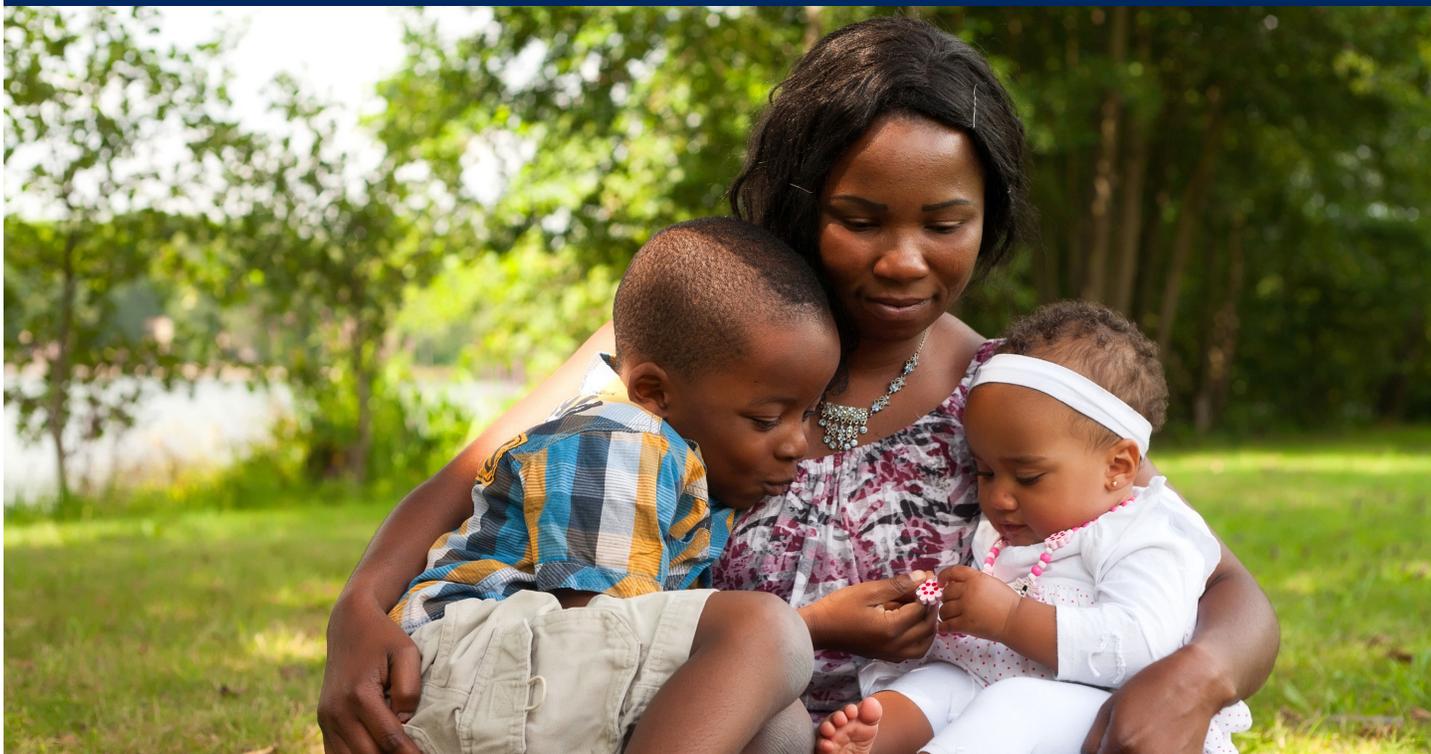


2018 SOUTH CAROLINA POINT IN TIME COUNT REPORT



South Carolina
Interagency Council
on Homelessness

“There is strength in collaboration.”
–SCICH key principle



Prepared by SCICH www.schomeless.org and Civitas, LLC www.civitassc.com



SPECIAL THANKS

This report was prepared by Civitas, LLC in partnership with the South Carolina Interagency Council on Homelessness (SCICH) under the guidance of Nicole Walker, PIT State Data Lead. Civitas is a national community development consulting firm based in Charleston, South Carolina. SCICH also wishes to thank the HMIS committee members: Kimberly Alford and Kyle Jenkins of ECHO; Natalie Worley and Cecilia Rodriguez, committee co-chairs for Upstate CoC; Austin Barrett of Upstate CoC; Nicole Walker, state data lead, and Helen Cotton, HMIS committee chair, of MACH; and Heather Carver of LHC.

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“**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.

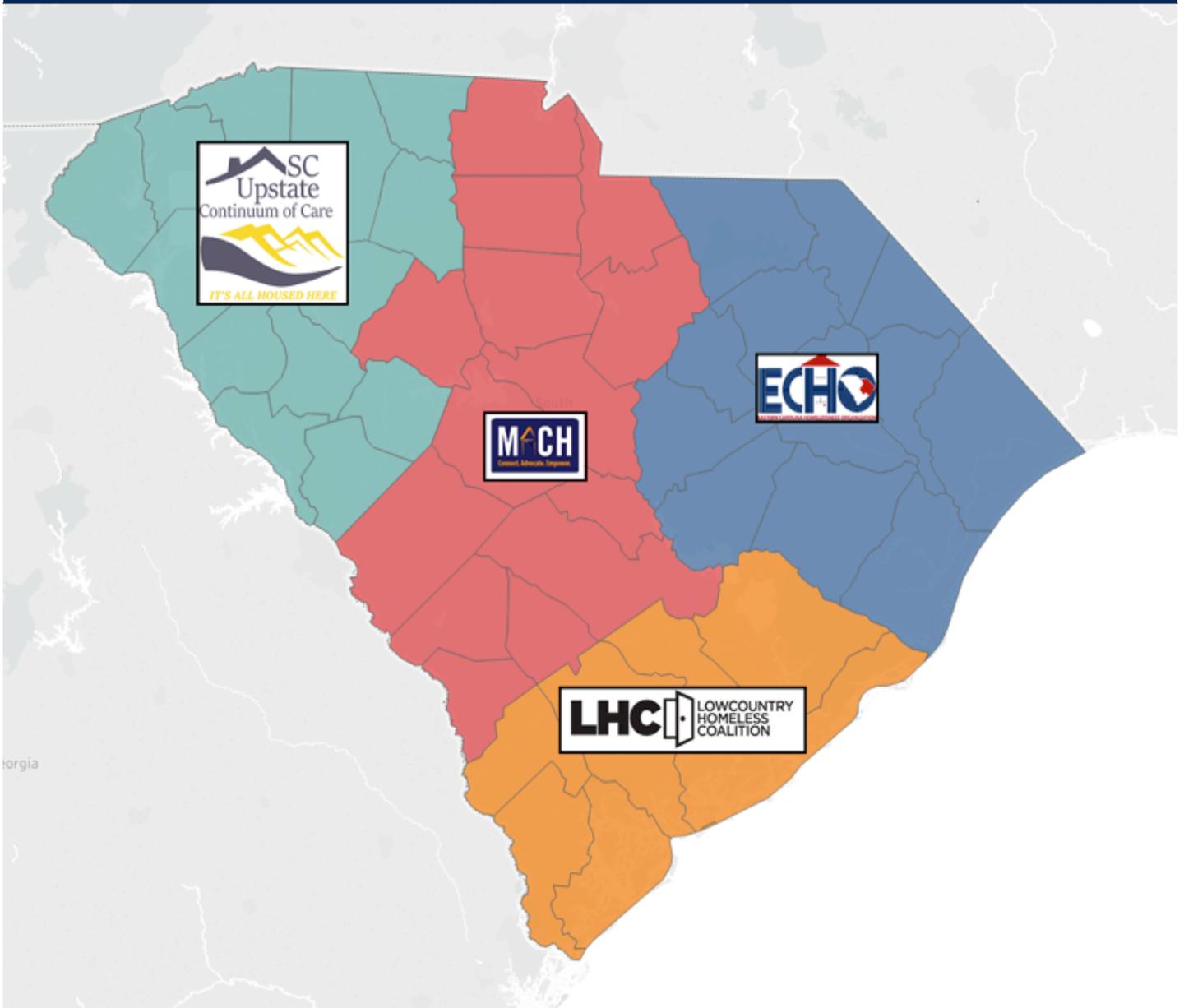
We need philanthropic funders to align their giving to help meet gaps in the system.

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 homelessness in our community will require all of us to work together.”

— *SCICH key principle*

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South Carolina Interagency Council on Homelessness

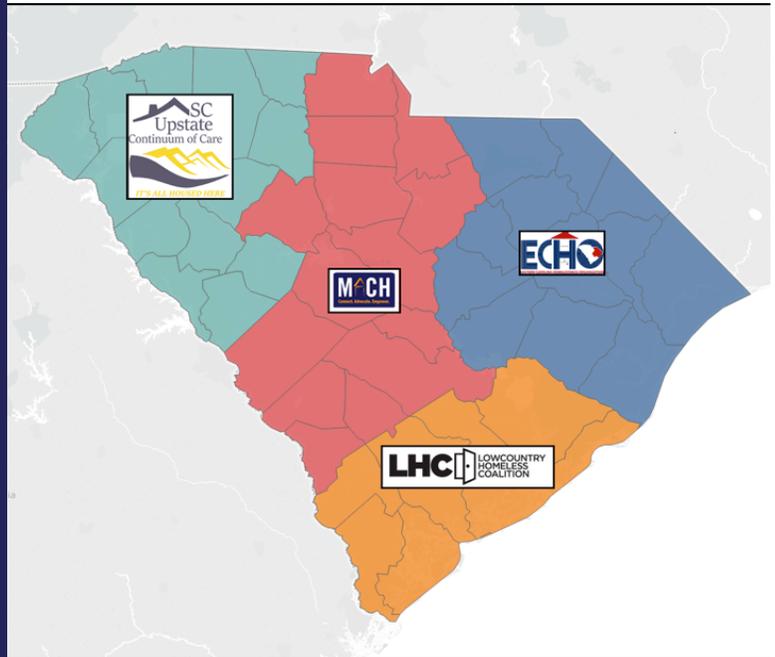


The South Carolina Interagency Council on Homelessness is a statewide network of advocates, service providers and funders committed to ending homelessness.

SCICH (formerly South Carolina Coalition for the Homeless) has several focus areas: researching the experience of homelessness in South Carolina, advocating for people who are experiencing homelessness, responding to state and federal homelessness policy and promoting collaboration and peer support among those professionals working in the field and across the four continuums of care in the state.

SCICH operated as an informal network of providers for seven years until incorporation in 2002. The Council now is a nonprofit, volunteer organization developed to support and represent the four local continuums of care.

SCICH has coordinated the statewide Point in Time Count since 2005; has sponsored research on service cost and utilization among those experiencing homelessness; sponsored conferences and trainings to promote the goal of ending homelessness and advocated at the state and federal level for policies to improve services to people who are experiencing homelessness.



2018 Statewide Homeless Count



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“ 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. ”

—SCICH key principle

.....

Point in Time Count Engages Cities across Country

As required by the U.S. Department of Housing and Urban Development (HUD), over 10 days in January, communities across the United States annually conduct a count of individuals and families who are experiencing homelessness. 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 were experiencing homelessness in their jurisdictions. The population experiencing homelessness isn’t static – some included in the January count date have found housing while some others who had housing on the count night are currently experiencing homelessness.

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.

EXECUTIVE SUMMARY

Homelessness in South Carolina continues to be an issue besetting communities across the state. The causes of homelessness are complex and interrelated. Economic, social, political and health issues are all factors that contribute to whether a person or family will end up without housing.

Contributing to the complexity are the factors that are specific to each community, whether the community is rural, urban, on the coast, or in the mountains. Add to that inconsistencies in how the data regarding homelessness were collected compared to previous years, and the results can be misleading.

The 2018 Point in Time Count (PIT Count) shows a very small increase in the number of persons experiencing homelessness in South Carolina even as the state's population has grown at a much faster rate. Since 2014, the state's population increased by 200,000, while the homeless population decreased by 1,200 people, a 23% reduction.

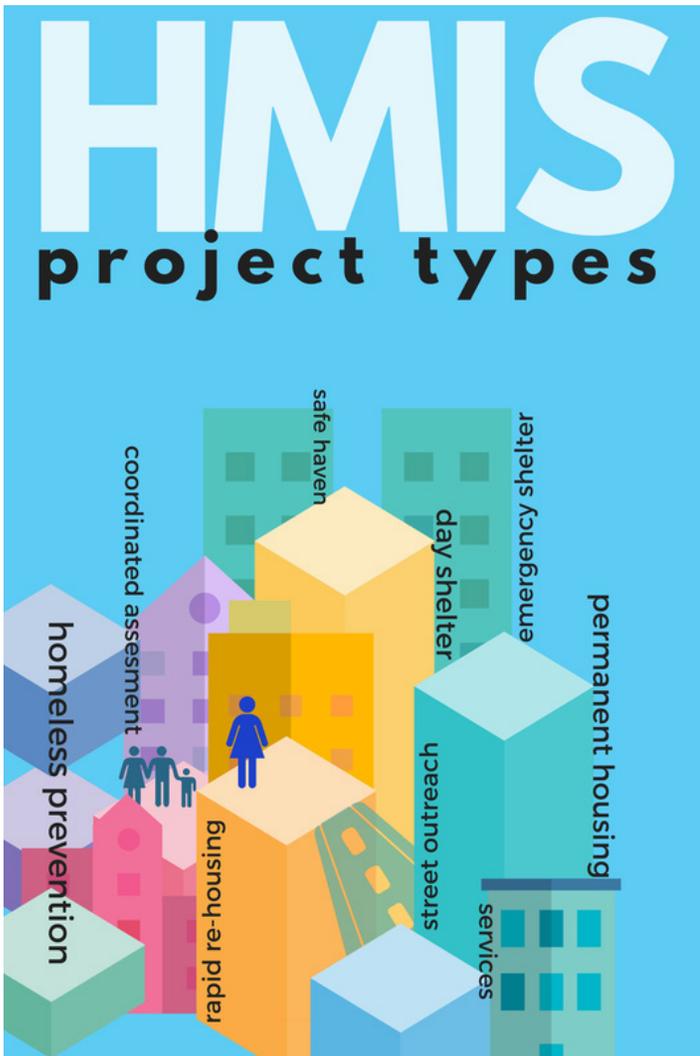
Another measure of change can be found in the reduction in the number of those unsheltered, that is those living in places not intended for human habitation. These improvements in the numbers might have less to do with an actual decrease in the number of homeless than in changes in how the data were collected and analyzed.

2018 South Carolina PIT Count FAST FACTS

 Since 2014, the state's population increased by **200,000**, while the homeless population decreased by **1,200** people.

 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.

 **3,933** people "literally homeless" in 2018 – representing a very small increase compared to last year's count and a **22.2%** decrease from 2014.



“Data-driven decision-making and strategic use of resources are essential for transforming our homeless service system.”
 —SCICH key principle

Data driven decision making

- 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;
- 3) Examining ways to identify, capture, and reinvest cost savings across the system.

Regions Use Similar Methods to Ensure Consistency

The four Continuums of Care independently conducted their own Point in Time (PIT) counts, using count methods that best served their specific geographic and cultural contexts. All regions deployed similar PIT Count methodologies in collecting, analyzing and reporting on sheltered and unsheltered data.

Data Collection

Unsheltered. Unsheltered situations refer to places that are not meant for human habitation, such as sleeping on the street, a park bench, in a car, an abandoned building or living in an outdoor encampment. All four CoCs worked with homeless outreach professionals and volunteers to identify places where individuals and families experiencing homelessness could be found. During the week of the PIT Count, teams of volunteers canvassed identified locations to conduct surveys and distribute care packages.

Sheltered. Sheltered situations refer to places that are designed to

provide temporary living arrangements for people experiencing homelessness. For this count, two methods were used:

1. Existing data for sheltered individuals and families were extracted from the Homeless Management Information System (HMIS) kept by affiliated providers. That data was simply incorporated into the PIT Count database.
2. The second approach involved collecting information from non-HMIS-affiliated providers. Information was only collected from non-HMIS-affiliated shelters that met HUD’s definition of a homeless shelter. These data sets were collected by either sending a trained CoC staff member to the sheltered location to collect PIT data or by having the provider collect the information themselves and send it to CoC staff.

Data Entry, Cleaning, Reporting

All four Continuums of Care coordinated the data entry efforts to ensure consistency in how the survey data were entered into HMIS. Each CoC relied on either existing HMIS providers or trained volunteers to assist with the effort. The HMIS designated leaders from each CoC then conducted data clean up procedures to address outstanding data quality issues.

This was accomplished by running daily reports to address inconsistencies. To complete the reporting process, each CoC ran a report provided by the HMIS vendor (Mediware's Service Point 5) that complied with HUD specifications. Data from this report were then uploaded to HUD and the raw data submitted to Civitas LLC, an independent housing consulting group based in South Carolina, to produce this report.

Limitations, Challenges of 2018 PIT Count

Participation Declined in Certain Counties. Overall, the number of agencies participating in the PIT Count remained consistent from previous years, but the number of volunteers decreased, as did agency participation in specific counties. This limitation should be considered when interpreting the 2018 PIT Count results.

Challenges with Survey Instrument Capturing Disabilities. This year's PIT Count paper survey was developed with guidance provided by HUD, which recommended a new approach to measuring disability status. In addition to asking individuals if they consider themselves to have a disabling condition, the survey also asked if any of the disabilities an individual identified were "the reason why they were currently experiencing homelessness."

“ My definition of what homelessness is and what I've found out today are totally different. When I think of homelessness, that means someone has nowhere to go and is pretty much out in the open 24 hours a day, 365 days a year. But that's not necessarily the case. A lot of these people have shelter, but it's a shelter that's not their own. It's not black and white, it's a very gray area. ”

– *Etta Hill, volunteer, Aiken County*

Limitations, Challenges of 2018 PIT Count

-  Participation declined in certain counties
-  Challenges with survey instrument capturing disabilities
-  Changes in counting individuals experiencing domestic violence compared to previous years
-  Issues with vendor-supplied PIT report

The phrasing of the question in this way does not directly correspond with how HUD recognizes a disabling condition when determining if an individual is chronically homeless or part of one of the homeless subpopulations (i.e. adults with serious mental illness, substance use disorder or HIV/AIDS). If HUD's own survey guidance were followed, it would have asked participants if they believed their disability to be "long-continuing" or of "indefinite duration."

Additionally, this new follow-up question on disabilities was included as a separate question on the survey form. The HMIS designated leaders suggest that the non-descript placement of the follow-up question may have resulted in volunteers forgetting to ask the question, which would led to missing data. Given the irregularities in wording and placement, it is likely the reduction in the numbers of those classified as chronically homeless is artificial and does not reflect the actual numbers.

Changes in Counting Individuals Experiencing Domestic Violence. This year, HUD changed the way it counts individuals experiencing domestic violence. In previous years, the individual

experiencing domestic violence and their dependent children were counted in the overall domestic violence count. This year, HUD changed the counting criteria such that only adults (18 years of age or older) who reported experiencing domestic violence and who were fleeing the situation were counted in this domestic violence subpopulation. This dramatic reporting difference produced data that show a reduction in the numbers of individuals experiencing domestic violence, which skews the results when comparing previous years.

Issues with Vendor-Supplied PIT Report. Due to a change in workflow provided by the HMIS software vendor, there were numerous challenges posed by the vendor-supplied PIT report. This report differed from previous years in the way that it compiled data from HMIS. Notably, the report tended to include historical data from an existing client’s record instead of pulling the PIT-specific data for that client. By sporadically pulling historical client data, the report does not consistently reflect the information provided under the PIT Count data-collection process.

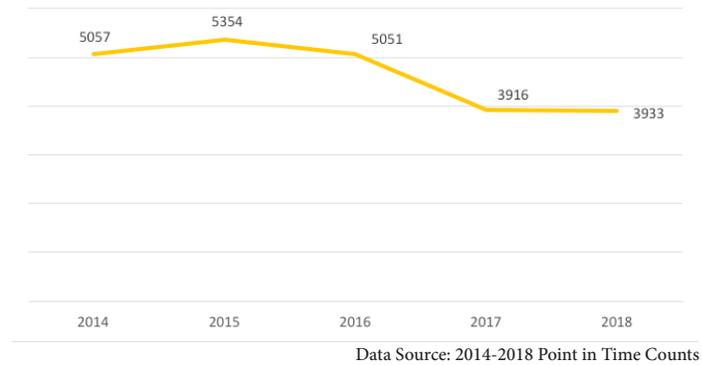
Additionally, the HMIS designated leaders from all four CoCs found that the report initially did not calculate chronic homelessness using all necessary criteria. After extensive conversations and troubleshooting with the HMIS vendor, adjustments in the data sets were made to the satisfaction of all four CoCs, as well as the independent consultants from Civitas.

Statewide Results of PIT Count

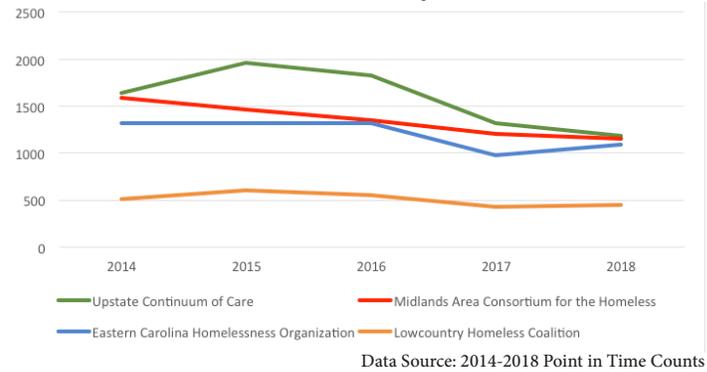
During the January 2018 PIT Count, at least 3,933 people in South Carolina were determined to be “literally homeless,” as defined by

HUD (see definition below) – a zero percent change since 2017 and a 22.2% decrease from 2014. The Upstate Continuum of Care saw a decrease in overall homelessness in the last year, while the other three CoCs saw an increase in overall homelessness.

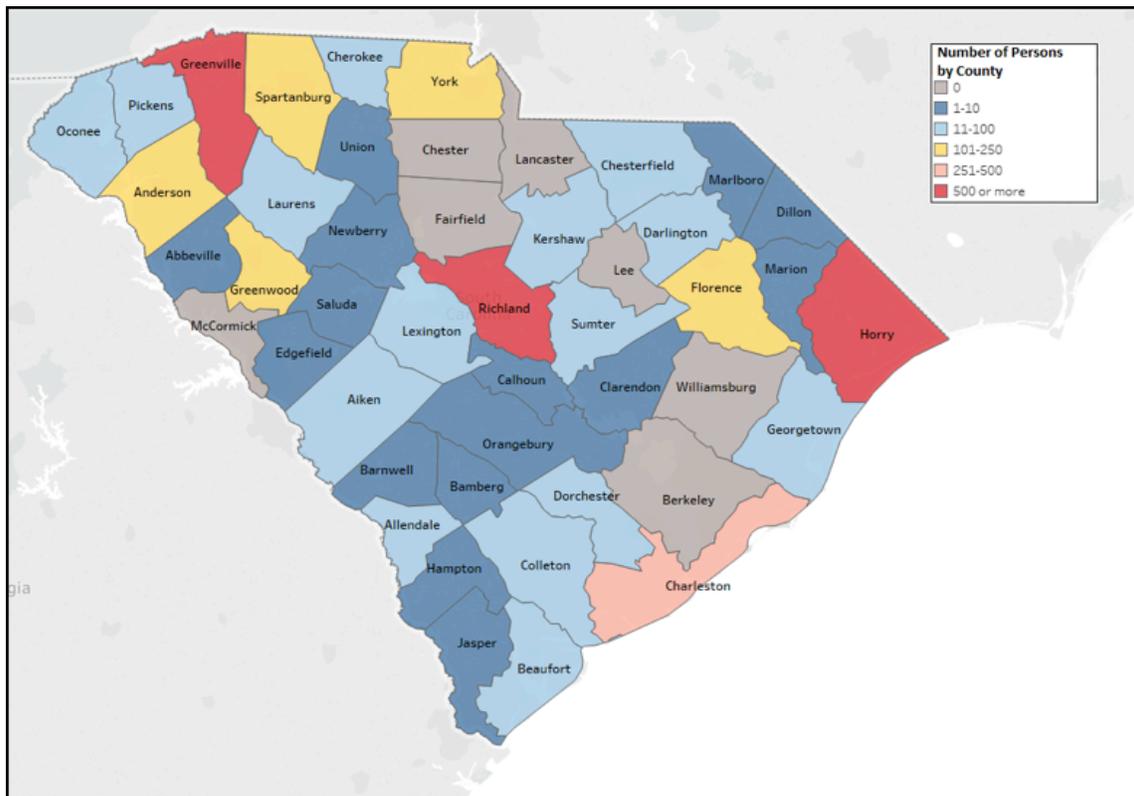
GRAPH 1: 2014-2018 Point in Time Homeless Count Trend



GRAPH 2: Point in Time Count Trend by CoC



MAP 1: Homelessness by County



Data Source: 2018 Point in Time Counts

Homelessness by County

While nearly every county reported homelessness, there are some areas with larger populations than others. Counties with urban centers have a higher number of homeless than rural counties. Horry, Richland and Greenville counties all report more than 500 residents experiencing homelessness. Not surprisingly, these counties are home to some of the largest cities in the state.

In accordance with the HUD guidelines, Continuums of Care used the following categories to define homelessness:

HUD Definition of “Literally Homeless”

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

The slight increase in persons experiencing homelessness (+17) was accounted for by an increase in the sheltered count. The PIT Count shows 174 more new sheltered homeless in 2018, but 157 fewer unsheltered homeless.

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 who are in jail, hospitalized, or involved in some other program but

who would be homeless otherwise. Many people throughout the state are unstably housed; a large number of these are staying temporarily at a friend or family member’s house, which is referred to as “doubled-up.”

TABLE 1: Literally Homeless Population: Single Night (PIT Count)

Housing Status	Number of Individuals per Year				
	2014	2015	2016	2017	2018
Unsheltered	1,808	1,896	1,690	1,501	1,344
Sheltered	3,249	3,458	3,361	2,415	2,589
Total	5,057	5,354	5,051	3,916	3,933
Change from previous count	--	+5.54%	-5.99%	-28.98%	0.4%

Data Source: 2018 Point in Time Counts

The unifying condition for the clear majority of South Carolina’s homeless population is poverty. Many who experience homelessness also struggle with personal vulnerabilities – such as domestic violence, mental or physical disabilities, drug or alcohol abuse and/ or a criminal background. This can prevent them from getting or maintaining stable housing.

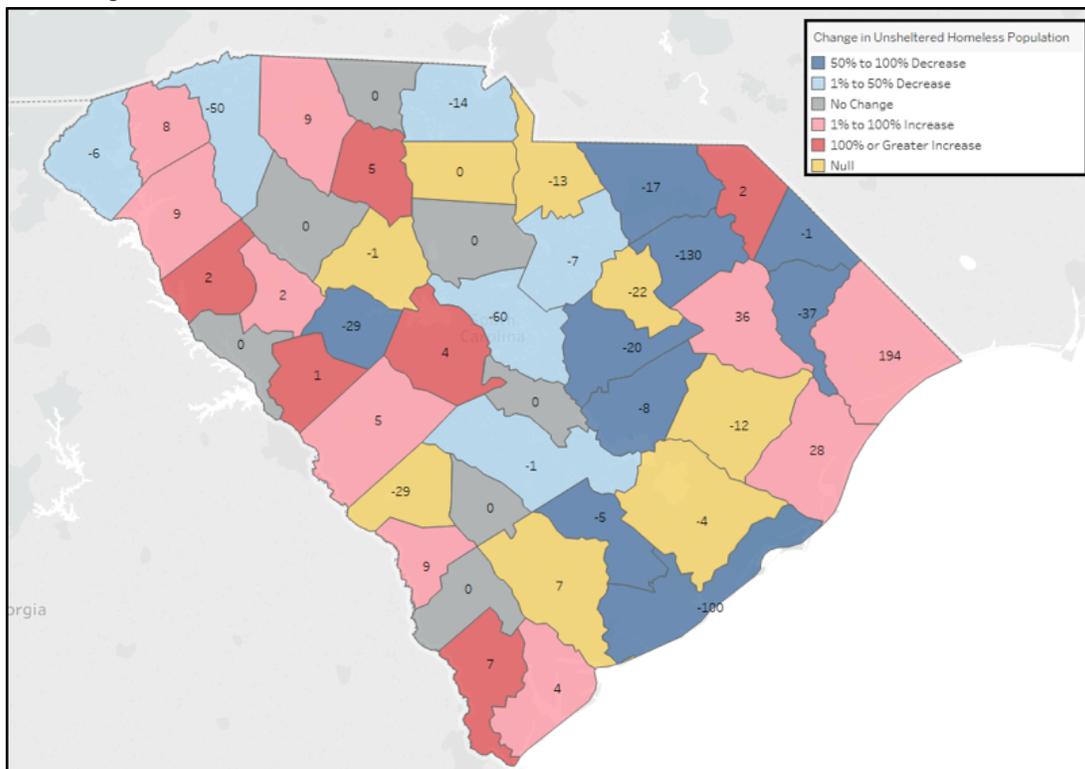
Unsheltered Change Since 2016

The following map shows how the unsheltered count estimate has changed in the last year.

Emergency, Transitional Housing Beds in SC

Table 2, Chart 1, Map 3 show the number of beds available within each Continuum of Care on the night of the Point in Time Count. The project types highlighted in Table 2 are Emergency Shelter (including DV shelters), Transitional Housing and Safe Haven (shelter for

MAP 2: Unsheltered Change Since 2016



Source: 2018 South Carolina Point in Time Count. Data Note: Counties marked as “null” had zero recorded unsheltered homeless in 2017.

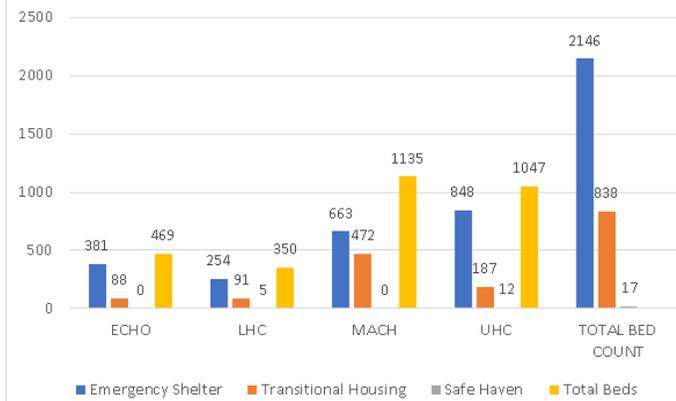
chronically homeless with mental illness). Statewide, there were 3,001 beds available – 2,146 emergency shelter beds, 838 transitional housing beds and 17 safe haven beds. MACH had the largest inventory of beds available (1,135) and LHC the smallest (350).

TABLE 2: Number of Beds Reported

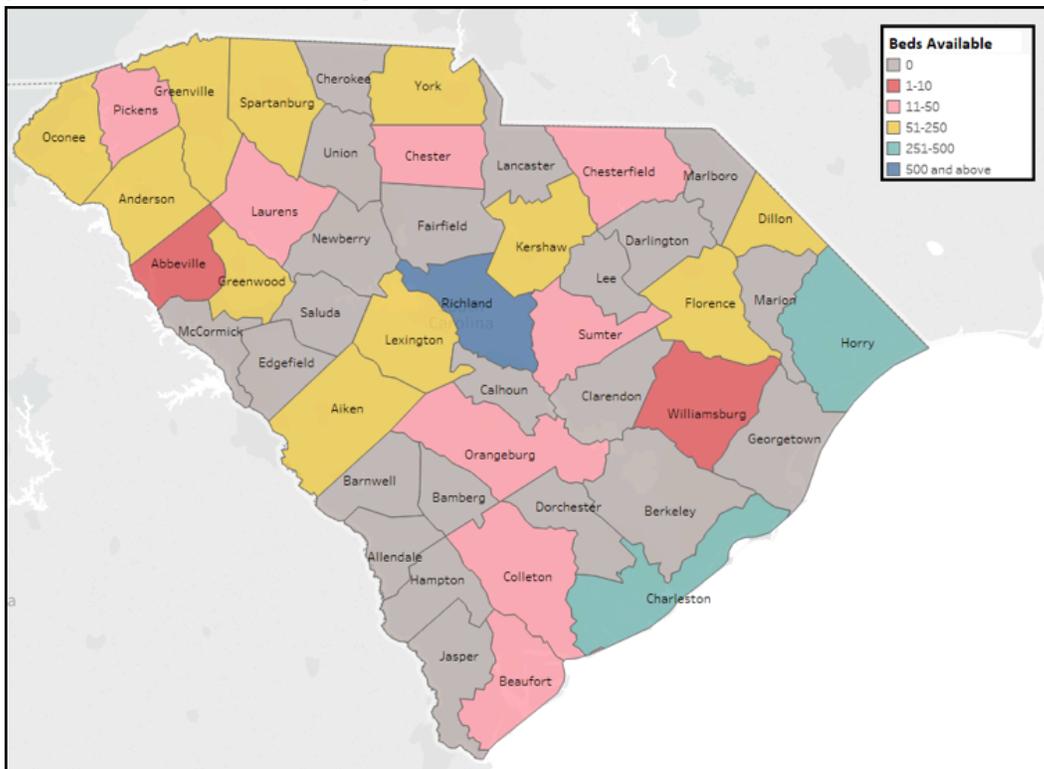
Project Type	Number of Beds Reported on 2018 Housing Inventory Count				Total
	ECHO	LHC	MACH	Upstate CoC	
Emergency Shelter	381	254	663	848	2,146
Transitional Housing	88	91	472	187	838
Safe Haven	0	5	0	12	17
Total Beds	469	350	1,135	1,047	3,001

Data Source: 2018 Point in Time Counts

CHART 1: Bed Count Available in Each Continuum of Care



MAP 3: Emergency Shelter and Transitional Housing Beds Available in 2018

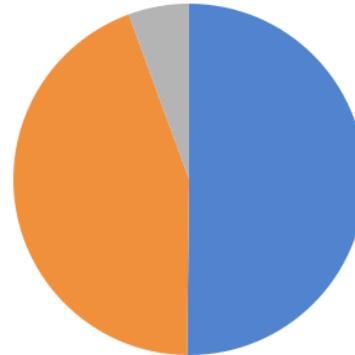


Source: 2018 South Carolina Housing Inventory Chart . Data Note: One organization provided four housing beds that were not county-specified.

Race and Ethnicity

While Blacks/African Americans make up only 27.4% of the total population of South Carolina, according to the 2012-2016 American Community Survey 5-Year Estimates, they constituted 51.3% of the homeless population reported during the 2018 PIT Count.

CHART 2: Primary Race of Homeless Population



■ Black ■ White ■ Other

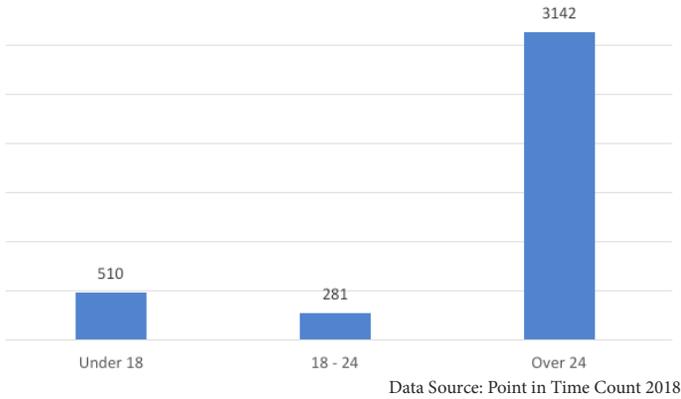
Data Source: Point in Time Count 2018

By contrast, Hispanics make up 5.3% of the total population of South Carolina and only 3.6% of the homeless population count for a total of 141 individuals.

Age

Children under the age of 18 comprise 13% of the homeless population. Of this age range, 12.7% are children under the age of 18 in families with adults and 0.3% are unaccompanied youth.

GRAPH 3: Age of Homeless Population



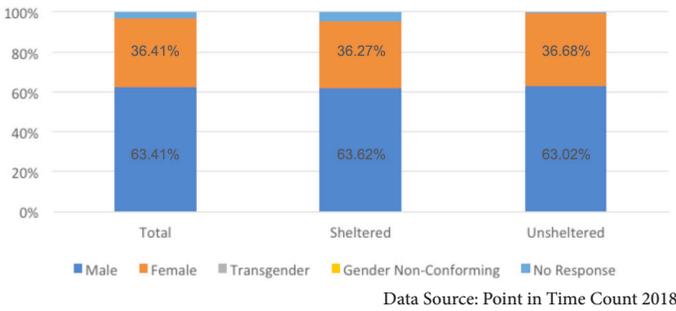
Fast Facts

-  Blacks/African Americans constitute **51.3%** of the homeless population
-  Children under the age of 18 comprise **13%** of the homeless population
-  **63.4%** of those experiencing homelessness are male
-  **3,070** adults in households without children

Gender

The homeless population in South Carolina is overwhelmingly male. The Point in Time Count shows 63.4 % of those experiencing homelessness are male in both the sheltered and unsheltered population. Additionally, four individuals were recorded as transgender, three of whom were sheltered and one was unsheltered. Of those surveyed, three gender-nonconforming individuals were unsheltered.

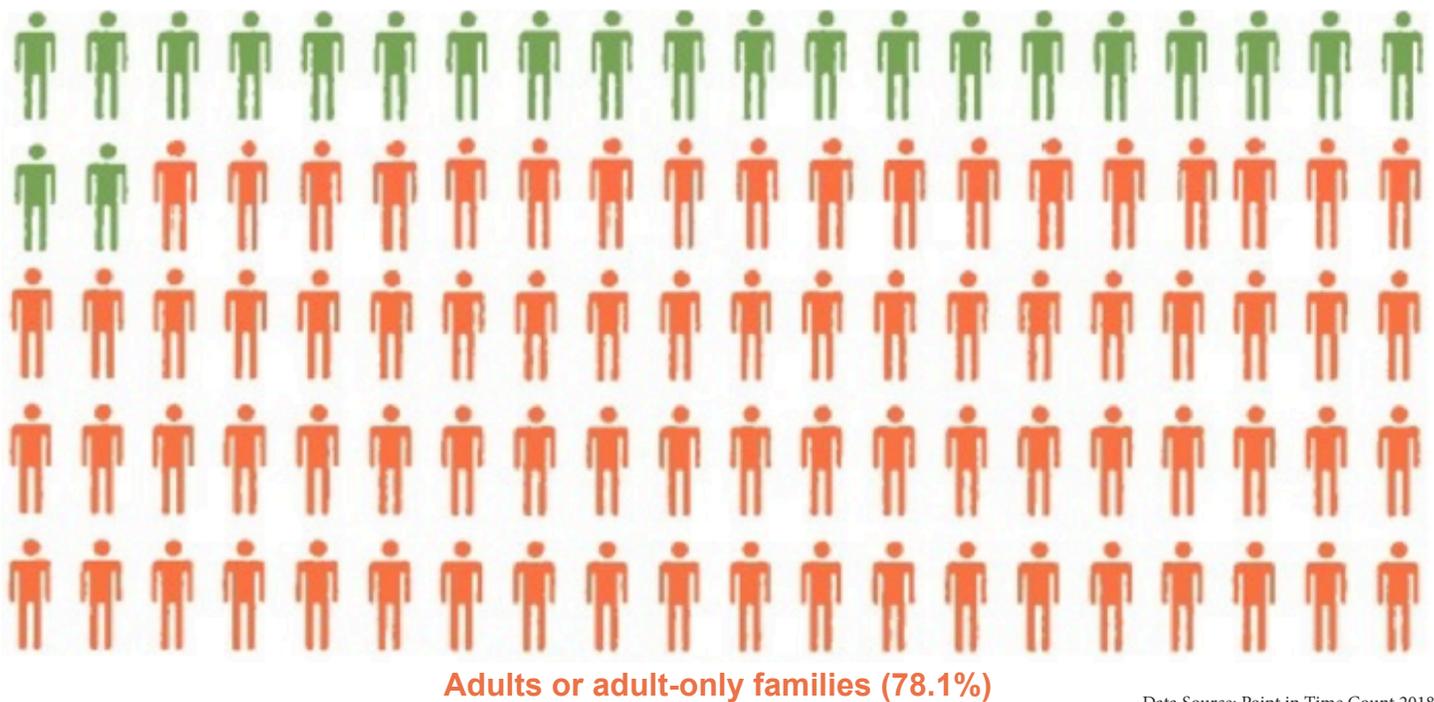
GRAPH 4: Gender of Homeless Population



Family Composition

On the day of the count, 851, or 21.6%, of the total homeless population in the state were families with children. There were 3,070 adults or adult-only families identified during the count, which represents 78.1% of the homeless (see Infographic 1). Twelve individuals were single children.

INFOGRAPHIC 1: Families with Children



Data Source: Point in Time Count 2018

Special Populations and Persons with Disabilities

Those experiencing homelessness often have special needs that make them particularly vulnerable. For example, across the state 686 persons (17.4% of the total count) are experiencing chronic homelessness. This means they have a long-term disability and have been experiencing homelessness for at least one year consecutively or have experienced four or more occasions of homelessness in the past three years totaling more than 12 months.

Among this population, there was a nearly even split between those counted in sheltered settings and unsheltered settings. Additionally, there were 415 persons counted who reported they are veterans of the U.S. Armed Forces (10.6% of the total count).

Statewide, 202 persons experiencing homelessness said they are actively fleeing domestic violence. Note that this domestic violence statistic only includes a count of those fleeing who are 18 years of age or older and does not include any dependent children.

Other populations were also included in the PIT count, specifically people with disabilities. For persons to be counted in these subpopulations, they must state that they have a disability and that it is expected to be of indefinite or long-term duration. In total, 355 adults experiencing homelessness were counted as having a serious mental illness (9%), 260 have a substance use disorder (6.6%), and 57 have HIV/AIDS (1.4%).

TABLE 3: Special Population and Persons with Disabilities

Population	Sheltered	Unsheltered	Total
Chronically Homeless	352	334	686
Veterans	320	95	415
Adult Survivors of Domestic Violence	167	35	202
Adults with a Serious Mental Illness	266	89	355
Adults with a Substance Use Disorder	218	42	260
Adults with HIV/AIDS	36	21	57

Data Source: Point in Time Count 2018

The following table displays two important data points extracted from the Homeless Management Information System (HMIS). The first statistic is the number of persons within each CoC who experienced homelessness for the first time during calendar year 2017.

To be considered “first time homeless,” a person must have received services from HMIS-affiliated provider during 2017 and have had no prior enrollments in HMIS. Statewide, 6,924 persons experienced homelessness for the first time in 2017.

The table also displays the number of persons who exited to a permanent housing destination during 2017, but returned to homelessness within six to 12 months. Across the entire state, only 166 persons found themselves experiencing homelessness

again between six to 12 months of exiting to a permanent housing destination. This suggests homeless service providers are effective in helping clients secure and maintain long-term housing.

Other Homeless Data for South Carolina

The Homeless Management Information System (HMIS) is a federally mandated database that collects information on people experiencing homelessness and the services provided to them.

South Carolina has a statewide HMIS system. Data is entered by participating homeless providers regarding the people they service. Across the state HMIS collected information on 18,340 unique persons experiencing homelessness who received services from an emergency shelter, transitional housing project, street outreach, or services only provider during calendar year 2017 (Jan. 1 - Dec. 31).

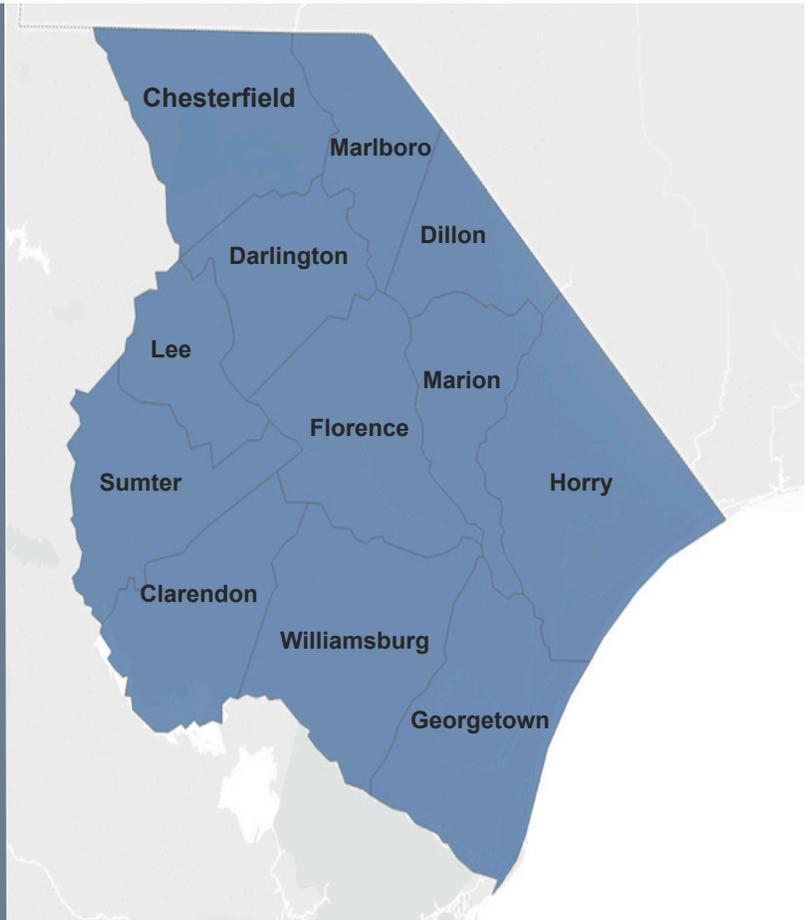
This statistic reflects the number of people being served throughout the year, not just at a particular point in time and is more reflective of the extent of homelessness in South Carolina.

TABLE 4: Homeless Trends by CoC

ECHO	
First Time Homeless	1,622
Returning to Homelessness	41
LHC	
First Time Homeless	1,055
Returning to Homelessness	23
MACH	
First Time Homeless	2,758
Returning to Homelessness	83
UHC	
First Time Homeless	1,489
Returning to Homelessness	19
Total	
First Time Homeless	6,924
Returning to Homelessness	166

Source: HMIS

Eastern Carolina Homelessness Organization



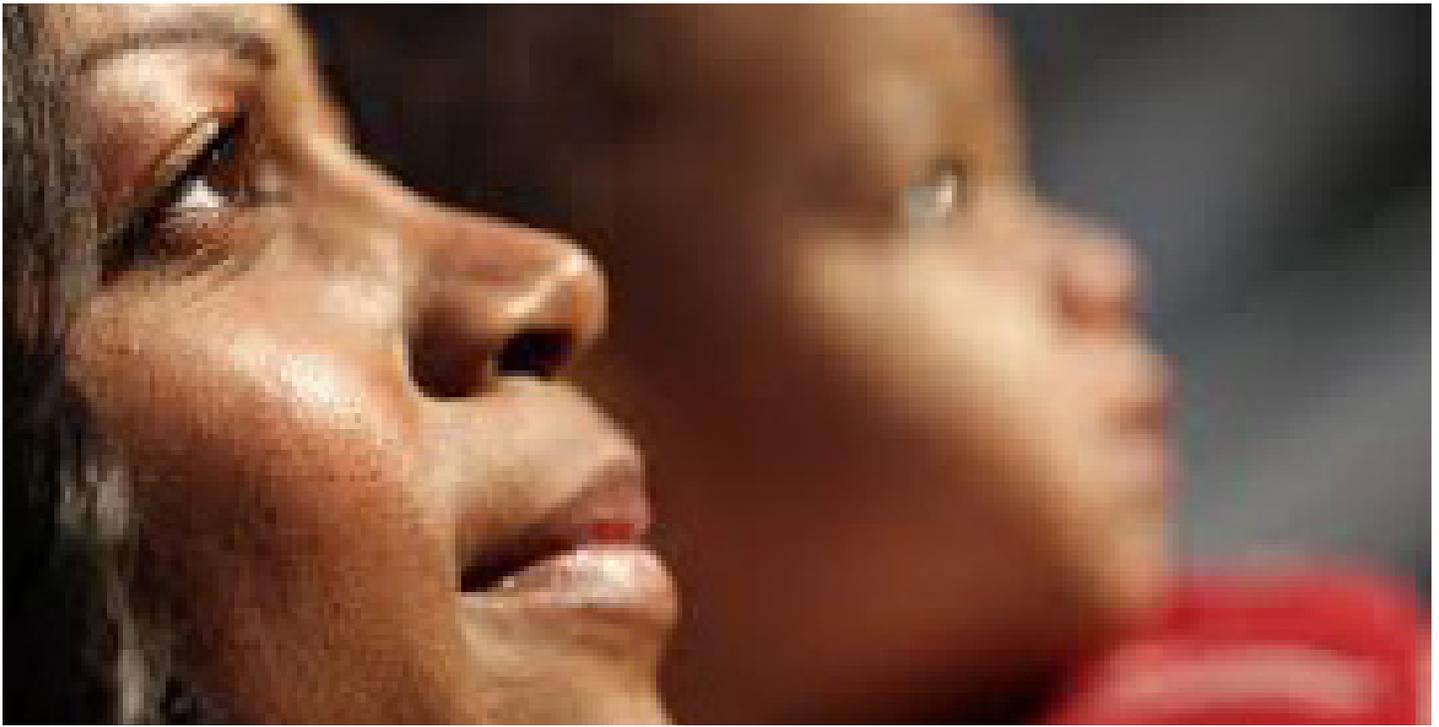
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The Eastern Carolina Homelessness Organization (ECHO) is a group of homeless service providers that operate in the northeastern part of South Carolina. ECHO covers 12 counties, including Horry County, home to the Myrtle Beach metropolitan area, which is one of the largest tourist destinations in the country with an average population of 465,391. In 2018, 40 projects from 20 organizations participated in the Point in Time Count. In total, 1,092 people were reported as experiencing homelessness by ECHO.

.....



2018 Homeless
count



.....

“There are no ‘homeless people,’ but rather people who have lost their homes and deserve to be treated with dignity and respect.”

—SCICH key principle

.....

Myrtle Beach Metro Shows Little Change in Homelessness

The Eastern Carolina Homelessness Organization’s 2018 Point in Time Count was held Jan. 24-31. ECHO utilized county coordinators to recruit, train and send volunteers to survey unsheltered individuals and families experiencing homelessness in nine of the 12 counties. Trained volunteers conducted one-on-one surveys with people in the community.

Several months prior to the count, the county coordinators started planning for the unsheltered count. They worked with outreach workers, local law enforcement and community members to identify locations where individuals/families experiencing homelessness might be located. County coordinators were encouraged to work with local service providers, governments and colleges in their respective areas to recruit volunteers.

Methodology

ECHO used a mixed approach of census counting and non-random sampling as methodologies for the unsheltered and sheltered count. During the 2018 count, ECHO surveyed people who qualified as homeless under 24 CFR 578.3 final rule by HUD. As in past years,

ECHO used a mix of the following methods for the unsheltered and sheltered count:

- Homeless Management Information System (HMIS) service data on the day of the count and the following seven days of all service providers that enter data into HMIS;



- Canvas of those experiencing unsheltered homelessness at areas determined to be likely places, including libraries, woods, parking lots, etc.;
- Surveys at non-HMIS agencies that have been determined to serve people who are experiencing homelessness on the day of the count and for the subsequent seven days.

Unsheltered Count

A census count was conducted on the night of the count and through Jan. 31, 2018. Trained volunteers went to previously identified locations to conduct PIT Count surveys and distribute care packages. Prior to the count, volunteers were trained with a recorded video, along with additional information provided by the county coordinators. The trained volunteers were strategically placed

at service provider locations known to serve those experiencing homelessness, increasing the possibility of counting people who were unsheltered. All information was deduplicated using the HMIS data base, along with reports provided by South Carolina’s HMIS vendor.

Sheltered Count

Non-HMIS emergency shelters and transitional shelters were identified before the count. Shelter staff or volunteers were prepared to complete the surveys on the night of the count. This information was paired with the HMIS data recorded on the night of the count to complete the sheltered count. All information was deduplicated using the HMIS data base, along with reports provided by the state of South Carolina’s HMIS vendor.

“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.”

—*SCICH key principle*

SNAPSHOT

.....

ECHO’s one-day 2018 results:

- » **1,092** people identified as experiencing homelessness across the 12-counties
- » **851** adult only household were homeless
- » **237** families with children were homeless
- » **171** were chronically homeless individuals
- » **71** were veterans
- » **78** adults self-reported a serious mental illness

Unique Aspects of the 2018 PIT Count

This one-day census count provides a snapshot of homelessness in the 12 county areas that comprise ECHO’s territory. Horry and Florence counties yielded stronger participation than the other counties. While there was an increase in participation in some areas, other areas encountered challenges. One of the counties experienced a strong law enforcement presence in a public park, thus preventing volunteers from being able to conduct surveys in that area. Another challenge for the unsheltered count was the unusually cold temperatures during this time period that resulted in a noteworthy decrease of people in the streets, parks and other public places.

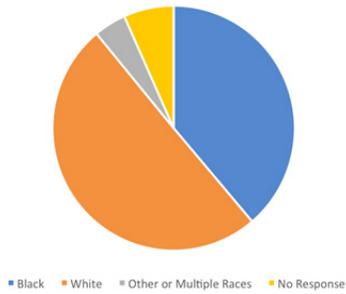
Race and Ethnicity

Whites make up the majority of the total population of those experiencing homelessness in the ECHO region at 53.8%, according to the 2012-2016 American Community Survey 5-Year Estimates, and they also constitute the majority of the total population recorded during the 2018 PIT Count at 52.9%.

Blacks make up 34% of the total population in the ECHO region but comprise 42.5% of the homeless population.

Hispanics make up 3.9% of the total regional population and only 38, or 3.5%, of the homeless population count.

CHART 3: Primary Race of Those Experiencing Homelessness



Source: 2018 Point in Time Count

TABLE 5: Homelessness by Racial and Ethnic Group

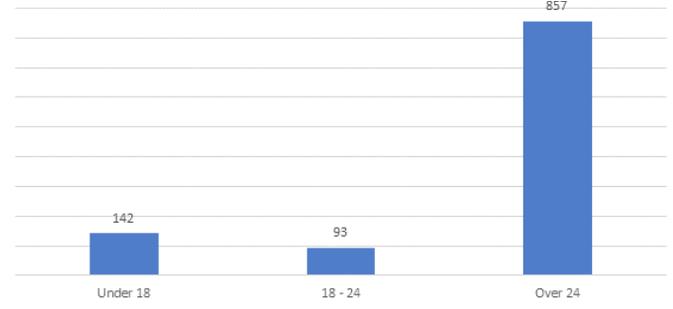
Race	Sheltered	Unsheltered
White	195	383
Black/African American	175	289
Asian	4	0
American Indian/ Alaska Native	1	5
Native Hawaiian/Other Pacific Islander	0	1
Other or Not Reported	23	16
Ethnicity	Sheltered	Unsheltered
Hispanic/Latino	17	21
Not Hispanic/Latino	381	673

Source: 2018 Point in Time Count

Age

According to the 2018 PIT Count, 142 of the total population experiencing homelessness are children under the age of 18 (13%). Of this age range, 138 are under the age of 18 in families and four are unaccompanied youths.

GRAPH 5: Age of Population Experiencing Homelessness



Source: 2018 Point in Time Count

Family Composition

Within the ECHO region, 237 of the total population experiencing homelessness were families with children at the time of the count. This represents 22% of those experiencing homelessness. There were 851 adult individuals or adult-only families identified during the count which represents 78% of those experiencing homelessness (see Infographic 2). Additionally, four individuals are under 18, experiencing homelessness without a family.

INFOGRAPHIC 2: Families with Children



Adults or adult-only families (78%)

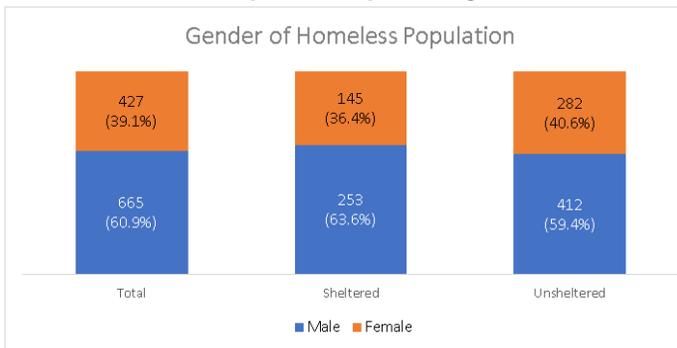
Source: 2018 Point in Time Count



Gender

Overall, the population experiencing homelessness in this region is overwhelmingly male. The Point in Time Count shows 60.8% of those experiencing homelessness are male in both the sheltered and unsheltered population.

GRAPH 6: Gender of Population Experiencing Homelessness



Source: 2018 Point in Time Count

Special Populations, Persons with Disabilities

In the ECHO region, 171 persons (15.7% of the count) are experiencing chronic homelessness. Chronic homelessness is defined by HUD to mean a person has a long-term disability and has been experiencing homelessness for at least one year consecutively or has experienced four or more occasions of homelessness in the past three years, totaling more than 12 months.

Additionally, 71 persons included in the count reported they are veterans (6.5% of the count). Finally, 17 adults 18 years of age or older experiencing homelessness in the Eastern Carolina region said they are actively fleeing domestic violence. It is important to note that this domestic violence statistic does not include dependent children.

Other populations of persons experiencing homelessness with disabilities were counted in the ECHO region. For a person to be counted in these subpopulations, they must have stated that they had a disability and that it was expected to be of indefinite or long-term duration. In total, 78 adults experiencing homelessness were counted as having a serious mental illness (7.1%), 20 have a substance use disorder (1.8%), and three have HIV/AIDS

TABLE 6: Numbers of People from Special Populations

Population	Total
Chronically Homeless	171
Veterans	71
Adult Survivors of Domestic Violence	17
Adults with a Serious Mental Illness	78
Adults with a Substance Use Disorder	20
Adults with HIV/AIDS	3

Data Source: 2018 Point in Time Count

Lowcountry Homeless Coalition



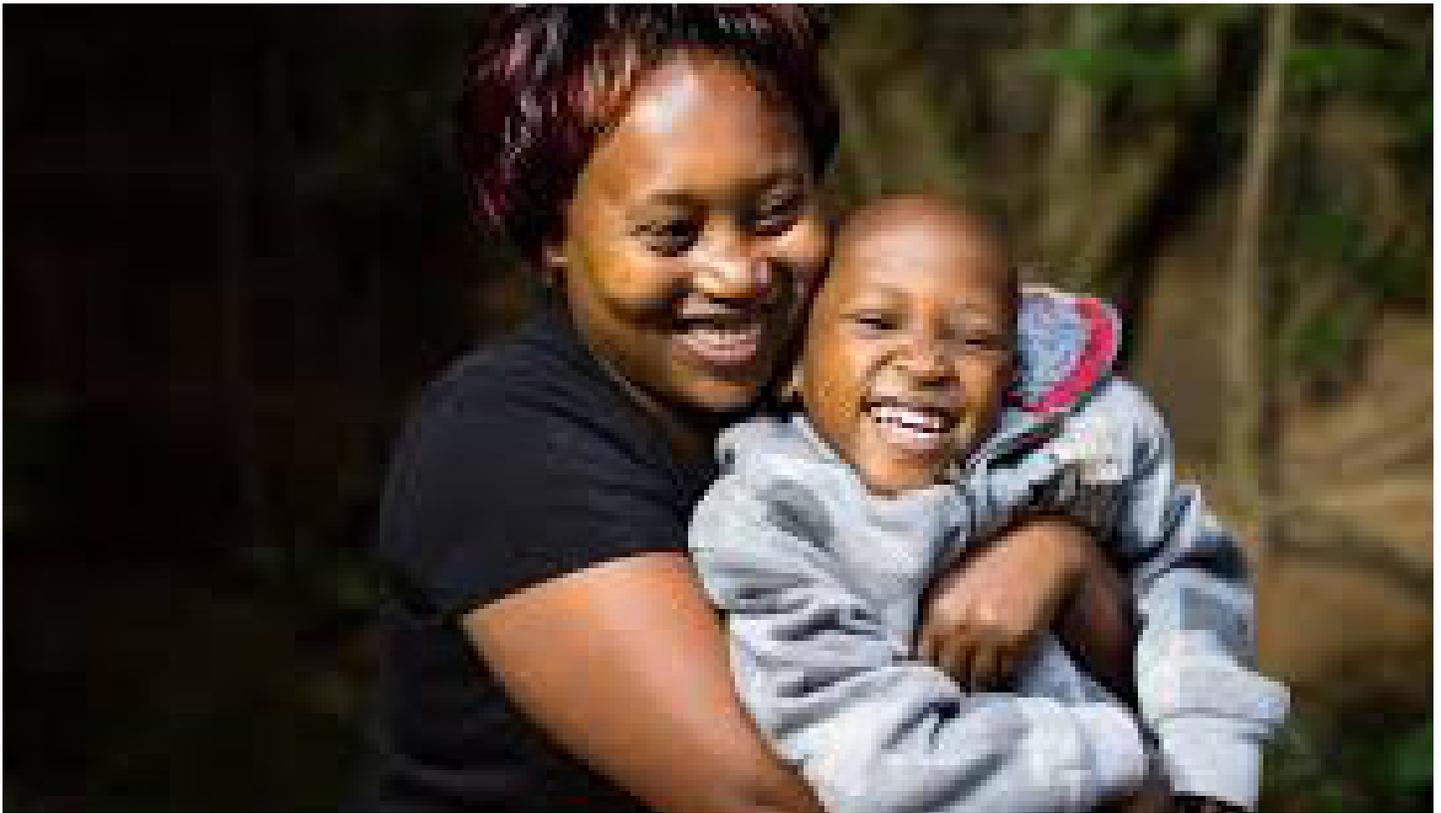
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The Lowcountry Homeless Coalition (LHC) is a group of homeless service providers that operate in the southeastern part of South Carolina. LHC covers seven counties, including Charleston County, which is home to the Charleston metropolitan area that has a population of 712,239 and has a significant military, student and tourist presence. In 2018, 28 projects from 14 organizations participated in the PIT Count. In total, 451 people were reported as experiencing homelessness during the one-day count.

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2018 Homeless count



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“Everyone is ready for housing.”
—SCICH key principle

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Lowcountry Recruits and Trains 70 Volunteers

Lowcountry CoC’s 2018 Point In Time Count, led by Lowcountry Homeless Coalition (LHC), was held Jan. 24 - 27. LHC staff trained more than 70 volunteers to conduct the unsheltered and sheltered count for non-HMIS users throughout all seven counties. The PIT coordinator worked with local service providers to determine locations where people experiencing homelessness may be encountered. Incentive items (backpacks, ponchos, hand warmers, hygiene items) were purchased and assembled by a local Girl Scout troop prior to the count.

In 2018, LHC’s Point in Time Count was almost unchanged from 2017; 425 persons identified in 2017 and 451 identified in 2018.

Unsheltered Count

LHC used a census method to conduct the unsheltered count. Locations to send volunteers on the night of the count were determined based on their experience conducting outreach and working with those experiencing homelessness. All volunteers were trained prior to

the count through in-person trainings held by LHC staff. Throughout the week of the count, volunteers also visited service organizations that serve people experiencing homelessness during popular times, such as during lunch and when free health consultations were provided. People who were encountered received care kits, even if they did not provide consent to participate in the survey. All data were collected through paper surveys and entered by LHC staff to prevent duplication.

Sheltered Count

Most of the data collected for the sheltered count was



obtained through information that was already entered into HMIS on the night of the count. Additionally, there were six shelters included in the count that do not utilize HMIS, including one cold weather shelter. Staff members were trained prior to the night of the count on how to complete the surveys. If the shelters did not have the staff capacity to do the interviews, trained volunteers or LHC staff conducted the interviews at the shelter on the night of the count.

Data Entry

All surveys were returned to the PIT coordinator within 24 hours after completion. The week following the count, LHC staff entered the data into HMIS. Volunteers were excluded from this process in order to ensure that all surveys were entered the same way.

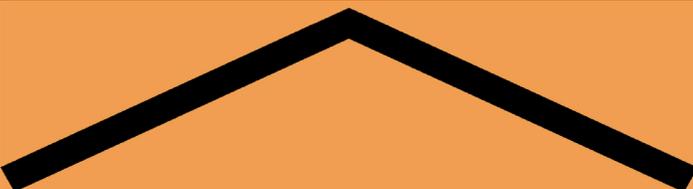


Unique Aspects of the 2018 PIT Count

In 2018, there was a higher participation rate among providers in the Lowcountry, which contributed to the increase in numbers for the sheltered count. Also, the sheltered count was higher due to one of the cold weather shelters being open in Charleston County; no cold weather shelters were open on the night of the count in 2017. In 2018, volunteer training was increased and modified to include

“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.”

—SCICH key principle



SNAPSHOT

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LHC’s one-day 2018 results:

- » **451** people were identified as experiencing homelessness across the seven counties
- » **114** people were unsheltered
- » **94** were families with children (21% of total count)
- » **86** were chronically homeless (16% of adults)
- » **119** were veterans (26% of adults)

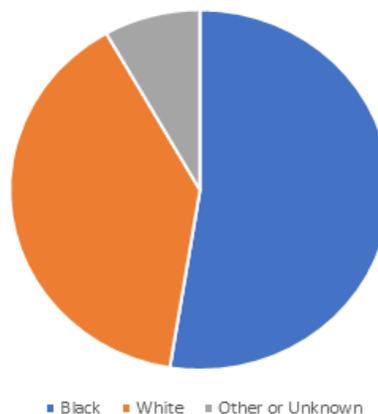
more emphasis on deduplication efforts and the definition of “literally homeless.” This also could have had an effect on the number of people included in the unsheltered count.

Race and Ethnicity

Nearly 52.5% of the population experiencing homelessness reported by LHC is Black. This is considerably higher than the overall population of that region, which is 26.6% Black, according to the 2012-2016 American Community Survey 5-Year Estimates.

Additionally, 17 individuals (3.7%) experiencing homelessness identified as Hispanic. Approximately 6.4% of the total regional population identifies as Hispanic.

GRAPH 8: Primary Race of Those Experiencing Homelessness



Source: 2018 Point in Time Count

TABLE 7: Homelessness by Racial and Ethnic Group

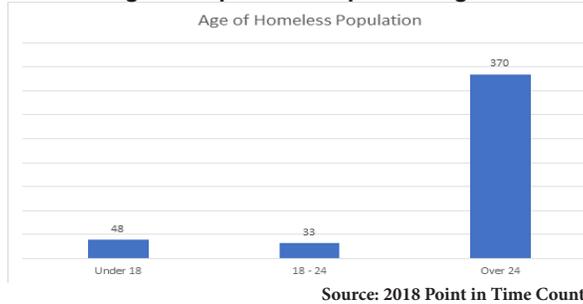
Race	Sheltered	Unsheltered
White	137	40
Black/African American	180	57
Asian	1	0
American Indian/Alaska Native	2	1
Native Hawaiian or Other Pacific Islander	0	1
Multiple Races	17	15
Ethnicity	Sheltered	Unsheltered
Hispanic or Latino	13	4
Not Hispanic/Latino	324	110

Source: 2018 Point in Time Count

Age

Children under the age of 18 comprise 10.6% of the population experiencing homelessness. This is the second smallest age cohort in the LHC region.

GRAPH 9: Age of Population Experiencing Homelessness



INFOGRAPHIC 3: Families with Children (20.8%)



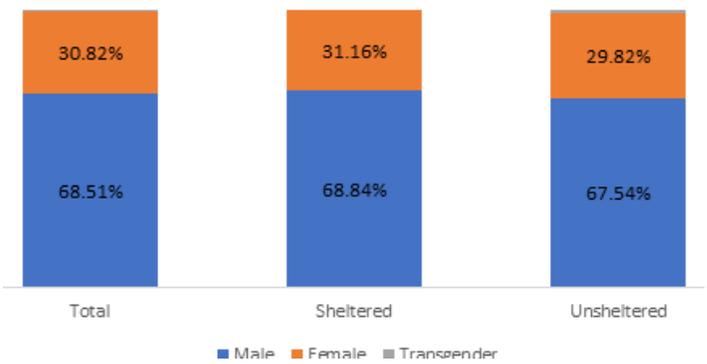
Adults or adult-only families (79.2%)

Source: 2018 Point in Time Count

Gender

The population experiencing homelessness in the LHC region is overwhelmingly male. The 2018 Point in Time Count shows that nearly 70% of those experiencing homelessness are male in both the sheltered and unsheltered population. Additionally, one individual was recorded as transgender and two did not report his/her gender.

GRAPH 10: Gender of Population Experiencing Homelessness



Family Composition

On the day of the count, 94, or 20.8%, of the total population experiencing homelessness in the Lowcountry Homeless Coalition region were families with children. There were 357 adults or adult-only families during the count, which represents 79.2% of people experiencing homelessness (see Infographic 3).



Special Populations, Persons with Disabilities

Eighty-six persons (19.1% of the Lowcountry count) are experiencing chronic homelessness, meaning they have a long-term disability and have been experiencing homelessness for at least one year consecutively or have experienced four or more occasions of homelessness in the past three years totaling more than 12 months.

Additionally, 119 persons counted reported they are veterans of the U.S. Armed Forces (26.4% of the total count). Finally, 15 adults 18 years of age or older are experiencing homelessness in the Lowcountry and actively fleeing domestic violence. Note that this domestic violence statistic does not include dependent children.

Other populations of persons experiencing homelessness with disabilities were counted in the Lowcountry. For persons to be counted in these subpopulations, they must state that they have a disability and that it is expected to be of indefinite or long-term

duration. In total, 64 adults experiencing homelessness were counted as having a serious mental illness (14.9%), 24 have a substance use disorder (5.3%) and eight have HIV/AIDS (1.8%).

TABLE 8: Numbers of People from Special Populations

Population	Total
Chronically Homeless	86
Veterans	119
Adult Survivors of Domestic Violence	15
Adults with a Serious Mental Illness	64
Adults with a Substance Use Disorder	24
Adults with HIV/AIDS	8



Midlands Area Consortium for the Homeless



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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. The metro area, which includes the state capital, has a population of 767,598. In 2018, 74 projects from 33 organizations participated in the PIT Count. In total, 1,205 individuals were reported as experiencing homelessness by MACH.

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2018 Homeless count



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“Homelessness is unacceptable, and it is expensive.”

—SCICH key principle

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Over Past 5 Years Columbia Metro Shows 40% Decrease in Homelessness

MACH’s 2018 Point in Time Count was almost unchanged from 2017 (1,200 people identified in 2017 and 1,205 identified in 2018). Over the past five years, the region has shown an overall decrease of 40% of individuals experiencing homelessness during the night of the PIT Count.

Methodology

MACH’s 2018 Point in Time Count, led by United Way of the Midlands (UWM), was held Jan. 24-28. For five days, more than 250 trained volunteers canvassed MACH’s counties, conducting one-on-one surveys with people on the streets. Volunteers collected identifying and demographic information, which was then entered in the Homeless Management Information System operated by UWM. This allowed for those individuals whose names were already in the system to not be counted twice. County-level coordinators recruited, trained and deployed volunteers to locations identified by service providers, outreach workers and people who are or were experiencing homelessness.



In 2018, in addition to volunteer deployment, MACH coordinated special events, including congregate meals and food trucks to disperse meals and food boxes. MACH also forged partnerships with faith-based groups to expand count coverage and had new success engaging corporate sponsors for donations of items as incentives to survey participants.

The point-in-time count is a snapshot of clients found on a single day. A single day census cannot offer a full picture of homelessness because it is most often a temporary circumstance. Thus, the one-day count underreports particular groups, significantly families with children. Families experiencing homelessness often seek housing by doubling up rather than resorting to the streets or other unsheltered settings. Those who are experiencing homelessness but doubled up are not included in the count.

Additionally, the count relies on county-level coordinators and volunteers. MACH's 14 counties have a range of leadership and volunteer participation levels. While Richland and York counties consistently demonstrate strong coordination and volunteer participation levels, Aiken, Allendale and Bamberg emerged as new leaders in the count. MACH uses results from the point-in-time

count in addition to other data sources to fully inform planning and coordination efforts.

In 2018, MACH saw an improvement in the number of people seeking shelter. The overall sheltered population increased by 13 percent. The number of those who were documented as experiencing chronic homelessness and seeking shelter increased by 39 percent. This positive shift increases opportunities for constructive engagement and screening.

Varied Results for Special Subpopulations

Chronically homeless. Those experiencing chronic homelessness made up 21 percent of the overall homeless population (consistent with national averages); this number reflects an increase of 51 percent since 2013, despite intensive efforts to secure 190 new units of federally funded permanent supportive housing over the same timeframe.

“MACH’s focus continues to be increasing resources for safe affordable housing and permanent supportive housing. While MACH has made progress in reducing homelessness across all populations, the lack of affordable housing contributes to the inability of people to emerge from homelessness quickly and with long-term stability.”

SNAPSHOT

MACH's one-day 2018 results:

- » **1,205** people identified as experiencing homelessness across the **14** counties
- » **200** individuals were unsheltered
- » **251** adults and children were in families (21% of total count)
- » **248** were chronically homeless individuals (21% of total count)
- » **146** were veterans (12% of adults)

Veterans. Veterans experiencing homelessness continue to be a MACH priority with increased coordination with organizations that serve veterans. Homelessness among veterans has decreased 35 percent since 2013, though there was little change from 2017 to 2018 with 146 veterans identified this year compared to 155 last year.

Domestic violence survivors. Levels of domestic violence survivors seeking shelter decreased during the 2018 Point in Time



Count. The count showed 67 people in 2018 compared to 237 in 2017. These figures do not necessarily indicate an actual decrease in the numbers seeking shelter because HUD narrowed its domestic violence definition in 2018, excluding children.

Youth. In 2017, the CoC engaged a designated youth coordinator and conducted its first youth-specific count during the overall point-in-time count. In 2018, two additional members were added to the youth count team, resulting in the identification of double the number of unaccompanied youth.

The youth coordinator also worked with youths who were currently or had recently experienced homelessness to identify locations such as camps, libraries, parks, shopping centers and places offering free Wi-Fi.

Further, the McKinney-Vento Education for Homeless Children and Youths Program, which funds services to children and youths experiencing homelessness, provided coordinators in Richland School District One and Two to determine who should be included in the HUD count. Social media (Twitter) was used to promote magnet events held at youth count headquarters, specifically the youth Drop-in Center, which opened in January 2017. Incentives were offered to survey participants including warm socks, small food items and handheld outreach cards linking to the CoC's Coordinated Entry System. MACH's focus continues to be increasing resources for safe affordable housing and permanent supportive housing.

While MACH has made progress in reducing those experiencing homelessness across all populations, the lack of affordable housing contributes to the inability of people to emerge from the experience of homelessness quickly and with long-term stability.

Race and Ethnicity

According to the 2012-2016 American Community Survey 5-Year Estimates, Blacks make up only 31% of the total population of the region, yet they constitute by far most of the population experiencing homelessness reported by MACH at 66%. By contrast, Hispanics make up 5% of the total regional population and only 3% of the homeless population count.

TABLE 9: Homelessness by Racial and Ethnic Group

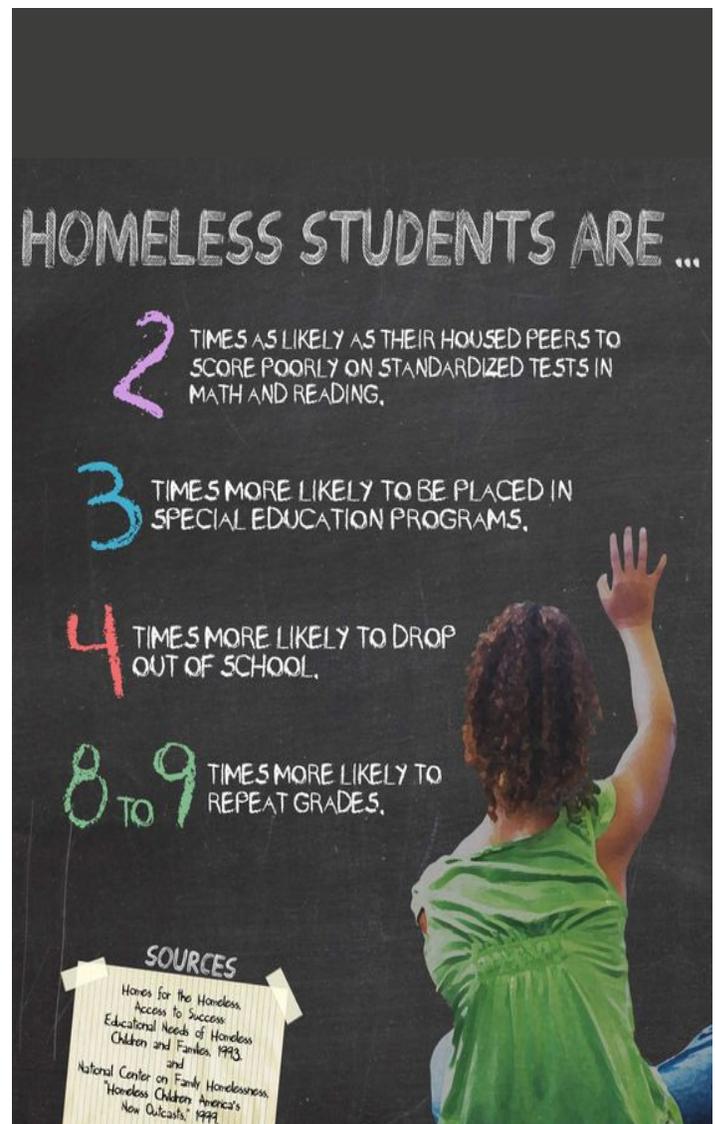
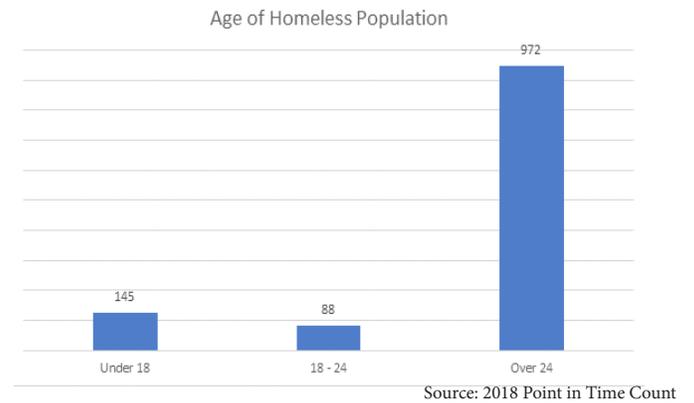
Race	Sheltered	Unsheltered
White	318	67
Black or African American	663	128
Asian	3	0
American Indian or Alaska Native	5	0
Native Hawaiian/ Other Pacific Islander	1	0
Multiple races	15	5
Ethnicity	Sheltered	Unsheltered
Hispanic or Latino	36	5
Not Hispanic/Latino	969	195

Source: 2018 Point in Time Count

Age

Children under the age of 18 comprise 12% of the homeless population. Of this age range, on the day of the count, 141 were children under the age of 18 in families with adults and four were unaccompanied youth.

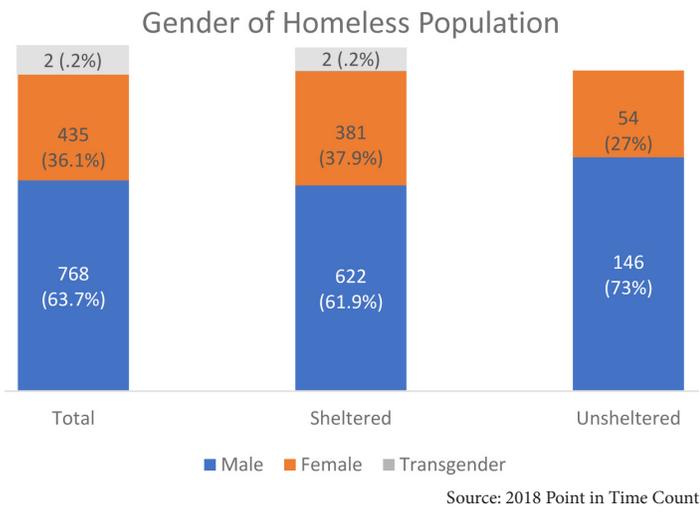
GRAPH 12: Age of Homeless Population



Gender

Overall, the homeless population in this region is overwhelmingly male. The Point in Time Count shows 62% of the sheltered and 73% of the unsheltered people experiencing homelessness are males.

GRAPH 13: Gender of Homeless Population



Family Composition

Within the MACH region, the total number of persons in households with at least one adult and one child was 251. This represents 21% of the homeless. There were 950 adults or adult-only families identified during the county, which represents 78.8% of those experiencing homelessness (see Infographic 4).

INFOGRAPHIC 4: Families with Children



Adults or adult-only families (78.8%)

Source: 2018 Point in Time Count

Special Populations, Persons with Disabilities

In the Midlands, 248 persons (20.6% of the CoC's count) are experiencing chronic homelessness. To be chronically homeless, a person must have a long-term disability and have experienced homelessness for at least one consecutive year or have experienced four or more occasions of homelessness in the past three years totaling more than 12 months.

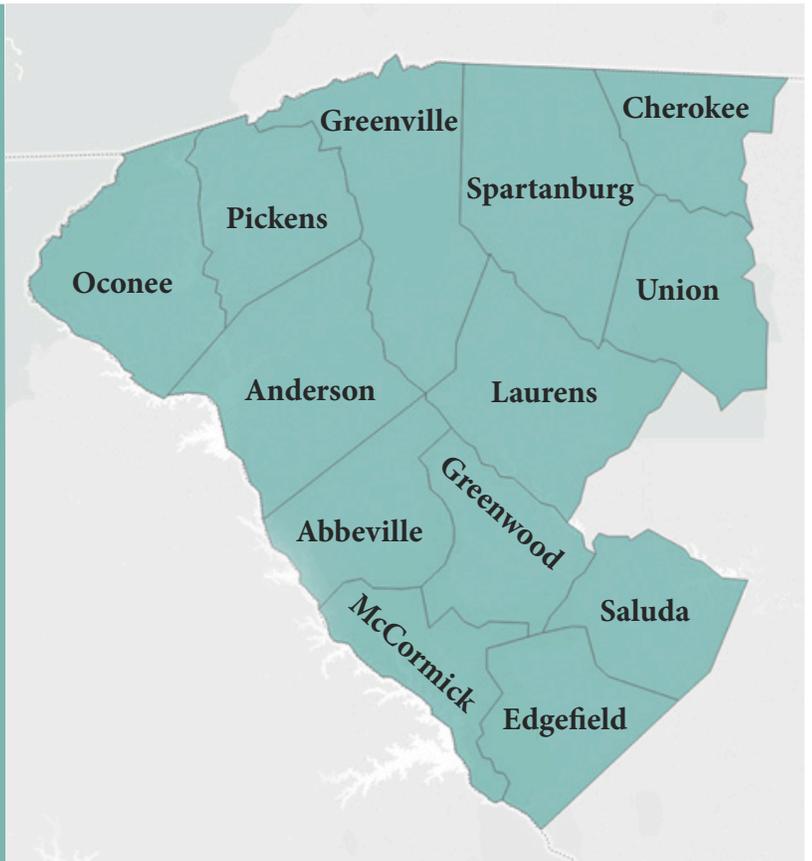
Additionally, 146 persons counted reported they are veterans (12.1% of the total count). Sixty-seven adults 18 years of age or older said they are actively fleeing domestic violence. It is important to note that as opposed to previous years, this domestic violence statistic does not include dependent children.

Other populations of persons experiencing homelessness with disabilities were counted in the Midlands. For persons to be counted in these subpopulations, they must have stated that they have a disability and that it is expected to be of indefinite or long-term duration. In total, 122 adults experiencing homelessness were counted as having a serious mental illness (10.1%), 109 have a substance use disorder (9%), and 27 have HIV/AIDS (2.2%).

TABLE 10: Numbers of People from Special Populations

Population	Total
Chronically Homeless	248
Veterans	146
Adult Survivors of Domestic Violence	67
Adults with a Serious Mental Illness	122
Adults with a Substance Use Disorder	109
Adults with HIV/AIDS	27

Upstate Continuum of Care



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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 1.347 million as of 2016. In 2018, 57 projects from 32 organizations participated in the PIT count. In total, 1,185 individuals were reported homeless by the Upstate CoC.

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2018 Homeless count



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“Homelessness is fundamentally about a lack of housing that is affordable to households at different income levels.”

—SCICH key principle

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Coordinators Train Volunteers to Aid Upstate Count

Similar to previous years, the Upstate CoC employed a full-census method to collect the unsheltered count. No sampling nor extrapolation techniques were used. Volunteers were dispersed to all counties within the Continuum, specifically visiting areas where unsheltered people experiencing homelessness were known to be located. Data were collected through face-to-face interviews with participants via paper surveys.

Unsheltered volunteer efforts were led by county PIT coordinators from across the Upstate CoC. These coordinators were tasked with recruiting, organizing and training their volunteers how to accurately complete the PIT survey. Trainings were held in locations across the Upstate CoC, often coinciding with regularly scheduled CoC chapter meetings.

Staff from organizations who frequently conduct outreach in unsheltered locations were influential in identifying unsheltered locations (encampments, abandoned buildings) for data collection.

Outreach into encampments and more remote locations was conducted by staff from organizations who commonly service this population. Outreach toward unsheltered populations in more developed areas (streets, parks, soup kitchens, day-shelters, libraries, provider fairs) was



conducted by general volunteers under the leadership of a volunteer coordinator.

During the week of the count, volunteers approached participants to complete the PIT survey and collect information about where they slept on the night of Jan. 24. While data was collected over the span of seven days, volunteers always asked the participant to think back to where they slept on the night of the 24th. In addition to collecting surveys, volunteers also distributed care packages containing toiletries, socks, blankets, hand-warmers, and other useful items. Individuals were offered care packages regardless of whether or not they participated in the survey.

Sheltered

Sheltered population numbers were primarily extracted from the Upstate CoC's Homeless Management Information System (HMIS). The Upstate CoC HMIS Department worked with HMIS-affiliated providers to verify that the participants enrolled in their projects on the night of the PIT count was accurate. HMIS staff also assisted providers with any necessary data clean-up. Once provider data was

confirmed and accurate, this data was included in the sheltered count of the PIT report.

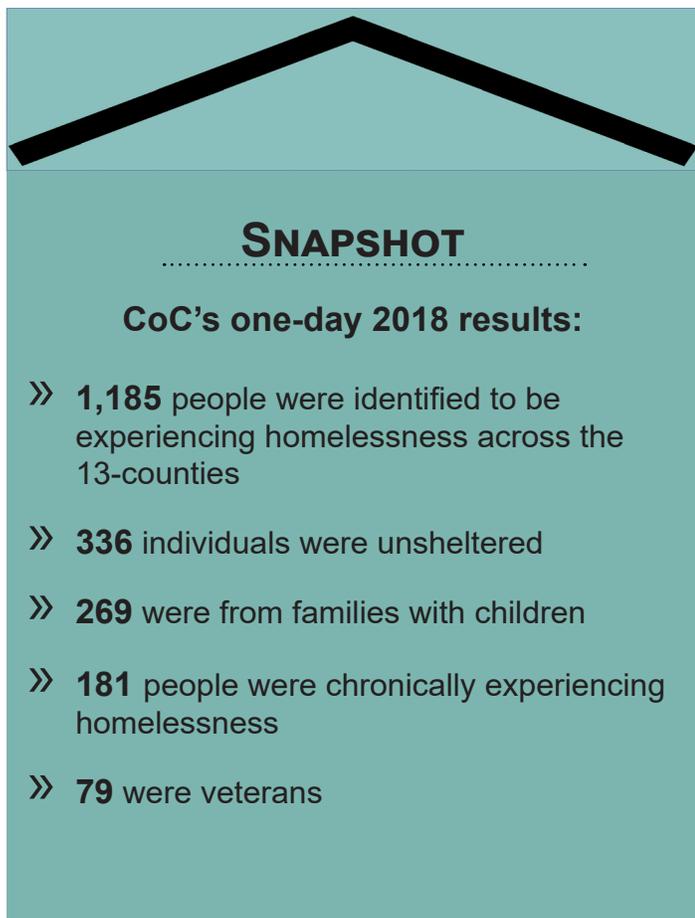
Information from non-HMIS-affiliated housing providers was collected in three ways. Many non-HMIS-affiliated providers collected PIT data from participants with their own staff through face-to-face interviews. Data were recorded on paper surveys. If staff at non-HMIS-affiliated providers were not available to collect PIT information, trained volunteers were allowed to visit these providers on the night of the PIT Count to collect participant information. A third method included receiving and entering encrypted spreadsheets that contained relevant participant information from non-HMIS-affiliated providers. Together, these three methods yielded comprehensive data from most all the homeless shelter/housing service providers throughout the Upstate Continuum of Care.

Data Entry

Completed surveys were returned to the HMIS Lead Agency within two weeks after the completion of the PIT Count. A team of

“We did not lose our affordable housing stock overnight, and we will not build our way out of the deficit overnight.”

—*SCICH key principle*



SNAPSHOT

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CoC's one-day 2018 results:

- » **1,185** people were identified to be experiencing homelessness across the 13-counties
- » **336** individuals were unsheltered
- » **269** were from families with children
- » **181** people were chronically experiencing homelessness
- » **79** were veterans

volunteers worked to enter these unsheltered paper surveys, as well as the surveys and spreadsheets provided by non-HMIS-affiliated housing providers. Data entry was completed over seven days under the supervision of the Upstate CoC HMIS Department. Data were further verified and cleaned by the HMIS Department over the following two months.

Unique Aspects of the 2018 PIT Count

Weather. The night of this year's PIT count was much colder than last year. This resulted in more cold-weather beds being made available by emergency shelter providers throughout the CoC. As a result, the number of those counted in emergency shelter settings increased this year compared to last year. Due to the colder weather, and an increase in individuals staying in emergency shelter beds, the unsheltered homeless count declined compared to last year.

Reduction in Transitional Housing Inventory. Additionally, many of the CoC's transitional housing beds were impacted by the previous year's Notice of Funding Availability. This resulted in a decreased inventory of transitional housing (TH) beds and the number of participants staying in this category of housing. To illustrate, this year there were 187 TH beds available on the night of the PIT count, with 132 individuals being counted in the TH category. This is down from 250 TH beds available in 2017, with 238 participants staying in

TH housing that year.

Local Provider Events. Similar to last year, PIT count coordinators across the Continuum either organized or participated in a number of homeless service provider events held at accessible locations (libraries, community centers, and churches). These provider fairs were designed to be centrally located where individuals experiencing homelessness could come in contact with a variety of different agencies that provide assistance. At these events, PIT count volunteers would engage with sheltered and unsheltered people and ask for their willingness to complete the PIT survey. The effectiveness of these provider events varied across the CoC, with some experiencing high attendance among homeless individuals/families, and others seeing lower levels of participation.

Race and Ethnicity

The largest racial group of the homeless population reported by Upstate CoC is White (50.3%). This is considerably lower than the overall population of that region, which is 76% White according to the 2012-2016 American Community Survey 5-Year Estimates. Additionally, only 45 (3.8%) of the homeless population identifies as Hispanic while approximately 6.1% of the total regional population identifies as Hispanic.

CHART 3: Primary Race of Homeless Population

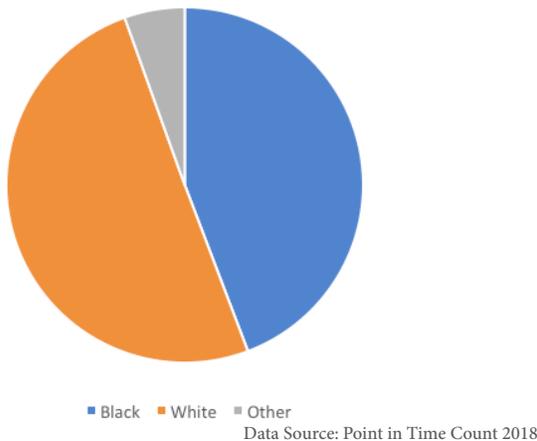


TABLE 11: Homelessness by Racial and Ethnic Group

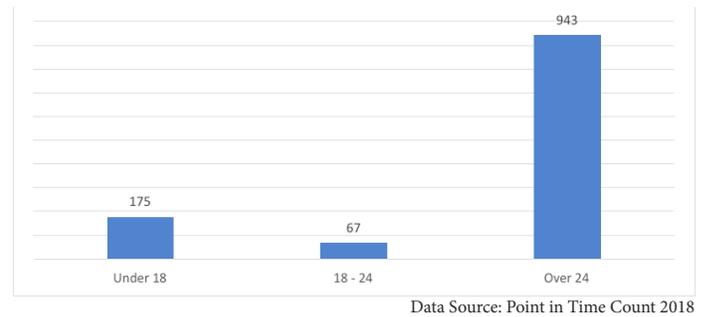
Race	Sheltered	Unsheltered
White	402	194
Black/African American	409	115
Asian	2	1
American Indian or Alaska Native	5	14
Native Hawaiian or Other Pacific Islander	3	1
Multiple Races	28	11
Ethnicity	Sheltered	Unsheltered
Hispanic or Latino	31	14
Not Hispanic/Latino	818	322

Data Source: Point in Time Count 2018

Age

Children in families with adults under the age of 18 comprise 14.8% of the homeless population. A smaller percentage (5.6%) are young adults between the ages of 18 and 24.

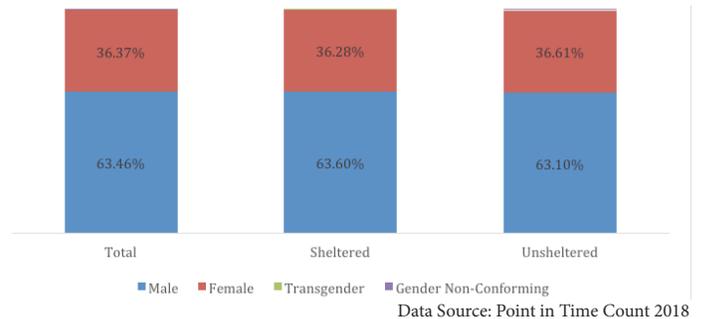
GRAPH 14: Age of Homeless Population



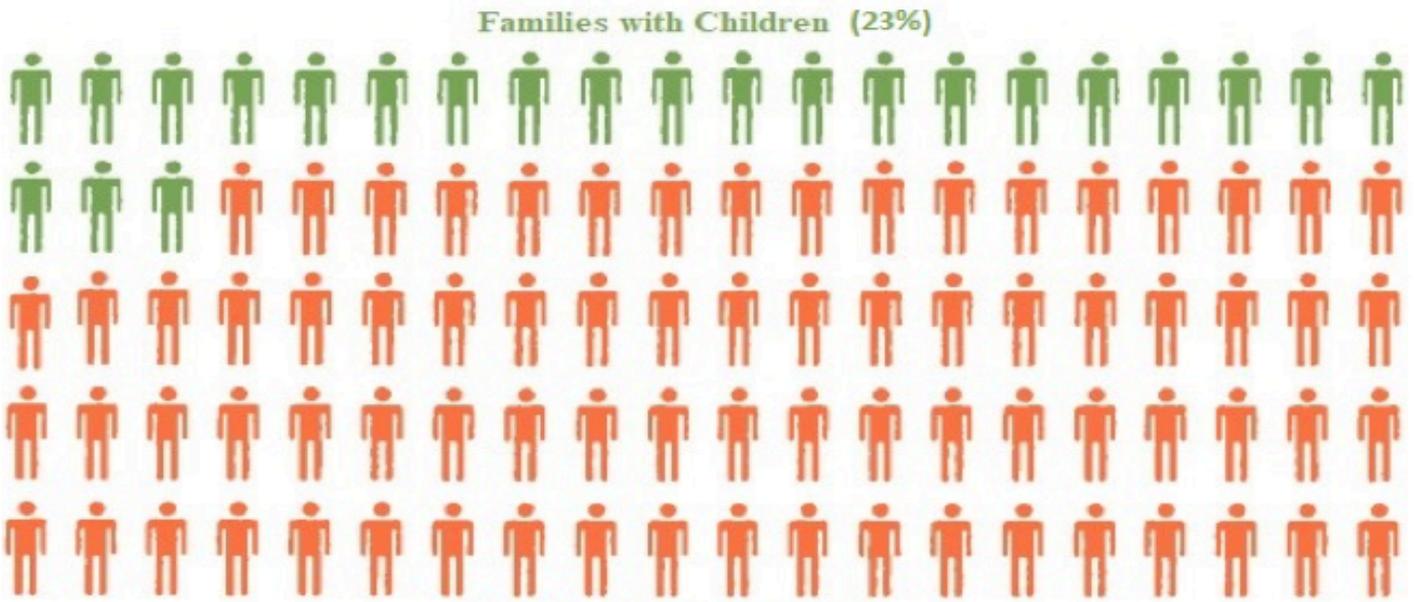
Gender

Overall, the homeless population in this region is overwhelmingly male. Over 60% of the people who are experiencing homelessness are men. One sheltered individual is transgender and one unsheltered individual is gender non-conforming.

GRAPH 15: Gender of Homeless Population



INFOGRAPHIC 5: Families with Children



Adults or adult-only families (77%)

Data Source: Point in Time Count 2018

Family Composition

Within the Upstate CoC jurisdiction, 269 of the total homeless population are in families with children (23%) and 912 are adults or in adult only families (77%). There are four children who are experiencing homelessness alone (see Infographic 5).

Special Populations, Persons with Disabilities

In the Upstate, 181 persons (15.3% of the CoC’s count) are experiencing chronic homelessness. To be chronically homeless, a person must have a long-term disability and have experienced homelessness for at least one consecutive year or have experienced four or more occasions of homelessness in the past three years totaling more than 12 months.

Additionally, 79 persons counted reported they are veterans (6.7% of the total count). One hundred and three adults 18 years of age or older said they are actively fleeing domestic violence. Note that this domestic violence statistic does not include dependent children.

Other populations of persons experiencing homelessness with disabilities were counted in the Upstate. For persons to be counted in these subpopulations, they must have stated that they have a disability and that it is expected to be of indefinite or long-term duration. In total, 91 adults experiencing homelessness were counted as having a serious mental illness (7.7%), 107 have a substance use disorder (9%), and 19 have HIV/AIDS (1.6%).

TABLE 12: Numbers of People from Special Populations

Population	Total
Chronically Homeless	181
Veterans	79
Adult Survivors of Domestic Violence	103
Adults with a Serious Mental Illness	91
Adults with a Substance Use Disorder	107
Adults with HIV/AIDS	19

Data Source: Point in Time Count 2018

Appendix A: 2018 PIT Count Select Data by County

Eastern Carolina Homelessness Organization (ECHO)					
County	Unsheltered	Total Sheltered	Total Homeless	Veterans	Chronically Homeless
Horry	480	219	699	41	108
Florence	74	146	220	21	29
Darlington	64	1	65	3	5
Georgetown	44	1	45	4	14
Sumter	15	15	30	1	4
Chesterfield	9	6	15	0	10
Dillon	0	10	10	0	0
Marion	6	0	6	0	0
Marlboro	2	0	2	1	1
Lowcountry Homeless Coalition (LHC)					
County	Unsheltered	Total Sheltered	Total Homeless	Veterans	Chronically Homeless
Charleston	86	275	361	111	82
Beaufort	13	32	45	3	1
Colleton	7	13	20	2	0
Dorchester	1	17	18	3	0
Jasper	7	0	7	0	3
Midlands Area Consortium for the Homeless (MACH)					
County	Unsheltered	Total Sheltered	Total Homeless	Veterans	Chronically Homeless
Richland	128	695	823	82	192
Lexington	4	128	132	52	4
York	21	106	127	3	23
Aiken	15	35	50	4	4
Kershaw	11	36	47	3	18
Allendale	15	0	15	0	6
Bamberg	5	0	5	1	0
Orangeburg	1	2	3	0	1
Newberry	0	2	2	0	0
Barnwell	0	1	1	1	0
Upstate Continuum of Care (Upstate CoC)					
County	Unsheltered	Total Sheltered	Total Homeless	Veterans	Chronically Homeless
Greenville	137	435	572	38	102
Spartanburg	41	189	230	21	15
Anderson	79	37	116	5	25
Greenwood	21	94	115	10	19
Oconee	16	38	54	3	9
Cherokee	9	36	45	0	4
Pickens	18	5	23	1	3
Laurens	0	13	13	0	1
Saluda	7	0	7	1	0
Union	5	0	5	0	2
Abbeville	2	2	4	0	0
Edgefield	1	0	1	0	1
Statewide Total	1344	2589	3933	415	686

Source: 2018 PIT Count