2017 POINT IN TIME REPORT

South Carolina Interagency Council on Homelessness

August 2017

Prepared by Civitas, LLC

www.civitassc.com

Table of Contents

Introduction 4
Overview of Goals and Objectives 5
Best Practice Models 7
Other Homeless Data for South Carolina 8
State of South Carolina's Homeless Population 9
Homeless Persons by County 11
Statewide Decrease in Sheltered Homeless Count 13
Key Demographics and Sub Populations of South Carolina's Homeless Population: 13
Unsheltered Change Since 2016 14
Emergency and Transitional Housing Beds in South Carolina 15
Race and Ethnicity 16
Age 17
Gender 17
Family Composition 18
Special Populations and Disabilities 19
Veterans with Disabilities 20
Youth with Disabilities 20
Substance Abuse and Mental Health 21
Disability and Long-Term Homelessness 21
Eastern Carolina Homelessness Organization (ECHO) 22
Methodology 23
Unsheltered Count: 23
Sheltered Count: 23
Unique Aspects of the 2017 PIT Count 23
Race and Ethnicity 24
Age 25
Gender 25
Family Composition 26
Special Populations and Disabilities 27
Veterans with Disabilities 28
Youth with Disabilities 28

Housing Inventory 29
Lowcountry Homeless Coalition (LHC) 30
Methodology 31
Unique Aspects of the 2017 PIT Count 32
Race and Ethnicity 33
Age 34
Gender 34
Family Composition 35
Special Populations and Disabilities 36
Veterans with Disabilities 37
Youth with Disabilities 37
Housing Inventory 38
Midlands Area Consortium for the Homeless (MACH) 39
Methodology 40
Unsheltered Count 40
Sheltered Count 40
Race and Ethnicity 41
Age 42
Gender 42
Family Composition 43
Special Populations and Disabilities 44
Veterans with Disabilities 45
Youth with Disabilities 45
Housing Inventory 46
Upstate Continuum of Care (Upstate CoC) 47
Methodology 48
Unsheltered 48
Sheltered 48
Unique Aspects of the 2017 PIT Count 48
Race and Ethnicity 50
Age 51
Gender 51
Family Composition 52

Special Populations and Disabilities 53
Veterans with Disabilities 54
Youth with Disabilities 54
Housing Inventory 55
Special Notes 56
Special Thanks 56
Appendix A: 2017 PIT Count Select Data by County 57

Introduction

The South Carolina (SC) Interagency Council on Homelessness (SCICH) previously known as the South Carolina Coalition for the Homeless (SCCH) developed the new *5 Year Strategic Plan to End Homelessness* in 2015. This new plan outlines the goals and action steps that SCICH believes will enable SC to build on the accomplishments engendered by the ten year Blueprint to End Homelessness, but the vision put forth in the 2004 Blueprint remains the same:

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

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

Homelessness is unacceptable, and it is expensive. Homelessness did not always exist in America the way it does today, and a response focused exclusively on shelter is both expensive and ineffective. We have learned much about what works, and it is time to invest in solutions.

There are no "homeless people," but rather people who have lost their homes and deserve to be treated with dignity and respect. We believe deeply in the strengths and assets of people who are experiencing homelessness, believe in the value of having their voices at the planning table, and remain committed to supporting each and every individual in fulfilling their potential.

Person-Centered Response. We aim to provide person-centered, trauma-informed care that respects the dignity and ensures the safety of all individuals and families seeking assistance. Progressive engagement that is respectful of participant choice and attuned to participant safety and confidentiality will inform data collection efforts, level of services provided, and location/type of housing accessed.

Everyone is ready for housing. We must be committed to developing programming that responds to the needs of our clients instead of expecting clients to adapt to the programs that exist. We must embrace the Housing First philosophy as a system.

Homelessness is fundamentally about a lack of housing that is affordable to households at different income levels. We did not lose our affordable housing stock overnight, and we will not build our way out of the deficit overnight. While this plan is focused more on the resources and policy changes required within the homeless services system, significant and sustained investment in affordable housing throughout the state, particularly for households at 0 to 30 percent of Area Median Income (AMI), will be essential to increasing housing stability in our community.

Data-driven decision-making and strategic use of resources are essential for transforming our homeless services system, including: 1) targeting assistance to ensure that the most intensive interventions are matched to those with the greatest needs; 2) a commitment to measuring our performance and using that information to guide our investment decisions; and 3) examining ways to identify, capture, and reinvest cost savings across the system.

Better coordination of mainstream anti-poverty programs is critical to create a stronger safety net and to prevent individuals and families from losing their housing in the first place, especially at transition points between youth and adult systems of care.

There is strength in collaboration. Homelessness is not a challenge for the government alone to solve. The government has a significant role, but other partners must also be at the table. We need providers to examine how their programming fits into the overall system and whether changes are needed. We need philanthropic funders to align their giving to help meet gaps in the system. We need developers who are willing to develop affordable housing, landlords who are willing to rent to households that have experienced homelessness, and employers who are willing to hire them. We need faith based partners and other community groups to consider how they can provide mentoring and moral support to struggling neighbors. Ending homeless in our community will require all of us to work together.

Overview of Goals and Objectives

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

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

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

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

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

Goal Two: Continue to improve South Carolina's homeless service system by using the state Homeless Management Information System (HMIS) data to achieve data-driven decision making and ongoing evaluation of our services.

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

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

Objective 2.3 Integrate or link HMIS/ SC 2-1-1 and SCDMH Electronic Medical Record (EMR) system to reduce data entry barriers for outreach workers and improve accuracy of data collected over the next two years.

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

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

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

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

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

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

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

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

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

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

Objective 4.2 Conduct training on CoC governance structure.

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

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

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

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

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

Best Practice Models

SCICH also embraces the use of best practice models to address the goal of ending homelessness, these best practice models include:

- **Housing First** programs and policies geared at helping households move into stable permanent housing as quickly as possible, followed by the provision of appropriate support services;
- **Permanent Supportive Housing** for chronically homeless households and those with the greatest needs;
- **Rapid Re-Housing** for households with moderate to high needs;
- **Diversion** of those for whom the homeless system does not offer the best solution;
- **Prevention Services** to keep people at imminent risk of homelessness stably housed;
- **Coordinated Entry** to ensure data-sharing and appropriate prioritization for housing interventions;
- **Data-driven decision making** to ensure that resources are being used effectively and efficiently; and
- **A focus on system-wide performance outcomes** so the system works well to effectively end homeless.

Other Homeless Data for South Carolina

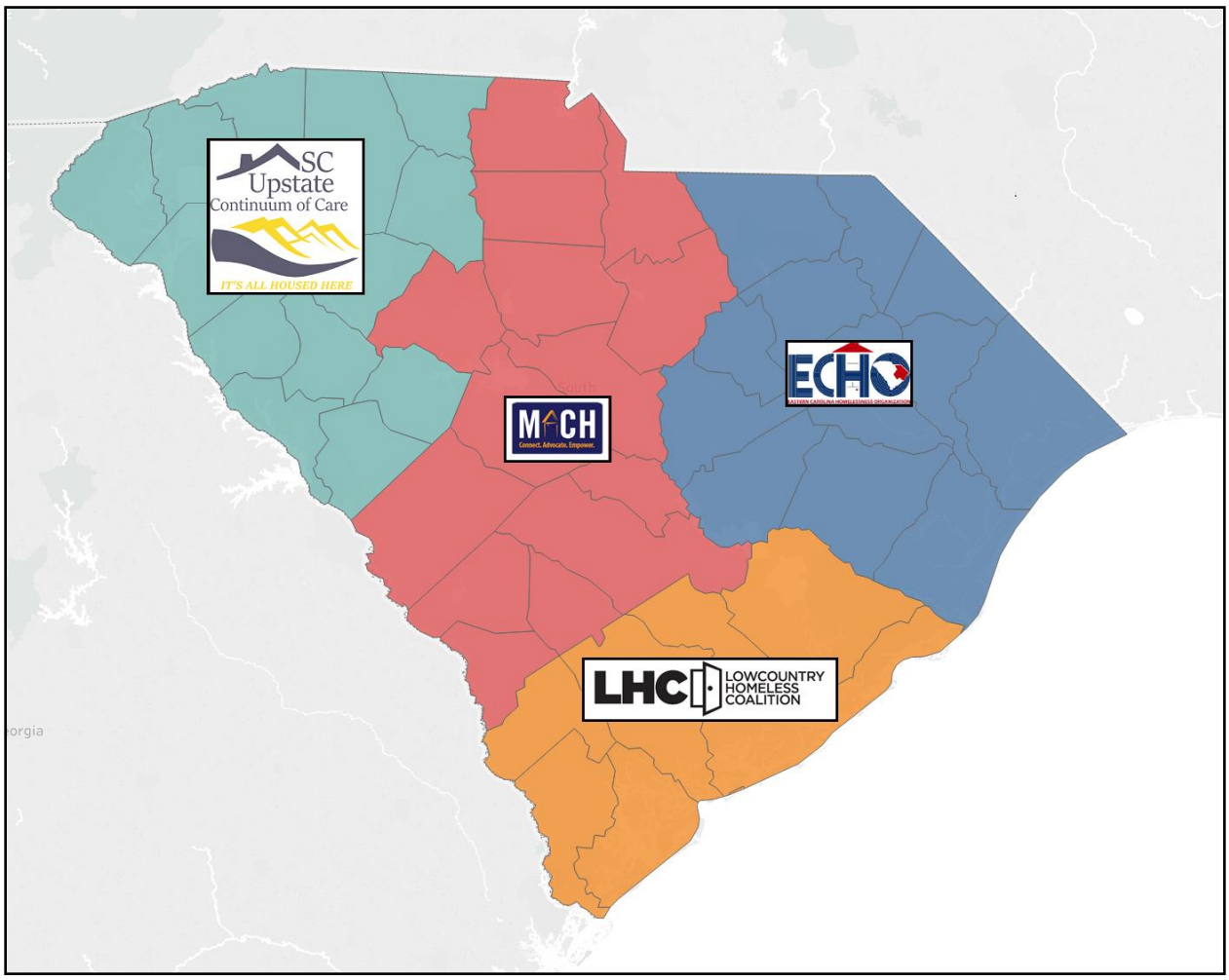
The Homeless Management Information System (HMIS) is a federally mandated database that collects information on persons experiencing homelessness and the services provided to them. South Carolina has a statewide HMIS system that participating homeless providers enter information into about the homeless participants they serve. Across the state, HMIS collected information on 17,698 homeless persons that received services from a homeless provider during the Fiscal Year of 2016 (10/01/2015 – 09/30/2016). The project types included in this figure are emergency shelter, transitional housing, outreach and services only. This number reflects the number of people being served throughout the year, not just a particular point in time. This count is more reflective of the extent of homelessness in South Carolina.

State of South Carolina's Homeless Population

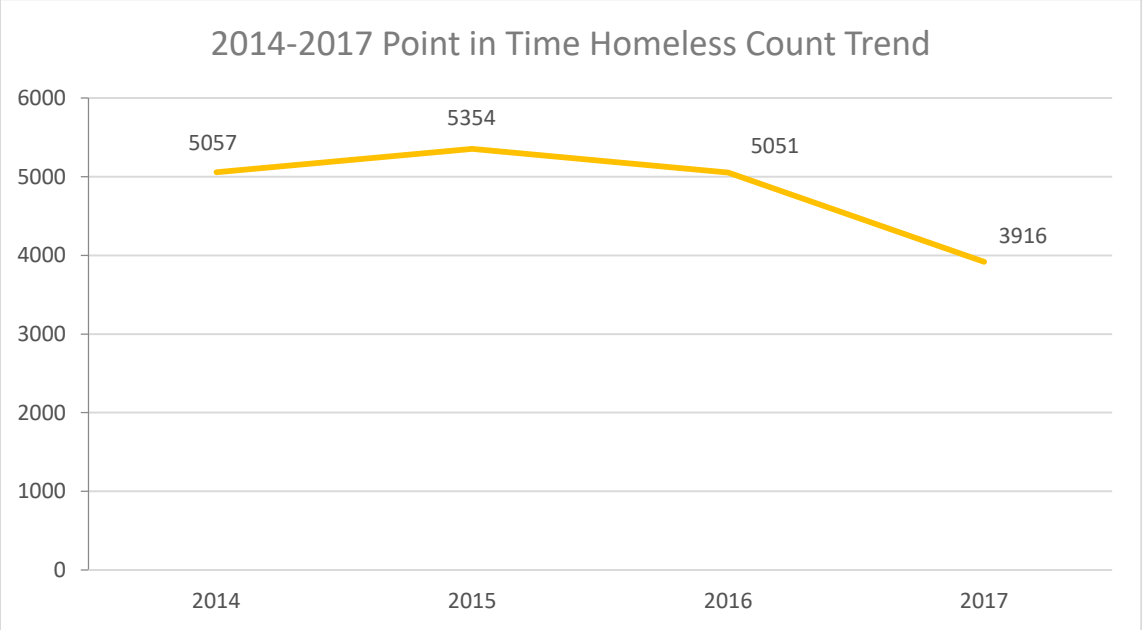
In the last ten days of January 2017, communities across the United States conducted a count of individuals and families who were experiencing homeless, as required by the U.S. Department of Housing and Urban Development (HUD). The resulting homeless census, referred to as a "Point in Time Count," provides an indication of the size and characteristics of the nation's homeless population.

In South Carolina, all four of the state's homeless program regions, called Continuums of Care (CoC), conducted a count of individuals and families who are homeless in their jurisdictions. South Carolina's homeless population is not static; as of this report writing some of the people who were homeless on the January count date have found housing and others who had housing on the count night are currently homeless.

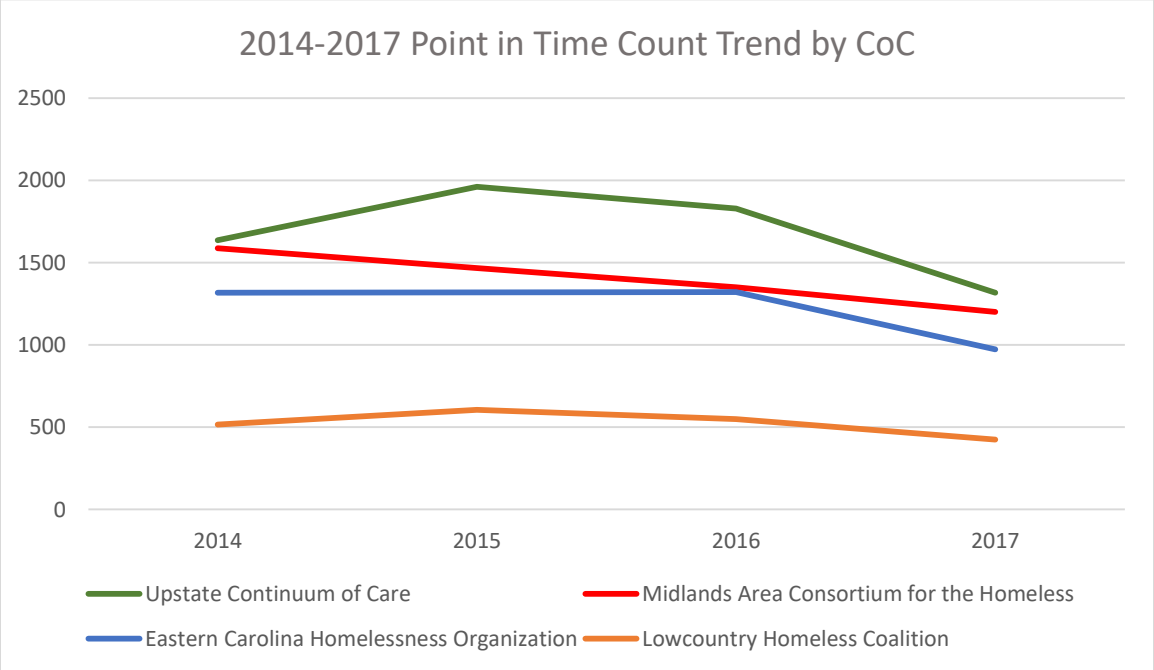
South Carolina's Continuums of Care include four regions: Upstate Continuum of Care, Midlands Area Consortium for the Homeless, Eastern Carolina Homelessness Organization, and Lowcountry Homeless Coalition.



During the Point in Time Count in January 2017, at least 3,916 people were literally homeless in South Carolina – a 28.98% decrease from 2016. Across all CoCs, the number of those experiencing homelessness reported annually has been decreasing.

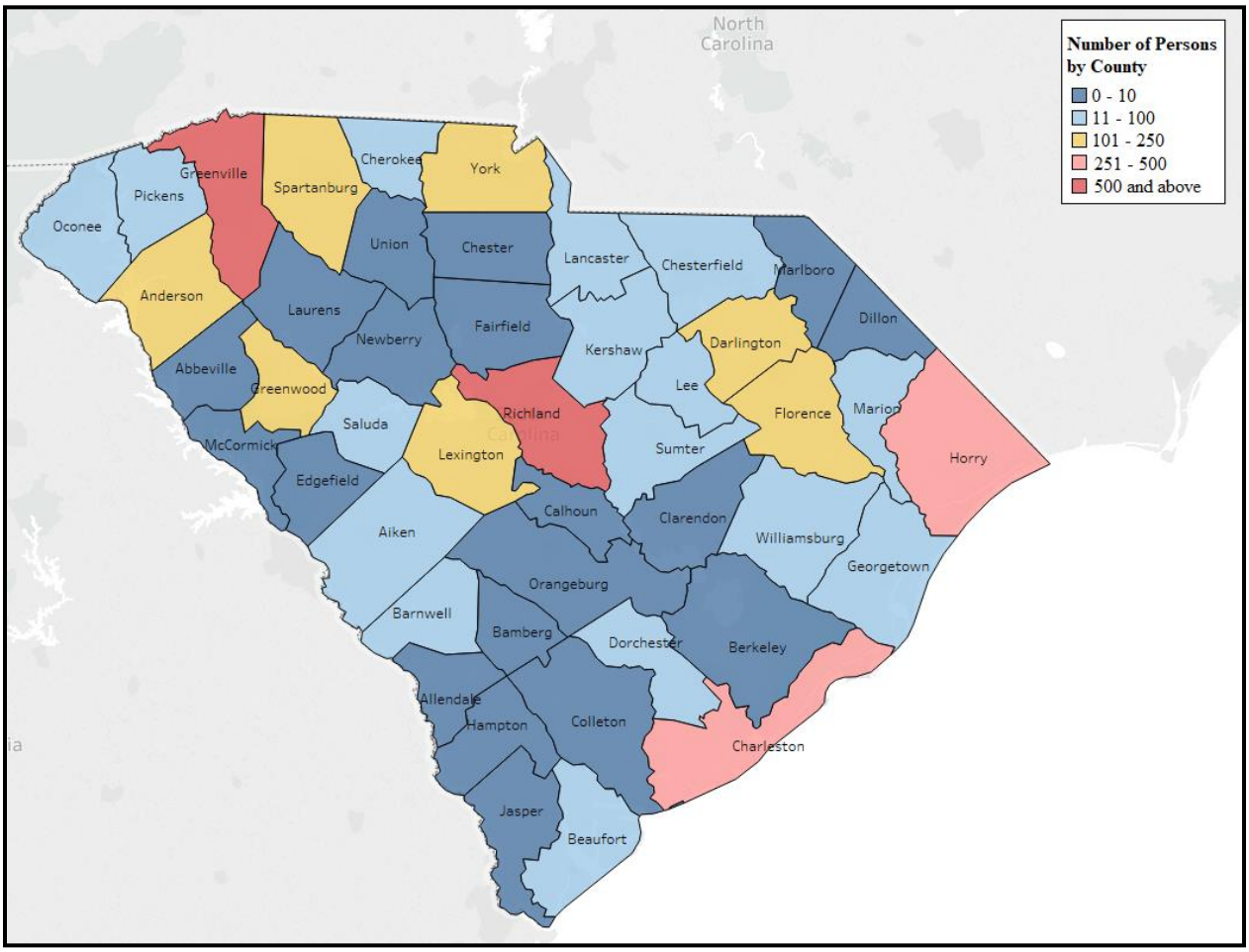


Source: 2017 Point in Time Count & HUD Exchange



Source: 2017 Point in Time Count & HUD Exchange

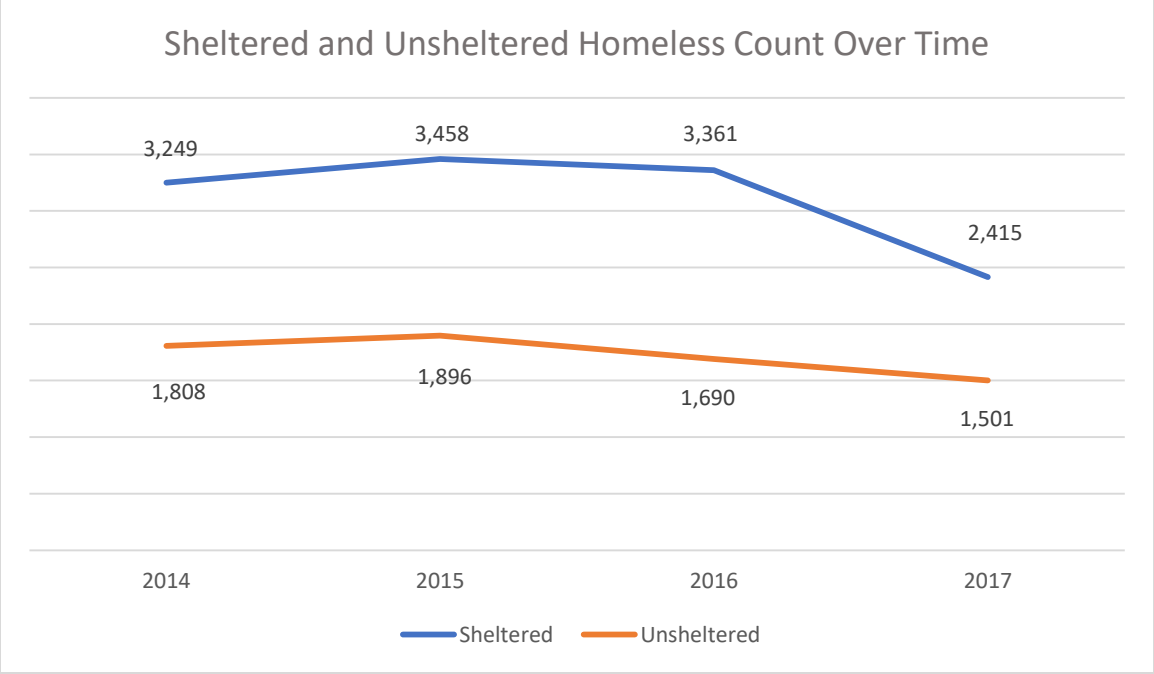
Homeless Persons by County



Source: 2017 Point in Time Count

In accordance with HUD guidelines, for the 2017 Count, CoCs used the following categories to define homelessness:

- Literally Homeless
  - Sheltered Homeless – is living in a publicly or privately-operated shelter designated to provide temporary living arrangements -or- is exiting an institution where they resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately prior to entering the institution
  - Unsheltered Homeless – has a primary nighttime residence that is a public or private place not meant for human habitation



South Carolina's Literally Homeless Population: Single Night (Point in Time Count)				
Housing Status	**Number of Individuals per Year**			
	2014	**2015**	**2016**	**2017**
Unsheltered	1,808	1,896	1,690	1,501
Sheltered	3,249	3,458	3,361	2,415
Total	5,057	5,354	5,051	3,916
Change from previous count	--	+5.54%	-5.99%	-28.98%
Sources:2017 Point in Time Count & HUD Exchange				

In addition to people who are classified as "literally homeless," there are other people who are facing a loss of housing and need assistance or are in jail, a hospital, or other program but would be homeless otherwise. The unifying condition for the clear majority of South Carolina's homeless population is poverty. Many people experiencing homelessness also experience personal vulnerability – such as domestic violence, a mental or physical disability, drug or alcohol abuse, and/or a criminal background – that places them at risk and prevents them from having stable housing.

Statewide Decrease in Sheltered Homeless Count

Statewide, South Carolina had a decrease of 946 sheltered persons compared to the 2016 Point in Time Count. Across the four (4) CoCs there are varying reasons for this decrease. Collectively the reasons for the decrease could be attributed to unseasonably warmer weather on the designated night of the count, exclusion of ineligible program types, and decrease/ loss of Federal, State, local government, or private funding.

Warmer weather on the designated night of the count can contribute to weatherization/ seasonal shelters not being available and can also increase persons experiencing homelessness to sleep in unsheltered locations, because of the more neutral climate.

A few CoCs made the decision to exclude certain projects from the "Housing Inventory Chart," because they did not meet the HUD definition for emergency shelter, or transitional housing, and did not primarily serve persons experiencing homelessness. CoCs made an effort in clarifying the status of such programs and only counted participants in those programs that met the criteria for inclusion in the sheltered count.

The decrease or loss of Federal, State, and/ or local funding seemed to be a large contributing factor for the decrease of sheltered persons across the state. Many CoCs across the country have experienced a decrease in Federal funding for transitional housing during the last three (3) funding years due to the realignment of funding priorities nationally. In South Carolina the loss or decreased funding from a multitude of sources has caused emergency shelters and transitional housing projects to decrease their bed capacity or close entirely.

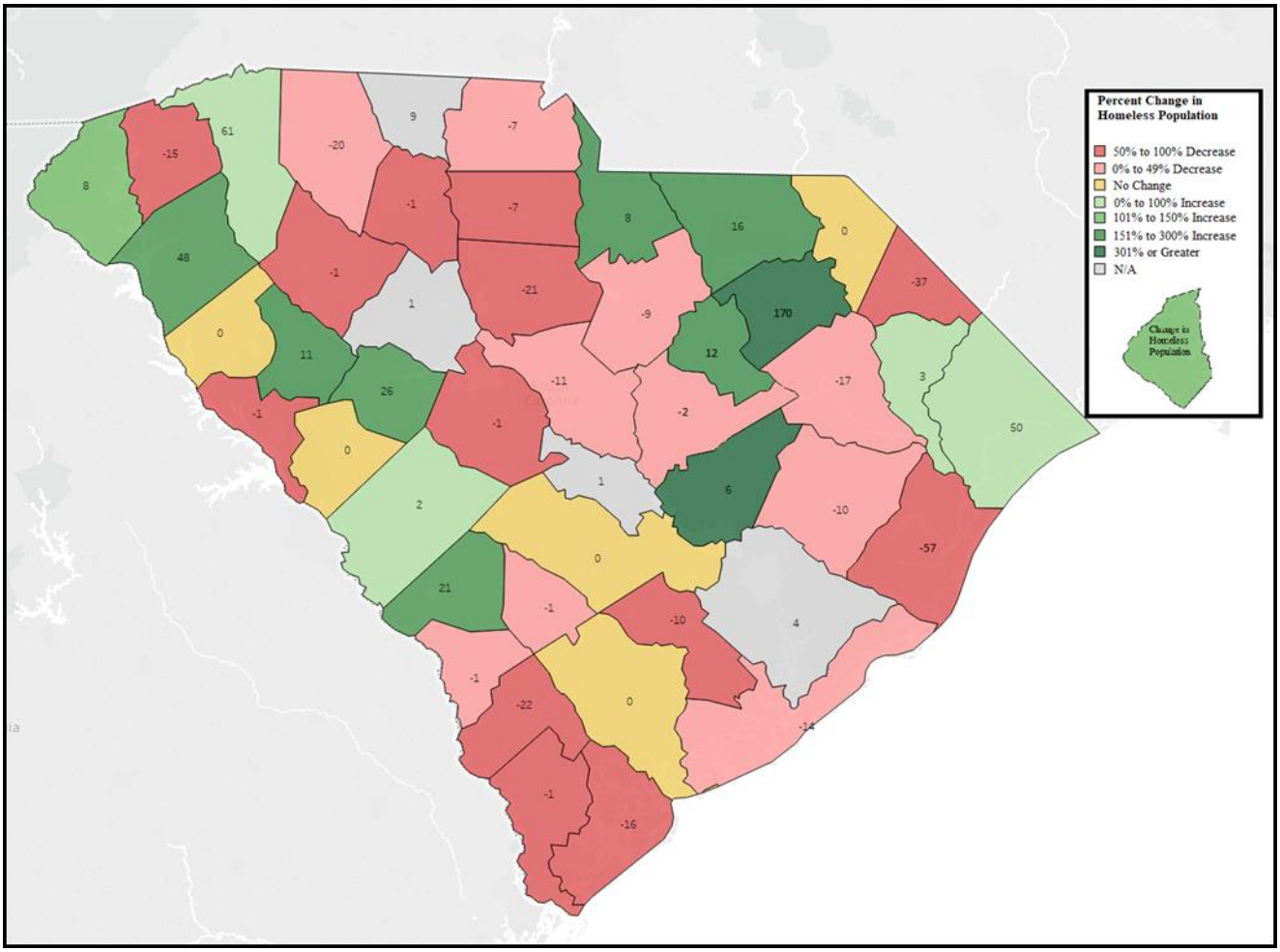
Key Demographics and Sub Populations of South Carolina's Homeless Population:

Below is a breakdown of key demographics and sub populations across South Carolina.

Key Demographics & Sub Populations of South Carolina's Homeless Population		
Population	**Estimate the number experiencing homelessness on a given night**	
	Sheltered	**Unsheltered**
Households with Adult(s) and Child(ren)	748	272
Households with Only Children	6	2
Households with Only Adults	1,661	1,227
Chronically Homeless Persons	236	588
Veterans	321	159
Unaccompanied Children (18 – 24 & < 18)	108	65
Source: 2017 South Carolina Point in Time Count		

Unsheltered Change Since 2016

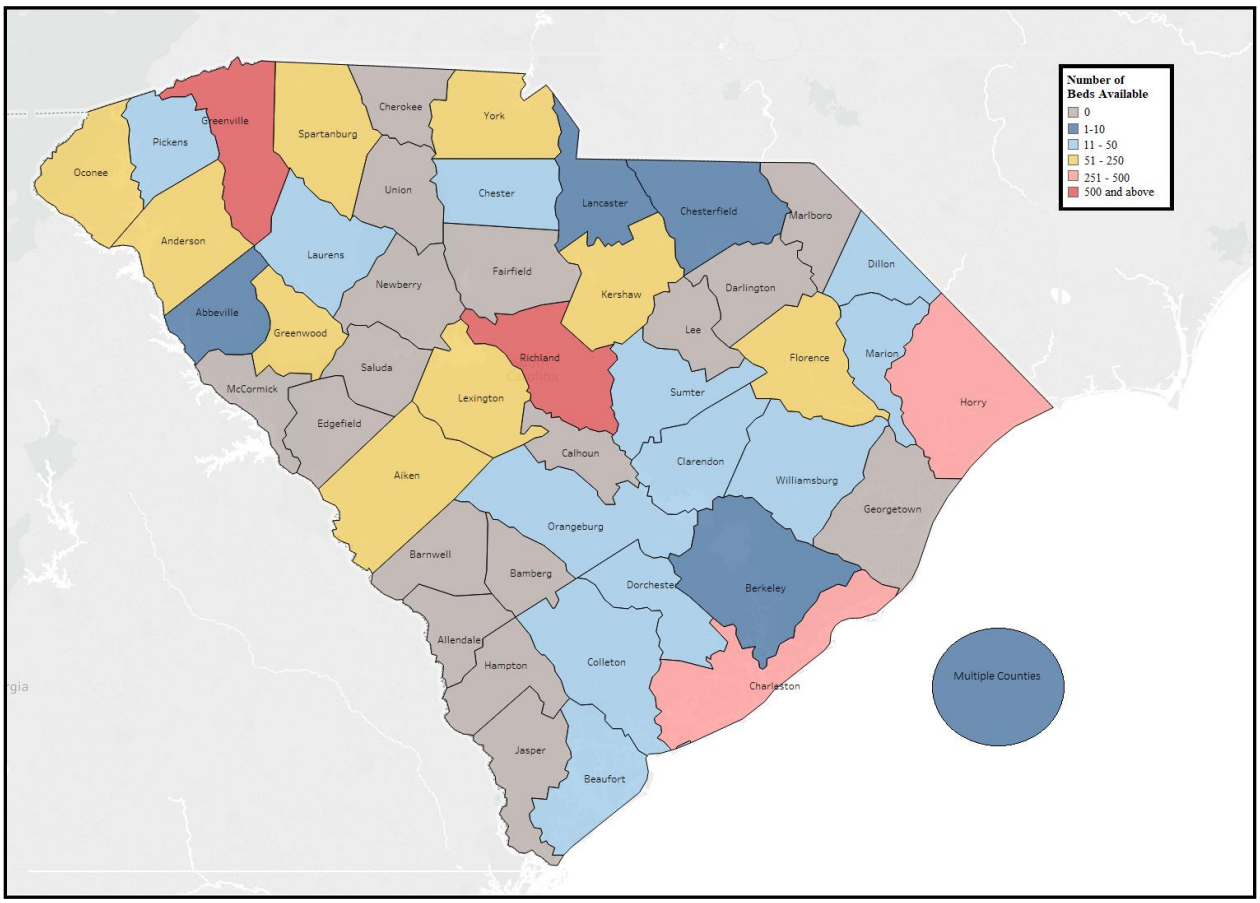
The unsheltered count changes of the 2017 Point in Time Count compared to the 2016 Point in Time Count.



Source: 2017 South Carolina Point in Time Count
Data Note: Counties with N/A percentage growth had zero recorded unsheltered homeless in 2016.

Emergency and Transitional Housing Beds in South Carolina

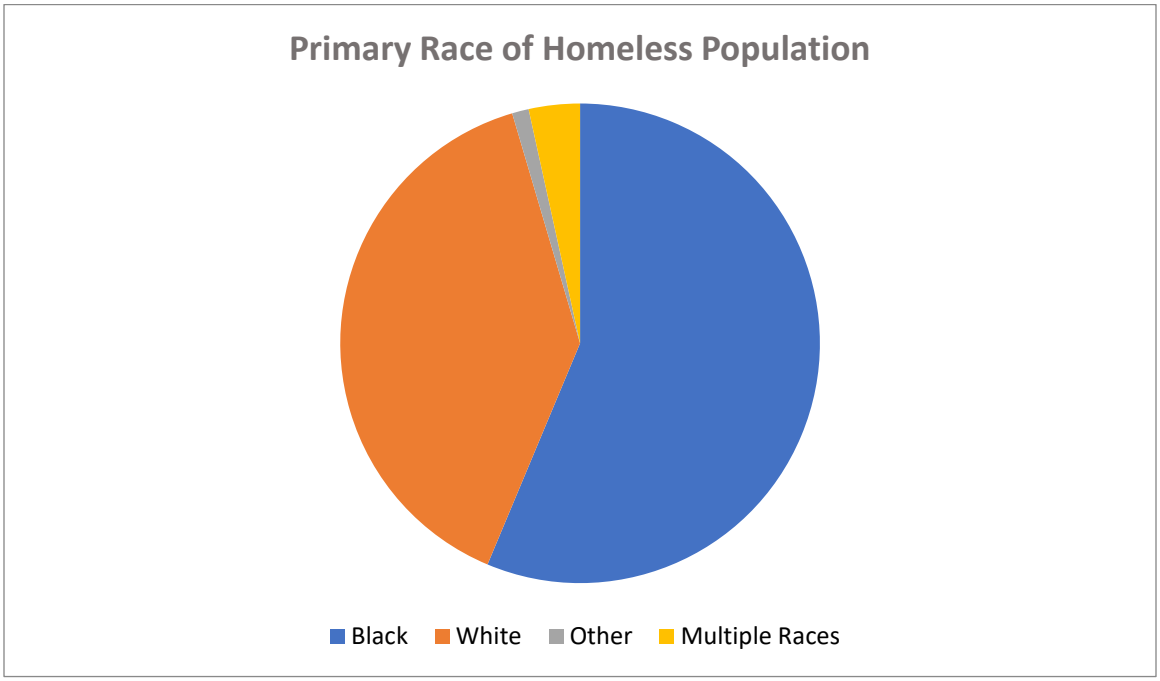
Below is a count of Emergency Shelter and Transitional Housing beds available by county according to the 2017 Housing Inventory Chart. The Housing Inventory Chart is a "snapshot" of the Continuum of Care's housing inventory including Emergency Shelter, Transitional Housing, CoC Permanent Supportive Housing, Rapid Rehousing beds, and other housing programs that serve the homeless.



Source: 2017 South Carolina Housing Inventory Chart
Data Note: One organization provided four housing beds that were not county-specified.

Race and Ethnicity

The majority (56.3%) of South Carolina's homeless population is Black. This is considerably higher than the overall South Carolina population, which is only 27.5% according to the 2011-2015 American Community Survey 5-Year Estimates. Additionally, only 88 (2.25%) of the homeless population identifies as Hispanic. Approximately 5% of the total South Carolina population identifies as Hispanic.

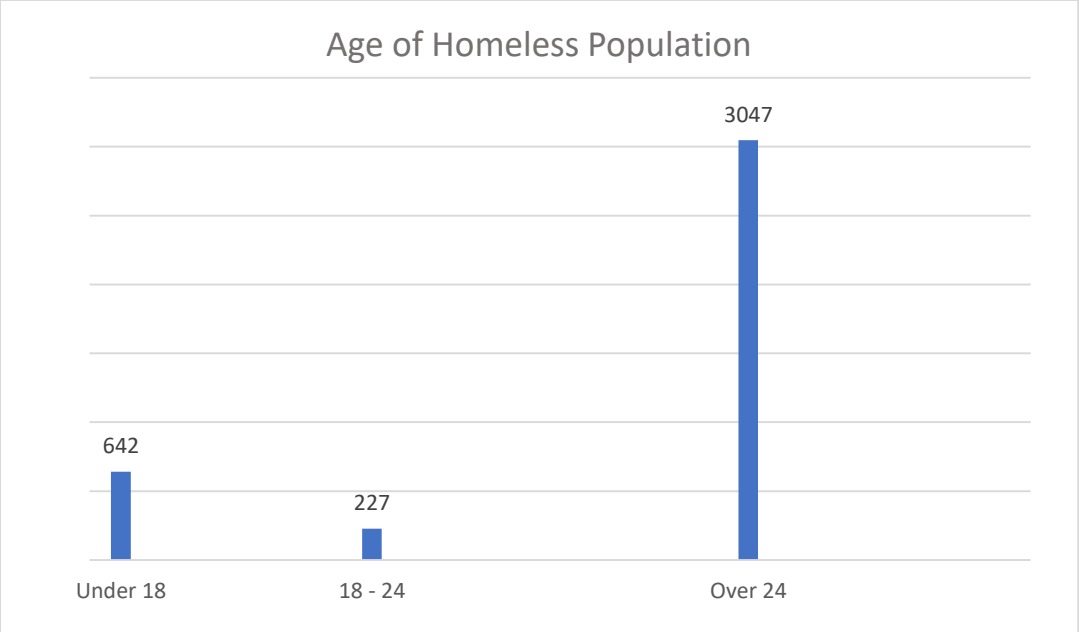


Homelessness by Racial and Ethnic Group

Race	Sheltered	Unsheltered
White	970	562
Black or African American	1,338	867
Asian	7	1
American Indian or Alaska Native	14	18
Native Hawaiian or Pacific Islander	3	1
Multiple Races	83	52
Ethnicity	**Sheltered**	**Unsheltered**
Hispanic or Latino	68	20
Not Hispanic/ Latino	2,347	1,481
Source: 2017 Point in Time Count		

Age

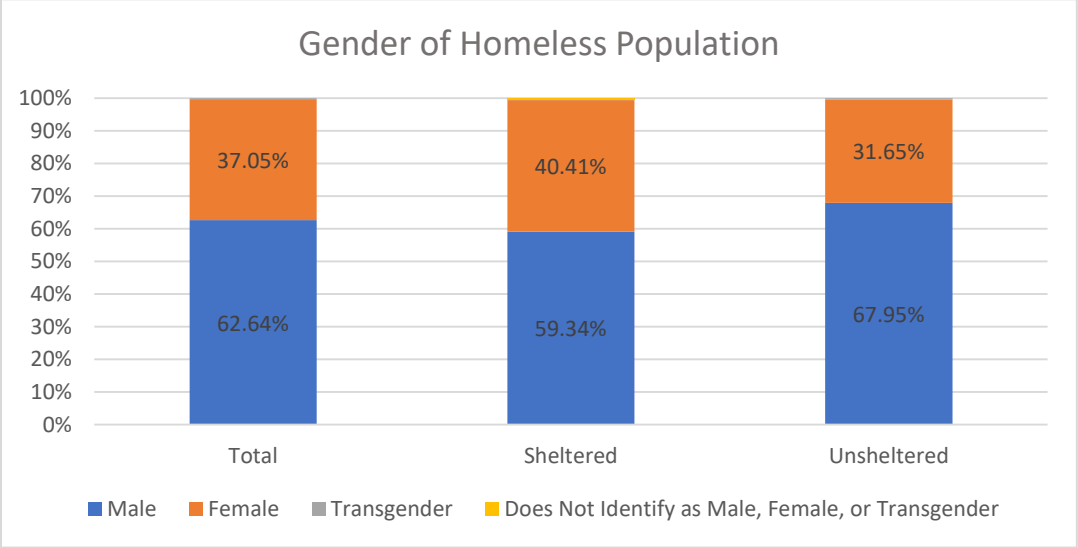
Children under the age of 18 comprise 16.4% of the homeless population, the 2nd largest age cohort population. Of this age range, 12% are children under the age of 18 in families with adults and 4.4% are unaccompanied youth.



Source: 2017 Point in Time Count

Gender

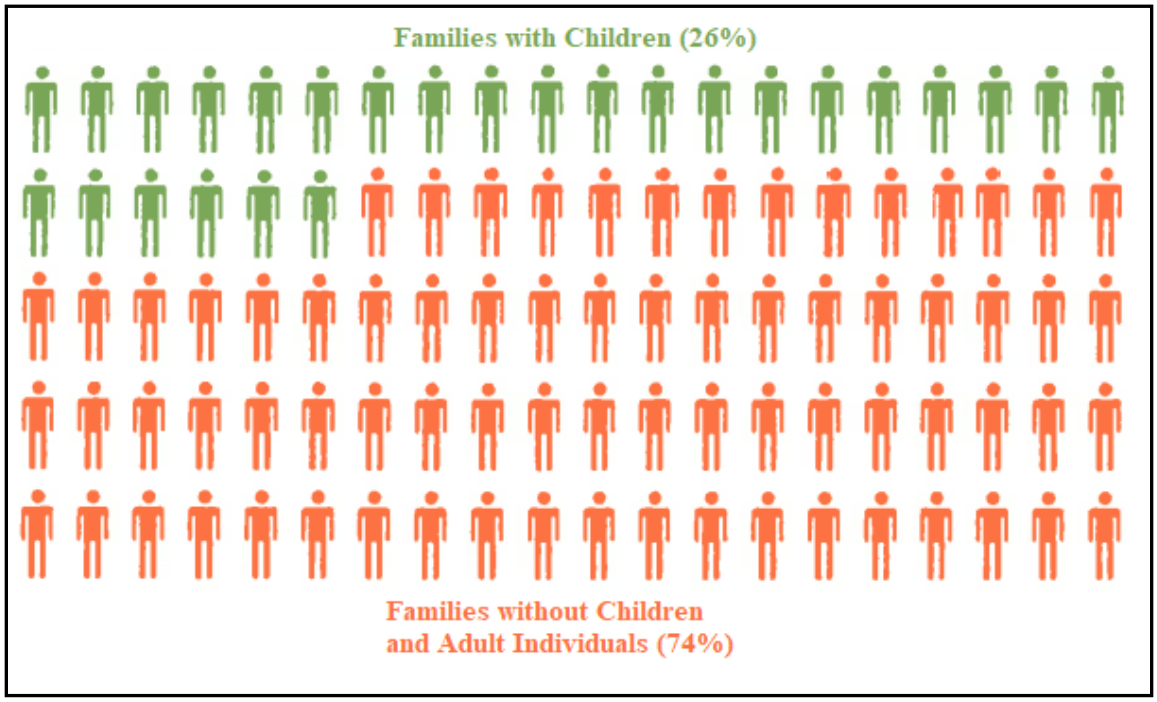
Overall, 62.64% of the people who are experiencing homelessness are men; however that percentage increases slightly when looking at those who are unsheltered, as 67.95% of the people who are experiencing unsheltered homelessness are men. Additionally, 10 individuals are transgender and two (2) do not identify as male, female, or transgender.



Source: 2017 Point in Time Count

Family Composition

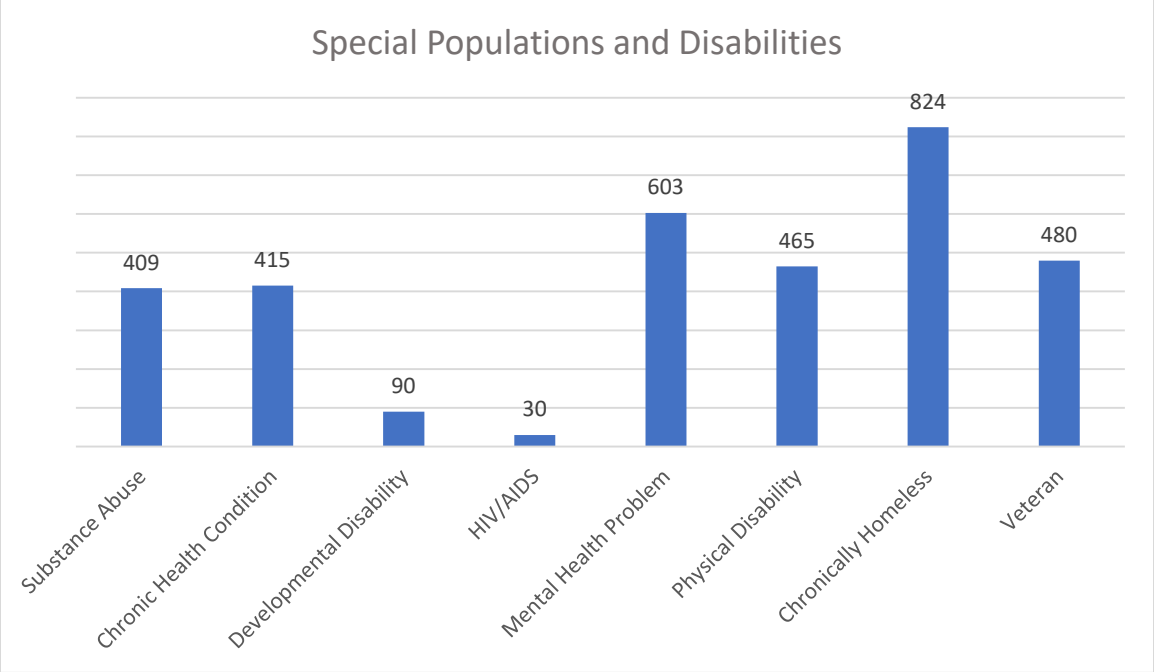
Within South Carolina, 26% of the total homeless population are in families with children (1,020) and 74% are adult individuals or in families with only adults (2,888). Additionally, eight (8) individuals are under 18 and experiencing homelessness without a family.



Source: 2017 Point in Time Count

Special Populations and Disabilities

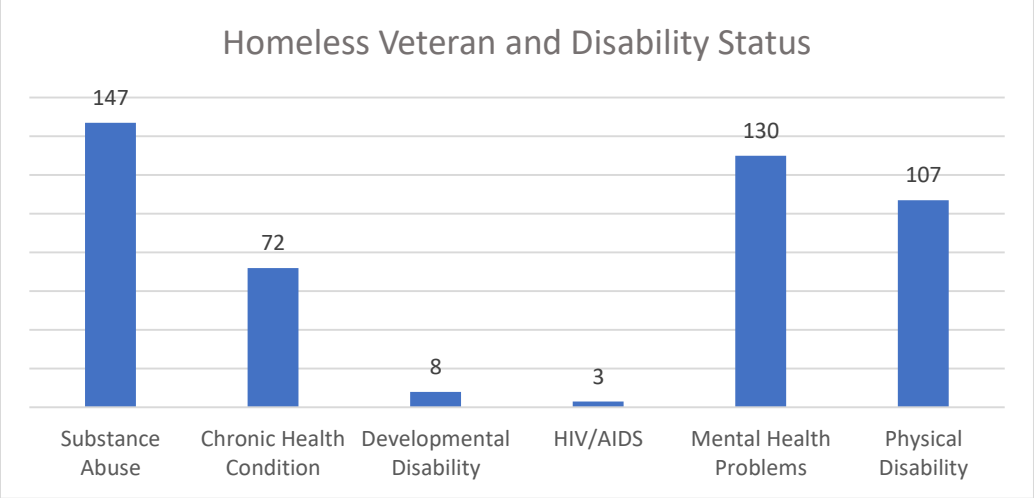
People with special needs are generally the most vulnerable members of the homeless population. Chronically homeless account for 21% of the people who are homeless, meaning that they have a disability and have been homeless for a year or longer, or in the past three years experienced four or more occasions of homelessness, totaling 12 months. Additionally, 12.3% of South Carolina's homeless populations are Veterans, which is slightly higher than the overall Veteran population of the state at 10.3%.



Source: 2017 Point in Time Count
Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities or be a Veteran with a disability.
Data Note: Substance Abuse includes Alcohol and/or Drug Abuse

Veterans with Disabilities

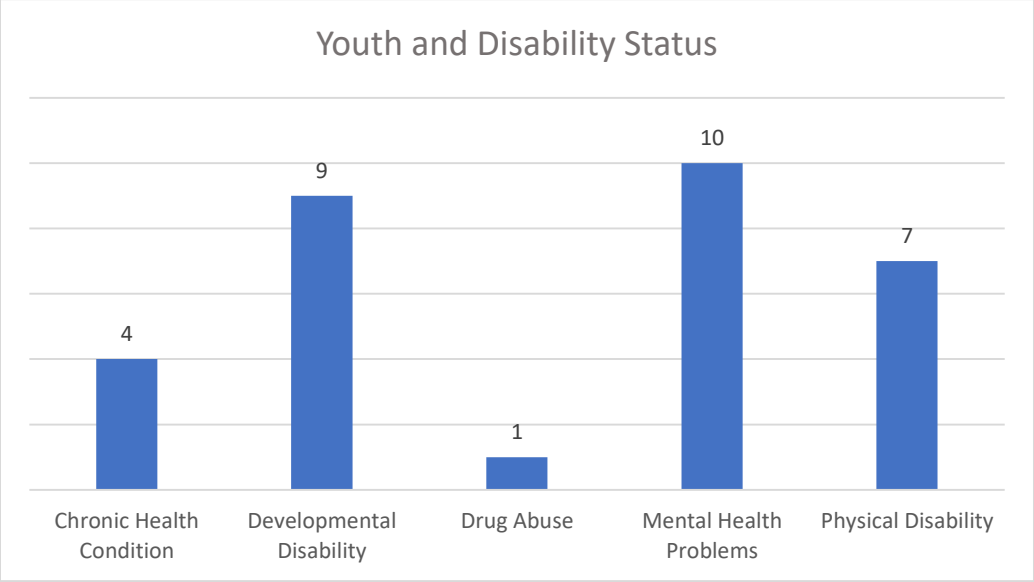
Of the Veteran homeless population in South Carolina, the most common disability is Substance Abuse. Mental Health Problems are the second most common issue. Overall, 480 homeless individuals identify as Veterans and 467 have one of the below disabilities.



Source: 2017 Point in Time Count
Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities.
Data Note: Substance Abuse includes Alcohol and/or Drug Abuse

Youth with Disabilities

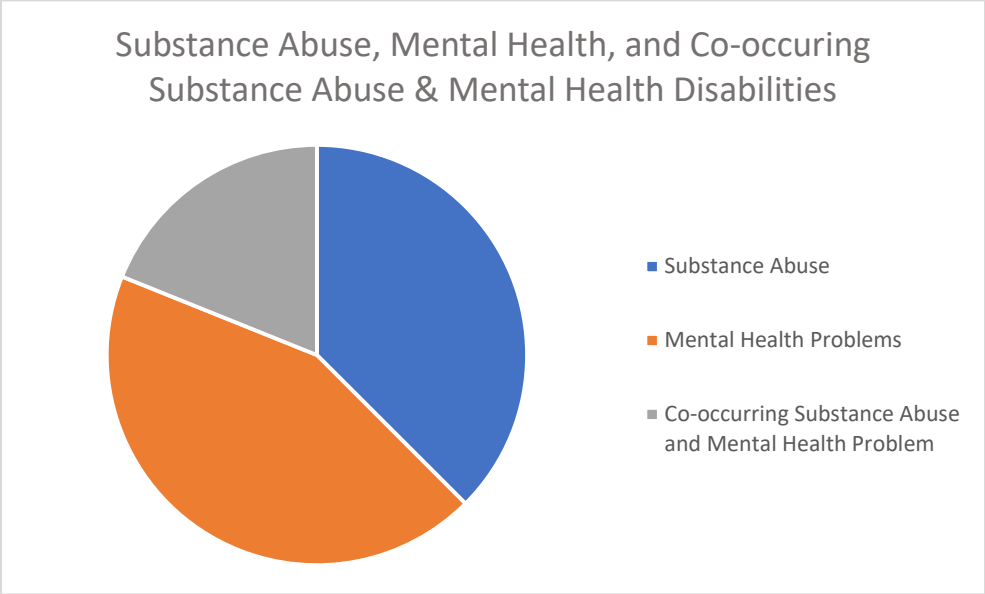
Of the homeless population 18 years old or younger, there are 26 that have a disability. Mental Health Problems are the most common with nine (9) youth with that disability. The second most common disability among youth is Developmental Disabilities.



Source: 2017 Point in Time Count
Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities.

Substance Abuse and Mental Health

Individuals who are dealing with co-occurring Substance Abuse and Mental Health Problems are a particularly vulnerable group. Out of the 3,916 persons experiencing homelessness, 6.0% (236) have a co-occurring Substance Abuse and Mental Health Problem.



Substance Abuse and Mental Health by CoC

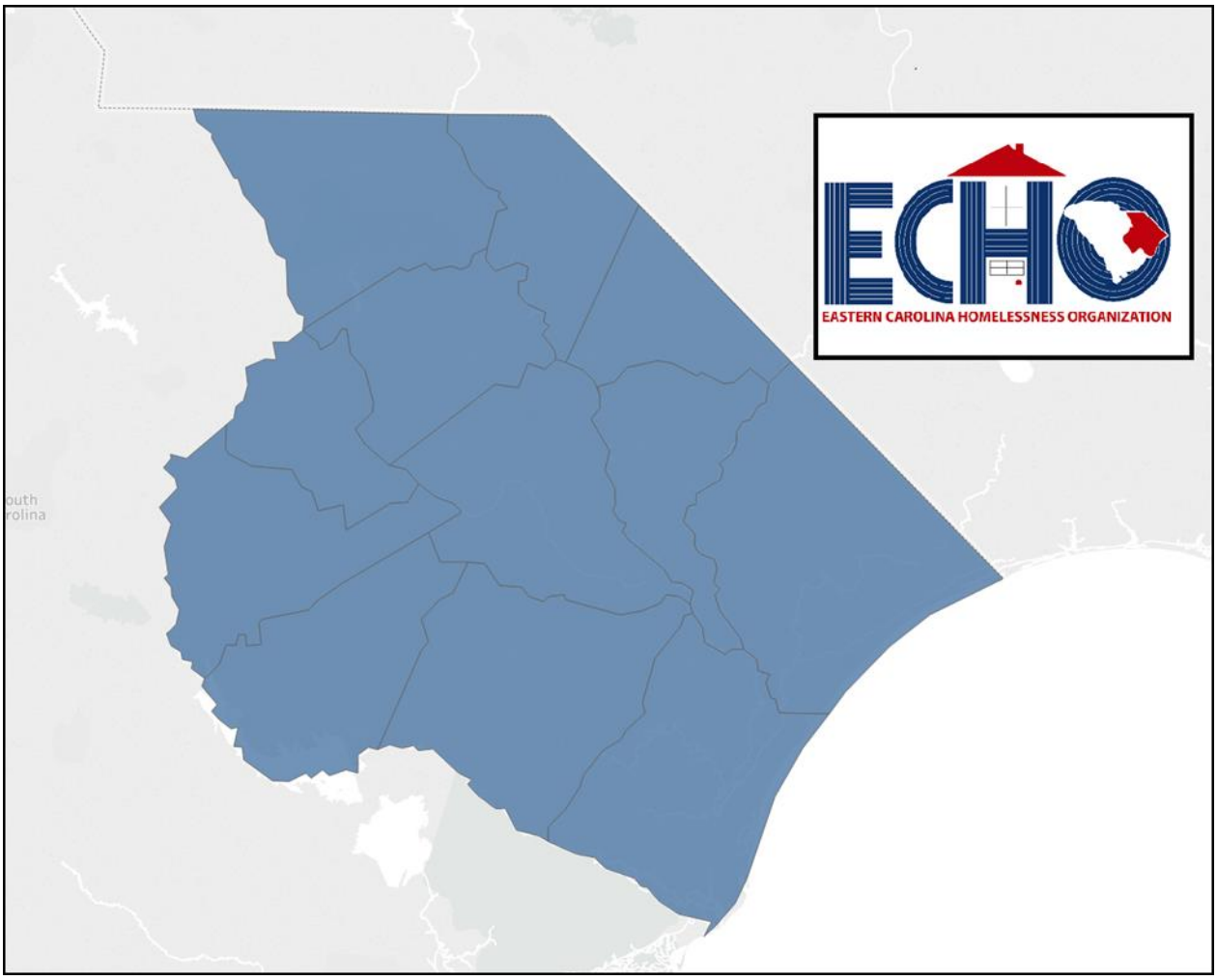
	Substance Abuse	Mental Health Problems	Co-occurring Substance Abuse & Mental Health Problems	% of Homeless Population with co-occurring Substance Abuse and Mental Health Problems
ECHO	95	129	61	6.3%
LHC	121	173	78	18.4%
MACH	78	137	52	4.3%
Upstate CoC	115	164	45	3.4%
Statewide Total	*409*	*603*	*236*	*6.0%*
Source: 2017 South Carolina Point in Time Count				

Disability and Long-Term Homelessness

Persons experiencing homelessness with a disability are at greater risk of staying homeless long term. Disabilities can make finding appropriate housing and stable income incredibly difficult. Public assistance is often insufficient when providing the financial support necessary to keep disabled individuals in stable housing. Of the 2,266 individuals for which detailed disability information was gathered, 98.7% (2,238) stated that their disability contributed to their homelessness.

Eastern Carolina Homelessness Organization (ECHO)

The Eastern Carolina Homelessness Organization (ECHO) is a group of homeless service providers that operate in the northeastern part of South Carolina. ECHO covers 12 counties, including Horry County which is home to the Myrtle Beach metropolitan area that has a population of 465,391 and is one of the largest tourist destinations in the country. In 2017, 41 projects from 23 organizations participated in the PIT Count. In total, 974 individuals were reported homeless by ECHO.



Methodology

ECHO used a mixed approach of census counting and non-random sampling as methodologies for the unsheltered and sheltered count. During this year's count, ECHO surveyed persons that qualified as homeless under 24 CFR 578.3 final rule by HUD. This is different from years past where the CoC also surveyed persons that were considered "doubled up" or homeless under other Federal Statutes. This was done to more precisely define our census count criteria in an effort to better count the population. As in past years, ECHO used a mixture of the following methods for the sheltered and unsheltered count:

- Homeless Management Information System (HMIS) service data on the day of the count and the following 7 days of all service providers that enter data into HMIS;
- Blitz count of unsheltered homeless at areas pre-determined to be likely places for homeless to spend the day or night, including, but not limited to libraries, woods, parking lots, etc.; and
- Surveys at non-HMIS agencies that have been pre-determined to serve homeless, on the day of the count and for the subsequent 3 days.

Unsheltered Count:

ECHO utilized county coordinators to recruit, train, and send volunteers to account for and survey unsheltered individuals and families experiencing homelessness in the 12 counties. Prior to the count the Regional Coordinators and County Coordinators started planning the unsheltered count and worked with outreach workers, local law enforcement, and community members to identify locations where individuals/families experiencing homelessness may be located. County Coordinators were encouraged to work with local service providers, local governments, and colleges in the area to recruit volunteers. A blitz count was conducted on the night of the count and through January 29 2017. Trained volunteers, accompanied by a team lead, went to previously identified locations to collect PIT surveys and distribute care packages. January 28 through the 30th trained volunteers were strategically placed at service provider locations that are known to serve the homeless to canvass. This increases the possibility of counting persons that were not identified during the initial 5 day blitz count. All information was de duplicated using the HMIS data base and using reports provided by the state of South Carolina's HMIS vendor.

Sheltered Count:

Non-HMIS emergency shelters and transitional shelters were identified before the count and shelter staff or volunteers were prepared to complete the surveys on the night of the count. ECHO was able to include a few non-HMIS shelters through this process, but not all shelters wanted to participate in this year's count. This information was paired with the HMIS data recorded on the night of the count to complete the sheltered count. All information was de duplicated using the HMIS data base and using reports provided by the state of South Carolina's HMIS vendor.

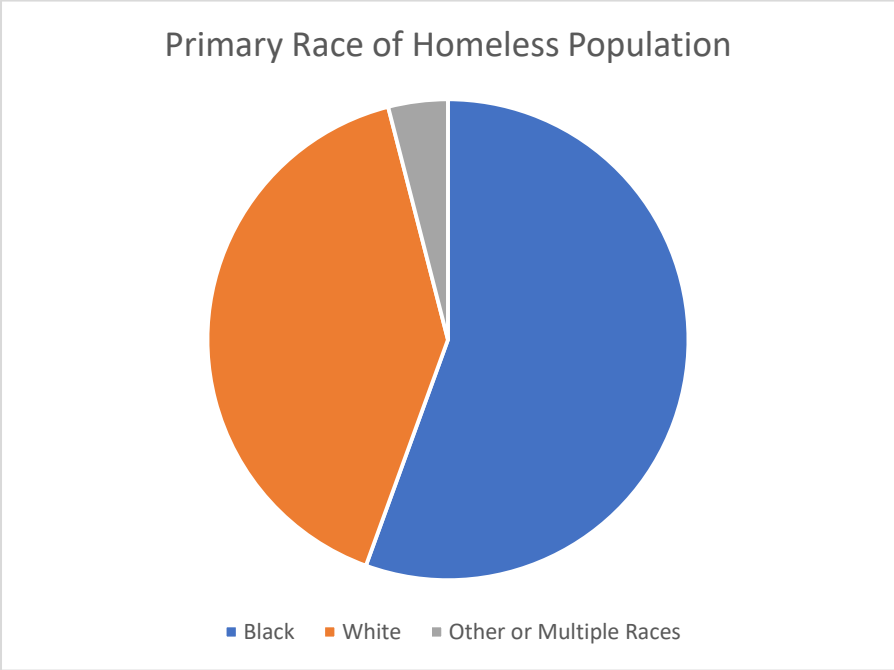
Unique Aspects of the 2017 PIT Count

Changes to Housing Inventory Chart Classifications

Three (3) shelters in Horry County were reclassified from transitional housing to emergency shelter in the time since the 2016 count. This was done in cooperation with the provider, CoC, and the local HUD field office. It is important to note this because of the drastic change of transitional beds to emergency shelter beds, 158 beds in total were moved to emergency shelter on the 2017 Housing Inventory Chart.

Race and Ethnicity

The majority (55.5%) of the homeless population reported by ECHO is Black. This is considerably higher than the overall population of that region, which is only 36.0% Black according to the 2011-2015 American Community Survey 5-Year Estimates. Additionally, only 18 (1.6%) of the homeless population identifies as Hispanic. Approximately 3.9% of the total regional population identifies as Hispanic.

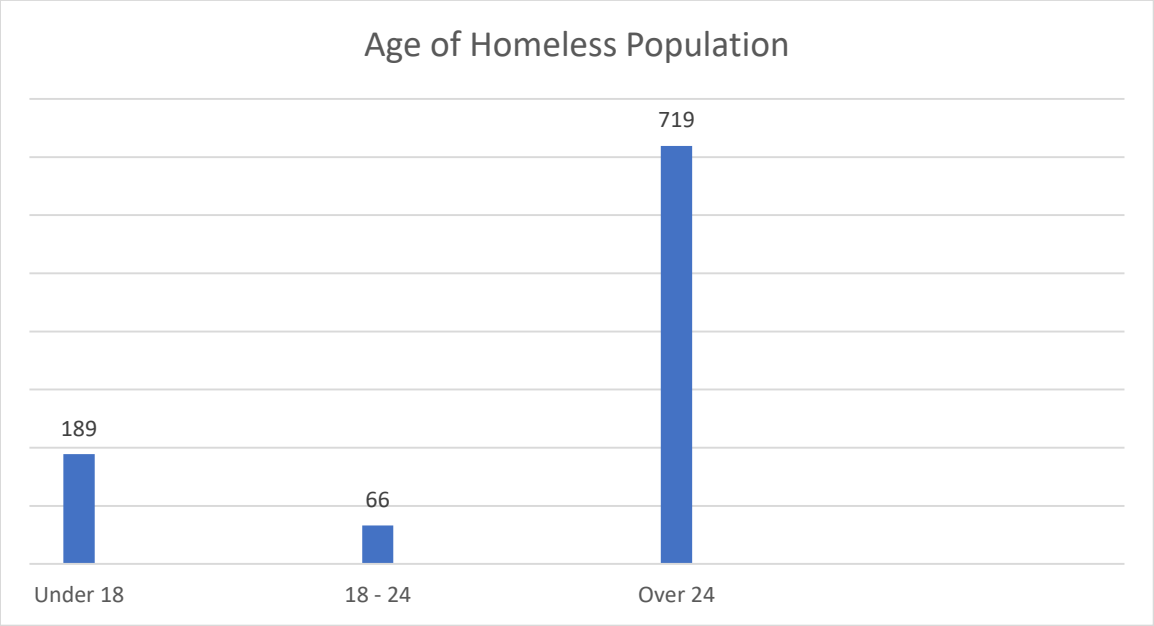


Homelessness by Racial and Ethnic Group

Race	Sheltered	Unsheltered
White	171	223
Black or African American	182	359
Asian	1	0
American Indian or Alaska Native	4	8
Native Hawaiian or Other Pacific Islander	1	0
Multiple Races	10	15
Ethnicity	**Sheltered**	**Unsheltered**
Hispanic or Latino	14	2
Not Hispanic/ Latino	355	603
Source: 2017 Point in Time Count		

Age

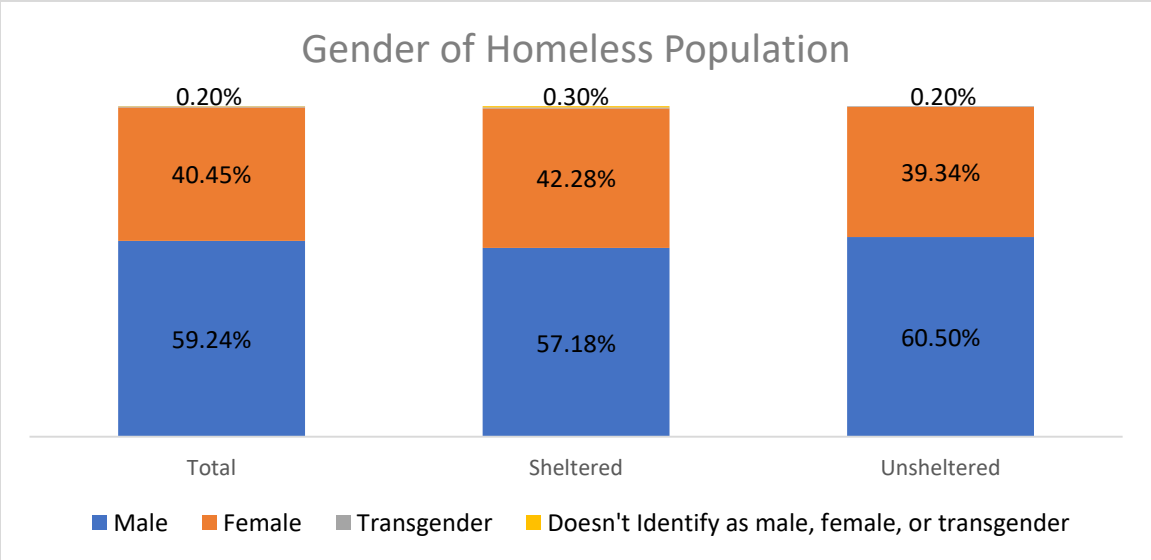
Children under the age of 18 comprise 19.4% of the homeless population in the ECHO region, the second largest age cohort. Of this age range, 187 are children under the age of 18 in families with adults and two (2) are unaccompanied youth.



Source: 2017 Point in Time Count

Gender

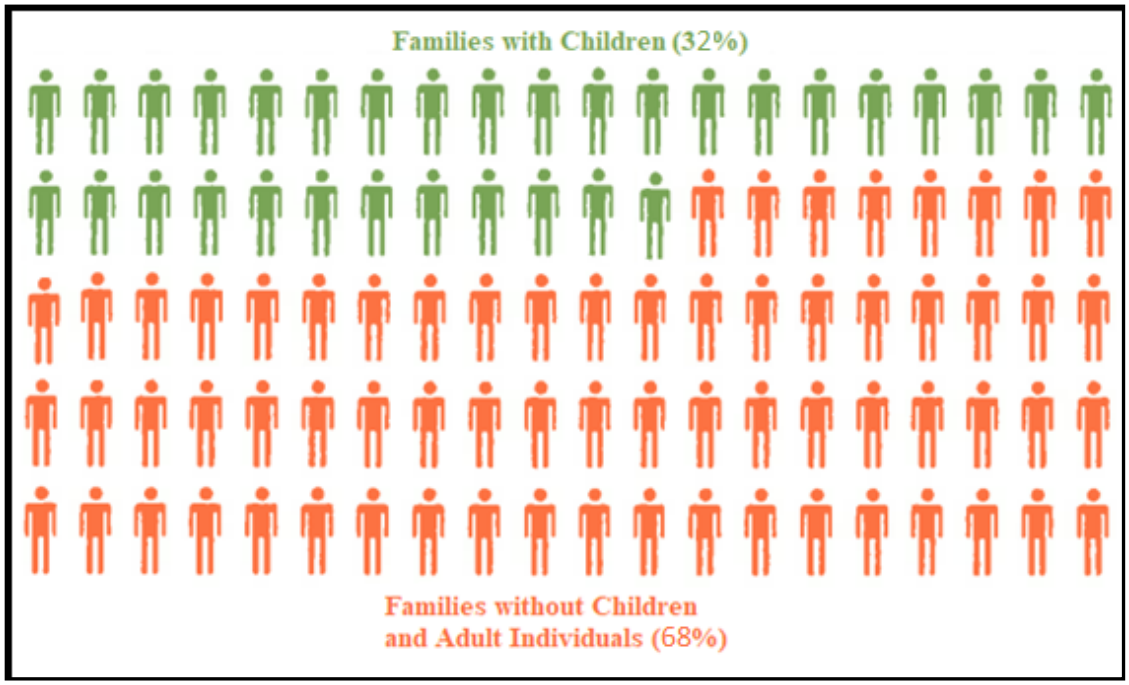
Overall, 60.24% of the people who are experiencing homelessness in the ECHO region are men with that distribution being similar across sheltered and unsheltered populations. Additionally, one (1) unsheltered and one (1) sheltered individual is transgender, and one (1) sheltered individual does not identify as male, female, or transgender.



Data Note: Does not identify as male, female, or transgender is 0.10% of the Total population and 0.30% of the sheltered population.

Family Composition

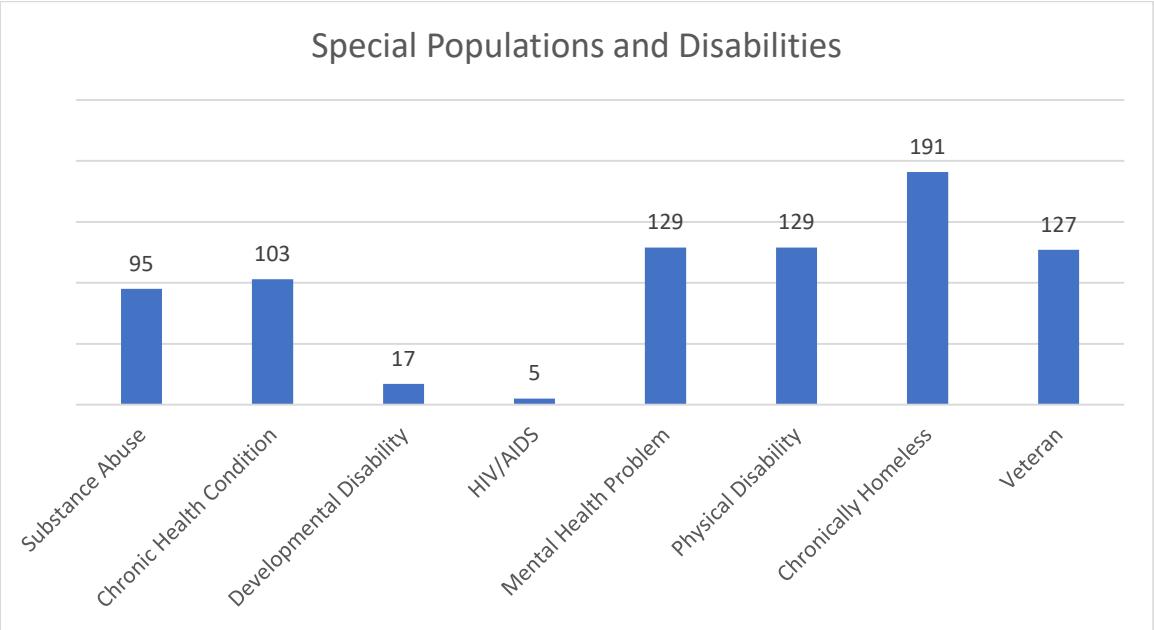
Within the ECHO region, 32% of the total homeless population are in families with children (308) and 68% are adult individuals or families with only adults (664). Additionally, two (2) individuals are under 18 and experiencing homelessness without a family.



Source: 2017 Point in Time Count

Special Populations and Disabilities

People with special needs are generally the most vulnerable members of the homeless population. 19.6% of the people who are experiencing homelessness in the ECHO region are chronically homeless, meaning that they have a disability and have been homeless for a year or longer, or in the past three years experienced four or more occasions of homelessness, totaling 12 months. Additionally, 13.0% of the area's homeless population are Veterans.



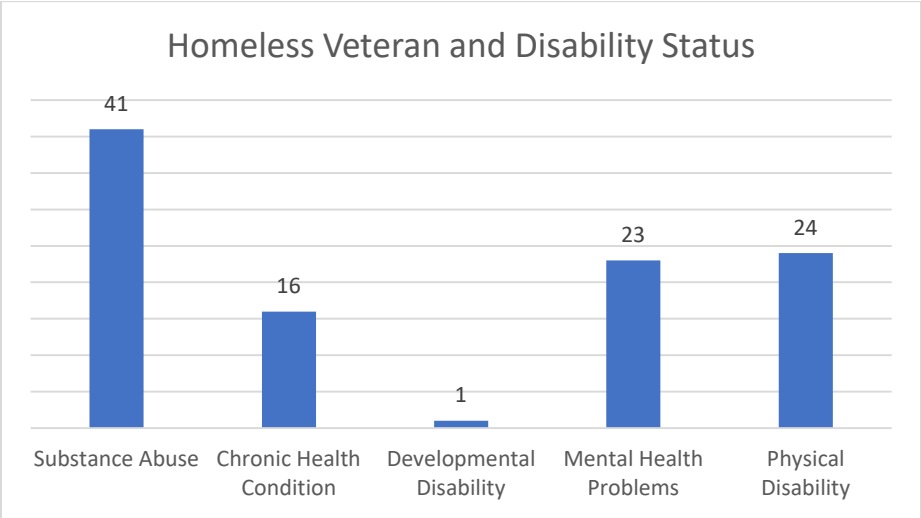
Source: 2017 Point in Time Count

Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities or be a Veteran with a disability.

Data Note: Substance Abuse includes Alcohol and/or Drug Abuse

Veterans with Disabilities

Of the Veteran homeless population in the ECHO region, the most common disability is Substance Abuse. Physical Disabilities are the second most common issue.



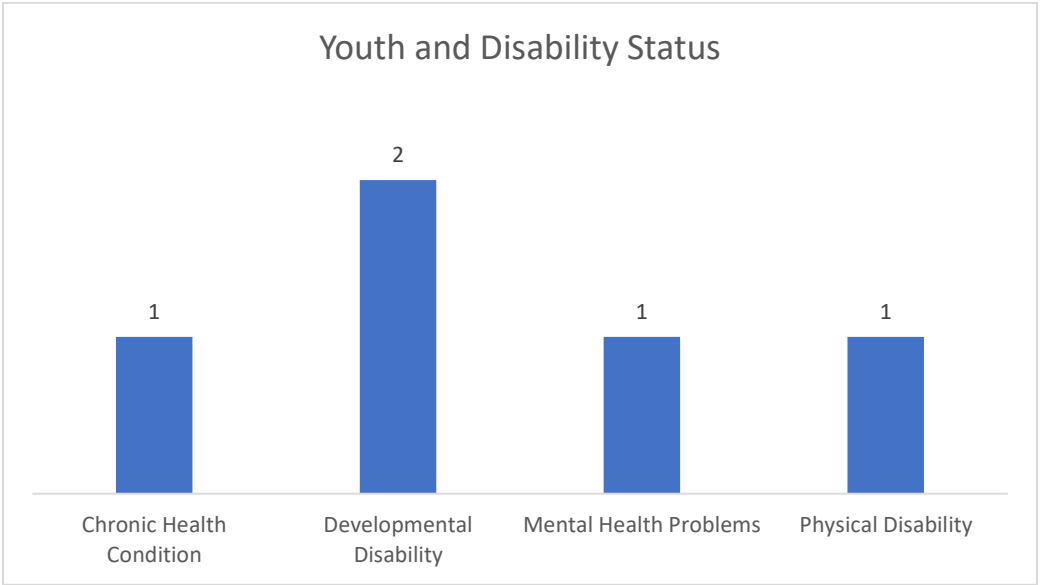
Source: 2017 Point in Time Count

Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities.

Data Note: Substance Abuse includes Alcohol and/or Drug Abuse

Youth with Disabilities

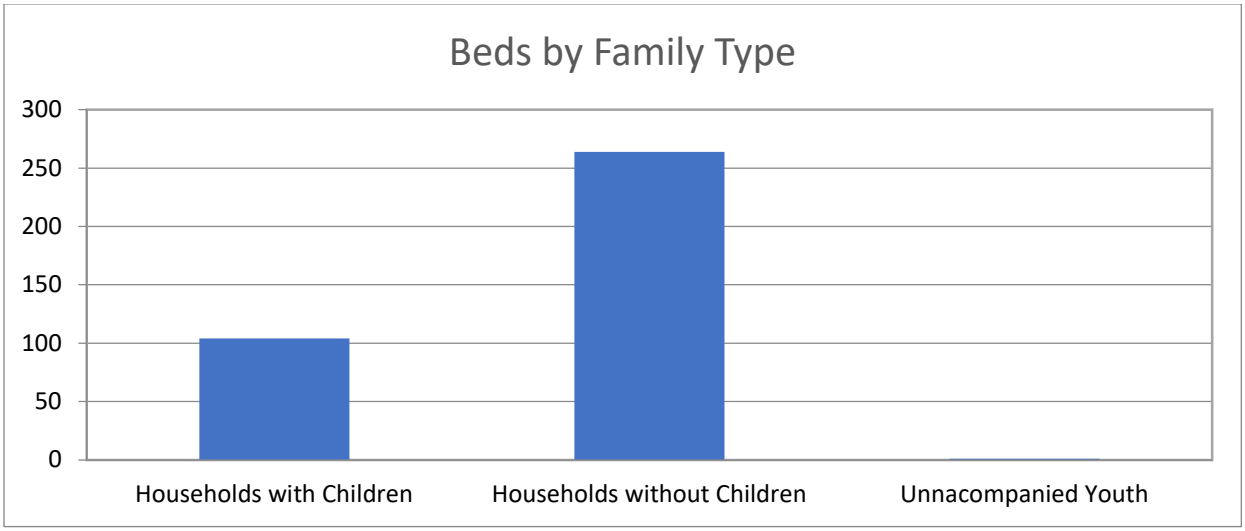
Of the homeless population 18 years old or younger there are four (4) that report having a disability in the ECHO region. Developmental Disabilities are the most common with two (2) youth with that disability. One (1) youth each reported having a Chronic Health Condition, a Mental Health Problem, or Physical Disability.



Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities.

Housing Inventory

Within the ECHO jurisdiction there are 1,267 total year-round beds and 48 overflow beds. Of those beds, 104 were used by households with children and 264 were used by adult only households. At the time of the PIT count one (1) of the beds were used by unaccompanied youth.

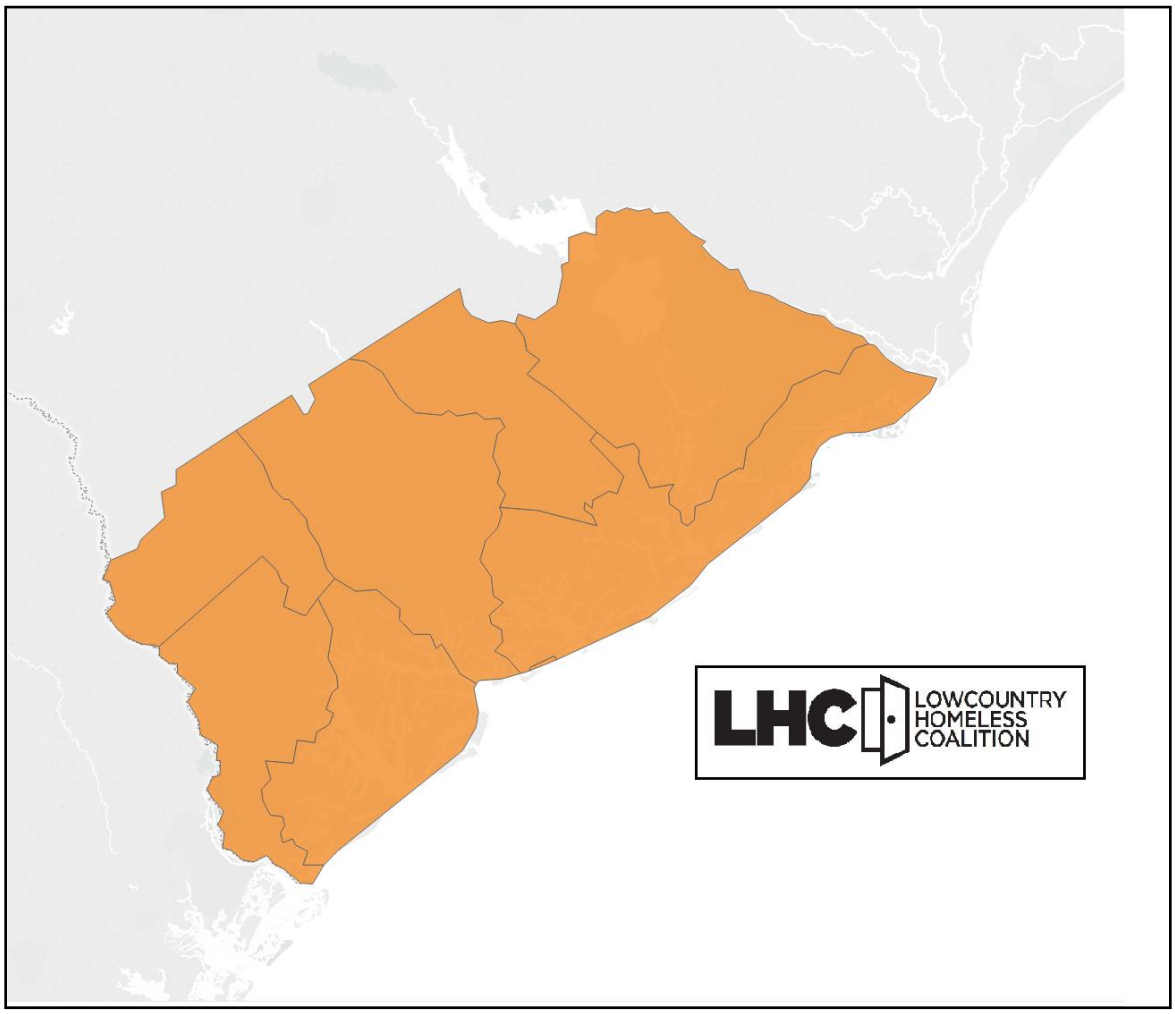


Source: 2017 Housing Inventory Chart

Data Note: Housing Inventory Chart includes Emergency Shelter, Transitional Housing, Permanent Supportive Housing, and Rapid Re-housing.

Lowcountry Homeless Coalition (LHC)

The Lowcountry Homeless Coalition (LHC) is a group of homeless service providers that operate in the southeastern part of South Carolina. LHC covers 6 counties, including Charleston County, which is home to the Charleston metropolitan area that has a population of 664,607 and has a significant military, student, and tourist presence. In 2017, 36 projects from 21 organizations participated in the PIT Count. In total, 425 individuals were reported homeless by LHC.



Methodology

Relations with vendors, volunteers, and organizations that assisted with the PIT Count in the past were contacted to reestablish relationships in the early fall of 2016. Organizations that felt they had a significant amount of people experiencing homelessness frequenting their location(s) provided ideal days and times to have volunteers present to conduct the PIT Count survey. Volunteers from previous PIT Counts, who wished to take part in the PIT Count again, were contacted and provided with information on how to assist in the coming 2017 PIT Count. Outreach workers from service providers were asked to continually provide updates on specific areas that would need to have a street outreach presence during the PIT Count.

We were able to solidify cooperation with a number of local public service departments and organizations such as the College of Charleston Center for Civic Engagement, Summerville Police department, North Charleston Police department, One80 Place, Beaufort County Human Services, Neighborhood House, St Matthew's German Evangelical Lutheran Church, Home of Hope, and Trident United Way. Many of these connections were made by simply calling to speak with someone about the PIT count, previous relations, or attending community events.

Once relationships were established, we began contacting potential vendors to assist in providing us with "incentive" items to offer to citizens in need during the PIT count, which consisted primarily of hygiene items and cold weather clothing items.

Days, times, and frequency of visits were established with service providers and outreach workers by November 2017. At which point an online volunteer sign-up was created that included a listing for the PIT count on a volunteer recruitment website. We e-mailed this to organizations and individuals who had been working within the CoC. During this same time, training dates were reserved at the Charleston County Public Library downtown location as well as the College of Charleston Lightsey Center. In total, there were five (5) volunteer trainings and a total of 60 volunteers.

On November 14th 2017 the South Carolina "PIT Survey 2017 Survey Training" was held in Columbia. LHC attended the meeting and based the local volunteer training on the slides that were provided and presented at this training.

By December 2017, donation items were confirmed to be arriving and LHC worked to get back packs assembled with these items, with the help of College of Charleston student volunteers provided by the College of Charleston Center for Civic Engagement. "Lead" volunteers were confirmed, who were experienced social workers that would be responsible for scheduling a time to pick up incentive bags, PIT count surveys, and arrive to the site early to set up for surveying at each event.

By January 15th 2017 volunteer recruitment was complete and volunteer trainings began the week before the start of the PIT Count. Volunteer trainings were approximately two hours long and provided time for a demonstration with the survey and volunteers had the chance to practice the survey questions with each other.

By the start of the PIT count, volunteers were being sent their schedule, the address of the site, and meet up or contact details two days before each event.

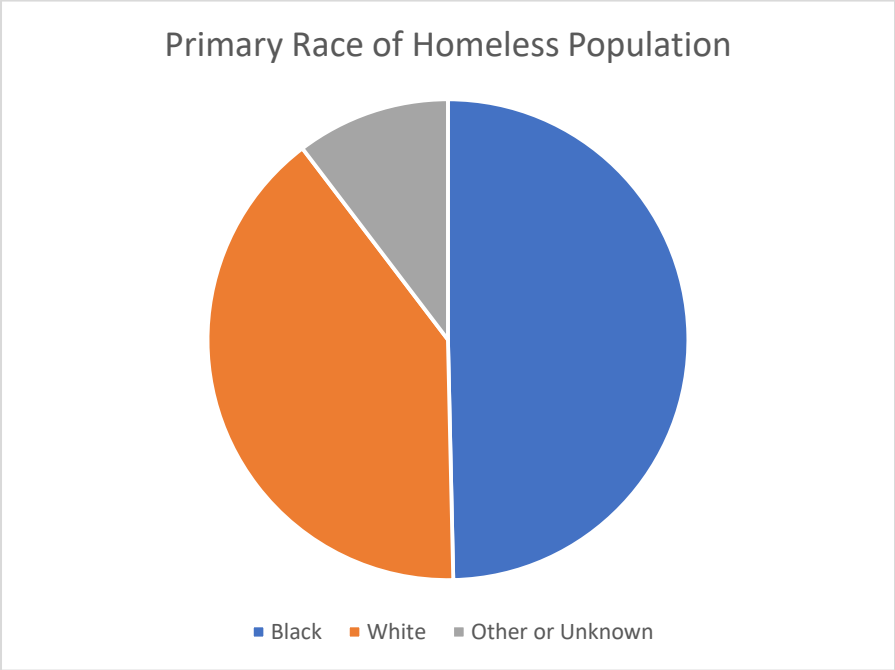
After data collection was complete, current HMIS users volunteered to enter the PIT Count surveys into HMIS. Training for data entry of PIT Count Surveys was provided as well.

Unique Aspects of the 2017 PIT Count

The night of the PIT Count, the climate was temperate in the Charleston area which had a significant impact on the sheltered PIT Count. The three seasonal shelters in the area were not open that night as a result, leading to the significant decrease in persons staying in Emergency Shelter in 2017 compared to 2016. Even though the cold weather shelters were not open that night, LHC still saw a decrease of persons in our Unsheltered count from 2016 to 2017. This decrease is being interpreted by our local CoC providers and stakeholders as a legitimate decrease in unsheltered homeless. One main factor for this decrease in unsheltered homelessness could be the large encampment within the City of Charleston having been resolved during 2016 and no one living unsheltered in that area during the 2017 PIT Count.

Race and Ethnicity

The majority (49.6%) of the homeless population reported by LHC is Black. This is considerably higher than the overall population of that region, which is only 26.9% Black according to the 2011-2015 American Community Survey 5-Year Estimates. Additionally, only 16 (3.8%) of the homeless population identifies as Hispanic. Approximately 6.5% of the total regional population identifies as Hispanic.

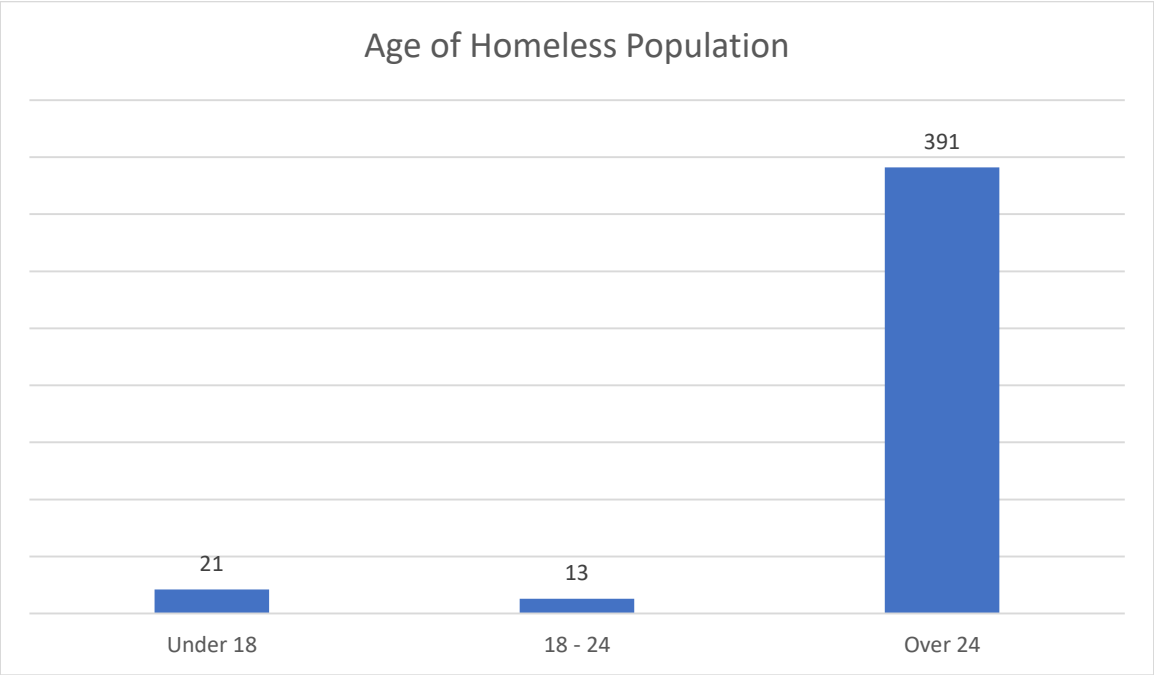


Homelessness by Racial and Ethnic Group

Race	Sheltered	Unsheltered
White	98	72
Black or African American	104	107
Asian	2	0
American Indian or Alaska Native	2	1
Native Hawaiian or Other Pacific Islander	0	0
Multiple Races	15	24
Ethnicity	**Sheltered**	**Unsheltered**
Hispanic or Latino	11	5
Not Hispanic/ Latino	210	199
Source: 2017 Point in Time Count		

Age

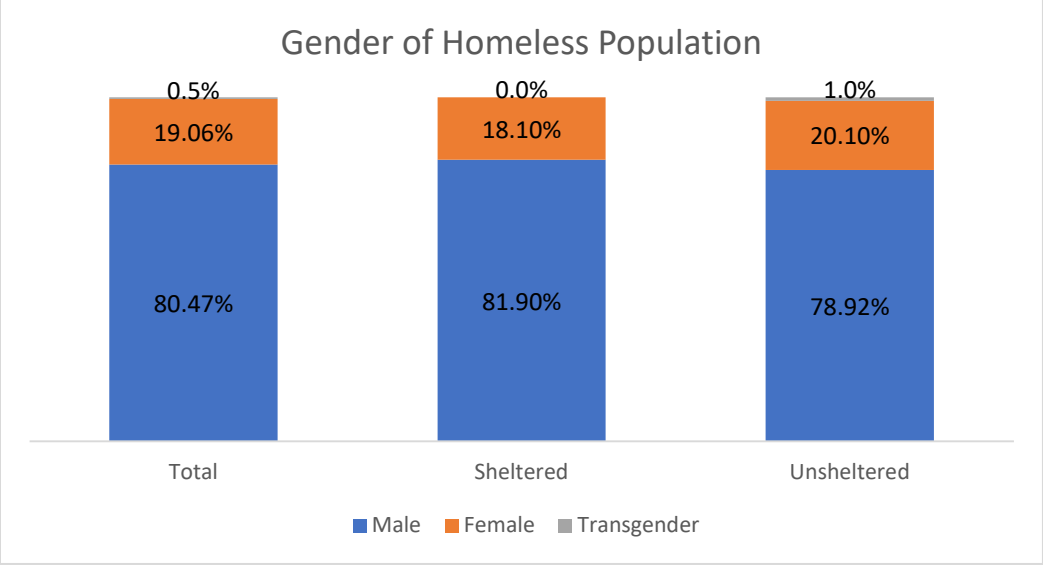
Children in families with adults under the age of 18 comprise 5% of the homeless population in the LHC region, the second smallest age cohort.



Source: 2017 Point in Time Count

Gender

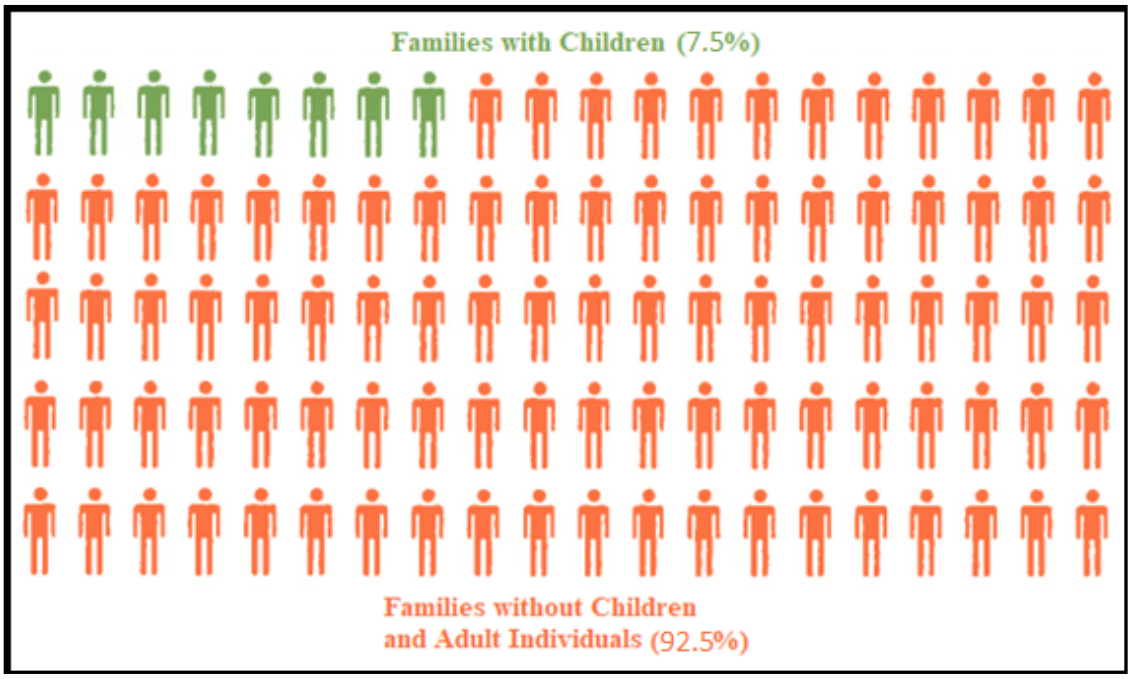
Overall, the homeless population in the LHC region is overwhelmingly male. Over 80%of the people who are experiencing homelessness are men and that distribution is similar across sheltered and unsheltered populations. Additionally, two (2) unsheltered individuals identify as transgender.



Source: 2017 Point in Time Count

Family Composition

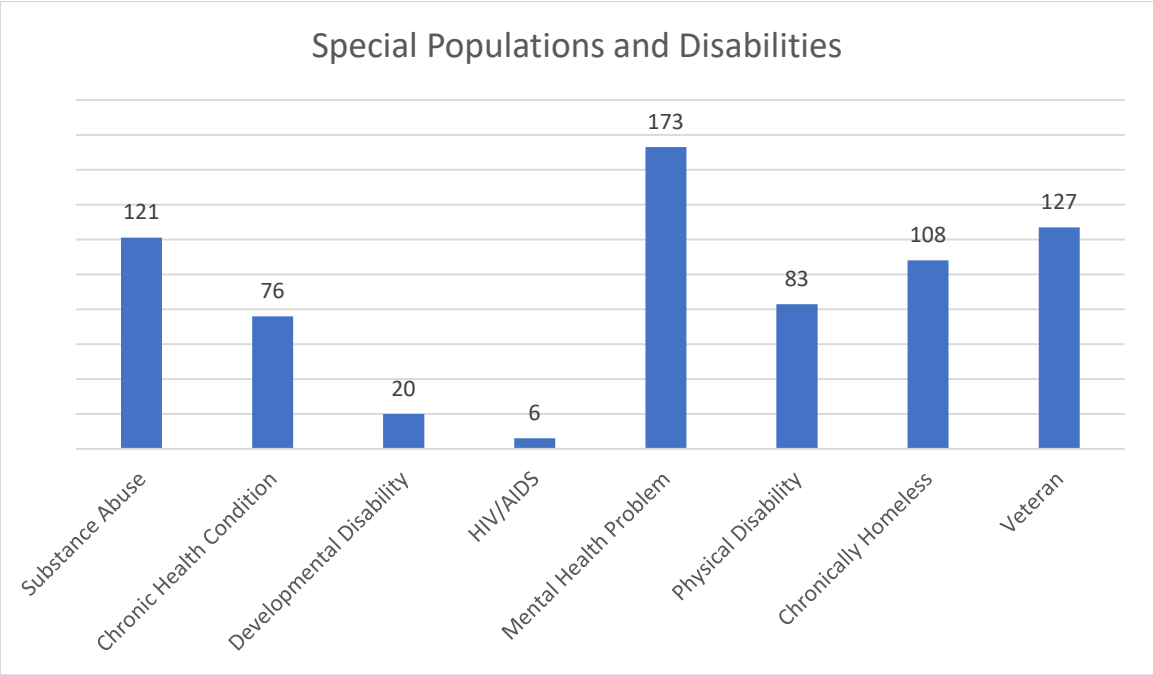
Within the LHC region, 7.5% of the total homeless population are families with children (32) and 92.5% are adult individuals or adult only families (393).



Source: 2017 Point in Time Count

Special Populations and Disabilities

People with special needs are generally the most vulnerable members of the homeless population. 25.5% of the people who are homeless in the LHC area are chronically homeless meaning that they have a disability and have been homeless for a year or longer, or in the past three years experienced four or more occasions of homelessness, totaling 12 months. Additionally, 30.2% of the area's homeless population are Veterans.



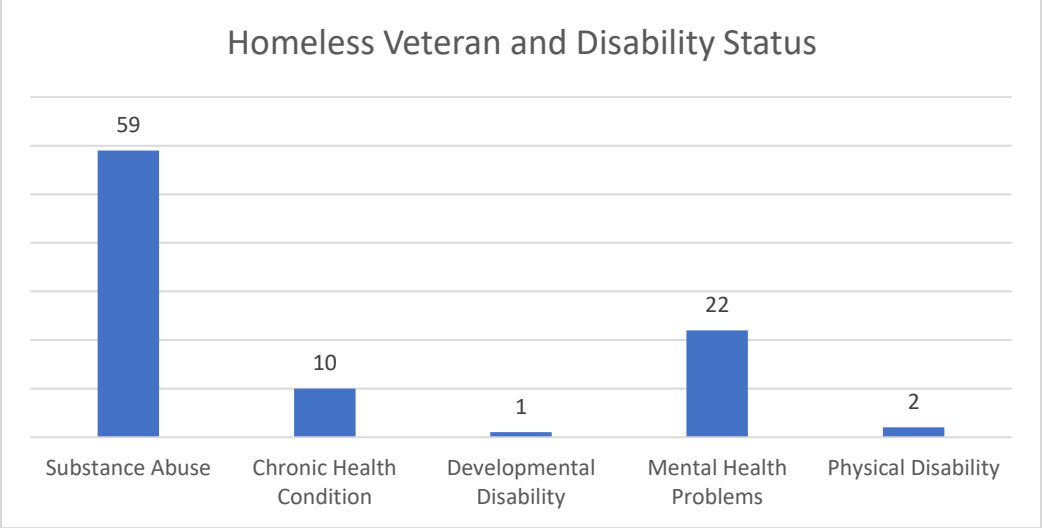
Source: 2017 Point in Time Count

Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities or be a Veteran with a disability.

Data Note: Substance Abuse includes Alcohol and/or Drug abuse

Veterans with Disabilities

Of the Veteran homeless population in the LHC region, the most common disability, by far, is Substance Abuse. Mental Health Problems are the second most common issue.



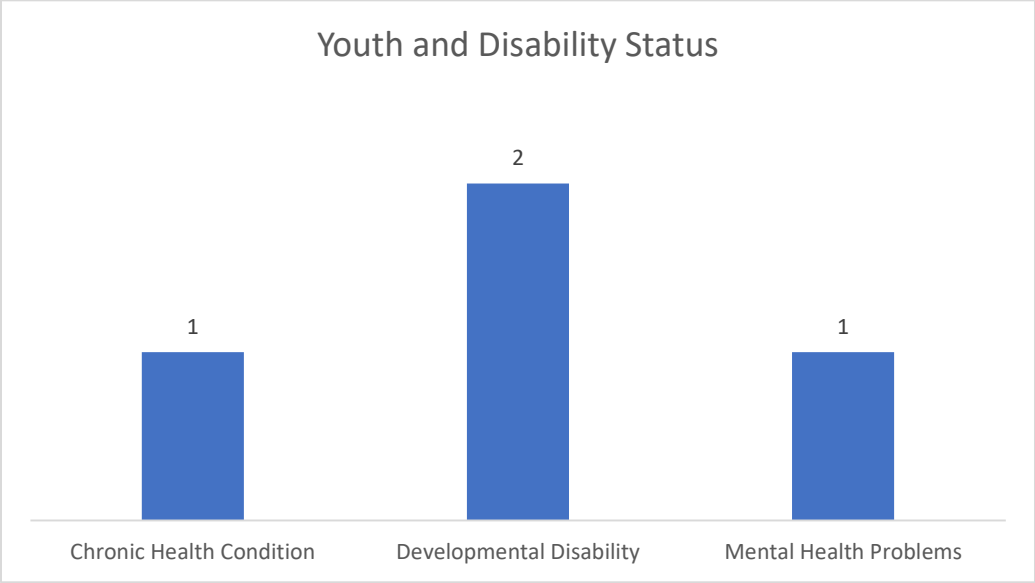
Source: 2017 Point in Time Count

Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities.

Data Note: Substance Abuse includes Alcohol and/or Drug Abuse

Youth with Disabilities

Of the homeless population 18 years old or younger there are three (3) that report having a disability in this region. Developmental Disabilities were reported by two (2) youth. Chronic Health Condition and Mental Health Problems were each reported by one (1) youth.

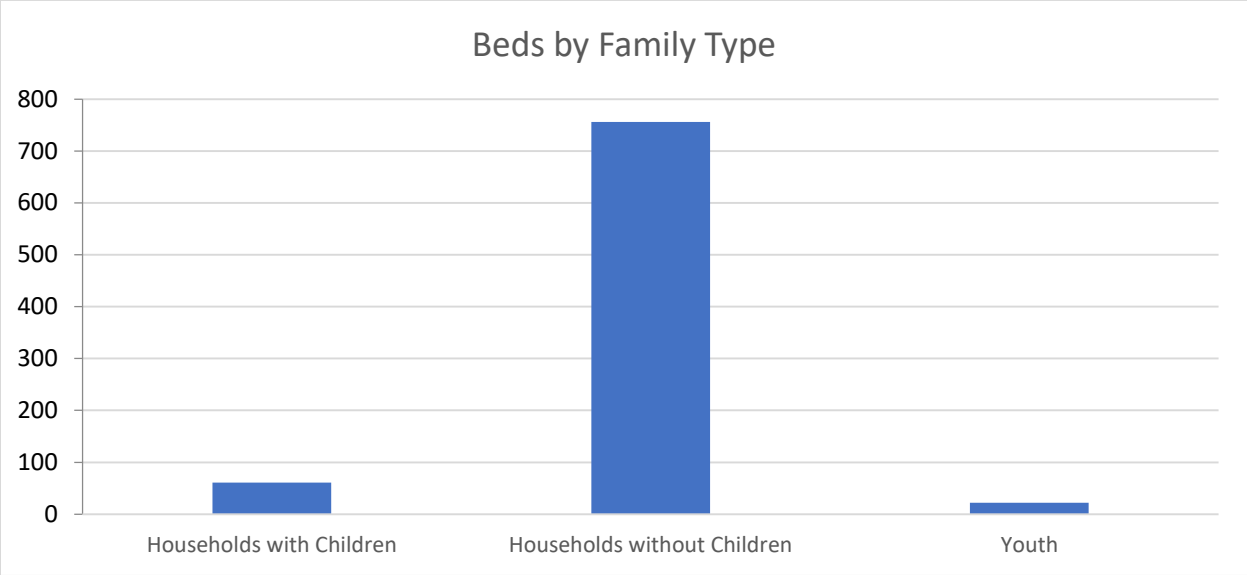


Source: 2017 Point in Time Count

Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities.

Housing Inventory

Within the LHC region there are 895 total year-round beds and 56 seasonal beds. Of those beds, 62 were used by households with children, 778 were used by households without children, and 22 were used by unaccompanied youth.

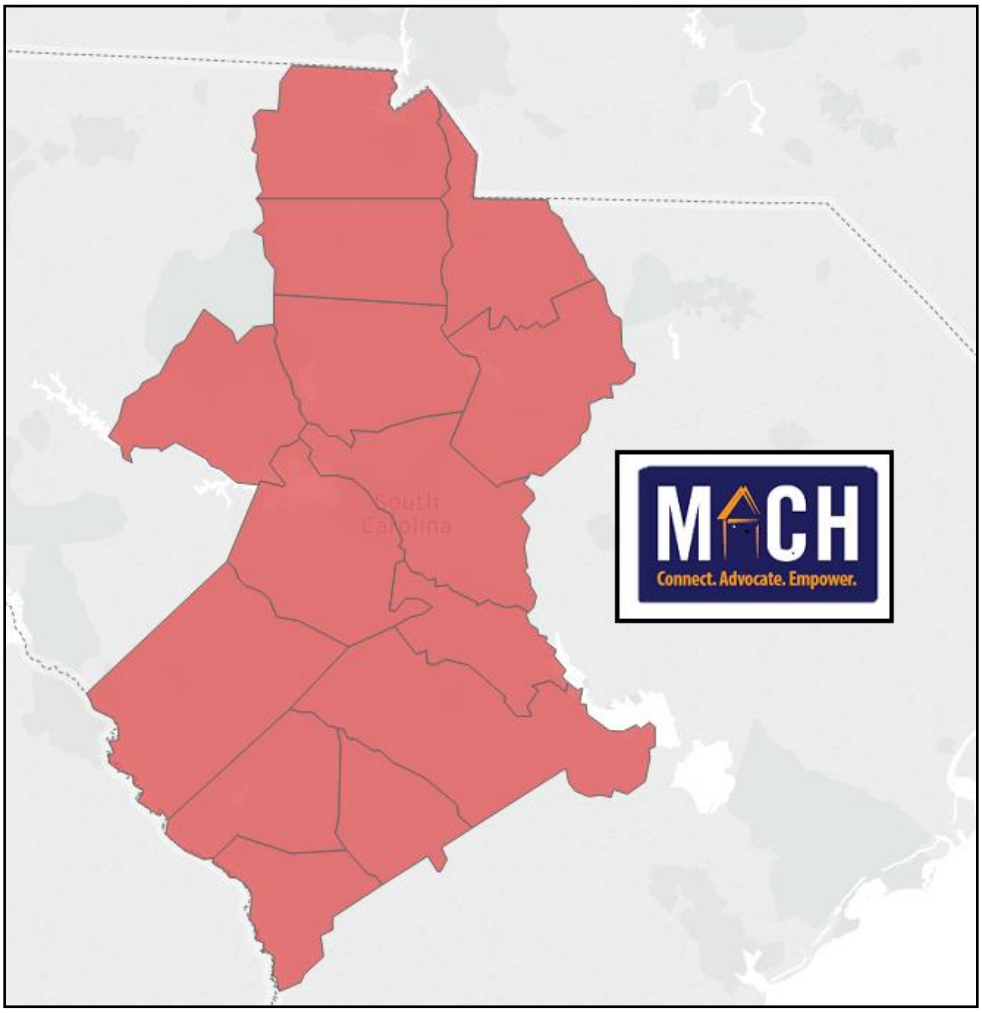


Source: 2017 Housing Inventory Chart

Data Note: Housing Inventory Chart includes Emergency Shelter, Transitional Housing, Permanent Supportive Housing, and Rapid Re-housing.

Midlands Area Consortium for the Homeless (MACH)

The Midlands Area Consortium for the Homeless (MACH) is a group of homeless service providers that operate in the central part of South Carolina. MACH covers 14 counties, including Richland and Lexington Counties which are home to the Columbia metropolitan area that has a population of 767,598 and is the state capital. In 2017, 87 projects from 37 organizations participated in the PIT Count. In total, 1,200 individuals were reported homeless by MACH.



Methodology

The Midlands Area Consortium for the Homeless (MACH) 2017 Point in Time Count (PIT) was governed by the Housing and Urban Development (HUD) minimal standards and the methodology was approved by MACH Board of Directors. January 25, 2017 was selected as the 'night of reference' for the 2017 Point-In-Time Count. Data collection began Wednesday, January 25th 2017 and continued through Sunday, January 29th 2017; with a census style unsheltered and sheltered count of all individuals and families experiencing homelessness.

Unsheltered Count

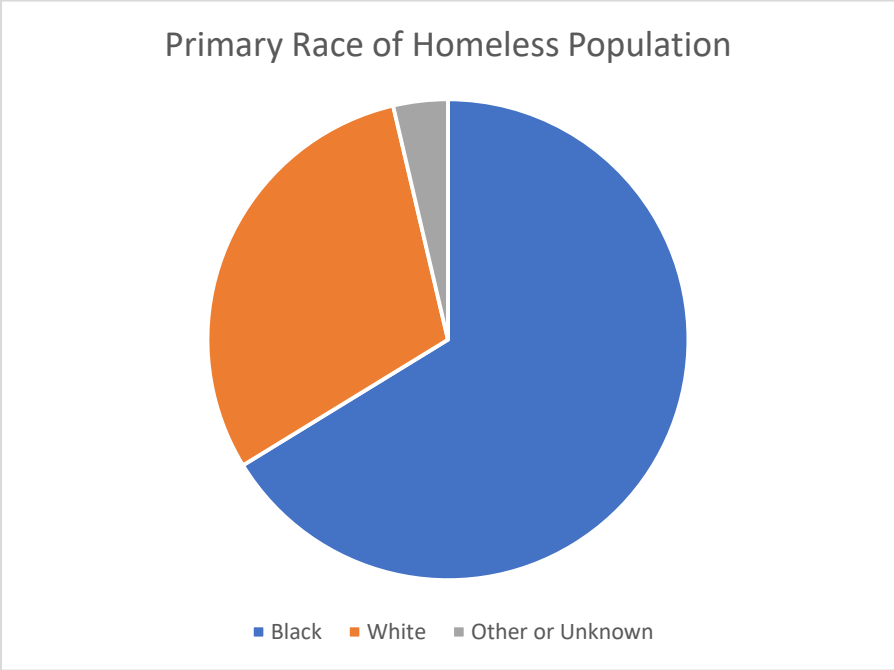
The unsheltered count used the 24 CFR 578.3 of the Homeless Definition Final Rule: "*An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground*." MACH utilized County Coordinators to recruit, train, and send out volunteers to account for and report on all unsheltered individuals and families experiencing homelessness in the 14 counties (Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland, and York). Months prior to the count, the Regional Coordinator and County Coordinators worked with outreach workers, local law enforcement, and community members to identify locations where individuals/families experiencing homelessness may be located. On the night of the count and various days and evenings through January 29th 2017, trained volunteers, accompanied by a Team Lead, went to previously identified locations to collect PIT surveys and distribute care packages. Across the continuum the most effective locations for the unsheltered population were libraries, locations where meals were provided, hospitals, and encampments known to outreach workers.

Sheltered Count

The sheltered count used 24 CFR 578.3 of the Homeless Definition Final Rule: *"An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals)."* MACH utilized client data already collected and entered in HMIS, on the night of the count, as the primary source for emergency shelter, safe haven, and transitional housing projects that participate in HMIS. For emergency shelters and transitional housing projects that did not participate in HMIS, a trained staff member of the continuum went to the location to collect PIT count data.

Race and Ethnicity

The majority (66.3%) of the homeless population reported by MACH is Black. This is considerably higher than the overall population of that region, which is only 32% Black according to the 2011-2015 American Community Survey 5-Year Estimates. Additionally, only 22 (1.8%) of the homeless population identifies as Hispanic. Approximately 4.7% of the total regional population identifies as Hispanic.

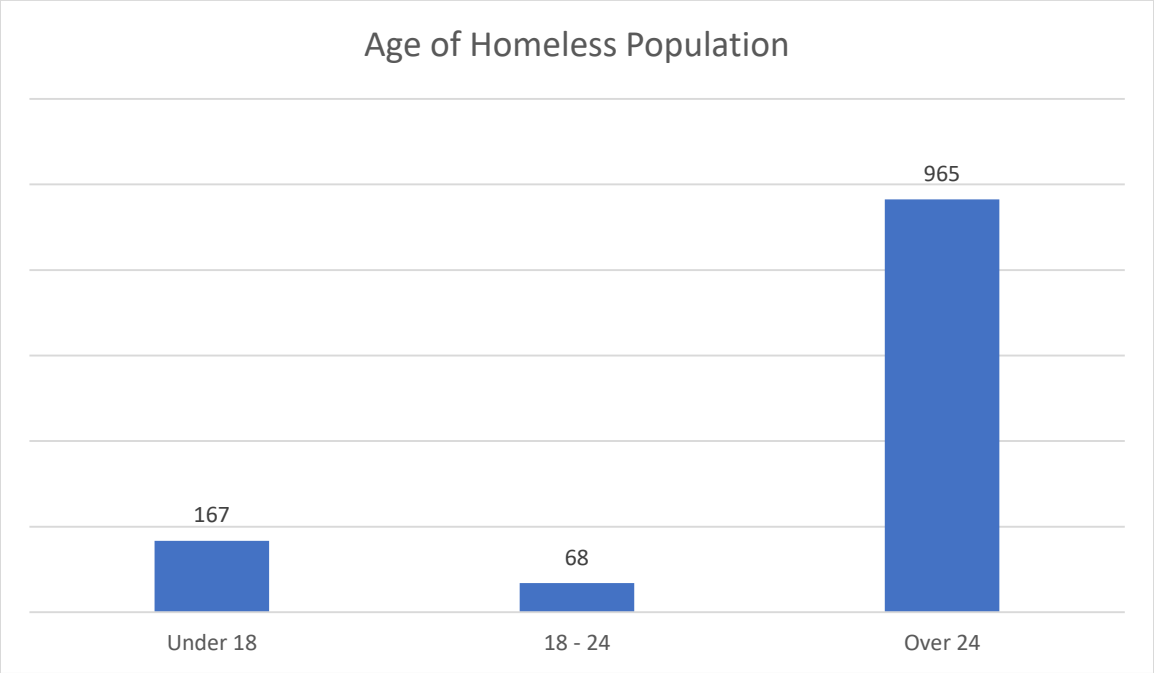


Homelessness by Racial and Ethnic Group

Race	Sheltered	Unsheltered
White	272	89
Black or African American	588	207
Asian	1	1
American Indian or Alaska Native	6	7
Native Hawaiian or Other Pacific Islander	1	0
Multiple Races	25	3
Ethnicity	**Sheltered**	**Unsheltered**
Hispanic or Latino	16	6
Not Hispanic/ Latino	877	301
Source: 2017 Point in Time Count		

Age

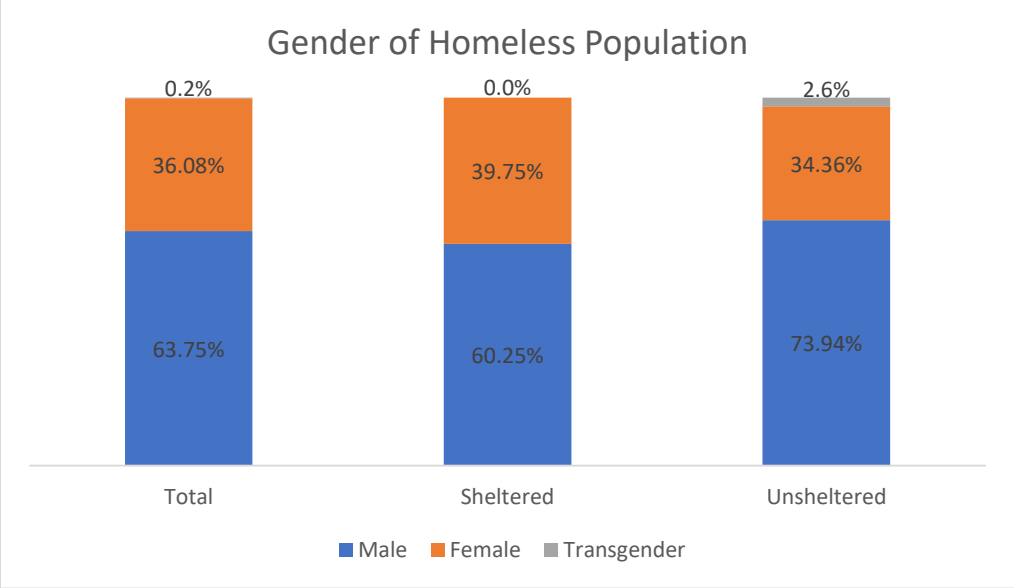
Children under the age of 18 comprise 13.9% of the homeless population in MACH, the third largest age cohort. Of this age range, 161 are children under the age of 18 in families with adults and six (6) are unaccompanied youth.



Source: 2017 Point in Time Count

Gender

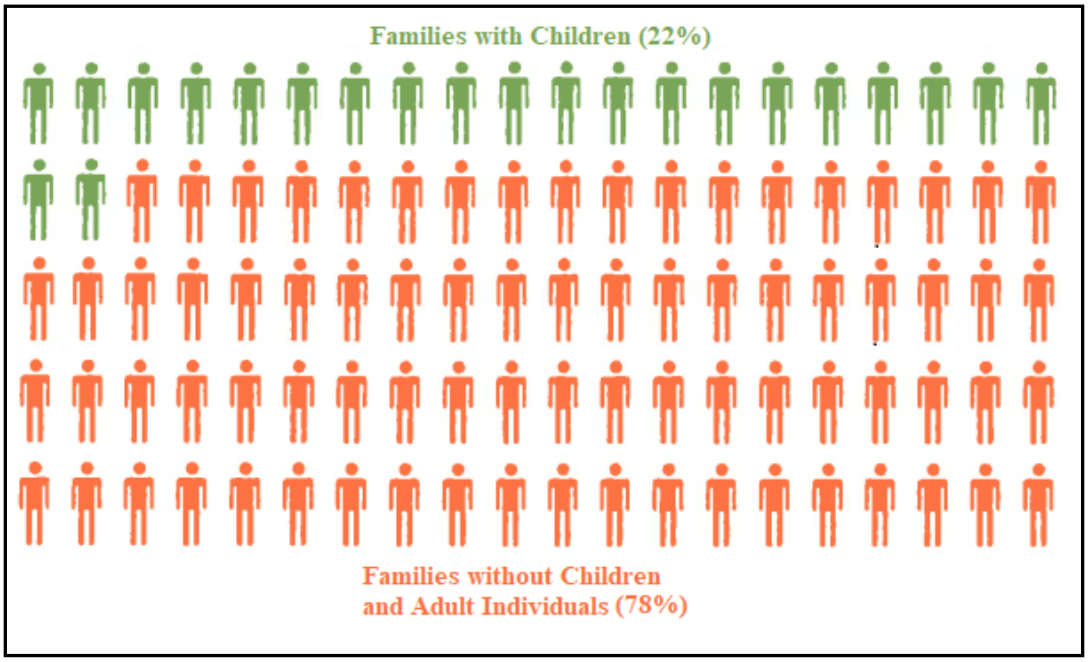
Overall, the homeless population in the MACH region is overwhelmingly male. Over 60% of the people who are experiencing homelessness are male in this region and men are even more likely to be unsheltered than women. Additionally, two (2) unsheltered individuals are transgender.



Source: 2017 Point in Time Count

Family Composition

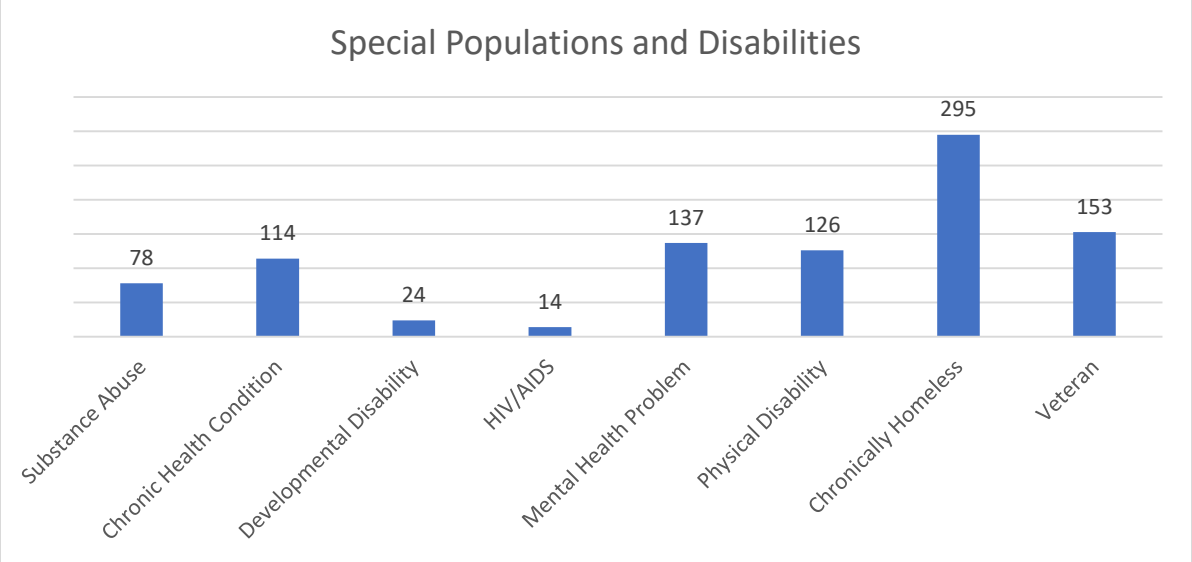
Within the MACH region, 261 (21.8%) of the total homeless population are families with children and 933 (78.2%) are adult individuals or adult-only families. Six (6) individuals (0.5%) are single children. Additionally, 68 (5.7%) of the head of households are between the ages of 18 and 24.



Source: 2017 Point in Time Count

Special Populations and Disabilities

People with special needs are generally the most vulnerable members of the homeless population. 24.6% of the people who are homeless in the MACH region are chronically homeless, meaning that they have a disability and have been homeless for a year or longer, or in the past three years experienced four or more occasions of homelessness, totaling 12 months. Additionally, 12.8% of the area's homeless population are Veterans.



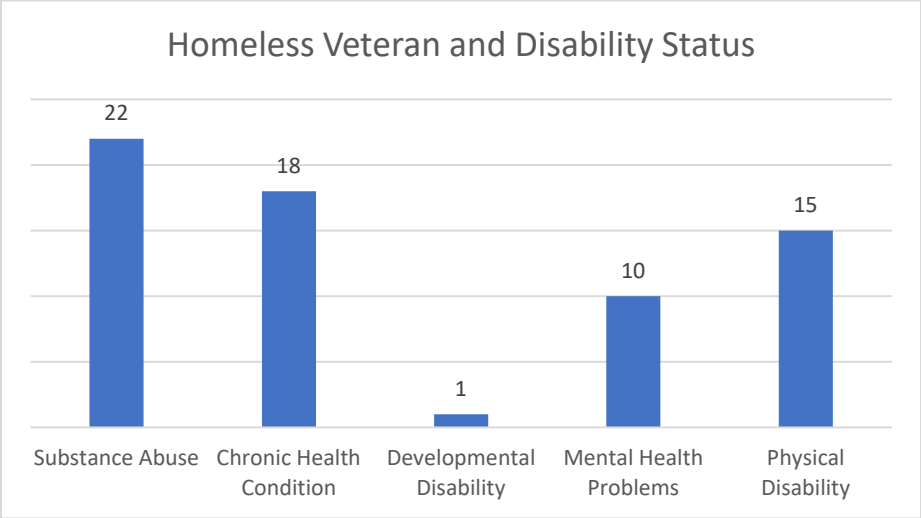
Source: 2017 Point in Time Count

Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities or be a Veteran with a disability.

Data Note: Substance Abuse includes Alcohol and/or Drug Abuse

Veterans with Disabilities

Of the Veteran homeless population in the MACH region, the most common disability is Substance Abuse. Physical Disabilities are second most common issue. Overall, 153 homeless individuals identify as Veterans, of these Veterans 66 reported having disabilities.



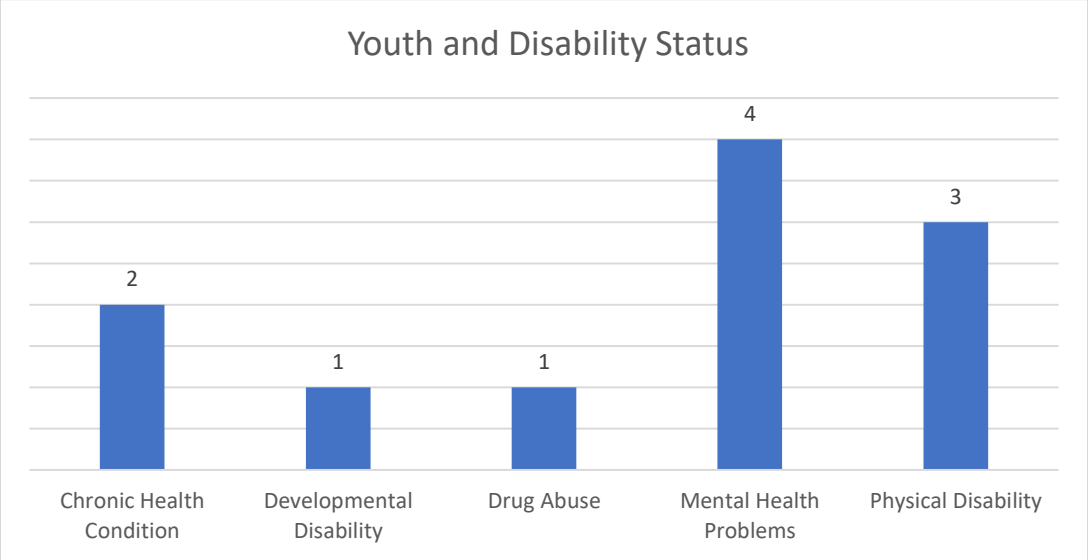
Source: 2017 Point in Time Count

Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities.

Data Note: Substance Abuse includes Alcohol and/or Drug Abuse

Youth with Disabilities

Of the homeless population 18 years old or younger there are nine (9) that report having a disability in this region. Mental Health Problems are the most common with four (4) youth with that disability. Three (3) report a Physical Disability, two (2) youth report a Chronic Health Condition and one (1) youth each reported having Developmental and Drug Abuse disabilities.

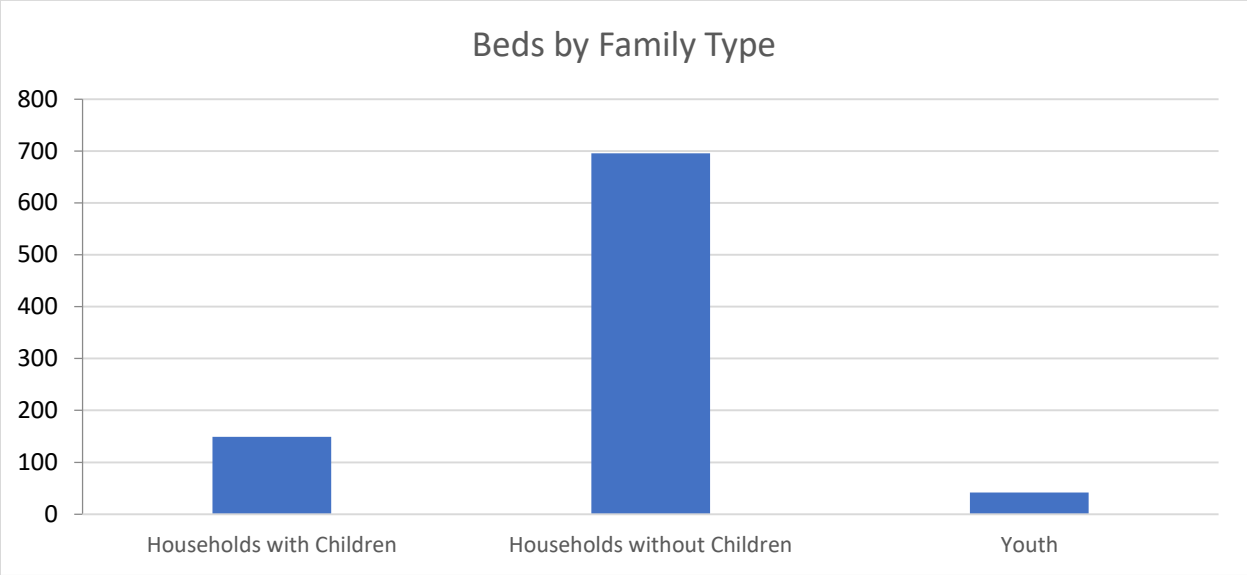


Source: 2017 Point in Time Count

Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities.

Housing Inventory

Within the MACH region there are 2,443 total year-round beds, 320 seasonal beds and 24 overflow beds. Of those beds, 149 were used by households with children, 696 were used by households without children, and 42 were used by youth.

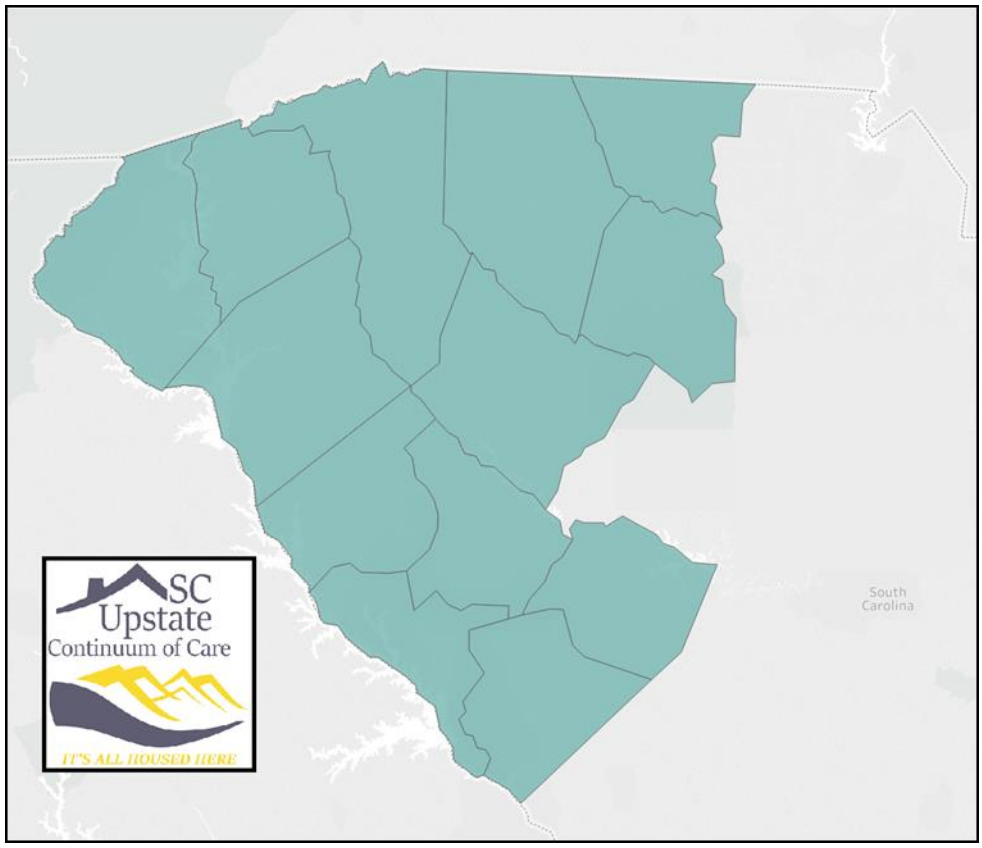


Source: 2017 Housing Inventory Chart

Data Note: Housing Inventory Chart includes Emergency Shelter, Transitional Housing, Permanent Supportive Housing, and Rapid Re-housing.

Upstate Continuum of Care (Upstate CoC)

The Upstate Continuum of Care (Upstate CoC) is a group of homeless service providers that operate in the western part of South Carolina. Upstate CoC covers 13 counties, including the Greenville-Anderson-Mauldin Metropolitan area that has a population of 1.4 million as of 2014. In 2017, 55 projects from 31 organizations participated in the PIT Count. In total, 1,317 individuals were reported homeless by the Upstate CoC.



Methodology

Unsheltered

As in previous years, the Upstate CoC utilized a full census method for the unsheltered portion of the count; surveys were completed face-to-face with participants, and no sampling or extrapolation techniques were used.

Staff from organizations routinely involved in street outreach worked with local service providers to identify and map known unsheltered locations (such as encampments and abandoned buildings). Beginning in early autumn, teams were dispatched to pre-canvass these sites to confirm that the locations were still being utilized by those experiencing homelessness and to begin building relationships with those residing there.

During the week of the count, trained outreach teams returned to confirmed unsheltered sites during daytime and evening hours to conduct PIT surveys and distribute bags containing toiletries, socks, blankets and small food items. Efforts were made to visit each unsheltered site more than once in order to reach each person in that location.

Sheltered

The Upstate CoC's preferred method for conducting the sheltered portion of the PIT count is data extraction from the Homeless Management Information System (HMIS). All providers utilizing HMIS for client data entry are able to run a report for all clients served on the designated night of the count, eliminating the need for additional data collection through paper surveys.

For those providers not participating in HMIS, county PIT coordinators reached out to local shelters and housing programs to request their participation in the count. Although all providers were given the option of volunteer assistance to complete surveys with their clients, the majority offered their staff time as a resource to assist in this effort. Participating providers were strongly encouraged to attend a local training session to learn of changes from previous years' counts and to review the survey form prior to the start of the count.

Unique Aspects of the 2017 PIT Count

Weather – The Upstate experienced unseasonably warm weather on the designated night of the count. As a result, most providers that offer seasonal/cold weather beds did not have this inventory available to those experiencing homelessness, leading to a lower number of those counted in emergency shelter settings compared to the previous year's count. Although one provider did make its seasonal beds available despite the warmer weather, the majority of these beds remained unoccupied on the night of the count.

Reduction of Housing Inventory – As experienced by many CoC's across the country, HUD funding for many transitional housing programs in the Upstate was significantly reduced in the most recent grant application. The dramatic reduction in the number of persons counted in transitional housing between 2016 and 2017 should be attributed primarily to a decrease in the available inventory in this category rather than a lack of need or demand for this resource.

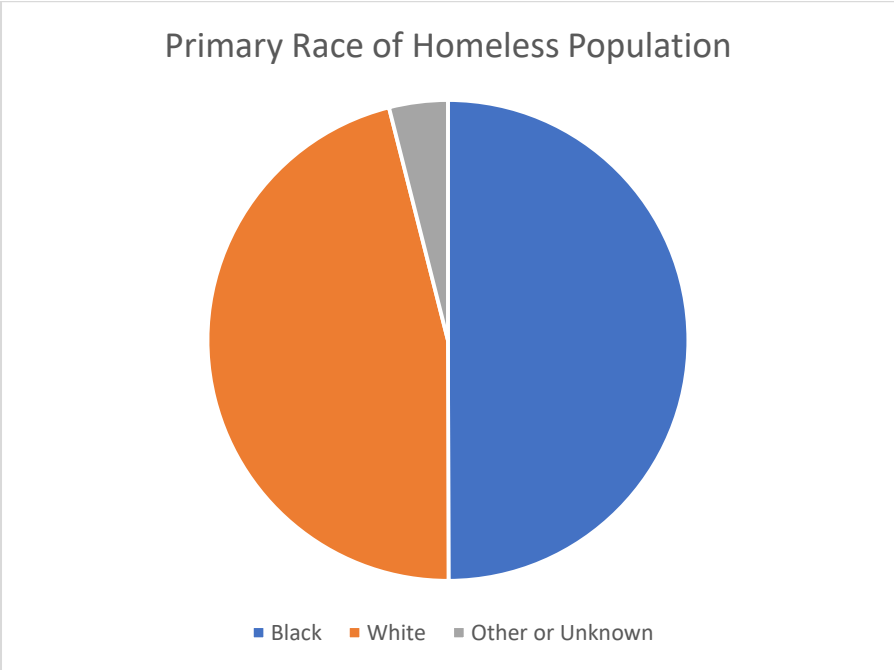
Changes in Inventory Classifications – Two (2) providers in Greenville County reclassified their transitional housing inventory as emergency shelter in the time since the 2016 count. It is important to note that additional beds were not added to the CoC inventory when comparing this year's count by housing type to numbers from previous years.

Exclusion of Ineligible Program Types – Previous years' PIT counts and HIC reports included several programs (rehabilitation, detox, etc.) that did not have homeless-dedicated beds and were therefore ineligible to be included in the Upstate's count. In 2017, the Upstate made an effort to clarify the status of such programs and only count participants in those programs that met the criteria for inclusion. Reducing the number of participating programs and inventory beds contributed to the CoC's lower sheltered count.

Local Provider Events – In an attempt to reach a broader segment of those experiencing homelessness, several events were organized throughout the Upstate during the week of the count. Local providers were invited to share information about their services, to provide basic medical screenings and to offer consultation to those in attendance. These events were held in centrally accessible locations (such as libraries and community centers) and allowed PIT coordinators to identify both sheltered and unsheltered persons who likely would not have been reached through traditional PIT methods.

Race and Ethnicity

The largest racial group of the homeless population reported by the Upstate CoC is Black (50%). This is considerably higher than the overall population of that region, which is only 19.1% Black according to the 2011-2015 American Community Survey 5-Year Estimates. Additionally, only 35 (2.6%) of the homeless population identifies as Hispanic. Approximately 6% of the total regional population identifies as Hispanic.

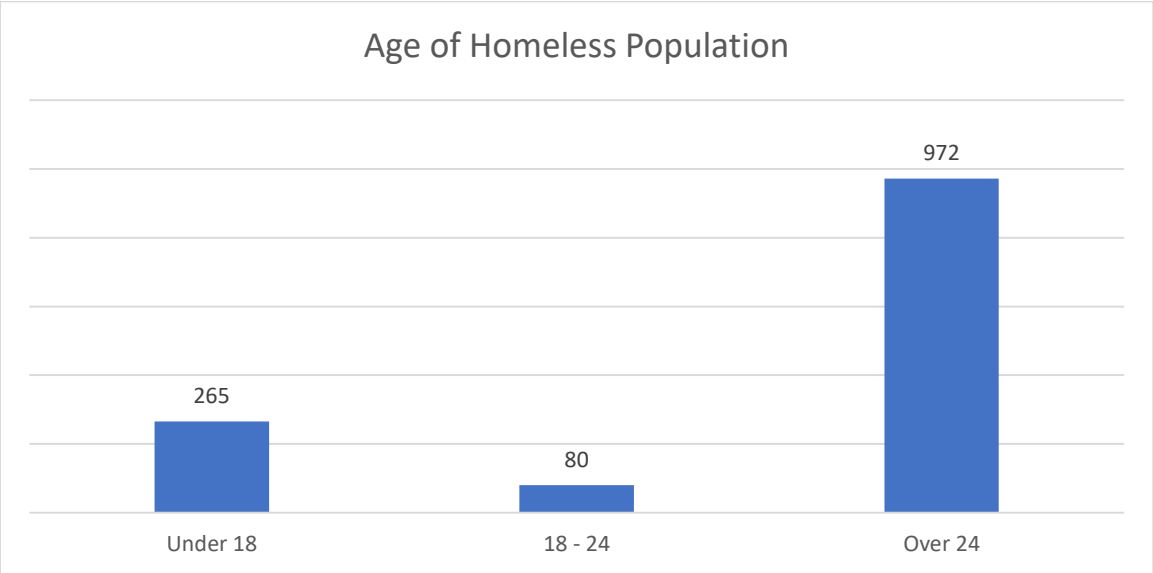


Homelessness by Racial and Ethnic Group

Race	Sheltered	Unsheltered
White	429	178
Black or African American	464	194
Asian	3	0
American Indian or Alaska Native	2	2
Native Hawaiian or Other Pacific Islander	1	1
Multiple Races	33	10
Ethnicity	**Sheltered**	**Unsheltered**
Hispanic or Latino	27	7
Not Hispanic/ Latino	905	378
Source: 2017 Point in Time Count		

Age

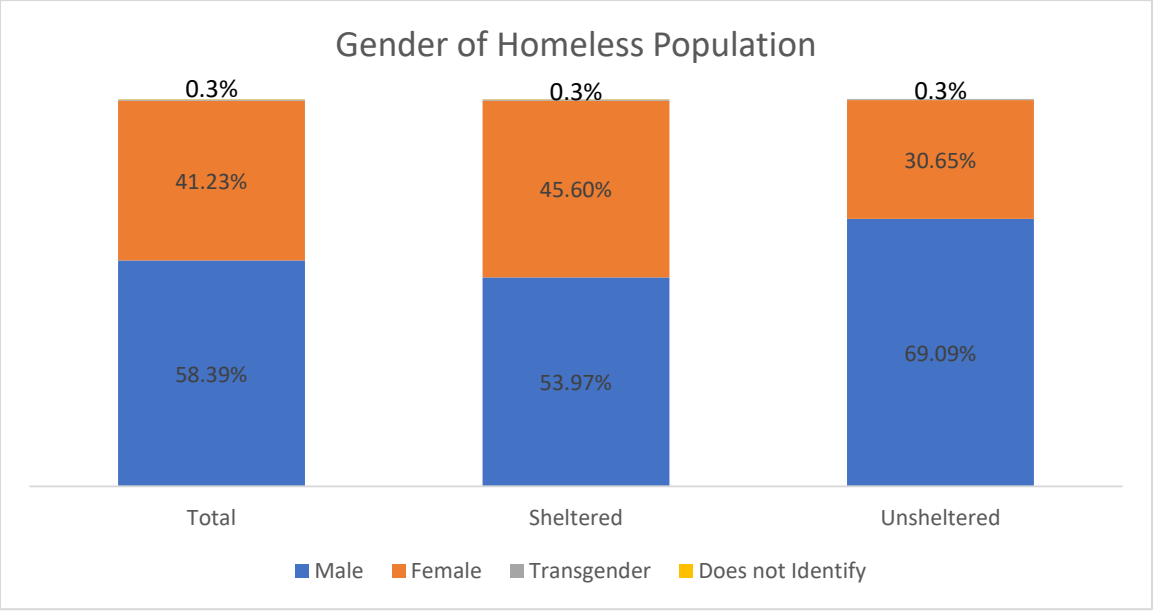
Children in families with adults under the age of 18 comprise 20.1% of the homeless population in the Upstate CoC, the second largest age cohort.



Source: 2017 Point in Time Count

Gender

Overall, the homeless population in the Upstate CoC is overwhelmingly male. Nearly 60% of the people who are experiencing homelessness are men. Men are significantly more likely to be unsheltered than women. One (1) sheltered individual did not identify as male or female, three (3) sheltered individuals are transgender, and one (1) unsheltered individual is transgender.

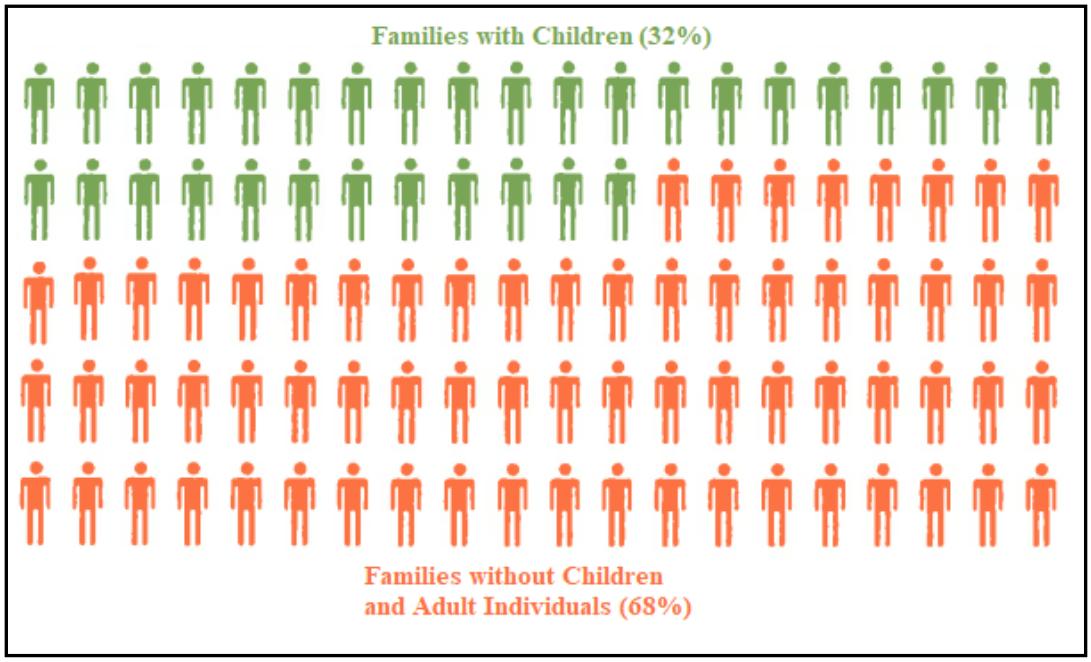


Source: 2017 Point in Time Count

Data Note: Does not identify as male, female, or transgender is 0.1% of the Total population and 0.1% of the sheltered population.

Family Composition

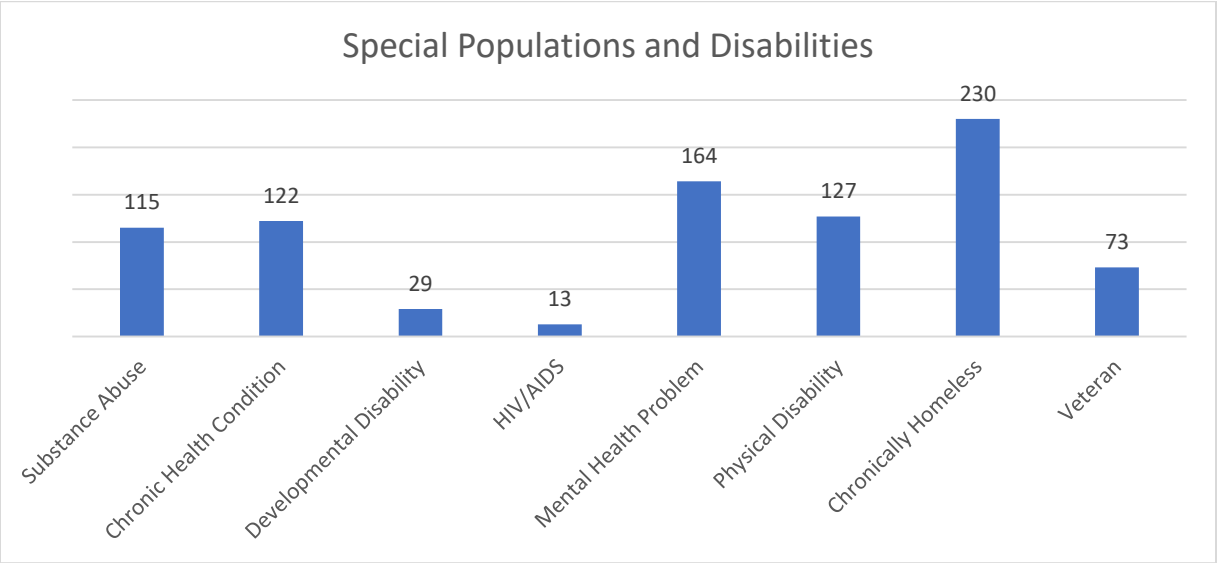
Within the Upstate CoC, 419 of the total homeless population are in families with children (31.8%) and 898 are adult individuals or in families with only adults (68.2%). Additionally, 80 of the head of households (or 6.1%) are between the ages of 18 and 24.



Source: 2017 Point in Time Count

Special Populations and Disabilities

People with special needs are generally the most vulnerable members of the homeless population. 16.3% of the people who are homeless in the Upstate CoC are chronically homeless meaning that they have a disability and have been homeless for a year or longer, or in the past three years experienced four or more occasions of homelessness, totaling 12 months. Additionally, 5.6% of the area's homeless populations are Veterans.



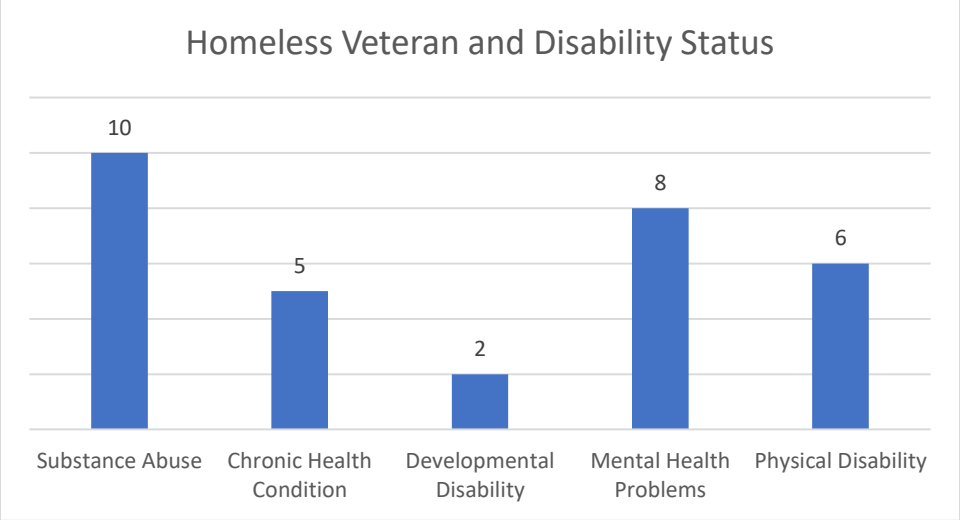
Source: 2017 Point in Time Count

Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities or be a Veteran with a disability.

Data Note: Substance Abuse includes Alcohol and/or Drug abuse

Veterans with Disabilities

Of the Veteran homeless population in the Upstate CoC, the most common disability is Substance Abuse. Mental Health Problems are the second most common issue. Overall, 73 homeless individuals identify as Veterans and 31 report disabilities.



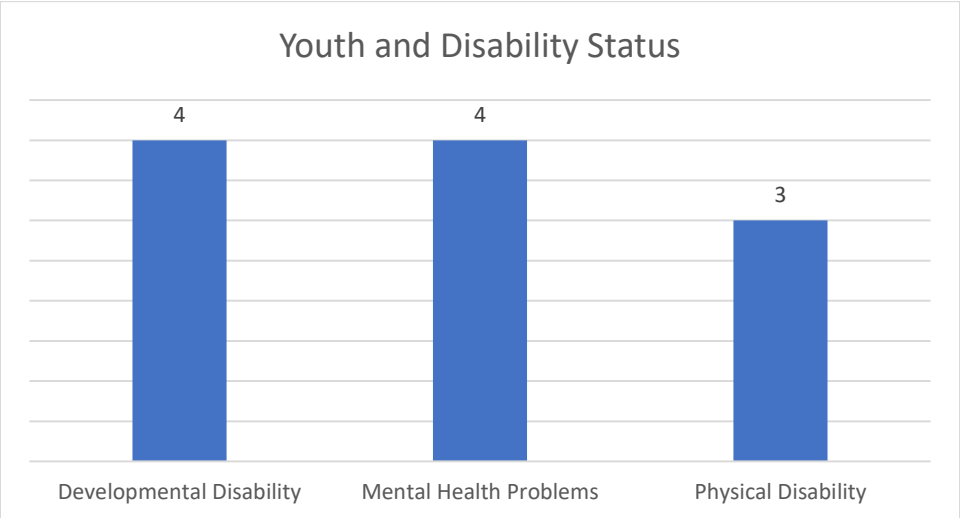
Source: 2017 Point in Time Count

Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities.

Data Note: Substance Abuse includes Alcohol and/or Drug Abuse

Youth with Disabilities

Of the homeless population 18 years old or younger there are 10 that report having a disability in this region. Mental Health Problems and Development Disabilities are the most common with four (4) youth with that disability. Three (3) youth report Physical Disabilities.

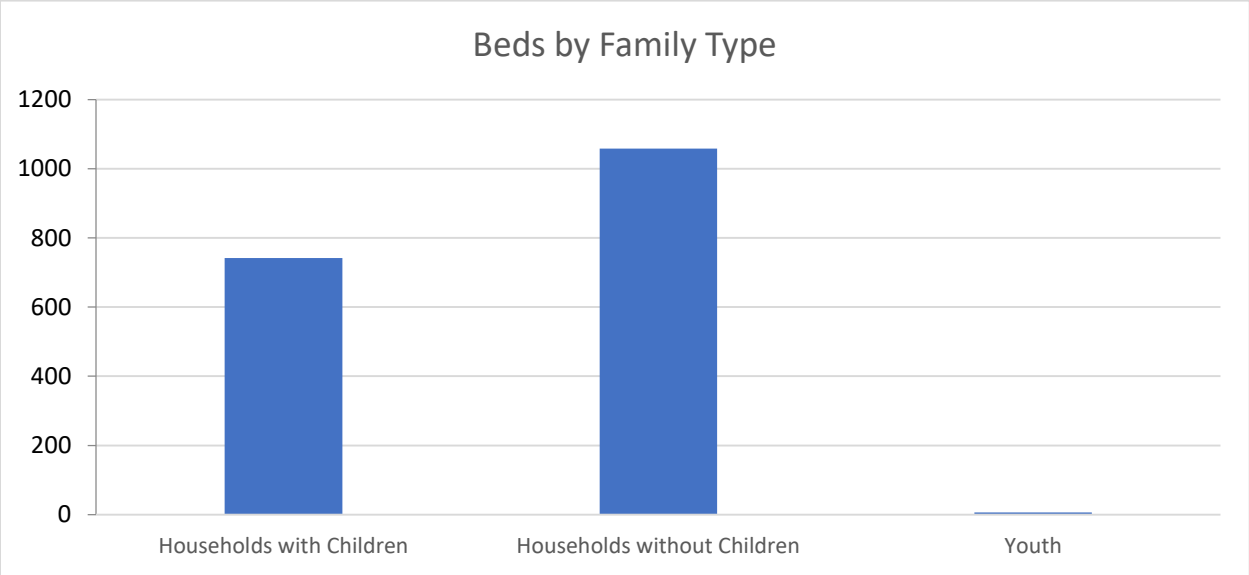


Source: 2017 Point in Time Count

Data Note: In the table above the categories are not mutually exclusive, for example a person could have multiple disabilities.

Housing Inventory

Within the Upstate CoC jurisdiction there are 1,458 total year-round beds, 140 seasonal beds, and 23 overflow beds. Of those beds, 742 were used by households with children, 1,058 were used by households without children, and six (6) were used by youth. There were also 182 units being used by households with children.



Source: 2017 Housing Inventory Chart

Data Note: Housing Inventory Chart includes Emergency Shelter, Transitional Housing, Permanent Supportive Housing, and Rapid Re-housing.

Special Notes

The Introduction to this report was taken from the SCICH's 5 Year Strategic Plan to End Homelessness

Special Thanks

This report was prepared by Civitas, LLC in partnership with the South Carolina Interagency Council on Homelessness (SCICH) under the guidance of Kyle Jenkins, the HMIS Committee Chair. Civitas is a national community development consulting firm based in Charleston, South Carolina. SCICH also wishes to thank the HMIS committee members: Gilbert Floyd (ECHO), Natalie Worley (Upstate CoC), Cecilia Rodriguez (Upstate CoC), Helen Cotton (MACH), Nicole Walker (MACH), and Anthony Haro (LHC).

Appendix A: 2017 PIT Count Select Data by County

County	Unsheltered Homeless Persons	Sheltered Homeless	Total Homeless		Veterans	Chronic Homeless
Abbeville	0	3	3		0	0
Aiken	10	27	37		0	2
Allendale	6	0	6		0	6
Anderson	70	78	148		8	34
Bamberg	5	0	5		0	1
Barnwell	29	2	31		0	13
Beaufort	9	4	13		1	1
Berkeley	4	3	7		1	0
Calhoun	1	0	1		0	0
Charleston	185	200	385		121	105
Cherokee	9	28	37		2	2
Chester	0	0	0		0	0
Chesterfield	26	8	34		4	14
Clarendon	8	0	8		0	4
Colleton	0	2	2		0	0
Darlington	191	0	191		12	14
Dillon	1	6	7		1	0
Dorchester	6	12	18		4	2
Edgefield	0	0	0		0	0
Fairfield	0	0	0		0	0
Florence	38	146	184		22	12
Georgetown	14	0	14		3	1
Greenville	187	440	627		31	131
Greenwood	19	114	133		10	11
Hampton	0	0	0		0	0
Horry	236	176	412		74	92
Jasper	0	0	0		0	0
Kershaw	16	26	42		6	13
Lancaster	13	7	20		0	2
Laurens	0	7	7		0	0
Lee	21	0	21		2	17
Lexington	0	146	146		80	0
Marion	33	2	35		3	17
Marlboro	0	0	0		0	0
McCormick	0	0	0		0	0
Newberry	1	0	1		0	0
Oconee	22	41	63		3	9
Orangeburg	2	0	2		0	0
Pickens	10	21	31		1	4
Richland	189	590	779		62	228
Saluda	36	0	36		1	20
Spartanburg	32	195	227		17	19
Sumter	25	25	50		6	12
Union	0	5	5		0	0
Williamsburg	12	6	18		0	8
York	35	95	130		5	30