December 2016

Veterans HIC/PIT Count Data Guidance Tool

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

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1. BACKGROUND AND PURPOSE OF THIS TOOL

1.1 About this Tool

This tool aims to foster a better understanding between homeless Continuum of Care (CoC) and U.S. Department of Veteran Affairs (VA) staff in their local Housing Inventory Count (HIC) and Point-in-Time (PIT) count roles, provide basic guidance on what projects and persons should be included, and help readers to learn about how veterans' HIC and PIT count data is reported.

This tool is not meant to be a comprehensive guide to completing the HIC and PIT count. To that end, the U.S. Department of Housing and Urban Development (HUD) has developed more comprehensive instructions and guidance for CoCs that covers all homeless populations, subpopulations, and homeless shelter and housing resources at the HUD Exchange's PIT and HIC Guides, Tools, and Webinars webpage, which includes the 2017 HIC/PIT Data Collection Notice for CoC and ESG Programs.

1.2 Background

A CoC is responsible for addressing homelessness throughout its geography. CoCs coordinate the identification of people experiencing homelessness, their needs, and implement a crisis system of outreach, shelter, housing assistance, supportive services, and homelessness prevention that meet those needs, as well as coordinated entry processes to ensure ready access to assistance across the system.

Within their geographic area, CoCs are required to conduct a PIT count of all sheltered and unsheltered persons experiencing homelessness based on a single night. These counts are conducted by CoCs nationwide and occur during the last 10 days of January, at least every other year. PIT counts should include all sheltered and unsheltered homeless veterans.

On an annual basis, CoCs also conduct a HIC. The HIC is a point-in-time snapshot of projects that provide residential assistance for people who are homeless within the CoC geographic area, including projects that exclusively serve veterans (e.g., Grant and Per Diem Program). Residential homeless assistance projects provide dedicated beds and units (including those provided through vouchers or tenant-based subsidies) for people who are homeless or who were homeless upon entry per the HUD homeless definition. Projects fit into four project types: Emergency Shelter, Transitional Housing, Safe Havens, and Permanent Housing (including Permanent Supportive Housing, Rapid Re-housing and Other Permanent Housing).

1.3 Use of Veteran HIC & PIT Count Data

HUD's Annual Homeless Assessment Report (AHAR) to the U.S. Congress provides nationwide estimates of homelessness. Part 1 of the AHAR outlines the key findings of the PIT count and HIC, including national, state, and CoC estimates of total veterans experiencing homelessness, veteran homelessness demographics, and of veteran-specific resources. For example, the 2016

AHAR Part 1 reported that in January 2016, 129,290 beds were dedicated to households with homeless and formerly homeless veterans, with over two-thirds of those beds in Permanent Supportive Housing projects. That report also found that 39,471 veterans experienced homelessness in a single night in January 2016, representing a 47 percent decrease since 2010.[1] VA also uses HIC and PIT count data as part of periodically produced resource gap estimation and community planning tools to help foster community planning efforts to end veteran homelessness.

## 2. CoC AND VA COORDINATION FOR THE PIT COUNT AND HIC

Establishing coordination between local VA Medical Center (VAMC), other VA staff (e.g., Vet Center staff), CoC staff, and stakeholders involved in your local leadership group addressing veteran homelessness is critical to ensuring a successful HIC/PIT count in your area. This section provides methods for helping VA and CoC staff to identify their best HIC/PIT count coordination contacts.

2.1 Identifying CoC Contacts for the HIC/PIT Count

VA staff should first identify each CoC included in the VAMC service area, whether the entire CoC geography is included or just a portion. VA staff should then identify the official CoC Name or CoC Code for each CoC. If you already have that information available, please skip to step 2 below.

Step 1 – Identify the CoC Name and Code for Each CoC

- Open HUD's Maps program at: https://egis.hud.gov/cpdmaps/
- Enter a VA project's city or county, and state into the search field on the upper left hand and click the magnifying glass to search.
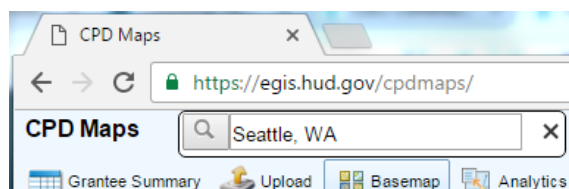
- In the popup box, select the grantee that ends with 'COC' and click 'Finish.' If the popup box is too small to read full names, you can click on the lower right corner and drag to make it bigger.

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[1] U.S. Department of Housing and Urban Development. *The 2016 Annual Homeless Assessment Report (AHAR) to Congress Part 1: Point-in-Time Estimates of homelessness.* 2016. <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-1.pdf>.
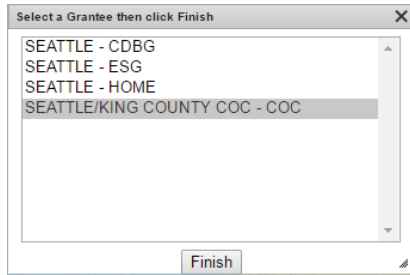
- The mapping tool will display the geographic boundaries of the CoC that covers the address you entered and another popup box that includes the CoC Name and Code.
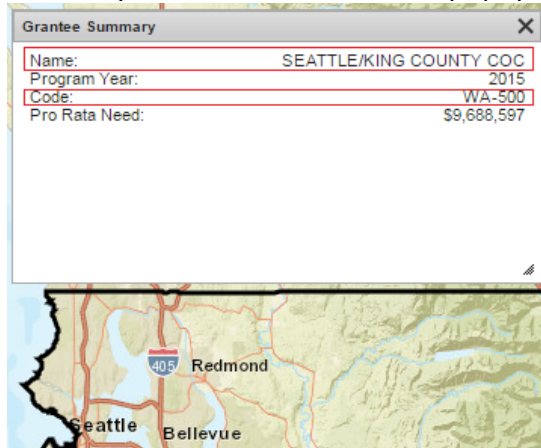
Step 2 -- Find your CoC's Main Contacts

- Open HUD's CoC Locator at:
  https://www.hudexchange.info/grantees/?programid=3&searchText=&stateId=
- Enter the CoC Code or Name into the search box and click the update button.

- Click on the CoC Code and Name.
- Find and note the "Collaborative Applicant" contact(s) on the resulting search page.
- Email or call these CoC contacts to find the HIC/PIT Count point of contact to coordinate with you.

2.2 Identifying VA Contacts for the HIC/PIT Count

For CoC staff, coordinating with VA Medical Centers and VA Veteran Resource and Referral Centers in your area will improve the accuracy and thoroughness of your HIC/PIT count efforts.

VAMCs are healthcare systems that typically cover large geographic areas and provide a wide range of medical services to veterans. VAMCs often host VA and community homeless programs on their campuses. Vet Centers are VA community-based programs that provide a broad range of counseling, outreach, and referral services to eligible veterans in order to help them make a satisfying post-war readjustment to civilian life. Both VAMCs and Vet Centers have homeless coordinators and outreach workers who regularly interact with veterans, including homeless veterans. Below are online methods for identifying VAMCs and Vet Centers in your CoC area.

Find your VAMC's Homeless Coordinator

A. Open VA's VAMC Locator at: http://www.va.gov/directory/guide/map.asp[2]
B. Click on your U.S. state, district, or territory located on the interactive map.
C. Under "Veterans Health Administration," find the "VA Medical Center" heading.
D. Next, select the web link next to the VAMC in or near your CoC.
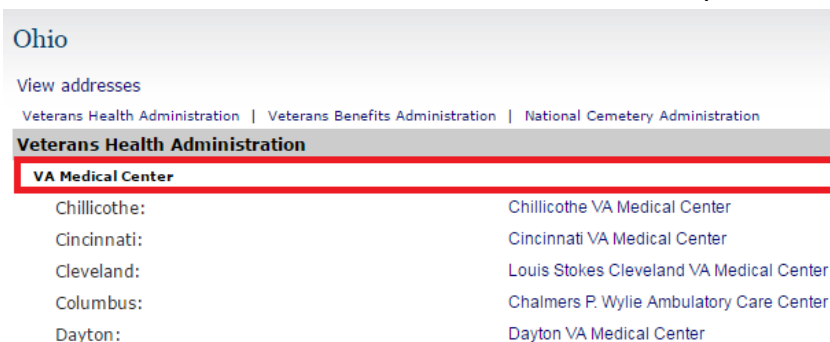
E. Use the contact phone number or email address to request your VAMC's homeless coordinator's contact information.

Accessing Prior Year Reports

You can find summaries of CoCs' HIC and PIT count reports on the HUD Exchange by using the web links below. There reports could be helpful for VA staff interested in understanding how specific CoCs have reported their HIC and PIT count summary data and details on HIC projects.

HIC Summary Reports: https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/

PIT Count Summary Reports: https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

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[2] Keep in mind that the VAMC that oversees your CoC may be outside of your state. For example, while Toledo, Ohio has its own local Vet Center, it is in the catchment area for the VAMC in Ann Arbor, Michigan.

Find your VA Vet Center's Homeless Coordinator

    A. Open the VA Vet Center Locator: http://www.va.gov/directory/guide/vetcenter.asp

    B. Click on your U.S. state, district, or territory located on the interactive map.

    C. Next, select the web link next to the Vet Center in or near your CoC.

Ohio	
Vet Centers	
Canton:	Stark County Vet Center
Cincinnati:	Cincinnati Vet Center
Cleveland:	McCafferty Vet Center Outstation
Columbus:	Columbus Vet Center
Dayton:	Dayton Vet Center
Maple Heights:	Cleveland Maple Heights Vet Center
Parma:	Parma Vet Center
Toledo:	Toledo Vet Center

    D. Use the contact phone number to request your Vet Center homeless coordinator's contact information.

3. HOUSING INVENTORY COUNT GUIDANCE FOR VETERAN PROJECTS

This section provides guidance for collecting data required for the HIC with a special focus on veteran HIC issues. The HIC is a point-in-time inventory of projects within your CoC that provide beds and units (including those provided in hotels/motels via a voucher and those provided in privately owned permanent housing via a tenant-based subsidy) dedicated to serving persons who are homeless. While there might be occasional instances where a project with dedicated beds serves a non-homeless person, beds in these types of projects could still be counted as dedicated beds. Complete HIC/PIT guidance should be reviewed by CoC staff prior to planning and implementing the HIC.

For the purposes of the HIC, a project with dedicated beds/units is one where:

    A. the primary intent of the project is to serve homeless persons;

    B. the project verifies homeless status as part of its eligibility determination; and

    C. the actual project *clients* are predominantly homeless (or, for permanent housing, were homeless at entry).

3.1 Project Types to be Included on the HIC

The Project Types included in the HIC are:

    A. **Emergency Shelter (ES)** – a location with the primary purpose of providing temporary shelter for homeless persons

B. **Transitional Housing (TH)** – temporary housing, the purpose of which is to facilitate the movement of individuals and families experiencing homelessness to permanent housing within 24 months

C. **Safe Haven (SH)** --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

D. **Permanent Housing (PH)**

   (1) **Permanent Supportive Housing (PSH)** – designed to provide housing and supportive services on a long-term basis for formerly homeless people, who have disabilities

   (2) **Rapid Re-housing (RRH)** – a housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing

   (3) **Other PH (OPH)** – under this model, long-term housing is dedicated to serving the homeless that do not otherwise meet the PSH and RRH definitions above

      o **PH – Housing with Services** – this housing is dedicated to serving the homeless and *includes supportive services*, but does not limit eligibility to persons with a disability

      o **PH – Housing Only** – this housing is dedicated to serving the homeless, but *does not include supportive services*

All beds and units included on the HIC are considered part of the CoC homeless assistance system. Beds and units in the HIC must be dedicated to serving persons experiencing homelessness, or for permanent housing projects, dedicated for persons who were experiencing homelessness at project entry.

Beds in institutional settings not specifically dedicated for persons who are homeless such as detox facilities, emergency rooms, jails, and acute crisis or treatment centers should not be included in the HIC.

For the HIC, CoCs will collect information about the beds and units in the CoC's homeless system, categorized by the Project Types described above. CoCs are required to include in the HIC all projects in the CoC that are categorized as one of these Project Types and that provide dedicated beds for persons who are homeless, not just those contributing client-level data in the local HMIS or receiving HUD or VA funding. This includes projects funded by the other federal agencies, faith-based organizations, and other public and private funding sources.

3.2 Types of Data to be Included on the HIC

To get a full picture of resources available nationally and locally for CoCs, HUD requires the collection of twelve types of data for all projects during the HIC process:

1. Organization name;

2. Housing type (indicating whether their units are located at single or multiple sites);

3. Project name;

4. Project type;

5. Geographic information (including address, city or county);

6. Federal funding source(s);

7. Target population (with 75 percent or more dedicated beds/units for victims of domestic violence or persons with HIV/AIDs);

8. Project status as of the PIT count date (new, current, or under development);

9. Number of beds and units by household type and number dedicated for veterans, youth and people who are chronically homeless;

10. Participation in HMIS (i.e., whether data on people who stay in the project's beds/units is entered in HMIS); and

11. PIT Count total (all people residing in the project's beds/units on the night of the PIT count).

For specific project types, HUD also requires additional HIC information.

- Permanent supportive housing projects report on the number of beds/units dedicated to chronically homeless persons at project entry.
- Rapid re-housing projects report beds and units that are occupied by participants on the night of the count (i.e., in their own permanent housing unit and actively enrolled in their project on the night of the count), whether or not rental assistance was provided.
- Emergency shelter projects report on their bed types (facility-based, voucher, or other) and bed availability (year-round, season, or overflow).

3.3 Use of HMIS Data for the HIC

HUD strongly encourages CoCs to use their HMIS data as a starting point to generate the HIC, including project type, beds, units, and usage data. CoCs must collect and enter project descriptor data for all CoC projects in the CoC's HMIS, regardless of whether the CoC project participates in HMIS. Instructions for collecting and entering project descriptor data in the local HMIS can be found in HUD's 2014 HMIS Data Standards.

CoCs that rely on an HMIS that is strictly programmed according to the 2014 HMIS Data Standards will need to collect additional information because some of the HIC requirements do not align with or were not included in those standards. (For example, CoCs are not required to report on Target Population A in HMIS.) The VA Programs HMIS Manual contains specific data collection guidance that can be used by CoC and VA staff to better understand HMIS participation requirements for each VA-funded homeless assistance program and available project data for VA programs in HMIS.

3.4 Federally-funded Veteran Programs to Include in the HIC, by Project Type

The following eight federally-funded veteran programs should report inventory and persons data for the HIC.

- A. **Emergency Shelter (ES)**
    - i. Community Contract Emergency Housing (HCHV/EH)
    - ii. Community Contract Residential Treatment Program (HCHV/RT)
- B. **Transitional Housing (TH)**
    - i. VA Grant and Per Diem (excluding GPD Transition in Place projects) – (GPD)
    - ii. VA Compensated Work Therapy – Transitional Residence (CWT/TR)
- C. **Safe Haven (SH)**
    - i. Health Care for Homeless Veterans (HCHV) VA Community Contract Safe Haven Program
- D. **Permanent Housing (PH)**
    - (1) **Permanent Supportive Housing (PSH)**
        - i. HUD-VA Supportive Housing (HUD/VASH)
    - (2) **Rapid Re-housing (RRH)**
        - i. Supportive Services for Veteran Families (SSVF)
    - (3) **Other PH (OPH)**
        - i. VA Grant and Per Diem Transition in Place (GPD TIP)

Homeless coordinators from your local VAMC and VA Vet Centers should be able to assist in the collection and verification of Veteran HIC data.

Starting with the January 2016 HIC/PIT count, CoCs were instructed by the VA and HUD to no longer report inventory and persons in VA-funded Mental Health Residential Rehabilitation Treatment Program – Domiciliary Care for Homeless Veterans (i.e., VADOM) as part of the HIC or PIT counts. Discussions between VA and HUD led to the determination that VADOM inventory are more appropriately identified as institutions. Similarly, the homelessness prevention component of SSVF should not be included in the HIC or PIT counts.

> **Counting VASH Vouchers**
>
> CoCs must count the total number of VASH vouchers available for use on the night of the HIC and PIT count, regardless of whether the voucher is presently being used. Vouchers are designated for use in a particular geographic location. CoCs should contact their local public housing authority or VA medical center that administers the VASH vouchers to determine the total number of vouchers available in the CoC. When a single project operates in multiple CoCs, each CoC should have project descriptor data pertaining to that project in their HMIS; beds should be apportioned according to which CoC the housing units assisted by the vouchers are physically located in.

4. POINT-IN-TIME COUNT GUIDANCE FOR VETERANS

CoCs are required to conduct a PIT count at least every other year (odd numbered years) during the last 10 days of January. However, the vast majority of CoCs conduct PIT counts on an annual basis. PIT counts are conducted at night during one of the last 10 days of January.[3] CoC's select the exact night of their PIT count. CoCs can either collect information about persons experiencing homelessness during the initial count or through follow-up surveys that are often done within 7 days of the PIT count. Surveys conducted (during the night of the count or afterwards) are used to determine estimates for veteran and other subpopulations of homelessness for each CoC. Complete HIC/PIT guidance should be reviewed by CoC staff prior to planning and implementing the PIT count.

VAMC and VA Vet Center staffs are encouraged to participate in unsheltered count planning activities, help with the identification of unsheltered veteran hotspots, and assist CoC efforts to broaden PIT count participation among veteran organizations (including with the enumeration itself). HCHV staff may be particularly key in assisting CoCs to have a comprehensive PIT count that includes every homeless veteran, including those who are unsheltered and only being engaged by HCHV staff or who are known to VAMC staff. Counting every homeless sheltered and unsheltered veterans is key to understanding whether community efforts to effectively end homelessness for veterans are working, and whether fewer veterans are experiencing homelessness over time.

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[3] Limited timing exceptions have been issued by HUD to selected CoCs. In most cases, these exceptions stemmed from extreme weather situations during the CoC's planned PIT count night.

4.1 Which Veterans should be Included in the Point-In-Time Count?

Sheltered Count

CoCs must count all veterans living in emergency shelter (supervised publicly or privately operated shelter designated to provide temporary living arrangement including congregate shelters, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals), transitional housing, or Safe Haven projects during the night of the PIT count. Veterans should be counted in any of these projects regardless of whether the project has any dedicated veteran beds/units.

CoCs should report on veterans and their household members based on where they are sleeping on the night of the count, as opposed to the program they are enrolled in. RRH projects (such as those funded by SSVF) are considered permanent housing and, therefore, individuals and families residing in permanent housing units paid for with RRH assistance on the night of the count are not included in the sheltered count. However, homeless veteran households currently residing on the street, in an emergency shelter, transitional housing, or Safe Haven, but who are also enrolled in a RRH project and awaiting housing placement are counted based on where they resided on the night of the count. For example, a veteran residing in an emergency shelter and being assisted by a RRH project to obtain housing must be counted in the sheltered PIT count for the emergency shelter.

Unsheltered Count

CoCs must count veterans and their family members with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground on the night designated for the PIT count. Veterans and their family members in these locations are considered unsheltered. RRH-assisted veteran households who are still unsheltered on the night of the count (e.g., staying in an encampment and being assisted by a RRH project to obtain housing) must be included as part of the unsheltered count.

4.2 How Does the HIC Data Coincide with the PIT Count?

It is important for CoCs to closely coordinate their HIC and PIT counts and report only those persons who are considered homeless and staying in an emergency shelter, transitional housing, or Safe Haven project identified on the HIC. The total number of persons reported in all emergency shelter, transitional housing, and Safe Haven projects on the HIC must match the total number of sheltered persons reported to HUD.

4.3 How Are Veterans Identified During an Unsheltered PIT Count?

Unsheltered veterans are identified for the PIT count mainly through the following four methods:

1. A CoC could deploy trained staff, homeless assistance providers, volunteers or others to conduct surveys during the night of the PIT count to ascertain the veteran status for people who are unsheltered. Enumerators usually work in teams to completely canvass designated areas, including streets, sidewalks, parks, alleys, vehicles, etc. This is the most common approach.
2. A follow-up unsheltered survey could be completed after the PIT count to ascertain the veteran status for people who are unsheltered (in a similar manner as the previous approach). This approach is most common in areas with high levels of unsheltered homelessness.
3. "Service-based" locations where people who are homeless go for assistance could be used to conduct surveys after the PIT count. These locations may include soup kitchens, pantries, libraries, welfare offices, etc., as well as VAMCs, Vet Centers, and Veterans Benefits Administration offices and intake sites.
4. HMIS data from street outreach or other providers can be used to supplement other data on unsheltered veterans, recognizing that outreach data is often not a complete picture and may include people who were not unsheltered on the night of the PIT count.

Under all of these methods, extrapolation techniques can be used to account for missing data (such as survey refusals, geographic coverage gaps, etc.). More information on acceptable methods for conducting a PIT count of unsheltered people and related extrapolation techniques can be found in the PIT Count Methodology Guide.

4.4 What Household and Demographic Data is Submitted to HUD and May Be Requested by a CoC?

The PIT count requires reporting on multiple levels for veterans. For population-level data, the PIT count reports on:

1. sheltered and unsheltered homelessness status;
2. the number of veterans, children, and other non-veteran adult household members in veteran households;
3. household type (adult only households and households with children);
4. gender;
5. race;
6. ethnicity; and
7. age data.

This data may be derived from HMIS (for participating projects) or HOMES or requested directly from unsheltered or sheltered veterans via survey instruments.

Below is a listing of the additional PIT count data categories reported to HUD and for which additional demographic data must be collected:

PIT Count Additional Homeless Population Data		
Subpopulation Type	Required for *Sheltered* Persons	Required for *Unsheltered* Persons
Chronically Homeless Individuals	✓	✓
Chronically Homeless Families	✓	✓
Persons in Chronically Homeless Families	✓	✓
Chronically Homeless Veteran in Households without Children	✓	✓
Chronically Homeless Veteran Households with at Least One Adult and One Child	✓	✓
Persons in Chronically Homeless Veteran Households with at Least One Adult and One Child	✓	✓
Adults with a Serious Mental Illness	✓	✓
Adults with a Substance Use Disorder	✓	✓
Adults with HIV/AIDS	✓	✓
Victims of Domestic Violence	*Optional*	*Optional*

Additionally, CoCs may seek to collect other data elements to support their quality assurance checks or to allow for reporting to the community on issues of local concern (such as usage of mainstream systems, hospitals or benefits). A comprehensive set of HUD-required table shells for the 2017 PIT count can be found in the appendices of the HIC/PIT guidance.