

The Annual Homeless Assessment Report

Frequently Asked Questions

May 2006





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The Annual Homeless Assessment Report: Frequently Asked Questions

Over the past several years, Congress has directed the U.S. Department of Housing and Urban Development (HUD) to assist local jurisdictions in implementing Homeless Management Information Systems (HMIS) and in using data from these systems to obtain an unduplicated count of homeless persons, analyze local patterns of services usage, and assess local service needs. To help meet this directive, HUD contracted with Abt Associates Inc. and the University of Pennsylvania's Center for Mental Health Policy and Research (the Abt/UPenn team). The Abt/UPenn team produced the nation's first Annual Homeless Assessment Report (AHAR) for Congress in January 2006 and is currently providing AHAR-related technical assistance.

Below is a list of frequently asked questions regarding the AHAR. This list of questions and answers is intended to provide communities with a reference guide to the AHAR research project. The list is organized into four sections:

- Overview of the AHAR
- Reporting Data to the AHAR
- AHAR Data Quality
- AHAR Technical Assistance

1. Overview of the Annual Homeless Assessment Report

1.1 What is the goal of the Annual Homeless Assessment Report (AHAR)?

The AHAR uses aggregate HMIS data from communities across the country to produce a national report on homelessness to the U.S. Congress. The AHAR is designed to:

- Develop an estimate of the number of homeless persons nationwide;
- Create a descriptive profile of homeless persons;
- Understand service use patterns; and,
- Estimate the nation's capacity to house homeless persons.

The AHAR is based on an unduplicated count of homeless persons within each community, and focuses on persons who use emergency or transitional shelters. Thus, the AHAR reports only on the number of *sheltered homeless persons* and does not account for homeless persons who: only use a supportive service program, are formerly homeless and living in permanent supportive housing; or are service resistant and do not access any type of homeless service program during the study period.



1.2 Who is participating in the AHAR?

Data for the AHAR are provided by 80 “sample” sites and about 40 “contributing” communities. The 80 sample sites were randomly selected by the AHAR project team to be part of a national representative sample. (The selection process is described below.) Each sample site represents one of four types of Community Development Block Grant (CDBG) jurisdictions:

- A central city;
- A city with 50,000 people or greater;
- An urban county; or
- A rural (non-entitlement) areas.

Contributing communities are Continuum of Care jurisdictions that volunteer to provide their aggregate HMIS data to the AHAR. Contributing communities represent only themselves in the AHAR. Data from sample sites are statistically adjusted (or inflated) to represent the rest of the nation. Combined, these data are used to produce national estimates about the extent and nature of homelessness in the U.S.

Appendix A lists the sample sites and contributing communities.

1.3 How were the 80 sample sites selected?

The selection of a nationally representative sample relied on Community Development Block Grant (CDBG) jurisdictions as the primary sampling unit. All 3,142 CDBG jurisdictions within the 430 CoCs in the 50 U.S. states (as of 2002) were considered for the national sample, and 80 communities were selected for participation in the study.

The selection of the 80 communities proceeded in three phases. First, since prior research on homelessness indicated that the rate of homelessness varies by type of geographic area, the 3,142 CDBG jurisdictions were grouped into four categories based on established CDBG funding classifications: central cities, other cities larger than 50,000, urban counties, and rural areas.

Second, 18 communities (among the 3,142 CDBG jurisdictions) were selected with “certainty.” These sites were intentionally selected for two reasons. Because the size of the population across CDBG jurisdictions is skewed, with a few, very large jurisdictions covering areas where several million people live, selecting very large communities with certainty improves the statistical accuracy of the national sample. In addition to their overall size, prior research has found that homeless people are disproportionately located in central cities. Including large central cities with certainty makes both the national estimate of homelessness and the descriptive profiles of the homeless more accurate.

Third, to select the remaining 62 sample communities, the remaining 3,124 CDBG jurisdictions were divided into sixteen groupings based on the four types of geographic areas and the four Census regions. The 62 sampled—or “non-certainty”—communities were randomly selected from within these groupings.



1.4. What are communities participating in the AHAR expected to do?

Participating communities are expected to:

- Designate a lead contact person to coordinate activities with the AHAR project team;
- Work with service providers in the AHAR jurisdiction to ensure compliance with HUD's data standards;¹
- Conduct regular checks on the quality of data entered by providers;
- Participate in periodic conference calls with AHAR project staff to discuss the status of HMIS implementation and data collection, and address data collection or reporting issues as needed; and
- Prepare a local AHAR report for submission to the project team (discussed in detail below).

The AHAR project team is available to assist communities in meeting these expectations.

1.5. What is the schedule for the AHAR?

First Annual Homeless Assessment Report: Data for the first AHAR represented any client served in an emergency or transitional shelter from *February 1, 2005 – April 30, 2005*. The results of the first AHAR will be publicly available in the spring of 2006.

Second Annual Homeless Assessment Report: The second AHAR will reflect data about clients served in an emergency or transitional shelter from *January 1, 2006 – June 30, 2006*. AHAR communities will be asked to produce and submit their local AHAR report beginning in July 2006.

Third Annual Homeless Assessment Report: The data collection period for the third AHAR will be from *October 1, 2006 – September 30, 2007*. The third AHAR will similarly focus on clients served only by an emergency or transitional shelter during this time period.

| | | |
|---|---|--|
| AHAR 1 February 1 – April 30, 2005 | AHAR 2 January 1 – June 30, 2006 | AHAR 3 October 1, 2006 – September 30, 2007 |
|---|---|--|

Fourth (and beyond) Annual Homeless Assessment Report: Subsequent AHARs will continue to be from October to September of the following year. For example, the fourth AHAR will cover *October 1, 2007 – September 30, 2008*.

¹ *Federal Register*, vol. 69 no. 146, July 30, 2004



2. Reporting Data to the AHAR

2.1 What data are reported to the AHAR?

The AHAR uses only the universal data elements from HUD's data standards and bed inventory information from each community's SuperNOFA application (the Housing Inventory Chart in Exhibit 1).

Communities participating in the AHAR will be asked to submit a local AHAR report to the AHAR project team. The local AHAR report includes aggregate data on all clients served in an emergency or transitional shelter during the study period. The aggregate data should be based on an unduplicated count of clients within each community.

2.2 What is a local AHAR report?

The local AHAR report consists of five Microsoft Excel spreadsheets that were created by the project team and include a spreadsheet for:

- Emergency Shelters for Individuals (ES-IND);
- Emergency Shelters for Persons in Families (ES-FAM);
- Transitional Housing for Individuals (TH-IND);
- Transitional Housing for Persons in Families (TH-FAM); and
- Summary Tables.

The first four table shells from the list above are designed specifically for individuals or persons in families that were served in an emergency shelter or transitional housing facility (ES-IND, ES-FAM, TH-IND, TH-FAM). These table shells are referred to as the "*program-household*" table shells, and aggregate information on clients should be recorded into the appropriate table shell. For example, aggregate information about all unaccompanied persons served by an emergency shelter should be recorded in the ES-IND table shells. Similarly, aggregate information about all persons in families served by a transitional shelter should be recorded in the TH-FAM table shells. Persons are counted in more than one set of table shells if they were served by different program types (e.g., ES or TH) or as different household types (unaccompanied or persons in families) during the study period.

The fifth set of Excel spreadsheets, or Summary Tables, summarizes all of the information contained in the four program-household tables. Nearly all of the spreadsheets in the Summary Tables are completed automatically as communities record information into the four program-household table shells.

2.3 Where can I find the local AHAR report?

The local AHAR report is available on the HMIS.info website and is called "AHAR 2 Table Shells." Please visit the following link to download a copy of local AHAR report:

http://hmis.info/national_docs.asp?topic_id=11



2.4 Which providers are counted in the local AHAR report?

All emergency shelters and transitional housing programs located in the AHAR community and participating in the HMIS should be included in the local AHAR report.

Each of the 80 sample sites is a CDBG jurisdiction. In some cases, the geographic boundaries of the sample site are coterminous with the geographic boundaries of the CoC (e.g., the City of El Paso and the El Paso CoC). Thus, the local AHAR report will contain aggregate information on all persons served by an emergency or transitional shelter that participates in HMIS and is located anywhere in the CoC.

In other cases, the sample site represents a smaller geographic area within the larger CoC (e.g., Great Falls and the State of Montana CoC). As a result, the local AHAR report will contain aggregate information on all persons served by an emergency or transitional shelter located within a specific community inside the larger CoC. In these cases, the CoC SuperNOFA Exhibit 1 Housing Inventory Chart can be used to easily identify which providers should be included in the local AHAR report.

Among the contributing sites, the local AHAR report can represent any geographic area. However, contributing sites are encouraged to submit information that reflects all emergency and transitional shelters that participate in HMIS and are located anywhere in the CoC. That is, the local AHAR report should be a CoC-wide report for contributing sites.

2.5 Which clients are reported in the local AHAR report?

AHAR communities should count all clients who were served by an emergency or transitional shelter that participates in HMIS and is located in the AHAR community. This includes clients who used any type of emergency or transitional shelter bed, including year-round, seasonal, and overflow/voucher beds. Only clients who were served during the AHAR reporting period (see question 1.5) should be counted in the local AHAR report.

2.6 How do I report on clients served by emergency and transitional shelters that do not participate in HMIS?

There is no need to collect information from emergency and transitional shelters that do not participate in HMIS. The local AHAR report contains spreadsheets (i.e., the second spreadsheet in each of the program-household table shells) that help communities to account for non-participating service providers. The second spreadsheet in each of the four program-household table shells uses statistical adjustments (or extrapolation procedures) based on information from participating providers to produce estimates for both participating and non-participating providers. These adjustments are needed to ensure that the number of people using homeless services is not underestimated because some providers do not provide information on the number of people they served to the HMIS.

Communities will need to report bed inventory information on shelters that do not participate in HMIS. This information is needed for extrapolation and is found in the CoC SuperNOFA Exhibit 1 Housing Inventory Chart.



2.7 Which beds should be counted in the local AHAR report?

With few exceptions, all emergency shelter and transitional housing beds located in the AHAR jurisdiction should be included in the local AHAR report. This includes seasonal beds that are available for daily use but are only available for a few months during the year (e.g., winter months). Seasonal beds will be counted in proportion to the number of days they are available during the data collection period, and further instructions are provided in the local AHAR report.

Some types of beds should not be included in a local AHAR report. These include:

- **Overflow beds** (e.g., “code blue” beds). Overflow beds are available from time to time, typically as a result of extremely cold weather, a natural disaster, or other conditions that suddenly increase the demand for shelter beds. Unlike seasonal beds, overflow beds are not available for daily use throughout a particular time period.
- **Voucher beds** that function like overflow beds. Voucher beds that function like overflow beds and whose availability is sporadic should not be counted for AHAR purposes. However, voucher beds that are available year-round or seasonally should be counted in the bed coverage calculation.

Although overflow and voucher beds that function as overflow beds are not included in a local AHAR report, all clients who use these beds should be counted in the AHAR report.

2.8 Do participating sites need to achieve a certain level of bed coverage in order to be included in the AHAR?

Yes. Bed coverage refers to the number of beds that are in the HMIS in proportion to the total number of beds available in the AHAR community. For example, an AHAR community that has 5 residential service providers (representing 40 total beds) participating in HMIS out of 7 total providers (representing 50 beds) has a bed coverage rate of 80 percent (or 40 divided by 50).

In order to accurately account for providers that do not participate in HMIS, a minimum 50 percent bed coverage rate is required for each of the four program household table shells (ES-IND, ES-FAM, TH-IND, TH-FAM). Data from a table shell that is below 50 percent will not be used in the AHAR. For example, if there are 20 total beds in transitional shelters for individuals and only 5 beds are represented in the HMIS, the bed coverage rate for the TH-IND table shells is 25 percent (or 5 divided by 20). This coverage rate is below the minimum and thus the information in the TH-IND tables cannot be used in the AHAR. On the other hand, if there are 30 total beds in emergency shelters for families and 20 beds are represented in the HMIS, the bed coverage rate for the ES-FAM tables is 67 percent. This information can be used in the AHAR.

2.9 How does the AHAR define a family?

For the purposes of the AHAR, the presence of a child distinguishes a family (with children) from all other types of households. Thus, a family is defined as any household of two or more people containing at least one adult (age 18 or older) and at least one child (age 17 or under).



Conversely, for the purposes of the AHAR, an individual includes unaccompanied adults, unaccompanied youth, multiple adult households with no children, and multiple children households with no adult. A pregnant woman with no other children present during their service stay is also included in the individual table shells.

3. AHAR Data Quality

3.1 What data quality issues should I be looking for prior to submitting a local AHAR report?

Some communities that participated in the first AHAR experienced data quality issues. These issues were identified by looking at a few, key data quality indicators:

1. *Bed Utilization Rates:* Some sites discovered that their bed utilization rates (i.e., the number of people in shelter on an average night divided by the total number of available beds) were either above 100 percent or uncharacteristically low. Unreasonable utilization rates are often caused by:
 - Missing program exit dates from client records. If a client is not exited from a program, the client will continue to be counted as being served by the program. This will result in unusually high bed utilization rates.
 - Under-reporting clients to the HMIS. Some programs did not report data on all clients served to the HMIS. As a result, bed utilization rates will be unreasonably low because not all clients are entered into the HMIS. Under-reporting the total number of clients served by a program is associated with staff time constraints and burden issues at the program-level.
2. *Client Length of Stay:* Several communities discovered that some of their clients were being served for an unreasonable amount of time—typically for too long. Unusual length of stay information is often associated with missing exit date information. Again, if a client is not exited from a program, the client will continue to be counted as being served by the program and this will result in a longer (and inaccurate) length of stay.
3. *Number of People Being Served (on a given day or on an average day):* A community's daily count is based on accurately recording an entry and exit date for each client. In order to capture accurate enumerations, programs should record an entry date on the day the client begins to receive shelter and an exit date on the day the client stops receiving shelter. Too few clients may suggest problems recording an entry date; too many clients may suggest problems with missing exit dates.

3.2 How should I check for data quality issues?

There are a variety of ways to determine if an HMIS is capturing good quality data. One simple method is to run interim reports (daily, weekly or monthly) on an HMIS to check bed utilization rates, client length of stay, and number of people being served. Each of these data quality checks can be compared to previous month's results, or to the same month's results from last year, as a baseline for what to expect. For more helpful tips on data quality, see the PowerPoint presentation on improving HMIS data quality



([Enhancing HMIS Data Quality](#)) and the accompanying handouts ([Enhancing HMIS Data Quality TA tools](#)) that are available on the HMIS.info website

4. AHAR Technical Assistance

4.1 *What AHAR technical assistance materials are available?*

The following is a list of TA materials that have been developed specifically for AHAR sites. All of the documents are available on the Internet and can be accessed through www.HMIS.info.

[Enhancing HMIS Data Quality](#) - A PowerPoint presentation and training materials produced by Abt Associates and UMass Boston's Center for Social Policy on how to improve HMIS data quality.

[Enhancing HMIS Data Quality TA tools](#) – A series of handouts that complement the Enhancing HMIS Data Quality training. The handout contains a sample data quality plan, sample data quality report, sample data entry form and many other valuable resources.

[Increasing Participation in the HMIS](#) – A PowerPoint presentation and training materials on how to increase provider participation in the HMIS.

[Increasing Participation in the HMIS TA tools](#) – A series of sample documents that complement the PowerPoint presentation on Increasing Participation in the HMIS.

[Privacy Concerns](#) – HUD's HMIS TA Initiative recently held a series of conference calls about how to address privacy concerns. The HMIS.info website contains recorded audio files of the conference calls, visual presentations and other helpful documents.

4.2 *Who do I contact if I have any questions about the AHAR?*

Questions about the AHAR can be addressed to AHAR@abtassoc.com or the AHAR Helpline at 1-877-789-AHAR (1-877-789-2427).



Appendix A: List of Sample Sites and Contributing Communities

| Community Name | State | Continuum of Care |
|--------------------------|-------|---|
| AHAR Sample Sites | | |
| FLAGSTAFF | AZ | Rural Arizona CoC |
| PHOENIX | AZ | Maricopa CoC |
| FRESNO | CA | Fresno/Madera CoC |
| LOS ANGELES | CA | County of Los Angeles, Ca |
| LOS ANGELES COUNTY | CA | County of Los Angeles, Ca |
| MARIN COUNTY | CA | Marin County |
| MISSION VIEJO | CA | County of Orange, Ca |
| MODESTO | CA | Stanislaus County Housing & Support Services Col. |
| MORENO VALLEY | CA | County of Riverside |
| PASADENA | CA | Pasadena Community Development Commission |
| PICO RIVERA | CA | County of Los Angeles, Ca |
| SAN DIEGO | CA | City of San Diego Consortium |
| SAN FRANCISCO | CA | City and County of San Francisco |
| SEASIDE | CA | County of Monterey |
| ADAMS COUNTY | CO | The Metropolitan Denver Homeless Initiative |
| CROWLEY COUNTY | CO | State of Colorado |
| HARTFORD | CT | Hartford CoC |
| STRATFORD | CT | Bridgeport CoC |
| WASHINGTON | DC | District of Columbia Homeless Services |
| WILMINGTON | DE | CoC Delaware |
| DELTONA | FL | Volusia County CoC |
| MARION COUNTY | FL | Ocala/Marion County CoC |
| POLK COUNTY | FL | Polk/Hardee/Highlands County CoC |
| SARASOTA | FL | Sarasota/Mantee CoC |
| ATLANTA | GA | Atlanta Tri- Jurisdictional |
| AUGUSTA-RICHMOND | GA | Augusta-Richmond County |
| MACON COUNTY | GA | Georgia CoC |
| OCONEE COUNTY | GA | Georgia CoC |
| CHICAGO | IL | Chicago CoC |
| COOK COUNTY | IL | Cook County CoC |
| HARDIN COUNTY | KY | Commonwealth of Kentucky CoC |
| BOSSIER CITY | LA | Northwest Louisiana |
| SLIDELL | LA | Slidell/Livingston/St. Helena |
| ATTLEBORO | MA | Greater Attleboro and Taunton CoC |
| BOSTON | MA | City of Boston |
| LAWRENCE | MA | Lawrence County CoC |
| MONTGOMERY COUNTY | MD | Montgomery County, Maryland |
| DETROIT | MI | City of Detroit CoC |
| FARMINGTON HILLS | MI | Oakland County CoC |



| Community Name | State | Continuum of Care |
|---------------------|-------|--|
| LANSING | MI | Lansing, East Lansing/Ingham County CoC |
| MACOMB COUNTY | MI | Macomb County CoC |
| WASHTENAW COUNTY | MI | Washtenaw County/Ann Arbor CoC |
| HENNEPIN COUNTY | MN | Minneapolis/Hennepin County CoC |
| MOORHEAD | MN | West Central Minnesota CoC |
| NORMAN COUNTY | MN | Northwest Minnesota CoC |
| ROCHESTER | MN | Southeast/South Central Minnesota Regional CoC |
| ST PAUL | MN | St. Paul/Ramsey County CoC |
| WASHINGTON COUNTY | MN | Washington County CoC |
| HATTIESBURG | MS | Mississippi Balance of State CoC |
| HUMPHREYS COUNTY | MS | Mississippi Balance of State CoC |
| BILLINGS | MT | State of Montana CoC |
| GREAT FALLS | MT | State of Montana CoC |
| COUNCIL BLUFFS | NE | City of Omaha |
| BERGEN COUNTY | NJ | Bergen County |
| BRICK TOWNSHIP | NJ | Ocean County CoC |
| CAMDEN | NJ | Camden City/Camden County |
| CLARK COUNTY | NV | Southern Nevada CoC |
| ELMIRA | NY | Chemung County |
| ISLIP TOWN | NY | Suffolk County CoC Group |
| NEW YORK CITY | NY | New York City Coalition/CoC |
| ONONDAGA COUNTY | NY | Syracuse/Clay/Onondaga County CoC |
| CLEVELAND | OH | Cuyahoga County/Cleveland CoC |
| LANCASTER | OH | Ohio Balance of State |
| PUTNAM COUNTY | OH | Ohio Balance of State |
| SPRINGFIELD | OH | Ohio Balance of State |
| MIDWEST CITY | OK | State of Oklahoma |
| LYCOMING COUNTY | PA | Central-Harrisburg Region of Pennsylvania |
| PHILADELPHIA | PA | City of Philadelphia |
| SNYDER COUNTY | PA | Central-Harrisburg Region of Pennsylvania |
| WESTMORELAND COUNTY | PA | Westmoreland County |
| DALLAS | TX | Dallas Homeless CoC |
| EL PASO | TX | El Paso CoC |
| HOUSTON | TX | Houston/Harris County |
| CHESTERFIELD COUNTY | VA | Richmond CoC |
| PORTSMOUTH | VA | Portsmouth CoC |
| CHITTENDEN COUNTY | VT | Chittenden County |
| ADAMS COUNTY | WA | State of Washington CoC |
| SEATTLE | WA | Seattle-King County CoC |
| SKAGIT COUNTY | WA | State of Washington CoC |
| FOREST COUNTY | WI | State of Wisconsin CoC |



| Community Name | State | Continuum of Care |
|---|-------|--|
| AHAR Contributing Communities (as of March 2006) | | |
| HUNTSVILLE | AL | Huntsville CoC |
| LITTLE ROCK | AR | Little Rock CoC |
| SAVANNAH | GA | Savannah/Chatham County CoC |
| HONOLULU | HI | Honolulu CoC |
| IOWA | IA | Iowa CoC* |
| IDAHO | ID | Statewide CoC |
| DEKALB | IL | City of Dekalb CoC |
| EVANSTON | IL | Evanston CoC |
| MCHENRY COUNTY | IL | McHenry County |
| ROCKFORD/BOONE/WINNEBAGO | IL | Rockford, Boone and Winnebago Counties CoC |
| EVANSVILLE | IN | Evansville CoC |
| KANSAS CITY | KS | Greater Kansas City |
| BATON ROUGE | LA | Baton Rouge CoC |
| CAMBRIDGE | MA | Cambridge CoC* |
| BALTIMORE | MD | Baltimore City CoC* |
| BALTIMORE COUNTY | MD | Baltimore County CoC |
| CECIL COUNTY | MD | Cecil County CoC |
| MAINE | ME | Statewide CoC |
| GENESSE COUNTY | MI | Genesee County CoC |
| GRAND RAPIDS | MI | Grand Rapids CoC* |
| OAKLAND COUNTY | MI | Oakland County |
| ST. LOIS COUNTY | MO | St. Louis County CoC* |
| CHARLOTTE | NC | Charlotte-Mecklenburg |
| NORTHEAST NEBRASKA | NE | Northeast Nebraska Regional CoC |
| NASHUA | NH | Greater Nashua CoC |
| CINCINNATI-HAMILTON COUNTY | OH | Cincinnati-Hamilton County CoC* |
| YOUNGSTOWN/MAHONING COUNTY | OH | Youngstown/Mahoning County CoC |
| TULSA | OK | Tulsa CoC |
| PORTLAND/GRESHAM/MULTNOMAH COUNTY | OR | Portland-Gresham-Multnomah County CoC |
| ERIE COUNTY | PA | Erie County CoC* |
| RHODE ISLAND | RI | Rhode Island CoC |
| UPSTATE SOUTH CAROLINA | SC | Upstate CoC |
| CHATTANOOGA | TN | Chattanooga CoC* |
| MEMPHIS | TN | Memphis-Shelby CoC |
| SALT LAKE | UT | Salt Lake City CoC |
| RICHMOND | VA | City of Norfolk CoC |
| SPOKANE | WA | Spokane CoC* |
| WHEELING-WEIRTON COUNTY | WV | Wheeling-Weirton County CoC* |