

From AHAR to LSA: Understanding the FY18 Changes

The Longitudinal Systems Analysis (LSA) report reflects a major change in how annual HMIS-based client and inventory data will be submitted to HUD. This brief document highlights the key changes between the LSA and the former Annual Homeless Assessment Report (AHAR) process.

| Topic | Former AHAR Approach | New LSA Approach |
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| Name | In previous years, “AHAR” was used to refer both to the written report to Congress and to the data communities submitted for the report (i.e. AHAR data). The term “AHAR” now specifically refers to the written report. | LSA stands for Longitudinal System Analysis. The LSA is produced from a CoC’s HMIS and contains the data used to write the AHAR. LSA data can also be used to support other purposes. |
| Platform | AHAR data was submitted via the HDX at: https://hudhdx.info/ | The LSA will be submitted via the HDX 2.0 at: https://hudhdx2.info/ |
| Time Period Covered by the Report | The AHAR measures were generally bounded by the reporting year for that year’s submission. Other than for PSH length of stay, only dates falling within the reporting period were counted toward a client’s length of time served in a project. | The LSA primarily reports on clients served within the reporting year, but the length of time measures include any day served or self-reported homeless in the 365-day period prior to the household’s last active date in the reporting period, plus any additional days homeless associated with an enrollment or self-reported period that is continuous with the end of the 365-day period, as far back as the client’s record extends without a break to the lookback stop date. The LSA also includes returns data about people who were served within the homeless system and exited during the year prior to the reporting period, and in the year prior to that. |
| Sample Sites | The AHAR review team selected 102 Community Development Block Grant jurisdictions as AHAR sample sites. Data from these sample sites formed the core of the national estimates of homelessness. Some CoCs had to submit data for one or more sample sites, as well as the remaining balance of their CoC in order to report on all of their local programs. | The LSA does not use sample sites. Each CoC will only be responsible for a single upload for all of their data (bounded by state lines). |
| Reviewing HMIS Output | After generating an AHAR from their local HMIS but before entering their data in the HDX, CoCs were able to review the output, conduct basic logic checks to confirm programming consistency, and verify that the data appear to accurately reflect the expectations of the CoC. | The LSA report generated from the HMIS is a .zip file comprising 10 CSV files with potentially thousands of rows of numerical output. Instead of reviewing these files directly, CoCs will upload the file to the HDX 2.0 and review the results within the Summary Data Display. If errors are found with the data upload, users must correct the client data in the source HMIS and re-upload corrected files, or resolve warnings they cannot correct by adding explanatory notes. Users may upload multiple LSA files in the HDX 2.0 until they are satisfied that they accurately reflect the CoC. |

From AHAR to LSA: Understanding the FY18 Changes, cont.

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| Data Entry | CoCs were able to both upload and manually enter or edit AHAR data. | CoCs will only be able to upload LSA data. Manual data entry is not allowed. If the uploaded data need to be corrected, CoCs should correct them in their local HMIS database and generate a new upload. |
| Project Types | AHAR data covered three project types: ES, TH, and PSH. Each project type was reported on separately. | The LSA has expanded to cover five project types: ES, SH, TH, RRH, and PSH. ES, SH, and TH data will be reported together as a single sheltered homelessness category and RRH and PSH data will each be reported separately. |
| Household Types | AHAR data reported on two household types for each reporting category: IND (individuals) and FAM (families). | The LSA aligns with other HUD reporting and uses the following three household types: AO (households of adults only), AC (households with at least one adult and one child), and CO (households of children only). |
| Veterans Data | AHAR data required CoCs to submit two reports of IND and FAM data for ES, TH, and PSH—one for All People and one for Veterans. | The LSA does not have a separate submission for veteran data. The LSA specs will produce results that can be used to calculate the necessary veteran tables. |
| Reporting Categories | Participation in AHAR and the usability of CoCs’ data were judged separately for each of fourteen reporting categories, defined by the product of the three project types (ES, TH, and PSH), two household types (IND and FAM), and two population types (All People and Veterans), plus a “summary” reporting category for each of the two population types. | The usability of CoCs’ LSA data will be judged separately for each of nine reporting categories, defined by the product of the combined project types (ES/SH/TH together, RRH, and PSH) and the three household types (AO, AC, and CO). |
| System Use | AHAR data did not provide detailed information on household system use across time. | The LSA includes significant additional detail about households’ system use that will allow CoCs to understand lengths of homelessness, exits to permanent housing, and returns for each household type (AO, CO, and AC). |
| Demographics | AHAR demographic data were generally collected for all clients in a household. | The LSA shifts from focusing on all clients to all heads of household and any other adult in the household. The number of people served in each household and the age of all persons served are the only characteristics reported for non-heads of household under the age of 18. |
| Bed Coverage | For a CoC’s data to be considered usable in any given reporting category, at least 50% of the CoC’s beds in that category had to participate in HMIS. | All CoCs may participate in the LSA, regardless of their HMIS bed coverage rate. While HMIS bed coverage will continue to be an important factor, usability will be judged principally on data quality and completeness. |