



**SOUTH CAROLINA INTERAGENCY  
COUNCIL ON HOMELESSNESS**



**2020 South Carolina State of Homelessness Report**

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## 2020 South Carolina State of Homelessness Report

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## Executive Summary



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

Homelessness and housing instability continue to be pervasive in South Carolina. While there are numerous agencies working across the state to provide critical housing and supportive services to vulnerable populations, thousands of individuals and families continue to experience, or are at risk of, homelessness. Over the past year as this report was being prepared, the COVID-19 pandemic only exacerbated our state's housing crisis. The economic impact of the pandemic has led to increased job losses, threats of evictions due to lack of income to cover housing costs, including basic utilities, and evictions. The result has been

increased homelessness and housing instability. Those individuals impacted are also especially vulnerable to COVID-19. They often fall into high risk groups as determined by the Centers for Disease Control and Prevention, such as people with pre-existing health conditions, and also due to their congregate or crowded living arrangements in shelters or doubled-up with family or friends.

This report is intended to provide a broad overview of the extent of homelessness and housing instability in South Carolina. The information presented was compiled from these sources: Homeless Management Information Systems from all four HUD Continuums of Care (CoCs) in the state; 2020 Point-in-Time Homeless Count from each CoC; SC Department of Education; SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA); and United Way Association of SC 211 Services. The SC Primary Health Care Association also provided program data on two federally funded Health Care for the Homeless programs.

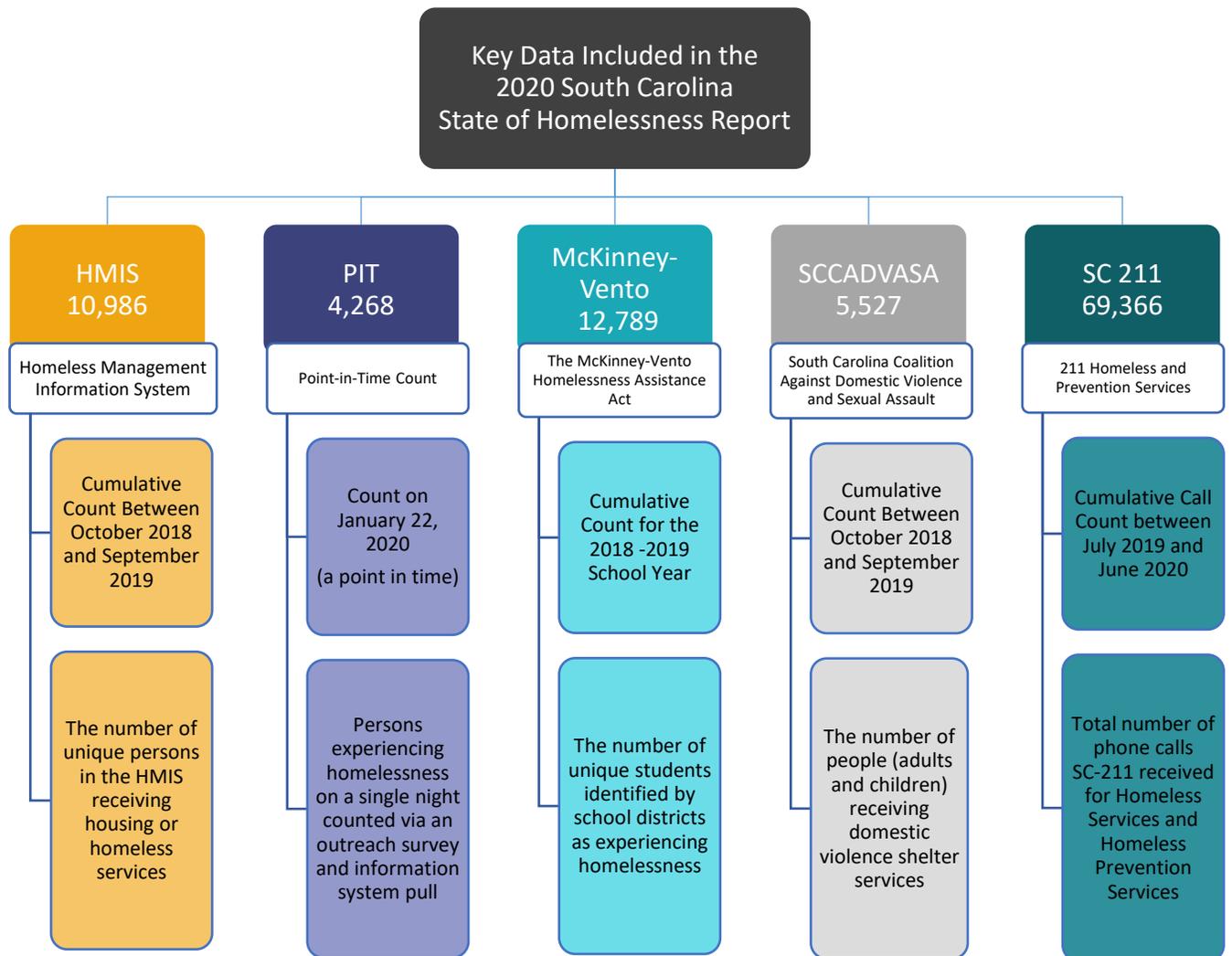
This report also includes overviews of statewide programs that are currently providing housing and services to individuals and families who are experiencing, or at risk of, homelessness. These include the SC Department of Mental Health Community Housing Rental Assistance program; Housing and Homeless Courts; SC Department of Social Services Chafee and Education



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Training Voucher (ETV) program; and SC Housing. The report concludes with briefs submitted by each of the four CoCs that highlight their individual priority areas and successful approaches to serving specialized populations in their regions.

The graphic below summarizes the key data included in this 2020 South Carolina State of Homelessness report. The South Carolina Interagency Council on Homelessness (SCICH) believes homelessness is unacceptable and solvable. SCICH is committed to working collaboratively across sectors to compile and share the most current data and best practices with community leaders, advocates, and policy makers. This information can and should be used to drive policy and program decisions. Together, homelessness in South Carolina can be solved.





# Data



# Homeless Management Information System (HMIS)

From 10/1/2018 to 9/30/2019, 10,986 persons received homeless services from HMIS-participating providers\* in South Carolina. These persons represented 8,991 unique households.

## DEMOGRAPHICS

### Gender

Slightly less than 2/3<sup>rd</sup>s of the total population served were male (62%), with the remaining 1/3<sup>rd</sup> identifying as female (37%).

	Male	Female	Trans Female	Trans Male	Gender Non-Conforming	Unidentified
<b>Persons (Count)</b>	6,843	4,041	9	4	1	88
<b>Persons (Percent)</b>	62.3%	36.8%	0.1%	<1%	<1%	0.8%

### Race

The majority identified as Black/African American (58%) with a smaller, but sizeable proportion identifying as White (36%).

	Black or African American	White	Multi-racial	American Indian or Alaska Native	Asian	Native Hawaiian or OPI	Unidentified
<b>Persons (Count)</b>	6,314	3,940	516	51	24	20	121
<b>Persons (Percent)</b>	57.5%	35.9%	4.7%	0.5%	0.2%	0.2%	1.1%

### Ethnicity

Three percent of persons served identified as Hispanic/Latino. 95% of persons identified as non-Hispanic/Non-Latino.

	Non-Hispanic/Non-Latino	Hispanic/Latino	Unidentified
<b>Persons (Count)</b>	10,486	319	181
<b>Persons (Percent)</b>	95.4%	2.9%	1.6%

**\*Note:** Data from this section is drawn from the South Carolina HMIS. Homeless service providers from around the state contribute information to this database about the clients they serve through their programs. This statewide database allows for an understanding of how many people receive homeless assistance.

## KEY DEMOGRAPHICS

**IN THE STATE OF SOUTH CAROLINA,**

**TOTAL SERVED**



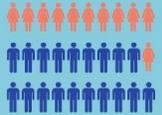
**10,986**

people received homeless services from 10/1/18 to 9/30/19

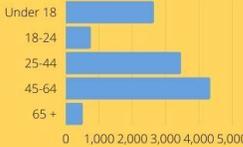
**62%**

identified as male

**GENDER**



**AGE**



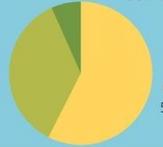
**ONE-IN-FIVE**

were under the age of 18 however, the most common age was 45-64

**58%**

Identified as Black or African American

**RACE**



**THIS DATA WAS COLLECTED FROM THE STATEWIDE HMIS**



## HOMELESSNESS EXPERIENCES

### Prior Living Situation

Most persons (65%) receiving homeless assistance came from a literally homeless situation (in a shelter or from a place not meant for habitation). Others came from imminent risk of homelessness (20%) or from an institutional setting such as a hospital, jail, or treatment facility (7%). Few persons presenting for services (5%) were previously in a permanent housing situation such as a rented or owned property.

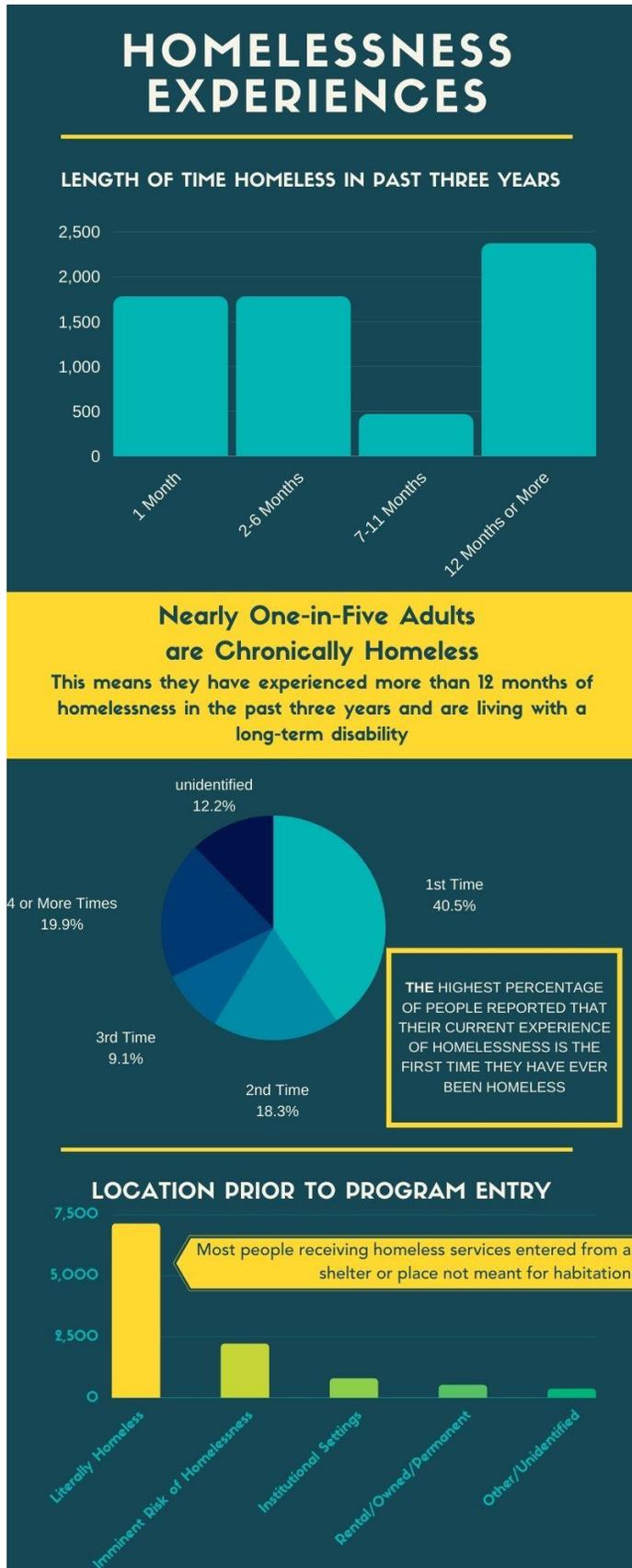
### Length of Time Homeless

When asked about their history of homelessness over the past three years, nearly half (49%) reported a short term experience of homelessness lasting fewer than 6 months in length. Conversely, nearly one-in-three (32%) reported a long-term experience of homelessness lasting 12 or more months over that same timeframe.

### Chronically Homeless

Nearly one-in-five adults are chronically homeless (19%). This means they have been experiencing more than 12 months of homelessness in the past three years and are living with a long-term disability. Chronically homeless persons are most in need of a housing intervention and case management to end their experience of homelessness. On the other hand, 81% of people are not chronically homeless indicating a higher potential for the person to end their homelessness independently or with less intensive case management assistance.

	Yes	No
<b>Persons (Count)</b>	1,735	7,344
<b>Persons (Percent)</b>	19.1%	80.9%



### Number of Episodes

Contrary to common stereotypes, the highest percentage of people (41%) reported that they are currently experiencing their first episode of homelessness within the past three years.

	1	2	3	4 or More	Unidentified
<b>Persons (Count)</b>	2,961	1,336	665	1,458	894
<b>Persons (Percent)</b>	40.5%	18.3%	9.1%	19.9%	12.2%

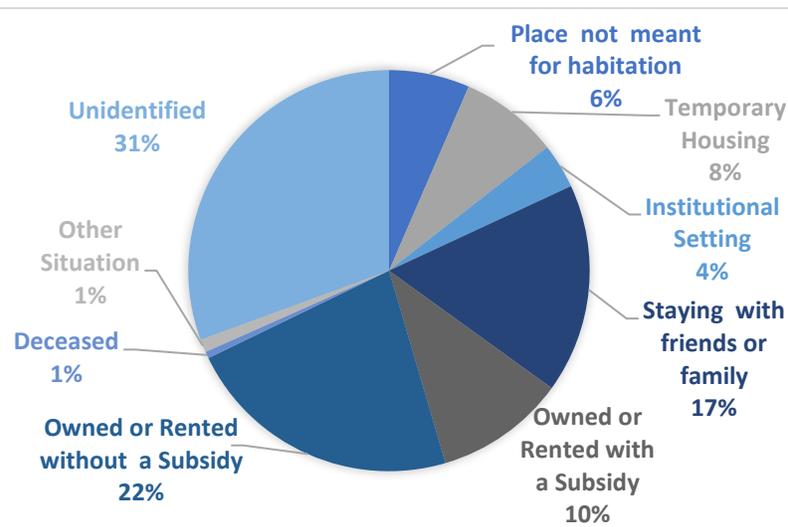
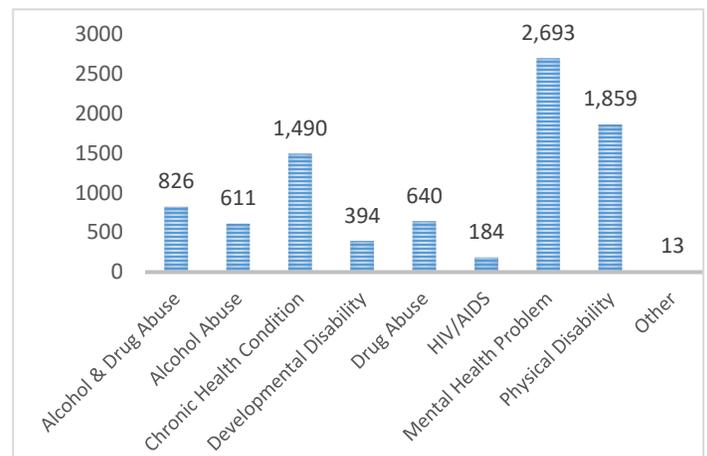
### Disabling Condition

Over half of the adults served (53%) reported living with some type of disability.

	Yes	No	Unidentified
<b>Persons (Count)</b>	4,776	4,050	253
<b>Persons (Percent)</b>	52.6%	44.6%	2.8%

### Disabling Condition Types

The most prevalent self-reported disability identified by adults was a mental health problem (30%). A physical disability was the second most common disability reported (21%). Chronic health conditions were the third most prevalent (16%). Of note is the lower prevalence of substance abuse disabilities as they related to drugs (7%), alcohol (7%) and persons who self-report both drug and alcohol struggles (9%). A person could report more than one disability, therefore the numbers/percentages will not add to the total population or to 100%.



### Exit Destinations

People often exit homeless programs without clearly communicating where they are leaving to. This explains the high amount of unidentified exits (31%). However, among those whose exit destination is known, half (49%) exited to non-homeless situations. Of note is the relatively high percentage of people who exit to an owned/rental property with (10%) and without (22%) a subsidy. Only 14% of people exit a homeless service program to another literal homeless situation being either a place not meant for habitation (6%) or a temporary/shelter housing program (8%).

## INCOME

### Receiving Income (Adults Only)

56% of adults reported some type of monthly income. Among the adults with income, the average monthly amount reported at program entry was nearly \$850. The median monthly amount was \$771.

Receiving Income (Adults Only)	Yes	No	Unidentified
Persons (Count)	5,076	3,684	319
Persons (Percent)	55.9%	40.6%	3.5%

Income Amount	
Average Amount	\$849.73
Median Amount	\$771.00

### Income Change for Persons Receiving Any Income During Enrollment

Involvement with a homeless assistance project typically yields an increase in income. Average monthly income increased by \$143 through participation in homeless services.

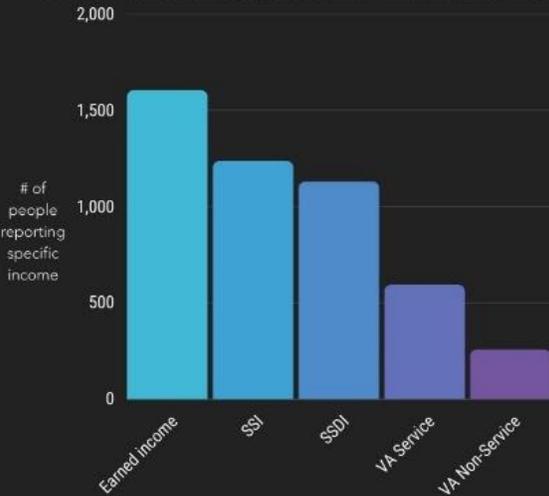
Income Change for Persons Receiving Any Income During Enrollment (Calculated Using Total Monthly Income)	
Average Income at Entry	\$845.14
Average Income at Update/Exit	\$988.33
Average Change in Income	\$143.18

## 56% OF ADULTS REPORTED SOME TYPE OF MONTHLY INCOME



Among adults with earned income the average monthly amount was \$1,080

### TOP 5 SOURCES OF INCOME



Average monthly income increased by \$143 through participation in homeless services

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### Sources of Income

Earned Income was the most frequently reported source of income. The average monthly amount of earned income an adult reported was \$1,080. SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance) were the second and third most reported income with an average monthly amount of \$716 and \$854 respectively. Income from the Department of Veterans Affairs (VA) was also prevalent; Service Connected Disability Compensation and Non-Service-Connected Disability Pension were the fourth and fifth most frequently reported sources of income.

Source of Income	Persons (Count)	Persons (Percent)	Average Amount	Median Amount
Earned Income	1,604	31.6%	\$1,080.82	\$1,000.00
SSI (Supplemental Security Income)	1,235	24.3%	\$715.64	\$743.00
SSDI (Social Security Disability Insurance)	1,128	22.2%	\$853.69	\$800.00
VA Service Connected Disability Compensation	593	11.7%	\$933.36	\$836.39
VA Non-Service Connected Disability Pension	257	5.1%	\$786.27	\$840.00
Retirement Income from Social Security	224	4.4%	\$861.34	\$793.00
Child Support	132	2.6%	\$319.84	\$297.00
Other	107	2.1%	\$706.28	\$579.00
Pension or Retirement Income	94	1.9%	\$726.16	\$675.00
TANF	62	1.2%	\$272.61	\$227.00
Unemployment Insurance	53	1.0%	\$738.15	\$640.00
State Disability	17	0.3%	\$664.22	\$750.00
Alimony or Other Spousal Support	8	0.2%	\$580.17	\$754.00
General Assistance	9	0.2%	\$579.11	\$588.00
Private Disability Insurance	11	0.2%	\$746.78	\$768.00
Worker's Compensation	9	0.2%	\$1,123.27	\$1,018.90
Retirement Disability	6	0.1%	\$997.73	\$880.00

## DOMESTIC VIOLENCE EXPERIENCE

### Domestic Violence Survivors

Twelve percent of adults reported being a victim or survivor of domestic violence. This is not limited to only intimate partner violence.

Domestic Violence Survivors	Yes	No	Unidentified
<b>Persons (Count)</b>	1,329	8,743	914
<b>Persons (Percent)</b>	12.1%	79.6%	8.3%

### Fleeing Domestic Violence

Of those who reported an experience of DV, 28% said they were actively fleeing their abuser.

Fleeing Domestic Violence	Yes	No	Unidentified
<b>Persons (Count)</b>	369	771	189
<b>Persons (Percent)</b>	27.8%	58.0%	14.2%

### When Domestic Violence Occurred

Among those who reported an experience of DV, nearly half (48%) said their DV experience was more than one year ago. Over one-quarter (28%) reported experiencing DV within the past three months.

When Domestic Violence Occurred	Less than 3 months	3 - 6 Months Ago	6 - 12 Months Ago	More than 1 Year Ago	Unidentified
<b>Persons (Count)</b>	368	94	105	632	130
<b>Persons (Percent)</b>	27.7%	7.1%	7.9%	47.6%	9.8%



## COMPARISONS

### Race by Age Group

Compared to all other racial groups, Black or African American children account for a much higher percentage of persons served in the age groups under 18 years old. As age increases, the number and percentage of White persons served also increases. However, Black or African Americans account for the majority of all persons in every age category.

### Race by Household Type

Black or African Americans account for the majority of all household types. Most notable is that 74% of the single adults with children households identify as Black/African American.

### Race by Project Type

Access to Permanent Supportive Housing (PSH) & Rapid Rehousing (RRH) does not appear skewed against Black or African Americans – a higher percentage of Black and African Americans entered these permanent housing projects compared to the percentage of Black and African Americans that entered shelter.

### Household Income by Program Type

Households in shelter are much more likely to report no income (57%) compared to households receiving PSH (18%) and RRH (23%). Overall, households receiving RRH report the highest levels of income across all project types.

### Exit Destination by Project Type

Rapid Rehousing yields a high level of exits to permanent housing. Households in Emergency Shelter were much more likely to report exits to unidentified destinations and non-permanent housing situations, such as places not meant of habitation, temporary housing, or living with friends and family. Conversely, clients in RRH had a much higher rate of exits to permanent housing destinations such as rental/ownership with (33%) or without (48%) a subsidy.

### Exit Destination by Household Type

Single adult (18%) and unaccompanied minor households (8%) were least likely to exit to housing with or without a subsidy. By contrast, single adult with children (54%), adult only (65%), and multiple adults with children households (70%) were much more successful in exiting to rental or home ownership.

### SPOTLIGHT ON DISPARITIES FACING BLACK OR AFRICAN AMERICANS RECEIVING HOMELESS SERVICES

BLACK OR AFRICAN AMERICANS ACCOUT FOR:

27% OF THE TOTAL POPULATION OF SOUTH CAROLINA

58% OF THE PEOPLE WHO RECEIVED HOMELESSNESS SERVICES IN SOUTH CAROLINA

THE MAJORITY OF PERSONS IN ALL HOUSEHOLD TYPES WHO RECEIVED HOMELESSNESS SERVICES

THE MAJORITY OF ALL PERSONS IN EVERY AGE CATEGORY WHO RECEIVED HOMELESSNESS SERVICES

74% OF THE SINGLE ADULTS WITH CHILDREN HOUSEHOLDS

71% OF PERSONS SERVED IN THE AGE GROUPS UNDER 18

ACCESS TO HOUSING PROGRAMS DOES NOT APPEAR TO BE SKEWED AGAINST BLACK OR AFRICAN AMERICAN INDIVIDUALS

61% OF THE PEOPLE WHO ENTERED LONG TERM/PERMANENT HOUSING PROGRAMS IDENTIFIED AS BLACK OR AFRICAN AMERICAN COMPARED TO 56% THAT ENTERED SHORT TERM/EMERGENCY SHELTER PROGRAMS

# System Performance Measures

## Introduction to System Performance

System Performance Measures (SPMs), drawn directly from each CoC’s HMIS data, quantify the efficacy of a local homeless response system through seven separate metrics. The progress CoCs are making on these seven metrics are assessed annually via the System Performance Measures report to HUD. The seven SPMs HUD has developed as priorities for homeless service systems to track and report on are:

1. The length of time persons remain homeless
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness
3. The number of homeless persons
4. Jobs and income growth for persons in CoC Program-funded projects
5. The number of persons who become homeless for the first time
6. Homelessness prevention and housing placements of persons defined by Category 3 of HUD’s homeless definition in CoC
7. Successful housing placement

This section will focus on four of the seven System Performance Measures (#1, #2, #5, and #7). The data presented here is a merger of each CoC’s system performance measures to present a cumulative statewide analysis.

## Length of Time Homeless

The length of time persons stayed in short-term housing did not vary greatly from 2018 to 2019. Across these two years, the average number of days people stayed in crisis housing increased by 3 days (from 70 to 73 days). When clients in Transitional Housing (who tend to remain in programs longer) were added to the analysis, the average length of time decreased by one day (from 90 to 89 days).

Metric 1: Length of Time Homeless	Weighted Average		Difference
	2018	2019	
1.1 Persons in ES and SH	70	73	+3
1.2 Persons in ES, SH, and TH	90	89	-1

## Returns to Homelessness After Exiting to a Permanent Housing Destination

Returns to homelessness is a key metric to gauge the success of homeless services. Across all project types, only 9% of clients who exited a homeless program to a permanent destination returned to an experience of homelessness within six months. Extending the timeframe to two years, only 19% of

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persons returned to homelessness after exiting to a permanent destination. This demonstrates that 4 out of 5 clients who successfully exit a homeless assistance project maintain their stable housing and do not come back in contact with a homeless assistance project.

However, not all homeless assistance projects realize the same levels of success. For example, persons exiting permanent housing projects (such as RRH and PSH) to a permanent destination were much less likely to return to homelessness within six months (3%) or within two years (10%).

Metric 2: Returns to Homelessness	Persons who Exited to Permanent Housing	Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 months		Returns to Homelessness from 13 to 24 months		Number of Returns in 2 Years	
		FY 2019	FY 2019	% of Returns	FY 2019	% of Returns	FY 2019	% of Returns	FY 2019	% of Returns
Exit was from SO	52	5	10%	5	10%	10	19%	20	38%	
Exit was from ES	1,627	212	13%	77	5%	80	5%	369	23%	
Exit was from TH	625	70	11%	37	6%	44	7%	151	24%	
Exit was from SH	26	0	N/A	4	15%	2	8%	6	23%	
Exit was from PH	1,268	43	3%	47	4%	39	3%	129	10%	
<b>TOTAL Returns to Homelessness</b>	<b>3,598</b>	<b>330</b>	<b>9%</b>	<b>170</b>	<b>5%</b>	<b>175</b>	<b>5%</b>	<b>675</b>	<b>19%</b>	

### First Time Homeless in Emergency Shelter, Safe Haven, Transitional Housing, and Permanent Housing

From 2018 to 2019, the overall number of persons who entered HMIS affiliated housing projects decreased by 575 persons. Across these two years, the number of persons who are first time homeless also decreased.

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS	2018	2019	Difference
Universe: Persons with entries into ES, SH, TH or PH during the reporting period	8,887	8,312	-575
Of the persons above, count those who were in ES, SH, TH, or any PH within 24 months prior to their entry during the reporting year	2,142	2,094	-48
Of the persons above, count those who did not have entries in ES, SH, TH, or PH in the previous 24 months	6,745	6,218	-527

### Street Outreach Exits to Permanent Housing

Compared to 2018, in 2019 a noticeably higher percentage of clients exited a street outreach program to a permanent housing destination (+6%, an increase from 44% to 50%).

Metric 7a. 1 - Change in exits to permanent housing destinations	2018	2019	Difference
Universe: Persons who exit Street Outreach	982	715	-267
Of the persons above, those who exited to temporary & some institutional destinations	257	193	-64
Of the persons above, those who exited to permanent housing destinations	176	165	-11
% Successful exits	44%	50%	6%

### ES, SH, TH and RRH Exits to Permanent Housing

From 2018 to 2019, there was no change in the percent of successful exits to permanent destinations from crisis housing and rapid rehousing (40% in both years).

Metric 7b. 1 - Change in exits to permanent housing destinations	2018	2019	Difference
Universe: Persons in ES, SH, TH, and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	7,493	6,867	-626
Of the persons above, those who exited to permanent housing destinations	2,979	2,729	-250
% Successful exits	40%	40%	0%

### Permanent Housing Retention and Exits to Permanent Housing

The percentage of permanent supportive housing clients who remained housed or exited to a permanent destination continued to be high in both 2018 (96%) and 2019 (97%), yielding a +1% between the two years.

Metric 7b. 2 - Change in exits or retention of permanent housing	2018	2019	Difference
Universe: Persons in all PH projects except PH-RRH	1,654	1,574	-80
Of the persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1,581	1,526	-55
% Successful exits/retention	96%	97%	1%

## Point-in-Time Count

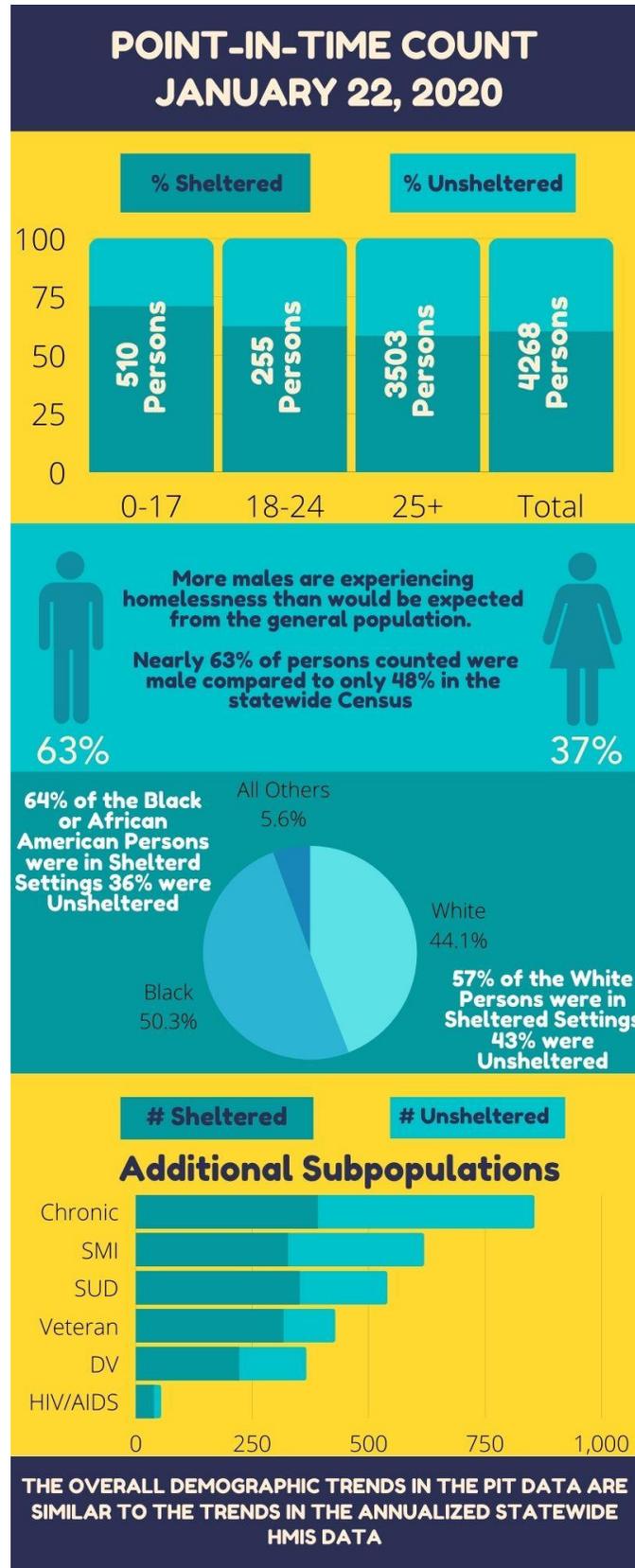
On January 22, 2020, 4,268 persons were counted as experiencing literal homelessness in South Carolina. Sixty percent (2,564) were residing in emergency or transitional housing; the remaining 40% (1,704) were residing in places not suitable for human habitation. These unsheltered settings include residing on the streets, in their vehicle, parks, or in abandoned buildings. Nearly two-in-three persons counted were men (63%, 2,695). Exactly half of the persons counted identified as Black/African American, with 44% identifying as White. One-in-five persons counted were experiencing chronic homelessness – meaning they have endured an extended experience of homelessness (minimum of 12+ months) alongside reporting a long-term disability.

### Statewide PIT Count Household Composition

Four-in-five persons counted were in households without children (single adults or adult-only households). This means the vast majority of persons were not experiencing homelessness alongside children under the age of 18. However, 20% (840) persons were experiencing homelessness in a household that included at least one child under 18. Households with children were more frequently experiencing homelessness in sheltered situations (593) than unsheltered settings (247). Even within these two categories, a higher proportion of sheltered persons were in households with children (23%) than the persons in unsheltered settings who were in households with children (14%).

Household Type	Sheltered		Unsheltered		Total	
	Count	%*	Count	%	Count	%
Persons in households with at least one adult and one child	593	23%	247	14%	840	20%
Persons in Households without Children	1,962	77%	1,457	86%	3,419	80%
Persons in Households with only children	9	<1%	0	0%	9	<1%

\*Column percentages were calculated. e.g., 23% of sheltered persons were in households with at least one adult and one child.



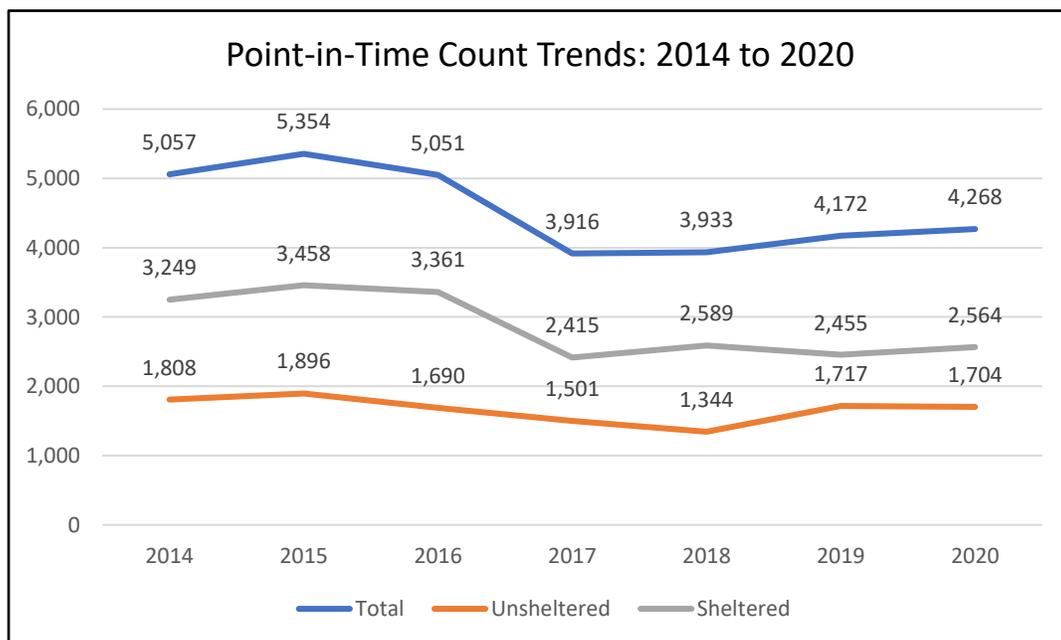
### Statewide PIT Count Additional Subpopulations

Statewide, 856 people were experiencing chronic homelessness. A higher number of chronically homeless were residing in unsheltered (465) compared to sheltered (391) settings. Four hundred twenty-eight persons self-identified as Veterans of the United States Armed Forces. However, Veterans status was not independently verified; this statistic was based on self-report. Many persons reported living with disabilities: 619 reported a serious mental illness, 540 reported a substance use disorder, and 54 reported living with HIV/AIDS. Three hundred sixty-six adults reported being a victim/survivor of domestic violence.

Population	Sheltered	Unsheltered	Total
Chronically Homeless	391	465	856
Veterans	317	111	428
Adult Survivors of Domestic Violence	222	144	366
Adults with a Serious Mental Illness	327	292	619
Adults with a Substance Use Disorder	352	188	540
Adults with HIV/AIDS	39	15	54

### Point-in-Time Count Trends: 2014 to 2020

The number of people counted on a single night in 2020 increased slightly from the single night count in 2019 (+96; +2%). This small increase from 2019 to 2020 was accounted for by an increase in persons counted in sheltered settings (+109). Conversely, a negligible decrease (-13) was observed in unsheltered persons. However, the number of unsheltered persons counted in 2020 remains higher than persons counted in unsheltered settings in 2016, 2017 and 2018.



## 2020 South Carolina State of Homelessness Report

### Statewide PIT Count Demographics

Key Demographics	Sheltered		Unsheltered		Total	
	Count	Percent*	Count	Percent	Count	Percent
<b>Total Number of Households</b>	2,156	N/A	1,398	N/A	3,554	N/A
<b>Total Number of Persons</b>	2,564	N/A	1,704	N/A	4,268	N/A
<b>Gender</b>						
Female	890	35%	674	40%	1,564	37%
Male	1,672	65%	1,023	60%	2,695	63%
Transgender	2	<1%	3	<1%	5	<1%
Gender Non-Conforming	0	0%	4	<1%	4	<1%
<b>Race</b>						
White	1,073	42%	809	47%	1,882	44%
Black/African American	1,366	53%	781	46%	2,147	50%
Asian	12	<1%	0	0%	12	<1%
American Indian/Alaska Native	20	1%	35	2%	55	1%
Native Hawaiian/Other Pacific Islander	3	<1%	3	<1%	6	<1%
Multiple Races	90	4%	76	4%	166	4%
<b>Ethnicity</b>						
Not Hispanic/Latino	2,503	98%	1,651	97%	4,154	97%
Hispanic/Latino	61	2%	53	3%	114	3%
<b>Age</b>						
Under 18	362	14%	148	9%	510	12%
18 – 24	159	6%	96	6%	255	6%
Over 24	2,043	80%	1,460	86%	3,503	82%
<b>Chronically Homeless</b>						
Total Number of Persons	391	15%	465	27%	856	20%

\*Column percentages were calculated, e.g., 35% of sheltered persons were female.

### PIT Count CoC-Comparison

The Upstate CoC had the largest number of persons counted across the four Continuums of Care (1,536; 36% of the statewide total). TCHC had the second highest count (1,178; 28%). MACH (1,121; 26%) had slightly fewer persons counted compared to TCHC, but significantly more than Lowcountry CoC (433; 10%).

The Upstate CoC accounted for the highest number of sheltered (1,039) and chronically homeless (353). TCHC accounted for the highest number of unsheltered persons (788). MACH had the highest number of persons who self-identified as Veterans (155).

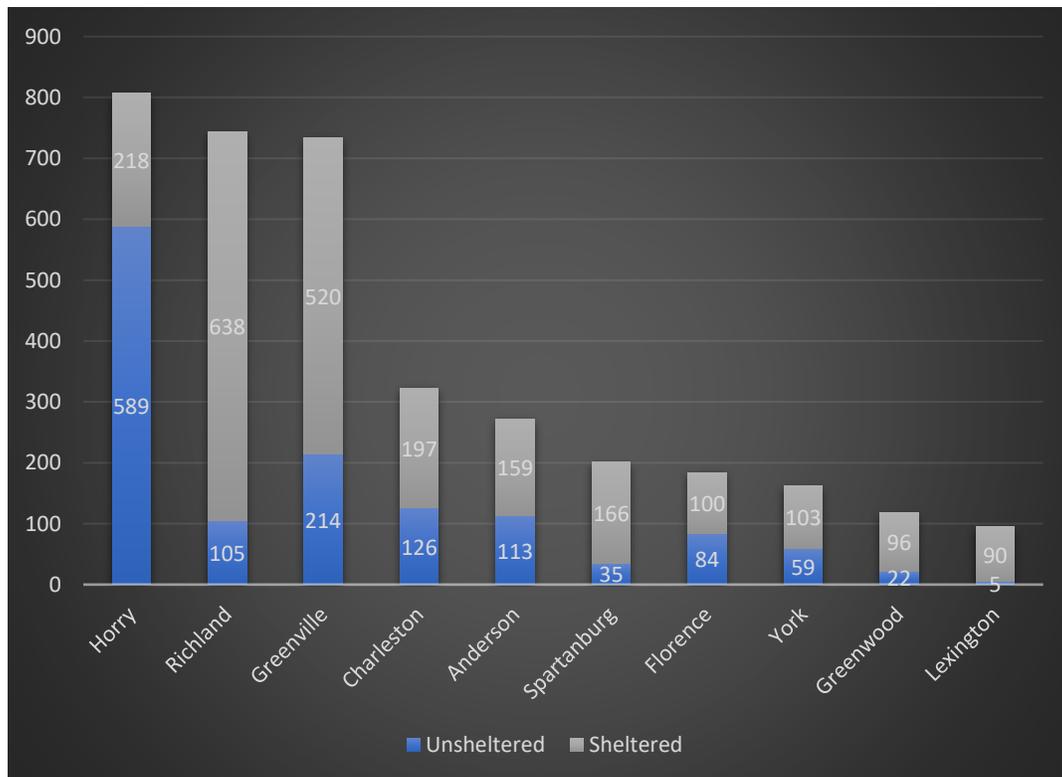
Continuum of Care	Unsheltered	Sheltered	Total	% of Statewide Total	Veterans	CH
Upstate CoC	497	1,039	1,536	36%	98	353
TCHC	788	390	1,178	28%	78	152
MACH	266	855	1,121	26%	155	263
Lowcountry CoC	153	280	433	10%	97	88

## 2020 South Carolina State of Homelessness Report

### Top 10 SC Counties with the Highest PIT Count Responses

Each CoC had a county within the top four counties (in terms of total persons counted). Horry County had the highest count (807), followed by Richland (743), Greenville (734), and Charleston (323) counties. The Upstate CoC had four counties in the top 10 (Greenville, Anderson, Spartanburg, and Greenwood). MACH had three (Richland, York, and Lexington). TCHC had two (Horry and Florence). Lowcountry CoC had one: Charleston.

County	Unsheltered	Sheltered	Total	Veterans	CH
1. Horry	589	218	807	62	103
2. Richland	105	638	743	75	193
3. Greenville	214	520	734	45	181
4. Charleston	126	197	323	47	59
5. Anderson	113	159	272	17	59
6. Spartanburg	35	166	201	18	41
7. Florence	84	100	184	7	8
8. York	59	103	162	13	34
9. Greenwood	22	96	118	6	14
10. Lexington	5	90	95	0	4



PIT Count Totals by Continuum and County

Lowcountry CoC					
County	Unsheltered	Sheltered	Total	Veterans	Chronic
Charleston	126	197	323	47	59
Colleton	0	25	25	0	5
Beaufort	1	11	12	0	1
Dorchester	0	47	47	47	15
Berkeley	26	0	26	3	8
<b>Total</b>	<b>153</b>	<b>280</b>	<b>433</b>	<b>97</b>	<b>88</b>

**Lowcountry**

Charleston County's count (323) accounted for 75% of the total Lowcountry count (433)

MACH					
County	Unsheltered	Sheltered	Total	Veterans	Chronic
Richland	105	638	743	75	193
York	59	103	162	13	34
Lexington	5	90	95	0	4
Aiken	33	14	47	4	17
Lancaster	24	0	24	61	2
Orangeburg	14	4	18	1	4
Allendale	13	0	13	1	1
Chester	11	0	11	0	7
Newberry	0	6	6	0	0
Fairfield	2	0	2	0	1
<b>Total</b>	<b>266</b>	<b>855</b>	<b>1,121</b>	<b>155</b>	<b>263</b>

**MACH**

MACH had the highest number of persons who self-identified as Veterans (155)

## 2020 South Carolina State of Homelessness Report

TCHC					
County	Unsheltered	Sheltered	Total	Veterans	Chronic
Horry	589	218	807	62	103
Georgetown	21	0	21	2	2
Florence	84	100	184	7	8
Marlboro	1	0	1	0	1
Lee	15	0	15	0	10
Darlington	19	0	19	1	0
Williamsburg	13	0	13	0	1
Dillon	2	7	9	1	0
Chesterfield	4	0	4	0	0
Kershaw	26	41	67	3	20
Sumter	13	24	37	2	7
Marion	1	0	1	0	0
<b>Total</b>	<b>788</b>	<b>390</b>	<b>1,178</b>	<b>78</b>	<b>152</b>

**TCHC**  
TCHC had the highest number of unsheltered persons (788)

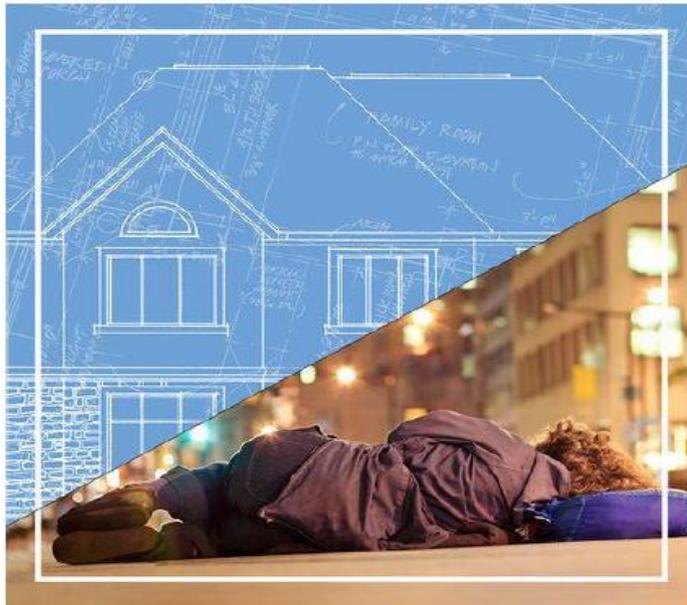
Upstate CoC					
County	Unsheltered	Sheltered	Total	Veterans	Chronic
Greenville	214	520	734	45	181
Anderson	113	159	272	17	59
Spartanburg	35	166	201	18	41
Greenwood	22	96	118	6	14
Cherokee	48	37	85	6	31
Oconee	32	44	76	5	20
Laurens	15	6	21	1	5
Pickens	14	5	19	0	2
Abbeville	0	6	6	0	0
McCormick	3	0	3	0	0
Saluda	1	0	1	0	0
<b>Total</b>	<b>497</b>	<b>1,039</b>	<b>1,536</b>	<b>98</b>	<b>353</b>

**Upstate**  
The Upstate CoC had the highest number of sheltered (1,039) and chronically homeless persons (353)

## HMIS, PIT, & Census Comparisons

### Description of Comparisons

A demographic comparison was made between the homeless-related HMIS (year-round) and PIT (single-night) data, with broader statewide Census-level data. This comparison was made to understand if there were substantial differences between 1) the observed demographics in the two homeless-related datasets and 2) the demographics of the homeless population compared to the broader statewide profile. The Census data utilized in this analysis was drawn from the American Community Survey (One Year Estimates) from the U.S. Census Bureau.



Below are key findings:

### Age

The homeless population is slightly older than the general population. Compared to the statewide Census data, the homeless samples had a higher percentage of persons in the “Over 24” category (76% HMIS and 82% PIT, compared to 69% Census). Conversely, the homeless samples had lower percentages of persons in the “Under 18” category compared to the general South Carolina percentage (17% HMIS and 12% PIT, compared to 22% Census).

### Gender

More males are experiencing homelessness than the general population. The homeless samples were skewed disproportionately towards males compared to the general South Carolina percentage. In both the HMIS and PIT samples nearly 2/3rds of persons counted were male (62% and 63% respectively) compared to only 48% in the statewide Census numbers.

### Race

Black or African Americans are disproportionately represented in the homeless population. In the homeless samples, Black or African Americans account for half of all persons served (58% HMIS and 50% PIT) but only around a quarter of the statewide population (27% according to Census data).

### Veteran Status

Veterans are much more highly represented in the HMIS sample (26%) compared to the PIT (11%) and statewide Census (9%) samples. This skew is explained by the large number of Veterans-focused projects that enter year-round client information into HMIS.

## 2020 South Carolina State of Homelessness Report

Key Demographics	2019 HMIS Data		2020 PIT Total		Census Data*	
	Count	Percent	Count	Percent	Count	Percent
<b>Total Number of Persons</b>	10,986	N/A	4,268	N/A	5,148,714	N/A
<b>Age</b>						
Under 18	1,907	17%	510	12%	1,112,300	22%
18 - 24	749	7%	255	6%	473,210	9%
Over 24	8,330	76%	3,503	82%	3,563,204	69%
<b>Gender</b>						
Female	4,041	37%	1,564	37%	2,663,713	52%
Male	6,843	62%	2,695	63%	2,485,001	48%
Transgender	13	<1%	5	<1%	N/A	N/A
Other	1	<1%	4	<1%	N/A	N/A
Missing Information	88	1%	0	0%	N/A	N/A
<b>Ethnicity</b>						
Non-Hispanic	10,486	95%	4,154	97%	4,850,236	94%
Hispanic	319	3%	114	3%	298,478	6%
Missing Information	181	2%	0	0%	N/A	N/A
<b>Race</b>						
White	3,940	36%	1,882	44%	3,434,467	67%
Black or African American	6,314	58%	2,147	50%	1,362,917	27%
Asian	24	<1%	12	<1%	86,571	2%
American Indian or Alaska Native	51	<1%	55	1%	18,971	<1%
Native Hawaiian	20	<1%	6	<1%	7,572	<1%
Multiple Races	516	5%	166	4%	125,531	2%
Other or Missing Information	121	<1%	0	0%	112,685	2%
<b>Veteran Status (Adults Only)</b>						
A Veteran	2,335	26%	428	11%	354,669	9%
Not a Veteran	6,556	72%	3,330	89%	3,644,971	91%
Missing Information	188	2%	0	0%	N/A	N/A

\*Source: American Community Survey 1-Year Estimates

## Housing Inventory Count (HIC)

### Statewide HIC Bed Inventory and HMIS Coverage Rate

On any given night in South Carolina, there are 2,067 emergency shelter, 983 transitional, and 17 safe haven beds available for persons in need of crisis housing assistance. Conversely, there were 2,110 permanent supportive housing, 451 other permanent housing, and 472 rapid rehousing beds available to provide permanent housing solutions to persons who would otherwise potentially be experiencing literal homeless. This equates to 6,100 beds available to assist persons experiencing homelessness on any given night.

Some of these beds (538) are reserved to serve persons fleeing domestic violence. The majority of these beds are available in DV-specific emergency shelters.

Across all types of beds available, nearly three-in-four (72%) of the non-DV beds are recorded in the statewide Homeless Management Information System (HMIS).



Project Type	Total Beds on 2020	Total DV	Total HMIS	HMIS Coverage
	HIC	Beds	Bed	Rate
Emergency Shelter	2,067	376	1,041	62%
Safe Haven	17	0	17	100%
Transitional Housing	983	56	706	76%
Rapid Rehousing	472	4	468	100%
Permanent Supportive Housing	2,110	102	1,618	81%
Other Permanent Housing	451	0	175	39%
<b>Total</b>	<b>6,100</b>	<b>538</b>	<b>4,025</b>	<b>72%</b>

### Statewide Year Round Beds for Persons in Various Household Types

Across all project types, nearly two thirds (64%) of the beds available for homeless assistance are designated for persons in households without children (i.e., adults only). Thirty-five percent are

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designated for households with children. A very small percentage (~1%) are for households exclusively comprised of children less than 18 years old.

Project Type	Beds Available for Persons in...			Total Beds
	Households without Children	Households with Children	Households with Only Children	
Emergency Shelter	1,243	808	16	2,067
Transitional Housing	673	305	5	983
Safe Haven	17	0	0	17
Rapid Rehousing	239	233	0	472
Permanent Supportive Housing	1,490	620	0	2,110
Other Permanent Housing	245	182	24	451
<b>Total Beds</b>	<b>3,907</b>	<b>2,148</b>	<b>45</b>	<b>6,100</b>
<i>Percent of Beds Available for Each Household Type</i>	<b>64%</b>	<b>35%</b>	<b>1%</b>	<b>N/A</b>

### Statewide 2018 to 2019 HIC Bed Comparison



On a given night in 2020, there were 3,067 crisis beds available (emergency, transitional, and safe haven beds) – four less than the total count in 2019 (3,071). While the cumulative change was minimal from 2019 to 2020, the count of beds in the emergency and transitional categories varied by a larger degree. For example, between 2019 and 2020 the number of emergency shelter beds decreased by 142 (-6%), while the number of transitional beds increased by 138 (+16%).

Examining trends from 2018 to 2020 reveals a similar finding: a decrease in emergency beds and increase in transitional beds. However, the cumulative number of beds from 2018 to 2020 increased by 66 (+2.2).

Project Type	Total Beds in 2018 HIC	Total Beds in 2019 HIC	Total Beds in 2020 HIC	Percent Change 2018 to 2020	Percent Change 2019 to 2020
Emergency Shelter	2,146	2,209	2,067	-4%	-6%
Safe Haven	17	17	17	0%	0%
Transitional Housing	838	845	983	17%	16%
<b>Total</b>	<b>3,001</b>	<b>3,071</b>	<b>3,067</b>	<b>2.2%</b>	<b>-0.1%</b>

## McKinney-Vento

The word *homeless* typically does not bring to mind images of children and youth, but the reality is that many people experiencing homelessness are under the age of 18; some of them are a part of families experiencing homelessness, while others are youth experiencing homelessness on their own. Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (hereafter referred to as *The McKinney-Vento Act*), reauthorized in 2015 by Title IX, Part A of the Every Student Succeeds Act (42 U.S.C. § 11431 et seq.), is a Federal law that addresses the educational needs of children and youth experiencing homelessness.

During the 2018–19 school year, South Carolina public school districts identified 12,789 enrolled students as experiencing homelessness. The reality is that this number is likely much larger.

While both the U.S. Department of Education (ED) and the Department of Housing and Urban Development (HUD) base their services and eligibility criteria on the McKinney-Vento Act, each agency uses a different definition of *homeless* due to differences in the federal statute. Both agencies consider people who lack a fixed, regular, and adequate nighttime residence to be homeless. While there is overlap, Subtitle VII-B of the McKinney-Vento Act, the Education of Homeless Children and Youth definition, is more encompassing. ED’s broader definition of homeless was adopted by Individuals with Disabilities Education Act, the Higher Education Act, the Head Start Act, the Child Nutrition Act, the Violence Against Women Act, and by programs that receive Child Care and Development Fund subsidies.

Many homeless families and youth never live in situations that meet HUDs definition of literal homeless for a variety of reasons. Lack of family shelters, shelter capacity and availability, shelter safety, and shelter restrictions which may force a family to split up (i.e. many family shelters do not permit adolescent boys) explains why most families and youth who are homeless do not reside in shelters. Many families will not live in unsheltered situations (i.e. public areas, vehicles, abandoned buildings) due to the fear that child welfare authorities will remove their children.

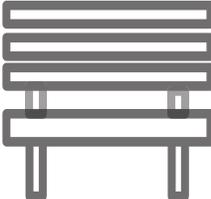
As a result of the limited availability of family shelters and the fear that living on the street will result in losing their children, most families with children and youth in homeless situations stay



temporarily with other people, in motels, or substandard housing. These situations are very unstable, often unsafe and overcrowded, and put children, parents, and youth at risk of abuse and/or trafficking. These more *hidden* forms of homelessness have been shown to have impacts that are just as negative as being homeless on the streets or in shelters. To prevent and end homelessness, we need to have a clear understanding of who is experiencing homelessness and who is at risk of becoming homeless.

## McKinney-Vento Homeless Definitions

The federal McKinney-Vento Act defines children and youth experiencing homelessness as:

Individuals who lack a fixed, regular, and adequate nighttime residence. It includes:	
 <p><b>Staying with other people/Doubled up</b> Staying with other people due to loss of housing, economic hardship, or a similar reason.</p>	 <p><b>Shelters/Transitional Housing</b> Domestic violence shelters, homeless shelters, youth shelters, trailers provided by FEMA (Federal Emergency Management Agency), housing paid for by programs such as transitional housing, etc.</p>
 <p><b>Hotels/Motels</b> Staying in motels/hotels due to lack of adequate alternatives, regardless of who pays for the motel/hotel room.</p>	 <p><b>Unsheltered</b> Staying in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p>

In addition, migratory children and youth living in any of the above situations also meet McKinney-Vento’s definition of homeless.

**Unaccompanied Homeless Youth:** The McKinney-Vento Act defines unaccompanied youth as children or youth not in the physical custody of a parent or guardian. An unaccompanied *homeless* youth is an unaccompanied youth living in any of the situations covered under the definition of homeless.

**Primary Nighttime Residence:** Per federal requirements, the South Carolina Department of Education (SCDE) annually collects and reports data on the number and status of students’ experiencing homelessness, including the students’ primary nighttime residence (PRN) at the time the student is first identified. Due to the instability of these living situations, many students move between categories over the course of the year.

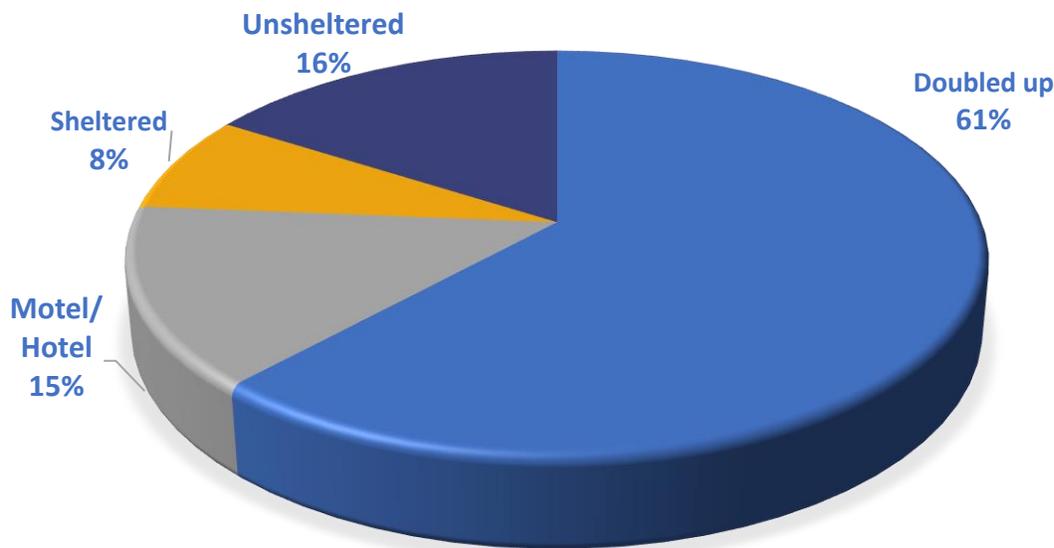
This report uses the terms and definitions in the table above from ED and SCDE to categorize children and youth (including runaway and unaccompanied youth) primary nighttime residence. The four primary nighttime categories are Doubled-up, Sheltered, Unsheltered, and Motel.



### McKinney-Vento by Homeless Situation

During the 2018–19 school year, South Carolina public school districts identified 12,789 enrolled students as experiencing homelessness. School Districts indicate the student’s eligibility by coding her or his primary nighttime residence in PowerSchool at time of identification. The majority of these students (7,749) were in doubled-up living situations. The number of children and youth living in unsheltered situations (2,117) and living in hotels/motels (1,905) were very close. The smallest number of students experiencing homelessness (983) were living in shelters or transitional housing.

### 2018-19 McKinney-Vento Students



**During the 2018-19 school year, SC school districts identified 12,789 students enrolled in public schools.**

In the table below, the number of students enrolled in SC public schools identified as experiencing homelessness are disaggregated by Continuum of Care (CoC) (with the exception of the two SC Charter School Districts, which serves students in schools statewide). Broken out by CoC, the Upstate CoC has the largest population of students experiencing homelessness (48%). A remarkably high percentage of Upstate students were experiencing unsheltered homelessness (1,697), accounting for 80% of students experiencing unsheltered homelessness across the state. The MACH area had the second highest number of students experiencing homelessness (24%), and the highest number of students residing in hotels/motels. The TCHC and the Lowcountry CoCs each made up 13% of the total identified population. Out of the total students identified, 1,034 were unaccompanied homeless youth (UHY). The Upstate identified the highest percent of UHY at 45%; followed by MACH at 32%. The next table illustrates the large majority of UHY are in doubled-up living situations. Sometimes referred to as “couch surfing,” these students go from place to place until they are kicked out.

McKinney-Vento Primary Nighttime Residence by CoC

CoC	Doubled Up	Hotel/Motel	Sheltered/Transitional Housing	Unsheltered	Total PNR
Lowcountry	1,120	277	162	52	1,611
MACH	1,795	646	269	318	3,028
TCHC	1,088	386	136	35	1,645
Upstate	3,532	535	437	1,697	6,201
Charter	214	61	14	15	304
<b>Total</b>	<b>7,749</b>	<b>1,905</b>	<b>1,018</b>	<b>2,117</b>	<b>12,789</b>

Unaccompanied Homeless Youth Primary Nighttime Residence by CoC

CoC	Doubled Up	Hotel/Motel	Sheltered/Transitional Housing	Unsheltered	Total UHY
Lowcountry	139	*	*	*	149
MACH	286	11	28	*	326
TCHC	72	*	*	*	82
Upstate	367	*	84	10	464
Charter	12	*	*	*	13
<b>Total</b>	<b>874</b>	<b>22</b>	<b>118</b>	<b>18</b>	<b>1,034</b>

\*Values below 10 have been masked.

Estimated Unidentified Homeless Students

If students experiencing homelessness are not being identified, they are not getting access to the services they need to be successful. School districts are responsible for the identification of students experiencing homelessness, with the district appointed McKinney-Vento liaison leading the charge. To accomplish this, districts must choose an appropriate person who has the capacity to accomplish all duties listed in the Act, including identification. In addition, the liaison needs the support of the school district and community. Some districts may discourage the identification of students experiencing homelessness due to the perceived stigma attached.

When considering approximately how many students should be identified as experiencing homelessness, states, districts and schools should look at data. Areas that have a high housing cost burden, fluctuating unemployment rates, rising cost of living and health care, stagnant salaries, and dwindling public resources, should have identified students experiencing homelessness. One method for examining identification rates is based on a nationally accepted rule that approximately ten percent of

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individuals living in poverty experience homelessness at some point during a year. The approximate number of unidentified homeless students is calculated in the table below. The the number of students experiencing homelessness is subtracted from ten percent of Pupils in Poverty (PIP) to compute the estimated number of unidentified students. Under this theory, all CoC's are significantly under-identifying students experiencing homelessness, to total to 35,000 students.

The Lowcountry and TCHC have approximately the same number of enrolled students, and both have about the same percent of estimated unidentified students even though the Lowcountry's poverty index is over 8% higher. MACH and the Upstate also have very similar student populations, with less than 3% difference in poverty index. However, it appears the upstate is doing a better job at identifying homeless students, only missing an estimated 5.5% of students, compared to nearly 8% of MACH students. The average percent of identified homeless students is over double in the Upstate at 2.74, while all other CoCs are just over 1%.



### Estimated Number of Unidentified Students Experiencing Homelessness

CoC	Total Homeless Students	Total Actively Enrolled Students	Average Percent Homeless	Average Poverty Index	PIP Count	10% PIP	Estimated # (%) Unidentified Homeless Students
<b>Lowcountry</b>	1,611	146,746	1.10	78.41	83,388	8,339	6,72 (8.07)
<b>MACH</b>	3,028	228,987	1.32	70.40	134,184	13,418	10,390 (7.74)
<b>TCHC</b>	1,645	144,113	1.14	70.03	103,602	10,360	8,715 (8.41)
<b>Upstate</b>	6,201	226,005	2.74	67.51	138,203	13,820	7,619 (5.51)
<b>Charter SD</b>	304	27,840	1.09	35.92	14,346	1,435	1,130 (7.88)
<b>Grand Total</b>	<b>12,789</b>	<b>773,691</b>	<b>1.65</b>	<b>69.64</b>	<b>473,723</b>	<b>47,372</b>	<b>34,583 (7.30)</b>

### Statewide and CoC McKinney-Vento Homeless by Grade

Of the 12,789 McKinney-Vento identified students, the largest percentage of students experiencing homelessness were in elementary school (Kindergarten – Grade 5; 6,549; 51%). At nearly a quarter of identified homeless students, high school students were the next highest cohort (Grades 9-12; 3,055; 24%), followed by middle school students (Grades 6-8; 2,767; 22%). Children in Pre-K comprised the lowest percentage of the student population experiencing homelessness (418; 3%).

This data was then parsed by Continuum of Care. The trends identified statewide tended to also be generally consistent with data from each CoC. For example, in the Lowcountry CoC, MACH, and TCHC, students were predominantly identified as 1) elementary students, 2) high school students, 3) middle school students, and 4) pre-K students. Only in the Upstate CoC did this trend differ: while elementary students were still the highest population of students, the next largest group were middle school students, not high school students as with the other CoCs.

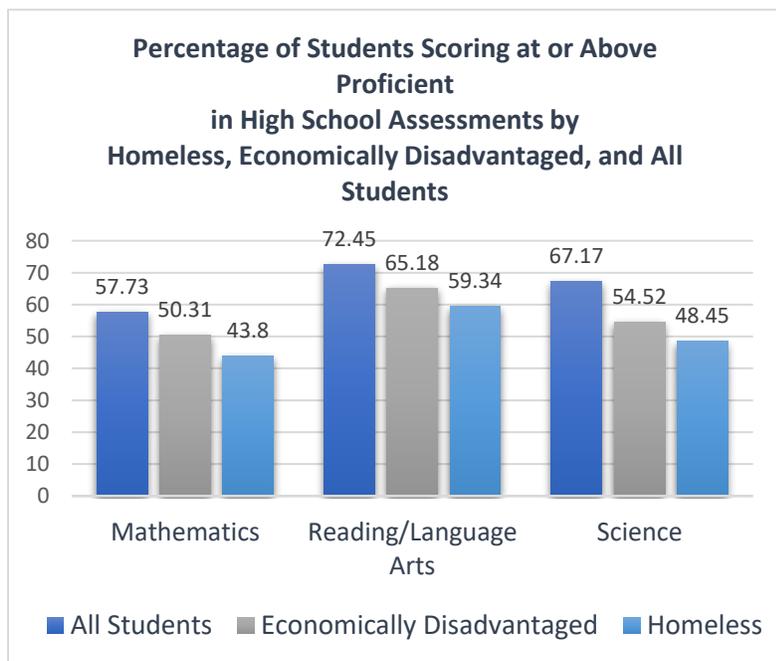
Continuum of Care	Pre K	K -5	Grade 6-8	Grade 9-12	Total
<b>Statewide</b>	<b>418</b>	<b>6,549</b>	<b>2,767</b>	<b>3,055</b>	<b>12,789</b>
<b>Lowcountry CoC</b>	55	786	350	420	1,611
<b>MACH</b>	79	1,460	724	765	3,028
<b>TCHC</b>	66	825	258	496	1,645
<b>Upstate CoC</b>	212	3,356	1,371	1,262	6,201
<b>SC Public Charter</b>	6	122	64	112	304

### Statewide and CoC McKinney-Vento Homeless by Race

White students make up just over 50% of the total South Carolina public school student population but only account for 34% of homeless students. While black/African American students account for 33% of the total population, they disproportionately make up 45% of the homeless student population. The third highest population is Hispanic/Latinx, comprising ten percent of the overall population, and 13% of the identified homeless population. Similarly, two or more races consists of a higher percent of homeless student compared to all students. American Indian makes up three percent of each population. Even at less than one percent of the total student population, the percent of Asian students that are homeless is still smaller when compared to their percentage of all students. Therefore, we see that certain students of color, primarily black/African American, multiracial, and Hispanic/Latinx students, are experiencing homelessness at a disproportionate rate when compared to white and Asian students.

Population	White	Black or African-American	Hispanic or Latino	Two or More Races	American Indian	Asian	Hawaiian or OPI	Missing	Total
<b>All students</b>	388,531	256,361	79,588	34,107	2,476	12,709	1,028	20	774,820
<b>% All Students</b>	50.1%	33.1%	10.3%	4.4%	.3%	1.6%	.1%	<.1%	
<b>MV Students</b>	4,366	5,749	1,662	904	41	46	19	2	12,789
<b>% MV Students</b>	34.1%	45.0%	13.0%	7.1%	.3%	.4%	.1%	<.1%	

### MCKINNEY-VENTO DATA BY PROFICIENCY ON ASSESSMENTS

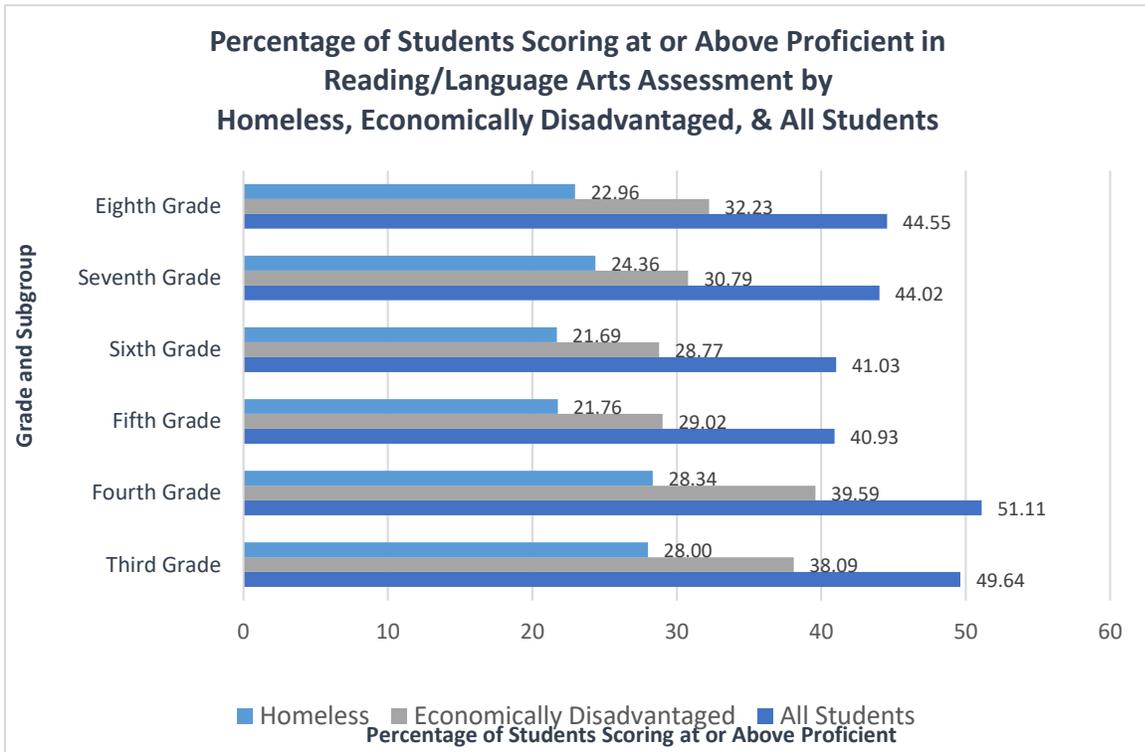
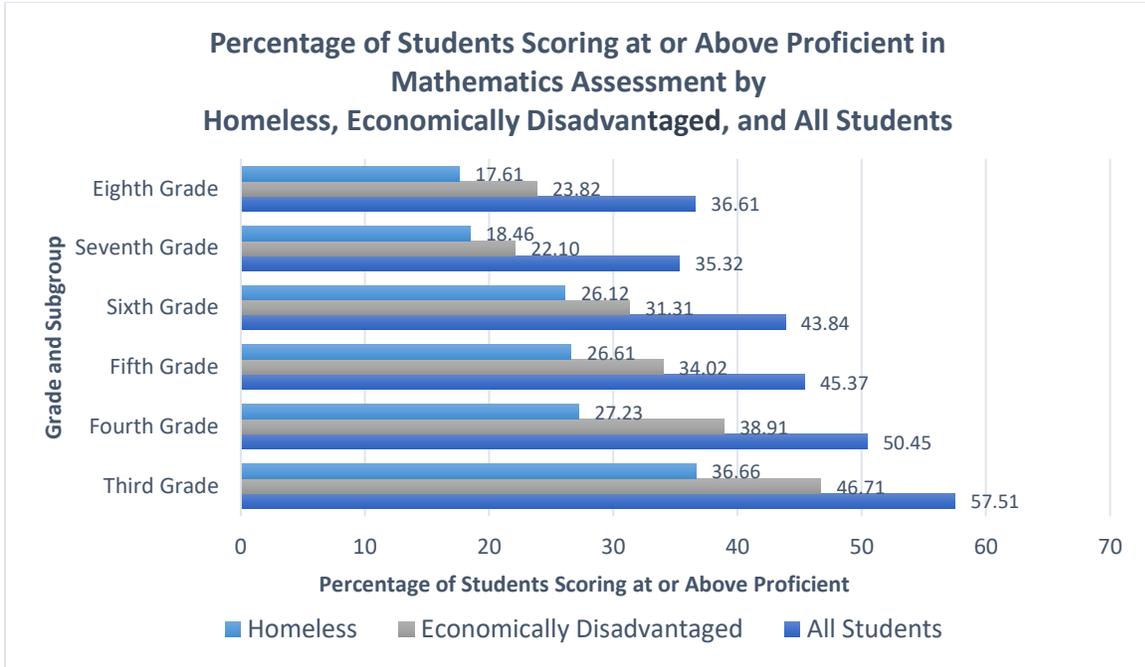


A student’s socioeconomic and housing stability can have large impacts on their success in the classroom. The tables below list the proficiency rates on statewide assessments for *all students*, *economically disadvantaged students (PIP student population)*, and *students experiencing homelessness*. Statewide academic proficiency rates are the results in the areas of Reading/English Language Arts and mathematics based on the SC READY assessment results in grades 3 through 8, and the End-of-Course assessment results in Algebra 1 English 1, and science. Subgroups were unable to

be separated by homeless status for these tables. As such, the economically disadvantaged data includes both housed students and students experiencing homelessness.

While proficiency rates vary by assessment and grade level, an overall pattern is quite visible. Of the subgroups, the “all student” category clearly has the greatest percent proficient. Economically disadvantaged students have a lower percentage of students scoring at or above proficient than the overall population. Lastly, students experiencing homelessness make up the lowest percentage of proficient scores, often significantly lower than students living in poverty. While poverty alone has a significant effect on student assessment, the data indicates there are additional factors that lacking a fixed, regular, adequate nighttime residence has on student outcomes. School instability factors such as mid-year transfers and chronic absenteeism further decreases the likelihood of a student receiving a proficient score. The disparities in academic achievement leaves homeless students at a disadvantage, putting them at further risk for future academic failure and dropping out of high school.





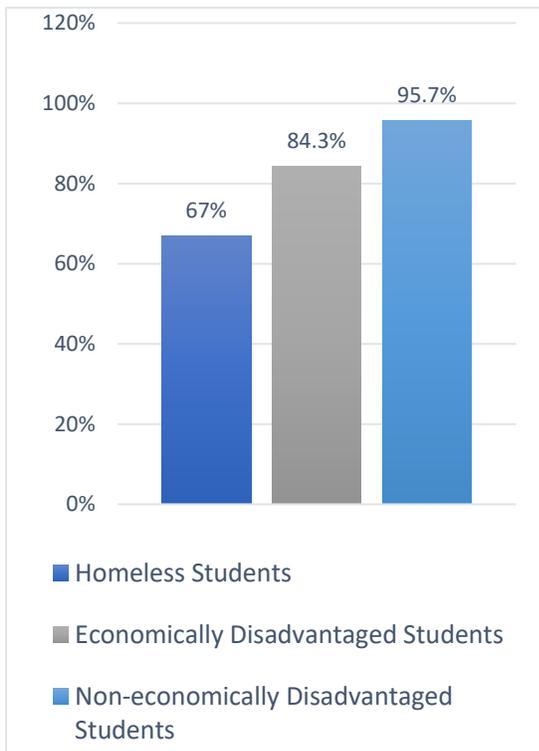
### ADDITIONAL MCKINNEY-VENTO EDUCATION DATA

The SC State Board of Education defines **dropout** as a student who leaves school for any reason, other than death, prior to graduation or completion of a course of studies and without transferring to another school or institution. For the 2018–19 school year, the state dropout rate for all students was 2.2%, while students experiencing homelessness had double the dropout rate, at 4.4%. The dropout rate for economically disadvantaged students was below McKinney-Vento students, at 2.9%.



**Chronic Absenteeism** is defined as any student in grades K-12 who miss 50% or more of the instructional day for any reason for ten percent (or more) of the enrollment period. Chronic absenteeism includes excused and unexcused absences, and suspensions. During the 2018-19 school year, the chronic absenteeism rate for all students was 13.75, while the rate for homeless children and youth was 34.64, resulting in a gap of 20.89.

### 2018-19 Graduation Rate



The Four Year Adjusted Cohort **Graduation Rate** measures the percentage of students who enter ninth grade and graduate within four years (adjusted for students who transfer in or out of the cohort after ninth grade). While almost 96% of non-economically disadvantaged students graduated in the 2018–19 school year, only 84% of economically disadvantaged students graduate. When disaggregated for homeless status, students experiencing homelessness have a significantly lower graduation rate, at 67%. This significant gap between housed students in poverty and homeless students illustrates the importance of having a fixed, regular, adequate nighttime residence has on student success.

Students experiencing homelessness are far more likely than housed students to score low on state proficiency tests, drop out of school, or fail to graduate on time. This holds true even when comparing academic outcomes for housed pupils in poverty to homeless students.

## Healthcare for the Homeless

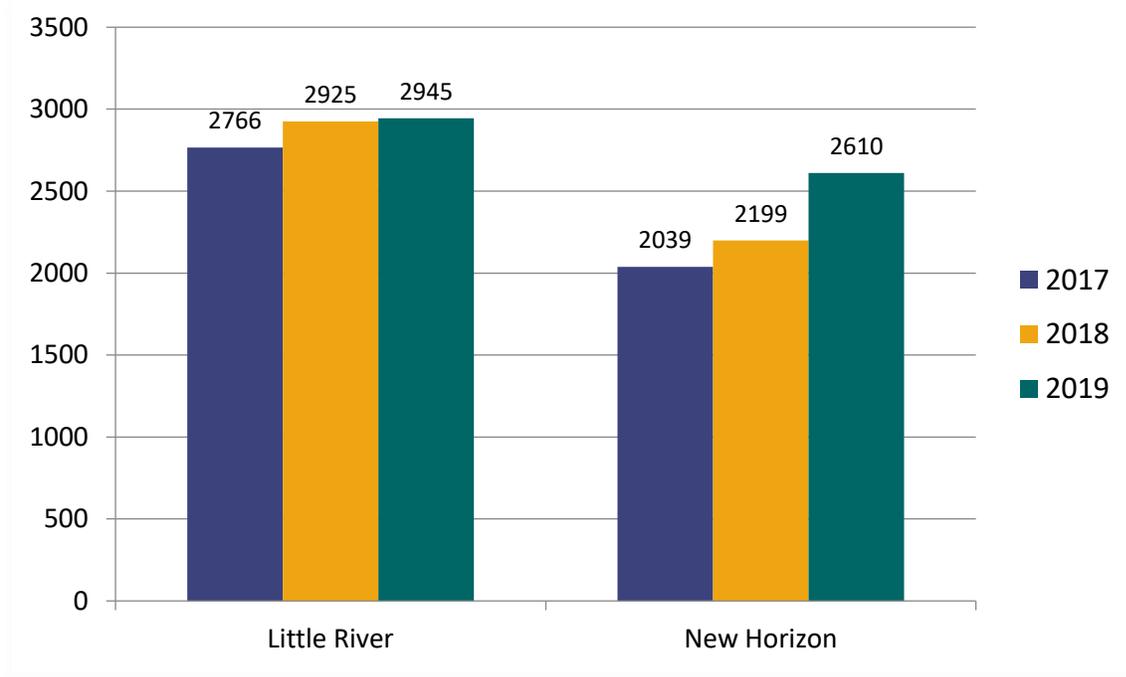
There are four Healthcare for the Homeless programs in the state, two of which offered their data for inclusion in this report: Little River Medical Center (serving Horry County) and New Horizon Family Health Services (serving 13 counties in the Upstate region).

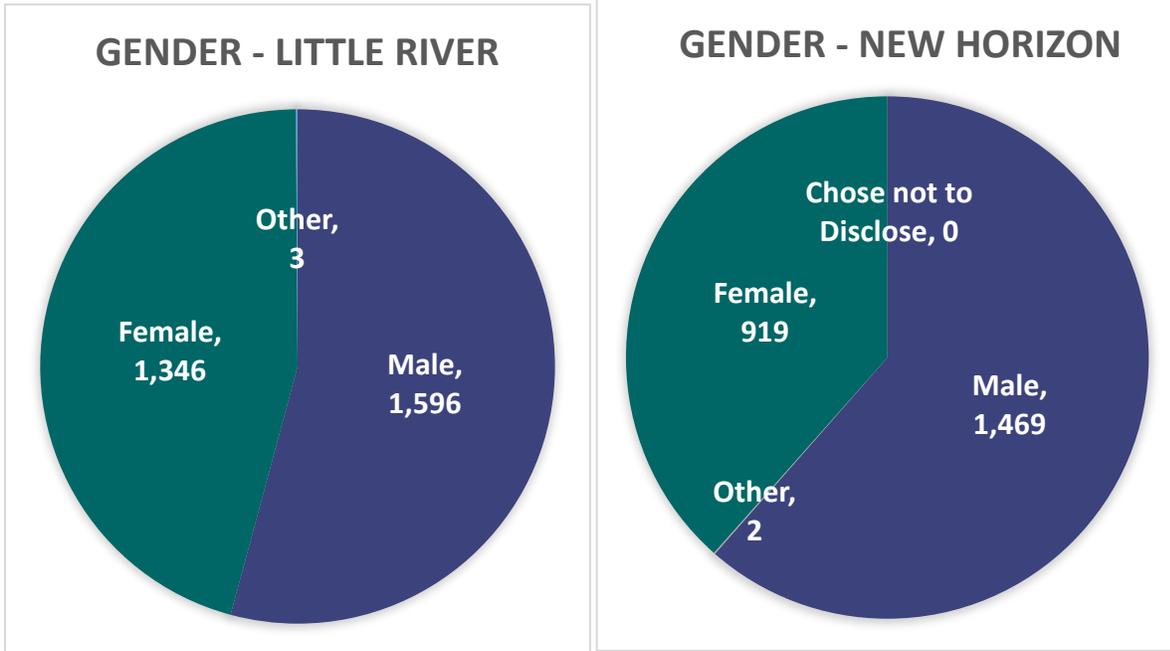
The Health Care for the Homeless Program was authorized under the Stewart B. McKinney Homeless Assistance Act of 1987 and later combined with the Community Health Center Program in 1996. Healthcare for the Homeless (HFH) programs work to eliminate barriers to primary care access for persons experiencing homelessness, who are among the most vulnerable in our communities. Federally funded through the Health Resources and Services Administration (HRSA), these programs provide healthcare services through multiple venues, including at established health centers and primary care medical sites, mobile medical units, and by utilizing street and shelter outreach approaches. Although many community health centers provide services to individuals experiencing homelessness, only some receive additional funding through this program. In South Carolina, there are four Health Care

for the Homeless grantees with one in each major region of the state: Cooperative Health, Fetter Health Care Network, Little River Medical Center, and New Horizon Family Health Services

### Total Served

In 2019, Little River served a total of 2,945 patients through HFH, while New Horizon served a total of 2,610 patients. In that year, both Little River and New Horizon served more males than females or other genders (54% of all patients served at Little River, 56% of patients served at New Horizon).





Both centers served more patients identifying as White than any other racial category (67% of patients at Little River, 48% of patients at New Horizon), with the Black/African American being the next most frequently identified racial category (26% at Little River, 20% at New Horizon).

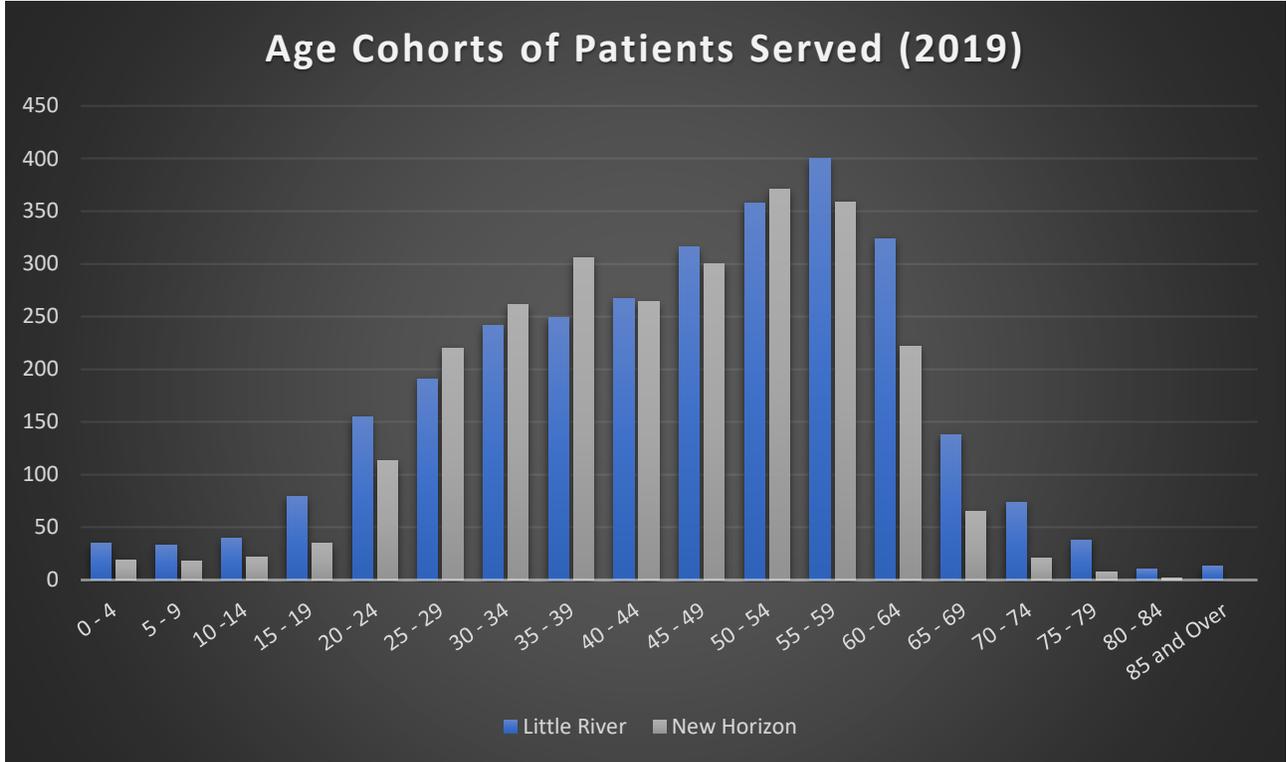
RACE	Little River		New Horizon	
	Count	Percent	Count	Percent
White	1,967	66.8%	1,248	47.8%
Black/African American	767	26.0%	524	20.1%
Unreported/refused to report	156	5.3%	824	31.6%
More than one race	32	1.1%	0	0.0%
American Indian/Alaskan Native	11	0.4%	9	0.3%
Asian	9	0.3%	5	0.2%
Other Pacific Islander	3	0.1%	0	0.0%
Native Hawaiian	0	0.0%	0	0.0%

Of those patients reporting their ethnicity, a significant majority of patients at both centers identified as non-Hispanic/non-Latino (88% at Little River, 69% at New Horizon).

ETHNICITY	Little River		New Horizon	
	Count	Percent	Count	Percent
Hispanic/Latino	219	7.4%	177	6.8%
Non-Hispanic/Non-Latino	2,597	88.2%	1,805	69.2%
Unreported/refused to report	129	4.4%	628	24.1%

## 2020 South Carolina State of Homelessness Report

Within 5-year age cohorts, the largest percentage of patients (14%) at Little River were between 55-59 years old, while the largest percentage of patients (also 14%) at New Horizon were slightly younger, at 50-54 years old.



In 2019, the largest percentage (28%) of Little River patients reported living in a doubling-up situation, with another 20% residing in a homeless shelter. During that same year, however, the majority of New Horizon patients (52%) were residing in a homeless shelter setting.

HOMELESS STATUS	Little River		New Horizon	
	Count	Percent	Count	Percent
Doubling Up	832	28.3%	332	12.7%
Homeless Shelter	601	20.1%	1,357	52.0%
Street	493	16.7%	182	7.0%
Other	443	15.1%	216	8.3%
Transitional	300	10.2%	520	19.9%
Unknown	276	9.4%	2	<0.1%
Permanent Supportive Housing	0	0.0%	1	<0.1%

## 2020 South Carolina State of Homelessness Report

For both centers, most patients reported income falling at 100% or below the federal poverty line (82% at Little River, 60% at New Horizon).

INCOME	Little River		New Horizon	
	Count	Percent	Count	Percent
100% and below	2,423	82.3%	1,571	60.2%
101-150%	221	7.5%	109	4.2%
151-200%	126	4.3%	24	0.1%
Over 200%	137	4.7%	15	<0.1%
Unknown	38	1.3%	891	34.1%

Similar trends were seen in the rates of patients who were uninsured, with 63% of Little River patients and 70% of New Horizon patients reporting no insurance.

INSURANCE	Little River		New Horizon	
	Count	Percent	Count	Percent
Uninsured	1,846	62.7%	1,834	70.3%
Medicaid	555	18.8%	393	15.1%
Medicare	325	11.0%	105	4.0%
Private Insurance	219	7.4%	247	9.5%
Dual Eligible (Medicaid and Medicare)	102	3.5%	0	0.0%

For Little River patients, the most identified condition was depression/other mood disorders (33% of patients), while hypertension was the most common condition for New Horizon patients (30%). Note: patients may be diagnosed with more than one condition and thus may be represented in more than one of the listed categories.

CONDITIONS	Little River	New Horizon
Depression and other mood disorders	976	420
Hypertension	850	780
Anxiety disorders including PTSD	548	445
Diabetes	377	274
Alcohol related disorders	289	174
Substance related disorders	206	128
HIV	69	71

## Domestic Violence

The South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) serves as the collective voice promoting the prevention of domestic violence and sexual assault in South Carolina. The organization takes a highly collaborative approach among their 22 domestic and sexual violence members who provide direct services in communities across the state, affiliates, partners, and allies.

SCCADVASA identifies housing instability as just one point of intersectionality with domestic violence. Noting that South Carolina consistently ranks within the top 10 nationwide in the rates of women murdered by men, the issue of domestic violence is of key interest to homelessness services and housing providers.

**There are 13 DV organizations which offer emergency shelter services for this population, offering a total of 432 beds statewide.**

### 13 Domestic Violence Centers (fiscal year October 1, 2018- September 30, 2019)

#### Number of People Receiving Shelter for the year:

- **5,527 Total survivors**
  - 3,278 Adults (59%)
  - 2,249 Children under 18 y/o (41%)

- **99,213 shelter nights**

- 2,794 survivors receiving shelter for first time
- 736 survivors turned away from shelter due to lack of space

#### Number of Survivors Receiving Supportive Services for the year:

- **27,809 Total People**
  - 20,033 Adults (72%)
  - 7,776 Children (28%)
- **17,326 receiving supportive services for the first time**

**NUMBER OF CRISIS CALLS:  
18,000**

### 15 Sexual Assault Centers (Fiscal year January – December 2018)

#### Number of new primary survivors for the year: 7299

- **5,527 Total survivors**
  - Identified as adults: 3171 survivors (54% of those where age is known)
  - Identified as children under 18/o: 2,696 survivors (46% of those where age is known)
  - Unidentified age: 1,032

**Number of incidents reported to law  
enforcement: 1,160 (16% of total  
primary victims)**

**Number of charges pressed: 804  
(11% of total primary victims)**

**Number of hospital  
accompaniments: 1,392 survivors**

**Number of secondary survivors for  
the year: 2,570 people**

**NUMBER OF CRISIS CALLS: 4,960**

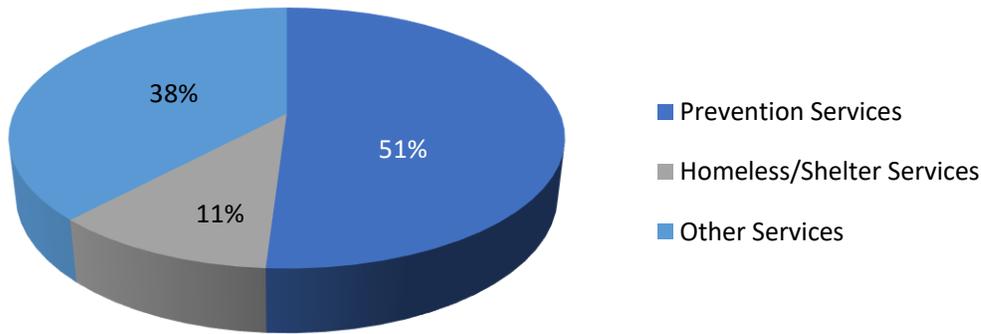
# SC-211

## 211 HOMELESS AND PREVENTION SERVICES

The majority of SC 211 clients requested referrals for Prevention Services or Homeless Services. After COVID-19, Prevention Services accounted for a larger portion of calls and referrals than before.

United Way’s 211 refers clients to a broad range of health and human services, but many requests and referrals fall into the categories of Homeless Services and Homelessness Prevention Services. In this section, Homelessness Services refers to shelters, motel vouchers, and other services for people currently experiencing homelessness. Prevention Services refers to a wider range of services aimed at assisting people who may be at risk of homelessness, including financial assistance and legal help. These two categories combined accounted for 62% of all calls to 211 from July 2019 to June 2020.

Calls by Category



### Homeless/Shelter Services

Homeless/Shelter Services	% of Calls
Homeless Shelters	70%
Day Shelters	13%
Homeless Motel Vouchers	6%
Domestic Violence Shelters	4%
Other Services (includes Rapid Rehousing programs, extreme weather shelters, homeless Permanent Supportive Housing, and youth/runaway shelters)	7%

### Prevention

Prevention	% of Calls
Electric	46%
Rent	41%
Food Pantries	17%
Water	6%
Mortgage	4%
Other Services (includes gas assistance, heating fuel assistance, landlord/tenant assistance, eviction prevention legal assistance, and homelessness prevention programs)	3%

## 2020 South Carolina State of Homelessness Report

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### ANNUAL TREND

These numbers represent referrals and therefore are somewhat dependent on the available resources in each region. For example, if two shelters cover the same area, a caller from that area in need of shelter would usually get referrals to both. If, however, there is only one shelter in the area, the caller would only receive the one.

#### Prevention Service Referrals *Reporting Period: 7/1/2019 - 6/30/2020*

CoC	Jul (2019)	Aug	Sep	Oct	Nov	Dec
UHC	1,549	1,499	1,197	1,440	1,490	1,387
MACH	1,856	1,676	1,430	1,724	1,597	1,477
LHC	1,360	1,508	1,670	1,855	1,366	1,638
TCHC	524	379	331	441	420	444
<b>Grand Total</b>	<b>5,289</b>	<b>5,062</b>	<b>4,628</b>	<b>5,460</b>	<b>4,873</b>	<b>4,946</b>

CoC	Jan (2020)	Feb	Mar	Apr	May	Jun
UHC	1,713	1,224	1,704	894	1,195	1,674
MACH	1,719	1,207	2,279	1,137	1,223	1,789
LHC	1,891	1,002	1,597	1,010	1,435	3,316
TCHC	577	360	810	433	454	777
<b>Grand Total</b>	<b>5,900</b>	<b>3,793</b>	<b>6,390</b>	<b>3,474</b>	<b>4,307</b>	<b>7,556</b>

#### Homeless/Shelter Service Referrals

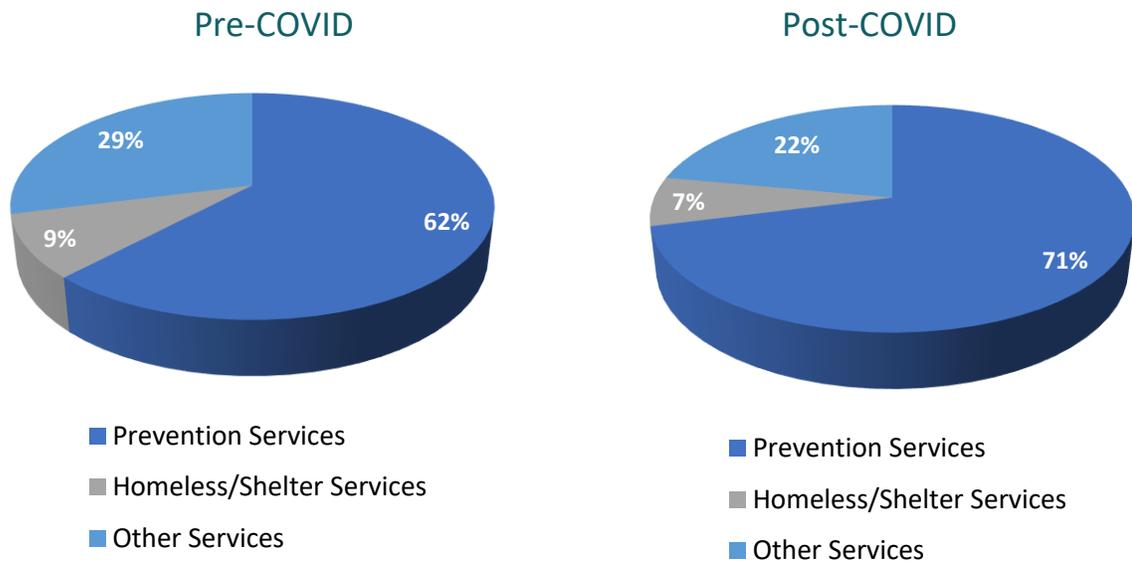
CoC	Jul (2019)	Aug	Sep	Oct	Nov	Dec
UHC	286	293	268	297	257	220
MACH	330	358	295	289	310	234
LHC	131	121	103	107	95	130
TCHC	121	132	59	72	74	82
<b>Statewide</b>	<b>868</b>	<b>904</b>	<b>725</b>	<b>765</b>	<b>736</b>	<b>666</b>

CoC	Jan (2020)	Feb	Mar	Apr	May	Jun
UHC	218	242	222	142	146	229
MACH	354	213	276	186	177	205
LHC	79	97	87	40	50	76
TCHC	104	72	111	76	132	120
<b>Grand Total</b>	<b>755</b>	<b>624</b>	<b>696</b>	<b>444</b>	<b>505</b>	<b>630</b>

Statewide Totals

STATEWIDE TOTALS	Prevention Service Referrals	Homeless/Shelter Service Referrals
Jul (2019)	5,289	868
Aug	5,062	904
Sep	4,628	725
Oct	5,460	765
Nov	4,873	736
Dec	4,946	666
Jan (2020)	5,900	755
Feb	3,793	624
Mar	6,390	696
Apr	3,474	444
May	4,307	505
Jun	7,556	630

After COVID-19 prevention efforts (e.g., school closures) took effect in mid-March 2020, 211 noted a shift in need requests. Prevention Services accounted for a larger percentage of calls and referrals statewide in the “post-COVID” timeframe, while there was a slight decrease in the percentage of calls for Homeless Services. The share of calls requesting services outside of these two categories also declined pre-COVID to post-COVID. This may indicate a greater demand for basic needs services due to COVID-19 and the subsequent economic fallout.



### DEMOGRAPHICS

The following demographic data was collected from clients who opted to complete a demographic survey while calling 211 for information and referral (about 2 out of every 3 callers, depending on the question). Comparing the demographics of clients requesting Homeless Services and those requesting Prevention Services yields some notable differences between the two groups.

#### Age

Clients seeking Homeless Services were younger than clients seeking Prevention Services. The average age for a Homeless Services client was 41 years old while the average age for a Prevention client was 45 years old.



#### Gender

Homeless Services clients were more likely to identify as Male than Prevention clients. 26% of Homeless Services clients identified as male, compared to 20% of Prevention clients.

#### Race/Ethnicity

In general, African Americans are overrepresented in 211 data, comprising about 50% of 211 callers, but only about 27% of the state population. Conversely white people are underrepresented, making up 37-38% of callers but nearly 70% of the SC population.

With these baseline percentages in mind, African American clients were even more overrepresented as a share of 211 Prevention clients (55%). Although the share of African American people requesting Homeless Services (43%) was below the 211 baseline for African American clients, the share is still much higher than the overall African American population percentage in South Carolina.

White clients accounted for a higher-than-baseline percent of Homeless Services clients (46%), and a lower-than-baseline percent of Prevention clients (34%), though both numbers are much lower than the overall white population percentage in South Carolina.

#### Income

While most 211 callers have a relatively low household income, Homeless Services clients were more likely to have incomes below \$15,000 than Prevention clients (79% vs. 74%).

#### Education

The education data collected by 211 was similar for clients across the two service categories.

#### Household Composition

Differences in household composition between Prevention clients and Homeless Services clients are reflective of the differences in Gender. Single male households were more common for Homeless Services clients (22%) than Prevention clients (14%).

## 2020 South Carolina State of Homelessness Report

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Race/Ethnicity			
Homeless Services		Prevention Services	
Black/African American	43%	Black/African American	55%
Hispanic or Latino	2%	Hispanic or Latino	2%
White	46%	White	34%
All other races	1%	All other races	1%
Refused	7%	Refused	8%

Education			
Homeless Services		Prevention Services	
Less than GED/High School	9%	Less than GED/High School	8%
GED/High School	79%	GED/High School	79%
Some college	5%	Some college	7%
Associate's degree	3%	Associate's degree	3%
Bachelor's degree or higher	1%	Bachelor's degree or higher	1%
Refused	3%	Refused	2%

Gender			
Homeless Services		Prevention Services	
Female	74%	Female	80%
Male	26%	Male	20%
Transgender	0.03%	Transgender	0.005%
Refused	0.02%	Refused	0.03%

Household Composition			
Homeless Services		Prevention Services	
Single Female	42%	Single Female	45%
Single Female with Children	24%	Single Female with Children	27%
Single Male	22%	Single Male	14%
Single Male with Children	1%	Single Male with Children	1%
Couple with children	5%	Couple with children	5%
Couple without children	5%	Couple without children	5%
Grandparent with children	1%	Grandparent with children	1%
Refused	1%	Refused	1%

Income			
Homeless Services		Prevention Services	
\$0-\$14,999	79%	\$0-\$14,999	74%
\$15,000-\$24,999	15%	\$15,000-\$24,999	18%
\$25,000+	2%	\$25,000+	5%
Refused	4%	Refused	3%

**RESOURCE AVAILABILITY**

211 maintains a resource database of nearly 3,000 service providers in South Carolina. Many of those providers offer Homeless and/or Prevention services. If multiple providers may potentially be able to meet a caller’s request, 211 will provide a referral to each provider. As such, the average number of *referrals-per-call* for a given service or category gives an indication of the abundance or scarcity of 211 resources in each area.

While the 211 database is not exhaustive (some providers opt out, and other gaps may exist), the broad *referrals-per-call* numbers may give some insight into the availability of resources in different counties and regions.

There are generally more providers offering Prevention Services than Homeless Services, as seen in the disparity between the referrals-per-call numbers. The main drivers of this dynamic are the scarcity of shelter resources and the relative abundance of food pantry and utility assistance resources. This pattern is true across all of South Carolina, though there is variation from region to region.

The regions in the following tables correspond to the four CoCs that address homelessness in the state.

Region/County	Homeless Services			Prevention Services		
	Calls	Referrals	Ref-per-Call	Calls	Referrals	Ref-per-Call
<b>Lowcountry (LHC)</b>						
Beaufort	67	85	1.27	212	722	3.41
Berkeley	176	212	1.20	1,616	4,905	3.04
Charleston	511	528	1.03	3,047	9,921	3.26
Colleton	29	37	1.28	177	357	2.02
Dorchester	173	190	1.10	1,376	3,275	2.38
Hampton	13	16	1.23	104	233	2.24
Jasper	22	29	1.32	95	235	2.47
<b>Lowcountry Total</b>	<b>991</b>	<b>1,097</b>	<b>1.11</b>	<b>6,627</b>	<b>1,9648</b>	<b>2.96</b>

Region/County	Homeless Services			Prevention Services		
	Calls	Referrals	Ref-per-Call	Calls	Referrals	Ref-per-Call
<b>Pee Dee (TCHC)</b>						
Chesterfield	11	18	1.64	98	170	1.73
Clarendon	6	5	0.83	113	197	1.74
Darlington	13	11	0.85	137	246	1.80
Dillon	8	12	1.50	49	26	0.53
Florence	114	198	1.74	473	1,454	3.07
Georgetown	22	24	1.09	85	323	3.80
Horry	339	750	2.21	1,023	2,445	2.39
Kershaw	39	71	1.82	166	454	2.73
Lee	4	3	0.75	59	97	1.64
Marion	20	29	1.45	117	105	0.90
Marlboro	7	11	1.57	40	39	0.98
Sumter	55	77	1.40	326	779	2.39
Williamsburg	12	16	1.33	129	283	2.19
<b>Pee Dee Total</b>	<b>650</b>	<b>1,225</b>	<b>1.88</b>	<b>2,815</b>	<b>6,618</b>	<b>2.35</b>

## 2020 South Carolina State of Homelessness Report

Region/County	Homeless Services			Prevention Services		
	Calls	Referrals	Ref-per-Call	Calls	Referrals	Ref-per-Call
<b>Upstate</b>						
Abbeville	9	19	2.11	65	183	2.82
Anderson	136	284	2.09	478	1,111	2.32
Cherokee	25	34	1.36	206	556	2.70
Edgefield	11	18	1.64	114	253	2.22
Greenville	409	1,045	2.56	1,828	5,629	3.08
Greenwood	95	176	1.85	357	1,097	3.07
Laurens	43	96	2.23	245	768	3.13
McCormick	3	2	0.67	15	32	2.13
Oconee	71	95	1.34	274	568	2.07
Pickens	100	212	2.12	457	1,315	2.88
Saluda	0	0	0	48	111	2.31
Spartanburg	320	697	2.18	1,531	4,475	2.92
Union	15	23	1.53	71	200	2.82
<b>Upstate Total</b>	<b>1,237</b>	<b>2,701</b>	<b>2.18</b>	<b>5,689</b>	<b>16,298</b>	<b>2.86</b>

Midlands (MACH)	Homeless Services			Prevention Services		
	Calls	Referrals	Ref-per-Call	Calls	Referrals	Ref-per-Call
Aiken	215	349	1.62	928	2,249	2.42
Allendale	1	1	1.00	49	92	1.88
Bamberg	4	6	1.50	45	88	1.96
Barnwell	12	20	1.67	70	170	2.43
Calhoun	3	2	0.67	35	84	2.40
Chester	7	11	1.57	37	83	2.24
Fairfield	10	16	1.60	58	148	2.55
Jasper	22	29	1.32	95	235	2.47
Lancaster	69	123	1.78	107	270	2.52
Lexington	226	491	2.17	1,105	3,725	3.37
Newberry	15	10	0.67	135	293	2.17
Orangeburg	59	93	1.58	310	670	2.16
Richland	613	1,390	2.27	3,153	9,153	2.90
York	330	688	2.08	941	2,089	2.22
<b>Midlands Total</b>	<b>1586</b>	<b>3229</b>	<b>2.04</b>	<b>7,068</b>	<b>19,349</b>	<b>2.74</b>



# Programs

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# South Carolina Department of Mental Health Supportive Housing

## SC Department of Mental Health Community Housing Rental Assistance Program FY 2020 Program Summary and Outcomes

The SC Department of Mental Health (DMH) Community Housing Rental Assistance Program uses over \$2.1 million in state funds to provide rental assistance for its patients. This program began in FY 2015 and now operates in all 16 DMH Community Mental Health Centers. Funds are used for rents, utilities, security and utility deposits, and furnishings.

This program served a total of 659 patients and their family members in 411 households in FY 2020. On June 30, 2020, 572 patients and their family members were housed in 353 units at an average annual cost per unit of less than \$6,500.

The average length of stay in the program for households remaining in the program as of June 30, 2020 was 969 days, or 2.65 years, and for those that left the program during the year, the average length of stay was 713 days, or 1.95 years.

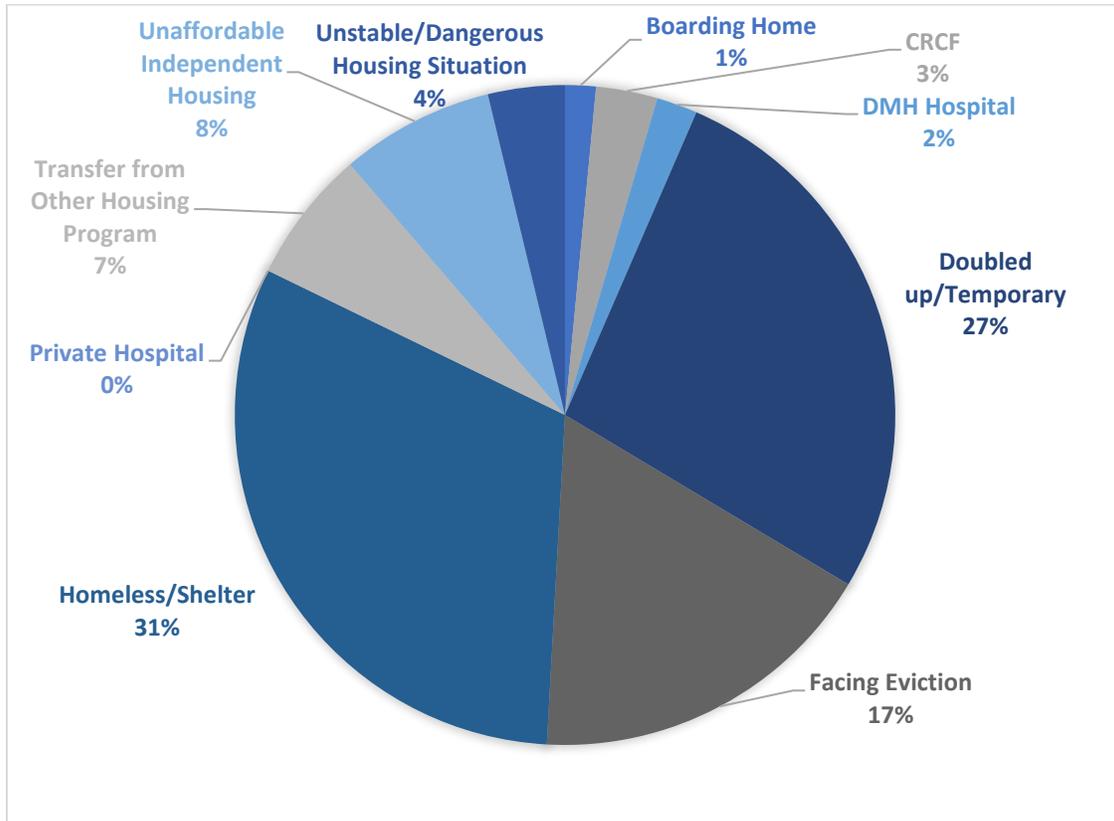
Length of Time in Program (Total Households)	
Less than 6 months	55
Six months to a year	39
One to two years	115
Two to three years	61
Three to four years	68
More than four years	70
Data missing	3
<b>Total Households</b>	<b>411</b>

Exit Destination (Households)		
Other Subsidized Housing	18	36 positive destinations 69%
Friend/Family (Permanent)	3	
Independent housing with no subsidy	15	
Friend/Family (Temporary)	7	16 negative destinations 31%
Jail/Prison	1	
Street/Shelter	3	
Unknown/Disappeared	5	
Nursing Home	2	6 Excluded from calculation
Hospital (Psychiatric)	2	
CRCF	1	
Deceased	1	

Of the total households served, 353 (86%) remained in the program as of June 30, 2020. Of the remaining 58 households that left the program during the year, 69% exited to positive destinations (e.g., other permanent housing with or without public subsidy). Six households exited the program to institutional settings based on need or deceased during the year and were not included in the calculation.

Residence Prior to Program Entry (Households) 7/1/19 – 6/30/20

The vast majority (75%) of households participating in this program in FY 2020 entered from homelessness or unstable living arrangements that placed them at risk of homelessness, including pending evictions. The remaining households entered from DMH hospitals, Community Residential Care Facilities (CRCFs), boarding homes, or unsafe or unaffordable living arrangements.



## Housing & Homeless Courts

### CHARLESTON Housing Court

When an individual or family is evicted from their home, the consequence is not just loss of housing. Evictions cause community instability, school instability, and employment instability. In many cases an eviction results in psychological trauma that can take years to overcome. In response to the eviction crisis in South Carolina, specifically in the City of North Charleston, and Charleston County in general, a collaboration consisting of representatives from One80 Place Legal Services, Charleston Legal Access, Charleston Pro Bono Legal Services, South Carolina Legal Services, three Charleston County Magistrate Court judges, the Charleston School of Law, Nelson Mullins law firm, Charleston Trident Urban League, 211 Hotline, and the City of Charleston established the first Housing Court in South Carolina.

The Charleston Housing Court program was not created as an anti-landlord movement. Instead, it was created as a pro-access to justice effort to assist tenants who are faced with evictions by reducing the number of people who appear unrepresented at eviction proceedings in Magistrate Court. Tenants with counsel are more likely to appear in court and are significantly less likely to be evicted than their unrepresented counterparts, irrespective of the merits of their case. Lawyers can ensure that the eviction is lawful, defenses are effectively asserted, and other relief that may help prevent homelessness is secured.

The Charleston Housing Court program provides two ways for tenants to obtain legal representation at eviction hearings:

- 1) When a tenant receives an eviction notice, the tenant requests a hearing from the appropriate Magistrate Court. The Magistrate Court automatically schedules a hearing on a Housing Court docket day. The tenant next contacts 211. A 211 operator takes the call, screens the tenant for income eligibility, and refers the tenant to one of the four legal service agencies in Charleston County. An attorney from the legal service agency contacts the tenant and agrees to represent the tenant after completing a conflict check. The attorney notifies the Magistrate Court that he/she will be representing the tenant and confirms the court date. The attorney meets with the tenant to prepare for the hearing and represents the tenant at the hearing.

**HOMELESS COURT QUICK FACTS**

THE FIRST HOMELESS COURT IN SOUTH CAROLINA WAS ESTABLISHED IN COLUMBIA ON SEPTEMBER 23, 2014

FOUR ADDITIONAL SOUTH CAROLINA CITIES ESTABLISHED HOUSING/HOMELESS COURTS

HOMELESS COURTS ARE A SPECIAL VOLUNTARY MUNICIPAL COURT SESSION HELD AT LOCAL HOMELESS SERVICE AGENCIES FOR DEFENDANTS TO RESOLVE MISDEMEANOR CRIMINAL CASES

THE PURPOSE OF THE HOMELESS COURT IS TO ENCOURAGE PARTICIPANTS TO RECEIVE AND COMPLETE TREATMENT AND REHABILITATION PROGRAMS IN EXCHANGE FOR THE POSSIBILITY OF DISMISSAL OF THE FINES ASSOCIATED WITH A CRIMINAL OFFENSE AND, IN SOME CASES, THE DISMISSAL OF AN OFFENSE

- 2) For tenants who request hearings, but do not call 211 to obtain representation, each Magistrate Court schedules eviction hearings the same one day a week known as Housing Court docket day. One80 Place Legal Services coordinates the pro bono attorneys, legal services attorneys and law students who volunteer to be at the Magistrate Court on docket days. The pro bono attorneys are sent the docket ahead of the court date to complete conflict checks. On Housing Court docket day, the pro bono attorney and law students arrive at Magistrate Court in advance of the scheduled hearings to screen tenants with a legal services attorney to coordinate and provide assistance. If the tenant chooses to be represented, the tenant signs a limited representation agreement. After meeting with the tenant, the attorney either mediates with the landlord, requests a continuance, represents the tenant at the hearing, or a combination of options depending on the facts of the case. Once a case is concluded, the pro bono attorney completes a closing form that documents the outcome of the case.

Another aspect of the Charleston Housing Court program is the offer of assistance to households that are experiencing an unexpected financial hardship that temporarily prevents them from being able to pay their rent. The program, through a partnership with the Charleston Trident Urban League, provides emergency short-term relief to help tenants avoid an eviction.

The first Charleston County Magistrate Court to institute a weekly Docket Day was the North Area 1 Magistrate Court on October 2, 2019. The North Area 3 Magistrate Court implemented their first Docket Day on January 9, 2020, and the West Ashley Magistrate court implemented their first Docket Day on June 8, 2020 with the North Area 2 Magistrate Court scheduled to start their Docket Day in September 2020.

The data collected indicates that the Charleston Housing Court program has been successful in providing greater access to legal representation for tenants resulting in a significant reduction in evictions. The program plans to continue to expand to other Magistrate Courts in Charleston County in hopes of increasing housing stability for low-income tenants county wide.



## CHARLESTON Homeless Court

To satisfy the metrics requirement of the South Carolina Supreme Court Administrative Order, dated October 12, 2016, the following data was compiled to reflect the progress of the City of Charleston Homeless Court during its third year (March 1, 2019 – February 28, 2020). Data was calculated based upon records collected by One80 Place Legal Services in the homeless management information system, ServicePoint, and by the City of Charleston Municipal Court.

- **Total Defendants Referred to Homeless Court<sup>1</sup>: 39**
- **Total Defendants Admitted into Homeless Court<sup>2</sup>: 18**
- **Total Participants Who Successfully Completed Homeless Court<sup>3</sup>: 12**
- **Number of Service Providers Who Made Referrals: 3**
- **Number of Volunteer Attorneys: 3**
- **Number of Participants without Recidivism within 6 Months of Disposition: 11**
- **5 Charges Most Frequently Addressed:** Open Container, Trespassing, Prohibited Areas for Soliciting, Public Intoxication, Disorderly Conduct
- **Total Participants Stably Housed at Disposition Date: 11**

*Notes:*

- 1 - The only referrals capable of being tracked at this time are those coming directly from the Municipal Court and other sources when an application is filled out. If there was a referral outside of the Municipal Court and the defendant did not complete an application for Homeless Court, then it is likely that referral was not tracked.*
- 2 - This number only reflects the defendants whose applications were approved and they began participation in the program.*
- 3 - At the time of reporting, there were still 3 participants pending in Homeless Court without a disposition. Two participants did not successfully complete the Court program and were referred back to the City of Charleston Municipal Court docket. Of the completions, 3 were defendants who carried over from year two and 9 were defendants from year three.*

### COLUMBIA Homeless Court

The City of Columbia Homeless Court convenes at Transitions Homeless Center, the Midlands largest emergency shelter. Since beginning their program, the City of Columbia Homeless Court has reviewed a total of 31 applications, 14 of which came from residents at Transitions and 17 which were referred from other agencies. Fifteen of these applicants are now currently housed, and 13 applicants have graduated from the program. As is true for such programs across the state, the City of Columbia Homeless Court has been unable to meet for several months due to the COVID-19 pandemic, but plans are being made to resume meeting in a larger facility on the Transitions campus with a smaller and socially distanced audience.

#### A STORY OF HOMELESS COURT SUCCESS

Vicki arrived at Transitions in Columbia from a detox facility with a broken arm and a broken spirit. She had a huge chip on her shoulder, and she did not trust anybody. Everyone in her life had let her down and broke promises. The case management team worked daily at gaining Vicki's trust. Through the Transition's Jobs Program, she was able to find part time employment. Having gainful employment lit a fire in Vicki. She confided in her case manager that she had an upcoming court date for a suspended license, and she was nervous that she would be sent to jail and lose all of her progress. She was referred to homeless court. Through homeless court, she was able to restore her license and deal with a few shoplifting charges. As a result of having the charges removed, Vicki was able to find full-time employment and move out into her own apartment. Getting her life back on track also had other happy consequences. Her daughter was so impressed with her hard work, they have reconnected. She has become actively involved in her grandchildren's lives.

### FLORENCE Homeless Court

The first session of Homeless Court for the City of Florence was held on October 31, 2019. Candidate #1 was presented for completion based on her accomplishments. Her sponsor reported that she had received counseling, was doing well in her recovery, was gainfully employed and was no longer homeless. Her two shoplifting charges were dismissed.

The second session of Homeless Court was held on December 19. There were two introductions. Candidate #2 had two shopliftings charges and a related assault. She had been receiving counseling for addiction and she had become gainfully employed at a local Homeless Shelter. Candidate #3 had a shoplifting and public drunk charge. He was staying at a local men's shelter and seeking treatment.

The third session of Homeless Court was held on February 26, 2020. Candidate #2 and #3 were scheduled for status reports. Candidate #2 received a very favorable report and addressed the Court, as to her rehabilitation. Candidate #3 had not been making progress recently and was not present. This case was held in abeyance to give him the opportunity to comply.

Although the city of Florence had hoped to hold Homeless Court every other month, it was not held in April or June due to the COVID 19 pandemic. The Court continued to receive applications, and Candidate #2 continued to work on her recovery. The Court received several applications that were not accepted because they were outside of the city's jurisdiction. Some of these were also involving serious charges that would not be handled in Homeless Court.

The fourth session of Homeless Court was held on August 6, 2020, with many safeguards in place due to the Corona virus. Candidate #2 completed the program. Her three charges will be dismissed. Also, candidate # 4 was introduced. He had one shoplifting charge pending on the City criminal docket. His application was approved by the Solicitor and this case was transferred to Homeless Court. Both he and his sponsor addressed the court concerning his progress thus far.

As of October 2020, the Court is processing three new applications on cases that appear to fall under the jurisdiction of Homeless Court.

In conclusion, the Court has had two candidates fulfill all requirements and complete the Homeless Court program. A third candidate appears to be close to completion, and several new candidates are on the horizon.



### **MYRTLE BEACH Homeless Court**

The City of Myrtle Beach Homeless Court program was established on September 24, 2018. It addresses the needs and assists in the disposition of minor offenses, along with helping to direct treatment and rehabilitative services for homeless participants. The inaugural session of the Myrtle Beach Homeless Court was held on March 18, 2019. To date, there have been 13 qualified candidates, to include 8 graduates.

### **SPARTANBURG Homeless Court**

The Municipal Court of Spartanburg's Homeless Court is a voluntary program that is built upon partnerships between the court, prosecutor, defense attorneys, service providers, and the participant. The goal of homeless court is to provide access to justice to the homeless community. Homeless Court is structured to provide a continuum of services with the goal of each participant becoming self-sufficient. The Municipal Court received approval from the South Carolina Supreme Court in September 2019 to operate as the first homeless court in the Upstate of South Carolina. Participants must be homeless, previously homeless, or at risk of homelessness. In order to be screened for homeless court, the participant must have a pending charge or conviction that is within the jurisdiction of the city of Spartanburg. The offense must have taken place during a time in which the participant was homeless or at risk of homelessness.

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The Circuit Solicitor has the sole discretion to admit or deny any participant. Applications are sent to the solicitor and the court from the referral source which is normally an approved service provider. The court will determine if the applicant has pending charges, convictions, or bench warrants within the city of Spartanburg. The solicitor reviews the application for acceptance or rejection. If accepted, the participant will be assigned a pro bono attorney who will work with the participant's service provider to develop a treatment plan.

The court held its inaugural session in December 2019. Homeless Court is scheduled once a month and was held in December 2019, and January and February 2020. There are currently 7 active participants in homeless court. The court has not graduated a participant due to the restriction placed upon the court based on the COVID 19 pandemic. Three of the participants are males, and the other 4 participants are females. The following agencies currently have a client actively participating in Homeless Court: Spartanburg Mental Health, Access Health, Safe Homes Rape Crisis Coalition, Miracle Hill, Spartanburg Interfaith Hospitality Network, and Upstate Family Resource Center.

Upon successful completion of Homeless Court, recommendations are made to the court in regard to the participant's charge(s). The charges may be dismissed, modified, or expunged from the participant's criminal history, thereby removing a potential barrier to social and economic freedom. The restorative justice component within homeless court makes this criminal court novel, and valuable to the legal system.

### Data by Court

City	Date of First Session	Host Agency	Individuals Participated	Individuals Graduated
Charleston Housing	10/2019	One80 Place	14	12
Charleston Homeless	10/2016	One80 Place	18	12
Columbia Homeless	1/2015	Transitions	31	13
Florence Homeless	10/2019	House of Hope	7	2
Myrtle Beach Homeless	3/2019	New Directions	13	8
Spartanburg Homeless	12/2019	Spartanburg Soup Kitchen	7	0

*\* All Homeless Court Sessions have been temporarily suspended due to COVID-19*

## South Carolina Department of Social Services Chafee & ETV Program

### Presented by SCDSS Chafee and ETV Program

SCDSS currently has a state funded Extension of Foster Care Program. Young adults can remain in DSS licensed placement after the age 18 until their 21<sup>st</sup> birthday. The young adult signs a Voluntary Placement Agreement and agrees to continue pursuing education and/or employment goals; in exchange SCDSS continues providing board payment and case management. Chafee funds and Education Training Voucher (ETV) funds are available to support transition into adulthood.

If the young adult decides to leave foster care placement, Chafee funds and ETV funds are still available to support transition into adulthood. The former foster young adult still receives supportive case management. SCDSS case manager makes monthly contact to assess youth's transition to ensure youth is maintaining employment, academic enrollment, healthy home management skills, and managing financial expenses.

SCDSS is expanding resources to support older youths' transition into adulthood. The Chafee and ETV Program has been completely restructured to become a support system for youth, case managers, foster parents, and SC providers. SCDSS has created a platform for youth council members to participate in program development and policy discussions which will lead to improving resources and reducing hardships, especially those hardships that affect stability housing.

Youth Council 2020 members have expressed being in a constant state of unknown: *"stability is a foreign concept"* and frustration over identifying resources: *"what's the purpose of resources if eligibility hinders the support"* and *"I wish there was immediate safe placement if needed and not having to go through an interview"*. Youth Council 2020 members expressed the desire to have additional peer support: *"having a former foster youth as a mentor to have true understanding what I am going through, and I can see that it's possible to achieve it"*. Youth Council 2020 members also expressed the importance of mental health and how it affects maintaining stability: *"My experiences keep me in constant fear and uncertainties, I am scared to ask for help because of fear of rejection"* and *"I know my issues affects me making good decisions, and then those decisions make me lose my job, or upset family members, and even makes me lose the place where I am staying"*.

The Chafee/ETV Program has created supportive roles on a state and regional level to improve the outcomes of the transitional foster youth, including Youth Engagement State Coordinator, Regional Transition Specialists, State Program Development Specialist, State Chafee Specialists, and State ETV Specialist. The Chafee/ETV Program will continue to expand its resources to support transitional youth.

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SCDSS is currently developing a federal funded Extension of Foster Care Program that will expand the supportive resources to the former foster young adults. Program development includes expanding placement options that provide a more realistic living setting, foster parents training track specializing in supporting young adults' transition, strengthening partnerships with community resources, transitional living programs, and specialized case management training.

Chafee Housing transition expenses are related to young adults establishing their own independent residence after becoming age 18 until the age of 21. Young adults who leave care to adoption, reunification, guardianship, kinship care and young adults in post-legal adoption preservation placement are not eligible for housing and transition funds due to young adult achieving permanency. Housing funds are also available for young adults who are enrolled in post-secondary programs and need assistance with interim housing.

To qualify for assistance, former DSS foster young adult must be employed and earning sufficient income to maintain the residence prior to Chafee releasing housing assistance funds. This is to ensure young adult can maintain stable housing once the funds are completely utilized. Young adult must identify contingency permanency plans to avoid unstable housing situations such as unexpected changes in income and health.

Transition into Adulthood goals are discussed and planned at the young adult's transition planning meeting. Planning for successful transition begins at age 14. Discussions begin during family team planning meetings as a holistic approach. At age 16, the youth in foster care begins deeper discussions with their Regional Transition Specialist. Prior to turning age 17 and prior to turning age 18, the young adult participates in a youth led/youth driven Transition Plan Meeting to identify goals for successful transition into adulthood.

Housing/Transition planning consists of identifying safe placement, analyzing finances and identifying expenses. Young adult must also complete Financial Literacy/Management course certificate. This course is designed for the young adult to learn viable financial skills (FDIC: MoneySmart <https://www.fdic.gov/consumers/consumer/moneysmart/learn.html> ).

### The Chafee Program administers the following types of Housing Assistance:

- Utilities deposit (Electric, gas, phone, or water) **(Max \$300)**
- Furniture **(Max \$2,000)**
- Rental Application fees **(Max \$300)**
- Rental Deposit **(Max \$500)**
- Rental assistance for up to 6 months. Financial Literacy Management course is required to receive rental assistance. Paid as **3 months full** and the second installment of **3 months full** requires updated proof of employment and budget sheet. **Max rental allotment is up to \$500/month for a total of \$3,000 for 6 months housing assistance.**
- Housing Essential Bundle **(Max \$800)**
- Dependent (Baby/Child) Essential Bundle **(Max \$500)**

### ***Interim Housing for College Students***

Interim housing funds are also available during holiday breaks and summer breaks if the youth needs to maintain employment while school is on break and if dormitories are closed.

### ***Youth with Disabilities***

A setup fee or a household shower is available for youth transitioning from foster care to housing with the Department of Disabilities and Special Needs or Department of Mental Health.

### ***Emergency Assistance***

Time limited emergency assistance is available for youth who are homeless or at risk of homelessness while locating more stable housing arrangements. The county explores all alternative funding sources and completes any community referrals.

The Chafee and ETV Program is dedicated to improving the outcomes of our transitional youth. The Chafee and ETV Program will continue to utilize youth voice and the NYTD research to ensure the supportive resources are provided, program development evolves, and policy changes to ensure current and former foster youths' successful transition into adulthood.



### Homelessness among Transition-Aged Youth: Results from the First Two Cohorts of the National Youth in Transition Database

Presented by Center for Child and Family Studies  
College of Social Work, University of South Carolina

#### Background and purpose

Preparing youth in foster care for the transition to independent adulthood is a challenge for child welfare agencies (CWA). Permanent, stable housing for young adults after care has implications for outcomes related to education, financial stability, and psychosocial functioning. To support youth in their need for permanent permanency post-care, it is important that CWAs consider data-driven methods to understand the factors related to a successful transition. One way CWAs can better understand the experiences of young adults during the transition period and how agency policies and practices are associated with these experiences is by pairing data from the National Youth in Transition Database (NYTD) with their own administrative data on youth in care. *The purpose of this study was to examine possible individual-level and care-related contributors to homelessness among young adults formerly in foster care in South Carolina.*

*“Well, I was young [when homeless] ... Just got out of DSS I was like eighteen – I was just trying to figure out stuff and... I was too far from my house actually, my technical school. I just didn't have the support to continue so I decided [to] start a full-time job, instead of part-time. And get my transportation, get a vehicle, all that good stuff. And maybe try later on when I was ready.”*

#### Methods

The National Youth in Transition Database (NYTD) longitudinal survey is administered to all eligible youth in foster care who reach their 17th birthday during the federal fiscal year (October 1st – September 30th) in which the survey is conducted. Follow up surveys are administered to youth at ages 19 and 21. New cohorts begin every three years, and data collection has been completed for two cohorts of youth. The data in this brief are from the 2011 & 2014 SC NYTD cohorts who completed the baseline and both follow-up surveys (n=272).

The SC NYTD survey contains questions (closed-ended categorical) focusing on 6 domains: educational attainment, homelessness, financial self-sufficiency, access to health insurance, positive connection to an adult, and high-risk behaviors. In addition to data collected through the SC NYTD survey, demographic and administrative data from the SC Department of Social Services Child and Adult Protective Services System (CAPSS) were obtained for analyses. The variables of interest from CAPSS were: age, gender, length of care, last placement type, number of placement changes, and enrollment in aftercare services.

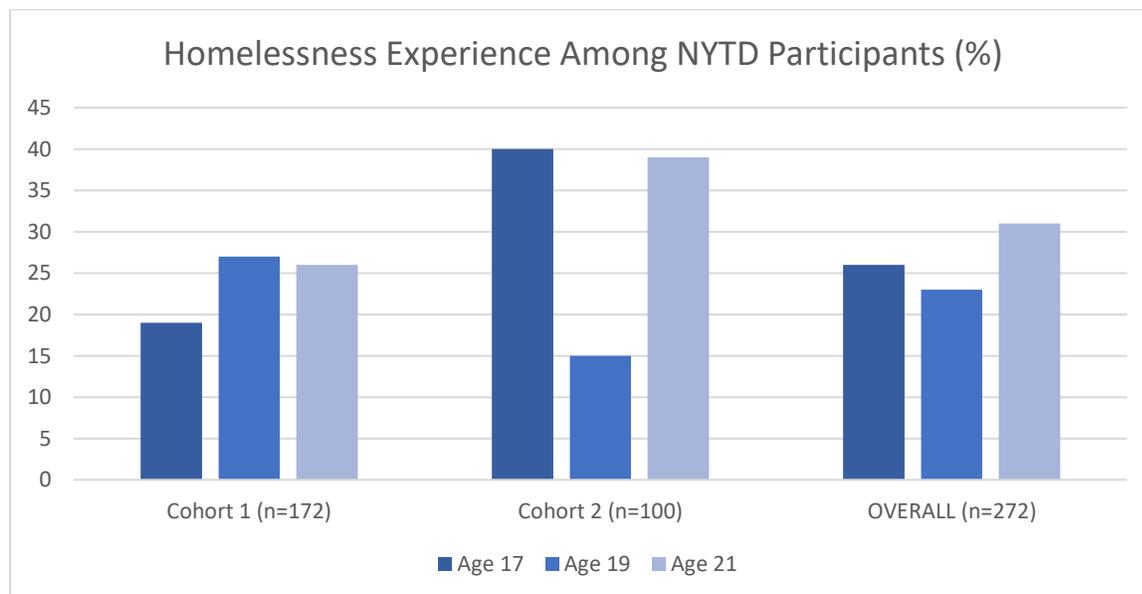
Homelessness between age 19 and 21 was the outcome of interest for all analyses. Logistic regression models were used to test associations between the outcome of interest and experiences with homelessness, having a supportive adult, and foster care related experiences (length in care, number of placement changes, and last placement type). Predictive probabilities were calculated from the logistic regression model and graphed in Figure 2. Gender, race, and NYTD cohort were used as controlling variables in all models and calculations.

*“Being young, not having the support needed to get things done. Listening to promises that were made from DSS that took too long to come through. I left foster care at 17 years old to attend college; without really having anyone to depend on, I had no choice but to take care of myself. I worked a good job where I made a salary of \$27,080 working as a billing specialist for Time Warner Cable. I was injured and lost my job, and ever since then it’s been really tough. I lost my car and apartment with no family and no friends. I had nobody left to lean on.”*

### Results

Of the 272 respondents, 51% were African American and 60% were female. Forty-five percent of respondents had at least a high school diploma by age 19, that number increased to 73% by age 21. Most respondents (56%) were employed at least part-time at age 21.

Overall, about a quarter of NYTD respondents experienced homelessness before turning 17, but there were disparate outcomes by cohort (Figure 1). Significantly more youth in Cohort 2 experienced homelessness before age 17 compared to those in Cohort 1 (40% vs. 19%). By age 19, 23% of NYTD respondents experienced at least one instance of homelessness post care, most of which were from Cohort 1. By age 21, 31% of NYTD respondents had experienced homelessness between the ages of 19 and 21. Once again, Cohort 2 had a significantly higher rate of homelessness than Cohort 1 (39% vs. 26%). Overall, 42% of all NYTD youth experienced at least one incidence of homelessness after the age of 17. And those who experienced homelessness between the ages of 17 and 19 were almost three times more likely to experience homelessness again between the ages of 19 and 21 (95% CI: 1.45, 5.94).



\* Note: At 17, youth were asked if they have ever experienced homelessness. At ages 19 and 21, youth were asked if they had experienced homelessness in the past two years. Data represented are from NYTD Cohorts 1 (FY2011) and 2 (FY2014).

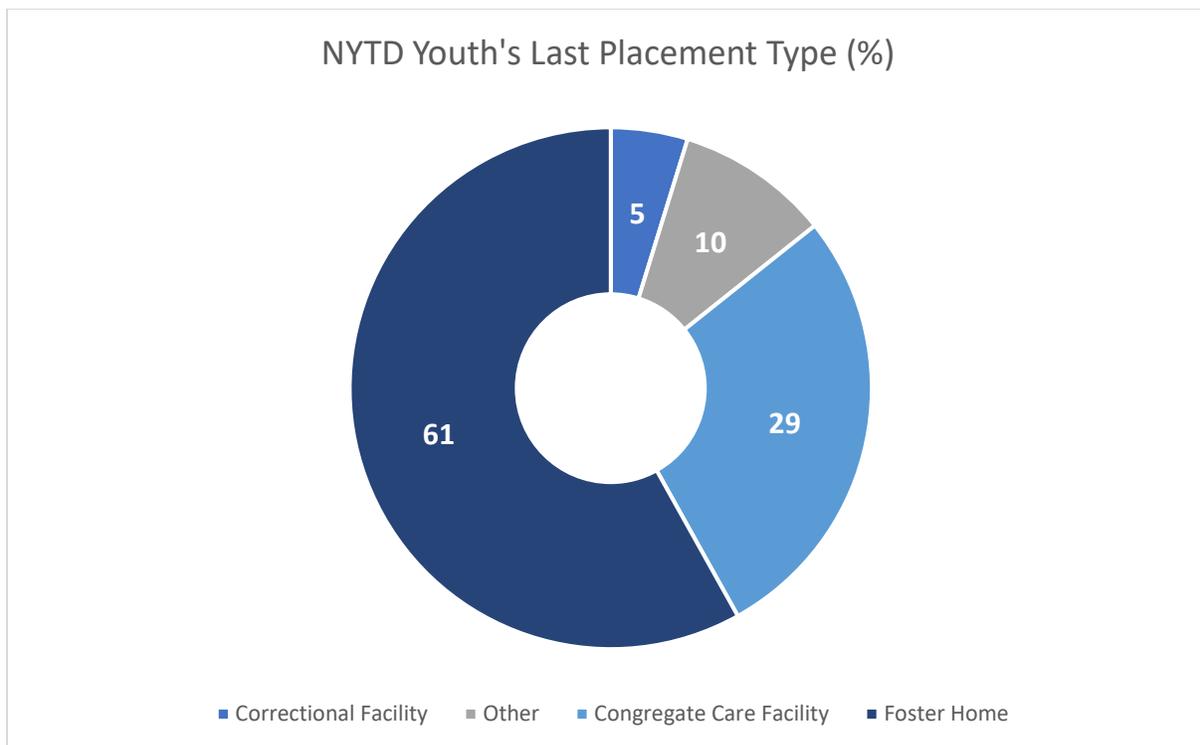
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While homelessness increased as youth grew older and left care, the percentage of NYTD respondents who reported having a supportive adult declined significantly over time, going from 92% at age 17 to 79% at age 21. For young adults who experienced homelessness between ages 19 and 21, 68% reported having a supportive adult at age 21 compared to 84% for those who had not experienced homelessness during the same period. In addition to adult support, the SC NYTD survey includes questions about education, employment, and incarceration. Interestingly, there were no significant differences between these outcomes and homelessness between 19 and 21.

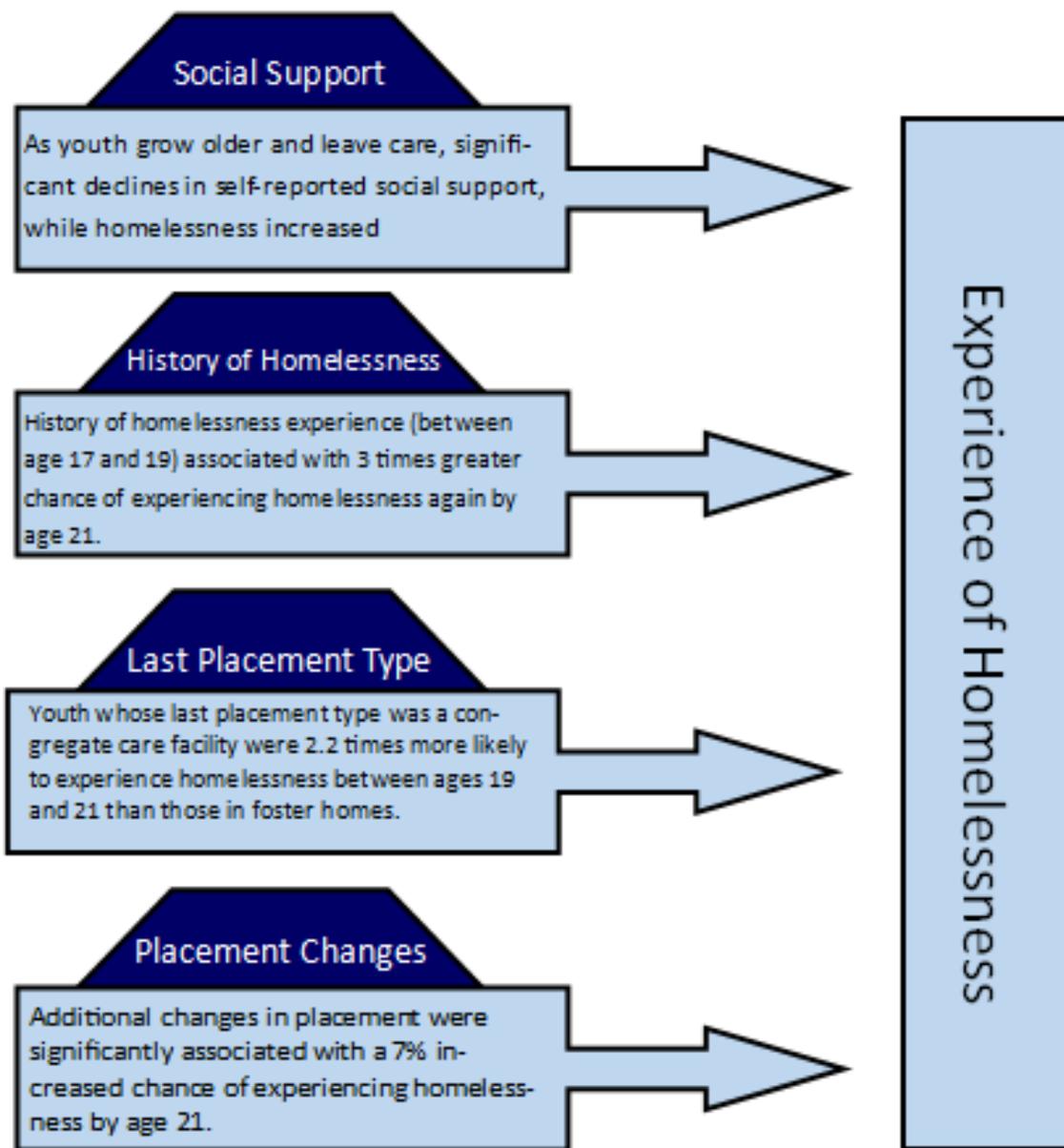
Looking back to the foster care experience of the NYTD respondents, on average, they were in care for 5.1 years (range: 0.1 – 19.7 years). Their tenure in care was marked with instability in permanent placements, with an average of 5.1 different placement changes while in care (range: 0 – 38). The additional placement changes were significantly associated with 7% increased odds of experiencing homelessness.

In addition to placement changes, there are some associations between the last placement type and homelessness. In their last placement, 61% of respondents were in a foster home (including therapeutic foster homes) and 29% were in a congregate care facility. Respondents whose last foster care placement was a congregate care facility were 2.20 times more likely to experience homelessness between the ages of 19 and 21 than those in foster homes.



\* Note: Data are from NYTD Cohorts 1 (FY2011) and 2 (FY2014)

Conclusions



## South Carolina Housing

### OUT OF REACH

In July 2020, the National Low Income Housing Coalition (NLIHC) released an updated version of its annual *Out of Reach* report. The analysis done by NLIHC compares the wages earned by various types of renters to HUD fair market rents (FMRs), which are calculated at the county or metropolitan area level to estimate the monthly cost of a basic apartment plus utilities. The report highlights the dire conditions faced by even the average renter, let alone those less fortunate, who are trying to find an affordable place to live. Again, these figures reflect pre-pandemic housing conditions, so with many people having reduced incomes, one would expect these data to have worsened substantially in the interim.

On average in South Carolina, someone must earn \$17.30 per hour, working full-time, to comfortably afford a two-bedroom at FMR, meaning that they spend no more than 30 percent of their income on rent and utilities. Unfortunately, the average renter in South Carolina earns only \$13.52 per hour, which leaves a \$3.78 “wage gap” that the renter must fill by either reducing other basic household expenses, living in substandard housing, or moving somewhere less expensive (and therefore increasing their transportation costs, merely shifting the burden).

This is not just a big city problem. In only six counties statewide can the average renter afford that basic two-bedroom apartment. In many portions of the state, the wage gap is even larger; for example, in Dorchester County, there is a \$10.42 per hour disparity between what renters earn and what they need to afford housing. In Edgefield County, the wage gap is \$8.60. Data for all counties are available in the table on the following page.



It is worth underscoring that these figures are for the **average** renter in South

Carolina. Supplemental Security Income, one form of federal disability payments, provides only \$783 per month for an individual to live on. In the least expensive county in the state (Cherokee), 55 percent of that check would be needed just to rent an efficiency apartment and pay utilities, leaving very little for any other expenses. In the most expensive counties, the entire check would not be enough; FMR for an efficiency apartment in the Charleston metro and York County is \$907 per month, or 116 percent of their monthly payment.

Minimum wage workers do not fare much better. To afford that same efficiency apartment, with hourly earnings of \$7.25 per hour, one would have to work an average of 74 hours per week to afford the monthly rent. In those high-cost counties, it would take 96 hours. And despite the common stereotype of minimum wage workers being exclusively held by high school students, these jobs are often the primary source of income for individuals and families. In 2019, the three most common occupations in South Carolina were fast food worker (73,730 jobs), retail sales (71,670), and cashiers (64,700). All three of these jobs had a median wage not far above the minimum: \$9.20, \$11.54, and \$10.03, respectively. Many of these same workers are now known as “front line” and “essential,” but may not have a place they can afford to live.

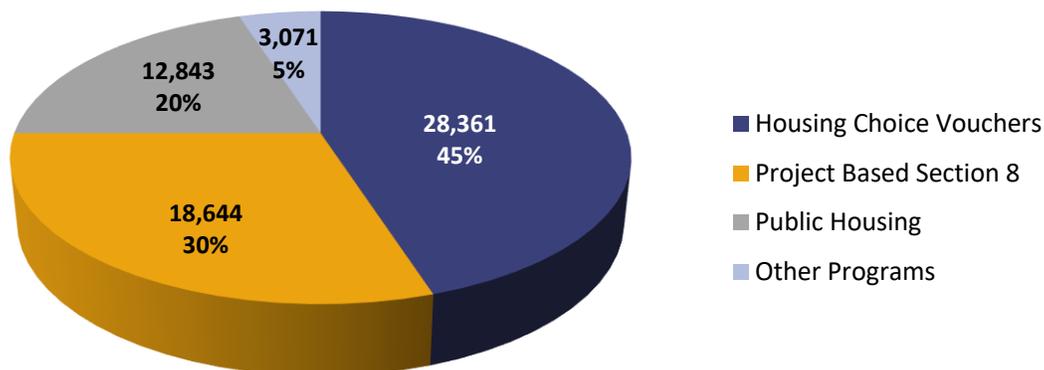
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Geography	Wage Gap	SSI %	MW Hours
South Carolina	\$3.78	89	74
Abbeville County	\$1.05	63	52
Aiken County	\$1.62	88	73
Allendale County	\$0.72	63	52
Anderson County	\$3.74	73	61
Bamberg County	\$2.25	66	55
Barnwell County	\$3.74	66	54
Beaufort County	\$7.64	110	92
Berkeley County	\$3.68	116	96
Calhoun County	\$6.14	90	75
Charleston County	\$7.01	116	96
Cherokee County	\$1.68	55	46
Chester County	\$3.25	67	55
Chesterfield County	\$0.98	66	54
Clarendon County	\$5.75	66	54
Colleton County	\$0.52	68	57
Darlington County	none	63	53
Dillon County	\$2.00	66	54
Dorchester County	\$10.42	116	96
Edgefield County	\$8.60	88	73
Fairfield County	\$5.17	90	75
Florence County	\$2.90	78	64
Georgetown County	\$2.83	74	61
Greenville County	\$1.31	80	67
Greenwood County	\$0.19	66	54
Hampton County	none	63	53
Horry County	\$7.95	104	86
Jasper County	\$2.04	90	75
Kershaw County	\$1.86	78	65
Lancaster County	\$2.48	67	55
Laurens County	none	72	59
Lee County	\$3.05	66	54
Lexington County	\$5.43	90	75
McCormick County	***	63	52
Marion County	\$3.64	71	59
Marlboro County	none	65	54
Newberry County	\$2.97	71	59
Oconee County	none	61	51
Orangeburg County	\$2.02	71	59
Pickens County	\$6.46	80	67
Richland County	\$3.36	90	75
Saluda County	\$7.60	90	75
Spartanburg County	\$1.66	78	65
Sumter County	\$2.79	78	65
Union County	\$2.05	67	55
Williamsburg County	none	63	52
York County	\$7.27	116	96

**Note:** There are an insufficient number of renters in McCormick County to reliably compute an average wage.

### HUD

A substantial portion of the housing assistance ecosystem is funded by the U.S. Department of Housing and Urban Development (HUD), which oversees traditional public housing and a variety of programs that provide rent-restricted housing to tenants in privately owned properties, typically ensuring that low-income residents spend no more than 30 percent of their gross income on rent and utilities. Overall, according to the HUD Picture of Subsidized Households, assistance was available to 130,173 people in 62,919 households in South Carolina in 2019, or just over one in ten renters statewide. The breakdown by program is provided below.



Nearly half of HUD clients have Housing Choice Vouchers, which allow a household to locate a rental home on their own in the private market, with the federal government guaranteeing a portion of their rent with direct payments to the owner of the property. Consumer choice is limited, however, as owners are not legally required to accept vouchers, often restricting the available home options. It is worth noting that vouchers are not an entitlement program; nationally, only about one in five households that qualify for a voucher receive them, because their numbers are restricted by federal law, meaning that many local public housing authorities (PHAs) that oversee the program have years-long waiting lists.

Project Based Section 8 serves 30 percent of HUD clients. These properties enter into a contract with the federal government to provide rent-restricted housing in exchange for monthly assistance payments. Existing contracts can be renewed, but the expansion of the program is prohibited by federal law.

Public housing serves only 20 percent of HUD clients. This is housing that is directly owned by a PHA. Again, creation of federally funded public housing is prohibited. HUD's Rental Assistance Demonstration program aims to attract private investment to these properties and convert them to Project Based Section 8 housing, and the limited capital funds available from HUD for maintaining these properties have incentivized many PHAs to move away from this model.

The remaining five percent of clients are served by three smaller programs: Section 202, which provides affordable housing for seniors; Section 811, which serves persons with disabilities; and the Moderate Rehabilitation program, which fixed up smaller rental properties between 1978 and 1991.

Overall, even before the pandemic, HUD played a crucial role in ensuring housing remained affordable for those in economic distress. The median household income by a HUD client was only \$12,386 in 2019,

or 24 percent of the area median income, with only 17 percent earning \$20,000 or more; tenants paid \$286 per month toward their rent, on average, with the federal government paying the remaining \$589. The vast majority of these renters were employed (30 percent), disabled (27 percent), or adults aged 62 years or older (27 percent), with only one percent receiving Temporary Assistance for Needy Families, colloquially known as “welfare.”

In South Carolina, HUD clients are 80 percent Black and 20 percent white, with two percent reporting Hispanic ethnicity. A little less than half (47 percent) of households consist of a single mother with one or more children, with most of the remainder being single adults. Unfortunately, because of where affordable housing has traditionally been located and the limited acceptance of vouchers, the typical HUD client is located in a neighborhood with a 27 percent poverty rate, well above the state average of 15 percent in 2018. Opportunities for economic advancement in such an environment are often limited, with such neighborhoods often being distant from job centers and other resources.

Additionally, these programs are supplemented by the Office of Rural Development within the U.S. Department of Agriculture (USDA). The National Housing Preservation Database (NHPD) reports there are 286 rent-restricted properties statewide monitored by USDA, housing 11,010 renter households, primarily through the Section 515 Rural Rental Housing program; Housing Assistance Council data show USDA supplied an average of \$461 per month in rental assistance to 6,514 of these tenants in FY 2019.

Overall, between properties funded by HUD, USDA, and the Low-Income Housing Tax Credit program administered by SC Housing, there are 70,632 individuals and families across 1,540 properties who are affordably housed due to some form of project-based federal subsidy (i.e., excluding vouchers), assuring that the least fortunate among us are still able to live in dignity. The emergence of COVID-19, which led to massive job losses in low-wage service occupations, will only increase the demand on these programs that provide a mere fraction of the help needed.

## SC HOUSING

The South Carolina State Housing Finance and Development Authority (SC Housing) is a self-sustaining agency committed to ensuring that South Carolinians have the opportunity to live in safe, decent, and affordable housing. SC Housing operations are supported by a funding base that includes fees and other revenue earned through the administration of agency programs. Its programmatic activities fall under three divisions, of which the latter two serve individuals and families potentially at risk of homelessness: Homeownership, Development, and Rental Assistance and Compliance.



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## 2020 South Carolina State of Homelessness Report

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The Development Division provides capital for developers of affordable housing to build or rehabilitate rental properties in exchange for restrictions on the rents that can be charged. The largest such program is the Low-Income Housing Tax Credit (LIHTC), which distributes credits allocated to each state by the Internal Revenue Service to incentivize development activity through a competitive application process. One type is designed to cover 70 percent of project costs, while another is designed to cover 30 percent of project costs and is typically paired with a tax-exempt bond issuance, either by SC Housing or another eligible public entity. These resources are now even more valuable with the recent passage of H.3998, the Workforce and Senior Affordable Housing Act, signed into law by Governor McMaster on May 14, which provides a dollar-for-dollar matching state credit to pair with the federal credit. This will allow for more affordable housing to be produced with the same resources.

LIHTC properties often take two or more years to develop from the time funding that is allocated until tenants begin moving in. Fiscal Year 2019 represented the culmination of many prior awards, with 2,647 rental units placed in service across 38 properties in 26 counties. This investment in the state's future was made possible with \$129 million in syndicated tax credit equity (i.e., capital funds generated after the ten years of future tax credits are sold to investors) and \$110 million in tax-exempt bond issuance.

Federal law requires the collection of basic demographic information about LIHTC tenants. According to the most recent data available, most residents are either minor children (40 percent) or adults 65 years or older (12 percent), with the average head of household being 48 years old. By race, 79 percent were Black/African American and 19 percent were white, with the remainder reporting some other race; Hispanic or Latino

ethnicity was reported by three percent of tenants. The median household earns only \$16,129 per year. Tellingly, nearly half (44 percent) rely on some sort of additional rental assistance; owners of LIHTC properties are required by law to accept Housing Choice Vouchers (see discussion of HUD programs), so many tenants with such vouchers located to those projects.



The other crucial source of funds for Development activities is the South Carolina Housing Trust Fund, which receives a fraction of deed stamp taxes collected on real estate transactions rather than a general appropriation from the legislature. These dollars are largely allocated to the Small Rental Development Program (SRDP), which helps finance rental housing developments that cannot support a LIHTC award, as well as the Home Repair Program, which addresses critical needs for very low-income, largely elderly homeowners, plus programs for funding supportive housing and group homes. Additional current funding streams include the National Housing Trust Fund, allocated to SRDP developments, and the HOME Investment Partnerships Program, whose dollars go toward both gap financing for LIHTC projects and the SRDP funding pool.

## 2020 South Carolina State of Homelessness Report

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In Fiscal Year 2019, the South Carolina Housing Trust Fund allocated \$12.2 million. Of this, nearly half (\$5.9 million) was spent on constructing rental housing through SRDP, creating 103 new homes across six counties (Aiken, Cherokee, Dillon, Florence, Greenville, and Richland). Home repair activities assisted 463 homeowners and expended \$5.5 million. The remaining funds were spent on supportive housing and group homes, adding 24 beds in five counties (Beaufort, Colleton, Horry, Lexington, and Richland).

Rental Assistance and Compliance activities consist of three primary functions. First, the division ensures that properties previously receiving funds from Development are in alignment with laws and rules governing their participation in these programs, primarily LIHTC. This requires regularly scheduled file reviews to verify, for example, that residents meet income and other eligibility criteria, as well as physical inspections of the property and a sample of individual homes to ensure the health and safety of the residents. LIHTC properties that fail to follow the rules during their 15-year compliance period can receive penalties up to and including the recapture of tax credits, providing a strong financial incentive to meet federal standards. Statewide, about 40,000 rental homes are under active monitoring.

Second, for the seven counties in South Carolina without a local public housing authority (Clarendon, Colleton, Dorchester, Fairfield, Kershaw, Lee, and Lexington), SC Housing administers the Housing Choice Voucher program. This provides affordable housing opportunities for nearly 2,000 households in these jurisdictions by covering a portion of their rent for a private apartment or house. The demographics of these households are broadly similar to those of LIHTC residents, though their incomes are even lower on average and 43 percent of households have at least one person with a disability.

Third, SC Housing has a contract with the U.S. Department of Housing and Urban Development (HUD) to administer a portfolio of Project Based Section 8 projects on its behalf. These properties are privately owned but agree to receive public support in exchange for restricting rents and abiding by other terms of the program. HUD procures these oversight activities, reducing overhead cost for the federal taxpayer and devolving responsibilities to the state level. HUD provides SC Housing funds to review and approve monthly assistance payments, conduct management and occupancy reviews to ensure compliance with federal law, serve as an ombudsman for tenant concerns, oversee property owner subsidy contracts, and support the Section 8 program in South Carolina. Overall, there are 269 rental developments overseen by SC Housing containing 17,900 homes in 45 counties. SC Housing dispersed \$141.8 million in rental assistance payments in Fiscal Year 2020 on behalf of HUD. Both Housing Choice Vouchers and Project Based Section 8 are discussed further later in the report.

SC Housing serves as an important component of a broader affordable housing ecosystem designed to provide homes for people whose limited means make securing housing on the open market extremely challenging. The South Carolina Housing Needs Assessment, published last year by SC Housing, showed that excess housing costs led to an annual drain on the state's economy of \$8.4 billion; even before the pandemic and the associated recession, fully one quarter of tenants were severely cost burdened, meaning that over half of their income went to rent and utilities. Ultimately, the cure for homelessness is for everyone to have access to safe, decent housing that they can afford, and while SC Housing is confronting this challenge from several different directions, much more in the way of resources is needed to achieve that vision.

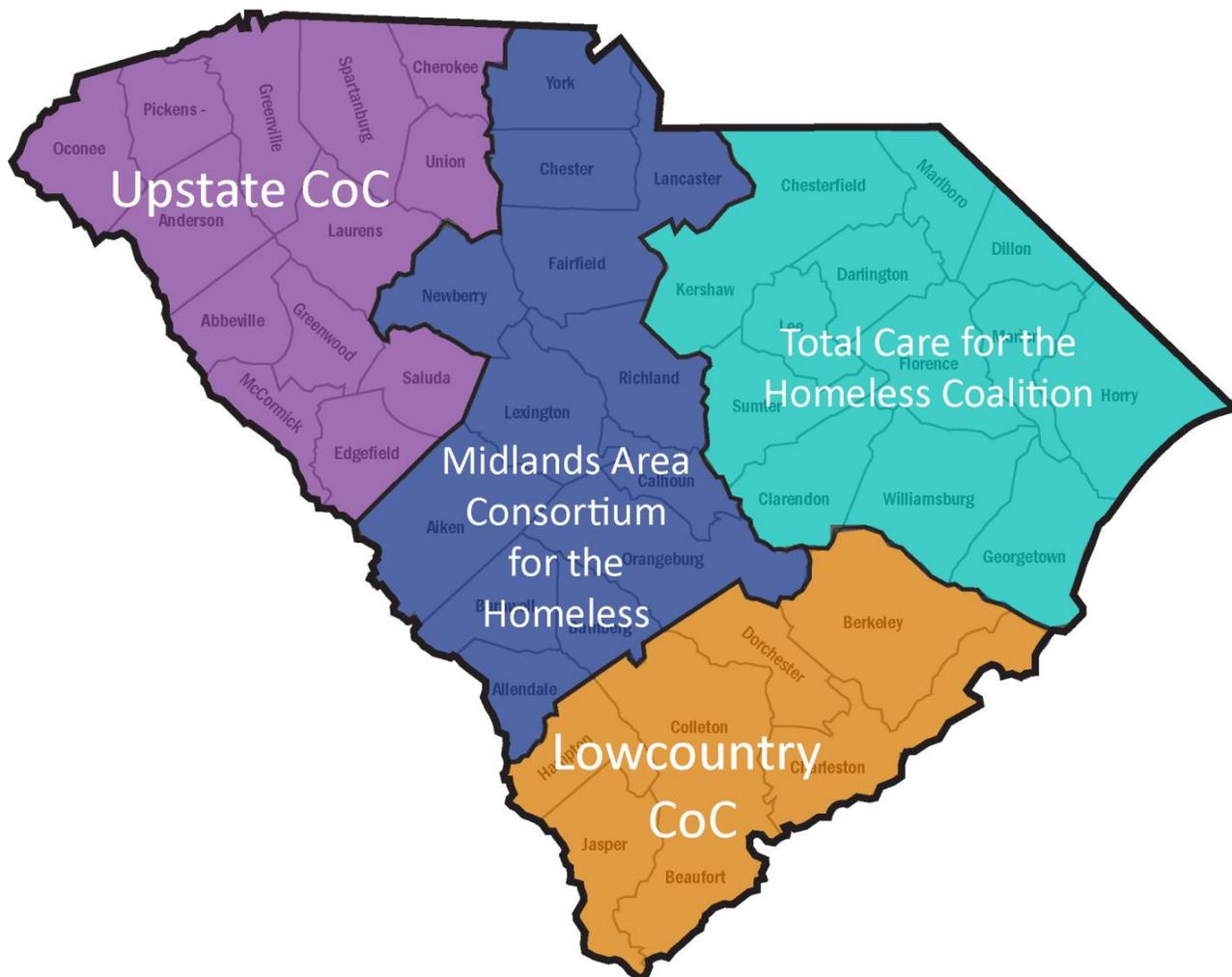


## Continuum of Care Highlights

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## Continuum of Care Highlights



A Continuum of Care (CoC) is a regional planning body that coordinates housing and services funding families and individuals experiencing homeless. The state of South Carolina is divided into four Continuums of Care: the Lowcountry Continuum of Care, the Midlands Area Consortium for the Homeless (MACH), the Total Care for the Homeless Coalition (TCHC), and the Upstate Continuum of Care. The coverage area for each CoC is illustrated in the statewide map above.

Although all CoCs have a common goal of addressing homelessness in their communities, each CoC has unique resources and partnerships to assist in this work. In the following section, each CoC details a program or initiative that best reflects their efforts to address homelessness in their local area.

## LOWCOUNTRY CONTINUUM OF CARE: HOUSING PROBLEM SOLVING AND THE 100-DAY CHALLENGE

### Housing Problem Solving

This year, the Lowcountry CoC participated in a 5-week technical assistance workshop to begin identifying how to incorporate Housing Problem Solving in our homelessness response system. Housing Problem Solving is an intervention that occurs at first point of contact, is client-centered and housing-focused with the goal of quickly resolving the household's housing crisis. Using this approach can help prevent homelessness and exit people from homelessness quicker.

Housing Problem Solving explores options the household may not have been able to identify or felt comfortable enough to explore on their own.

After identifying options, staff determine what other types of services or supports may be necessary to make the identified option a reality. This means developing a strategy that helps households use their strengths, support networks and community resources to find housing.



Housing Problem-Solving requires:

1. Active listening and identification of the household's strengths and existing support networks.  
"What can we do to keep you from becoming or remaining homeless?"
2. Helping identify potential options outside the homelessness services system, even if temporary.  
"What would resolve your current housing crisis?"
3. Providing additional resources and connect the household to community supports and services; this allows for client-centered empowerment.
4. Following up to see if the resolution worked.

Housing Problem Solving is an ongoing conversation that seeks to reduce the inflow on scarce resources by helping households identify resources they may have not considered. By leveraging existing and new resources to reduce inflow, prevent homelessness and quickly exit people from shelter to a safe alternative housing option, Housing Problem Solving helps ensure that scarce housing resources are reserved for those who truly have no other alternatives.

**A Housing Problem Solving approach requires skilled staff who utilize and/or understand:**

- Conflict resolution
- Mediation
- Trauma Informed Care
- Key community/agency resources
- Navigation with family, friends and landlord
- Empathetic, action-oriented conversation style
- Equity considerations and implicit bias

**Next steps to advance our community:**

- Develop a workgroup to define local goals and identify what a successful outcome of Housing Problem Solving is and other indicators of success.
- Formalize community partnerships.
- Incorporate agencies who can provide financial resources that could assist.
- Identify within our system where will problem solving conversation and resource connections occur.
- Provide ongoing community training.

**100-Day Challenge**

The Lowcountry CoC also participated in the 100 Day Challenge to address youth homelessness.

<p><b>PARTNERSHIPS WORK</b> Among the most important lessons learned were:</p> <ol style="list-style-type: none"> <li>1. Partnerships are the only way to get the work done.</li> <li>2. We need crisis resolution.</li> <li>3. We can even get things done during a global pandemic!</li> </ol>	<p><b>NEW OUTREACH</b> New tools, processes, and relationships included:</p> <ol style="list-style-type: none"> <li>1. New methods for outreach and housing youth directly from the street,</li> <li>2. An Outreach Assessment Tool.</li> <li>3. Youth-specific case conferencing – building relationships with community partners who work with youth.</li> </ol>	<p><b>SYSTEM CHANGES</b> To ensure sustained performance system-wide, relationships with community partners must be developed in order to have the correct people providing assistance and helping to make system-change decisions. These system-wide changes include updating the youth outreach and coordinated entry assessment tool and providing continued case conferencing.</p>
<p><b>YOUTH FRIENDLY</b> Each organization is unique in terms of decision-making; some allow for quick decision-making, while others have strict processes. Funding sources (such as federal grants) tend to strongly inform policies and procedures.</p>	<p><b>A HELPING HAND</b> Weekly meetings enabled partner agencies to support each other throughout the 100 Day Challenge. Open communication strengthened the youth-focused network and the success of the challenge. Natural leaders emerged, information was shared in a timely manner, crises were dealt with immediately, and tough decisions were made.</p>	<p><b>A HUGE THANKS</b> The success of the challenge was due to the commitment from the team. We are most proud of the number of youth we engaged, especially during a pandemic. We are also proud of the partnerships we have fostered. A special thanks to: One80 Place, Carolina Youth Development Center, Florence Crittenton, Charleston Dorchester Mental Health, and The Navigation Center.</p>
<p><b>CONTINUING THE WORK</b></p> <ul style="list-style-type: none"> <li>• Develop a Youth Advisory Committee.</li> <li>• Develop a Housing Problem Solving training for youth service providers, focusing on building credibility and trust with youth.</li> <li>• Promote a “youth-friendly” Continuum of Care.</li> <li>• Ensure that youth remain a priority for new and ongoing funding sources.</li> <li>• Maintain a collaborative referral system that ensures “warm hand-offs” among providers.</li> </ul>		

### LHC 100-Day Challenge Outcomes:

- **44% increase in the number of youth re-housed between 2019 and 2020**
- **61% of youth served were pregnant/parenting**
- **93% of youth served were connected to supportive services**

## MIDLANDS AREA CONSORTIUM FOR THE HOMELESS: CITY TASK FORCE MAKES A DIFFERENCE

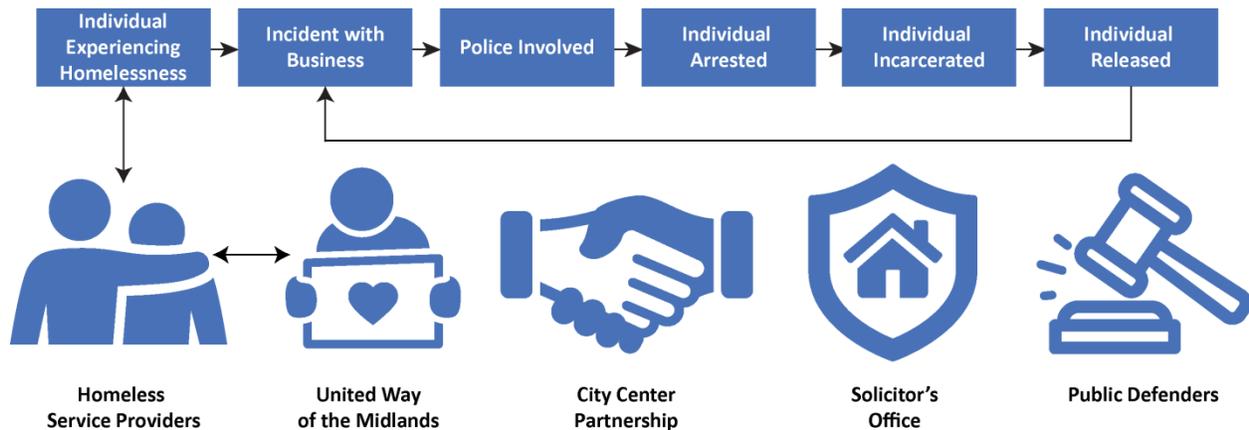
Phillip (not his real name) has slept on the streets for multiple years, struggles with addiction and has physical disabilities. During one month, he had over 10 interactions with the police. His pattern was to get arrested, spend 24-hours in jail, be released, and within two days have another encounter with police. In many cities across the state and country, there are people like Phillip who experience chronic homelessness and often cycle in and out of jail. Along with low-level citations—like loitering, panhandling and sleeping in public spaces—constant engagement with the criminal justice system has a negative impact on one’s overall well-being and presents more barriers to housing and employment for those experiencing homelessness. The individual experiencing homelessness is not the only one impacted by this cycle, the taxpayers and cities face staggering costs as well.



Although there are many qualified and dedicated street outreach in the Midlands, there was no group focused on providing support to individuals like Phillip. In Fall 2017, United Way of the Midlands (UWM), the CoC’s collaborative applicant, partnered with City of Columbia Police Department North and Metro Regions, 5<sup>th</sup> Circuit Solicitor’s Office, and City Center Partnership<sup>1</sup> to discuss individuals who frequently interact with law enforcement and justice system and believed to be experiencing homelessness. Through that first meeting, the City Task Force (CTF) emerged with the purpose of connecting individuals identified with multiple arrests in the previous year and determined to be transient, meaning they are without an address, with housing and intensive services, in order to reduce recidivism within the justice system. Over the last few years, the group has expanded to include more homeless service providers, the Richland County Sheriff’s Department and the Richland County Office of the Public Defender.

Prior to the formation of the CTF there was no collective effort to meet the unique needs of those individuals. The individual experiencing homelessness often stayed in the constant cycle of causing a disturbance at a downtown business, followed by interactions with local law enforcement that led to an arrest and short stay in county jail before being released to reoffend without direct intervention. Many of the homeless service providers knew and engaged with these individuals, but there was very little coordination of services and interventions, as depicted in Figure 1.

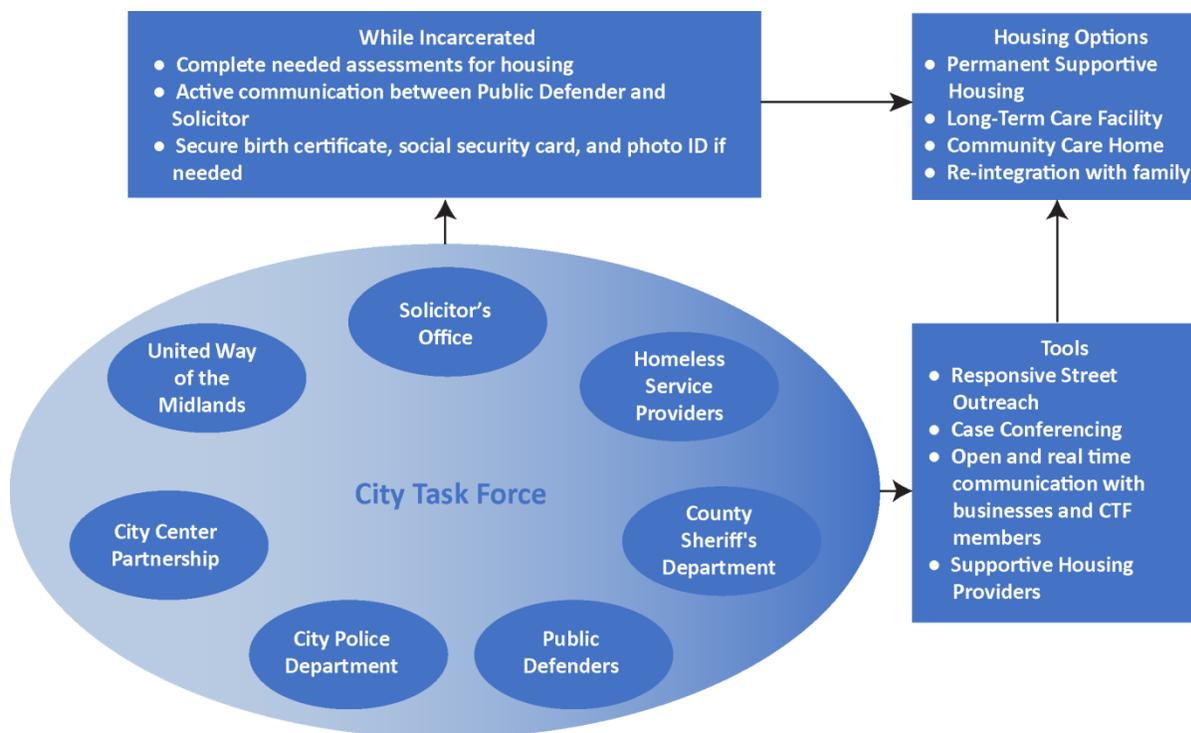
Figure 1. Homeless Service Providers Prior to the CTF



In contrast, the CTF instituted a more coordinated approach to working with those who were in the cycle of arrest, incarceration, release, and arrest (Figure 2). The group began meeting monthly to develop the criteria for those individuals that would be assisted and layout ground-rules that included the focus of conversation on any individual experiencing homelessness as the sole purpose of assisting them in accessing permanent housing. The following is a list of tools and resources the CTF utilizes to successfully assist identified individuals in obtaining housing:

- Well attended monthly meetings where each identified individual is discussed.
- Real-time communication – CTF members call, email, and text one another when information is available. This includes:
  - A police officer encounters an identified individual and call homeless service providers and outreach workers.
  - Downtown businesses contact City Center Partnership and UWM when an identified individual is located.
  - If an individual is arrested, CTF members are notified to begin planning assistance.
  - Monthly updates are provided on encounters and services offered to identified individuals.
- While an individual is incarcerated the CTF does the following:
  - Complete needed assessments for housing
  - Coordinate communication between Public Defender and Solicitor
  - Secure birth certificate, social security card, and photo ID if needed
- Individuals are referred to Case Conferencing
  - Larger network of service providers discusses solutions
  - Permanent Supportive Housing providers share vacancies
  - Broader engagement of Outreach Workers to assist engaging the identified individuals

Figure 2. CTF’s collaborative approach to assist individuals experiencing homelessness



When the CTF first formed, there were 74 individuals who met the establish criteria. Through the efforts of the group 19 people (26%) have been permanently housed, three (4%) were reunited with family, four (5%) elected to be placed in a long-term medical care facility, and two (2%) have passed away. In addition, 27 individuals (36%) have been removed from the list due to having zero engagements with law enforcement in one-year and not engaging with any homeless service provider in six-months. Over the three years since the beginning of the task force, six individuals have been added. Therefore, there are currently 25 individuals the task force is working to get connected to services and permanently housed.

Phillip, mentioned above, was one of the individuals that has been housed with support of the CTF. Here is a brief synopsis of his general demographics, challenges faced, and actions that led to him becoming successfully housed.

### General Demographics

- 58-year-old African American male.
- Known relatives: One brother and two adult children (one is currently incarcerated) that were unwilling to provide support
- Homeless for over 10 years (as known but could have been longer)
- Most recent history 2005-2018 – living outdoors; brief stays with family; Inclement Weather Center and other shelters.
- Disabled with active substance abuse.
- Was top 5 on prioritization list for supportive housing placement.
- 82 service transactions in HMIS from 2004-2018.
- Received \$750 per month (disability benefits).
- Often slept at bus station downtown.
- Frequent arrests for multiple years.

### Challenges

- Severe disability that required use of wheelchair. Provided multiple wheelchairs, including electric wheelchair, that were stolen.
- Disability inhibited his ability to maintain his activities of daily living.
- Consistently refused services.
- No payee to manage disability benefits. Had money and bank card stolen multiple times by a “caretaker”.
- No state issued ID, known address, or birth certificate.
- Multiple reports to Adult Protective Services (APS) were denied

### Actions

- Involved Phillip in each step of the process.
- Consistent communication by all CTF members.
- UWM, Homeless Service Providers, and Public Defender worked collaboratively to:
  - Obtain state issued ID and birth certificate
  - Secure new bank card and remove anyone listed on accounts
  - Obtain medical records needed for permanent placement
- When Phillip was admitted to a hospital, the team engaged hospital staff who filed a new APS report, allowing Phillip to remain in the hospital until permanent housing arrangements were made.
- Phillip chose a long-term care facility from a list of five locations with varying amenities that he felt would be the best fit for him.
- Arranged transportation to the facility that was out of the area.

CTF has proven to be an effective model in breaking the cycle in which many individuals experiencing chronic homelessness find themselves. The team continues to work collaboratively to develop additional tools and resources to improve outcomes. MACH will look to expand this model to other areas throughout the 13-counties to support communities in addressing chronic homelessness.

## TOTAL CARE FOR THE HOMELESS COALITION: CROSS-SECTOR COLLABORATION

One of the ever-present needs within the Total Care for the Homeless Coalition (TCHC) area is accessible and affordable permanent housing for folks dealing with substance use issues. Specific to the space of homelessness and at-risk of homelessness, persons dealing with substance use disorder may need a continuum of services to address their needs. It requires systems and spaces that span across sectors, such as medical, criminal justice system, housing, and the recovery network to name a few. We are agents of social change, working across sectors to increase the housing solutions for our community members dealing with substance use issues and homelessness.

Several of the providers within the TCHC area, working through the complexities of two different systems, include Any Length Recovery (ALR) and Eastern Carolina Housing Organization (ECHO). Both ALR and ECHO have Certified Peer Recovery Specialist (CPRS). Lived experience is integrated into program design, decision making, and leadership.



Any Length Recovery uses an educational residential recovery approach to provide in depth 12 step recovery services. The program asks for a commitment of one year to focus on the persons recovery. While in the program, ALR provides housing, job search and placement, transportation, and other supportive services. Upon successful discharge, housing is a major component that is focuses on, with transitional housing available if needed.

ECHO has a joint component program, called Housing First to Awakenings. It is a permanent housing program serving the subpopulation of folks with substance use disorder, using a harm reduction approach, who are experiencing literal homelessness. This is a program that provides a low barrier, temporary safe space for people to stay in while permanent housing is sought. While the primary focus is on housing, supportive services are provided to connect folks with local agencies to help with the opportunity for becoming healthier.

Additionally, ECHO has a program called Sea-Renity. This is a phased recovery approach for women that focuses on 12 step recovery, everyday living skills, income, community connections, and independence. Sea-Renity provides supportive services, along with opportunities, for women in recovery to essentially learn how to live again in a healthy way without drugs and/or alcohol. Upon discharge permanent housing is a focus area that can be supported with financial support, if needed.

As providers and advocates, we will continue to ultimately work towards effectively ending homelessness by providing permanent housing opportunities. Coordination of services among organizations is key. Below is a list of some organizations that serve as a referral source and/or a provider.

Organization	Location	Services
South Carolina Alliance for Recovery Residences (SCARR)	South Carolina	Certification for Sober Living Programs
Bruce Hall	Florence	Inpatient detox
Sumter Behavioral Health Services	Sumter County	Substance Abuse Treatment and Prevention
Circle Park Behavioral Health Services	Florence County	Counseling, Addiction Services, and Prevention
Shoreline Behavioral Health Services	Conway	Alcohol and Drug Treatment Center
15 <sup>th</sup> Solicitors Drug and Mental Health Court	Horry and Georgetown County	Drug and Mental Health Court
Owls Nest	Florence	Addiction Recovery Program

## UPSTATE CONTINUUM OF CARE: VETERANS COLLABORATION

### Effective Zero for Veterans Homelessness

Since November 2018, the Upstate CoC has redefined its approach to coordinating services for Veterans experiencing homelessness. While case conferencing among Veterans service providers has been ongoing for many years, it wasn't until the end of 2018 that the Upstate CoC formalized its approach to serving Veterans experiencing homelessness. This entailed developing an up-to-date By Name List of Veterans experiencing homelessness, recording systematic and timely data on the progress Veterans experiencing homelessness have made towards housing stability, and structuring the case conferencing sessions to encourage stronger inter-provider collaboration. All of these changes have fostered a higher level of success in our shared mission of serving Veterans experiencing homelessness.



The ultimate goal for our Veterans Master List collaborative is to be the first community in South Carolina to declare an effective end to Veterans Homelessness. This means we, together, have built a homeless response system that supports long-term, lasting solutions that can effectively and efficiently provide permanent housing solutions to Veterans actively experiencing homelessness.

To achieve this designation, the United States Interagency Council on Homelessness (USICH), Department of Housing and Urban Development (HUD), and the Department of Veterans Affairs (VA) have developed the *Criteria and Benchmarks for Ending Veterans Homelessness*. These qualitative and quantitative measures are what the Federal Partners will examine upon a community's submission for designation.

## 2020 South Carolina State of Homelessness Report

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### Who's Commonly at the Table?

Achieving effective zero for Veterans homelessness requires collaboration. Below is an example of Upstate CoC providers collaborating in this effort:

Agency and Program	Service Provided
<i>Alston Wilkes Society SSVF</i>	Provides case management and short-term financial assistance for Rapid Rehousing purposes, street outreach, homeless prevention, and serves as a primary intake point for Veterans.
<i>Housing &amp; Urban Development – Veterans Affairs Supportive Housing (HUD-VASH)</i>	Provides ongoing intensive case management, connects veterans to HCV via the Housing Authority, engages in street outreach, intake services, and provides a vast array of other supports
<i>Alston Wilkes Society Grant and Per Diem Transitional Housing</i>	Provides transitional housing for Veterans, case management, and connection to additional community resources to resolve homelessness
<i>Upstate Warrior Solution</i>	Connects Veterans to community resources, helps with Veterans benefits, serves as intake point for Veterans experiencing homelessness
<i>Fellow Countrymen</i>	Operates transitional housing and emergency shelter services, case management, substance abuse counseling, and support groups
<i>Operation Rehabilitation</i>	Operates transitional housing properties in Spartanburg County for Veterans and their families
<i>Upstate CoC/United Housing Connection</i>	Creates and maintains the Veterans Master List, leads the bi-weekly meetings, connects service providers to respond to specific cases, completes intakes on newly identified veterans, and will spearhead the eventual submission for effective zero recognition

# 2020 South Carolina State of Homelessness Report

## What is our Process?

Using the USICH-endorsed Master List Template Tool (screenshots to the right) we keep track of the progress being made we every Veteran actively experiencing homelessness. The Master List provides a backbone to our collective work. Every week, new identified Veterans experiencing homelessness are added and Veterans are removed (via placement in housing, lack of contact with service providers, or self-resolution). Updates are predominantly provided during a bi-weekly Veterans Master List meeting (held every two Fridays). At the meeting, cases are coordinated between service providers, updates on Veterans progress towards housing are provided, and placements into housing are celebrated. The tool helps to track our progress towards the Federal benchmarks.

Our shared goal is to submit for recognition and achieve the Federal Criteria and Benchmarks in 2021. Focus will first be on declaring for Greenville County. Then, we will direct attention towards the rest of the Upstate CoC service area with the goal of declaring effective zero for the entire CoC service area by 2022.

## Our Progress So Far

From November 2018 to August 2020, we have recorded 297 Veterans experiencing homelessness as engaged with the Veterans Master List process. Of that total, 147 (49%) have been documented as permanently housed (either through the assistance of a Veterans service provider or through self-resolution). An additional 33 (11%) have been non-permanently housed (living with a friend, family member, in a hotel, etc...). That leaves 49 Veterans (17%) currently on our “Active” list – persons we are currently working the serve -- and 68 Veterans (23%) who have unfortunately dropped out of communication with service providers.

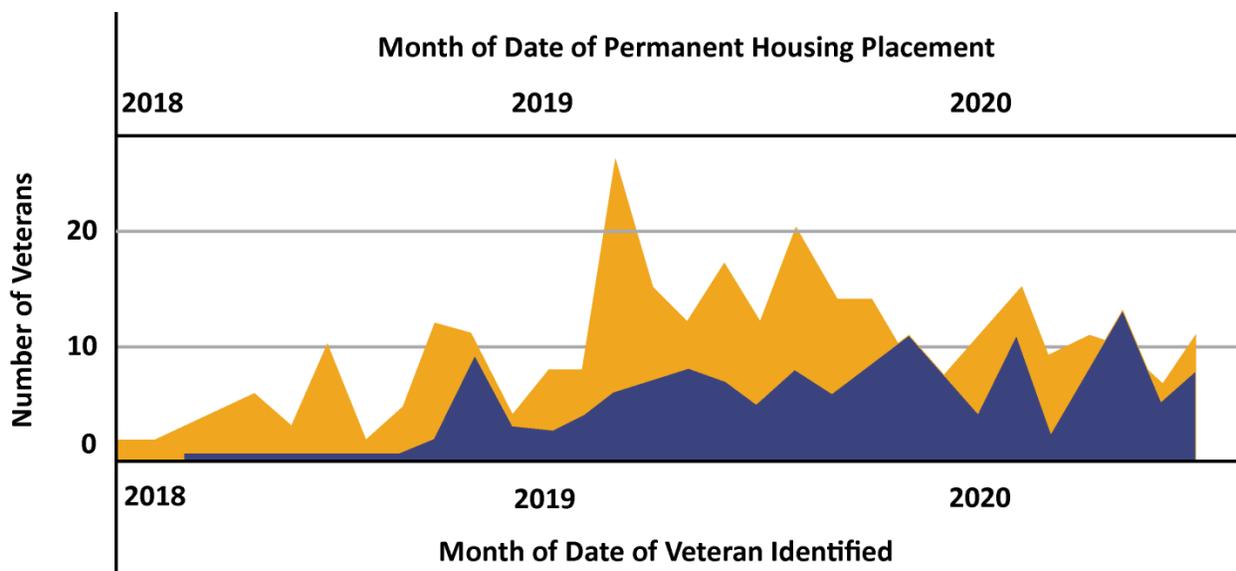
One major indicator of an effective Veterans homeless response system is gleaned from analyzing the “Inflow vs. Outflow” statistics. Inflow corresponds to newly-identified Veterans who are experiencing homelessness and in-need of housing assistance. “Outflow” corresponds to Veterans who have moved-in to permanent housing. An ideal system would show the number of persons housed consistently exceeding the number of newly identified homeless Veterans. Below is a chart that visualizes the trends in our Inflow (YELLOW shading) and Outflow (BLUE shading).

Federal Benchmarks Generation Tool Ver. 3/22/2019			
Number of Veterans experiencing homelessness as of end of file of report	49	To Use: Enter an "End Date" and click "Calculate Benchmarks" for results. See instructions for further guidance.	Calculate Benchmarks
Start Date	5/21/2020	End Date	8/19/2020
90 day look-back period:			
<b>A. Have you ended chronic and long-term homelessness among Veterans in your community?</b>			
Target: Zero chronic and long-term homeless Veterans as of date of review, with exceptions indicated below.			
Total number of chronic and long-term homeless Veterans who are not in permanent housing as of end date above:			9 A1
Exempted Group One	Total number of chronic and long-term homeless Veterans who have been offered, but not yet accepted a PH intervention offer and where the last PH intervention offer was within 14 days of the end of the 90 day look-back period	0	A2
Exempted Group Two	Total number of chronic and long-term homeless Veterans who have been offered a PH intervention, but have chosen to enter service-intensive transitional housing in order to appropriately address a clinical need, prior to entering a permanent housing destination	1	A3
Exempted Group Three	Total number of chronic and long-term homeless Veterans who have accepted a PH intervention offer, but not yet entered permanent housing and where the first acceptance of a PH intervention offer occurred during the 90 day look-back period	0	A4
Total Chronic and Long-Term Homeless Veterans - Total Number of Veterans in Exempted Groups 1, 2 and 3 -			8
Benchmark A achieved?			No
<b>B. Do Veterans have quick access to permanent housing?</b>			
Target: For homeless Veterans placed in PH in last 90 days, excluding exceptions indicated below, the average time from date of identification to date of PH move-in is less than or equal to 90 days.			
Total number of Veterans who moved into permanent housing			23 B1
Exemption Group 2: Do NOT include people who were offered a permanent housing intervention but chose to enter a service-intensive transitional housing project prior to entering a permanent housing destination. Number of Veterans offered PH intervention, but declined the offer and chose TH prior to PH destination			0 B2
Total net number of Veterans who moved into permanent housing (B1 - B2):			23 B3
Total number of days it takes for all Veterans who become homeless to enter permanent housing			3159 B4
Days between date of identification to PH move-in for all Vet PH offers. Exemption Group 3: For any Veteran who was identified and offered a permanent housing intervention, but did not initially accept the offer, include only the time from when they accepted the intervention until they moved into housing. Total days			
Total Number of Days ÷ by Total Net Number of Veterans -			137
<b>C. Does the community have sufficient permanent housing capacity?</b>			
Target: In the last 90 days, the total number of homeless Veterans moving in to permanent housing is greater than or equal to the total number of newly identified homeless Veterans.			
The total number of Veterans exiting homelessness to permanent housing:			23 C1
The total number of newly identified homeless Veterans:			28 C2
Benchmark C achieved?			No
<b>D. Is the community committed to Housing First and provides service-intensive transitional housing to Veterans experiencing homelessness only in limited instances?</b>			
Target: In the last 90 days, the total number of homeless Veterans entering service-intensive transitional housing is less than the total number of newly identified homeless Veterans.			
The total number of Veterans entering service-intensive transitional housing:			3 D1
The total number of newly identified homeless Veterans:			28 D2
Benchmark D achieved?			D1 must be significantly below D2

## 2020 South Carolina State of Homelessness Report

As can be seen, there have been two instances where in a given month, the number of Veterans housed has outpaced the number of new Veterans identified. While progress remains to be made, the collaborative process the Veterans service providers has established has helped to increase the frequency of exits to permanent housing.

### Homeless Veterans identified vs Veterans Housed



### Moving Forward

The Upstate CoC Veterans Master List collaborative has made great strides in our collective work to coordinate services across providers for smooth facilitation of housing opportunities. However, a number of avenues for growth remain. Some of these opportunities for growth include:

1. Developing a wider network of partner landlords who are willing to accept Housing Choice Vouchers (HUD-VASH) and rent to SSVF participants for short term rental assistance
2. Generating solutions for Veterans who are not eligible for VA-funded resources (over-income, not qualified for services, or choose not to move forward with VA-funded projects)
3. Advocate for Housing Authorities in the CoC catchment-area to apply for HUD-VASH vouchers
4. Establish more local government support (City & County) for our work. This includes additional flexible funding, public relations support, and municipal staff engagement in the process.
5. Development of a One-Stop-Shop for Veterans experiencing homelessness. This resource center could be the starting point for many Veterans' exits from homelessness.

The Upstate CoC is committed to achieving effective zero for Veterans homelessness. We appreciate the progress that has been made collaboratively connecting Veterans experiencing homelessness to housing. The work remains ahead of us; however, through continued collaboration, partnerships, and creative thinking we will continue to grow in our ability to serve those who served us.

The SCICH goal is to end homelessness and advocate at the state and federal level for policies to improve services to people who are homeless.

