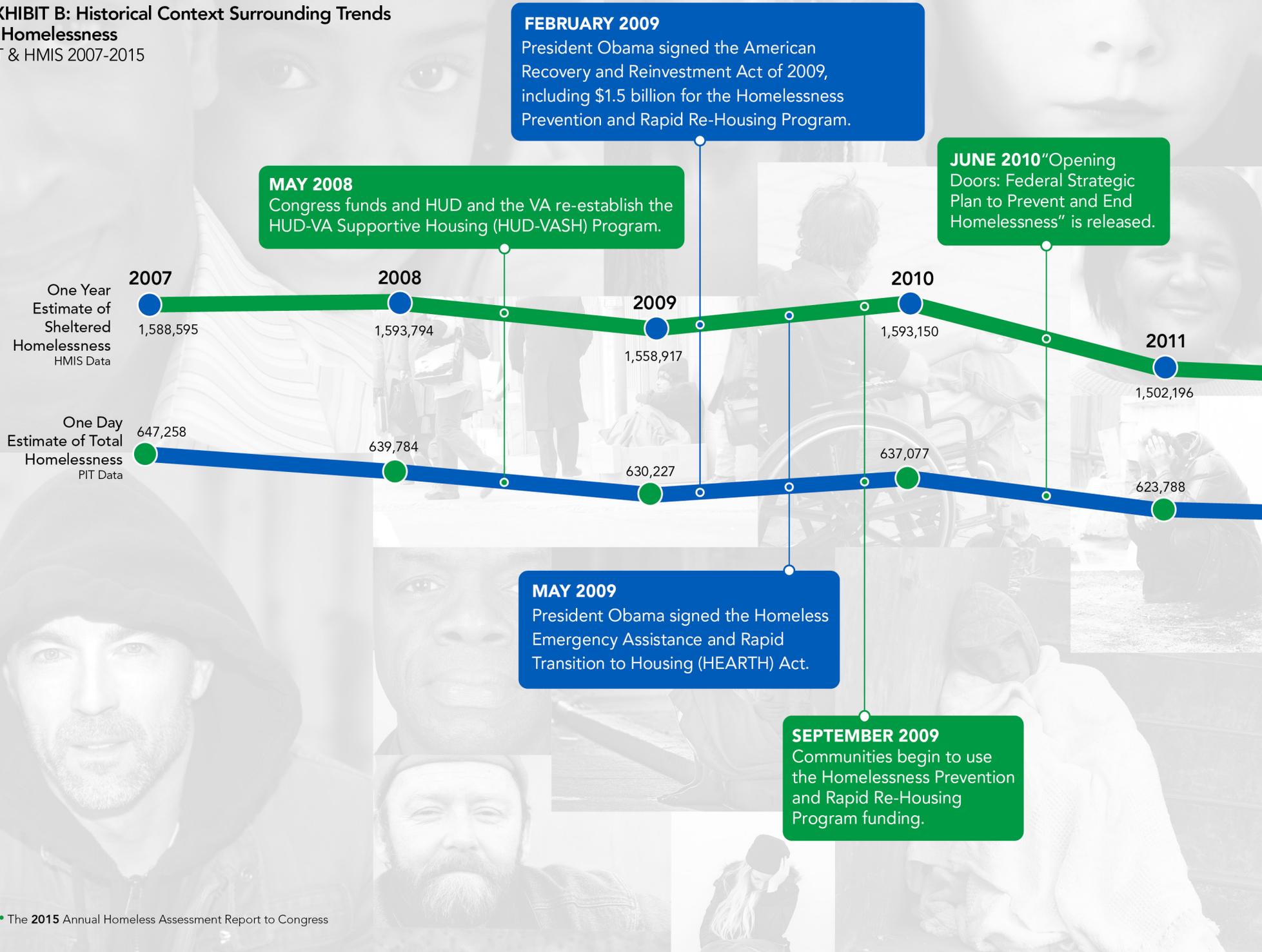
The supporting HMIS data used to produce the 2015 figures in the report can be downloaded from HUD's Resource Exchange at <http://www.hudexchange.info/>. Those tables are:

1. 2015 AHAR HMIS Estimates of Homelessness.xlsx
2. 2015 AHAR HMIS Estimates of Homeless Veterans.xlsx
3. 2015 AHAR_HMIS Estimates of People in PSH.xlsx
4. 2015 AHAR_HMIS Estimates of Veterans in PSH.xlsx

³ For more information on the HUD-VASH program see: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash and <http://www.va.gov/homeless/hud-vash.asp>.

The AHAR estimation methodology and underlying assumptions for the information presented in this report are consistent with past reports, thus making data comparable over time and across AHAR reports. For more details, the 2015 AHAR Data Collection and Analysis Methodology can be downloaded from: <http://www.hudexchange.info/>.

EXHIBIT B: Historical Context Surrounding Trends in Homelessness
 PIT & HMIS 2007-2015



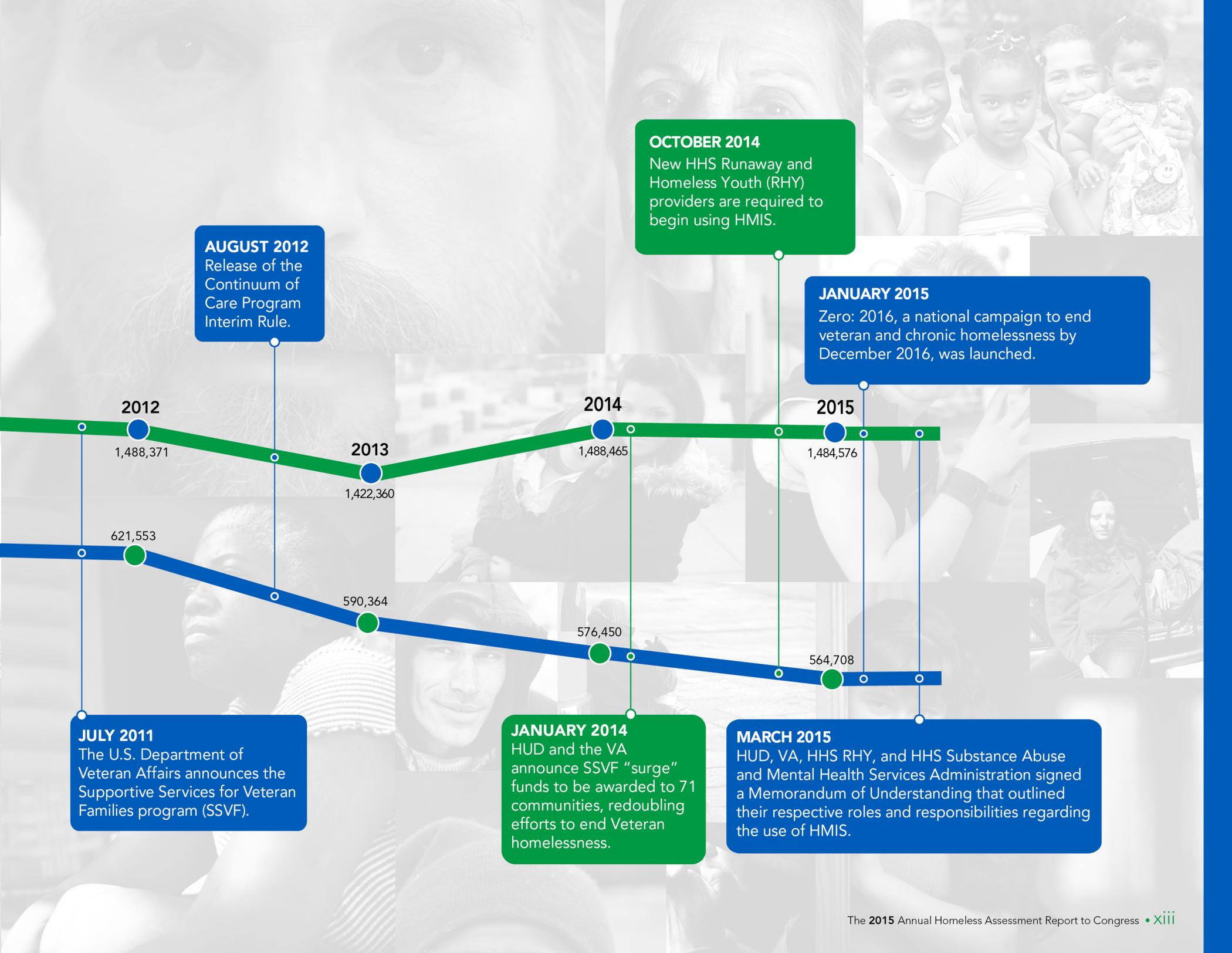
FEBRUARY 2009
 President Obama signed the American Recovery and Reinvestment Act of 2009, including \$1.5 billion for the Homelessness Prevention and Rapid Re-Housing Program.

MAY 2008
 Congress funds and HUD and the VA re-establish the HUD-VA Supportive Housing (HUD-VASH) Program.

JUNE 2010 "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness" is released.

MAY 2009
 President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

SEPTEMBER 2009
 Communities begin to use the Homelessness Prevention and Rapid Re-Housing Program funding.



AUGUST 2012

Release of the Continuum of Care Program Interim Rule.

OCTOBER 2014

New HHS Runaway and Homeless Youth (RHY) providers are required to begin using HMIS.

JANUARY 2015

Zero: 2016, a national campaign to end veteran and chronic homelessness by December 2016, was launched.

2012

1,488,371

2013

1,422,360

2014

1,488,465

2015

1,484,576

621,553

590,364

576,450

564,708

JULY 2011

The U.S. Department of Veteran Affairs announces the Supportive Services for Veteran Families program (SSVF).

JANUARY 2014

HUD and the VA announce SSVF "surge" funds to be awarded to 71 communities, redoubling efforts to end Veteran homelessness.

MARCH 2015

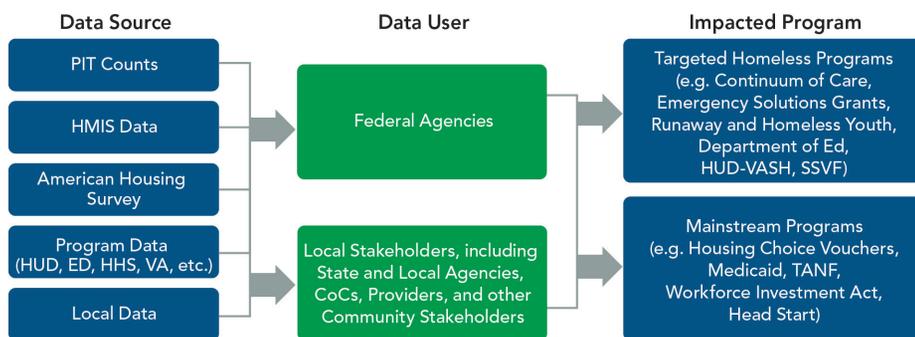
HUD, VA, HHS RHY, and HHS Substance Abuse and Mental Health Services Administration signed a Memorandum of Understanding that outlined their respective roles and responsibilities regarding the use of HMIS.

Broader Perspectives on Housing Instability and Homelessness

For more than a decade, HUD has supported local efforts to collect information about people experiencing homelessness. Together, the PIT count and HMIS data present a detailed picture of who is experiencing homelessness in emergency shelter, transitional housing, or in unsheltered locations; what their demographic characteristics are; and how they make use of the residential services available for homeless people.

HUD and its federal partners use many other data sources to get a full picture of homelessness and housing instability, including data collected and reported by other federal agencies as well as national and local studies and evaluations. Each of these data sources provides an important perspective on homelessness. For example, HUD uses the American Housing Survey (AHS) to produce reports every two years that provide estimates of how many renters have “worst case needs” for housing assistance, because they have very low incomes, no housing assistance, and severe rent burdens or substandard housing. The Department of Veterans Affairs data provide additional crucial information about veterans experiencing homelessness that is not captured in the PIT count.

The AHS for 2013 included supplemental questions on the *reasons* people had recently moved out of a household or moved into an existing household within the past year. This report includes a section that draws on those data to add to the picture of the housing instability experienced by households throughout the country. It also highlights findings from the *Worst Case Housing Needs: 2015 Report to Congress* that use 2013 AHS supplemental questions on missed rent payments and evictions. This section also draws on data from the Department of Education on students in public schools who are reported as being homeless, including those who are living with other people because of the loss of housing or economic hardship.



Federal agencies use data to inform a broad set of policy solutions across many different programs to meet the goals of preventing and ending homelessness set forth in *Opening Doors*. Ending homelessness cannot rely solely on programs that are targeted to persons experiencing homelessness. HUD and its federal partners recognize that homelessness is closely linked to housing affordability, income and employment, health (including physical, behavioral, and mental disabilities), and education. The mainstream programs that address these needs have a substantial role in preventing and ending homelessness.

Domestic Violence Survivors in the U.S. Homeless Residential Services System

According to the National Intimate Partner and Sexual Violence Survey (NISVS) report, nearly 10 million people in the U.S. experienced physical violence by an intimate partner in 2010.⁴ Many people escaping domestic violence seek assistance outside of the homeless services system, but shelter and housing programs can serve as resources for people in crisis and seeking a safe refuge. The survivors of domestic violence who use homeless services may use either those designated for survivors of domestic violence or those available to a broader population.

In order to protect survivor safety and confidentiality, domestic violence shelter and housing programs in the homeless services system operated by victim service providers are prohibited by law⁵ from reporting personally identifying client information into HMIS. Thus, the HMIS data used as the basis for the AHAR Part 2 report exclude information on people in domestic violence shelters. The Point-in-Time (PIT) count, another data source for the AHAR Part 2, makes the reporting of people in domestic violence shelter and housing programs optional, and that information is not collected systematically.⁶ However, the Housing Inventory Count (HIC) contains information on all the projects and beds in the homeless services system, including beds in domestic violence shelters. Thus, the HIC can offer an understanding of how many people who are homeless and survivors of domestic violence may be missed by the national homeless counts in this report. Exhibit C displays the bed counts reported in the 2015 HIC for all projects that have identified domestic violence survivors as the target population. Exhibit D displays

⁴ http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf

⁵ Violence Against Women Reauthorization Act of 2013: <https://www.gpo.gov/fdsys/pkg/BILLS-113s47enr/pdf/BILLS-113s47enr.pdf>

⁶ Based on the 2015 optional PIT count of the homeless population “victims of domestic violence,” 67,690 people were reported as homeless and a victim of domestic violence, with 60.6 percent located in sheltered locations (emergency shelters, transitional housing, and safe havens) and the remaining 39.4 percent in unsheltered locations.

EXHIBIT C: Domestic Violence Beds

by Household Type and CoC Type, HIC 2015

Type	DV Beds	Total Beds	% DV Beds	# of CoCs
Total	55,686	830,120	6.7	406
Beds By Household Type				
Individuals	9,586	433,324	2.2	391
Families	46,100	396,796	11.6	391
Beds By CoC Type				
Major City CoCs	15,422	398,663	3.9	49
Smaller City, County, & Regional CoCs	20,779	311,190	6.7	313
Balance of State and Statewide CoCs	18,819	115,457	16.3	40

Note 1: Total beds include year-round beds from Emergency Shelter (ES), Transitional Housing (TH), Safe Havens (SH), Rapid Rehousing (RRH), Permanent Supportive Housing (PSH), and Other Permanent Housing (OPH) projects. Rapid Rehousing Demonstration (DEM) beds are included with RRH.

Note 2: The total beds and beds by household type include Puerto Rico and U.S. Territories. Bed counts by CoC Type do not include Puerto Rico and U.S. Territories. For Puerto Rico, the DV Beds, Total Beds and % DV Beds are: 570; 4,389; and 13%. For Guam, these figures are: 53; 258; and 20.5%. For the U.S. Virgin Islands, these figures are: 43; 163; and 26.4%.

these dedicated beds by projects in the homeless services system in which the clientele using the beds are experiencing homelessness—in emergency shelter (ES), transitional housing (TH), and safe haven (SH) projects—separately from those projects in which the clientele are not or are no longer experiencing homelessness—in rapid rehousing (RRH), permanent supportive housing (PSH), and other permanent housing (OPH) projects.

Based on the 2015 HIC, 55,686 of all the beds in the homeless services system were dedicated to survivors of domestic violence (DV). Of the beds for those experiencing homelessness in emergency shelter, transitional housing, and safe haven projects, 11.6 percent were targeted to survivors of domestic violence. Of the beds that serve families with children in ES, TH, and SH, 11.6 percent were beds in projects targeted to DV clients. Less than 10 percent of all DV beds were in Rapid Rehousing, Permanent Supportive Housing and other permanent housing targeted to survivors of DV.

Exhibits C and D also show how the share of beds in each Continuum of Care (CoC) dedicated to survivors of domestic violence varies by geography. CoCs are divided into three geographic categories: major city CoCs (N=49); smaller city, county, and

EXHIBIT D: Domestic Violence Beds

by Program Type, Household Type and CoC Type, HIC 2015

Type	DV Beds	Total Beds	% DV Beds	# of CoCs
Total	55,686	830,120	6.7	406
Total – ES, TH, SH	50,562	426,267	11.9	406
Beds By Family Type				
Individuals	8,949	209,567	4.3	390
Families	41,613	216,700	19.2	390
Beds By CoC Type				
Major City CoCs	13,330	202,501	6.6	49
Smaller City, County, & Regional CoCs	19,165	153,324	12.5	313
Balance of State and Statewide CoCs	17,530	68,048	25.8	40
Total – RRH, PSH, OPH	5,124	403,853	1.3	395
Beds By Family Type				
Individuals	637	223,757	0.3	109
Families	4,487	180,096	2.5	109
Beds By CoC Type				
Major City CoCs	2,092	196,162	1.1	49
Smaller City, County, & Regional CoCs	1,614	157,866	1.0	302
Balance of State and Statewide CoCs	1,289	47,409	2.7	40

Note 1: Total beds include year-round beds from Emergency Shelter (ES), Transitional Housing (TH), and Safe Havens (SH), separately from Rapid Rehousing (RRH), Permanent Supportive Housing (PSH), and Other Permanent Housing (OPH) projects. Rapid Rehousing Demonstration (DEM) beds are included with RRH.

Note 2: The total beds and beds by household type include Puerto Rico and U.S. Territories. Bed counts by CoC Type do not include Puerto Rico and U.S. Territories.

regional CoCs (N=313); and Balance of State (BoS) or statewide CoCs (N=40).⁷ The share of the total bed inventory of emergency shelter, transitional housing, and safe haven projects targeted to survivors of domestic violence in smaller city, county, and regional CoCs was 6.7 percent in 2015. Major city CoCs have a smaller share of their total bed inventory in projects targeted to DV survivors (3.9%), while the BoS or statewide CoCs (often rural areas) had substantially more of their emergency shelter, transitional housing, and safe haven bed inventory reserved for survivors of domestic violence (16.3%).

⁷ Major city CoCs cover the 50 largest cities in the U.S.; Smaller city, county and regional CoCs are jurisdictions that are neither one of the 50 largest cities nor Balance of State or Statewide CoCs; Balance of State or statewide CoCs are typically composed of multiple rural counties or cover an entire state.

All states in the U.S. have some of their emergency shelter, transitional housing, and safe haven bed inventory targeted to survivors of domestic violence. In 2015, shares of the state-level total bed inventory for people experiencing homelessness that are dedicated to survivors of domestic violence range from 4.3 percent in Hawaii to 35.8 percent in New Mexico. In addition to New Mexico, five other states had more than 25 percent of their local bed inventory for people experiencing homelessness targeted to domestic violence survivors: Missouri (28.4%), South Dakota (28.3%), Utah (28%), Arkansas (26%), and Mississippi (25.6%).

How to Use this Report

The 2015 AHAR Part 2 is intended to serve as a data reference guide. The body of the report is divided into seven sections:

1. All homeless people,
2. Homeless individuals,
3. Homeless people in families with children,
4. Unaccompanied homeless youth,
5. Homeless veterans,
6. Chronically homeless individuals, and
7. People living in permanent supportive housing (PSH).

Sections 1 to 3 and 5 begin with a summary of the PIT count data and an analysis by state of people who were experiencing homelessness on a single night in January 2015, followed by the HMIS data on people who were experiencing sheltered homelessness at some time during the reporting year. These one-year estimates include information on gender, age, ethnicity, race, household size, disability status, geographic location, characteristics by geography, living situation before entering shelter, length of shelter stay, and bed-use patterns.

Sections 4 and 6 are based only on PIT data, as HMIS data are not yet available for unaccompanied youth or for people with chronic patterns of homelessness. Section 7 is based on HMIS data on residents of PSH and on supplementary data on the HUD-VASH program.

This report is intended for several audiences: Members of Congress, staff at local service providers and CoCs, researchers, policy-makers, and advocates. These audiences may have various reasons for reading this report, but all audiences will find answers to questions that can be useful to them. For example:

At the national level, Congress and policymakers can mark progress on the nation's *Opening Doors* initiative to prevent and end homelessness. Key stakeholders can also identify which household types and sub-populations require more attention in this effort and which groups are improving at a slower rate than others.

At the state level, policymakers and state-level CoCs can determine how they compare to other states on a range of important measures. The report shows which states experienced substantial changes in their homeless populations compared

to other states, and these comparisons can foster collaborations and propel efforts towards ending homelessness.

At the local level, community leaders and local service providers can assess how their community compares to the nation. This comparison can highlight ways in which the community's homeless population is similar or different from the national profile of homelessness.

This report can address many questions that may be of interest across all audiences:

1. How many people experience homelessness in the U.S. in any given year? How has this changed over time?
2. Are women more likely to experience homelessness than men? How many people experience homelessness as individuals, and how many are in families with children?
3. How many children experience homelessness in the U.S.?
4. What is the race and ethnicity of people who experience homelessness in the U.S.?
5. What is the rate of disability among people who experience homelessness?
6. Where do people experiencing homelessness stay before they enter the shelter system?
7. How long do people stay in emergency shelter and transitional housing programs?
8. How many U.S. veterans experience homelessness? How has that number changed over time?
9. How many people in the U.S. have chronic patterns of homelessness?
10. How many people live in permanent supportive housing, and what are their characteristics? Where were they staying beforehand, and where did they go once they left?



Key Findings

Homelessness in the United States

One-Night Estimates

- On a single night in January 2015, 564,708 people were experiencing homelessness in the United States. This marks the continued decline of homelessness in the nation: a 2 percent decrease since January 2014 and a 13 percent decrease since January 2007. The long-term decline in homelessness has been driven entirely by reductions in the number of people living on the street or in other unsheltered locations, a population that dropped 32 percent between 2007 and 2015.
- California and New York continued in 2015 to account for more than a third of all people experiencing homelessness in the United States.
- Of every ten people experiencing homelessness on a single night in January 2015, seven were staying in sheltered rather than unsheltered locations. California and Florida had the largest numbers of unsheltered people.
- The largest increase between 2014 and 2015 in the one-night count was in New York, with most of the increase among people experiencing sheltered homelessness. The largest decrease was in Florida, with most of the decrease in the unsheltered population.

One-Year Estimates

- In 2015, an estimated 1.48 million people experienced sheltered homelessness at some point during the reporting year. Between 2007 and 2015, the number of sheltered people dropped 7 percent (104,019 fewer people).
- In 2015, African Americans comprised more than 41 percent of people experiencing sheltered homelessness but only 13 percent of all people in the U.S.
- Adults with disabilities are also at great risk of experiencing sheltered homelessness, more than three times more likely than adults without disabilities.
- Most people experience sheltered homelessness in principal cities (71 percent). The percentage in suburban and rural areas increased between 2007 and 2014 but not between 2014 and 2015.
- The number of adults who were experiencing homelessness in unsheltered locations prior to their shelter entry increased 6 percent between 2014 and 2015 and 57 percent between 2007 and 2014.

Homeless Individuals⁸

One-Night Estimates

- On a single night in January 2015, 358,422 people in the United States were experiencing homelessness as individuals. This was 64 percent of all people in the one-night counts.

⁸ The term “Individuals” refers to people that are not part of a family with at least one adult and one child. See the Key Terms on pages iv-v for more information.

- The number of individuals experiencing homelessness was essentially unchanged between 2014 and 2015, declining by less than one percent. The long-term trend shows a significant reduction in this population—a 13 percent drop in the one-night estimates of all individuals experiencing homelessness between 2007 and 2015, and a 24 percent drop in the number of individuals in unsheltered locations.
- More than half of all individuals experiencing homelessness did so in sheltered locations on a single night in January 2015. However, the 43 percent found in unsheltered locations made individuals experiencing homelessness more than 7 times more likely to be unsheltered than people in families with children.
- California accounted for about a quarter (26%) of all individuals experiencing homelessness and nearly half (46%) of all unsheltered individuals in the nation, with almost three in four individuals experiencing homelessness in unsheltered locations. However, California also had the largest long-term decline in unsheltered homelessness of any state, with more than 12,000 fewer unsheltered individuals in 2015 than in 2007.

One-Year Estimates

- An estimated 987,239 individuals used a shelter program in the United States at some point during the year 2015. That number was a slight increase from 2014, less than one percent (3,112 people). However, between 2007 and 2015, the number dropped 12 percent (127,815 people).
- While still a small share of the overall population of individuals using shelters, the share who are elderly (age 62 or older) continued to increase between 2014 and 2015, for the fifth year in a row.
- Almost half (46%) of individuals using shelters identified themselves as white and not Hispanic. Somewhat more than a third (37%) were African American.
- Between 2007 and 2015, the share of sheltered individuals with disabilities increased from 40 percent to 45 percent. This is in contrast to a declining share of people with disabilities in the U.S. population living in poverty, where the share decreased from 39 percent to 31 percent over the same period.
- Between 2007 and 2015, the number of individuals experiencing sheltered homelessness in cities dropped 16 percent (143,780 fewer people), while it rose 7 percent (16,055 more people) in suburban and rural areas.

Homeless Families with Children

One-Night Estimates

- Of all people experiencing homelessness on a single night in January 2015, 206,286, or 37 percent, were in families with children.

- Between the 2014 and 2015 one-night counts, the number of people experiencing homelessness in families with children dropped 5 percent (9,975 fewer people). The number of family households experiencing homelessness also dropped 5 percent (3,416 fewer households).
- Of all people experiencing homelessness in families with children on a single night in 2015, 90 percent were in sheltered rather than unsheltered locations. Between 2007 and 2015, the number of sheltered people in families with children on a single night increased 4 percent, while the number of unsheltered dropped 64 percent. The net result was a 12 percent decline in homelessness among people in families with children.
- New York and Massachusetts had notable increases in the numbers of people in families with children experiencing sheltered homelessness, both between 2014 and 2015 and over the 8-year period between 2007 and 2015. As of 2015, Oregon was the only state where the majority of people experiencing homelessness in families with children was found in unsheltered locations.

One-Year Estimates

- In 2015, 502,521 people used a shelter as part of a family with children at some point during the reporting year. Families with children comprised about a third of all people experiencing sheltered homelessness. The number of people experiencing sheltered homelessness as part of a family declined 3 percent between 2014 and 2015, following an increase between 2013 and 2014. Over a longer period, the number of people experiencing sheltered homelessness as part of a family grew 6 percent, from 473,581 in 2007 to 502,521 in 2015.
- The adults and children experiencing sheltered homelessness together were in 154,380 family households. Homeless families tend to be relatively small and young. Three in five people in families were children under 18 years of age, and about 10 percent of the children were infants. Relatively younger adults (between ages 18 and 30) in families with children are at substantially greater risk of experiencing sheltered homelessness than are adults who are living with children and are 31 years or older.
- While women still represent a substantial majority of the adults experiencing sheltered homelessness with accompanying children, the number of men in these families increased 34 percent between 2007 and 2015.
- The most common living arrangement before people in families with children entered a shelter was staying with family or friends.
- About 21 percent of adults experiencing sheltered homelessness as part of a family with children have a disability. This is a higher rate than adults in families in the total U.S. population (9%) or in the U.S. population living in poverty (15%).

Unaccompanied Homeless Youth

One-Night Estimates

- 36,907 people were experiencing homelessness as unaccompanied youth (under age 25) on a single night in January 2015. Of these, 87 percent were ages 18 to 24, and 13 percent were under the age of 18.
- Among unaccompanied youth experiencing homelessness, 46 percent were found on the street or other places not meant for human habitation, with the remaining 54 percent in a sheltered locations.
- 9,901 people were experiencing homelessness as parenting youth on a single night in January 2015. Of these, about one percent was under 18, with the remaining 99 percent ages 18 to 24. Including their accompanying children, 23,143 people experienced homelessness as part of parenting youth households.
- Most children and parents experiencing homelessness in parenting youth households (96%) were found in sheltered rather than unsheltered locations.
- California alone accounted for more than one quarter of all unaccompanied homeless youth, while New York had the largest number of parenting youth of any state.

Homeless Veterans

One-Night Estimates

- On a single night in January 2015, 47,725 veterans were experiencing homelessness in the United States, 9 percent of all people experiencing homelessness and 11 percent of all adults experiencing homelessness.
- Two-thirds of veterans experiencing homelessness were counted in emergency shelter and transitional housing programs in 2015, and about one-third were in unsheltered locations.
- Fewer veterans were homeless in January 2015 than in 2014. Veterans experiencing homelessness declined by 4 percent or 1,964 fewer veterans. More than two-thirds of this decline was attributable to a drop in the unsheltered population (1,350 fewer people).
- Between 2009 and 2015, the number of veterans experiencing homelessness dropped 35 percent, or 25,642 fewer veterans. The decline in veterans experiencing homelessness in unsheltered locations (46% or 13,738 fewer veterans) was larger than the decline among those in sheltered locations (27% or 11,904 fewer veterans).

One-Year Estimates

- In 2015, 132,847 veterans experiencing sheltered homelessness at some point during the year. Although this represents a modest increase (less than one percent) from the prior year, the number of veterans experiencing sheltered homelessness dropped 11 percent (16,788 fewer veterans) between 2009 and 2015.
- Veterans experiencing sheltered homelessness in 2015 were more likely to identify as members of a racial or ethnic group other than white, non-Hispanic (just over 50%) or to be disabled (53%) than were all veterans in the U.S. (21% and 28%). And although the majority of all veterans in the U.S. (55%) were over the age of 61, only 15 percent of veterans experiencing sheltered homelessness in 2015 were over 61.
- Most veterans experiencing sheltered homelessness (74%) were located in principal cities, while among all U.S. veterans, most (72%) were living in suburban and rural areas, as were two-thirds (67%) of veterans in the U.S. population living in poverty.
- Most veterans using emergency shelter and transitional housing programs are men, as are most veterans in the U.S. (91% in both cases). In 2015, three percent of veterans experiencing sheltered homelessness were accompanied by children.
- The proportion of veterans experiencing sheltered homelessness who stayed in transitional housing (either exclusively or in addition to stays in emergency shelters) rose from 23 percent in 2009 to 34 percent in 2015.

Chronically Homeless Individuals⁹

One-Night Estimates

- On a single night in January 2015, 83,170 people in the United States were experiencing chronic homeless as individuals. This was about a quarter (23%) of all homeless individuals. About two-thirds of these chronically homeless individuals (66%) were found in places not meant for human habitation.
- Between January 2014 and January 2015, the number of sheltered individuals experiencing chronic homelessness fell 9 percent (2,848 fewer people), while the number in unsheltered locations rose 4 percent (2,029 additional people).
- Between January 2007 and January 2015, the number of chronically homeless individuals fell by 31 percent. Over this same time period, the proportion of homeless individuals who were chronically homeless fell from 29 percent to 23 percent.
- California alone accounted for 47 percent of the total unsheltered chronically homeless population.

⁹ A chronically homeless individual is an individual (that is, not part of a family with at least one adult and one child) with a disability who has been continuously homeless for 1 year or more or has experienced at least four episodes of homelessness in the last 3 years.

People in Permanent Supportive Housing (PSH)

One-Year Estimates

- 347,776 people lived in permanent supportive housing during 2015. Just under two-thirds of PSH residents are individuals and a third are people in families with children. The share of people living in PSH who are individuals has been increasing over time.
- The number of PSH beds continued to rise, reaching 319,212 in 2015, a 6 percent increase from 2014.
- Of adults living in PSH during 2015, more than three quarters (79%) were already homeless before they moved in, and about 4 percent came from institutional settings.
- The share of long-term stayers (more than five years) in PSH continued to rise, from 18 percent in 2010 to 25 percent in 2015. The share of those living in PSH a year or less continued to drop, from 31 percent in 2010 to 24 in 2015.
- Individuals who moved out of PSH were less likely to move into other housing than families with children (60% versus 76%) and individuals were more likely to go to institutional settings (9% versus 3%).
- In 2015, 75,331 veterans lived in permanent supportive housing in the U.S.
- Veterans using HUD-VASH housing subsidies in 2015 typically were between 51 and 61 years of age (47%), with a quarter (25%) age 62 or older, and very few (4%) between 18 and 30 years of age.

Interpretation of the Findings

The Annual Homeless Assessment Report (AHAR) to Congress Part 2 supplements each year's Point-in-Time counts (first presented in Part 1) with information that permits us to understand more about people who experience homelessness over the course of a year. Knowing more about the characteristics of people who experience homelessness, their service-use patterns, and about how to better serve them can lead to critical policy adjustments. This year's report provides another important check on the goals set by *Opening Doors* for ending homelessness in the United States.

The 2015 report shows substantial progress in ending homelessness among veterans. The number of veterans experiencing homelessness on a single night declined by 31 percent since 2009, and the number of sheltered veterans during the year dropped by 11 percent since 2009. These declines reflect the substantial commitment by the federal government and local communities in addressing the needs of veterans and placing them in permanent housing. Through Permanent Supportive Housing programs, including the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program, more than 75,000 veterans were living in permanent supportive housing in 2015. These programs are often implemented with a strong emphasis on providing barrier-free access to permanent housing coupled with critical supportive services when needed to sustain the housing for veterans with physical and behavioral health challenges. At the local level, communities are joining the Zero: 2016 campaign to end veteran and chronic homelessness by December 2016. Their goal is to prove that ending homelessness is possible, community by community, until we reach zero nationally. The Mayors Challenge to End Veteran Homelessness—announced by First Lady Michelle Obama in June 2014 and supported by the HUD Secretary, by leaders across HUD, VA, USICH, and by the National League of Cities—is another initiative targeted to end veteran homelessness, calling on mayors to make this a commitment in their cities with the aid of federal resources.

As shown in the 2015 report, people in families with children represent about a third of the homeless population in the United States. Homeless families with children are a priority group in the federal strategic plan to end homelessness because of the lasting impact of homelessness on children and their families. Fortunately, based on our estimates, few families with children sleep in places not suitable for human habitation, as shown by the numbers in this report. Most families experiencing homelessness are in emergency shelter or transitional housing programs rather than in unsheltered locations. Families experiencing homelessness are young, with most parents under age 30 and a large fraction headed by parenting youth between

the ages of 18 and 24. Many are trying to care for their first child. Young families are particularly at risk of homelessness, and that parents as well as children need age-appropriate support. Rigorous research conducted by HUD in the Family Options Study shows that the most successful way to end homelessness among families with children is to get them into permanent housing and help them stay there, rather than providing a transitional period with intensive services. Recognition of the limitations of transitional housing in reducing family homelessness is reflected in the nationwide drop in the inventory of transitional housing between 2007 and 2015.

By far the largest numbers of people who experience homelessness are individuals,—that is, in households that do not include at least one adult and one child. In 2015, about 987,000 people experiencing sheltered homelessness were not in a family with at least one adult and one child. The typical person experiencing homelessness as an individual is a middle-aged man. However, about 25 percent of those experiencing sheltered homelessness as individuals are under age 30, and a larger number are between 18 and 24 than between 25 and 29. These results imply the need for age-appropriate interventions to help youth experiencing homelessness. As shown in the report, very few people experiencing homelessness at a point in time as minors are unaccompanied children under the age of 18, although the estimates do not count homeless youth who couch surf or stay in locations that are difficult to see and count. At the other end of the age spectrum, high morbidity and mortality rates among older people who experience homelessness means that few are elderly—6.3 percent of individuals experiencing sheltered homelessness are 62 or older. Nonetheless, the elderly population experiencing sheltered homelessness has increased over the past 5 years, which also implies the need for age-appropriate support.

The number of individuals whose patterns of homelessness are chronic—that is, they are homeless on the streets or in shelters over long periods of time and are living with a disability—has dropped substantially since 2007. Chronic homelessness on a single night has dropped by 30.6 percent, or 36,643 people, since 2007. This large decline was made possible in part by sizable increases in permanent supportive housing units targeted to chronically homeless populations, which has been an explicit federal priority for many years.

Looking across ages of people experiencing homelessness and their family structures, the AHAR estimates demonstrate that homelessness is a product of disadvantage and vulnerability. Large numbers of people experiencing homelessness have a disability, about 45 percent of those who use shelters as individuals and likely a higher number for those whose only homelessness is on the street. Rates are lower for families with children. The AHAR shows that African Americans also experience

homelessness in numbers that are out of proportion to their overall numbers in the U.S. population.

Characteristics of people experiencing sheltered homelessness may reflect where they experience homelessness. The geography of homelessness has been fairly stable since the AHAR reports began in 2007. Sheltered homelessness is mainly an urban phenomenon, meaning that people who come to shelters do so in the principal cities of metropolitan areas. Not surprisingly, the most populous U.S. states also have the largest numbers of people who experience homelessness, as evidenced by the state-by-state one-night counts. But some patterns are different—for example, among large states, California has very large numbers of people found in unsheltered locations, while the large numbers of people experiencing homelessness in New York are found mainly in emergency shelter and transitional housing programs. These patterns may be attributed in part to climate, but they also may reflect the relative size of emergency shelter systems in different parts of the county.

Sheltered and unsheltered homelessness are extreme forms of housing instability. Many Americans may never become literally homeless but nonetheless move from one unstable situation to the next. Like last year's AHAR, this report puts homelessness in context by including information about the larger numbers of people whose housing instability reflects a failure of the social safety net to provide adequate supports for vulnerable Americans.

Meanwhile, devoting substantial resources to preventing and ending homelessness as defined by the AHAR has paid off, especially for people with chronic patterns of homelessness and for veterans. That can serve as a model for achieving the goals of *Opening Doors* for other priority populations.

