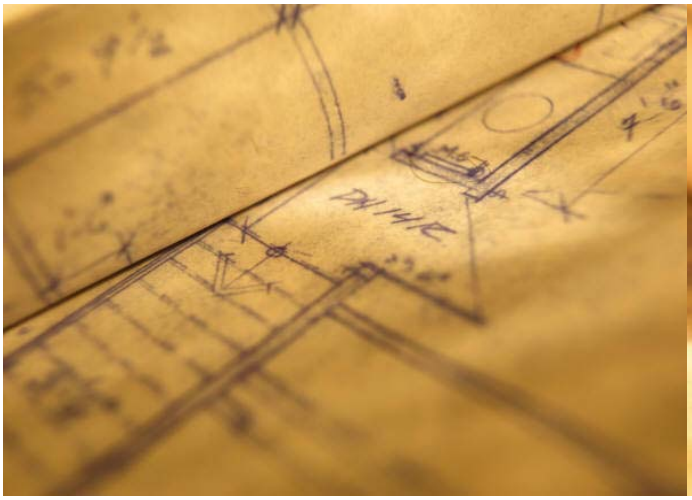
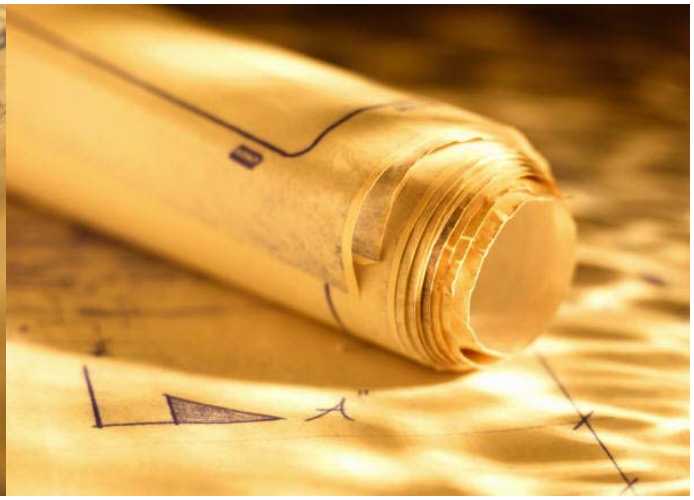
STATE OF SOUTH CAROLINA

BLUEPRINT TO END HOMELESSNESS IN SOUTH CAROLINA





Submitted by the
South Carolina Council on Homelessness

November 2004

BLUEPRINT TO END HOMELESSNESS IN SOUTH CAROLINA

A Ten Year Plan

November 2004

INTRODUCTION

Homelessness is a complex problem that is rooted in the persistent poverty and deep disparities in development and access to opportunity in South Carolina. Ending homelessness is complicated by the lack of a state policy on homelessness, poor targeting of resources and a lack of coordination among public and private providers charged with serving people who are homeless.

In January 2003, the state participated in a federally sponsored "policy academy" on chronic homelessness designed to inspire and support state development of ten year plans to end chronic homelessness. The policy academy team, comprised of state, federal and nonprofit agency representatives, drafted vision and mission statements and a work plan to address homelessness. In March 2003, Governor Sanford appointed George Gintoli, State Director of the Department of Mental Health, as the official contact for South Carolina to the US Interagency Council on Homelessness. Toward improving the housing and service delivery system for homeless individuals and families in South Carolina, the first South Carolina Council on Homelessness was convened in November 2003 (see attached list of 2004 Council members). The mission of the SC Council on Homelessness is to develop and implement a state plan that better targets resources to serve people who are homeless and at risk of homelessness in South Carolina. The Council respectfully submits the attached state plan to end homelessness in South Carolina for Governor Sanford's review and endorsement.

HOMELESSNESS IN SOUTH CAROLINA: AN OVERVIEW

In South Carolina, the primary responsibility for planning, developing and implementing homeless programs rests with regional coalitions of housing and service providers and community leadership (see attached map of coalitions). While local responsibility allows for flexibility and responsiveness to particular conditions, the capacity and mission of these coalitions vary greatly. Reliance on regional coalitions and the lack of a state policy or office on homelessness prevents the strategic targeting of existing or leveraging of new resources to address a complex and costly problem.

Over the last few years, **estimates of the number of people who are homeless in SC at a single point in time range from 7,500 to 13,000** (data from regional coalitions). A rough estimate of the number of beds in homeless shelters or transitional housing programs in the state is 2,100. The state targets almost no funding to address homelessness and federal resources are administered across a number of agencies with little or no coordination. The Governor's Office administers Federal Emergency Shelter Grant Program funds ($1.4M), the SC State Housing Development and Finance Authority administers Federal HOME funds ($14-15M) and State Housing Trust Funds ($8-9M), regional coalitions are eligible to compete for US Department of Housing and Urban Development (HUD) Supportive Housing Funds ($8-9M), the Department of Commerce administers HUD Community Development Block Grants ($27-28M), the SC Department of Mental Health targets funding to housing and homelessness ($1.5M), and the state receives block grant funding for substance abuse, mental health and social services, all three of which the Federal government intends for the treatment of people who are homeless. In spite of the involvement of all of these agencies, no single agency or office is responsible for oversight of homeless programs. This compromises **accountability** -we do not know how much local federal or state funding is spent on homelessness. And while individual providers or coalitions can sometimes provide data on the impact of their programs, it is impossible to gauge how well the state is serving the poorest of the poor. The lack of a state policy office results in the loss of funding and therefore services and housing in different areas of the state. The lack of state direction and resources also makes it difficult to address systemic barriers to improved treatment such as the lack of capacity among state agencies and nonprofits to provide sufficient housing and services to meet the complex needs of South Carolina's homeless population. In addition, there is an uneven distribution of services in rural and urban areas and a lack of attention to the particular needs of the homeless when other policies are developed to address quality of life such as education and economic development.

HOMELESSNESS DEFINITION AND SCOPE

In contrast to the broad and multifaceted meanings associated with "home," (housing, a social unit, a place of security, a financial asset, a place of origin or rootedness), the understanding of "homelessness" often is reduced to "house-lessness." Homelessness is characterized by the lack of permanent housing, but to fully address the causes and implications of homelessness requires an understanding of the displacement, social disruption and insecurity experienced with the lack of reliable residence. Since its emergence as a social issue in the 1980s, a typology of homelessness has been developed to describe the variety of homeless experiences. Because HUD provides most of the targeted funding for homelessness, the following HUD definition is commonly used.

> ***The term "homeless" or "homeless individual or homeless person" includes-- (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is: A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); B) an institution that provides a temporary residence for individuals intended to be institutionalized; or C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings.***

Most providers would include people who temporarily are living with other people in the definition of homelessness. Often referred to as **the "doubled up" population**, this includes people who, lacking their own permanent housing, stay with friends or family for short periods of time. They may or may not contribute to the household materially or in-kind. National and local studies suggest that the experience of "doubling up" is closely associated with other forms of homelessness. Because "doubling up" is a coping strategy frequently adopted by families and used in rural areas that lack housing programs, it is important to consider this type of homelessness in the state's plan to end homelessness.

The White House has focused federal policy on ending chronic homelessness. According to HUD, a person is **chronically homeless** if he or she is an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. A disabling condition is defined as a "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability including the co-occurrence of two or more of these conditions." To be considered chronically homeless a person must have been sleeping in a place not meant for human habitation (e.g. living on the streets) and/or in an emergency homeless shelter at that time. The chronically homeless population is estimated to represent from 10-20% of the total homeless population. People who are chronically homeless are considered "hard to reach." The multiple challenges they confront such as mental illness, chronic substance use disorders, physical disabilities or other chronic health conditions, make it difficult and costly to serve them. Recent research suggests that targeting programs to their needs and moving them into permanent, supportive housing is cost effective in the long run. Innovative strategies include "safe havens," a form of low demand housing that relies on extensive outreach to engage people on the streets, meeting their basic needs like safe housing and food while building sufficient rapport to engage them in programs to treat their chronic problems.

The diverse population of homeless people includes other subpopulations with specific needs. Women and families who are **victims of family violence** require safe houses, counseling and follow-up support. **Families who are homeless** require the full range of support services such as lifeskills, employment support, housing, and also a full array of services for children and youth including education and child care. A significant percentage of individuals and persons in families also require treatment and support to manage **mental illness** and/or **substance abuse.** An estimated 10% of the homeless population are **veterans** and require access to benefits from Veterans Affairs and sometimes specialized treatment.

Current strategies for reducing homelessness and in particular for shortening the length of time individuals and families are homeless include "**housing first**," the strategy of getting people into permanent housing as soon as possible after crisis stabilization then providing services while in the housing. The lack of affordable permanent housing across the state is a serious obstacle to implementing this strategy. Several regions in the state also lack the shelters to provide crisis stabilization.

Current strategies also emphasize **improving access to mainstream resources** (Medicaid, Temporary Assistance for Needy Families or TANF, Social Security programs) and reviewing **discharge policies** of public and private institutions (correctional facilities, hospitals, mental health facilities) to prevent homelessness. The State Homeless Council is a key mechanism for realizing these strategies.

PLANNING PROCESS

This draft plan is the product of Council discussions during regular meetings and a 1 ½ -day work session held in September 2004. The Council developed the plan from experience and knowledge of homelessness in South Carolina. Additional data is necessary to quantify some of the goals and strategies. The Council's plan (see Goal Five) for additional data collection will inform and equip the Council and the state to evaluate the impact of strategies on the overall goal of ending homelessness in South Carolina in ten years.

VISION

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

PRINCIPLES

The Council's work is guided by the following principles:

1. A viable plan should create a complete and sustainable continuum of housing options for people experiencing or at risk of homelessness.
2. The continuum of care should provide services that address factors that cause and prolong homelessness.
3. A "seamless" integrated delivery system would effectively link homeless individuals and families with public and private programs.
4. The development and implementation of an effective plan will require broad consensus and participation from leadership of key public and private stakeholders.

To accomplish this vision based on adopted principles, the SC Council on Homelessness offers the following goals, objectives and strategies.

PREVENTION

Joe M. was an inmate at a local jail. He had been arrested for nonpayment of child support. Because of his arrest and incarceration, he had been terminated from his job and was evicted from his apartment. While in jail, a nonprofit organization that specializes in assisting former inmates worked very closely with Joe to plan for his life after incarceration. Joe was sentenced to probation and was referred to a supervised transitional housing program owned and managed by the nonprofit organization. He also received assistance in securing a job that matched his skills. Over a twelve-month period, he was able to work and save enough money for a security deposit and first month's rent for his own apartment. Joe is still employed, living independently and is now current on his child support payments.

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

Objectives:

1. Develop and adopt standards for discharge or release of institutionalized individuals (e.g. persons discharged from psychiatric or medical/surgical hospitals, persons released from prisons/jails) by December 2005 to avoid direct discharge/release to homeless shelters that are unable to meet the supportive service needs of the discharged/released individuals.

2. Amend the Residential Landlord-Tenant Act by July 2007 to establish an escrow account for repairs when landlords do not maintain their properties, therefore preventing housing stock from deteriorating and eventually leaving a family homeless due to local building code enforcement procedures.

Strategies:

1. Assess the number and needs of persons being discharged from prisons, jails, public and private psychiatric hospitals and private hospitals to homeless shelters to determine the scope of issue statewide.

2. Research successful models of state discharge/release policies and secure technical assistance by national intermediaries to provide on-site training to develop effective discharge policies for SC.

3. Assess the need for new or reallocation of existing resources to implement state discharge policies (e.g. staff training).

4. Partner with the Board of Realtors, Apartment Association, Appleseed Legal Justice Center to amend the Residential Landlord-Tenant Act based on the Ohio model.

5. Identify sources of funding for emergency rent/mortgage payments, security/utility deposits to prevent eviction of renters or foreclosure of homeowners.

6. Partner with the SC Vocational Rehabilitation Department, Employment Security Commission, and Department of Commerce to address the training/retraining needs of displaced workers to prevent homelessness.

HOUSING

Catherine F became homeless after a divorce that left her without housing, income or prospects for the future. After entering a transitional housing program, she obtained a nursing degree from a local technical college. Upon graduating, she became employed with a local hospital and has purchased her own home.

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

Objectives:

1. Develop sufficient permanent housing units targeted to people who are homeless by December 2014 (regional Continuum of Care Applications report more than 7,500 people are homeless at a given point in time).

2. Develop sufficient units targeted to other individuals and families with incomes of at or below 30% of the area median income to prevent homelessness by December 2014 (based on 2000 Census).

3. Develop additional units targeted to cost-burdened renters (people spending more than 30% of household income on housing costs; data based on 2000 Census), and individuals and families currently on waiting lists at public housing authorities (more than 17,000 on Section 8 rental assistance waiting lists in 2001) by December 2014.

4. Develop additional permanent supportive housing units specifically for persons with disabilities and other special needs (approximately 20% of the population is disabled) by December 2014.

5. Construct a minimum of five short-term emergency/transitional supportive housing developments (e.g. Orangeburg, Aiken, Barnwell, Hampton/Jasper/Colleton, Newberry, and Greenwood Counties).

6. Obtain sufficient rent support or operating subsidies for 100% of the new housing developed to ensure affordability for target populations and feasibility of housing programs. (Typically operating subsidy supports short-term housing and rent support supports permanent housing. Low incomes of most of the targeted populations noted above means they will require an average of $300/month in rent subsidy.)

Strategies:

1. Examine current uses of federal block grants, competitive grants and housing funding sources at the state and local levels (e.g. State Housing Trust Fund, Local and State HOME Programs, Local and State Community Development Block Grant Programs, Local and State Emergency Shelter Grant Programs). Develop strategies to target a portion of these funds for homeless services and housing.

- **A.** Ensure regional coalitions secure all available HUD Continuum of Care funds by expanding the technical assistance and staff capacity needed to ensure quality applications for funding.
- **B.** Develop strategies for targeting block grant service funds to meet the needs of homeless populations.
- **C.** Streamline application processes for housing developments targeting homeless populations, including the coordination of deadlines and application forms of federal and state administered funds.

2. Identify or develop new resources to increase production of affordable housing units targeted to homeless populations (e.g. State Low Income Tax Credit Program).

3. Identify or develop new resources to increase rent support or operating subsidy to sustain housing developments or programs targeting homeless individuals and families.

- **A.** Pursue partnerships with public housing authorities to prioritize homelessness for public housing programs, including the targeting of HUD Section 8 rent subsidies (tenant-based and project-based) for permanent supportive housing for homeless persons.
- **B.** Encourage Continuum of Care coalitions to apply for HUD Shelter Plus Care and Supportive Housing Program funds that will provide rental assistance to supportive housing developments for disabled homeless individuals and their families.

SERVICES

Wanda C was living on the streets and suffering from a mental illness. The local mental health center homeless outreach worker began working with her and now she is housed, receives daily case management and takes her medicines regularly. She is a person of considerable influence with the other tenants in her apartment complex and was instrumental in getting the residents to begin a vegetable garden last summer. She has a small SSI income.

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

Objectives:

1. Increase the number of "street" homeless outreach workers in urban and rural areas (e.g. targeting persons with serious mental illnesses, HIV/AIDS, runaway youth) by December 2007.

2. Increase low demand options for "street homeless" (e.g. safe havens, wet/damp shelters). A **safe haven** is a form of supportive housing in which a structure or a clearly identifiable portion of a structure: (1) serves hard-to-reach homeless persons with severe mental illnesses who are on the streets and have been unable or unwilling to participate in supportive services; (2) provides 24-hour residence for an unspecified duration; (3) provides private or semi-private accommodations; (4) may provide for the common use of kitchen facilities, dining rooms, and bathrooms; and (5) in which overnight occupancy is limited to no more than 25 persons. A safe haven may also provide supportive services on a drop-in basis to eligible persons who are not residents. **Wet/damp shelters** generally refer to shelters that provide temporary refuge for homeless persons who are intoxicated (as opposed to jails or the streets). Wet shelters allow the homeless individuals to continue to consume alcohol on the premises and damp shelters do not allow alcohol consumption in the shelter.

- **A.** Develop at least one wet/damp shelter in every metropolitan area in SC (minimum of 5 statewide).

B. Develop at least one safe haven that targets individuals defined as chronically homeless in every metropolitan area n SC (minimum of 5 statewide).

3. Expand access to federal mainstream support services by persons experiencing homelessness and at risk of homelessness (e.g. Medicaid, TANF, Supplemental Security Income (SSI), Children's Health Insurance Program (CHIP), Workforce Investment Act, Food Stamps, Veterans Health Care and Benefits) by December 2009.

Strategies:

1. Determine the number of new outreach workers needed and identify resources to fund homeless outreach workers (e.g. targeting existing resources, applying for federal competitive grants).

2. Partner with local primary care, mental health, and substance abuse treatment providers to maximize funding from HUD Continuum of Care and US Department of Health and Human Services (HHS) Health Care for the Homeless programs for the development of safe havens and related supportive services.

3. Identify obstacles that prevent homeless individuals and families from accessing mainstream services (Medicaid, TANF, SSI, CHIP, ABC child care vouchers, Workforce Investment Act, Food Stamps, Veterans Health Care and Benefits) and identify strategies to address obstacles that can be implemented through Council partnerships.

4. Partner with State HHS to identify new streamlined approaches to increasing access to Medicaid by homeless individuals and families (e.g. presumed eligibility, coordinated eligibility qualification procedures with Social Security Administration, Veterans Affairs, SC Department of Social Services, Employment Security Commission, Vocational Rehabilitation).

5. Increase collaboration among public and private service agencies to expand mainstream and specialized services targeting homeless individuals and families, including behavioral, primary and dental health care, employment, transportation and child care services (e.g. partnerships between state agencies and United Way).

Ronnie M was living at a local emergency shelter. He had no income, no way of paying for his housing and no work prospects. He was very depressed, anxious and withdrawn. The case manager at the local homeless nonprofit agency took him to the mental health center where he found help with his depression and an entitlement specialist worked with him to secure SSI. He is now living at a permanent rental housing development where he has an active social life and is receiving services from Vocational Rehabilitation and looking for employment.

COUNCIL EFFECTIVENESS AND ACCOUNTABILITY

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

Objectives:

1. Develop a public information strategy for the Council's ten year plan by December 2005.

2. Develop a legislative agenda for the Council's ten year plan by December 2005.

3. Report to the Governor and Legislature on Council progress semi-annually, including an annual report on the state of homelessness in SC by June 2006.

4. Create a web-based homeless resource directory to facilitate regional referrals for housing and services by August 2005.

Strategies:

1. Create or assign a state level office to be accountable to the Governor and Legislature on homelessness and to foster the development of strategies and monitor progress of plan implementation.

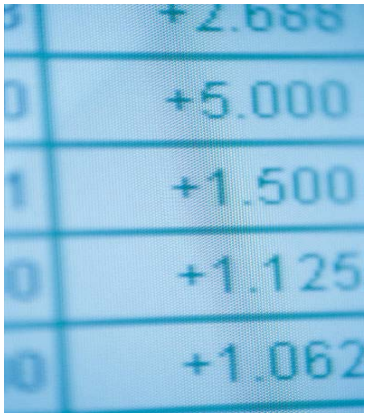
2. Examine Council composition and identify additional stakeholders needed to implement the plan (e.g. representatives of hospital association, chambers of commerce).

3. Develop a protocol to disseminate information to Council members, regional coalition leadership and other partner agencies and organizations, such as new funding opportunities, data reports, and press coverage (e.g. Internet list serve or Web site).

4. Establish a process to educate, inform and engage active support of key leadership for plan implementation, such as state leadership, legislators, local government leadership (mayors, city/county administrators, city/county managers), community leadership (chambers of commerce, tourist associations, law enforcement, hospital administrators, advocates/homeless service providers, schools, foundations, realtors association, faith organizations, service and civic organizations).

5. Collaborate with other councils, commissions or advocacy organizations to determine if they have legislative or policy issues aligned with the goals of the Council and to explore the possibilities of partnering on these public policy efforts.

DATA



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

Objectives:

1. Utilize data from the 2005 HUD Continuum of Care applications to determine statewide baseline homeless data by August 2005.

2. Develop a statewide homeless information system using periodic ongoing extracts from the Homeless Management Information System (HMIS) from each regional coalition. As agreed upon by the participating organizations, the statewide homeless information system should become a part of the SC Data Warehouse. As a part of the SC Data Warehouse, this system can be linked as appropriate to other systems as agreed upon by the participating organizations. Through these linkages, assess the extent and cost of homeless services provided statewide by December 2005.

3. Develop a model for the aggregation of all the available homeless data reports (aggregate and point-in-time) and develop other necessary homeless data reports using information through the SC Data Warehouse. Partner with the regional coalitions (through HMIS) and the Budget and Control Board to issue an annual homeless data report by June 2006 (included with the annual report on the state of homelessness in SC).

4. Partner with Council member agencies to assess housing needs for homeless individuals and families and establish annual production goals in Memoranda of Agreement by August 2006.

Strategies:

1. Establish a mechanism to fund the ongoing data collection and analysis to be completed by the Budget and Control Board.

2. Establish a mechanism to fund the ongoing evaluation of homeless housing and services.

3. Develop a data report format that will be concise and effective for public policy purposes.

4. Utilizing available HMIS, state data, and any other available homeless information, annually evaluate and assess the impact of policies based on rate of return on investment.

SC COUNCIL ON HOMELESSNESS PROGRESS TO DATE

January 2003
South Carolina participates in federally sponsored Policy Academy on Chronic Homelessness. Creates vision and outlines critical tasks for ending homelessness. Policy Academy team continues to meet to implement tasks.

March 2003
Governor Mark Sanford appoints George Gintoli, State Director of the Department of Mental Health, to serve as SC contact for the federal Interagency Council on Homelessness. Mr. Gintoli meets with Policy Academy team.

November 2003-July 2004
SC Council on Homelessness is convened. Data committee investigates improved collection and coordination of data on homelessness. Council members participate in the Reentry Interagency Collaborative Team initiative, chaired by the Department of Corrections, to improve discharge/release planning from correctional facilities to prevent homelessness. Homeless service providers regularly present best practices from around the state to the Council.

September 2004
Council members participate in 1 ½ -day planning session to outline a plan to end homelessness in South Carolina.

November 2004
State plan to end homelessness presented to Governor Sanford and released to the public.

SC COUNCIL ON HOMELESSNESS 2004 MEMBERSHIP

George Gintoli, State Director
Department of Mental Health
Council Chair

Mike Easterday
Department of Health & Human Services

Diana Tester
Office of Research and Statistics
Health and Demographics

Gail J. Smith
State Homeless Coalition

Bertie McKie, Interim Director
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Caroline Carman
Department of Health and Environmental Control

Wilbert Lewis
Department of Social Services

Dr. Joseph Ray
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Kerry Mandeville
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W. Lee Catoe, Director
Department of Alcohol and Other Drug Abuse Services

Anita Floyd
United Way of the Midlands
Policy Academy on Chronic Homelessness

Sammie Brown
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Rhonda Grant
Department of Probation, Parole and Pardon Services

Brenda Myers
Department of Education

Sam Pike
Employment Security Commission

Patricia Bradford
VA Medical Center

Kirk Van Laan
Community Planning and Development
US Department of HUD

Lathran Woodard
Primary Health Care Association

Ed Knight, Interim Executive Director
State Housing Finance and Development Authority

Michele Murff
Department of Mental Health
Council Staff

Homeless Continua of Care in South Carolina