



South Carolina  
Coalition for  
the Homeless

Linking together. Breaking the cycle.

# Five Year Strategic Plan to End Homelessness



2015

## Overview and Guiding Principles

As the South Carolina Coalition on Homelessness (SCCH) commemorates twenty years of work dedicated to ending homelessness in South Carolina, the Coalition's work continues to reaffirm the importance of collaboration among state agencies, local governments, the private sector and service providers to coordinate program development, deliver key services, and provide affordable housing.

SCCH has served as a state advocacy and coordinating entity for four (originally five) regional continuums of care (CoC). The Coalition took responsibility for publishing and implementing the state's [2004 Blueprint to End Homelessness](#). Eleven years later, as we reflect on the progress and achievements of the past decade and prepare to implement a new strategic plan, it is important to acknowledge several particularly significant accomplishments that are driving continued collaboration and achievement toward ending homelessness in South Carolina:

- In 2015, the SC Department of Mental Health was awarded a \$1.8 Million per year/three-year grant from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). This grant, known as the Cooperative Agreement to Benefit Homeless Individuals (CABHI), provides funding to “enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent housing; peer supports; and other critical services.” This funding will dramatically increase the Coalition's reach and SC's portfolio of permanent supportive housing options.
- In 2014, SC completed a large HMIS integration project resulting in one common HMIS shared by four CoCs and South Carolina's 2-1-1 helpline. This integrated database serves as the foundation of SC's coordinated entry process and enables instant referrals to service providers across the state. People in crisis can access help 24/7 via the 211 emergency services call-in line, giving them efficient and effective access to a safe place to live.
- Efforts to create more affordable housing have been rewarded with the development of three new housing trust funds in the Upstate, the Midlands, and Lake City. SC now has four local or regional housing trust funds and a state housing trust fund.
- More than 1,000 units of permanent supportive housing have been developed across the state since 2004's Blueprint was published.
- Dramatic progress has been made in developing outreach to engage people on the street and in homeless shelters. The four CoCs have deployed 40 new outreach workers in the last 10 years for a total of 53 across the state.

These, in addition to many other accomplishments that can be viewed in the Ten Year Accomplishment Report included in Appendix A, make South Carolina well poised to embark on a new and equally ambitious five year plan. This new plan outlines the goals and action steps that SCCH believes will enable SC to build on the accomplishments engendered by the ten year [Blueprint to End Homelessness](#), but the vision put forth in the 2004 [Blueprint](#) remains the same:

In South Carolina, every person will have a place to call home that is safe, affordable, accessible and supported by a coordinated, comprehensive public and private service system, driven by sustained public support and political leadership and adequate, well-leveraged resources, that prevents the conditions that could lead to homelessness.

Achieving this vision requires commitment to certain key principles. SCCH has chosen to adopt seven principles outlined by the District of Columbia Interagency Council on Homelessness.

- **Homelessness is unacceptable, and it is expensive.** Homelessness did not always exist in America the way it does today, and a response focused exclusively on shelter is both expensive and ineffective. We have learned much about what works, and it is time to invest in solutions.
- **There are no “homeless people,”** but rather people who have lost their homes and deserve to be treated with dignity and respect. We believe deeply in the strengths and assets of people who are experiencing homelessness, believe in the value of having their voices at the planning table, and remain committed to supporting each and every individual in fulfilling their potential.
- **Person-Centered Response.** We aim to provide person-centered, trauma-informed care that respects the dignity and ensures the safety of all individuals and families seeking assistance. Progressive engagement that is respectful of participant choice and attuned to participant safety and confidentiality will inform data collection efforts, level of services provided, and location/type of housing accessed.
- **Everyone is ready for housing.** We must be committed to developing programming that responds to the needs of our clients instead of expecting clients to adapt to the programs that exist. We must embrace the Housing First philosophy as a system.
- **Homelessness is fundamentally about a lack of housing** that is affordable to households at different income levels. We did not lose our affordable housing stock overnight, and we will not build our way out of the deficit overnight. While this plan is focused more on the resources and policy changes required within the homeless services system, significant and sustained investment in affordable housing throughout the state, particularly for households at 0 to 30 percent of Area Median Income (AMI), will be essential to increasing housing stability in our community.
- **Data-driven decision-making and strategic use of resources are essential** for transforming our homeless services system, including: 1) targeting assistance to ensure that the most intensive interventions are matched to those with the greatest needs; 2) a commitment to measuring our performance and using that information to guide our investment decisions; and 3) examining ways to identify, capture, and reinvest cost savings across the system.
- **Better coordination of mainstream anti-poverty programs is critical** to create a stronger safety net and to prevent individuals and families from losing their housing in the first place, especially at transition points between youth and adult systems of care.
- **There is strength in collaboration.** Homelessness is not a challenge for the government alone to solve. The government has a significant role, but other partners must also be at the table. We need providers to examine how their programming fits into the overall system and whether changes are needed. We need philanthropic funders to align their giving to help meet gaps in

the system. We need developers who are willing to develop affordable housing, landlords who are willing to rent to households that have experienced homelessness, and employers who are willing to hire them. We need faith based partners and other community groups to consider how they can provide mentoring and moral support to struggling neighbors. Ending homeless in our community will require all of us to work together.

### **Scope of Homelessness in South Carolina**

Homelessness is most often a temporary circumstance, making it inherently difficult to quantify. In spite of this challenge, it is important to examine the available data on poverty and homelessness in South Carolina in order to ensure that the Coalition’s priorities are well aligned with the most pressing needs.

Homelessness is, first and foremost, an economic consequence of poverty. In 2014, the National Low Income Housing Coalition released findings that housing is “out of reach” for minimum wage workers in all 50 states, meaning they are unable to afford the cost of housing in addition to other costs of living based on average fair market rents. In South Carolina, where the fair market rent for a two-bedroom apartment is \$758 a month, a worker would have to earn \$14.57 an hour to achieve a manageable income-to-housing cost ratio. Table 1 presents state facts about renters and their wages in SC:

Table 1. State Facts from the National Low Income Housing Coalition

Minimum Wage	\$7.25
Average Renter Wage	\$11.42
2-Bedroom Housing Wage	\$14.57
Number of Renter Households	550,070
Percent Renters	31%

Census data shows that between 2009-2013, 18% of South Carolina’s population lived below the poverty level. Sadly, with nearly one-fifth of SC residents living in poverty, it is not surprising that homelessness persists.

In 2014, homeless service providers across the state served 21,311 people experiencing a housing crisis. 6,195 people were served in emergency shelter and transitional shelter settings, and 1,453 people with disabling conditions are living in permanent homes of their own while receiving supportive case management services. An additional 911 people returned to permanent housing with Rapid Re-housing assistance, and 1,255 people accessed prevention funding to avoid becoming homeless at all. Additional subpopulations to note include:

- 2,799 Veterans
- 4,977 children
- 1,728 young adults between 18-24, many who lack family support as they transition to adulthood

- 759 people who are chronically homeless, meaning they have a disability and have been homeless for at least one year

This numbers portray a harsh reality, where it is more important than ever to find solutions and take action to ensure that our neighbors regain homes of their own and have the stability and opportunity to grow and thrive.

## **Goals and Objectives**

To accomplish this vision, in accordance with these principles, SCCH offers the following four goals and accompanying objectives and activities.

### **1. Goal One: Strengthen state infrastructure and engage state leadership (Department Heads, Legislature and Governor's Office) in the development and implementation of strategies and allocation of resources.**

Objective 1.1: Broaden state representation on the SCCH by recruiting members from the following state departments: SC Department of Health and Human Services (DHHS), SC Department of Corrections, SC Department of Alcohol and Other Drug Abuse Services (DAODAS), SC Department of Health and Environmental Control (DHEC), SC Department of Social Services (DSS), and the State Housing Authority .

Objective 1.2 Obtain a signed executive order from the Governor ratifying the Interagency Council and committing to a coordinated state effort to end homelessness in South Carolina.

Objective 1.3 Engage the state legislature by presenting them with a white paper drafted in partnership with one of our state universities.

### **2. Goal Two: Continue to improve South Carolina's homeless service system by using state HMIS data to achieve data-driven decision making and ongoing evaluation of our services.**

Objective 2.1 Standardize SC 2-1-1 HMIS training materials and data quality monitoring to ensure data in HMIS is accurate and consistent.

Objective 2.2 Create new infrastructure within SCCH to support statewide Point-In-Time planning and ensure timely, accurate completion of Point-In-Time Count and reporting.

Objective 2.3 Integrate or link HMIS/211 and SCDMH Electronic Medical Record (EMR) system to reduce data entry barriers for outreach workers and improve accuracy of data collected over the next two years.

Objective 2.4 ) Build the framework for the integration of the HMIS/211 information management system with at least one EHR system used by hospitals (such as Palmetto Health) or other private health care providers by the end of year three.

Objective 2.5 Engage in research that enhances understanding of HUD performance measures, such as research to learn what programs are successfully helping people increase their income.

Objective 2.6 Conduct research to determine the cost-savings achieved by permanent housing.

**3. Goal Three: Increase SCCH's recognition as a thought leader in homelessness and strengthen capacity to communicate to stakeholders throughout the state.**

Objective 3.1 Write two op-eds or letters to the editor each year that are published in local newspapers throughout the state.

Objective 3.2 Increase social media following on Facebook and Twitter by 100% at the end of five years.

Objective 3.3 Hold four awareness events every year, one in each geographically arranged Continuum of Care, to engage at least 1,000 people each year.

Objective 3.4 Work with key state agencies to develop a funding plan to expand evidence-based practice service models, such as ACT, that target homeless populations in other areas of the state.

**4. Goal 4: Promote evidenced-based best practices in homeless service delivery by sponsoring trainings for service providers, state departments, and other stakeholders.**

Objective 4.1 Facilitate training on housing and service models such as rapid rehousing, homelessness prevention, street outreach and prioritization

Objective 4.2 Conduct training on CoC governance structure.

Objective 4.3 Provide training on how to create and access more affordable housing.

Objective 4.4 Provide training in evidence based and promising practices such as trauma-informed care, motivational interviewing and SBIRT protocols and the use of the GAIN screening tool and triage for people who are homeless with a mental illness to at least 150 emergency department (ED) staff in at least 10 SC hospitals throughout the state over the next three years.

Objective 4.5 Provide training to staff at homeless service providers in evidence based and promising practices such as trauma-informed care, motivational interviewing and SBIRT protocols and the use of the GAIN screening tool targeting individuals with mental illnesses and co-occurring disorders who are homeless over the next three years.

Objective 4.6 Working in partnership with the State SOAR Team, expand the SC SOAR initiative by adding at least four new dedicated SOAR benefits specialists (one in each CoC) in the next year.

Objective 4.7 Add two new full fidelity Assertive Community Treatment teams that will provide community-based comprehensive services for individuals with mental illnesses and co-occurring disorders who are chronically homeless in Columbia and Greenville over the next two years.

## Appendix A: Ten Year Accomplishment Report



# STATE OF SOUTH CAROLINA BLUEPRINT TO END HOMELESSNESS IN SOUTH CAROLINA

November 2004



A Ten Year Report Submitted by the  
South Carolina Coalition for the Homelessness  
July 2015



## Introduction

In November 2004, the South Carolina Council on Homelessness, the state's interagency council, published **The Blueprint to End Homelessness**. The Blueprint presented five goals to be accomplished in ten years.

The Council adopted the vision for South Carolina, that *every person will have a place to call home that is safe, affordable, accessible and supported by a coordinated, comprehensive public and private service system, driven by sustained public support and political leadership and adequate, well-leveraged resources that prevent the conditions that could lead to homelessness.*

The five goals were broad but the plan included specific objectives and strategies to support their achievement. The plan can be accessed on the South Carolina Coalition for the Homeless website at: [http://www.schomeless.org/wp-content/uploads/2014/10/homeless\\_blueprint04.pdf](http://www.schomeless.org/wp-content/uploads/2014/10/homeless_blueprint04.pdf) .

**Goal One:** Establish a seamless integrated housing and service delivery system that effectively links individuals and families with the public and private programs needed to prevent homelessness.

**Goal Two:** Establish a strong, sustainable continuum of housing options to ensure all South Carolinians, including those who are homeless, have access to quality affordable housing near services and amenities.

**Goal Three:** Ensure all South Carolinians who are homeless have access to the supportive services needed to achieve self-sufficiency.

**Goal Four:** Ensure the ability of the SC Council on Homelessness to achieve its vision.

**Goal Five:** Develop a comprehensive, ongoing statewide homeless data collection and analysis system that will provide the information to address homelessness in SC and evaluate effectiveness of strategies and programs.

The interagency council faded for lack of state level political commitment, but the South Carolina Coalition for the Homeless (SCCH) persisted as the statewide advocacy and coordinating entity for four (originally five) regional continuums of care (CoC). In preparation for a new five-year plan to end homelessness, the SCCH offers this report on progress toward the original goals. The four regional CoCs provided the information for the report. For more information on each CoC click below.

- [Eastern Carolina Homelessness Organization](#)
- [Lowcountry Homeless Coalition](#)
- [Midlands Area Consortium for the Homeless](#)
- [United Housing Connections](#)

## **Goals and Accomplishments**

### **Goal One: Establish a seamless integrated housing and service delivery system that effectively links individuals and families with the public and private programs needed to prevent homelessness.**

The objectives of this first goal were to improve discharge planning to prevent discharge into homelessness and to amend the Residential Landlord Tenant Act to protect households from homelessness due to deteriorated properties. The SCCH has not taken up the Landlord Tenant Act.

CoCs report that discharge planning has been addressed more through the development of program and housing options for people leaving institutions than through policy changes by institutions. One CoC reports significant success with hospitals and health systems through creation of convalescent beds that offer a place for homeless people to recuperate post discharge. Other CoCs offer programs for ex-offenders upon release including after care programs. The CoCs report their agencies work with the discharging officers. Some communities also have jail diversion programs.

### **Goal Two: Establish a strong, sustainable continuum of housing options to ensure all South Carolinians, including those who are homeless, have access to quality affordable housing near services and amenities.**

This goal focused on developing housing--to serve people who are homeless but also to develop affordable housing to prevent homelessness. Most of the objectives focused on permanent housing but there was recognition of the need for emergency or short term housing in counties that lacked any emergency shelter (e.g. Orangeburg, Aiken, Greenwood, etc.). In the last ten years the understanding of (and resources for) developing a continuum of housing options has moved gradually away from transitional housing strategies in favor of permanent housing including Housing First models. This shift is reflected in the CoCs housing approach.

CoCs reported on local progress developing permanent supportive housing for people who are homeless. In the last ten years, 376 emergency shelter beds have been added to the inventory in the state but there remain underserved rural counties. The greatest progress has been in the development of 1,173 permanent supportive housing units. Because some units have also been lost, the reported net gain over ten years is 1,108 units. (Note that the term "units" reflects units for singles but may reflect beds for people in families). Because the original plan did not quantify the goals for permanent housing development, it is difficult to assert satisfaction with this achievement. For comparison purposes, the 10 year plan for Georgia asserted the need to develop 1600 permanent supportive housing units.

The CoCs also developed 368 transitional housing units: 87 were lost for a net increase of 281 since 2004. The CoCs were not asked to report on expansion of the overall affordable housing market so it is difficult to gauge the extent to which the development of affordable housing across the state is preventing homelessness. Given the waiting lists for public housing across the state, the diminishing federal resources that historically have been available to support the development of low income housing (reductions in Housing Authority funding, HOME, CDBG, Section 811) and instability of state resources (the dip in State Housing Trust Fund resources that paralleled the recession and collapse of

the housing market) it is unlikely that development has kept pace with demand. If anything, the collapse and slow recovery of the homeownership market has put pressure on the rental market—crowding lower income households out of available units. Federal stimulus funds offered new resources for a few years to help stabilize neighborhoods and fund Rapid Rehousing programs but those investments have not been sustained.

Potential bright spots for housing development include the addition of three housing trust funds in the state in the last ten years (Greenville, the Midlands and Lake City) and the development of the Lowcountry Housing Trust Fund into the SC Community Loan Fund and it expanded capacity to work statewide. A promising housing opportunity in the Upstate is the appointment of United Housing Connections as lead agency for housing choice vouchers for homeless individuals and families which is expected to be launched in the summer of 2015.

**Goal Three: Ensure all South Carolinians who are homeless have access to the supportive services needed to achieve self-sufficiency.**

The service goal focused on three objectives: increase the number of outreach workers; increase “low demand” options for people on the street and expand access to federal mainstream resources.

Dramatic progress has been made in developing outreach to engage people on the street. The four CoCs have deployed 40 new outreach workers in the last 10 years for a total of 53 across the state. They are concentrated in highly populated areas and CoCs report a need 30 more to achieve better coverage across their service areas.

About 13% (142) of the 1108 permanent supportive housing units reported above are “low demand” units—increasing low-barrier options for people on the street.

Regarding helping clients access mainstream resources, CoCs report the greatest success in helping clients access Social Security and Disability (SSI/SSDI) income. They attribute the success to use of SOAR, a program that focuses on expert preparation of documentation and applications for these benefits. The Lowcountry CoC also reports that legal assistance through the Homeless Justice Project assists with SSI/SSDI. CoCs also reported success with Medicare, Veteran’s Administration (VA) benefits, VA health care, TANF (Temporary Assistance to Needy Families) and SNAP (food stamp program). SC Thrive was credited by all CoCs as a successful strategy for securing noted benefits as were entitlement specialists and the availability of quality case managers.

Less accessible benefits included “other” health insurance and ABC child care vouchers. The least available were housing vouchers or Section 8 assistance. Most CoCs reported long waiting lists for public housing benefits but the Upstate reported an inability to use available Section 8 for the lack of affordable, suitable housing. Strategies for reaching veterans included Stand Downs.

A major obstacle to accessing health care was the failure of South Carolina to accept Medicaid expansion which would have expanded services to non-disabled adult men and women. Other barriers

included difficulties working with the VA system and the ineligibility of veterans who are less than honorably discharged.

**Goal Four: Ensure the ability of the SC Council on Homelessness to achieve its vision.**

Objectives of the fourth goal included promoting the ten year plan to the public, developing a legislative agenda, providing regular reports to the Governor and State Legislature and creating a web-based homeless resource directory to facilitate regional referrals for housing and services. These were very diverse goals and it is fair to say that none of the first three, which focused on the Council itself and developing its public presence as advocates were realized. The Council stopped meeting because of lack of political commitment to the issue and direct political engagement by the SCCH has been highly inconsistent. The SCCH has advocated on behalf of local coalitions when the need arose—for example, SCCH met with SC Department of Transportation officials when the issue of encampments on railroad right of ways emerged in Greenville. More actively, SCCH supported MACH when City of Columbia officials introduced strategies for relocating people who were homeless. SCCH perspectives were also invited when the Lowcountry had an opportunity to meet with the Governor. But, the SCCH has never had a fully developed or assertive policy agenda.

The goal of creating a web-based homeless resource directory is being realized. The four CoCs' new partnership with 211, including integration of HMIS with 211, is a bold advance in improving referrals—not just regionally but ultimately across the state.

**Goal Five: Develop a comprehensive, ongoing, statewide homeless data collection and analysis system that will provide the information to address homelessness in SC and evaluate effectiveness of strategies and programs.**

Objectives included establishing statewide baseline data, developing a statewide homeless information system, developing systems for integrating homeless reports across the CoCs and partnering with the state research office to issue annual reports and to use data to set statewide goals for housing development among the CoCs.

Achieving goals for data collection, analysis and sharing are among the greatest successes in the coordination of homelessness initiatives since the plan was developed ten years ago. Since 2005, the Point in Time count has been a coordinated statewide effort—CoCs now use common instruments and strategies for data collection and results are compiled into a statewide report. With support from the Office of Economic opportunity in the Governor's Office, SCCH has had resources to assist each CoC with local PIT to efforts and though not a consistent resource, SCCH also secured doctoral student assistance in the coordination several years. Student assistance has improved methodology, stimulated innovation and produced manuals to support a consistent approach (particularly helpful when the counts were biennial). A long term partnership with the SC Office of Revenue and Fiscal Affairs (RFA, then the Office of Research and Statistics) developed from the Interagency Council and persists today. In addition to assistance unduplicating and analyzing PIT data from the four CoCs, SCCH has worked with RFA to match PIT and more recently HMIS data with SC state agency data on service use by people who are homeless. Discrete studies on the consumption of health care, food stamp and TANF services by people who are

homeless as well arrest data and probation, pardon and parole involvement have been completed over the years. SCCH has just completed a study on health care use and is developing a report on foster care involvement. Integration of the HMIS systems should enhance our capacity to develop statewide analyses beyond a common Point in Time study.