Family Homelessness in Richland County: The Scope and Scale from 2004 to 2015

Bret Kloos, Ph.D., Nyssa Snow-Hill, M.A., and Douglas Archie, III, M.A.

DEPARTMENT OF PSYCHOLOGY, UNIVERSITY OF SOUTH CAROLINA

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EXECUTIVE SUMMARY

- Homelessness has been a concern in Richland County for over 25 years. A 1989 report organized by Columbia Mayor Patton Adams was one of the first to examine needs for housing, services, and existing capacity to address these needs.
    - o It is time for another systematic examination of family homelessness.

- From 2004-2015, 4113 persons used family homeless services in Richland County as documented in the HUD-funded Homeless Management Information System.

- The vast majority of these persons (81.8%) used these services one time in 12 years.
    - o Only 4% used HUD funded homeless services more than twice.

- Analyses of the number and length of homeless episodes reveal five distinct patterns of homeless service use by families in Richland County over 12 years.
    - o **One brief crisis** (69%) - one episode of 54 days on average
    - o **Extended Support** (10 %) – one episode for 17 months on average
    - o **Long-term Support** (4%) – one to two episodes for nearly 5 years
    - o **Two brief crises** (14%) – two episodes of 4 months on average
    - o **Persistent Housing Insecurity** (3%) three or more episodes of 4.5 months

- Different types of family homelessness would best be served with different interventions tailored to family needs.

- Analyses of requests for homeless services document that need for services clearly out paces our current capacity.
    - o Need for much more affordable housing.
    - o Develop rapid re-housing for large majority of families who have one crisis.
        - ▪ Expand emergency housing capacity with rapid re-housing.
    - o Target transitional housing for families most in need of extended support.

- Family homelessness services need coordination across a continuum of care.
    - o Greater coordination and support from the broader community has been critical for success in other communities.

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ACKNOWLEDGEMENTS

In an effort to integrate a wide range of information related to family homelessness, we needed the assistance to gather information used in this report. The work of many people supported the production of this report.

Bret Kloos, Ph.D.
Nyssa Snow-Hill, M.A.
Douglas Archie, III, M.A.
University of South Carolina

I.   OVERVIEW AND PURPOSE OF REPORT

This report documents family homelessness in Richland County from 2004 to October 2015. The analyses are focused on understanding the scale and scope of experiences confronting families who are homeless. We consider the demographic make-up of those using homeless services, length of homeless episodes, services used, and potential causes of homelessness. The report also analyzes the capacity of Richland County to address the needs of family homelessness, public opinion about homeless services, and the gap between local resources and the need of families. The report concludes with consideration of promising practices that can help build the capacity of Richland County to address family homelessness.

A. INCREASING CONCERN ABOUT FAMILY HOMELESSNESS

Although concerns were raised about family homelessness in the 1989 report *Our Homeless* by the Community Committee for the Homeless organized by Columbia Mayor Patton Adams and Chairman Fred Zeigler, there has been growing awareness about family homelessness over the past ten years. The U.S. Department of Housing and Urban Development estimated that 206,286 people in families with children were homeless on a single night in January 2015. Family homelessness constitutes 36.5% of homelessness in the United States. In South Carolina, rates of family homelessness increased each year from 2009 to 2013 when family homelessness comprised 27% of the total homeless count in the state. Over the past ten years, several national and local initiatives have focused on the needs of families who find themselves homeless. Some of these efforts are working. Rates of homelessness have decreased slightly in the state and the nation in 2015. However, as data in this report indicate, much work remains.

B. NEED FOR DATA BASED DECISION MAKING

In business, education, and healthcare, data driven strategies are proving to be effective tools in reaching targeted outcomes.   We agreed to conduct this review about family homelessness to make data accessible for local efforts to address homelessness. This report examined patterns of family homelessness and community responses over twelve years: 2004 – October 2015. Although Homeless Management Information System (HMIS) data were available for years earlier than 2004, they were not used in this report because of concerns about completeness of data collection during that period when the HMIS system was being developed.

It is our hope that this report can contribute to policy and program development that address gaps in service to homeless families. We acknowledge that additional information will be needed for making such program and policy decisions. While we have worked to be comprehensive, we know that the data and questions included in this report are not exhaustive.

C. *CHALLENGES DOCUMENTING FAMILY HOMELESSNESS*

"How many people are homeless in my town?" is a deceptively simple question. Although this report provides estimates of rates of family homelessness, we need to make clear that there are several challenges documenting homelessness.

Unlike the census, there is not a specific "address" to interview persons who are homeless unless they are staying in a shelter or housing program. Methods that seek to count persons who are unsheltered rely on visibility of persons to be able to invite them to participate in an interview. Many families who are homeless "double-up" by staying temporarily with others until they can find a new place of their own. The October 2015 flooding in Richland County resulted many instances of families taking in friends who were displaced. There is a strong ethos to avoid putting families on the street. Thus it is not surprising that there is general consensus among persons who have conducted counts related to homelessness that their physical counts are estimates that undercount those who are homeless.

Given the challenges in documenting family homelessness, we used several sources of data to develop a multi-faceted estimate of family homelessness in Richland County. The most extensive information is available for families who used HUD funded homeless services. Second, we examined Point-in-Time count estimates of persons who agreed to be interviewed on a single night each year. Third, we consulted the two school districts in Richland County who received funding to provide services to children who are homeless. The consideration of three sources of data help to document different aspect of homelessness and the need for supportive services.

Note on Data Analysis: This report used existing data collected by service providers as part of their programmatic efforts. Some of the data for individuals is incomplete. Consequently, the total numbers of persons can vary across analyses that use different variables. A prospective study conducted specifically for research purposes will generally have more consistent samples across analyses. We examined data for outliers and eliminated inconsistencies. We used the most complete data available for each analysis.

II. THE NATURE OF FAMILY HOMELESSNESS IN RICHLAND COUNTY

Using multiple sources of data, we first describe families who were homeless and then look for patterns of different use of services and different needs. First, we analzyed data of persons who used homeless services as part of a family and present information about individuals who used the services. We consider personal demographics, length of stay, number of episodes, and types of services used. We compare findings about service use with the Point-in-Time counts of homeless conducted in SC 2007, 2009, 2011, 2013, and 2014. Third, we present data from Richland County schools that document a large population of families confronted with housing instability. To explain the large numbers of persons using services and looking for housing, we gathered data about factors that could contribute to family homelessness. Finally, we investigated data about when people left homeless services to understand their housing situation after using these services.

A. HOW MANY PEOPLE WERE HOMELESS IN RICHLAND COUNTY AS PART OF A FAMILY?

We consider three different sources of homelessness data that might best be thought of as "snapshots" of family homelessness. That is, these data by themselves cannot provide a full picture of the life circumstances of the number of families who were homeless. However, when considered together, these data snapshots can be useful for establishing priorities in program development and policies to address family homelessness.

Snapshot 1 – Those who use homeless services as part of a family

The Midlands Area Consortium for the Homeless (MACH) collected data about family homelessness in Richland County from 2004 to October 2015. This period was considered to be the most reliable data for the report. During that period, *4113 people used homeless services reported in HMIS; this is an unduplicated number of individuals over 12 years. These individuals constituted 1806 family households*. Interestingly, **81.8% of individuals using housing services had one instance of service use recorded in the system**. As shown in Figure 1, the vast majority of persons used housing services only once or twice (96%), contrary to stereotypes of the homeless which often assume that people are stuck in cycles of despair and homelessness.

Figure 1
*Number of Times Homeless Family Used Services
in Richland County 2004 – 2015*
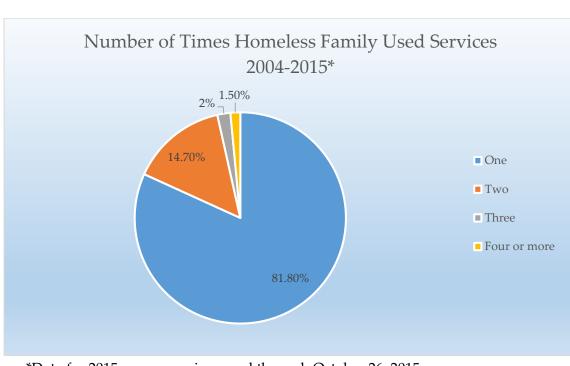
Number of Times Homeless Family Used Services
2004-2015*

- One
- Two
- Three
- Four or more

1.50%
2%
14.70%
81.80%

*Data for 2015 covers services used through October 26, 2015

What were the demographics of persons who used family homelessness services?

In Table 1, the personal characteristics of service recipients who provided personal information are presented. For persons using homeless services in Richland County from 2004 – October 2015:
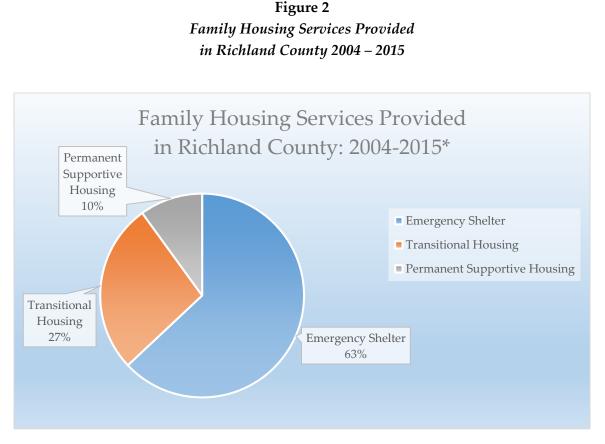
- *Approximately 2/3 homeless family members were female.*
- *More than 80% identified their race as African American.*
- *Children comprised 48% of those using services (i.e., 1994 children)*
- *Roughly 1/3 of adults did not have a High School degree or equivalent.*
- *In contrast, 27% reported having attended some post-secondary training or having earned college degrees.*
- *The most common household type was single female head of household.*
- *The average family size was 2.9 persons.*

Table 1

Demographics of Persons Using Family Homelessness Services
in Richland County 2004 – October 2015

GENDER	NUMBER SERVED	DESCRIPTION
Female	2698	65.6%
Male	1412	34.3%
AGE		
Adult	2119	Average Age 35 years old Range: 18 to 83 years old
Seniors	7	
Children	1994	Average Age 10.5 years old Range: Infant to 18 years old
Under 5	202	
5 to 12	1044	
12 to 18	748	
RACE		
African American	3337	81.1%
White	535	13.0%
Other Race/ Multi-Racial	84	2.1%
HOUSEHOLD TYPE		
Female Single Parent	3236	78.1%
Two Parent Family	718	17.3%
Male Single Parent	119	2.9%
Other Family Structure	70	1.6%
FAMILY SIZE		
Average Family Size	2.9 members	Range: 2-10 members
EDUCATION		
Education for Adults Using Family Services		
High School Diploma/GED	439	41.4%
Some school but no high school diploma	338	32.9%
Some post-secondary school	226	21.3%
College Degree	50	5.7%
Graduate Degree	1	0%

B. WHICH HOUSING SERVICES WERE AVAILABLE TO HOMELESS FAMILIES?

The HMIS system documented 5149 episodes of homeless services being provided to the 4113 individuals from 2004-2015. The housing services available in Richland County during this twelve year period indicate greater capacity for emergency shelter (3264) and transitional housing programs (1383) and a comparatively small number of permanent supportive housing units (502) available to families. Figure 2 illustrates the percentage of housing services provided by type of housing service from 2004-2015.

Figure 2
Family Housing Services Provided
in Richland County 2004 – 2015

Family Housing Services Provided
in Richland County: 2004-2015*

Permanent Supportive Housing 10%

Transitional Housing 27%

Emergency Shelter 63%

Legend:
- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing
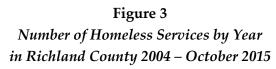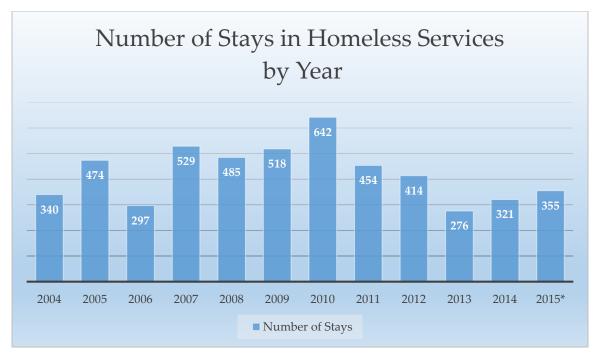
*Data for 2015 covers services used through October 26, 2015.

It should be noted that *these service numbers do not reflect the need for emergency shelter, transitional, or permanent supportive housing, rather they are best understood as <u>representing the capacity of existing programs to respond to families in need</u>.*

Did the number of homeless services provided vary across the 12 years?

To assess the need for homeless services across the 12 years, we present the number of "stays" or episodes of service use reported by year. As Figure 3 depicts, the rate of service use among families varied greatly during the study period; the rate in 2010 (642 service episodes) was more than twice the rate in 2006 (297) or 2013 (276). These data cannot assess why the rates changed. The duration of service use can be affected by program policies, availability of personal assistance, or limits in available permanent housing. The need for services is particularly affected by changes in the economy, which may partially account for the higher number of episodes in 2010.

Figure 3
Number of Homeless Services by Year
in Richland County 2004 – October 2015
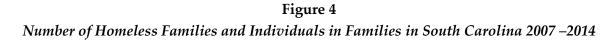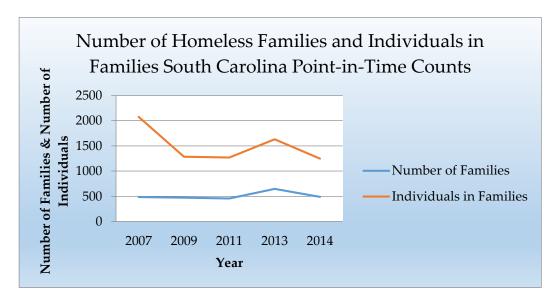
*Data for 2015 covers services used through October 26, 2015.

Snapshot 2 – Families documented as being homeless during a Point-in-Time count
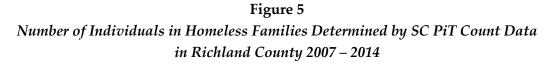
The U.S. Department of Housing and Urban Development (HUD) stipulates that every community in the U.S. needs to conduct a Point-in-Time (PiT) count of persons who are homeless if they are receiving funding from HUD. The count has volunteers visit shelters, homeless services, and places where homeless persons are known to spend time in order to invite them to participate in the interview. This provides a different kind of estimate of homelessness on one given day compared to the service use data which are collected over the course of a year. Persons do not need to be using homeless services to be included in the Point-in-Time count; people living unsheltered can participate. As mentioned earlier, this method for estimating the homeless population is susceptible to undercounting when persons who were homeless could not be located.
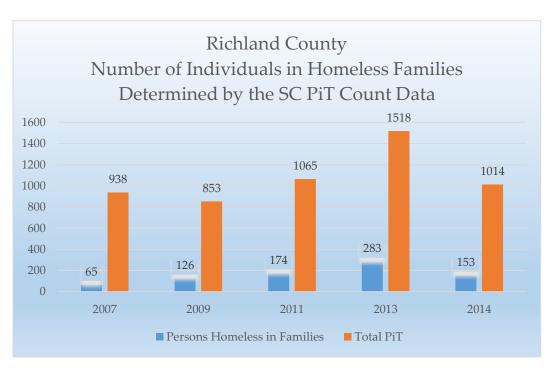
For this report, we had access to Point-in-Time count data conducted in South Carolina in 2007, 2009, 2011, 2013, and 2014. As portrayed in Figure 4, the number of homeless families in SC has remained fairly constant over the past eight years of Point-in-Time counts. This is most likely a reflection of the number of places available for families in emergency shelters and transitional housing; that is, the Point-in-Time count records those who are using services but not families who are doubled-up or unsheltered. The number of persons in families who are homeless is higher in 2007 and 2013 compared with a fairly constant number in 2009, 2011, and 2014.

Figure 4
Number of Homeless Families and Individuals in Families in South Carolina 2007 –2014

As shown in Figure 5, Richland County has a different pattern of family homelessness documented in the Point-in-Time count when compared to the state of South Carolina. Substantial increases are recorded from 2007 to 2013.

Figure 5
*Number of Individuals in Homeless Families Determined by SC PiT Count Data
in Richland County 2007 – 2014*
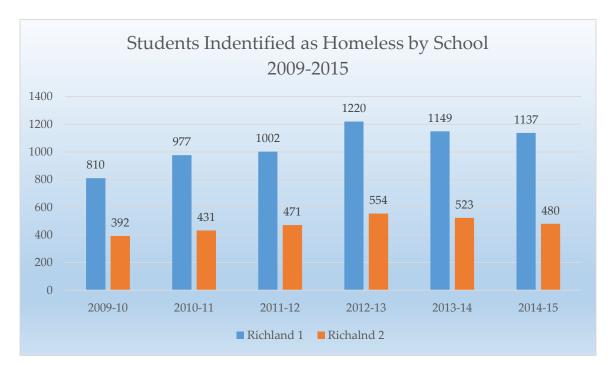
These data cannot account for such a dramatic increase in the count of homeless families. However, point-in-Time count estimates are vulnerable to changes in methodology. Given the pattern of greater stability in the state Point-in-Time count numbers over the same period, it may be that the methodology for counting homeless person in Richland County improved greatly from 2007 and receded in 2014. As shown in Figure 5, the rise in total Point-in-Time numbers for Richland County also suggests a change in methodology of counting.
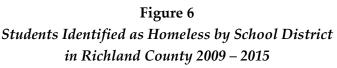
When compared to total Point-in-Time counts for Richland County, family homelessness accounts for 15-19% of total homelessness in Point-in-Time Count from 2009 to 2014. The 2007 count of family homelessness was 7% and appears to be an undercount.

Snapshot 3 – Students Identified for Homeless Services

The final snapshot of family homelessness is derived from Richland 1 and Richland 2 school districts. The State Department of Education obtained federal funding to support students whose families are displaced or losing their housing. Homelessness can disrupt learning and attaining cognitive and social skills necessary for being competitive in the workplace. In addition to challenges for children's health and relationships, episodes of homelessness can greatly impact the education attainment of students. Both Richland school districts have partnered with the State Department of Education to work to minimize disruption and promote educational attainment for students whose families have been displaced by homelessness.

As shown in Figure 6, a substantial number of students are affected by homelessness.

Figure 6
Students Identified as Homeless by School District
in Richland County 2009 – 2015

More than 1600 students were identified by school staff as being homeless in Richland County during the 2014-2015 school year. For Richland One, approximately 5% of their 22,939 students were noted by staff as being homeless. For Richland Two, 1.7% of their 27,328 students were identified as homeless in the 2014-2015 school year. Looking across years, data from both school districts indicate an increase in students affected by homelessness through the years of the recession and decreasing slightly after the 2012-2013 school year. This pattern is roughly similar to the number of HMIS episodes of homeless services and the South Carolina Point-in-Time Count for Richland County.

The McKinney-Vento Homeless Education Act which holds that homeless students must have access to publication education as it is provided to all children. The McKinney-Vento Act requires the accommodations for the needs of homeless students by the schools where students are enrolled (e.g., transportation from shelter to school). This legislation uses a different definition of homelessness which allows for "doubled-up", displaced families staying with friends or relatives to be considered "homeless". See Appendix 2 for definitions of homelessness used by federal program. The State Department of Education makes funding available to school districts to enhance their services. Both Richland 1 and Richland 2 have obtained enhanced funding for homeless services for their students.

Summary of Snapshots of Homelessness in Richland County

This report used data from three different sources that also used different methods for estimating the amount of homelessness in Richland County. There is converging evidence that family homelessness is a substantial, sustained challenge over the past 12 years.

Families comprise 15-19% of those counted as being homeless on a single day. Schools are devoting substantial resources to addressing the needs of over 1100 homeless children for each of the past six years.

More than 4000 persons have used family homeless services during the past 12 years. However, the vast majority of them have used homeless services for only one episode.

C. *WHAT ARE THE DIFFERENT TYPES OF FAMILY HOMELESSNESS IN RICHLAND COUNTY?*

Given the number of people using homeless services and the variety of needs that families face, it is a reasonable hypothesis that there would be different types of family homelessness. If there are different types of family homelessness, they will likely require different types of intervention.

To examine the possibility that Columbia has different types of family homelessness, we used cluster analytic techniques to look for patterns in HMIS data of family homeless service use based on (a) the number of times that services were used during the 12 years covered in the review and (b) the length of stay for each episode of service use.
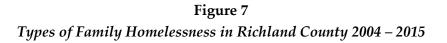
As shown in Table 2, the cluster analyses reveal 5 distinct patterns of family homelessness. These vary from one brief crisis episode in twelve years to one long-term episode of support to multiple episodes of support.

Table 2

Typology of Family Homelessness in Richland County 2004 – 2015
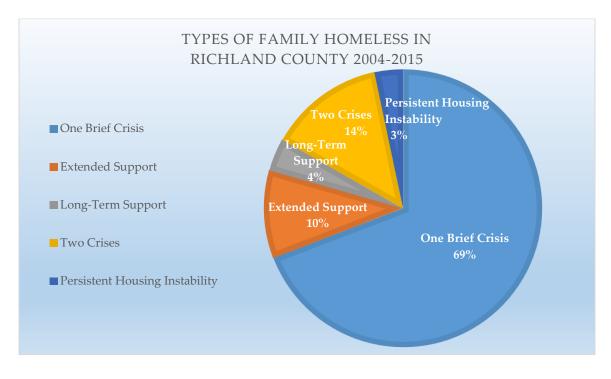
TYPE	DESCRIPTION	NUMBER
One Brief Crisis	*Families used homeless services only one time during 12 years, on average for 54 days*	*2845*
Extended Support	*Families used homeless services once for an extended period of support, on average for 507 days (nearly 1 year and five months)*	*420*
Long-Term Support	*Families that used homeless services 1 to 2 times for multiple years, for an average total of 1795 days (nearly five years)*	*157*
Two Crises	*Families that used homeless services twice for moderate periods of support, on average 122 days each episode*	*557*
Persistent Housing Instability	*Families that used homeless services multiple times over 12 years, on average 141 days each episode*	*134*

The second most common type of family homelessness was *Two Crises* over 12 years. The average length of each crisis was about 4 months.

The *Extended Support* type appears to require more support than the crisis types. On average, persons experiencing this type of homelessness use services for 17 months, but only have one episode of homelessness.
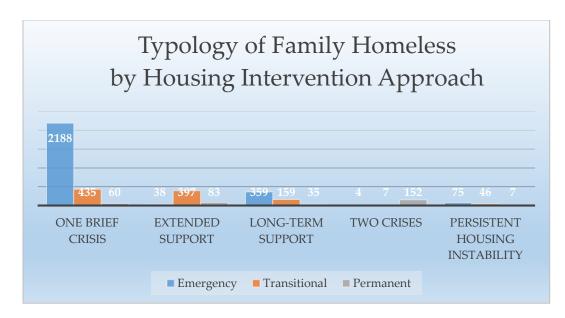
The *Long Term Support* type of family homelessness varies from *Extended Support* in that these families use supportive services for nearly five years on average. During this time they may have had one or two episodes of homelessness.

Perhaps the most concerning type of family homelessness identified with these analyses is the *Persistent Housing Instability* type. On average, these families had 3 or more episodes of homelessness over twelve years with each episode lasting 4.5 months. Although these data do not indicate why the families became homeless, this pattern is distinctly different from the other four types suggest that these families have different needs and likely have less access to resources to address their housing crises. These families appear to live "closer to the edge" of homelessness on a regular basis. Although this type of family homelessness comprises only 3% of persons affected, they may use disproportionately more system resources to address their needs. Furthermore, multiple instances of homelessness likely have detrimental effects on child development and long term consequences for children and the communities where they live.

Although in this typology of family homelessness, emergency shelter, transitional housing and permanent supportive housing resemble crisis, extended and long-term support, analyses of typology by service type reveal that there is not a 1:1 correspondence. The *Extended Support* definition most closely resembles transitional housing, however, the largest number of persons using transitional housing were classified as having *One Brief Crisis*. Similarly, the *Long-Term* type actually had more emergency shelter clients than permanent supportive housing.

It is important to note that these are typologies of service use rather than type of housing. It may be that an emergency shelter client continued to use case management services over a period of time after leaving the shelter. The length of stay in a program can vary by availability of other housing options or program policy. Continued efforts to define different family homeless populations will be helpful in effectively using resources.

Figure 8
Typology of Family Homeless by Housing Intervention Approach

Typology of Family Homeless
by Housing Intervention Approach

	Emergency	Transitional	Permanent
ONE BRIEF CRISIS	2188	435	60
EXTENDED SUPPORT	38	397	83
LONG-TERM SUPPORT	359	159	35
TWO CRISES	4	7	152
PERSISTENT HOUSING INSTABILITY	75	46	7

D. WHAT IS THE NEED FOR HOUSING IN RICHLAND COUNTY?

While examining persons who use homeless services allowed us to identify patterns of homeless service use, these analyses tell us little about those at risk of becoming homeless or those in need of housing.

Estimating the need for housing assistance or the number of people at-risk of becoming homeless is impeded by the lack of data. HUD does not require that service providers document inquiries for need; no resources are dedicated to track need. However, applications for housing support and inquiries for housing assistance provide the best indicators about need for emergency shelter, transitional housing, and permanent supportive housing assistance. To create an estimate of need for this report, we collected data from the three major providers of each type of housing service currently available to families in Richland County.

Emergency Housing – The Family Shelter of Columbia, SC is the primary provider of emergency shelter for families in Richland County. Families can stay up to 120 days. They have capacity to serve 15 families at one time, or roughly 60 families a year. Records of the number of new calls received each month are not available; HUD does not require this information. Staff at Family Shelter estimated that they received about 5 inquiries from new families each day prior to the October 2015 flooding. After the FEMA shelters closed, the Family Shelter began receiving

nearly 10 new calls a day. Using the lower figure, there would be approximately 150 families a month asking about emergency shelter to stay together as a family; this expands to 1800 families a year. Because these figures are estimates, it is hard to know how accurate they are. None the less, the need for emergency housing clearly overwhelms the current capacity to help families in a crisis.

Transitional Housing – St. Lawrence Place, the program providing the majority of transitional housing to families in Richland County, has kept records of inquiries for services during the past calendar year, November 2014 – October 2015. During that period, St. Lawrence Place received 1025 calls asking about housing service. From these data, it is not possible to know whether some of those asking for assistance with transitional housing also made calls to ask for emergency housing assistance. It is also not clear that those contacting St. Lawrence Place needed the support of a transitional housing program, but clearly the need for housing far surpasses the program capacity.

Permanent Housing. The Columbia Housing Authority (CHA) is charged with meeting the affordable housing needs of low to moderate income families and individuals in Richland County. They operate 2200 units of public housing and 3100 vouchers for housing assistance for rental housing on the open market.

The requests for housing assistance greatly exceed the capacity of CHA or other housing providers in Richland County. The last time that the public housing accepted applications, December 2013, over 5500 applications were submitted. This is more than twice the capacity of CHA for public housing. Currently, CHA expects that it will take five more years until they have worked their way through this waiting list. If this estimate is accurate, CHA would not open the waiting list for new applications until 2019 or 2020.

Requests for Section 8 housing subsidies suggest an even greater need for permanent affordable housing. The last time that CHA accepted applications for this program, September 2014, 31,266 applications were filed. This waiting list was trimmed to 21,000 when applications were reviewed for eligibility and completeness. As shocking as these numbers are, they are most likely underestimates of affordable housing need as they represent the *expressed* need of those who completed applications.

How large is the need for housing in Richland County?

In 2014, the population of Richland County was 401,566. As reported by the U.S. Census bureau, 17.2% of Richland County residents live below the federal poverty line (i.e., 69,069). The 2015 federal poverty threshold is $11,770 for an individual and $24,250 for family of four. When one considers that so many Richland County residents live near poverty, perhaps, it is not surprising that the equivalent of *7.8% of the Richland County population applied for housing assistance from CHA in 2014*. However, without the benefit of census numbers, the reality of the number of people seeking assistance for permanent affordable housing is stunning.

Given that the best available data are estimates of expressed need, the table below presents those estimates for 3 providers representing the major modes of housing assistance for families available in Richland County: emergency housing (Family Shelter), transitional housing (St. Lawrence Place), and permanent housing in the form of dedicated public housing and Section 8 housing subsidy vouchers (Columbia Housing Authority). As shown in Table 3, the difference in need and capacity is indicated in red for the estimate numbers. To be conservative, the estimated deficit was reduced by a third to account for possible duplication in requests.

Table 3
*Estimating Need for Housing and Deficits in Capacity to Provide Housing Assistance
in Richland County 2014*

	ESTIMATED NEED	HOUSING CAPACITY	ESTIMATED DEFICIT IN CAPACITY
Emergency Housing (2014-15 estimates) *Family Shelter*	1800	60 households	>1200 **-1140**
Transitional Housing (2014-15 count) *St. Lawrence Place*	1025	53 households in 2014	>600 **-547**
CHA Apartments (2013 applications) *Columbia Housing Authority*	5500	2200	> 3685 **-1485**
Housing Subsidies/ Section 8 (2014 applications) *Columbia Housing Authority*	31,266	3100	>18,800 **-15,700**

E. WHY ARE SO MANY PEOPLE HOMELESS IN RICHLAND COUNTY?

A question this broad requires a comprehensive answer that is beyond the scope of this report. However, for the purposes of your strategic planning, consider the economic vise that stagnant income and rising housing prices can produce.

Below, we present the fair market rent for 1-BR, 2-BR, and 3-BR units in Richland County as authorized by the U.S. Department of Housing and Urban Development. These rates are based on a market study of "average" prices and are used for the Section 8 Housing subsidy program, where tenants pay 30% of their income for housing and HUD will pay the balance of the rent up

to the fair market rate. In Figure 9, you can see that the cost of housing has steadily increased over the last 10 years.

Figure 9

Fair Market Rent in Columbia, SC.

http://nlihc.org/library/wagecalc

If one uses the generally accepted standard of 30% as a guideline for what one can afford in housing, persons working 40 hours a week making the minimum wage will have difficulty finding housing. As shown in Table 4, persons would need to make more than $12 an hour to afford a 1 bedroom apartment at the current fair market rent and nearly $20 an hour to afford a 3 bedroom unit. The annual income required to afford an apartment at fair market rent (i.e., housing wage per year) vastly exceeds federal poverty levels. Alternatively, people could work more hours to afford an apartment, but they would have to work more than 70 hours a week to afford a 1 bedroom apartment at fair market rent when paid $7.25 an hour.

Table 4

Housing Wages and Hours One Must Work in South Carolina at the Federal Minimum Wage to Afford an Apartment at Fair Market Rate in Columbia, SC 2015

Bedrooms	HUD Fair Market Rent 2015	Housing Wage per Hour	Housing Wage per Year	Number of hours at federal minimum wage
1	656	$12.62	$26,240	70
2	778	$14.96	$31,120	83
3	1026	$19.73	$41,040	109

Source: http://nlihc.org/library/wagecalc

Unemployment and Related Stress

During the period covered in these analyses, South Carolina and Richland County were greatly affected by high rates of unemployment from 2009 through 2012. The increase in rates of unemployment parallels the increases in family homelessness in 2009-2013 as shown in our snapshots of homelessness.

Prolonged levels of stress can have cascading effects on functioning and health that can increase vulnerability to losing one's housing. Although this report does not have data on the health and functioning of family members who use homeless services, clinical experience and epidemiological studies suggest that elevated levels of stress will contribute to maladaptive coping, affect health, exacerbate symptoms, and substance abuse.

Domestic Violence

Interviews with homeless family members document the widespread experience of domestic violence and many of those using homeless services. The National Coalition for the Homeless cites violence as a key component in the lives of 30-70% of homeless families. The *National Intimate Partner and Violence Survey* conducted by the Centers for Disease Control in 2010 estimates a lifetime prevalence of 41.5 % of women and 17.4% of men in South Carolina being victims of domestic violence by a partner. The 2014 South Carolina Point-in-Time count reports that 18% of respondents had been affected by domestic violence.

Although it would be problematic to assume that homeless families have experienced domestic violence, family homeless services need to be prepared to respond to those families that have been affected. Reduction in rates of domestic violence will likely prevent a substantial number of cases of family homelessness.

F. WHERE DO PEOPLE GO WHEN THEY LEAVE FAMILY HOMELESS PROGRAMS?

When people leave HUD funded homeless services, they are asked to complete an exit interview that includes a question about where they will live. Analyses of the *housing destination* of HMIS data help to understand the challenges that homeless families face and the resources that they use to move on.

As shown in Table 5, nearly 2 out of 5 persons completing the interview moved into permanent housing (e.g., pay their own rent, reunite with family) that is, their housing did not have any restriction on length of stay. It is interesting to note that Transitional Housing programs had the highest number of persons moving to permanent housing. Perhaps this is not surprising given the model of services used by transitional housing and the extended time to find housing.

Table 5

Housing Destination for Housing Service Episode by Housing Intervention

	EMERGENCY	TRANSITIONAL	PERMANENT*	TOTAL
Permanent Housing	901 *29%*	734 *61%*	101 *50%*	1736 *38%*
Temporary Housing	1031 *33%*	156 *13%*	32 *16%*	1219 *27%*
Transitional	173 *5%*	9 *< 1%*	6 *3%*	188 *4%*
Shelter/Homeless	78 *2%*	13 *1%*	11 *5%*	102 *2%*
Institution/ Program	14 *< 1%*	7 *<1%*	11 *5%*	32 *<1%*
Did not Report / Do Not Know	960 *30%* *of Emergency*	278 *23%* *of Transitional*	43 *21%* *of Permanent*	1281 *28%* *of TOTAL*
Total persons leaving programs by housing type	3157	1197	204	4558

*People in permanent housing stay in housing and are not reflected in the number for persons leaving permanent housing.

Moving to temporary housing was the second most common destination with 27% of homeless service episodes with people moving to short-term housing (e.g., staying with a friend) while they made arrangements for their own housing. A small number of service episodes, 4%, ended with families entering a transitional housing program; the vast majority of these were from families in emergency shelter who move up the continuum of care to transitional housing.

There were very few instances of families having problematic housing outcomes after their stay in homeless programs. Less than 3% of this sample, ended with people moving to a shelter, becoming homeless, or needing to enter an institution for structured support related to a health or legal problem. Furthermore, with less than 1% of those using services had a substantial problem in functioning that required institutional care. These analyses suggest that stereotypes about homelessness mental health or substance abuse problems are not prevalent among those use enter family homeless service programs.

We note that these findings need to be interpreted with a large qualification. Slightly more than a quarter of housing service episodes did not record the destination of clients when leaving the program. While the pattern of moving to housing is encouraging for those who reported their destinations when leaving programs, we do not know the housing outcomes for 28% of those who used family homeless services.

What resources did families use to move into new housing?

As shown in Table 6, 80% of families who reported their housing destination moved into new housing using their own resources or with the support of family and friends. It is notable that all three housing models in Richland County were at or above 80% of clients moving to new housing without programmatic resources. However, 1 out of 5 families needed housing or service program support to move into new housing. Clearly, families have access to different resources. A range of housing program interventions and a continuum of resources are needed to address the wide-ranging needs of homeless families in Richland County.

Table 6
Funding of Destination When Leaving Program

	EMERGENCY	TRANSITIONAL	PERMANENT*	TOTAL
Independent Housing	**846** *38%*	**469** *51%*	**68** *43%*	**1383** *42%*
Family / Friends	**917** *42%*	**265** *29%*	**57** *36%*	**1239** *38%*
Formal Housing Support	**426** *19%*	**178** *19%*	**22** *14%*	**626** *19%*
Non-Housing Program	**14** *<1%*	**7** *<1%*	**10** *6%*	**31** *1%*
Homeless	**0** *0%*	**0** *0%*	**3** *2%*	**3** *<1%*
Persons leaving program by type of program	**2203**	**919**	**160**	**3282**

III. EXISTING CAPACITY TO ADDRESS FAMILY HOMELESSNESS

In this section, we review existing resources for addressing family homelessness in Richland County. The majority of the report focuses on services available to families and the number that can use each service. We also include data about public opinion in Richland County related to homelessness and willingness to help as an estimate of how much volunteers are willing to do to address family homelessness.

A. WHAT IS THE CAPACITY OF LOCAL SERVICES TO ADDRESS FAMILY HOMELESSNESS?

We briefly review the three major service models for addressing to family homelessness: emergency shelter, transitional housing, and permanent supportive housing. We include the service capacity in Richland County of the agencies involved.

EMERGENCY SHELTER & HOUSING ASSISTANCE

The supportive services of an emergency shelter will differ depending on needs of the group being served (e.g. psychiatric disabilities, domestic violence, substance use disorders) but the need for immediate shelter to prevent harm is a common link between shelters. In most communities, the creation of shelters was the first organized community response to homelessness. Typically, these focus on the provision of a place to sleep and meals while the services are minimal. Over the past ten years, there has been a movement among housing and homelessness organizations to reduce shelter usage as the primary strategy in community responses to homelessness. Rather, they have argued to increase the focus on developing more permanent housing and preventing of episodes of homelessness. Most communities have some emergency shelter capacity and have been developing a range of options for families.

As reported in the 2013 HUD Housing Inventory Chart (HIC), Richland County has 277 year round emergency shelter beds and 200 seasonal beds. Shelter beds dedicated for families constitute 14% of shelter beds in Richland County.   See Table 8 for agencies that have

emergency shelter capacity for families in Richland County: Family Shelter, Family Promise, Sistercare.

TRANSITIONAL HOUSING

Originally, transitional housing was developed as a model for an individual or family who has been stabilized in a shelter, wants to improve their skills, and needs to obtain income to move independently into permanent housing. In the 1990s, the U.S. Department of Housing and Urban Development promoted transitional housing as a means to help persons with special health concerns develop skills needed to live independently. Typically, persons can stay in transitional housing for up to two years as they develop employment readiness skills, manage their health problems, address legal issues, and apply for benefits or save money.

The 2013 Housing Inventory Chart (HIC) reported to HUD indicates that Richland County had 313 beds for transitional housing. St. Lawrence Place and Hannah House make 125 of those beds available to families. This represents 40% of the transitional housing beds in Richland County. Oliver Gospel Mission is developing a program for individual women and women with children that will likely be organized as a transitional housing program.

Over the last ten years, HUD has shifted priorities and resources away from transitional housing to promote investment in permanent housing approaches. Most recognize that transitional housing can be a valuable resource for families with special needs related to health conditions or traumatic experiences. Given shifts in funding, transitional housing will likely have a narrower role in many communities, but it provides additional support to families with special needs and has resources that are not typically available in emergency housing.

PERMANENT SUPPORTIVE HOUSING

Permanent supportive housing makes housing affordable through the provision of housing subsidies for apartments. HUD has provided housing subsidies for persons with very low income are elderly through the Section 8 program. A related set of HUD initiatives provide a s permanent supportive housing and specialized services for people who are homeless and have a disability. With these housing subsidy programs, persons live in rental housing available on the open market or a non-government organization.
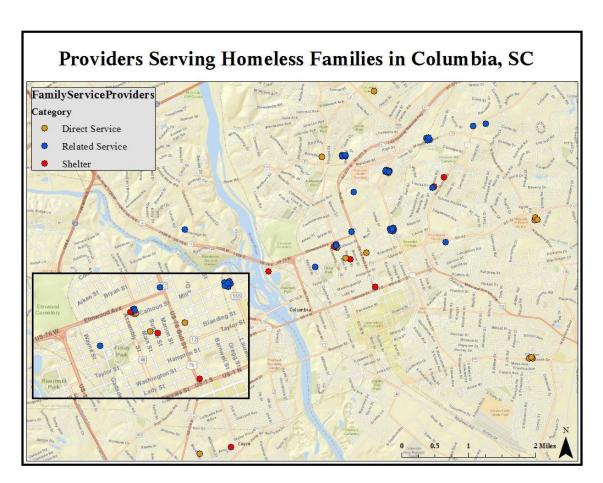
As shown in Table 8, none of Columbia's permanent supportive housing is dedicated exclusively to families. The appropriateness of these apartments for families will depend on size of the units and their location. The Columbia Housing Authority (CHA) provides the largest number of housing subsidies to make housing affordable with some of these dedicated

Table 8

Housing Type by Program, Capacity and Population Served.
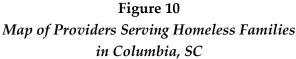
HOUSING TYPE	PROGRAM	CAPACITY / POPULATION SERVED
EMERGENCY SHELTER & HOUSING ASSISTANCE	**The Family Shelter**	40 beds (15 families) *Women, men, & children*
EMERGENCY SHELTER & HOUSING ASSISTANCE	**Family Promise** – 15 congregations	15 beds (3 families) *Women, men, & children*
Dedicated Service Population EMERGENCY SHELTER & HOUSING ASSISTANCE	**Sistercare** Women & children affected by domestic violence	66 beds* *Single women and families*
TRANSITIONAL HOUSING	**Hannah House** *of Christ Central Ministries*	41 beds* Women with children, single adult women
TRANSITIONAL HOUSING	**St. Lawrence Place** *of Trinity Housing Corp.*	84 beds Families with Children
PERMANENT SUPPORTIVE HOUSING	**Columbia Housing Authority**	96 housing subsidy vouchers* Single adults, families
PERMANENT SUPPORTIVE HOUSING	**Healing Properties**	67 beds* Single adults, families
PERMANENT SUPPORTIVE HOUSING	**Women's Shelter**	10 beds* Single adults, families
Dedicated Service Population PERMANENT SUPPORTIVE HOUSING	**Columbia Housing Authority** Veterans	305 vouchers overall* Single adults, families
Dedicated Service Population PERMANENT SUPPORTIVE HOUSING	**MIRCI** Veterans with mental illness	15 vouchers overall* Single adults, families
Dedicated Service Population PERMANENT SUPPORTIVE HOUSING	**MIRCI** Persons with Mental Illness	31 overall* Single adults, families
Dedicated Service Population PERMANENT SUPPORTIVE HOUSING	**Sistercare** Women and children affected by domestic violence	16 beds in Richland County* (61 beds in Lexington)

to persons who have been homeless. Other agencies provide permanent supportive housing for specific populations: those affected by domestic violence (Sistercare), those with psychiatric disabilities (MIRCI), veterans (CHA, MIRCI). Unfortunately, housing is not available to the full range of those who need it. Given the typology of homeless families, presented earlier, it is quite likely that many families would return to stability without using a shelter if there were more affordable housing available for those with lower incomes.

Each of the programs has a unique history and mission which cannot be fully described in this report. However, descriptions of programs serving families are included in Appendix 3 with internet links to their websites.

Figure 10
Map of Providers Serving Homeless Families
in Columbia, SC

To gain a geographic understanding of service use, we have plotted the location of homeless services in Richland County in Figure 10. Most shelters are located downtown, but family shelters are located a short drive from downtown. Most services are located within a 10 minute drive of downtown. For families without cars, accessing services can be difficult.

PREVENTION OF FAMILY HOMELESSNESS

For families in particular, homeless prevention is both preferable and possible. Given that over 80% of people in families are homeless only one time and most of those for a brief period, targeted intervention when they are at-risk of becoming homeless would be strategic and cost-effective. Many homeless families, especially those experiencing a financial crisis, can be "rapidly re-housed" with short or medium term financial assistance and services provided while they are at risk or newly located in housing. These services include financial management, case management and support for employment. Others families will benefit from more comprehensive services located at their housing site such as those available in transitional housing.

Efforts to prevent homelessness among families require the capacity to identify those at risk and an effective way for persons at risk to access resources. At present, Richland County has very limited capacity to provide homeless prevention services. The school districts can provide time-sensitive linkages to financial resources for students whose families are at risk of becoming homeless, but their staffing is quite limited. Currently, Richland County does not have an agency that can provide large-scale rapid re-housing supports for families. Nationally, HUD funding of homeless services is prioritizing rapid re-housing as a way to help families avoid shelter stays.

HISTORICAL CONSIDERATIONS OF FAMILY HOMELESSNESS IN COLUMBIA

In 1989, the Community Committee for the Homeless produced a report about the scale and scope of homelessness in Columbia. This committee was organized by Patton Adams as Mayor of Columbia and chaired by Fred Zeigler.

The committee took 18 months to study many aspects of homelessness in Columbia and the report included their findings as to the resources Columbia had, the causes of homelessness, and recommendations for services and programs to put in place. The Midlands estimated that 1,000-2,000 individuals were homeless and approximately 31% of the homeless were families.

This was similar to the national statistics in which homeless families made up about 28% of the homeless population.

In terms of housing services, the 1989 report laments that complete lack of transitional housing programs in 1989, which was first addressed by the creation of Trinity Housing Corporation. The report authors noted a lack of a Day Center for homeless people; instead, the Public Library was used by the homeless as a central meeting location. The opening of Transitions in 2011 was helpful for many single adults. Currently, Family Promise has a small drop-in capacity for families who use their service. However, most homeless families need to continue to use the Public Libraries. The lack of affordable housing for low and moderate income families was noted in 1989 and continues to be a challenge.

The 1989 report concluded that more funding was needed from government and business sources, as well as religious, charitable, and other community organizations. The report authors stated: "The cost of breaking the cycle is high; however, the cost of <u>not</u> addressing this issue is and will continue to be greater." These arguments are still made today by many homeless advocates. Another major realization of the 1989 report was that the community cannot simply create a 'safety net' for those who become homeless but must support policies and programs to prevent homelessness. They suggested organizing a Metro Homeless Council with members from agencies and individuals from Richland and Lexington counties. Some attempts to organize such a council were included in the 2004 Blueprint to End Homelessness but initial efforts to create a council ended in 2006 because of a lack of municipal support. However, through the Midlands Area Consortium for the Homeless (MACH) and United Way of the Midlands, a data management system has been implemented to track the needs of homeless individuals and families. The system is referred to as the Homeless Management Information System (HMIS). Much of the data cited in this report was provided by MACH's HMIS.

B. *WHAT IS THE CAPACITY OF VOLUNTEERS TO ADDRESS FAMILY HOMELESSNESS?*

While the majority of this report has focused on the capacity of services to respond to family homelessness, we agree with the authors of the 1989 homeless study that engaging community members is important for building capacity and organizing resources.
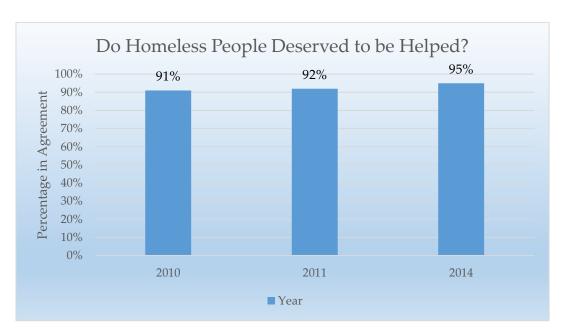
Public Opinion about Homelessness in Richland County
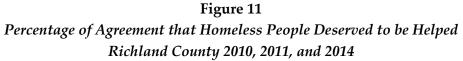
USC Psychology and Honor's College Students conducted a homeless attitude survey in 2010, 2011, and 2014 within Richland County. Across the three years of random-digit dial surveys,

899 Richland County residents responded to questions regarding opinions of deservingness, support for homeless programs, past involvement in volunteering, and personal experiences with homelessness. Selected results are presented here.

What is the public's opinion about helping the homeless?
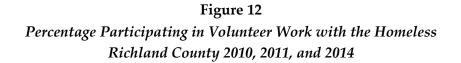
As shown in Figure 11, nearly all of the Richland County residents responding to the random calls agreed that homeless people deserve some sort of help. In fact, this opinion has continued to rise from year to year with 91% agreeing in 2010, and 95% of residents agreeing in 2014.

Figure 11
Percentage of Agreement that Homeless People Deserved to be Helped
Richland County 2010, 2011, and 2014

Additionally, as shown in Figure 12, the number of residents who report having done volunteer work is substantail. In 2014, a little more than half, 54%, of residents reported having engaged in volunteer work. There is a trend in these data that suggests that homelessness is being seen as less of a large problem in Richland County. As seen in Figure 13, 70% of residents believed that homelessness was a large problem in 2010 as compared to 63% in 2014.

Figure 12

Percentage Participating in Volunteer Work with the Homeless
Richland County 2010, 2011, and 2014
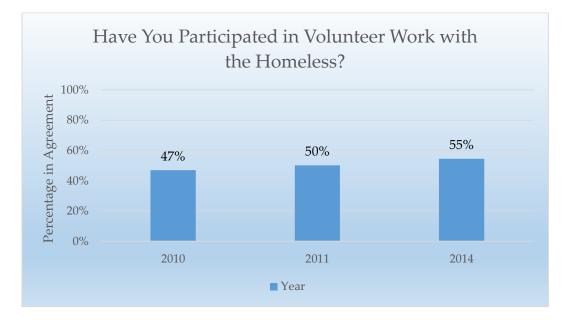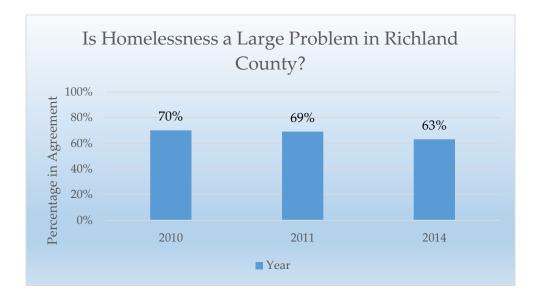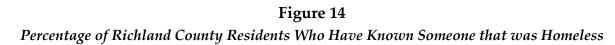
Figure 13

Percentage of Agreement that Homelessness a Large Problem in Richland County
Richland County 2010, 2011, and 2014
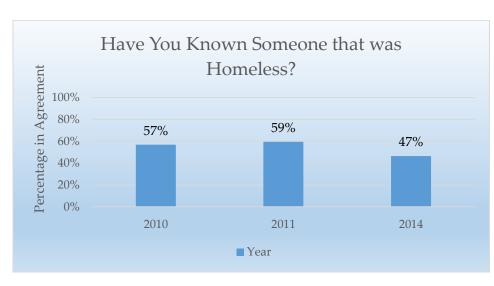
What is the public's experience with homelessness?
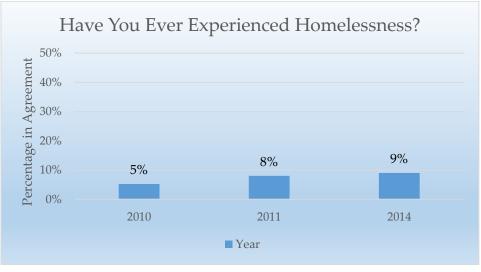
County resident's experience with homelessness is more widespread than is often assumed. As shown in Figure 14, about half of the residents had known someone that was homeless.

Figure 14

Percentage of Richland County Residents Who Have Known Someone that was Homeless
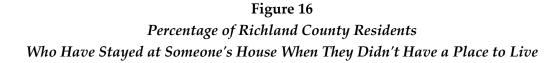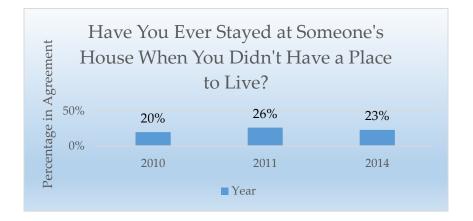
Somewhat surprisingly, a considerable number of residents reported having experienced homelessness themselves at some point in their lives; as shown in Figure 15, 5% of 2010 randomly called residents reported personal experiences with homelessness and 9% in 2014.

Figure 15

Percentage of Richland County Residents Who Reported Having Experienced Homelessness

Furthermore, when we asked residents whether they had ever had to stay with others when they were without a place to live, the rates rose dramatically; 20% of Richland County residents reported staying with others in the 2010 sample, 26% in 2011, and 23% in 2014.

Figure 16
Percentage of Richland County Residents
Who Have Stayed at Someone's House When They Didn't Have a Place to Live

Given the findings from these random calls to Richland County residents, two main findings should be highlighted. First, there is broad support for addressing homelessness among Richland County residents. Second, personal experiences with homelessness appear to be more widespread among the population of Richland County than is often assumed. Based on these findings, it is clear that the majority residents consider homelessness to be a concern for public policy warranting action by government and civic leaders. Furthermore, about half of Richland County residents responding to the survey have volunteered to address homelessness. It appears that residents would be supportive of continued efforts to address homelessness.

IV. *BUILDING CAPACITY TO ADDRESS FAMILY HOMELESSNESS*

In this section, we compare findings of homeless family service use with existing service capacity in Richland County. Based upon the consistency of public opinion, it would appear that there would be support for new efforts to build capacity to address family homelessness. What is needed is a vision for what can be developed, an understanding of what will be effective, and leadership to coordinate community resources. Clearly capacity building efforts will require more consideration than one report can provide. We have created this report to be a resource for these efforts.

A. *WHAT ARE THE GAPS IN CAPACITY TO ADDRESS FAMILY HOMELESSNESS?*

While existing services have helped many people, several gaps are readily apparent in our analyses. These include:

- a severe shortage in affordable, permanent housing
- limited capacity to provide rapid re-housing supports to families
- long-term focus on coordinating family homelessness efforts across agencies
- expanding capacity for respite and emergency housing linked to rapid re-housing

Need for affordable housing

As presented earlier, the Columbia Housing Authority received an overwhelming number of inquiries about housing subsidies when it last accepted applications. If the inquiries were represented as residents of the City of Columbia, this requests would constitute nearly one-quarter of the city. Partnerships with housing developers to create more affordable housing and efforts to organize time-limited case management housing supports (e.g., rapid re-housing) could greatly reduce the number of families that become homeless. As shown in Table 9, there is a need for thousands of housing units or financial support to access thousands of existing units.

Table 9

Estimated Need of Housing Capacity vs. Estimated Deficit in Capacity

	ESTIMATED NEED	HOUSING CAPACITY	ESTIMATED DEFICIT IN CAPACITY
CHA Apartments (2013 applications) *Columbia Housing Authority*	5500	2200	> 3685 **-1485**
Housing Subsidies/ Section 8 (2014 applications) *Columbia Housing Authority*	31,266	3100	>18,800 **-15,700**

Need to establish a rapid re-housing program

Although the national evaluation of rapid re-housing programs is still on-going, local studies have demonstrated the effectiveness of the program. Across fourteen Continua of Care located in seven states, an evaluation showed that 75% of rapid re-housing participants exited the program into permanent housing. This finding was much higher than emergency shelter (16%) and transitional housing (42%). In addition, the average cost per exit to permanent housing was significantly lower for rapid re-housing (about $4,100) than it was for either shelter (about $10,000) or transitional housing (about $22,200). In addition, the Georgia Department of Community Affairs found that people exiting emergency shelters and transitional housing programs were 4 to 4.7 times more likely to return to homelessness compared to rapid re-housing participants. Further, the Connecticut Coalition to End Homelessness found that 95% of families who exited rapid re-housing programs in 2010 had not returned to emergency shelter three years later. (see http://www.endhomelessness.org/page/-/files/RRH%20Core%20Elements%20Brief.pdf)

In a national study, HUD released findings that nearly 85% of rapid re-housing participants exited to permanent housing in the program's first two years. This multi-site random assignment experiment was the 2008 *Family Options Study*. This study was designed to examine the impact of various interventions for homeless families. The four interventions included were: 1) subsidy-only, 2) project-based transitional housing, 3) community-based rapid re-housing,

and 4) usual care. Families were tracked over a minimum of 3 years. Similar to the findings of others studies, persons receiving rapid re-housing had quicker exits from emergency shelters and entrances into housing. In addition, the cost of the intervention was lower than the other three interventions. For more information on the Family Options Study, visit http://www.huduser.gov/portal/portal/sites/default/files/pdf/FamilyOptionsStudy_final.pdf.

Furthermore, the National Center on Homelessness among Veterans evaluated the Supportive Services for Veteran Families (SSVF) program, which provides rapid re-housing to veterans and their families. Results showed that a year after families exited the SSVF program, only 10% of families returned to homelessness. (see http://www.endhomelessness.org/page/-/files/RRH%20Core%20Elements%20Brief.pdf)

Considering that rapid re-housing programs have demonstrated themselves to be effective, Richland County needs to create the capacity to offer rapid re-housing to address family homelessness. Furthermore, HUD is strongly encouraging the development of rapid re-housing programs in its funding priorities. By having households exit literal homelessness more quickly, rapid re-housing programs may reduce the negative impacts of prolonged homelessness (e.g., loss of employment, increased substance use, reduced school attendance and performance). Many families only need short-term assistance for securing permanent housing. In addition, by reducing the amount of time families spend in emergency shelters, shelter space will be more available for other families where the homeless episode could not be prevented but their basic safety can still be secured. (https://www.hudexchange.info/news/snaps-weekly-focus-rapid-re-housing/).

The expertise developed in case management in other programs in Columbia, such as transitional housing and permanent supportive housing, can be invaluable for establishing a rapid re-housing component of Columbia's Continuum of Care.

Need for better coordination of family homeless efforts

Developing a range of coordinated services to meet families' needs is critical for building capacity to address family homelessness. To this point, coordination of efforts across agencies and community partners to address family homelessness appears to be limited. While there are structures in place to manage HUD applications and collaborations across agencies to address homelessness for veterans or individuals with chronic homelessness, it is not clear that these existing collaborations would be well suited to coordinate new family homeless efforts.   It may be that dedicated collaboration across agencies focused on family homelessness can best advance the special challenges of families who are homeless, such as establishing rapid re-

housing as part of the continua of care. Any dedicated effort to address family homelessness will need to be linked to overall community efforts to address homelessness.

Need for expanded capacity for respite and emergency housing linked to rapid rehousing

Given that 69% persons using housing services were homeless only once during 12 years, developing the capacity for these families to address their needs in a timely manner can avoid long stays in shelters. As studies of rapid re-housing have documented, avoiding long periods of homelessness and related disruption is more cost effective. Similar to affordable permanent housing, the requests for emergency shelter greatly outpaced current capacity.

B. WHICH PROMISING PRACTICES CAN BUILD CAPACITY FOR ADDRESSING FAMILY HOMELESSNESS?

As noted above, there is a pressing need in Columbia to develop more affordable housing or mechanisms for subsidies that would help families avoid housing related crises. Our current shelters have many more inquiries about assistance than they can accommodate. With the absence of other alternatives, people will seek out emergency shelter or transitional housing.

It should be noted that transitional housing services in Richland County have achieved good outcomes of housing stability and independence after leaving housing. Columbia will continue to need transitional housing as part of its continuum of care even if HUD is moving away from funding them. If transitional housing is a limited resource, we need to figure out how to best use it and which families most need this service. At present, many people seek out transitional housing because they need a place to stay. However, over 69% of families had one episode of homelessness with a duration of 54 days on average. These families do not need the extended support of transitional housing. If we develop more options for families in crisis, we can dedicate support to families who most need the extra support that the transitional housing model can provide.

In our review of the research literature and data from Richland County, the development of three additional capacities specifically addressing housing instability of families would greatly improve the capacity of Richland County to address family homelessness.

RAPID RE-HOUSING PROGRAMS

In 2009, Congress created the Homelessness Prevention and Rapid Re-Housing program (HPRP) to serve approximately 1.4 million people over three years. Also in 2009, Congress enacted the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, which established rapid re-housing as a newly eligible activity and recognized it as an intervention that has been shown to be effective in reducing homelessness. In 2014, the U.S. Interagency Council on Homelessness (USICH) and its federal partners created the framework for ending family homelessness, which relied heavily on rapid re-housing programs.

Rapid re-housing is a housing intervention that is designed to allow individuals to move quickly from homelessness into permanent housing. This intervention offers housing without preconditions, such as employment, income, absence of a criminal record, or sobriety. In addition, the resources and services that are provided are typically tailored to meet the needs of each household. There are three core components of rapid re-housing 1) housing identification, 2) rent and move-in assistance (financial), and 3) rapid re-housing case management and services. These programs must make all three core components available, but one single entity does not have to provide all three services.

With housing identification, landlords are recruited to provide housing opportunities to individuals and families experiencing homelessness. Rent and move-in assistance provides financial assistance for move-in costs, security deposits, rent, and/or utility assistance. This financial assistance is typically provided for six months or less. Rapid re-housing case management and services first helps individuals and families identify and select the permanent housing option that best fits their needs. Individuals and families are also helped with issues that may interfere with securing housing, such as legal issues or credit history, and with negotiating reasonable lease agreements with landlords. Appropriate and time-limited services are also available. Staff members monitor housing stability and offer help if crises arise. In addition, staff connects households to resources that may help improve quality of living and help them meet their goals. Finally, all services provided are client-directed, respectful of client's autonomy, and voluntary. Generally, participation in services is not required to receive rapid re-housing assistance, except when basic, program-related case management is required by statute or regulation. For more information, visit http://www.endhomelessness.org/page/-/files/RRH%20Core%20Elements%20Brief.pdf.

CONTINUUM OF SERVICES FOR FAMILY HOMELESSNESS

A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals. In 1995, the US Department of Housing and Urban Development (HUD) began to require communities to submit a single application for McKinney Vento Homeless Assistance Grants to streamline the funding application process, but also to encourage and promote the coordination of housing and service providers at the local level. As part of the CoC plan, a range of services should be coordinated and provided to homeless families. First, outreach, intake, and assessment should be coordinated in order to identify service and housing needs and to provide a link to the services needed. Second, emergency shelter is a necessary component in order to provide an immediate and safe place for sleeping. Third, transitional housing programs with supportive services are part of this continuum and encourage the development of skills that families will need once permanently housed. Fourth, permanent and permanent supportive housing (including rapid re-housing) is a necessary component as this provides families with affordable places to live and with services if needed (National Alliance to End Homelessness, 2010, http://www.endhomelessness.org/page/-/files/Fact%20Sheet%20-%20CoC%202-1-2010.pdf)

It is not expected that all four of these core components be provided by one single organization. Rather, an effective CoC system is coordinated. It includes the necessary linkages and referral mechanisms among the four core components to facilitate the movement of families toward permanent housing and self-sufficiency (http://www.broward.org/HumanServices/CommunityPartnerships/HomelessInitiativePartnership/Documents/Continuum%20of%20Care%20101.pdf). Oftentimes, services that families need are available in a local area, but they may have trouble accessing those services due to disconnections between services. Thus, CoCs should focus on coordinating such services in order to ensure movement from homelessness to permanent, stable housing.

While Columbia has a successful Continuum of Care in obtaining HUD funding, it has to be responsive to HUD priorities which have moved away from families. HUD has focused more resources on chronic homelessness, veterans, and persons with disabilities. We suggest that focused attention needs to be dedicated to developing similar local collaborations between agencies to address the needs of families specifically.

COORDINATED COMMUNITY-WIDE SYSTEMS FOR FAMILY HOMELESSNESS

A commonality among communities that have had greater success addressing homelessness is that they have developed community-wide collaborations that go beyond homeless service providers and Continua of Care. When mental health, substance abuse, housing, vocational systems of care are coordinated with business, departments of labor, education, and law enforcement on a community-wide level, communities have been more effective in completing objectives set forth by the Continuum of Care. These coordination efforts have eliminated limitations in access to housing for specific populations, made accommodations for time constraints and eligibility requirements.

Well-coordinated communities have learned that the housing outcomes mandated by a CoC cannot be reached strictly using its own resources. Partnerships backed by businesses and government can create incentives for CoC and other community leaders to work together. Identifying these possible incentives is a key practice to encourage the collaboration between systems. For example, stable employment can have an additive effect on the stability of housing. Stability of housing can lead to improved health outcomes, which reverts back to success in employment. All three providers stand to benefit with this collaboration. Savings in cost may also be discovered by locating overlapping services between different systems.

Source:

https://www.hudexchange.info/resources/documents/CoordinatingCommPlanning_Presentation.pdf

When community-systems identify similar goals and the providers align themselves with each other, they create a larger force with an increased amount of leverage for advocacy. As allies, these systems can represent a significant portion of the public commitment, access to an array of community resources as well as support from a large number of consumers. In this way, the potential impact each one of these systems could have individually is now multiplied with every additional partner adjoined to a coordinated system-wide goal.

Source:

https://www.sustainablecommunities.gov/sites/sustainablecommunities.gov/files/docs/partnership-accomplishments-report-2014-reduced-size.pdf

For further resources and suggestions for coordinating community-wide systems refer to HUDs training presentations cited in Appendix 1.

C. DECISIONS FOR COMMUNITY LEADERS

This report has reviewed a large amount of information about family homelessness in Richland County over 12 years. The findings suggest the need for community leaders to address gaps in our capacity to take care of "our homeless". This is similar to the conclusion of the Community Committee for the Homeless organized by Columbia Mayor Patton Adams and Chairman Fred Zeigler. The needs of homeless families and the resources of our community have changed since 1989. We hope that the report is a resource for discussion that leads to action.

In conclusion, we suggest four critical questions for community leaders when deciding which how to build the capacity of Richland County to address homelessness.

PREVENTION VS CRISIS RESPONSE?

Where will resources be placed?

Partners for prevention will be different than partners for addressing a crisis

A strategic plan focused on preventing homelessness would be consistent with efforts to move Columbia from "good to great".

WHICH CAPACITIES WILL BE DEVELOPED?

Clearly we need more capacity for emergency housing, transitional housing, and permanent housing. However, a strategy that only develops more of the same capacities would miss an opportunity to transform how family homelessness is addressed in Richland County.

HOW CAN EFFORTS TO ADDRESS FAMILY HOMELESSNESS BE BETTER COORDINATED?

There is much work to be done. Coordination specific to family homelessness is needed.

-Who leads the collaboration? What partnerships need to be cultivated?
- How do we coordinate between municipalities?

HOW CAN COMMUNITY SUPPORT BE BETTER HARNESSED?

Public opinion research suggested broad concern for homeless citizens in Richland County and a willingness to help.

V.   APPENDICES

Family Homelessness in Richland County: The Scope and Scale from 2004 to 2015

1. Resources for Further Information
2. Definitions of Homelessness
3. Programs Providing HMIS Data on Family Homelessness
4. Sources of Data Used for this Report

APPENDIX 1: RESOURCES FOR FURTHER INFORMATION

Midlands Area Consortium for the Homeless Report	http://www.midlandshomeless.com/wp-content/uploads/2015/04/Annual-Report-2014_for-website.pdf
SC Point-In-Time Count 2007,2009, 2011, 2013, 2014	2007: http://www.schomeless.org/data-archives/2007-3/ 2009: http://www.schomeless.org//old-content/homelesstables2009.pdf 2011: http://www.schomeless.org//old-content/homelesstables2009.pdf 2013: http://www.schomeless.org/wp-content/uploads/2015/04/SCHC-2013-PIT-REPORT-FINAL-Post.pdf 2014: http://www.schomeless.org/wp-content/uploads/2014/07/SCCH-2014-PIT-Report.pdf
HUD Annual Report	https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf
Fair Market Rent and Housing Wage	http://portal.hud.gov/hudportal/documents/huddoc?id=2012-13annreport.pdf
National Intimate Partner and Violence Survey *Center for Disease Control and Prevention*	http://www.cdc.gov/violenceprevention/nisvs/summary_reports.html
Domestic Violence and Homelessness	http://www.nationalhomeless.org/publications/facts/domestic.pdf
Rapid Re-Housing	http://www.endhomelessness.org/library/entry/rapid-re-housing-a-history-and-core-components
Building Continua of Care	https://www.hudexchange.info/programs/coc/
Building Community Coordination	https://www.hudexchange.info/resources/documents/CoordinatingCommPlanning_Presentation.pdf https://www.sustainablecommunities.gov/sites/sustainablecommunities.gov/files/docs/partnership-accomplishments-report-2014-reduced-size.pdf

APPENDIX 2: DEFINITIONS OF HOMELESSNESS

HUD Definitions

On January 4, 2012, amendments were made to the U.S. Department of Housing and Urban Development's (HUD's) definition of homelessness that is contained within the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act). Below are the changes that were made to the traditional definition of homelessness.

The traditional HUD definition of included "an individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes a primary nighttime residence of a place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground)" or a "publicly or privately operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations. In addition, a person is considered homeless if he or she is being discharged from an institution where he or she has been a resident for 30 days or less and the person resided in a shelter or place no meant for human habitation immediately prior to entering that institution." The new definition slightly changed the wording to people needing to have been a resident of an institution "for 90 days or less and the person resided in a shelter (but not transitional housing)…"

The traditional definition also included an "individual or family is being evicted within 7 days from a private dwelling and no subsequent residence has been identified and the household lacks the resources or support networks needed to obtain other permanent housing." The new definition changes the eviction to within 14 days as opposed to only 7 days.

The traditional definition did not include people who experience persistent housing instability. The new definition includes a category that states that someone is homeless if they have all of these characteristics:

1) "Unaccompanied youth (less than 25 years of age) or family with children and youth
2) Defined as homeless under other federal statutes (for example the definition used by the Dept of Education) who do not otherwise qualify as homeless under HUD's definition
3) Has not had a lease, ownership interest, or occupancy agreement in permanent housing in the 60 days prior to applying for assistance
4) Has moved two or more times in the 60 days immediately prior to applying for assistance
5) Has one or more of following: chronic disabilities, chronic physical or mental conditions, substance addiction, histories of domestic violence or childhood abuse, child with a disability, two or more barriers to employment, which include lack of a high school degree or GED, illiteracy, low English proficiency, history of incarceration or detention for criminal activity, and history of unstable employment"

Finally, the traditional HUD definition stated that someone is homeless if they are "fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing." The new definition states that any individual or family is homeless who: 1) "is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence; 2) has no other residence; and 3) lacks the resources or support networks to obtain other permanent housing. "

For more information, visit http://www.endhomelessness.org/page/-/files/3006_file_Summary_and_Analysis_of_Final_Definition_Rule.pdf

McKinney-Vento Definition of Homeless Youth and Children

The Department of Education defines homeless children and youth based on the McKinney-Vento Act, which is a federal law that was passed nearly 14 years ago to help those who are experiencing homelessness. The purpose of part of this law is to protect the rights of children and youth who are homeless, which enables them to attend school. According to the Act, homeless children and youth refers to:

> (A) "individuals who lack a fixed, regular, and adequate nighttime residence;" and

> (B) includes:

>> (i) "children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;"

>> (ii) "children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;"

>> (iii) "children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and"

>> (iv) "migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii)."

Go to http://www2.ed.gov/policy/elsec/leg/esea02/pg116.html for more information.

APPENDIX 3: PROGRAMS PROVIDING HMIS DATA ON FAMILY HOMELESSNESS

Family Shelter - **http://www.familysheltersc.org/**

Family Shelter was created in 1979 as an auxiliary to the Providence House Shelter. Providence House was founded in 1957 as an emergency homeless shelter that catered to men with alcohol abuse issues. Overseen by a reformed alcoholic himself, the original shelter was located on a farm just outside of Columbia. In 1971, a women's shelter was added on a farm in Lexington. An emergency shelter for families was then added in 1979 to prevent women and their children from being separated within the shelter system. In 1981, Family Shelter became a standalone program operated by the United Way and retains its primary focus of providing emergency shelter to families. A two-story brick house sitting on one and half acres of land was originally the Dreher House as founded in 1983. The name was changed to Gerry House, renamed in honor of Sister Gerry Mengoldt, a nun who was one of the original founders of Family Shelter. In 1985, nearby Fort Jackson donated a renovated barracks bringing the housing capacity to four. Two more barracks were donated in 1988, expanding the housing capacity to eight. Gerry's house was closed in 1999 due to budgetary concerns. However, after renovations from the Leadership Columbia class of 2006, Gerry's house was reopened and raised Family Shelter's total family serving capacity to 15.

St. Lawrence Place - http://www.stlawrenceplace.org/

In 1989, The Trinity Episcopal Church founded St. Lawrence place as an homage to St. Lawrence, the patron saint of the poor. Today it is independently managed by the Trinity Housing Corporation. St. Lawrence Place provides transitional housing for up to two years while supplementing families with social services on site. Offered are case management and independent living skills classes as well as three separate programs for children, teens, and adults. Adults are assisted with trainings in budgeting, credit repair, and parenting. Families are also offered income-based rent and assistance in finding and keeping employment. St. Lawrence place has been heavily funded through community donations, and 93% of all donations are funneled directly into service provision. Over the 25 years of operation, St. Lawrence Place has developed into the primary provider of transitional housing services in the Midlands. St. Lawrence place has continually operated a community of 30 single family homes on Waites Road in the Edgewood-Floral neighborhood of Columbia.

Family Promise - http://www.familypromisemidlands.org/

Family Promise of the Midlands was chartered in 2012. It is the local chapter of the Family Promise nonprofit organization headquartered in New Jersey. Family Promise focuses on bringing both community supports and local churches together to serve family homelessness. 15 local churches throughout Lexington and Richland counties spanning Episcopalian, Lutheran, Methodist, and Presbyterian denominations formed a collaboration to provide emergency housing for homeless families. Families housed by these locations are provided with hot meals, laundry, as well as hygiene needs. Heyward Street United Methodist church operates a Day Center as well as the administrative offices of Family Promise. Hosting rotates among the affiliated congregations frequently.

Through the collaboration, up to 14 total people are offered emergency shelter on a quarterly basis for a period of one week.

Hannah House - http://www.christcentralministries.org/locations-2/columbia/hannah-house/

In 1999, Hannah House was created as an initiative headed by Christ Central Ministries to provide transitional housing to homeless women and children. Christ Central Ministries is an organization of local Christians (Evangelical, Protestant, Catholic, and Orthodox) to address root causes of poverty within the Midlands. Hannah House is focused on providing transitional housing where mothers are able to develop independence and emerge from homelessness. The program focuses on five pillars of transition from homelessness; personal development, professional development, education, health & wellness, and personal finance. Families are provided one or two-bedroom apartments, complete with laundry facilities, a commercial kitchen, as well as phone and internet access. In addition to the housing, Hannah House offers assistance with healthcare, childcare, and job placement. Families are able to stay for up to three to six months. Situated in the former Davis Hotel on Sumter Street, Hannah House offers over 40 beds to homeless women and children.

Columbia Housing Authority - http://www.chasc.org/

Created in 1936, The Columbia Housing Authority (CHA) oversees the public housing sector of the Richland and Columbia area. It's focus is providing affordable housing for low-income families while promoting self-reliance and increasing quality of life. For the past 80 years, CHA has located and developed low-income housing projects to allow families to live comfortably in a variety of different locations around Columbia. Many of the properties are located near bus

lines, schools, churches and shopping centers for convenience. CHA boasts over 2200 available units for housing and currently provides affordable housing to 15,000 residents in the Columbia Metropolitan Area.

MIRCI - http://www.mirci.org/

Founded in 1960, Mental Illness Recovery Center, Inc (MIRCI) is a nonprofit organization that provides community based services to individual with severe persistent mental illness as well as those with emotional disorders. MIRCI operates a Shelter Plus Care Program, which provides both permanent housing and intensive therapeutic services to families. Originally founded as a social rehabilitation organization, MIRCI also offers a representative payee program for those receiving disability benefits, as well as behavioral healthcare from psychiatrists. MIRCI has spearheaded homeless services in the Midlands area, serving as the co-leader for the 2015 Point-In-Time Homeless Count for Richland County and operating an extensive homeless outreach program to locate homeless within the region. In 2014, MIRCI served 186 adults and 31 children through its Shelter Plus Care program.

The Women's Shelter - http://www.womenshelter.org/

The Women's Shelter was established in 1991 as a women's focused program of the Providence House Shelter. As the Providence House Shelter began to specialize their homeless services, the need for services specific to homeless women was identified. The Women's Shelter is a nonprofit organization that offers transitional housing to women and their children. Families are able to stay for up to two years. A variety of educational and support programs are also provided. Relapse prevention courses, budgeting, and women's health classes are available for attendance. The Women's Shelter also provides transportation to local meetings of Alcoholics Anonymous and Narcotics Anonymous, ensuring that programs are offered each day of the week. The Women's shelter has expanded from a three bay garage in the 1980s to include a dental clinic in 2001 and comprehensive healthcare treatment soon after. Currently, The Women's Shelter owns 17 fully furnished housing units for its consumers.

APPENDIX 4: SOURCES OF DATA USED FOR THIS REPORT

Methods used to document family homelessness in Richland County

First, general statistics of homelessness in the Midlands are presented. Additionally, information specific to homeless families are calculated. The factors leading to these families experiencing homeless are explored, as well as general description of homeless families. Finally, community perceptions on the experience of homeless families are presented.

Secondly, the report focuses on the characteristics of the Midlands community in regards to responding to family homelessness. The capacity of service providers to respond to family homelessness over the 10 year period from 2004-2014 is discussed. General community interest in family homelessness is charted. Characteristics of communities which have successfully responded to issues of family homelessness are also explored.

Finally, the report examines gaps in between the services currently offered in the Midlands and the needs of homeless families in order to identify promising practices that may help to respond to these issues.

In order to operationalize family homelessness, this report analyzes the data using a number of different indicators:

Service I.D. Numbers: The report uses the unique count of users in the HMIS data who are identified as families. This collaborates the large number of family members present in the data into their corresponding families for a more accurate representation.

Traditional Family Service Users: Users of traditional family services (family shelters, SLP, Sistercare, domestic violence shelters) were included in the calculations of homeless families.

Other Family Service Users: Additionally, homeless families using other services related to housing such as Shelter Plus Care, Section 8 Vouchers, and supported housing were also factored into the analysis.

Homeless Management Information System: This comprehensive system collects information about individuals as they visit any site covered by the continuum of care in the Midlands. Currently, the HMIS includes over 45 service providers and encompasses 14 different counties. HMIS collects basic data about demographic and biographical information, as well as lifestyle related data such as benefits received and employment.

Point-in-time (PIT) Data: This data is gathered as part of a comprehensive one-day count of all unsheltered persons in the Midlands area. It serves to provide a snapshot of the current homeless landscape at a specific time. PIT data also includes information such as the type of services used and the frequency of services used in the past year. Additionally, PIT counts serve as a locator for typical areas of refuge for unsheltered homeless.

McKinney-Vento Data: This is data gathered through the passing of a federal law that provides support to schools in order to facilitate education of homeless students. The descriptive data is only collected about the students themselves and not any parents or guardians. The McKinney-Vento Homeless Education Act considers any student temporarily living in hotel or motel to be homeless, regardless of payment source.

Homeless Attitudes: Data concerning the communities perception and interest of homelessness in the community was collected by students and faculty at the University of South Carolina's Department of Psychology.. Collected between the years of 2011 - 2014, surveys were given to measure the perceived experience of homeless in Columbia as well as the infrastructure in place to address these issues.