2017 AHAR Webinar Part 2-Steps to a Successful Data Submission
Transcript

1. Hello, and welcome to the second of a two part webinar series on reporting data for the 2017 Annual Homeless Assessment Report.
2. My name is Korrin Bishop, and I am a member of the interdisciplinary team here at Abt Associates, in partnership with the University of Pennsylvania, tasked with collecting AHAR data for the U.S. Department of Housing and Urban Development or HUD.
3. Before we get started, if you have any questions about this presentation, or other aspects of the AHAR process that were not covered in this webinar series, please submit your questions to the HUD Exchange Ask A Question portal by following the link shown here. Please make sure you select HDX as the Reporting System when entering your question.
4. This webinar series is designed to provide an introduction to the AHAR data collection process, and this presentation has three primary goals.
   − First, to understand the 2017 AHAR data collection process.
   − Second, to identify common data quality issues.
   − And finally, to demonstrate methods to overcome these common issues
5. We will now discuss the AHAR data collection process.
6. Before we get started, we want to review some of the acronyms that you will become very familiar with during the AHAR process.
   a. The AHAR, as you may know, is the Annual Homeless Assessment Report to Congress on the extent and nature of homelessness in the United States
   b. The HIC, or the Housing Inventory Count, is prepared by communities in January is a point-in-time inventory of programs in the CoC for persons who are homeless.
   c. The PIT, Point-in-Time Counts, are one-night counts of sheltered and unsheltered homeless populations.
   d. HMIS, or Homeless Management Information System, is a software system or application designed to store and record client-level information on the characteristics and service needs of homeless persons.
   e. And lastly, HDX, or the Homelessness Data Exchange, is the website developed for the submission of HIC, PIT, and AHAR data. It can be found at hudhdx.info
7. Another valuable resource is the HDX Sandbox site. The Sandbox is a "dummy" HDX site that was designed for public viewing, testing the AHAR data collection screens, and generating and testing uploaded files. The site is available at sandbox.hudhdx.info and communities are strongly encouraged to utilize the sandbox year-round to monitor AHAR data quality. However, data entered into the HDX Sandbox cannot be directly transferred to the official, live HDX site for AHAR submission.
8. There are six reporting categories used in the AHAR. They are separated by program type and household type. For the purposes of the AHAR, persons in households with at least one member over the age of 18 AND at least one member under the age of 18 are considered in Families. All other persons are considered Individuals who are either in adult-only or child-only households. We generally go by shorthand when referring to these categories:
   • ES-FAM refers to all people in families with children served in emergency shelter;
   • ES-IND refers to all individuals in adult-only and child-only households served in emergency shelter;
   • TH-FAM refers to all people in families with children served in transitional housing;
   • TH-IND refers to all individuals served in transitional housing ;

- PSH-FAM refers to all people in families with children served in permanent supportive housing;
- PSH-IND refers to all individuals served in permanent supportive housing.

9. There are a few programs which may serve persons who are homeless or formerly homeless and are reported in the HIC, but are not reported in this data collection process.
Domestic Violence or DV programs, often called victim services providers, are prohibited from participating in HMIS and thus cannot be included in the 12-month estimates.
Rapid Re-housing programs and the VA's Supportive Services for Veteran Families programs are forms of permanent housing, rather than permanent supportive housing, and thus are not a part of the estimates of homeless people. Other permanent housing programs are also not included. Finally, Safe havens are also excluded.

10. Please recall that the AHAR submission requirements report separately on the number of persons aged 18-24 and 25-30, as they did last year.
The question recording zip code of last permanent residence has again been hidden from view for the 2017 AHAR. This data element may still be included in an XML upload, but data corresponding to that question will not show up on the HDX.

11. We want to reinforce that the 2017 AHAR is unchanged from last year. Although HMIS systems are operating according to the most recent Data Standards, the AHAR is based on 2010 Data Standards. New Data Standards will be used in future AHARs. We developed a tool to map the latest Data Standards to existing AHAR categories. If you have any questions, or encounter any errors mapping existing HMIS data to the AHAR please discuss the issue with your HMIS vendor or your AHAR Liaison.

12. If you think your community might have trouble reporting quality data for every category, it is important to remember that CoCs can report in all categories or a few categories—it's not all or nothing! For Example, a CoC can participate in the AHAR with only data on people in emergency shelters if the data on people in transitional housing and permanent supportive housing is not usable.
Each reporting category is assessed independently for data quality, using three thresholds:
   - The first is a 50% HMIS bed coverage rate, which is a hard cutoff; we will be unable to use any categories where less than 50% of beds in a category are in HMIS.
   - Second, we look for reasonable bed utilization rates, typically between 65-105%. Bed utilization rates above 105% or below 65% may indicate data quality issues.
   - If utilization rates are above 105%, it could indicate that projects are not exiting clients out of HMIS. Some other issues could be that seasonal or overflow beds were in use the night of the count (more on these beds later!), cots or cribs were used (which are not included in the bed count), or kids are sharing beds. If utilization rates are below 65%, it could indicate that programs are not entering clients into HMIS.
   - Third, we look for reasonable missing data rates. This year, every question will show you the missing data rate for that question. Missing data rates above 5% may indicate data quality issues and CoCs are encouraged to provide complete data to the AHAR.

13. AHAR has four important dates or deadlines to keep in mind.
   - On October 1, 2017, AHAR data collection begins in the HDX. You are assigned a Data Liaison either from Abt Associates or from the University of Pennsylvania to be your primary point of contact. Your Data Liaison is available to you throughout the data collection process, as are posted resources.
   - October 31, 2017 is the draft deadline for both All Persons and Veterans data. Draft data do not need to have all data quality questions fully addressed by this date, but

communities must submit data to give their Data Liaisons a chance to review their submission and provide feedback.

- December 1, 2017 is the final deadline for data on both All Persons and Veterans. At midnight Pacific Time, communities will no longer have access to the HDX to make further changes to their data. Data is considered final at this time.
- December 5, 2017 is the confirmation deadline for all AHAR data submissions. At this time, if communities have not already done so, they should go into HDX and confirm their data submission on this date. If they do not, the data will be auto-confirmed at 12:01 Pacific Time on December 6, 2017. For more detailed information on the confirmation process, we strongly encourage communities to carefully read the 2017 AHAR FAQ #s 7 and 8, which cover what it means to confirm your data, and details on how that process works.

Data collection is often an iterative process, and successful communities often submit data well before the deadlines.

14. Next, we will discuss the AHAR Process.
15. There are several steps that communities can take to position themselves for the upcoming data collection cycle.
    - As a first step, communities should run local HMIS reports and begin cleaning data. We recommend that CoCs check their bed utilization rates, identify and find missing data, and test data in the HDX Sandbox.
    - Secondly, communities should download and read the AHAR Introductory Guide and FAQs from the HDX.
    - As a third step, CoCs can review trainings (like this one) about how to use the HDX and submit data, confirm their HIC bed numbers and bed coverage rates in the HDX, prepare notes for meetings with your AHAR Data Liaison, and add notes within the HDX system along the way. And make sure to be mindful of the reporting deadlines!
16. This slide presents a general framework for submitting data to the AHAR, beginning with the initial submission of data into the HDX.
    Once a community submits AHAR data in the HDX, their Data Liaison will review it for errors, warning flags, and irregularities along with any notes that have been submitted.
    Most communities require some degree of extra data cleaning or additional explanation in at least one of their submitted categories.
    If the data are not yet complete, the Data Liaison will mark any categories with issues as "in progress" and communities are asked to work through any outstanding questions the Liaison may have before the submission can be marked "complete" and considered usable.
    Once the data are marked as complete, CoCs will be asked for a final confirmation of the data, and the AHAR staff make final determinations about the usability of the data.
17. We'd now like to take some time to discuss common data quality issues communities may experience.
18. The AHAR collects point-in-time bed inventory information to assess a CoC's HMIS bed coverage, determine a CoC's bed capacity and utilization rate, and extrapolate homeless counts for beds that are not in HMIS.
    The AHAR uses the HIC submitted in January as a baseline. However, there are two key issues to address when counting beds.
    First, there are different types of beds. There are year-round, seasonal, voucher, and overflow, which we will provide more guidance on in the slides to follow.

Secondly, you must account for beds that serve both individuals and families. As we will discuss in the next few slides, counting year-round beds and other beds that are not available throughout the year is handled differently in the AHAR.

Ask your Liaison about a tool, which we call the ABIC, that can help calculate year-round equivalent beds based on information downloaded from your HIC that you can adjust to account for changes throughout the reporting year. This tool also has an online training video we can share.

19. For the purposes of the AHAR, we focus on 2 classifications of beds:
    A bed is considered year-round if it is available to homeless persons throughout the year. Every year-round bed in a CoC must be included in the AHAR.
    Year-round equivalent beds are prorated based on the amount of time per year that they are available.

20. Identifying when to calculate the year-round equivalent of beds available in a given program can be tricky. Some of the most common examples of programs that end up having their bed totals prorated are: seasonally available beds, voucher programs, when a project opens or closes throughout the year, when beds shift between HMIS-participating or not, or when a given project has beds that float between serving individuals and families.

21. Counting these year-round equivalent beds can be tricky as well.
    It's important that you provide accurate prorated counts of the beds available to complete AHAR Question 1. The equation to do this is as follows: Number of days beds are available divided by 365 days in a year, then multiplied by the number of seasonal beds available, plus any year-round beds.
    Let's look at a few examples. If you would like to complete these questions at your own pace, please feel free to pause the video as you work through these examples.

22. For our first example, assume that a CoC operates 3 emergency shelters with year-round beds for families.
    How many year-round emergency shelter beds are in this CoC?

23. If you answered 85, you are correct!
    You simply add the number of emergency shelter beds for families from shelter: a (60), b (15), and c (10), which equals 85.

24. For our second example, Shelter B operates a program with cold weather beds, or code blue beds, from November 1st through the end of March. How many seasonal year-round equivalent beds does shelter B have?

25. Because shelter B operated the seasonal program for 5 months out of the year, or about 42% of the year, we can use the year-round equivalent formula to see that the seasonal program had an equivalent of 21 cold weather beds in the reporting year.
    Put differently, you have 50 seasonal beds, multiplied by 0.42 (or 5/12), which equals 20.8, rounded up to 21.

26. Using what you have learned in the previous two examples, how many total year-round equivalent ES-IND beds are there in this Continuum?

27. Let's break this down into steps.
    As a first step, let's calculate how many year-round beds operated during the entire reporting year. As we can see, there were a total of 77 beds in operation year-round.

28. Next, let's work through the more complicated step of calculating how many year-round equivalent beds there are.
    Shelter A and Shelter C both operated a program for 3 months of the year, and we remember that shelter B's seasonal program operated for 5 months.

This works out to 6 year-round equivalent beds in Shelter A, 21 from Shelter B, and 9 from the seasonal program in Shelter C.

In total, there are 36 seasonal year-round equivalent beds in this CoC.

29. Finally, you add the 77 beds operating year-round to the 36 year-round equivalent seasonal beds to get your total, 113.

30. Another common issue is developing a bed count when your community operates a voucher program. Many communities have voucher programs, and developing an equivalent number of beds to compare it to another program can seem confusing.

For individuals, the first step is to identity the total number of voucher nights that were provided during the year. The second step is to divide that total by 365 days in a year.

For families, you have one more step, which is to multiply your total from the first two steps by the average family size served by the program.

31. Let's walk through an example to help illustrate the process of counting voucher beds for a PSH-IND program that served 100 different clients for an average of 9 months each.

9 months works out to about 270 nights in a year; multiplied by 100 clients, that means there were 27,000 household voucher nights in the reporting year. Divide that by 365 days in a year, and we get 74 equivalent beds.

Now, if this program were serving Families, the process would involve one extra step; if we know that the average family size in the program was 2.5, we get 185 equivalent voucher beds.

32. Providers may have beds that serve both persons in families and individuals throughout the reporting year. In the AHAR, we often refer to these beds as "floating" between household types.

When this occurs, the bed count for each household type should be calculated in proportion to the share of individuals and persons in families served during the AHAR reporting period.

33. The first step in counting beds that float between household types is to generate a list of clients served throughout the AHAR reporting period.

Step 2 is to figure out how many people were in families versus individuals.

Step 3 is to calculate the proportion of people in families and individuals against the total population for the reporting period.

Finally, multiply those proportions by the total number of beds at the program.

34. Here is an example of a program that has floating beds.

St. Mary's Emergency Shelter has a total of 50 beds that float among individuals and persons in families.

During the AHAR reporting period, the program served 200 people; 25 percent were individuals and 75 percent were persons in families.

How many beds should be reported for individuals and families?

35. To calculate the number of beds to be reported for individuals, we take the total number of beds (50) and multiply it by the proportion of beds for individuals (25%), which equals 12.5 beds for individuals.

For families, we take the total number of beds (50) and multiple it by 75%, which equals 37.5 beds for families.

36. A second key concept used throughout the AHAR data collection process is a bed utilization rate. Utilization rates, also known as bed/unit occupancy rates, represent the percentage of beds or units that are occupied. Utilization rates can be calculated on a given night or on an average night over a period of time.

Utilization rates can also be calculated at the individual program level (for example, a particular shelter), at the program type level (for example, emergency shelters), or at the CoC level.

37. To calculate the overall bed utilization rate for a community on a given night, take the number of people served on that night and divide it by the number of beds available on that night. As reviewers of your data, we expect bed utilization rates will typically fall anywhere between 65-105%.

38. Bed utilization rates below 65 percent are usually attributed to one of two issues (1) the program did not enter all of their clients into the HMIS, and thus, appears to be under-utilized. This needs to be fixed. Or (2) the program was genuinely under-utilized. In this case, the community needs to add a note to explain why this is accurate.
Bed utilization rates above 105 percent are often explained by the following two reasons (1) the program did not capture exit dates for all of their clients. In this case, the community needs to fix the issue. Or (2) the program offered overflow beds—such as cots or mattresses—sporadically throughout the year to accommodate high-demand nights, and failed to account for them in the bed count. This results in a larger count of persons but the same number of year-round beds. Overflow beds are excluded from Question 1 year-round bed counts. However, we do include them in Question 2 for each of the four points in time in order to better isolate the source of data quality issues in reporting people and beds—such as the failure to exit clients, which the community would need to fix.
It is possible that high bed utilizations rates are accurate, such as when a facility must accommodate people when year-round and overflow beds are unavailable. The community should leave a note explaining the situation.

39. As representatives of your community, it's important to ask yourself, "Does this utilization rate make sense?"

40. Again, as we walk through these examples, if you would like to complete these questions on your own, please feel free to pause the video.
Here is an example of bed utilization. What is the bed utilization rate for a provider with 200 beds if they serve 180 individuals on a given night?

41. If you answered 90%, you are correct! To get this answer, you simply divide 180, the number of individuals, by 200, the number of beds, and multiply that by 100 to get the percent. The HDX will perform this calculation for you within the system and indicate a warning if you fall outside of the 65-105% range.

42. A third concept is reporting the number of households.
Remember, when reporting households for the purposes of the AHAR, a family must contain at least one adult over the age of 18 AND at least one child under the age of 18. This means that for all FAM reporting categories, the number of people in households should be at least twice the number of households.
A simple rule of thumb can help you when looking at your data prior to submission: in a FAM reporting category, if the ratio of people to households is less than 2, then you definitely have a data problem. If the ratio of people to households is greater than 5, you might have a problem. Large families like this across an entire community are relatively uncommon. If you have this scenario in your community, please include a note explaining why this is not an issue.

43. Putting yourself in the shoes of a data reviewer, take a look at the following projects serving persons in families. Which household count is incorrect, and potentially indicative of a larger data problem?

44. As you know, in the AHAR, a family must contain at least one adult age 18 or over AND at least one child under age 18. Therefore, it would be impossible to have only 10 people in 10 households.

45. Your Data Liaison is here to help you work through data quality issues, such as the examples we have gone over here, during the AHAR data collection process. However, it can be helpful to

monitor potential issues with your data throughout the year so that you can easily address them during the AHAR collection process.

Changes within communities are common and don't necessarily reflect bad data: new programs can open, existing programs can close, programs can start serving persons of a different household type, and so on.

Communities should review their PIT methodology and counts during the year to ensure accuracy. And documentation is key; as we have reiterated many times during this series, the notes function is an important tool to getting a complete submission. Many data quality questions Data Liaisons ask of communities simply require some extra explanation that can be documented in real time. If you have a real situation that leads your community to fall outside of the norm, document this every year. You can print your notes report from years past and copy/paste these explanations. As data reviewers, we cannot know if your community profile has changed from last year, so we need to verify everything in order to have confidence that your data are accurate and that we can use them in generating the report to Congress.

46. We have many resources to help communities improve data quality outside of the AHAR process.

Links to the current data quality toolkit and data quality presentation are available here, and are available on the HUD Exchange.

47. Now that you have a better understanding of the AHAR, let's talk about next steps.

48. In addition to recordings of this webinar series, we have developed resources to support you during the AHAR data submission process. A comprehensive introductory guide to the AHAR process, a detailed Frequently Asked Questions document, and the AHAR Data Mapping Instructions are updated annually and available on the HDX homepage. We also have an AHAR HDX Error Guide to help you better understand what could trigger an error in HDX with your data submission. An error is triggered for situations that are numerically impossible, such as having more veterans than all people in corresponding cells, or more disabled adults than total adults.

49. Data collection for the 2017 AHAR begins October 1st! Before you start submitting data in HDX, some common first steps are checking to see if your CoC has:

Expanded HMIS Bed Coverage; Improved Data Quality; Simplified the AHAR reporting process; or Identified new CoC data review processes.

50. If you have any questions, please make sure that you review the AHAR Introductory Guide and FAQ documents. The Intro Guide has a Tips Sheet at the end to outline how Liaisons check your data for quality. The AHAR HDX Error Guide may be able to help you better understand any errors you have. Also, remember that you can ask your AHAR Liaison! Another option is to submit questions through the Ask a Question function on the HUD Exchange website. Make sure to select "HDX" as your Program/System when asking the question.

51. This is a screenshot of the Ask A Question function on the HUD Exchange. Make sure to select "HDX" as your Program/System when asking the question.

52. In addition to the "Ask A Question" function, you can obtain further information or assistance on a variety of HUD programs and initiatives from the HUD Exchange by searching the Resource Library or requesting technical assistance.

Thank you all for joining us for this webinar. We wish you the best of luck for a successful AHAR submission, and look forward to working with you!