The 2012 Annual Homeless Assessment Report (AHAR) to Congress

SEPTEMBER 2013

VOLUME II Estimates of Homelessness in the United States

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

Acknowledgements

Summary of Contents

Foreword

It is my pleasure to submit to Congress the U.S. Department of Housing and Urban Development's 2012 Annual Homeless Assessment Report (AHAR). The AHAR provides a national estimate of homelessness and presents a comprehensive understanding of who uses local shelter systems and how these systems are used. 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 serving 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* (2010). At the local level, state- and community-level stakeholders are using the AHAR to inform their policy decisions and benchmark their service systems against the national estimates presented in this report. With the knowledge gained through the AHAR, HUD and its partner agencies are on the path to ending homelessness in the United States.

Like previous AHARs, this year's report is the second volume in a two-part series. Some of the information in this volume was published in November 2012, in *The 2012 Point-in-Time Estimates of Homelessness: Volume I of the 2012 Annual Homeless Assessment Report,* which provided local estimates of sheltered and unsheltered homeless people on a single night in January 2012. This second volume provides more in-depth information about the characteristics of people who used shelter during the reporting period. This latest 1-year estimate is based on information from local Homeless Management Information Systems (HMIS) submitted by hundreds of communities nationwide. With HUD's financial and technical assistance, communities have implemented and refined these systems during the past decade, resulting in a robust data platform for understanding the extent and nature of homelessness in their communities.

This report provides easily accessible information about homelessness generally and the various subpopulations of people who experience homelessness. The report is organized by homeless subpopulations—all homeless people, people who experience homelessness as individuals, homeless people in families, homeless veterans, chronically homeless people, and people in permanent supportive housing—giving readers an easy way to find information for groups of particular interest.

For each subpopulation, the report provides year-to-year information about demographic characteristics and service use patterns, allowing readers to see how the profile of homelessness is changing over time.

This year's AHAR shows continuous reductions in homelessness nationwide. The number of people in shelters is the lowest it has been since 2007, both in raw numbers and as a percentage of the population. In 2012, more than 100,000 fewer people were homeless than in 2007, and fewer people entered the shelter system than in any year since 2007. In other words, HUD and its federal and community partners are moving people out of homelessness and preventing people from becoming homeless. Recently, HUD and other federal agencies have targeted resources and emphasized well-designed interventions that have been critical forces in reducing homelessness, specifically for chronically homeless people and homeless veterans. This progress has occurred during challenging economic circumstances and, therefore, HUD and its federal partners cannot lose sight of those with no place to call home. The Department and its partner agencies will continue to forge and maintain collaborations across all levels of government and with local service providers to leverage mainstream housing, health,

education, and human service programs. Through such collaborative efforts, HUD and its federal partners have helped to create sustainable solutions to homelessness, based on increasingly accurate data to measure progress and advance the most effective approaches to ending homelessness.

Shaun Donovan
Secretary

Key Terms

Children are people under the age of 18.

Chronic Homelessness refers to an individual adult who has been continuously homeless for 1 year or more or has experienced at least four episodes of homelessness in the last 3 years and has a disability. Although by definition these adults can be chronically homeless as individuals or in families, the current report only includes individuals. See the McKinney-Vento Homeless Assistance Act definition of chronic homelessness, which incorporates people in families into the definition (https://www.onecpd.info).

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.

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

Family refers to a household that has at least one adult and one child. 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 HUD's HMIS Data and Technical Standards.

HMIS Data provide an unduplicated count of people who are homeless in shelter and information about their characteristics and service-use patterns. These data are entered into each CoC's HMIS at the client level but are submitted to HUD in aggregate form for the AHAR.

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

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, 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 each CoC.

Individual refers to a person who is not part of a family during their episode of homelessness. They are 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 their first homeless episode captured during the AHAR reporting year. For those that were already in shelter 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/non-Latino. This includes African Americans, Asians, Hispanics/Latinos, American Indian, and people of multiple races. This report uses the term "Hispanic" to refer to people who self-identified their ethnicity as Hispanic or Latino.

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

One-Year Shelter Counts are unduplicated counts 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 counts are derived from communities' administrative databases, or Homeless Management Information Systems, and represent the federal estimates of sheltered homelessness for each year.

Key Terms (continued)

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

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. 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 are people who are homeless as part of households that have at least one adult and one child.

Point-in-Time (PIT) Counts are unduplicated 1-night estimates of both sheltered and unsheltered homeless populations. The 1-night counts are conducted by Continuums of Care nationwide and occur during the last week in January of each year.

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

Sheltered People are people who are staying in emergency shelters or 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) through the U.S. Census Bureau.

Total U.S. Poverty Population refers to people who are housed in the United States that fall below the national poverty line, as reported by the American Community Survey (ACS) through the U.S. Census Bureau.

Transitional Housing is a type of housing program in which homeless people may stay and receive supportive services for up to 24 months.

Unduplicated Count of Sheltered Homelessness is an estimate of people in shelter that counts each person only once, even if they enter and exit the shelter system multiple times throughout the year within a CoC.

Unsheltered Homeless People include people whose primary nighttime residence is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for people, such as the street, vehicles, or parks.

Veteran refers to any person who served on active duty in the Armed Forces of the United States. This also includes military reserves and National Guard who were called up to active duty.

About This Report

PIT data estimate the number of people homeless in shelter and on the street on a single night during the year.

HMIS data estimate the number of people homeless in shelter 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 using shelter programs for homeless people, and how many people are in unsheltered locations that are often called "the street." The AHAR is delivered 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-volume series. The first part is called *The 2012 Point-in-Time Estimates of Homelessness: Volume I of the 2012 Annual Homeless Assessment Report.* Volume two of the 2012 AHAR presents both 1-night Point-in-Time (PIT) estimates and 1-year Homeless Management Information Systems (HMIS) estimates of sheltered homelessness. The estimates include people who experience homelessness as individuals, as family members, and as members of specific subpopulations. For each of these populations, the estimates describe how homelessness has changed over time and provide a demographic profile of homelessness in America.

Types of AHAR Estimates and Data Sources: PIT and HMIS

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

PIT

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 Continuums of Care (CoCs) in late January and reported to HUD as part of the CoCs' annual application for McKinney-Vento funding. In addition to the total counts of homelessness, the PIT counts provide an estimate of the number of homeless people within particular subpopulations, such as chronically homeless people and veterans. CoCs are required by HUD to conduct a PIT count in shelters every year and a street count every other year (on the odd numbered year). However, many CoCs in 2012 (67.3%) elected to do both sheltered and unsheltered PIT counts of homeless people. The 2012 AHAR uses the 2011 counts of unsheltered people as a proxy for 2012 for about one-third of CoCs.

For the 2012 AHAR, 427 CoCs in the United States reported PIT estimates of homeless people in their communities, covering virtually the entire United States.

These estimates are gathered from the CoC Application. HUD has standards for conducting the PIT counts, and CoCs use a variety of approved methods to produce the counts. Researchers review the data for accuracy and quality prior to creating the PIT estimates for this report.

PIT counts are particularly useful because they account for both sheltered and unsheltered homeless people. However, these counts enumerate the homeless population on a single night during the year and thus do not capture changes in homelessness throughout the year and may over-represent frequent homeless service users, whom are more likely to be present on the night of the PIT count.
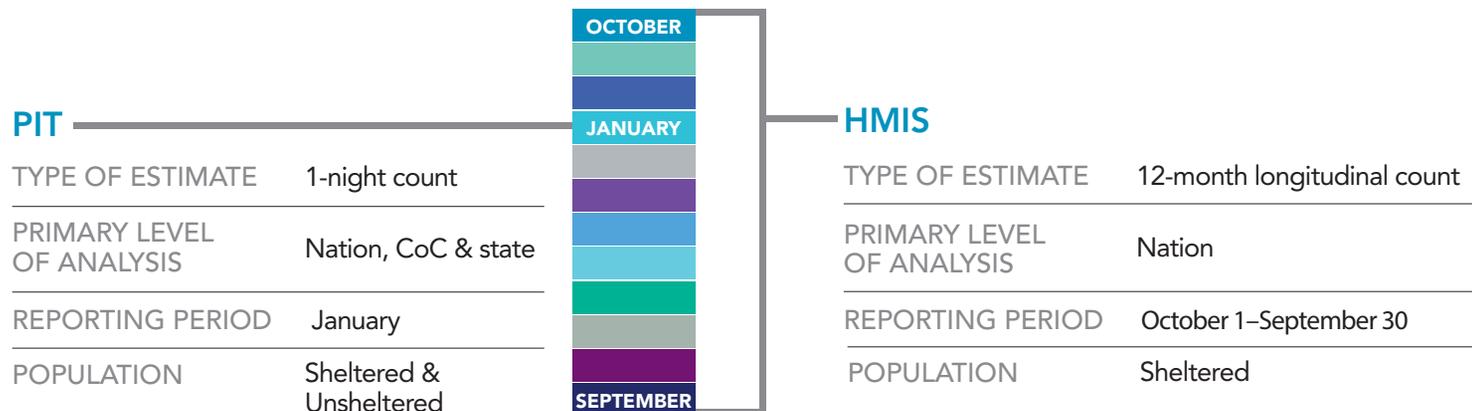
HMIS

The HMIS 1-year estimates provide unduplicated counts of homeless people who use an emergency shelter, transitional housing facility, or PSH program at any time from October through September of the following year. These 1-year estimates provide information about the self-reported 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. The data are unduplicated and weighted to provide a statistically reliable estimate of the total number of people who access shelter throughout the year. For the 2012 AHAR, the estimates were derived from aggregate HMIS data reported by 382 CoCs nationwide, representing 1,053,187 people served by CoCs. Excluded from the HMIS-based estimates are people in unsheltered locations, in programs targeting victims of domestic violence, 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 estimates of homelessness will be smaller than the annual HMIS estimates because the PIT data capture homelessness on a single night, whereas HMIS estimates capture anyone that enters the shelter system at any point during the year, including some people that may have been on the street the night of the PIT count (see Exhibit 1).

Communities across the nation typically conduct 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. CoCs have also begun to collect identifying information to unduplicate counts of unsheltered homeless people. An HMIS has more sophisticated methods to avoid double-counting people using personally identifying information.

EXHIBIT 1: Comparison of Data Sources: PIT and HMIS

PIT

TYPE OF ESTIMATE	1-night count
PRIMARY LEVEL OF ANALYSIS	Nation, CoC & state
REPORTING PERIOD	January
POPULATION	Sheltered & Unsheltered

HMIS

TYPE OF ESTIMATE	12-month longitudinal count
PRIMARY LEVEL OF ANALYSIS	Nation
REPORTING PERIOD	October 1–September 30
POPULATION	Sheltered

Supplemental Data Sources

Two other data sources are used in the 2012 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 for people who are homeless, and thus describes the nation's capacity to house homeless people. Like the PIT data, the HIC data are compiled by CoCs and represent the inventory of beds for people who are homeless on a single night. The HIC data are used in this report to produce the statistical weights for the national estimates and to calculate bed-use patterns (e.g., occupancy and bed-turnover rates).

ACS data are nationally representative and include people who are housed, including those housed in group quarters. ACS data are used to provide a profile of the total U.S. population and U.S. subpopulations, including households in poverty. The AHAR reports ACS data on gender, age, ethnicity, race, household size, disability status, and geographic location to serve as a comparison to the nationally representative HMIS data on the homeless population. The ACS data come in several forms, and this report uses the 1-year Public Use Microdata Sample (PUMS) that correspond most closely to the HMIS data for any given year.

The 2012 AHAR compares the estimate of homelessness with census data about all people in housing units or group quarters throughout the U.S. Through this comparison, the report provides a clearer picture for how homeless people differ from, or are similar to, the broader population. If one group is more common in the homeless population than in the general U.S. population, this group is more vulnerable to fall into homelessness. If a group is less common in the homeless population than in the general U.S. population, this group is less vulnerable to fall into homelessness.

This report on homelessness also compares the homeless population with the U.S. poverty population. People in poverty are the most vulnerable to become homeless and thus are an interesting comparison group. Differences between these populations may highlight subgroups at greatest risk of becoming homeless.

Data Notes

Data collected as part of CoCs PIT counts and HMIS records are generally self-reported by homeless people. This information may be collected using a standard survey or intake form. Some information may require 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. PIT count methodologies have become more robust, and rates of missing data have declined. HMIS bed-coverage rates have increased sharply over time, resulting in more reliable estimates of homelessness.

Throughout this report, information in the narrative may not be reflected in the corresponding tables. For example, the report uses the supplemental data sources to inform the narrative. Also, the tables present the percentage of homeless people within a particular category, and rather than present the percentage-point change across the years, the narrative highlights the percentage change. The supporting 2012 HMIS data used to produce the tabulations in the report can be downloaded from HUD's Resource Exchange at **http://www.onecpd.info/**. Those tables are named:

1. 2012 AHAR HMIS Estimates of Homelessness.xlsx
2. 2012 AHAR HMIS Estimates of Homeless Veterans.xlsx
3. 2012 AHAR_HMIS Estimates of People in PSH.xlsx
4. 2012 AHAR_HMIS Estimates of Veterans in PSH.xlsx

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 2012 AHAR Data Collection and Analysis Methodology can be downloaded from: **http://www.onecpd.info/**.

How to Use This Report

The 2012 AHAR Volume 2 is intended to serve as a data reference guide. It is divided into six sections, by each subpopulation of interest, including:

1. All homeless people,
2. Homeless individuals,
3. Homeless people in families,
4. Homeless veterans,
5. Chronically homeless, and
6. Formerly homeless people in permanent supportive housing (PSH).

The sections begin with a summary of the PIT data and a state-level analysis. The HMIS data follow, with information on the 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 for each section. HMIS data are not available for chronically homeless people. The section on people in PSH is based only on HMIS data.

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 can find answers to questions that can be useful to them. For example:

- At the **national** level, Congress and policymakers can mark the progress on the Nation's Opening Doors initiative to prevent and end homelessness. Key stakeholders can also identify what sub-populations require more attention in this effort or 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 the 50 U.S. states and the District of Columbia on a range of important measures. The report shows which states experienced substantial changes in its homeless population 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 determine 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. Some sample questions include:

1. How many people are homeless in the U.S. in any given year? How has this changed over time?

2. Are women more likely to become homeless than men? How many people are homeless as individuals, and how many are homeless in families with children?

3. How many children are homeless in the U.S.?

4. What is the race and ethnicity of people who are homeless in the U.S.?

5. What is the rate of disability among people who are homeless?

6. Where do homeless people stay before they enter the shelter system?

7. How long do people stay in shelter?

8. How many U.S. Veterans are homeless? How has that number changed over time?

9. How many people are chronically homeless in the U.S.?

10. How many people are in a permanent supportive housing program? Where were they living beforehand? Where did they go once they left?

Key Findings

All Homeless People

One-Night Estimates

- On a single night in January 2012, 633,782 people were homeless in the United States. This is a 5.7 percent decline from January 2007, representing 38,106 fewer people homeless in 2012. Most of the change is a result of counting fewer people in unsheltered locations.

One-Year Estimates

- In 2012, an estimated 1.48 million people were homeless in shelter, representing a 6.3 percent decline since 2007.

- African Americans are among the populations most vulnerable to fall into homelessness. One in 69 African Americans in the U.S. were homeless in shelter in 2012.

- The share of disabled adults in shelter increased 37 percent between 2007 and 2012.

- Between 2007 and 2012, sheltered homeless people increased 20.4 percent in suburban and rural areas and declined 14.4 percent in cities, reflecting a similar geographic trend in the U.S. poverty population.

Homeless Individuals

One-Night Estimates

- On a single night in January 2012, 394,379 people were homeless as individuals in the United States. The number of homeless individuals was evenly split between those living in sheltered and unsheltered locations.

- Over the last 5 years, the number of homeless individuals declined 6.8 percent (28,998 fewer people).

One-Year Estimates

- In 2012, 969,659 individuals used a shelter program in the United States. Over time, the number of homeless individuals in shelter declined—1.5 percent since 2011 and 13 percent since 2007.

- Between 2011 and 2012, the share of elderly individuals in shelter increased at a faster rate than among all U.S. individuals (8.2% versus 3.1%).

- Although individual minorities (i.e. Hispanics, African Americans, and other non-white races) in the U.S. poverty population increased substantially between 2007 and 2012, individual minorities among sheltered individuals declined 9.6 percent.

- The share of disabled sheltered adult individuals increased 34.4 percent (100,835 more people) between 2007 and 2012.

- The number of sheltered individuals who entered shelter from foster care increased 22.4 percent (583 more people) over the past year.

- Since 2007, the number of sheltered individuals increased 6.3 percent (14,971 more people) in suburban and rural areas and decreased 18.3 percent (161,065 fewer people) in cities.

Homeless People in Families

One-Night Estimates

- On a single night in January 2012, 239,403 people in families were homeless in 77,157 family households in the United States. About 38 percent of all homeless people on a single night were in families.

- The number of sheltered people in families on a single night increased 7.1 percent (12,668 more people), while the number of unsheltered declined 31 percent (21,776 fewer people) since 2007.

- The share of unsheltered people in families declined from 28.2 percent of all homeless people in families in 2007 to 20.2 percent in 2012.

Key Findings (continued)

One-Year Estimates

- In 2012, 535,420 people in 167,854 families used shelter in the United States, comprising 36 percent of the total sheltered homeless population.

- Sheltered family homelessness increased 19.8 percent (93,793 more people) between 2007 and 2010, but declined 5.6 percent (31,914 fewer people) since then.

- The number of sheltered men in families increased over time—by 5.5 percent (2,452 more men) since 2011, and by 45.2 percent (14,554 more men) since 2007.

- In 2012, the share of disabled sheltered adults in families was 2.3 times greater than the share of disabled adults in U.S. families (18.6% versus 8.1%).

- Between 2007 and 2012, the number of sheltered people in families increased 53.9 percent (68,603 more people) in suburban and rural areas and declined 1.9 percent (6,580 fewer people) in cities.

- The number of sheltered people in families who were already homeless at the start of the reporting period increased 17.9 percent (9,915 more people) since 2011 and 48.6 percent (22,739 more people) since 2007.

Homeless Veterans

One-Night Estimates

- On a single night in January 2012, 62,619 veterans were homeless in the United States, representing 13.3 percent of all homeless adults.

- Between 2011 and 2012, 4,876 fewer veterans were homeless, a 7 percent decline. This decline was entirely driven by the 4,890 fewer veterans in shelter, with the number of unsheltered veterans remaining essentially unchanged.

- In 2012, 12,990 fewer veterans (a 17.2% drop) were homeless than in 2009. Nearly two-thirds of the decline is attributable to fewer veterans in shelter, and the remaining third to a decline in unsheltered veterans.

One-Year Estimates

- 137,995 veterans were in a shelter program in the United States at some time between October 1, 2011 and September 30, 2012. The number of veterans in shelter has declined each year since 2009, totaling 11,640 fewer veterans (a 7.8% drop).

- While only 20 percent of the total U.S. Veteran population were minorities (i.e., Hispanic, African American, and other non-white race), nearly half of sheltered veterans in the U.S. were in a minority group.

- In 2012, the share of disabled veterans in shelter was 1.9 times higher than in the total U.S. Veteran population. Since 2011, however, the proportion of disabled sheltered veterans declined by 5.4 percent (3,892 fewer veterans).

- Since 2009, the number of elderly veterans (age 62 and older) in shelter increased 16.8 percent (2,190 more veterans), exceeding the rate of increase among all U.S. Veterans (a 6.8% rise).

- The geographic location of sheltered veterans mirrors that of all sheltered homeless people, with the vast majority located in cities (70.8%) rather than suburban and rural areas (29.2%).

- Nearly half of all sheltered veterans (48.3%) were already homeless prior to entering shelter in 2012, with many of them cycling through the shelter system (58.5%) and others coming off the street (41.5%).

Key Findings (continued)

Chronically Homeless

One-Night Estimates

- On a single night in January 2012 there were 99,894 chronically homeless people in the United States, with two-thirds in unsheltered locations, and one-third in a shelter program.

- 23,939 fewer people were chronically homeless in January 2012 than in January 2007, a 19.3 percent decline. Most of this decline resulted from 14,818 fewer chronically homeless people on the street.

People in Permanent Supportive Housing (PSH)

One-Year Estimates

- In 2012, 289,467 people in the United States were living in PSH, a 2.9 percent decline from 2011. Since 2010, the number of people in PSH as individuals increased 11.4 percent while those in families decreased 19.5 percent.

- Of adults in PSH, three-quarters were homeless before they entered PSH. Of those, more came from shelter (76.2% or 125,649 adults) than from the street (23.8% or 39,323 adults).

- Of the 101,190 people in PSH as individuals, 83.7 percent moved in or out of PSH during the reporting year. Of those that moved, more entered PSH than exited (54.6% and 45.4%). In contrast, three-quarters of the 188,818 people in families in PSH remained stable (143,427 people). Only 24 percent (45,391 people) moved in or out of PSH during the reporting year. Of those who moved, more entered PSH than exited (55.6% and 44.4%).

Interpretation of the Findings

Anyone who is working to prevent and end homelessness will agree that policymakers and service providers cannot solve a problem with an unknown scope. The Annual Homelessness Assessment Report (AHAR) provides the most comprehensive and updated information on the extent and nature of homelessness in America, as well as for understanding the underlying patterns of who is most likely to experience homelessness and where. This sixth AHAR to be published since 2007 confirms that:

- Homelessness is concentrated geographically. While homelessness grew in suburban and rural areas during the recession, the overwhelming majority of people who experience homelessness do so in cities. Homelessness also is heavily concentrated in some states and metropolitan areas, providing an opportunity to focus efforts to help communities in those areas design and implement strategies to end homelessness.

- Homelessness among individuals and homelessness among families are markedly different. People who experience homelessness by themselves are much more likely to be on the street and more likely to have disabling conditions than people who are homeless as part of family groups. Adults homeless alone are more typically men in middle or late middle age, while adult family heads usually are women and younger.

- Almost all of the decline in the 1-night estimates of homelessness is attributable to sizable decreases in chronically homeless persons and homeless veterans. Ending homelessness among these subpopulations has been a federal funding and policy priority for many years, showing that homelessness can be reduced with targeted resources and well-designed interventions.

Since 2007, homelessness has continued to decline overall, but the patterns were uneven. After growing during the recession and then beginning to recede as the recession ended, family homelessness seems to have reached a plateau. Over time, more families entering shelter do so from situations in which they were already homeless, indicating that an underlying group of families may be experiencing multiple episodes of homelessness as they cycle through the shelter system. Although the recession has ended, economic insecurity for young, vulnerable women and their children has not, and many families remain at risk of becoming homeless. Preventing and endless homelessness among families will require increased resources and coordination among social service and safety net programs, including mainstream housing subsidy programs and Temporary Assistance for Needy Families (TANF).

Chronic homelessness among individuals with disabilities is declining and has done so quite substantially since 2007. The decline appears among sheltered chronic individuals, while the street population has not declined. The decline is partially attributable to a long-standing push to develop more PSH opportunities and place chronically homeless individuals living in shelters directly into these opportunities. The 2012 AHAR shows more use of PSH by individuals and less use by families.

A particularly hopeful sign is the continued decline in homelessness among veterans, and this may reflect the high level of federal policy attention to preventing and ending veteran homelessness. So far, the phenomenon of veteran homelessness is small enough to be tractable, even at a time when resources are severely constrained (63,000 veterans homeless on a single night in January 2012; 137,995 veterans in shelter during a 1-year period). Policy models, such as HUD VASH for housing vulnerable veterans, have been tested through rigorous evaluations and found to work. However, changes in age patterns among people homeless as individuals—with increasing numbers in the 51-61 year age cohort and even 62 or older—should be a warning that age-related morbidity and end of life issues will be of increasing importance in addressing veteran homelessness. Homelessness among younger veterans highlights the importance of prevention and rapid re-housing strategies, along with employment opportunities and appropriate health interventions, including for veterans who have returned from Iraq and Afghanistan.