

**The Faces of Homelessness:
A Study of Homelessness in South Carolina**

September 2007

A Report Produced by the
South Carolina Council on Homelessness

Using results from the 2007 Homeless Count

Acknowledgements:

Like any effort as complex as the 2007 Homeless Count, it is impossible to list everyone who helped. The Homeless Count would have been impossible without the guidance, leadership, and unselfish devotion from individuals from these organizations. Finally the Homeless Count would have been impossible without the wonderful volunteers who braved the cold and the night to help count.

- Leadership and members from the South Carolina Council on Homelessness
- Leadership and members from the South Carolina State Homeless Coalition
- Leadership and members from each of the individual Continuums of Care
- All of the wonderful volunteers who made the count possible
- Department of Mental Health: Michele Murff
- United Way of the Midlands: Anita Floyd, Lindsey Stillman
- 2007 Homeless Count State Coordinator: Nancy Konsavage
- SC Office of Research and Statistics: Laura Kelley, Charles Bradberry, Diana Tester

Special thanks to the following agencies that provided financial support for this initiative:

**SC Department of Mental Health
SC Vocational Rehabilitation Department
Governor's Office/Office of Economic Opportunity SC State Housing Finance and
Development Authority
SC Primary Care Association**

Table of Contents

Section I – Executive Summary

Section II – Overview

Section III – Understanding Homelessness Diversity

Section IV – Methodology

Section V – Implementation

Section VI – Data Analysis

Section VII – Lessons Learned and Recommendations

Section VIII – Data Tables

- 2007 Homeless Count Compared to the Total Population and Persons Below Poverty – By County
- Summary Statistics for South Carolina from the 2007 Homeless Count (state level information only)
- Detailed Summary Statistics on the Homeless Population using HUD’s Definition of Homelessness from the 2007 Homeless Count
- Detailed Statistics – Total Homeless – From the 2007 SC Homeless Count – By County
- Detailed Statistics – Homeless Population using HUD’s Definition – From 2007 SC Homeless County – By County
- Detailed Statistics – Other Homeless – From 2007 SC Homeless County – By County
- 2007 Homeless Count Compared to other PIT Estimates and Annualized Estimates

Appendix A – South Carolina Council on Homelessness Membership

Appendix B – Continua of Care

Appendix C – Data Definitions

Appendix D – Information on Homeless Education

SECTION I – Executive Summary:

Homelessness has its roots in the persistent poverty and disparities in development and access to opportunity in South Carolina. Addressing homelessness is a major challenge for many communities and without information about the best way to address the problem; it will continue to impact the lives of those who experience homelessness and the communities that they live in. This report attempts to further the understanding of homelessness in the state of South Carolina; to provide estimates on the extent of homelessness as well as information on various sub-populations of the homeless population – the faces of homelessness; and to inform planning at the State and local level including for agencies and organizations that serve people who are homeless. Finally, the report will also be used to raise public awareness about the important issue of homelessness in our State.

Every two years, the US Department of Housing and Urban Development (HUD) requires housing and service providers who participate in the Continuum of Care Homeless Assistance Program to complete a point in time count of the people who are homeless in their community. The count must be conducted during the last two weeks of January.

However, many providers and researchers believe that HUD’s definition is not broad enough to fully capture the homeless population. To better understand those individuals in our state who are homeless, many believe that it is also important to include people who are precariously or inadequately housed, paying too much for housing or otherwise at risk of losing their housing. Therefore, this report does not offer an exact count of individuals who are homeless – instead it provides multiple estimates. In addition, this report offers information on key sub-populations of people who are homeless.

The 2007 Homeless Count found a total of 6,759 homeless individuals on January 25th in South Carolina. Unfortunately, these results should not be compared to the results of the 2005 Homeless Count. The methodologies used in the 2007 Count to the 2005 are different – care must be taken in any comparisons. While it is thought that the 2007 Homeless Count was a

“better” count (better organization, better methodologies, etc) – in truth – it is extremely difficult to know for a certainty. Variables as simple as the weather on the actual night of the count or the number of volunteers who actually come to help can impact the count. Therefore it is important to think of the homeless count as more of a “moving target” - literally and figuratively.

Those 6,759 individuals represent .16% of the total population in the state and 1.1% of the persons below poverty. Of the 6,759 individuals who were found homeless, 5,594 were identified as homeless using HUD’s strict definition (over 80%) leaving 1,165 identified as homeless through a broader definition. Over 50% of the homeless population was found in only five counties: Greenville, Richland, Horry, Georgetown, and Charleston – all who were considered to have a high level of effort in conducting their homeless count. In addition, Greenville, Richland, and Charleston are highly urban. While Horry and Georgetown are perhaps not as urban as Greenville, Richland, or Charleston – Horry and Georgetown counties represent a unique part of South Carolina’s geography – the coast with high transitional populations. Over 75% of the homeless population were in 11 counties (out of the 46 total counties in SC) – again all with a moderate to high level of effort with the exception of Clarendon. These remaining counties were Greenwood, York, Lancaster, Clarendon, Anderson, and Spartanburg.

The faces of homelessness are often different from the perceptions by the general public. While over 80% (5,430) were adults close to 20% (1,329) were children (ages less than 18 years of age). Over one third (31%) of the homeless population were in families with dependent children. Statistics on other key sub-populations include the following:

Total Homeless	100%
Children Less than 18 years	19.7%
Adults	80.3%
Persons in Families with Dependent Children	31.0%
Individuals (Not in Families)	69.0%

Chronically Homeless	7.1%
Severely Mentally Ill	7.6%
Chronic Substance Abuse	14.9%
Veterans	7.6%
Persons with HIV/AIDS	1.2%
Victims of Domestic Violence	8.8%
Unaccompanied Youth	0.5%

Please note: individuals may fall into more than 1 category.

Given the episodic and unpredictable nature of homelessness, no single methodology can provide a precise count. Therefore it is essential to consider multiple sources of information about the issue in order to inform our understanding of homelessness in South Carolina. Using common formulas, two other point-in-time estimates were constructed as well as two annualized estimates. These estimates are provided along with the methodologies used to derive them in the data analysis section.

As with any major effort, there were a number of lessons learned during the Homeless Count of 2007. Similar to the Homeless Count of 2005, the leadership of the South Carolina Council on Homelessness, the State Homeless Coalition and the Local Continua of Care will review them and attempt to implement recommendations to the extent possible with limited resources. A summary of some of the recommendations follows:

1. Regarding the use of HMIS information:
 - a. Standardizing data extracts from HMIS,
 - b. Allow ORS to receive quarterly extracts;
 - c. Improve data quality; Standardize data definitions;
 - d. Reach a consensus on the management and/or use of the domestic violence data;
 - e. Stage a “dry run” using HMIS day prior to the 2009 Count to identify data issues;
2. Review the use of volunteers:
 - a. Explore the possibility of using experienced interviewers;
 - b. If volunteers are used, mandate training and explore using a core of volunteers for longer periods of time
3. Review other methodologies to fulfill the HUD mandate for a Homeless Count:
 - a. Is it possible to use estimation for a sample of counties;
 - b. Is it possible to use primarily HMIS data for the count?

SECTION II - Overview:

Purpose

This report is an attempt to further the understanding of homelessness in the state of South Carolina; to provide estimates on the extent of homelessness as well as information on various sub-populations of the homeless population; and to inform planning at the state and local level including for agencies and organizations that serve people who are homeless. Finally, the report will also be used to raise public awareness about the important issue of homelessness in our state. Using information from the Homeless Count (conducted between January 25 and February 14th in 2007) as well as other sources, the report explores this complex issue.

Background

Every two years, the US Department of Housing and Urban Development (HUD) requires housing and service providers who participate in the Continuum of Care Homeless Assistance Program to complete a point in time count of the people who are homeless in their community. The count must be conducted during the last two weeks of January. Providers must report the number of homeless people who are sheltered and those who are unsheltered. They must also distinguish between homeless individuals and people who are in families (adults and children).

However, many providers and researchers believe that HUD's definition is not broad enough to fully capture the homeless population. To better understand those individuals in our state who are homeless, many believe that it is also important to include people who are precariously or inadequately housed, paying too much for housing or otherwise at risk of losing their housing. Proposed legislation to reauthorize the McKinney-Vento Act (through which federal homeless programs are funded) would expand the definition of homelessness to include "doubled up" populations.

Given the episodic and unpredictable nature of homelessness, no single methodology can provide a precise count. Therefore it is essential to consider multiple sources of information

about the issue in order to inform our understanding of homelessness in South Carolina. Therefore, this report does not offer an exact count of individuals who are homeless – instead it provides multiple estimates. In addition, this report offers information on some of the sub-populations of people who are homeless.

Major Stakeholders

While there are numerous stakeholders on the subject of homelessness including a number of providers both at the federal, state, and local levels –major stakeholders include the South Carolina Council on Homelessness, the State Homeless Coalition and the Local Continuum of Care.

The South Carolina Council on Homelessness, formed in 2003, is an interagency council whose goal is to integrate and improve services for people who are homeless. The council is comprised of key leadership agencies (see Appendix A) that provide services and funding to homeless individuals, programs or organizations. The mission of the council is to provide the leadership and cooperation necessary for an integrated approach to addressing the comprehensive needs of homeless individuals and families. For more information, please see its website at www.schomeless.org.

The South Carolina State Homeless Coalition is an advocacy group of service providers and policymakers representing the five Homeless Continuum of Care. These five continua of care represent all 46 counties in the state of South Carolina (see Appendix B for a list of the counties in each continuum and a map of the continuum by county). The local continua are the coordinating bodies for the yearly Continuum of Care application to the U.S. Department of Housing and Urban Development (HUD).

SECTION III - Understanding Homelessness Diversity

Why do we need to understand homelessness?

Information about the nature and extent of homelessness equips policymakers and service providers to better plan and evaluate homeless policies and services. Estimates of the number of homeless and their demographics allow us to understand where more services are needed and what types of services are needed. In addition, increased understanding about what homelessness “looks like” in South Carolina may help to identify patterns and issues that can be addressed in order to prevent individuals from ever falling into homelessness. Raising public awareness is critical to addressing the issues of homelessness both in the provision of services but also in its prevention.

Homelessness has its roots in the persistent poverty and disparities in development and access to opportunity in South Carolina. Addressing homelessness is a major challenge for many communities and without information about the best way to address the problem, it will continue to impact the lives of those who experience homelessness and the communities that they live in. (The South Carolina Council on Homelessness in its November 2004 report State of South Carolina: Blueprint to end Homelessness in South Carolina located at www.schomeless.org provides background on the subject of homelessness, its causes, and ways to address the issue.)

Challenges to Understanding Homelessness

Defining homelessness is challenging for a number of reasons. While homelessness is an extreme form of poverty, distinguishing it within the broad concept of “poverty” is problematic. There are multiple definitions of homelessness. There are multiple methodologies to count the homeless population and its various sub-populations. Lack of resources provides another major challenge for counting the homeless population. Finally, geography represents an additional challenge for identifying people who are homeless, particularly in rural areas.

Multiple Definitions: There is no one definition of homelessness but most definitions focus on a household’s housing situation. The federal government defines homelessness as lacking a fixed,

regular, and adequate nighttime residence. The U.S. Department of Housing and Urban Development (HUD) focuses on those individuals who are currently in emergency or transitional shelter or literally unsheltered and living on the streets as homelessness. The U.S. Department of Education includes children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as *doubled-up*). The US Department of Health and Human Services similarly considers the “doubled up” population eligible for its programs.

Many providers, policy makers, and researchers believe that to fully understand the experience of homelessness for planning and prevention, it is important to include people who are precariously or inadequately housed, paying too much for housing or otherwise at risk of losing their housing. For purposes of qualifying people for homeless services, however, most service providers and their funding sources including the federal government adopt more narrow definitions of homelessness.

Because this report is intended to support state and local planning as well as to equip local coalitions and providers with the data required by HUD, this study also uses a broader definition that includes anyone who is lacking a safe, stable place to live or is at imminent risk of losing their residence. This includes individuals and families who are:

- currently living on the street
- staying in emergency or transitional shelter
- temporarily staying with family or friends because they have nowhere else to live
- living in substandard housing or housing not fit for human habitation such as housing without running water or electricity
- temporarily living in a hotel or motel because they do not have anywhere else to live
- in jail or prison who will have nowhere to live upon release
- temporarily in a hospital or psychiatric hospital that will have nowhere to live upon release
- at imminent risk of being evicted from their current place of residence

Although a broader definition of homelessness is utilized in this report, information about the different “types” of homelessness will be presented when possible in order to increase our understanding about the issue.

Section IV - Methodology

Overview:

The challenge of “counting” homeless has been examined by a number of prominent researchers (Burt, Shinn, Franklin etc). Some examples of the challenges include lack of a standard definition, limited ability to identify and locate homeless individuals, variation in the timeframe of data collection, and difficulty in controlling for duplication (Pressini).

Point-in-time Prevalence versus Annual Counts: In addition to multiple definitions of homelessness, there are multiple methodologies to counting. In counting the homeless population, researchers and practitioners utilize two broad methodologies: Point-in-Time prevalence versus Annual Counts. The biannual HUD required counts are point time counts. Point in time counts provide a 24-hour snapshot of homelessness. This is one way to estimate, for example, the number of shelter beds needed on a given day. But there are also drawbacks to this methodology. A point in time count is more likely to capture people who are homeless for long periods of time. Thus, people with the most obstacles to recovery from homelessness (e.g. mental illness, addiction) can be over-represented and those who typically experience shorter episodes, such as families, can be under counted. Second, a short study time frame limits access to a population that is by nature difficult to find. Finally, it is hard to plan housing and services for people who are homeless using a one-day view of need because some of the solutions, such as permanent housing, are long term.

Lack of Resources: An additional challenge to understanding homelessness is that in areas with limited or no services for individuals who are homeless, it is extremely difficult to gain access to the population and understand the extent of the problem. Areas that report little or no homelessness likely are those that lack services or resources and therefore, have no way of knowing how many individuals are actually experiencing homelessness. As described below, this challenge is often amplified in rural areas.

The nature of homelessness also makes it expensive to conduct research on those experiencing it. While there was some funding in SC available to pay for a statewide coordinator and to help pay for the data entry and to a limited extent the analysis, funds again were largely

insufficient. Inadequate funding for homeless counts compels reliance on volunteers and predictable problems with data quality.

Homelessness in Rural Areas: Understanding and addressing homelessness in rural areas presents unique challenges. Research has shown that individuals who are homeless in rural areas tend to be employed, less likely to receive government assistance, experience shorter episodes of homelessness, and are more likely to live with family and friends (Post, 2002). In addition, individuals in rural areas tend to have limited access to services and rural communities often have limited awareness about the problem of homelessness. Coupled with the fact that “doubled-up” individuals and families are excluded from the HUD definition of homeless makes it extremely difficult to get an accurate picture of the extent of homelessness in rural areas. Service providers in rural areas often have limited resources and limited capacity to conduct a thorough count, meaning that the number of homeless reported in rural areas is almost always an undercount.

Despite these challenges, a number of different methods have been used to study homelessness. None of the methods are able to provide a complete picture of homelessness and frequently, multiple methods are used in combination. Listed below are brief descriptions of the major methods used to study homelessness (taken from Drever).

Estimation/Extrapolation: This method involves using information from previous studies or a limited geographic area to estimate the total homeless population. It can also involve the use of socio-economic indicators to adjust numbers from previous counts. In addition, some communities use interviews with key community stakeholders to derive an estimate of the size of the homeless population.

Observation: The observation method involves sending service providers or volunteers out to canvas areas of the community counting the number of unsheltered homeless observed. Often, this method is used in the late evening or early morning hours in order to avoid counting individuals who are staying in shelters.

Surveys: Another method used to understand the needs and size of the homeless population is to conduct surveys with individuals who are homeless. Surveys can be conducted on the street or where they receive services. The amount of information gathered can vary tremendously, however some amount of identifying information is usually collected in order to minimize duplication.

Agency Data/Service Utilization: Data about the number of individuals using different types of services is sometimes used to estimate the population. This can include services specific to homeless individuals or general services, such as government assistance programs. Agencies may or may not have information about whether or not their clients are homeless. A common example of this method is the use of Homeless Management Information Systems (HMIS) data to illustrate how many people are accessing homeless services.

Telephone Surveys: Although much less common, telephone surveys in which a random sample of individuals are called and asked about their history of homelessness have had some success. This method can not provide a picture of the current number of homeless people however, it may be helpful in estimating multi year or lifetime prevalence.

Methods Used in the 2007 Report on Homelessness for South Carolina:

There are pros and cons to each of these methods and each may require differing resources and levels of effort. Not all of the methods described above were utilized for the data in this report. In addition, certain methods were used in only particular counties or regions. Below is a description of each source of information presented in this report.

Population Data and Economic Conditions: General information about the state population and economic conditions was obtained from the SC Budget and Control Board's Office of Research and Statistics using data from the Census Bureau. In addition, information about the current rental market in the state was obtained from the National Low Income Housing Coalition's 2006 Out of Reach Report.

Agency Data/Service Utilizations: Information about the number of people served in the past year was obtained from four of the five Homeless Management Information Systems (HMIS) operated in the local continua of care. Information is entered into HMIS by individual service providers and then compiled by the Continua HMIS Coordinator. In addition, information was obtained from the South Carolina Department of Education McKinney-Vento Program. (Each year, school districts are required to report information to the State Office about the number of homeless children in their district. This information was compiled at the State level.)

Homeless Point in Time Count

The primary source of data used in this report is from the statewide homeless point in time count which focused on the number of people in emergency or transitional housing and the number of homeless people who lacked any shelter (living on the street, in abandoned buildings, in their cars, or camping) on January 25th, 2007. The count methodology is described in more detail than the methodology used to collect the other sources of data.

Homeless Count 2007 Detailed Methodology

Planning: On January 27th, 2005, volunteers across South Carolina implemented the first coordinated, statewide count of homeless persons. The 2005 count methodology relied on observation surveys (street counts), a census of people in homeless transitional shelters and surveys of homeless individuals. In spite of the effort put into the design and implementation of the study, the enthusiasm, training and person-power did not permeate every county. Thirty-seven percent (17 of 46) counties reported zero unsheltered homeless, and an additional eleven percent (5 of 46) counties reported less than five unsheltered homeless. The majority of the counties reporting zero, or less than five unsheltered homeless, reported little or no effort to count the homeless. Lessons learned from the 2005 count and information about the count

methodology in other communities were considered when developing the methodology for the 2007 count.

Literature review: Planning for the count included a thorough review of the literature on count methodology. The primary method used in urban areas is the observation count. Unfortunately, evaluations of the accuracy of point-in-time counts in New York City found that observation-only counts can miss between a half to two-thirds of individuals that are homeless (Shinn & Hopper). Observation counts assume that homeless individuals will be readily visible and identifiable. This presents a number of challenges in rural areas, where homeless individuals rarely stay in areas that are readily visible and where there is a large amount of area to cover. Therefore, the possibility of alternative methods was explored.

Service Survey methodology: A number of communities and several national studies have utilized the service survey methodology with some success (Ohio, Kentucky, Colorado, and Burt). In this methodology, surveys are collected from individuals when they access non-shelter services (e.g. soup kitchens, community action agencies, free medical clinics). In South Carolina, the service survey methodology was selected because of its utility in more rural areas with fewer obvious “street” homeless. Through this methodology, it was hoped that by enlisting the participation of mainstream service providers with local offices in each county would result in more consistent efforts across the state, particularly in those counties with no local homeless service providers. In addition, the survey methodology allowed for the collection of data over two weeks rather than one night in order to gather information on more individuals. It also allowed for the collection of information from individuals experiencing different types of homelessness, including those that are temporarily living with family or friends. Because this was the first time that the service survey methodology was used, counties were given the option of choosing the observation count method - however, only four counties chose to use the observation count methodology.

In order for a service count methodology to be successful it is necessary to collect identifying information to ensure no individual is counted more than once. Therefore, after reviewing methodology used in other communities, the first letter of the first name, the second

two letters of the last name and the date of birth were collected in order to create a unique identifier.

Data Collection Tools: Three forms were developed for the count.

- **Form A** – collected information on individuals and families sheltered by agencies not participating in HMIS
- **Form B** - collected information about the number of homeless people observed (used only by counties utilizing the observation methodology)
- **Form C** - collected information on anyone that was experiencing housing difficulties in the months of January and February

Forms A and C collected identifying information as well as additional information about the individual and their experiences with homelessness. Both of the forms had an individual version and a version for families with children under the age of 18. Form B did not collect any individual level information. Spanish versions of all three forms were made available. An additional aggregate form was made available for domestic violence shelters that were not comfortable providing identifying information on their clients.

Organization: Each of the five continua of care identified a continuum coordinator that served as the primary contact and oversaw the planning and implementation in each of the counties. Each county also identified a county coordinator who organized and directed the count at the local level. Each county coordinator identified all of the shelters in their county as well as the services accessed by homeless individuals.

Two statewide trainings on the count methods and data collection instruments were conducted. Once they had attended the statewide trainings, the continuum and county coordinators scheduled local trainings for service providers and volunteers. In addition, training materials were provided to each of the county coordinators and were available on a website specifically designed to provide information on the 2007 Count in South Carolina. A Statewide

Coordinator was hired specifically for the count whose job was to provide individual technical assistance to the coordinators.

Section V - Implementation

Sheltered Count

Information was collected on all people staying in emergency shelters, transitional housing programs or other short term housing for people who are homeless on the night of January 25th including homeless people who received church or agency sponsored vouchers to stay in motels. All emergency or transitional shelter providers were asked to provide information. Data was collected through either the Homeless Management Information Systems (client management data system operated by the local continua - HMIS) or through surveys at agencies that do not participate in HMIS. (Four of the five local continua of care who operate the HMIS systems in South Carolina signed a Memorandum of Agreement and provided extracts from their systems for this effort.) Domestic violence shelters had the option of completing an alternate form reporting the total number of individuals sheltered in order to protect the confidentiality of their clients.

Unsheltered Survey

In order to capture information on the unsheltered homeless, volunteers or service providers implemented surveys at agencies where people who are homeless are likely to seek services. This included public agencies and private organizations. The two-page survey was administered to people seeking services in participating agencies between January 25th and February 14th. People seeking services were initially asked if they had any housing difficulties. If they answered yes, they were asked if they would complete the survey. The survey asked several questions about where the individual was currently staying as well as where they spent the night of January 25th (the night of the point in time count). Individuals were asked to provide a minimal amount of identifying information to allow the SC Budget and Control Board's Office of Research and Statistics (ORS) to ensure that each individual was counted only once (The ORS provided services for data entry, analysis, and assisted in the development of a web site for this effort.). In addition to local homeless service providers such as soup kitchens and emergency service providers, a number of state and regional agencies participated in collecting surveys in

certain counties including but not limited to Community Action Agencies, Department of Social Services, Department of Mental Health, Department of Health and Environmental Control and Probation Pardon and Parole.

Although everyone received the standard count training, the implementation in each community varied widely based on local conditions and services. Some communities chose to collect surveys on the street and areas in the community where individuals that are homeless may be found. For example, Richland County sent trained volunteers out to survey individuals in locations such as the library, in the park, in parking garages and under bridges. Other communities provided a special meal or incentives for individuals to come into an agency to complete a survey. Some statewide agencies requested that all local offices participate in the count whereas participation from other statewide agencies depended on the leadership of the local offices. Therefore, even within the same State agency, local office participation varied widely between counties. Inevitably, the methods in some counties strayed considerably from the methodology described above, however, it was not possible to control for the variations in methodology across counties.

Observation Count

Four counties chose to use the observation methodology. In those counties, service providers and volunteers canvassed certain areas on the evening of January 25th and counted anyone who appeared to be homeless and unsheltered. Because these individuals were not interviewed during the night of the count and therefore identifying information was not collected, observations were conducted during times and in ways that minimized duplication. For example, the observation count in Greenville was conducted after local shelters had completed their intake for night so that people who were counted on the street and were not included in the sheltered count. The four counties that utilized the observation method were Clarendon, Greenville, Georgetown, and Horry.

Level of Effort

The level of effort put into conducting the count varied tremendously from one county to the next. In order to understand the level of effort in each county, a series of variables was considered including county coordinator feedback, continuum coordinator feedback, the number of surveys completed, the number of agencies that participated, and the extent to which there was a street count component. Counties were placed in one of three categories of effort: a) none/very low; b) low/moderate; and c) moderate/high. Fifteen counties fell in the none/very low category. The majority of these counties were relatively rural with no major city, with one exception. Twelve counties fell in the low/moderate categories and eighteen counties fell in the moderate/high category. Three of the four observation count counties were in the moderate/high category. No adjustments to the count numbers was made based on their level of effort, however, when interpreting the data for any individual county it is important to consider the level of effort. In addition, when considering the state data as a whole it is important to remember that due to limited effort in many counties as well as problems with the general point-in-time count methodology, the numbers represent an undercount of people who are homeless.

Section VI - Data Analysis

Overview

The information collected in each of the counties was sent to the Office of Research and Statistics for data entry and analysis. In addition, the Office of Research and Statistics received HMIS data from four of the five continua of care. A data analysis team consisting of staff at ORS and representatives with the South Carolina Council on Homelessness met periodically during this period to resolve questions with the forms and any ambiguities with the data. If necessary, the county coordinator or local agency was contacted for clarification. Data entry was carefully monitored to ensure consistency in resolving issues as well as data quality. Forms were color coded to aid data entry. In addition, each form was given a unique number so that if issues did arise, it would be possible to review the actual form.

Issues were found during the data entry process. While the forms were pre-tested with a limited population in the Columbia area, several issues arose on the instruments themselves. For example, an option for “refused” and “don’t know” probably should have been added to many of the questions. Simple instructions such as “continued on next page” should have been added at the bottom of each page for the multi-page forms. Many volunteers only filled out the first page on double-sided forms. On the sheltered form, checkboxes for “Emergency” or “Transitional” needed to be added. The address where the forms should be sent should have been on the form itself and would have saved some confusion. There appeared to be some confusion on who should use the family forms – leading to the need to emphasize that a family form should be used only if children under 18 are present. Occasionally the list of options under some of the questions was too lengthy. For the question “Where did you stay tonight” – the list may have been too long. It appeared that the volunteers rather than reading through all the options, tended to group the answer under “Other”. The entire issue on whom and what constituted homelessness led to confusion. One way to possibly address this issue is to provide a list of which situation do / do not constitute homelessness with each survey. Because the process used volunteers and service providers who were no doubt time-strapped, there were considerable

problems with handwriting issues. Some forms were completely illegible and therefore were not usable.

In analyzing and examining the HMIS data from the four continua of care, a number of data issues arose. While a list of critical data elements was created to guide the HMIS database consultant on what elements to extract, not all the requested data elements were extracted from HMIS. No standardized layout was used in the extraction process. In addition, after closer examination and discussions with the local continua database consultants, in some instances the data elements varied slightly in content and/or definition. This led in some instances to the need for new extracts to be created and subsequently re-analyzed.

Once all of the data entry forms were cleaned and then entered, databases had to be created and un-duplicated. This was a multi- step process and presented a number of challenges. Databases were created for each form and for each of the HMIS systems. Within each database, duplicates were eliminated primarily based on the unique combination of identifiers created. However, great care was taken to ensure that observations that appeared to be duplicates were truly duplicates. In some instances, the actual forms were examined to ensure that the observation was a duplicate. Because only a limited number of identifiers were requested and in some instances, not all the identifiers were actually submitted – this cautionary step was deemed important. It was also necessary to ensure that fieldnames were identical across the databases. Finally, all the databases were appended and un-duplicated across the databases.

The questions on the survey allowed the Office of Research and Statistics to determine how many of the individuals who completed the survey or were in the HMIS system were homeless on January 25th. In addition, ORS was able to provide additional detail on key homeless sub-populations. A list of definitions for these sub-populations can be found in Appendix C.

Results from the 2007 Homeless Count:

The 2007 Homeless Count found a total of 6,759 homeless individuals in South Carolina. Unfortunately, these results should not be compared to the results of the 2005 Homeless Count. The methodologies used in the 2007 Count to the 2005 are different – care must be taken in any comparisons. While it is thought that the 2007 Homeless Count was a “better” count (better organization, better methodologies, etc) – in truth – it is extremely difficult to know for a certainty. Variables as simple as the weather on the actual night of the count or the number of volunteers who actually come out to help can impact the count. Therefore it is important to think of the homeless count as more of a “moving target” - literally and figuratively.

Those 6,759 individuals represent .16% of the total population in the state and 1.1% of the persons below poverty (according to the 2004 SAIPE estimate by the US Bureau of the Census. Of the 6,759 individuals who were found homeless, 5,594 were identified as homeless using HUD’s strict definition (over 80%) leaving 1,165 identified as homeless through a broader definition. Over 50% of the homeless population was found in only five counties: Greenville, Richland, Horry, Georgetown, and Charleston – all who were considered to have a high level of effort. In addition, Greenville, Richland, and Charleston are highly urban. While Horry and Georgetown are perhaps not considered to be as urban as Greenville, Richland, or Charleston – Horry and Georgetown counties represent a unique part of South Carolina’s geography – the coast with high transitional populations. Over 75% of the homeless population were in 11 counties (out of the 46 total counties in SC) – again all with a moderate to high level of effort with the exception of Clarendon. These remaining counties (Greenwood, York, Lancaster, Clarendon, Anderson, and Spartanburg are urban to somewhat urban (except for Clarendon) - thereby more likely to be offering services for the homeless populations. Clarendon County was one of the four counties who used the observation methodology and subsequently utilized “Form B” which collected information about the number of homeless people observed. That form had no identifiers and therefore it was not possible for any un-duplication.

Of the 6,759 homeless individuals, 2,996 (44%) were found in shelters. Those individuals not found in shelters were either identified through the street counts or through the identification of some of the other homeless populations such as the “doubled up”. As has been denoted before, identification of the homeless population outside of shelters is a very difficult task and almost by definition would be an undercount. Of the sheltered population, 1,650 (55%) were found in emergency shelters with the remaining 45% (1,346) in transitional shelters.

The faces of homelessness are often different from the perceptions by the general public. While over 80% (5,430) were adults, close to 20% (1,329) were children (ages less than 18 years of age). Some of these children were in families but 33 of these children were considered to be unaccompanied youth.

Over one third (31%) of the homeless population were in families with dependent children. Slightly higher proportions (38%) were found in the more extended definition of the “other homeless population”. That is not surprising given that a broader definition which included situations such as temporarily staying with families or friends also commonly known as “doubling up” was used.

Within the homeless population, there are other key sub-populations. One sub-population of particular interest to HUD is the chronically homeless which were 477 individuals representing 7% of the total homeless. Chronic Homelessness refers to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homeless in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation and/or in an emergency shelter during that time.

Fifteen percent (15%) of the homeless were considered to have a chronic substance abuse issue. Slightly over 7% were severely mentally ill. (These categories overlap and therefore should not be added together – but of course – many homeless have co-occurring issues. There was a slightly higher proportion of the severely mentally ill identified in the “Other homeless” population (9%). It is important to note that some of the data on sub populations was collected through interviews in which people self reported their conditions.

Additional key sub-populations were veterans at almost 8% or 517 individuals and persons identified with HIV/AIDS with 1% of the population. Victims of domestic violence are defined as persons who have fled housing or might flee housing as a result of emotional or physical abuse at the hands of a spouse, minor child or parent (if minor child). They presented almost 9% of the total homeless population (or 594 individuals). As a proportion of the “other homeless”, victims of domestic violence represented close to 13% of that population. Again, that is not surprising given the addition of “doubling up” used in the broader definition.

The following tables provide additional detail:

- a. 2007 Homeless Count Compared to the Total Population and Persons Below Poverty – By County
- b. Summary Statistics for South Carolina from the 2007 Homeless Count (state level information only)
- c. Detailed Summary Statistics on the Homeless Population using HUD’s Definition of Homelessness from the 2007 Homeless Count
- d. Detailed Statistics – Total Homeless – From the 2007 SC Homeless Count – By County
- e. Detailed Statistics – Homeless Population using HUD’s Definition – From 2007 SC Homeless County – By County
- f. Detailed Statistics – Other Homeless – From 2007 SC Homeless County – By County

Comparisons of the 2007 Homeless Count to other Estimates:

Because of the many challenges in counting the homeless, this report offers additional estimates of the Homeless population for comparisons.

One common methodology to derive additional point-in-time (PIT) estimates is to base the annualized estimate on the latest poverty estimates. Literature suggests that people who are homeless represent approximately 6.3% of the persons considered to be below poverty. Using the 2004 Census Bureau’s SAIPE estimates by county (latest available), annualized estimates were first derived by multiplying 6.3% to the Census Bureau’s poverty estimate. Literature suggests that the homeless annualized estimate ranges from 3 to 6 times higher than a point-in-time. Therefore, the annualized homeless estimate derived from the poverty estimate was converted to a PIT by dividing the estimate either by 3 or 6. (Both estimated PITs were calculated.) Because poverty estimates were available by counties, additional estimates were calculated at the county level.

Based on the poverty estimating methodology, the PIT estimates ranged from almost 13,000 to 6,500 (compared to the 6,759 Homeless individuals found in the 2007 Count). On the surface, this range would indicate that the number found in the homeless count was a reasonable count though definitely at the lower end of the range. However, given South Carolina’s demographic dynamics such as a “housing stock” that is still below standards in some areas of the state, a population mired in persistent poverty, and a highly transitional population in some coastal areas; one would suspect that the 6,759 individuals found represents an undercount.

The PIT estimates at the county level provide additional speculation. For those counties with none to a very low level of effort; the difference in the total homeless count to the estimated

PITs is dramatic – with the total homeless count appearing to be a serious undercount (with the exception of Clarendon). The difference is less dramatic for those counties with a low to moderate level of effort. For those counties labeled with a moderate to high level of effort, the picture is mixed. For several counties, their homeless count clearly falls in the range between the 2 PITs based on poverty. However, there were a few counties whose count still fell below even the lowest range point for the 2 PITs raising the speculation that perhaps the level of effort was more moderate than high. Four counties had counts higher than the higher range point for the 2 PITs – Georgetown, Greenwood, Horry, and Lancaster. One area of exploration would be to see if those counties utilized extraordinary efforts coupled with a methodology that allowed them to locate more of their homeless populations.

Annualized estimates provide another framework to understanding the homeless population. As discussed earlier, the homeless population tends to be highly transitional with “cycles of homelessness”. A point in time count is more likely to capture people who are homeless for long periods of time. Thus, people with the most obstacles to recovery from homelessness (e.g. mental illness, addiction) can be over-represented and those who typically experience shorter episodes, such as families, can be under counted. An annualized estimate helps providers to plan for services other than beds.

As mentioned earlier, one annualized estimate was developed utilizing the poverty estimates by county. However, another methodology actually incorporates the total PIT homeless count coupled with information on the cycles of poverty. The formula to convert a PIT homeless count to an annualized estimate is as follows:

$A + ((B*51) * (1-C)) = \text{Annual Estimate where:}$

A = PIT count of homeless people

B = the number of people who became homeless with the last 7 days, whether for the first time or not, or were already homeless but just entered the boundaries of your community within the past 7 days.

C= Proportion of homeless people who have had a previous homeless episode within the past 12 months

Unfortunately the information to calculate this estimate was only available using forms A and C. It was not available in form B nor was it available through the HMIS extracts. However, using the data available an estimate of 17,454 was constructed.

The following table provides additional detail:

a. 2007 Homeless Count Compared to other PIT Estimates and Annualized Estimates

Finally, one last set of estimates on homeless children will be included in this document. The U.S. Department of Education definition of homeless includes children and youth who are in shelters, lacking shelter or sharing the housing of other persons due to loss of housing, economic

hardship, or a similar reason (sometimes referred to as *doubled-up*). The SC Department of Education surveys each of its school districts using the above homeless definition – then aggregates the results for the state. The resulting tables are presented in Appendix D.

Section VII – Lessons Learned and Recommendations

Similar to the Homeless Count in 2005, there have been a number of “lessons learned”. A discussion of those “lessons learned” and recommendations follow below.

Lesson Learned 1: Standardizing data extracts from HMIS

The 2007 Count was the first time that South Carolina attempted to incorporate HMIS data in its understanding of the Homeless population and used for an official count. While information was requested from all of the continua; only four of the five continua contributed data from their HMIS systems for this effort. While the continua utilize their HMIS systems to provide information on the people that they serve, that data had never been pulled together at the state level in an electronic format. In doing this, the analysis team faced several hurdles including the development and implementation of confidentiality agreements, defining and receiving electronic extracts, and analyzing those extracts in a short period of time. What resulted were four differing extracts. During this period, valuable staff time was spent attempting to understand the variations in the information. Obviously the variations in the information made it challenging to standardize across the continua and collapse the information in a state level file.

While agreements are now in place between each of the Continua and ORS, those agreements should be reviewed and expanded if necessary. More importantly, it is essential that ORS begin to receive regular extracts. New and expanded agreements between the Continua and ORS and regular extracts (perhaps quarterly) from HMIS to ORS should improve the quality of extracts and understanding among the agencies. ORS should work with each of the Continuums and develop a standardized data extract. ORS should work directly with the HMIS data managers or data consultants with each continuum for data delivery.

For use in the 2009 Count, all extracts from the HMIS systems need to be delivered within one week of the count date. Another recommendation would be to stage a “dry run” prior to the count in order to identify any data issues. This dry run should happen no later than July 2008.

Lesson Learned 2: Issues on the quality of information from HMIS

During the 2007 process, several quality issues were identified while attempting to use the HMIS extracts. In many communities outside of South Carolina, the HMIS systems provide the majority – if not all – the information for the count. It is a goal in South Carolina to use the HMIS systems primarily for the next count. For that to happen, quality issues must be addressed early on. In general it is recommended that the HMIS coordinators should address issues and begin developing a plan for improving the use of HMIS for the count in 2009. This would need to be in conjunction with ORS who can share their experiences with the HMIS coordinators.

There were several specific issues regarding quality. Data on universal elements was not consistently entered by providers within the continuums. This is a local issue that must be addressed this year with special attention focused on disabilities and exit data. In spite of HUD’s

emphasis, it was also believed that some of the data on chronic homelessness needed improvement.

The Continua also need to convene and come to a common understanding of data definitions to ensure that the data elements mean the same across the systems. Another recommendation would be that the HMIS systems report quarterly on universal data elements to ORS. Quarterly reporting would not only help to identify data issues and standardize – the state of South Carolina would also receive valuable information on homeless services throughout the year not once every two years. A quarterly process would also help with data cleaning.

Additionally, a consensus from the continuums needs to be reached on the management and/ or use of the domestic violence data in HMIS. Traditionally there has been heightened concern regarding the security and confidentiality of domestic violence information. However, to better serve this population and secure additionally funding, it is important to have information.

If HMIS information is not usable in the count as identified either through regular extracts or through a dry run held no later than July 2008, then the Count team should ask for paper forms from all of the shelters.

Lesson Learned 3: Reviewing the use of volunteers

South Carolina utilized volunteers during both of their Homeless counts. While training and improvement of the forms were emphasized during the 2007 count, it still remains a challenge utilizing volunteers. Some data quality issues perhaps would occur with any interviewer such as the inability to read the person's handwriting. Poor data quality resulting in the creation of "other forms" and the misinterpretation of the forms and data definitions would be better addressed with experienced or professional interviewers.

Ideally it would be best to use experienced interviewers trained in collecting data. However, if volunteers are necessary for the 2009 count, more control of volunteers would aid hopefully in improving data quality. Volunteers must receive full training prior to going into the field. They should practice filling out the forms. A dry run at a soup kitchen one month prior to the count should be mandatory thereby ensuring that the forms are finalized, pre-tested, and reviewed to see who is completing them correctly and neatly. There should be a no exception policy to this mandatory training. Perhaps teams of college students or guardsmen or others marshaled en masse and with a centralizing coordinator (like a faculty member) could be recruited for the 2009 Homeless Count. Fewer people with a longer time commitment would probably result in better quality than a lot of people who go out for only a few hours.

Lesson Learned 4: The forms, the forms, the forms ...

Obviously critical to the collection of the information during the 2007 Count were the actual instruments. The Count team worked judiciously on the creation of the instruments – reviewing not only the questions asked during the 2005 Count but also reviewing questions used by other states or in national surveys. Unfortunately there is no perfect balance. Forms that have

lots of forced choice questions so that volunteers would not have to make judgment calls were criticized because the lists were too long and volunteers skipped them. However, without long lists of forced choice questions, volunteers had difficulty distinguishing situations that may or may not be considered homeless or a host of other definitions that were mandated through HUD. It is unclear how to balance strict data definitions and usability of the instruments. If however, the information is instead collected through the HMIS systems, forms may no longer be as critical as an issue.

Lesson Learned 5: Not quite a lesson learned, but maybe we should explore other options

While HUD mandates the Homeless Count, it leaves the states leeway in its implementation. While SC has attempted an actual “count” for both 2005 and 2007; HUD does leave the door open for other methodologies such as estimation.

Until an entity at the state level receives funding and/or authorization to implement the count statewide; SC would continue to be forced to utilize volunteers. Making an effort such as the 2007 Homeless Count is not an easy task. Instead, perhaps the Count team should explore the use of extrapolation. In this methodology, a sample of counties (using critical criteria such as poverty, ethnicity, and rurality) would be picked. In those counties, resources and training would be focused. The results of those counties would be used to estimate the state as well as estimating other counties. Obviously this methodology would have to be well researched. Because the count is mandated by HUD and funding is contingent on it, the continua would need to feel secure in this methodology.

Appendix A

South Carolina Council on Homelessness Membership

John H. Magill

[Department of Mental Health](#)

Interim Council Chair

Patricia Bradford

VA Medical Center

Caroline Carman

[S.C. Department of Health and Environmental Control](#)

Michael Chesser

[Upstate Homeless Coalition](#)

President, S.C. Homeless Coalition

Elizabeth Duncan

[S.C. Department of Alcohol and Other Drug Abuse Services](#)

Anita Floyd

[United Way of the Midlands](#)

Policy Academy on Chronic Homelessness

Rhonda Grant

[S.C. Department of Probation, Parole and Pardon Services](#)

Ashlie Lancaster

[Office of the Governor](#)

Office of Economic Opportunity

Wilbert Lewis

[S.C. Department of Social Services](#)

Kerry Mandeville

[S.C. Vocational Rehabilitation Department](#)

Gerri Miro

[S.C. Department of Corrections](#)

Brenda Myers

[S.C. Department of Education](#)

Sam Pike

[S.C. Employment Security Commission](#)

Appendix A - continued

Dr. Joseph Ray

[S.C. Commission for the Blind](#)

Matt Rivers

[State Housing Finance and Development Authority](#)

Gail J. Smith

[Spartanburg Housing Authority](#)

Walter Pete Bailey, Diana Tester

[Office of Research and Statistics](#)

[Health and Demographics Section](#)

Kirk Van Laan

Community Planning and Development

US Department of HUD

Vacant

[Department of Health & Human Services](#)

Lathran Woodard

[S.C. Primary Health Care Association](#)

Appendix B

Continua of Care

Continuum	Counties	Contact Person
Midlands Area Consortium for the Homeless (MACH)	Richland, Lexington, Fairfield, Kershaw, Chester, Lancaster, Newberry, York, Calhoun, Orangeburg, Bamberg, Allendale, Barnwell, Aiken	Julie Ann Avin
Lowcountry Coalition	Berkeley, Dorchester, Charleston, Beaufort, Jasper, Hampton, Colleton	Becky Van Wie/ Anne Register
Total Care for the Homeless Coalition	Sumter, Lee, Williamsburg, Clarendon, Georgetown, Horry	Cliff Rudd
Homeless Coalition for the Pee Dee	Florence Marion, Dillon, Darlington, Marlboro, Chesterfield	Austin Watson
Upstate Homeless Coalition of S.C.	Greenwood, Abbeville, McCormick, Edgefield, Saluda, Pickens, Union, Laurens, Spartanburg, Cherokee, Anderson, Oconee, Greenville	Michael Chesser

Appendix C – Data Definitions

HUD Definition of Homeless:

In general, a person is considered homeless if, without HUD assistance, he or she would have to spend the night in a homeless shelter or in a place not meant for human habitation. More specifically, an individual is considered homeless if he or she is

- sleeping in an emergency shelter;
- sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings;
- spending a short time (30 consecutive days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above;
- living in transitional/supportive housing but having come from streets or emergency shelters;
- being evicted within a week from a private dwelling unit and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing; or
- being discharged from an institution and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing.

Other Definitions Related to People:

Adult: persons 18 or older

Youth: an unaccompanied person less than 18 years of age. Children in families do not qualify as youth.

Family: one or more adults accompanied by one or more children under the age of 18.

Chronic Homeless: refers to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes* of homeless in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation and/or in an emergency shelter during that time.

* *Episode* is an event that is distinct and separate, though part of a larger series.

Victims of domestic violence are persons who have fled housing or might flee housing as a result of emotional or physical abuse at the hands of a spouse, minor child or parent (if minor child).

Appendix C – Data Definitions – continued

Definition of Disability:

Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment."

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limit one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

Details on Disability

- 1) A person shall be considered to have a disability if such person has a physical, mental, or emotional impairment, which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such nature that such ability could be improved by more suitable housing conditions.
- 2) A person will also be considered to have a disability if he or she has a developmental disability, which is a severe, chronic disability that is
 - 2a) attributable to a mental or physical impairment or combination of mental and physical impairments;
 - 2b) manifested before the person attains age 22;
 - 2c) likely to continue indefinitely; and
 - 2d) results in substantial functional limitations in three or more of the following areas of major life activity:
 - self-care
 - receptive and expressive language;
 - learning;
 - mobility;
 - self-direction;
 - capacity for independent living and economic self-sufficiency; and
 - reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated

Appendix D

Information on Homeless Education in the State of South Carolina (Last Revision October, 2007)

During the 2006-07 school year South Carolina public schools identified and enrolled 5,723 homeless children and youth (*excluding preschoolers*). The breakdown was:

Grade Level	# counted
K	628
1	613
2	660
3	565
4	519
5	510
6	430
7	409
8	401
9	367
10	259
11	168
12	168
Adult Ed.	26
Subtotal	5,723
Preschoolers	310
TOTAL	6,033

The state has legislation or guidelines pertaining to the education of children and youth experiencing homelessness which states:

South Carolina Statute 44-29-180, Regulation 61-8, and Section 59-63-31 South Carolina State law.

State Coordinator for Homeless Education:

Name: Brenda J. Myers

Address: 1429 Senate Street, Suite 808-B Columbia, SC 29201

Telephone: 803-734-3215 Fax Number: 803-734-3043

E-mail: bmyers@ed.sc.gov

State homeless education website if applicable: www.ed.sc.gov

Appendix D – Continued

Information on Homeless Education in the State of South Carolina (Last Revision October, 2007)

The most recent Child Estimate was completed in the state in 2007. During the 2006-07 school year a total of 6,033 homeless children and youths were identified in South Carolina. The breakdown was:

Subpopulations	# served
Children with disabilities	393
Unaccompanied Youth	153
Migrant	37
Limit English proficient	104
Other (i.e., adult Education)	26

Primary nighttime residence at the time of initial identification, (total includes preschoolers).

Nighttime Residency	# counted
Shelters	1130
Doubled-up	3756
Unsheltered (e.g., cars, parks, etc.)	58
Hotels/Motels	811
Substandard housing	278
TOTAL	6,033

State Coordinator for Homeless Education

Brenda J. Myers
1429 Senate Street, Room 808-B
Columbia, SC 29201
803-734-3215 Fax: 803-734-3043

E-mail: bmyers@ed.sc.gov

State homeless education website if applicable: www.ed.sc.gov