

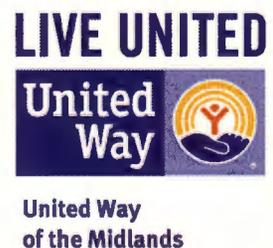
Response to City of Columbia, SC Request for Information

RFI #00001-13-14

Submitted by:
United Way of the Midlands
www.uway.org

Midlands Area Consortium for the Homeless
www.midlandshomeless.com

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Project: Homeless Services for the City of Columbia

SUBMITTAL FORM

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In partnership with the Midlands Area Consortium for the Homeless (MACH), United Way of the Midlands (UWM) is pleased to offer this response to the City of Columbia's Request for Information (RFI) to assist in crafting a comprehensive request for proposals for homeless services.

The response was created through a collaborative planning process of both MACH members and other stakeholders. Feedback was also solicited from the Downtown Neighborhood Coalition. The following organizations participated in the RFI response:

Alston Wilkes Society
Catholic Charities
Columbia Area Mental Health Center
Columbia Housing Authority
Eau Claire Cooperative Health Centers
Family Shelter
Growing Home Southeast
Healing Properties
LRADAC
Mental Illness Recovery Center Inc.
Midlands Area Consortium for the Homeless
Midlands Housing Alliance/Transitions
Midlands Housing Trust Fund
Oliver Gospel Mission
Palmetto AIDS Life Support Services
Salvation Army of the Midlands
SC Appleseed Legal Justice
SC Department of Mental Health
The COMET
Trinity Housing Corporation/St. Lawrence Place
United Way of the Midlands
University of South Carolina, Supportive Housing Services
Wateree Community Actions
The Women's Shelter

The scope of the City's RFI is broad. The MACH/UWM collaborative response offers specific recommendations for City policy and funding that integrate into and strengthen the current well-developed system of care.

This response addresses all 16 questions. Some of the questions, like question #8 regarding transportation, are discrete but many others, e.g. questions about funding and collaboration overlap. In our response, we identify questions as we answer them to accommodate the many related issues. Each section identifies the questions being considered, offers some

discussion of the issue and concludes with recommendations in bold. To assist RFI reviewers who wish to focus on specific questions, we offer the following index of questions with page references of responses:

Index of responses by questions

RFI Question #	Reference page of response
RFI Question #1	Pages 41-42
RFI Question #2	Pages 24-28
RFI Question #3	Pages 11-24
RFI Question #4	Pages 11-24
RFI Question #5	Pages 11-24
RFI Question #6	Pages 34-39, Additional research information on Pages 20-21
RFI Question #7	Pages 7-10, Pages 32-39
RFI Question #8	Pages 28-30
RFI Question #9	Pages 11-24
RFI Question #10	Pages 31-32
RFI Question #11	Pages 40-41
RFI Question #12	Page 40
RFI Question #13	Pages 7-10, Pages 30-32
RFI Question #14	Pages 24-28
RFI Question #15	Pages 7-10
RFI Question #16	Pages 11-24

I. Principles guiding the partnership's response

Collaboration: Homelessness is a complex, multi-faceted issue that requires collaboration at the systems level to support coordination and quality of care, and at the client level to meet the unique array of services each individual may require.

Regionalism: While the City has initiated new discussions that primarily address homelessness as it affects the downtown community, the partnership recognizes that fully serving those who are homeless in our community requires a regional approach.

Dignity: The partnership endorses programs that treat individuals with dignity, meaning we support people on their individual journeys to become self-sufficient, realize their potential and receive quality services from qualified professionals in programs demonstrated to be effective.

Compassion: It is fundamental that we view and treat those who are impoverished or limited because of poor health, disabilities or other circumstances with empathy and a desire to help and that we resist labels, categories or descriptions that diminish or dismiss them or their abilities.

Accountability: The partnership operates with accountability. We operate from common goals of supporting people who are homeless to secure permanent housing, increase their income and achieve self-sufficiency. We are accountable to our public and private funders for achieving these goals individually and collectively. We participate in a common data management system to facilitate accountability.

Stewardship: To maximize local use of resources to serve people who are homeless, partners collaborate to secure and share funding wherever possible and leverage resources like the HUD Continuum of Care.

II. Assumptions

The partnership made some assumptions in developing this response. The response offers **ideas to guide the City’s policy for the next five years.** While the City of Columbia’s goal may be to diminish its investment in homeless services in the next few years, addressing any community issue from tourism to jobs to health and safety requires a long term investment. We believe it will **serve the City’s goals for downtown development to increase its investment in strategies that address homelessness.**

It is also worth observing that communities with the greatest success in addressing homelessness have developed and then committed to particular strategies. The City commissioned or sanctioned ten reports or studies on homelessness and housing between 1989 and 2013, including two City sponsored planning efforts in the past year. Additionally, the city’s required five-year federal consolidated and annual action plans address housing and homelessness and a City strategic plan. While many elements of the City’s ten year homeless plan, the *Blueprint to Address Homelessness*, were implemented by the private sector, the City did not commit to strategies of that plan. We welcome the adoption of a policy by the City and look forward to a commitment from the City to a partnership and a clear course of action addressing homelessness for the next five years.

Table 1: Recent plans for addressing Homelessness and Housing in the Midlands

Date	Title of Plan
1989	Our Homeless – A Report by the Community Committee for the Homeless
1996	Homeless Report - Community Committee for the Homeless
1997	Report to the Committee – Steering Committee on Homelessness
2000	Midlands Commission on Homelessness - Task Force Report on Emergency Services
2001	Report and Recommendations – Midlands Homelessness Commission
2005	Blueprint to Address Homelessness
2006	Affordable Housing Task Force Report
2010	One Columbia Transition Report
2013	Columbia Cares and the Emergency Response
2013	Homeless Task Force Report

III. Expertise of Respondents

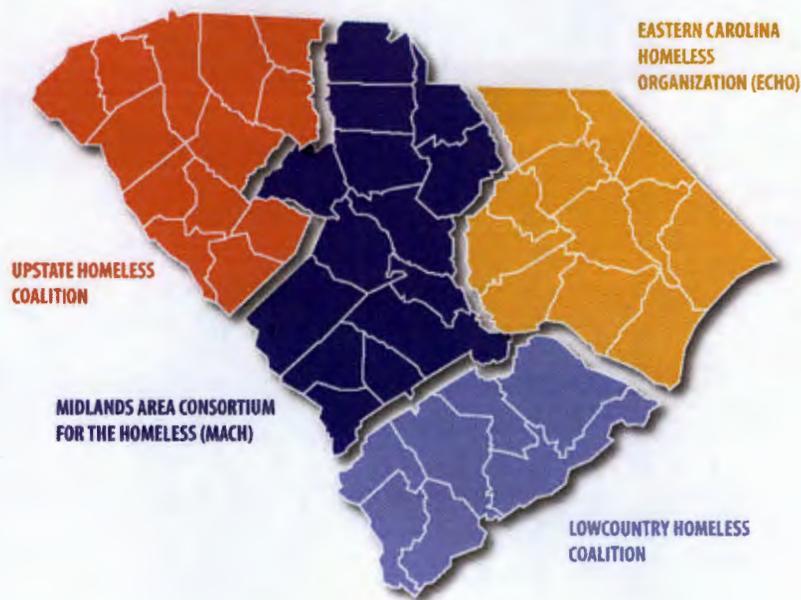
United Way of the Midlands (UWM), established in 1925, works to address critical health and human service needs in the Midlands through grant funding, public policy, and direct work with initiatives. UWM has grown in membership to more than 90 certified partner agencies with an annual community impact over \$17 million in 2013. UWM is supported by 45 full and part-time staff and over 300 volunteers. UWM also serves as fiscal agent to the Midlands Housing Alliance, managing its \$2 million budget. UWM created the Midlands Housing Trust Fund in 2010 to promote the creation and preservation of quality affordable housing. UWM administers nearly \$300,000 in FEMA Emergency Food and Shelter Program funding for four counties in the central Midlands in addition to various other federal, state and foundation grants. UWM invests over \$1 million in competitive grant funding to Midlands housing and homeless agencies annually and an additional \$2.5-\$3 million in other programs that address poverty.

The Midlands Area Consortium for the Homeless (MACH) is a non-profit organization that strives to end homelessness. MACH is comprised of nearly 60 agencies and is led by a volunteer Board of Directors. MACH addresses homelessness by promoting collaboration and planning, educating on homeless issues, and securing resources for needed programs.

MACH was founded in 1994 and is recognized as a federal Continuum of Care (CoC) by the US Department of Housing and Urban Development (HUD). There are four federally designated, geographically oriented CoCs in South Carolina. These federal CoCs plan for housing and services in their areas. HUD requires local entitlement communities receiving Community Development Block Grant (CDBG), HOME, and Housing Opportunities for Persons with AIDS (HOPWA) funds (such as the City) to participate in local CoC planning and coordination efforts.

In spite of work required of CoCs, HUD did not offer resources to staff the all-volunteer coalition. In fall 2013, MACH hired its first staff person to serve as 'Coalition Coordinator'.

UWM serves as the HUD "lead agency" for the MACH CoC and administers MACH's Homeless Management Information System. MACH applies annually for HUD Continuum of Care funds through the coordination of its lead agency, UWM. This year's application requests \$2.7M and leverages an additional \$6M in resources to address homelessness. Since 2006, UWM has secured nearly \$16M in federal housing and service resources for Midlands homeless programs.



IV. Current System of Care in Columbia metro area

The current system of care is organized along a continuum of services ranging from outreach to permanent housing. It serves a variety of people based on their unique service or housing needs, including: families, children, youth, individual men and women, people who are chronically homeless (experiencing extended or repeat episodes in part due to a disability), veterans and women and children who are victims of domestic violence.

V. Response

SECTION A. OUTREACH AND ENGAGEMENT

13. How do we identify the various and changing populations that we are seeing on the streets? We are currently seeing lawless vice, lawless homeless, cultural homeless, some ex-offenders and clients exiting existing programs for the day. Each of these issues should be addressed in the request so that specific requirements can be included in the RFP.

7. How do we register and triage Veterans who are not historically willing to participate in existing services?

15. How do we address free riders on the system? This includes those who are funded to some extent as well as others who have been seduced by the "how to live homeless" culture now prevailing in Columbia.

Elements of these three questions reflect a perception that there is a significant population among adults on the street who "choose" or prefer to be homeless, that some have become so habituated by long term homelessness they cannot recover and that there are some who take

advantage of homeless status/living on the margins to engage in criminal activities while accepting respite from a day center or other services. We understand Q. 15 to suggest that because some of those on the street have income, they must be choosing the streets/shelter system as a way to live irresponsibly.

In contrast, MACH believes that people, even after a dozen years on the street, can be engaged with appropriate, extensive, well-coordinated outreach and patience. There is extensive research to support this approach.

There is no question that many of those who live on the street for extended times, even years, especially those with disabling conditions, develop coping skills that make it difficult for them to accept shelter or housing. However, studies of interventions with street-dwelling individuals have found that engagement is possible. One study examining the success of treatment for street-dwelling individuals with mental illness states, "While homeless persons with mental illness have been characterized as resistant to treatment because they often reject help offered by mental-health and other providers, we now believe that these individuals will use services when the services address their self-defined needs and are delivered in ways that facilitate rather than frustrate access." (Shern, Tsemberis, Anthony, Lovell, Richmond, Felton, Winarski & Cohen, 2000).

Tony's Story

Anyone who frequented Five Points and the Shandon neighborhood seven years ago is familiar with Tony Nguyen. For 20 years, Tony slumbered on benches along Devine Street or walked the streets downtown with his clothes bundled under his shirt, regardless of the season, his long matted hair stuffed into a stocking cap. Despite being one of the most recognizable homeless people in Columbia, no one knew him. He never talked to anyone, and refused offers of food or money, quietly saying "I'm Ok. I'm Ok." with averted eyes.

A refugee from Vietnam, Tony arrived in Columbia 27 years ago, most of which are hazy for him. After months of outreach efforts he was engaged in care. He was diagnosed with schizophrenia when he entered the home-base program at MIRCI in November 2007. He received anti-psychotic medication, and began the slow process of building a healthy life. For a few years, Tony lived in a MIRCI men's residence, but in 2010 moved into his one bedroom apartment where he resides on his own. He buys his own groceries and cooks his own meals.

Tony visited the MIRCI recovery center almost daily. His quiet, pleasant demeanor is missed on those rare days when he's not around. He's still a man of few words, but his frequent smiles and laughter let everyone know that he is enjoying his new life.

Submitted by Mental Illness Recovery Center, Inc.

In an experimental study of street-dwelling individuals, researchers developed an intervention program called Choices designed to overcome access barriers by offering services according to subject-defined needs (Shern et al., 2000). After comparing results from the experimental group who received the client-centered treatment to the control group that was given referrals to standard street outreach methods such as drop-in centers, mental health services, soup kitchens and municipal and private shelters, analysis confirmed the intervention group had improved outcomes with statistical significance across several different domains; namely, housing status and stability, quality of life, psychological status and service use (Shern et al., 2000). **This supports a flexible, rather than prescriptive, philosophy when implementing homeless policies and services, since outreach is most successful when the client feels that assistance is being offered for a concern she personally expresses instead of a concern reflecting imposed values.** Clients are also reluctant if they believe they cannot meet expectations of a housing program upon entry. Even those who are ready to address addictions, for example, would have a hard time overcoming their condition *before* they have safe and stable housing. Local providers often share stories of people who have been so traumatized from time on the street that even when they obtain permanent housing, they may retain habits they developed from the street like sleeping sitting up in a chair (as if they still lived in a car), daily walking the routes they walked while homeless, or leaving their apartments for days at a time. While there are some people our community may never have the patience to reach, **MACH asserts that most of those on the street can be engaged in services and housing if we understand their obstacles and needs.**

Obstacles differ for different people. These include stigma (men who are embarrassed to be unemployed; children and youth who are embarrassed to be different), fear (women who are intimidated by their abusers), capacity (people with conditions like mental illness that make it difficult to participate in services, etc. (Lurhmann, 2008). People with long histories of homelessness often have such poor experiences with services that they may not trust that assistance is available. People who appear to not “want” to come in or to “prefer” the streets are dealing with an extreme and traumatic experience and require patience and long term, compassionate engagement to overcome their habits.

Successful engagement and outreach requires an active approach. Social workers reach out to people on the street or elsewhere rather than waiting for them to seek out agencies. **Best practice outreach meets the needs of individuals as they articulate them rather than prescribing services for them.** Thus, engagement often starts with conversation, meals, showers and laundry. Outreach programs in our community provide quality services to enable and empower homeless persons to move out of homelessness. Some agencies include but are not limited to:

- Catholic Charities’ Clean of Heart: provides individuals with an opportunity to shower and have their clothing washed.
- Mental Illness Recovery Center, Inc. and Columbia Area Mental Health: two PATH (Projects for Assistance in Transition from Homelessness) federally funded programs of the U.S. Substance Abuse and Mental Health Services Administration) that provide

- services to people with serious mental illness, including those with co-occurring substance use disorders and mental illness that are experiencing homelessness.
- University of South Carolina's Office of Supportive Housing Services: provides street outreach, community resources and housing opportunities to support and provide possibilities for independence.
 - Alston Wilkes Society: conducts one-on-one interviews with pre-released prisoners at the Richland County Detention Center to discuss general information, housing, employment, and goals.
 - Transitions: provides outreach services including a day center and collaborates with over 24 local community agencies on-site to assist clients by identifying barriers and needs.
 - Salvation Army: provides on-site case management services.
 - Dorn Veteran Affairs: reaches out to Veterans in various homeless programs.

In 2012, local PATH funded street outreach workers stationed at Transitions served an average of 100 people daily in the day center. Forty percent (845) of the 2,078 new clients they saw entered emergency housing. All of the above listed programs participate in MACH's Homeless Management Information System (HMIS). HMIS is a federally required web-based client management system for homeless Continuums of Care.

Since spring 2013, UWM has convened monthly meetings of local outreach teams where they share ideas, identify needs and review outcomes. At least one or two members of the City's Downtown Hospitality Team participate in these monthly coordination meetings.

Need: Additional outreach is needed after hours. Examples of after hour services include emergency food and supplies, transportation to weather-related emergency shelters, emergency respite care, and short-term motel sheltering. UWM is currently advertising for proposals to provide after-hours outreach. The community would also benefit from a clear policy regarding the circumstances under which Columbia Police Department (CPD) may transport people to shelters or housing.

Recommendations:

- CPD continues to participate in monthly outreach coordination meetings.
- CPD collaborates with local shelters to transport homeless people under certain conditions from the street to shelters on a voluntary basis.
- Begin discussions of CPD participation in street outreach teams on a regular, but not daily basis.
- CPD officers participate in best practice training models such as the National Alliance on Mental Illness (NAMI) Crisis Intervention Training program. Information available at www.nami.org.
- A City issued RFP for Winter Shelter should require coordination with current outreach worker teams for placement in the Winter Shelter and placement from the shelter to housing with services.

SECTION B. HOUSING

5. How do we address the need for short and long-term housing as there is very little in Columbia? This area should include self-pay, assisted-pay, emergency housing, stabilization housing, transitional housing, rooming housing, and long-term housing. What is the number of rooms needed in each tranche and how do we attain them? Ideas must include private and public participation.

3. How do we plan for present and future allocations, and potential reductions, in federal and local funding? The City desires to focus some available resources into areas that will lead to the systematic accomplishment of our goals for homelessness and poverty response in light of current and possible future, fiscal realities.

4. What should the priorities be for the time and money that the City will spend responding to this problem in relationship to time frames and success measurements?

9. How do we participate in and control the costs of the long-term, year round plan verses the current seasonal operation? What should be the role of the City in crafting the plan, establishing the goal, and ongoing stewardship?

16. How do we link components of services with the overall stated goals for poverty and homeless responses that can be sanctioned and supported by the City?

We understand these questions to recognize the need for a variety of housing types that meet the needs of a diverse population and to solicit recommendations for City funding priorities among those housing types.

The City of Columbia seems poised for a dramatic downtown rebirth. We see new businesses, new housing, improved business facades, City sponsored or supported activities like ice rinks, markets, and festivals on Main Street and truly innovative leadership creating exciting programs at the Richland Library and the Columbia Art Museum. And still to come, redevelopment of the Bull Street property. Unfortunately, development does not proceed at the same pace across sectors or neighborhoods. Columbia still struggles with a 23% poverty rate that contributes to a staggering waiting list of almost 9,000 people for public housing. Poverty challenges our schools which serve high numbers of students distracted or poorly functioning because of hunger and housing instability. Richland School District I served 1,220 homeless students in 2012-2013, an increase of 22% from the previous year.

Annually MACH conducts a one-day census to report and track the scope of homelessness. The 2013 one-day count identified 807 unsheltered people and 643 who reported experiencing their first episode of homelessness. In spite of great strides the City has made in development, poverty persists in Columbia. A revitalization of the downtown and other neighborhoods depends on reducing poverty and homelessness.

Emergency Housing Assistance and Shelter

The role of emergency shelter differs depending on needs of the group being served (e.g. victims of domestic violence vs. people who have substance use disorders) and on the availability of resources in the community (housing and services). There is ongoing discussion in the field about the role of shelter in supporting people to self-sufficiency including permanent housing. HUD and the National Alliance to End Homelessness currently promote no or minimal shelter stays followed immediately by rapid rehousing or housing first placement. Others like the Institute for Children, Poverty and Homelessness promote a range of shelter options that vary from short, 30-day stays to 12 month or longer stays depending on the needs, history and goals of the family. By definition, people who need shelter are in crisis, so it is important that a community offer low barrier shelter to provide safety to those who are in dangerous situations including living on the streets, living with violence or other unhealthy or unsafe conditions.

Within the City of Columbia, there are 343 year-round emergency shelter beds serving a range of homeless populations:

- Families, women and children: The Family Shelter
- Single adult men: Providence Home, Oliver Gospel Mission, Transitions
- Single adult women: The Women's Shelter, Transitions
- Women and children escaping violence and abuse: Sistercare
- Convalescent care for single adult men and women: Transitions

In addition to these year round beds, Christ Central currently operates the City's winter shelter which has a maximum capacity of 240 beds. Most of the beds are for adult men and women. As reported in the 2013 HUD Housing Inventory Chart (HIC), occupancy of emergency shelter beds (not including the winter shelter) was 90%. In the 2013 calendar year, agencies recording data in HMIS throughout MACH's 14 county footprint served 2,039 people in emergency shelter.

Transitions fulfilled the goal set out in the City's 2005 *Blueprint to Address Homelessness* to fill a gap for homeless adults on the street. Since it opened two and half years ago, Transitions has placed 500 people in permanent housing and an additional 1,300 in other programs to meet their needs.

Plans in the community to expand emergency services include the Family Promise network, a faith community initiative in which 13 churches take turns weekly hosting up to 15 people in families in their church facilities.

Table 2: MACH's Local Shelter Inventory and Utilization Chart, January 2013

**Note* The Housing Inventory Chart is compiled annually and submitted to HUD based on the date of the homeless point-in-time count.*

Organization Name	Program Name	Location	Population Housed	Year-Round Beds	Total Seasonal Beds	Overflow Beds	Utilization Rate on 1/24/13
Women's Shelter	Emergency Shelter	Richland County	Single, adult women	11			55%
City of Columbia	Seasonal Winter Shelter	Richland County	Single, adult men and women	0	200	40	61%
Sistercare	Domestic Violence Shelter	Lexington County	Single, adult women and women with children	66			74%
Oliver Gospel	Emergency Shelter	Richland County	Single, adult men	46			85%
Family Shelter	Emergency Shelter	Richland County	Families with children	40			92%
Midlands Housing Alliance	Transitions - Medical Convalescent Care	Richland County	Single, adult men and women	14			93%
Midlands Housing Alliance	Transitions - Program Entry	Richland County	Single, adult men and women	86			98%
Midlands Housing Alliance	Transitions - Emergency Shelter	Richland County	Single, adult men and women	80			99%

Transitional housing

In the traditional continuum of care, transitional housing offers an opportunity after an individual or family has been stabilized in a shelter to improve skills and obtain income necessary to move independently into permanent housing. In a time frame as long as two years, individuals can develop employment and job skills, manage their health issues including mental health or other chronic conditions, save money, address legal issues, apply for benefits or address other issues that were traditional obstacles to securing and maintaining housing.

In the Columbia metro area, there are 503 transitional housing beds for individuals and families. In the 2013 calendar year, agencies recording data in HMIS throughout MACH's 14 county footprint served 971 people in transitional housing. HUD funded agencies are required to evaluate their success in transitioning program participants into permanent housing, and in the 2012-2013 reporting year, these programs helped 77% of the clients who exited their programs secure permanent housing. Each year, MACH is required to submit a Housing Inventory Chart (HIC) to HUD detailing all beds available to homeless people in the community. Occupancy in transitional housing was reported at 69% in the 2013 HIC. While new directions in the field include a narrower role for transitional housing programs, research demonstrates that transitional programs have particular benefits for homeless youth or those who are in recovery from substance use disorders. There is also evidence that transitional housing has served women and families to achieve permanent housing. Emerging research suggests that programs may need to review their criteria and reduce barriers (like entering the program with income or having extended periods of sobriety) to entry.

An emerging homeless sub-population is unaccompanied youth—youth between the ages of 16 and 22 who are neither in state supported services like foster care nor in the care of a legal guardian. Palmetto Place initiated a small, four-bed program with support from United Way to serve unaccompanied youth. Referrals are received from local school districts, and the program, at capacity, turns away youth every month. United Way is facilitating a community discussion on needs and solutions for unaccompanied youth in Columbia with a focus on education and housing solutions. The plan will include a review of funding opportunities.

There are plans in the community to add new services for women and families: Oliver Gospel Mission is developing a program for individual women and women with children, and Pressley House is a new program created to serve pregnant and parenting youth. The program has ambitions to develop a residential program in addition to the counseling currently provided.

Table 3: MACH's Local Transitional Housing Inventory and Utilization Chart, January 2013

Organization Name	Program Name	Location	Population Housed	Year-Round Beds	Utilization Rate on 1/24/13
Elmwood Church of God	Stepping Stones Program	Richland County	Single, adult men	29	14%
Christ Central	Christ Central Transitional Retreat	Lexington County	Single, adult men	96	24%
Four Vision Foundation	Transitional Housing	Richland County	Single, adult men and women	8	25%

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Christ Central	Chris Myers	Lexington County	Single, adult women and women with children	20	50%
Women's Shelter	Transitional Housing	Richland County	Single, adult women	13	54%
Killingsworth Transitional Housing	Transitional Housing Program	Richland County	Single, adult women	19	58%
Oliver Gospel Mission	Transitional Housing	Richland County	Single, adult men	42	62%
Christ Gate	Transitional Housing	Lexington County	Single, adult women and women with children	12	83%
Growing Home Southeast	Leaphart Place	Lexington County	Single, adult men and women	6	83%
Trinity Housing Corporation	St. Lawrence Place	Richland County	Families with children	84	86%
Providence Home	Providence Home	Richland County	Single, adult men	10	90%
Alston Wilkes Society	Veterans Emergency Shelter	Richland County	Single, adult men	18	94%
Christ Central	Hannah House - Transitional Housing	Richland County	Single, adult women and women with children	41	95%
Christ Central	Samaritan's Well - Transitional Housing	Lexington County	Single, adult women and women with children	19	95%
Midlands Housing Alliance	Transitions-Transitional Housing	Richland County	Single, adult men and women	80	99%
Lutheran Family Services	Angel House for Veterans	Richland County	Single, adult women	6	100%

Permanent Supportive Housing

In the Columbia metro area, there are 746 units of permanent supportive housing for homeless individuals and families. The majority of these units are federally funded and reserved for people who are homeless and have a disability or who are chronically homeless (have a disability and a long history of homelessness). Occupancy in permanent housing, as reported in the MACH's 2013 Housing Inventory Chart, was 85%, and in the 2013 calendar year, agencies recording data in HMIS throughout MACH's 14 county footprint served 724 people in permanent housing. HUD funded permanent housing programs are evaluated by how many people remain stably housed, and in the 2012-2013 reporting year these agencies achieved housing stability for 93% of program participants.

At least 272 of these units are reserved for veterans, and 61 are for women leaving situations of domestic violence. An additional 50 new Veteran Assistance Supportive Housing (VASH) vouchers are not reflected in the 2013 housing chart. Thus, private providers and the Columbia Housing Authority have leveraged federal funding to develop 438 units, nearly meeting the goal of 525 units of permanent supportive and affordable housing in the City's Blueprint to Address Homelessness in 2005. Unfortunately, housing is not available to the full range who need it. Many people, especially those who are experiencing their first episode of homelessness, would return to stability from shelter if there were more affordable housing available at their low wage incomes. Other communities have had great success housing those who use the most acute care services (shelter, public safety and health care) with low barrier models like Housing First.

Table 4: MACH's Permanent Supportive Housing Inventory and Utilization Chart, Jan. 2013

Organization Name	Program Name	Location	Population Housed	Year-Round Beds	Utilization Rate on 1/24/13
Healing Properties	Permanent Housing Program	Richland County	Single, adult men/women and families with children	67	61%
Columbia Housing Authority/USC Supportive Housing Services	Housing First Program (program started Dec 2012)	Richland County	Single, adult men and women	8	62%
Columbia Housing Authority	Veterans Homeless Vouchers (increased to 305 in 2014)	Richland County	Single, adult men/women and families with children	255	69%

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Columbia Housing Authority/USC Supportive Housing Services	Housing First Program	Richland County	Single, adult men and women	10	80%
Women's Shelter	Women's Shelter - Permanent Housing with Services	Richland County	Single, adult women and women with children	10	90%
Columbia Housing Authority	Permanent Housing with Services	Richland County	Single, adult men and women	13	92%
Palmetto Base State Camp	Palmetto Base State Camp SC	Richland County	Single, adult men and women	17	94%
MIRCI	Permanent Housing for People with Mental Illness	Richland County	Single, adult men/women and families with children	88	95%
TN Development (CHA voucher supported)	Oak Hill - Permanent Housing with Services	Richland County	Single, adult men and women	29	97%
Columbia Housing Authority	CHA Section 8 Vouchers - Permanent Housing with Services	Richland County	Single, adult men/women and families with children	96	100%
Columbia Housing Authority/USC Supportive Housing Services	Housing First Program	Richland County	Single, adult men and women	6	100%
Sistercare	Permanent Housing with Services	Richland County	Single, adult women and women with children	16	100%
Columbia Housing Authority/USC Supportive Housing Services	USC Housing First - Permanent Housing with Services	Richland County	Single, adult men and women	18	100%
Sistercare	Permanent Housing with Services	Lexington County	Single, adult women and women with children	61	100%

MIRCI	Permanent Housing for People with Mental Illness	Richland County	Single, adult men/women and families with children	31	106%
Columbia Housing Authority/USC Supportive Housing Services	Permanent Housing with Services	Richland County	Single, adult men and women	6	133%
MIRCI	Permanent Housing for People with Mental Illness - Veteran's Emphasis	Richland County	Single, adult men/women and families with children	15	140%

Notes:

- 1.) Agencies over 100% occupancy reflect 'over leasing' when clients have more income to pay greater portions of rent allowing the agency to house more clients than budgeted.
- 2.) Not all agencies utilize federal funding to support programs.
- 3.) Not all agencies participate in the community's Homeless Management Information System sharing client and bed information with other providers.
- 4.) Some programs such as the Columbia Housing Authority Housing First program had just started just before the time of the report period and are reporting being fully occupied in 2014.

Need: Columbia needs a mix of multifamily units, rental vouchers and housing assistance to support the range of individual and families who are homeless.

Housing First

Housing First has become a well-regarded best practice that serves as a foundation for good outreach and engagement. The predominant Continuum of Care service delivery model organizes services like outreach and transitional housing to encourage people who are homeless to become "housing ready," or to develop the skills and resources to sustain themselves in housing (Tsemberis, Gulcur & Nakae, 2004). A Housing First approach reverses the premise of needing to be ready for housing, suggesting that people more readily address their issues and accept services once they have reliable housing. Housing First offers housing that does not depend on maintaining sobriety and medication compliance (National Alliance to End Homelessness, 2006). Psychiatric rehabilitation research supports this with findings that people most successfully learn the skills required for a particular environment when they are in that environment (Tsemberis et al., 2004).

This low-barrier housing model is consistently proven to be more effective than traditional housing models in the study and evaluation of multiple Housing First sites. The Housing First model was developed by Pathways to Housing and founded on the belief that housing is a basic right (Tsemberis et al., 2004). In its original formulation at Pathways, consumers are offered an apartment and Assertive Community Treatment (ACT), a longstanding best practice for treating homeless individuals with serious persistent mental illness by providing intensive community mental health delivery (Drake et al., 1998; McGraw et al., 2009). A study comparing 99

participants in Pathways' Housing First experimental group to 126 participants in the control group demonstrated that Housing First residents had significantly greater housing stability with an 80% housing retention rate, yet no greater use of alcohol or drugs compared to the control group in programs subscribing to an abstinence-sobriety model.

A recent 2013 study in Vancouver reinforces both Pathways' initial success and research from The Collaborative Initiative to Help End Chronic Homelessness. The Vancouver At Home study determined that housing stability was the same for program participants regardless of their degree of substance abuse (Palepu, Patterson, Moniruzzaman, Frankish & Somers, 2013). This reinforces the assertion that even the highest-risk consumers are able to maintain low barrier housing, making them more likely to respond to substance abuse treatment after they are safely and stably housed.

Columbia has had its own success implementing a Housing First model: since its creation in 2008, USC's Housing First program has housed 74 individuals. Twenty three people have transitioned to other permanent housing, and only seven have returned to homelessness. Through its outreach, Housing First has placed an additional 79 people in other programs.

Joe's Story

We met "Joe" during an outreach visit at a campsite along the river in Columbia. His friends shared with us that Joe had suffered a stroke just days before and had refused medical treatment despite mobility issues & loss of speech.

After actively engaging Joe, he agreed to go to the hospital that day, and upon his discharge, began working with our team to obtain a Housing First unit. We learned that this was his first home in over 6 years. With intensive case management and support, Joe received much needed and never received medical treatment—. He stayed compliant with his medications and maintained his housing; taking pride in keeping his home clean. He also took time to become a library member; checking out books and movies regularly. He learned to navigate the bus systems & made connections with other participants in the Housing First program. Soon after moving in, he allowed the team to help him apply for benefits as his mobility and speech remained limited, leaving him unable to work. After 2 years, Joe was awarded these benefits and began to pay rent towards the unit he had inhabited since starting with our program.

Joe was successfully transitioned to & currently lives in senior housing, paying rent and maintaining his medical care, all without case management. He keeps in touch through regular visits to our office.

Submitted by University of South Carolina, Office of Supportive Housing

Rental Assistance with Comprehensive Services.

A significant portion of individuals on the street or families doubled up and moving frequently are homeless because of chronic health problems and disabilities. While many are capable of some type of employment, they do not have the capacity or skills to sustain employment at livable wages. By definition, most will also require some kind of services to remain stable in housing, such as ongoing mental health treatment, physical or health therapies, medication assistance, or financial management. With such assistance and access to community services and amenities, they can live well in the community. **An agency can efficiently provide permanent housing by leasing units in the private market and continuing to provide clients with comprehensive services.**

Supportive services in permanent housing can be intensive like "ACT" (Assertive Community Treatment) , a community based program for people diagnosed with serious mental illness and often other diagnoses like substance use disorders. People have 24/7 access to staff, psychiatric treatment, counseling, and group therapy services as well as help with grocery shopping and transportation. Residents pay 30% of their disability or other income for rent. **In spite of the deep housing subsidy and the intensive services, the programs are cost efficient because they prevent consumption of high cost services like inpatient psychiatric care, emergency department use and even jail.** Local programs, including those operated by MIRCI or USC's Supportive Housing Office, provide permanent supportive housing for about \$30/day or \$11,000/year—half the cost of the daily jail rate and less than six days in the hospital.

The Mental Illness Recovery Center, Inc. (MIRCI) has extensively evaluated the effectiveness of its programs. MIRCI partnered with the SC Office of Research and Statistics (ORS) in 2012 to analyze its client data to determine effectiveness of a housing intervention, including behavioral healthcare, on reduction in service utilization. The study yielded the following results:

- The total number of inpatient hospitalizations for the cohort of 171 clients in the year subsequent to beginning MIRCI services dropped by almost 33% from the year preceding entry into MIRCI. Mental illness and substance abuse hospitalizations were the entire reason for the overall decline. Hospitalizations for physical illness remained unchanged pre- and post-entry.
- Hospitalizations due to mental illness and substance abuse dropped by 51%, after entry into MIRCI.
- The number of emergency department visits dropped by 40% after clients enrolled in MIRCI.
- Emergency department visits where mental illness was the reason for the visit dropped even more by 56%. Unlike inpatient hospitalizations, ED visits for physical illness dropped by 38%.
- Schizophrenic disorder was the most common mental illness reason for visiting the ED ; these visits dropped by 68%.
- From the ORS psychiatric specialty hospital database:

- The number of inpatient hospitalizations dropped by 81% in the year following enrollment.
- The average time needing to be hospitalized in these specialty hospitals dropped by almost 7 days.

Single Room Occupancy Units

Single Room Occupancy (SRO) housing offers small, one room units with shared amenities like laundry, kitchens and communal space. Most people are familiar with the role YMCAs used to play in offering these units to single people in cities looking for inexpensive rent. **New SRO units in Columbia would address the bottleneck of single adult residents in shelters and transitional housing programs like Transitions, Oliver Gospel Mission and the Winter Shelter.** The City's community development corporation, TN Development, has created successful SROs on Two Notch Road with the renovation of old motels into Oak Hill and Forest Oaks developments. The small units offer privacy with the opportunity for community to those who want it. SROs typically offer some range of services on site including case management or training and education. SROs can also be designed to offer support for particular issues like addiction recovery with onsite meetings or other services. The cost of operating an SRO is about \$450/month. Someone working full time on minimum wage could contribute about \$300/month to that rent.

Housing Assistance for Families

For families in particular, homeless prevention is the best cure. **Mobility due to homelessness impacts children's access to and support from their schools.** The long-term instability that results from frequent moves can seriously obstruct children's educational growth. "Homeless, highly mobile students' achievement in both reading and math on standardized tests is considerably and persistently lower than that of their peers in similar socioeconomic circumstances who are stably housed." (Obradovic, et al., 2009). As moving to a new school can result in an educational setback of four to six months, switching schools multiple times in a single year can mean the equivalent of a year's loss in education. (Schwartz, et al., 2009)

Homelessness can also negatively impact a child's health. Studies of the health of homeless children consistently indicate worse outcomes than housed children and other low income children. Homeless children are also less likely to have a regular health care provider and are more likely to lack standard immunizations and preventative health care (Miller and Lin, 1988; Alperstein et al., 1987).

UWM funds a prevention program for families with children through Salvation Army and Alston Wilkes Society. The Salvation Army program works closely with three local school district homeless liaisons to identify families at risk of homelessness and provides intervening emergency financial resources to ensure housing stability. In 2012, this Salvation Army program helped 123 families with emergency financial resources. The Alston Wilkes Society program is

funded to provide both prevention and rapid-rehousing support for families (assisting 64 families in 2012).

Some families, especially those who are homeless due to financial crisis, can be “rapidly re-housed” with short or medium term financial assistance and services from financial management, case management and support for employment. Others benefit from transitional housing with comprehensive services. **These efforts recognize that it is a rare family who needs just one month’s assistance with rent or utility bills to avoid crisis.** HUD homeless funding is prioritizing these initiatives which help families avoid shelter stays, and MACH is exploring the best use of funding for families in Columbia.

Sabrina’s Story

One of the leading causes in this country of homelessness is domestic violence. Once a battered woman decides to leave an abusive relationship, she often has no place to call home. Sabrina, experienced this exact situation. Sabrina is a young mother who suffered interpersonal violence at the hands of her former husband. After being both physically and emotionally abused, Sabrina was determined to leave the relationship. For Sabrina, this meant becoming displaced and homeless.

With no place to go, Sabrina entered Sistercare’s emergency shelter and remained in shelter for three months. After this time, Sabrina entered Sistercare’s community-based program and participated in counseling, life skills classes, and transitional housing. Sabrina made great strides in becoming educated and empowered. Less than one year after graduating from Sistercare’s program, Sabrina became a US citizen, obtained full-time employment with benefits at a federal agency, and is currently saving to purchase a home of her own.

Sabrina’s tenacity, perseverance and courage have allowed her to live violence free since entering Sistercare’s services. Her strength and determination have also allowed Sabrina to become self-sufficient and realize the American dream of home ownership.

Submitted by Sistercare

Federal Resources

As federal resources diminish, (MACH anticipates a reduction in its annual funding by 5% or \$138,000), some of the responsibility for addressing these local problems will fall to local cities and the private funding sector. To reduce homelessness, which we believe supports the greater vision for the City’s redevelopment, the City may have to prioritize funding homeless and especially housing programs, for the next five years.

Need: The community needs to renew its commitment to building and supporting permanent housing units for people who are homeless. An additional 500 units in the next five years would help address the bottleneck of people in shelters or transitional housing.

We recommend the City of Columbia increase its funding for homelessness to \$3M annually for the next five years.

- a. Continue to support Housing First, the model that the City of Columbia introduced to Columbia, that has demonstrated success and that leverages significant resources in an innovative partnership between the CHA and USC.
- b. Continue to support funding for Transitions which also has demonstrated success and which fills a large gap in services for adults, collaborates extensively with local providers and also leverages significant federal and private resources. Transitions serves people who are chronically homeless and hard to serve, including those who create a disproportionate amount of issues for the downtown communities.
- c. Implement recommendations of the City Task Force on Homelessness to diminish the role of the winter shelter over time. Offer an RFP to operate the winter shelter in cold weather months without a day center (which duplicates services of Transitions). An investment of resources in permanent housing is the better long term solution to homelessness in Columbia. Gradually shift winter shelter investments into the long term solution of housing.
- d. Implement recommendations of the City's Affordable Housing Task Force (2006) and the Mayor's Strategic Plan/ One Columbia, by continuing to fund the Midlands Housing Trust Fund to develop housing that is affordable to people with incomes between 30% and 50% of area median income. An initial \$2M capitalization to provide short term development loans to build multifamily rental and SRO units would grow every two years and leverage additional investments. In six years, the initial \$2M could contribute to construction of 300 units.
- e. Invest \$1M/year, years two through four, in rent support and services. At \$30/day, the City could quickly house almost 100 people in permanent housing.
- f. Lead/participate in an effort to enlist local landlords in donating units to be used for the homeless. Nashville placed over 400 people in donated units in nine months. The tenant pays 30% of their income for rent, receives start-up assistance and services. <http://howsnashville.org/fqa-for-landlords/>.
- g. Implement recommendations of the City's Affordable Housing Task Force and the 2010-2015 Consolidated Plan to adopt an ordinance to encourage voluntary inclusionary zoning. "Inclusionary zoning," also known as inclusionary housing, refers to local zoning ordinances that typically require developers to include a certain percentage of affordable housing in new residential construction projects. The redevelopment of the Bull Street property creates new opportunities to generate affordable housing on pace with other development in the City.
- h. Encourage TN Development to develop more SRO units for people who are homeless similar to Oak Hill which it developed nearly 20 years ago.

- i. **The City should consider redirecting some of its mainstream entitlement programs like CDBG and HOME to permanent housing development as described in these recommendations, thus reducing the burden on the general fund. HUD has encouraged entitlement communities to direct some of these funds to ending homelessness.**
- j. **Recommendations regarding City property:**
 - o **The City should identify property from its inventory for development of rental units. Donating or providing property at submarket prices would help keep the units affordable to people at 30-50% area median income.**
 - o **Implement recommendations of the City's Affordable Housing Task Force: The City of Columbia should implement specific requirements for the sale of City of Columbia owned property to help meet the need for affordable housing.** When property owned by the City of Columbia or one of its affiliated development corporations is offered for sale or development, the Task Force recommends that the City give due consideration to the need for affordable housing at the time of the sale and impose such conditions and requirements on the purchaser/developer of the property such that the recommendations of the Task Force will be advanced.

SECTION C: COLLABORATION AND PRIORITIZING USE OF RESOURCES

2. How do we effectuate collaboration among the various groups providing services (government, professional non-profit providers, community groups, churches, etc.)? There are cultural barriers to collaboration among the various groups that should be addressed.

14. How do we address those who are actually disadvantaged and in need of assistance as well as others with less critical economic needs?

Collaboration among agencies providing professional and housing based services to people who are homeless is strong, long standing and expanding in the Columbia metro area. It occurs on two levels: the systems level and the service level. At the systems level, the Midlands Area Consortium for the Homeless (MACH) was created in 1994 as a two-county coalition to serve as the local homeless housing, service planning and coordination body. Created at a time when neither the state nor the city nor counties dedicated funding to homeless programs, MACH pursued a strategy of maximizing the amount of federal funding brought into the community to address the needs of the homeless. MACH has operated in this function continuously since 1994. Today MACH serves 14 counties and participates in the SC Homeless Coalition, the statewide research and advocacy organization for all SC coalitions. MACH has nearly 60 member agencies, and many additional agencies and businesses attend meetings and participate in consortium initiatives. MACH is open to anyone interested in working to reduce homelessness in the Midlands.

Key responsibilities of MACH include: annually planning, organizing, reviewing and submitting a collaborative application to HUD for \$2.7M to provide permanent supportive and transitional

housing; monitoring local HUD grants for outcomes including peer review of programs; organizing the annual point in time count, (the annual census of people who are homeless that supports local government plans submitted for HUD entitlement programs like HOME, Community Development Block Grant, and Housing Opportunities for Persons with AIDS); organizing education and awareness programs ranging from training on federal programs like McKinney-Vento education programs to Homeless Awareness Week for the community. Accountability among providers is maintained through use of a common client data management system, the Homeless Management Information System. HUD, PATH, Emergency Solutions Grant, Emergency Food and Shelter Program, Veterans Affairs Supportive Housing vouchers, Supportive Services Veterans Families program, and United Way of the Midlands funded programs must participate in the system and report on common goals for housing stability and increases in income of clients. **To follow are summary outcomes extracted from HMIS for MACH.**

Clients succeeding in Transitional Housing

- Between 2012 and 2013, transitional housing programs funded by the Department of Housing and Urban Development (HUD) served 581 people.
- Transitional Housing programs measure program success by evaluating the number of clients who leave the program and are able to secure permanent housing. 403 people exited transitional housing last year, and 312 of these individuals moved to permanent housing, resulting in a 77% success rate.

Stability in Permanent Housing

- Between 2012 and 2013, permanent supportive housing programs funded by HUD served 532 people.
- Clients remaining in permanent housing for more than 6 months are considered stable: housing stability for individual programs ranged from 72.5% to 100%, with an average of 93% of program participants achieving housing stability.

Income maintenance and growth

- HMIS is used to document any employment income a client is earning the day he or she enters a housing program. As case managers work with clients to help them obtain employment or increase their income, changes are recorded in the client record. HMIS measures total income and growth in income that occurs after program entry.
 - 30% of clients in federally funded housing programs have some type of employment income.
 - 14% of clients increased their employment income after entering a housing program.

Benefit qualification and receipt

- Some clients with disabling conditions like mental illness are unable to work. Others work low-income jobs earning far below the poverty line. In these instances, case managers work with eligible clients to enroll them in a variety of benefit programs. In

2012 and 2013, 594 clients (78%) received one or more types of mainstream benefits. Benefits typically include SNAP (formerly called food stamps), Medicaid and Medicare.

Agencies also work together toward goals of avoiding redundancies and ensuring seamless care. Examples include: 24 agencies provide services on-site at Transitions, the largest provider of services and programs for homeless adults. This includes MIRCI's outreach worker who was assigned to Transitions after a decision to close their own Drop-in Center when attendance dropped with the opening of Transitions. St. Lawrence Place and Family Shelter have a long history of collaborating around children's programming. The Columbia Housing Authority and Dorn VA collaborate to house homeless veterans using Veteran Affairs Supportive Housing (VASH) vouchers. Local providers assisted Eau Claire Health Cooperative in developing on-site medical services at three local agencies (Transitions, St. Lawrence Place, and The Cooperative Ministry). The challenge for providers is that they do not have infinite capacity and cannot provide staff at every location that homeless people are served, underscoring the need to rely on HMIS for referrals.

Taking collaboration to a new level, MACH is participating in a statewide initiative to integrate all four HMIS systems in the state into one coordinated assessment and referral system which clients and others could access through 2-1-1, a statewide information and referral line.

At the service level, agencies also collaborate beyond simple referrals. First, agencies planning new programs collaborate and consult to ensure proposed services will avoid redundancy and fill a gap. On a small scale, Catholic Charities proposed a laundry/shower facility for people on the street but did not finalize plans until it was clear that the community needed capacity beyond what Transitions would provide. On a large scale, local providers collaborated to plan services at Transitions early in the conceptual stage and throughout the development process to ensure that what was constructed filled a gap in the local continuum.

Coordinated Assessment System

South Carolina is developing a statewide coordinated assessment system for people who are homeless and at-risk of homelessness. The federal HEARTH Act of 2009 mandated that all federally funded communities devise and implement a plan for a centralized and coordinated method for homeless people to engage in care. In response, UWM and MACH are working with statewide partners to create a virtual assessment and referral system to link people experiencing homelessness to available resources. Each of South Carolina's four CoCs implements its own HMIS. The statewide Common Intake and Assessment System will integrate these four HMIS systems with 2-1-1, a statewide helpline.

A common assessment and eligibility tool will guide referrals for housing and services. Service providers, outreach workers, and 2-1-1 call center operators will be able to systematically and universally assess needs and electronically refer the client to the most appropriate resource for help.

Additionally, network participants will use the statewide HMIS/211 system to access real time vacancies in area shelters and housing programs. The assessment process will identify best fit and available services so referrals will be immediate—no longer will clients or social workers have to run through a call list of possible services to see if and where beds are available.

The 24/7 information and referral helpline, 2-1-1 covers all 46 counties in SC and responds to over 1 million calls per year. United Way Association of South Carolina holds the software licensing for the three call centers in SC (Columbia, Charleston and Aiken) and directly manages the Columbia call center. The Columbia call center also manages calls for SC Department of Social Service SNAP recipients and SC Department of Health and Human Services Medicaid callers.

Currently, three of the four CoCs use the same HMIS software and 2-1-1 product from the same company. The four CoC's will integrate their databases with 2-1-1's database allowing the CoC's to share 'real-time' information on shelter bed availability with 2-1-1. Integration is being conducted in phases with roll-out of the Coordinated Assessment System in spring 2014.

The Statewide Common Screening and Assessment System will improve the system of care for those who are living in homelessness or who are precariously housed. Particular benefits will include: statewide common intake forms, documented agency eligibility criteria, a timelier housing referral process, a statewide waiting list prioritized by a universally accepted vulnerability index, accurate data regarding service gaps, and improved communication and collaboration among homeless service providers across the state.

The vulnerability index will be developed from research in other communities regarding factors contributing to poorest outcomes for those on the street such as health conditions that make people more vulnerable to death or long term disability. People will be assessed and prioritized for housing based on the index.

Improved client assessment and placement, service accountability among providers across the state and continual analysis of gaps and trends will dramatically improve the system and change the paradigm of care. Through research initiatives and an analysis of the associated data, the service community will have the capacity to predict emerging areas of need and, based on the centralized waitlist, expand or reduce programs.

Recommendations:

To strengthen collaboration we recommend the City:

- 1. Encourage participation of providers, including those that are primarily volunteer-managed, in MACH.**
- 2. Require agencies with City funded homeless programs to participate in MACH's HMIS.**
- 3. Support the South Carolina Coordinated Assessment System by requiring all funded partners to fully participate in the system.**

4. Address the lack of coordination among 40 or so meal programs by implementing the following recommendations of the City of Columbia's Homeless Task Force:
 - a. The City should convene a Meal Summit to gather input from the community and work to reach consensus on the goals of meal policy from reducing foot traffic and trash to ensuring humane treatment of those who are homeless. We strongly urge the City to identify three or four key leaders, including the faith community, to organize this process and gauge the need for meals and meal locations.
 - b. The City should establish a position on meal provision by considering some or all of the following options and enforce them according to City regulations as needed:
 - i. Establish a voluntary indoor dinner meal option from current providers to provide dinner during the time in which the winter shelter is not open.
 - ii. Encourage development of common protocols among feeding groups for coordinating meals, resources, and clean-up, especially where there are no operational bathrooms, trash accumulates/there is no disposal, and where state or local health standards are not met.

SECTION D: TRANSPORTATION

8. How do we develop a comprehensive transportation system for those with emergency, poverty and homelessness needs? What are the necessary routes, schedules and criteria?

Should this be a separate system that is attached to the homeless services needed in the City?

The first approach to reducing a need for separate transportation systems for the homeless is to locate housing and services where people can access them. While it may sound therapeutic to locate programs in rural settings, it can foster dependency if the distance also limits access to jobs, recreation, retail, health care, permanent housing, etc. **Housing must be located where clients can access necessary services and amenities such as grocery stores, churches and health care. Service providers should be located on high-use bus routes that make transportation reliable and frequent.**

A second approach is to offer mobile services to clients who are in housing programs. Community based or mobile services are employed at different agencies in the community. For example, Eau Claire Cooperative Health Centers provide on-site health screening and services at Transitions because of the high volume of eligible clients there. St. Lawrence Place hosts after school care to resident families so that children and youth are safe and on-site. Many programs offer on-site AA or NA meetings for residents. MACH and its agencies will continue to foster partnerships that facilitate on-site services to the extent feasible.

The third approach is to maximize the use of existing resources. Some housing based providers operate a van to offer limited transportation to community services for those who reside in their programs. This is typically to transport several people to the same activity like a recovery meeting or community activity. However, the goal is always to help people learn how to use available systems so that they can ultimately get from their own housing to jobs and services. **In the last two years, the community has affirmed the value of a public transit system, first with stop gap funding from the City of Columbia and Richland County and then by passing the penny tax to support its development.** Para transit systems including a separate system to transport people to homeless shelters and services is redundant, expensive, stigmatizing and to often counterproductive to the goals of fostering self-sufficiency. City funds should be used to support systems of care rather than routine travel expenses. This proposal strongly discourages a separate transportation system for City-supported programs, as special-purpose shuttle services are highly inefficient. These reasons include:

- Services are decentralized across multiple providers depending on client needs and provider availability. As such, a complete network will be required of any transportation program.
- Services must be operational on a reliable and consistent pattern in order for case workers and providers to schedule appointments, arrange for services or migrate homeless into patterns of travel.
- Transportation must be accessible (ADA), safe (high standards for transporters) and mechanically sound (vehicle maintenance and cost).
- Homeless-only transportation creates gathering points for the homeless, as evidenced by the transportation program for the Winter Shelter. Collection points become acceptable waiting areas for the homeless population and infrequent or unreliable services may result in extended periods of concentrated homeless.
- A separate system must then be funded, managed and maintained. This is an ineffective use of program dollars, as services exist in a variety of forms that will provide both routine and specialized transportation.

A multi-fold approach to transportation services, with emphasis on The COMET, the public transportation system for the Central Midlands region, is more efficient. The COMET meets criteria identified above.

Recommendations:

- a. **The City should require respondents to an RFP for the Winter Shelter to work with the COMET to transport clients to shelter using passes or tickets purchased at a negotiated discount rate and distributed to clients through the shelter, outreach workers or other providers. Funds are better used on systems of care rather than on routine travel expenses. COMET buses can get within a reasonable and safe walking distance of the current winter shelter.**

- b. The City should work with COMET to determine the extent to which it can provide service to the Winter Shelter location via regular routes and with some of its smaller vehicles.**

SECTION E. CRIME AND HOMELESSNESS

13. How do we identify the various and changing populations that we are seeing on the streets? We are currently seeing lawless vice, lawless homeless, cultural homeless, some ex-offenders and clients exiting existing programs for the day. Each of these issues should be addressed in the request so that specific requirements can be included in the RFP.

To develop effective policies on homelessness, it is important to distinguish between efforts that identify and prosecute homeless criminals and efforts that criminalize homelessness. The former support efforts to keep public spaces safe, the latter are often an effort to remove the homeless from public spaces.

People who live on the street are much more likely than housed people to be victims of crimes including assault. Women and youth on the streets are especially vulnerable to assault. The best solution to keeping people safe is to house them.

MACH strongly supports the arrest and prosecution of people who take advantage of or exploit those who are vulnerable through crimes such as human trafficking, drug trade or other violence. The best way to secure cooperation among the homeless in identifying dangerous perpetrators is to engender trust.

MACH supports using diversion programs to engage people in long-term care as jail can be an expensive alternative to housing and services. MACH promotes the efforts of organizations working to address the unmet legal needs of homeless and lower income populations, such as: The Pro Bono Veterans Legal Clinic at the DORN VA beginning Spring 2014 (a project of South Carolina Appleseed Legal Justice Center); Project H.E.L.P. (Homeless Experience Legal Protection) at Transitions; South Carolina Legal Services; and Protection and Advocacy for People with Disabilities. MACH supports the creation of a Homeless Diversion Court linking people to professional housing and case management providers as alternative sentencing opportunities.

Recommendations:

- a. The City of Columbia and MACH should explore the development of a homeless court which is a diversion program for homeless people arrested for committing non-violent crimes. Rather than sentencing, they are given the option of participating in a local program to help them overcome homelessness and secure housing. This should be coordinated with the existing successful mental health court run by Richland County Probate Court.**

- b. **The City should explore the recommendations of the City Homeless Task Force to provide and maintain public restrooms for people in the downtown area, including visitors and tourists.**
- c. **The City should encourage the incoming police chief to increase the level of training for officers in engaging homeless people with special training for engaging runaways and youth and people who appear to have a mental illness or substance use disorder. Tours of local programs could be available to enhance the understanding of available resources.**

10. What are the logistics regarding individuals released onto the streets daily from existing programs and what are the suggestions for successfully coordinating these efforts?

Alston Wilkes Society (AWS) has been working with offender reentry issues for 52 years in Columbia, SC and has a unique expertise in identifying and overcoming the barriers to successful reintegration into the community. Homelessness is the number one issue that former offenders must overcome upon release from prison.

Research suggests that successful reentry is largely dependent on housing and employment. Yet in order to obtain stable housing and employment, former offenders and other homeless population must first address basic needs and achieve living stability. The AWS Community Service Program is an integral first step in preparing a high risk population with the “basics” needed to work toward securing long-term self-sufficiency such as an identification card, a hygiene kit, and housing placement.

For ex-offenders returning home from prison, securing housing is often the most immediate concern. Other supports, such as employment services and substance abuse or mental health counseling, have a significantly lower success rate without housing. Every year, 650,000 people are released from prison in the United States, and many of these people will face the prospect of homelessness due to the barriers they face in finding housing including restrictive policies of local public housing authorities that categorically bar certain ex-offenders from public housing (Corporation for Supportive Housing & National Alliance to End Homelessness, 2009). **Ex-offenders who do not have stable housing to return to upon their release have higher rates of recidivism and parole violations, leading to re-arrest and cycling back through the corrections system (Roman & Travis, 2004).** Nationally, individuals without housing are seven times more likely to violate parole than those with housing (Corporation for Supportive Housing & National Alliance to End Homelessness).

In addition to limited housing options, offenders being released back into the Midlands face a major transportation barrier. AWS serves clients being released from Manning Correctional Institution and the Broad River Road institutions who have no means to get to either AWS or to Hope Plaza in order to register for the winter shelter. Along with transportation, offenders need hygiene items, clothing, food and at least one night of shelter.

Recommendations:

- a. The City should work with local employers to promote hiring ex-offenders or provide internships to gain work skills.
- b. The City should continue its existing job training programs with minimal entry barriers related to criminal histories.
- c. The City should adopt the “Ban the Box” policy used widely in other communities. Ban the Box policies remove the criminal background questions from City employment applications. This does not preclude the City from conducting background checks on potential applicants but allows greater opportunity to explore an applicant’s full skill set. The City should also champion this practice with community business leaders and City vendors.

SECTION F. SERVING GROUPS WITH SPECIAL NEEDS

Veterans

7. How do we register and triage Veterans who are not historically willing to participate in existing services?

In recent years, both HUD and the VA have declared a goal of ending veteran homelessness and have subsequently increased funding and resources for Veterans; this makes it an opportune time to address the needs of homeless Veterans. **Veterans are an overrepresented segment of the homeless adult population for a variety of reasons, including: unemployment, disability, poor health, mental illness, and substance use disorders (Tsai, Kaspro, Rosenheck, 2013).**

New research has analyzed 120,852 homeless veteran records from the VA’s Homeless Operations Management and Evaluation System and concluded that homeless veterans can be classified into four groups: 1) a group with low probabilities for nine homeless risk factors; 2) a dual diagnosis group with high probabilities for mental illness and substance abuse; 3) a group with high probabilities for multiple homeless risk factors (particularly poverty, substance abuse, and a history of incarceration); and 4) a group with high probability for disabling medical conditions (Tsai et al., 2013). Analysis of initial point of entry into the database revealed some surprising facts that support the need for a diverse array of homelessness services; for example, group 1 with relatively few problems was more likely to be initially contacted through community outreach, suggesting outreach programs may be more effective for those who want to be found. On the other hand, group 3, the poverty-substance abuse-incarceration group was more likely to be contacted through the criminal justice system (Tsai et al., 2013).

Veterans have diverse needs: Tsai’s research cites several risk factors for Veteran homelessness, but additional research has found unique risks among veterans who recently served in Iraq and Afghanistan. Money mismanagement – an often overlooked contributor to veteran homelessness – was related to a higher rate of homelessness in one survey of 1,090 Veterans (Elbogen, Sullivan, Wolfe, Wagner & Beckham, 2013). Veterans face an array of

financial barriers including lack of material security, lack of stable employment and inability and inexperience in budgeting, making it difficult for some veterans to maintain housing after their deployment or service ends.

In addition to money management problems, recent analysis of 445,319 records from the VA has found that veterans with Operations Enduring Freedom (Afghanistan) and Iraqi Freedom (Iraq) designations who were suffering from post-traumatic stress disorder were more likely to become homeless after their service (Metraux, Clegg, Daigh, Culhane, Kane, 2013).

Locally, veterans have special programs and funding available through Southeast Regional VA Office and Dorn Medical Center. Additionally, many private non-profits have programs geared to help veterans out of homelessness. DEW, Alston Wilkes Society, Dorn Medical Center, SE Regional VA, and Veterans Formation all target homeless veterans at Transitions with job, medical care, benefits, and housing assistance. **Veterans need outreach and engagement.** Many veterans are comfortable in the outdoors and can survive inclement weather. They can become accustomed to the experience of homelessness and may discourage interaction. Outreach workers need particular skills in reaching out to them on the streets to encourage their participation in a program, and it often helps if they are veterans themselves. The Dorn VA employs a street outreach worker in Columbia and a staff person that assists with benefits access. Both VA staff persons work closely with local providers, outreach workers, and the Transitions day center. Agencies including the VA use this approach successfully. Some veterans, like much of the homeless population, suffer from mental health issues. They need to be encouraged to seek help at Dorn or with existing providers such as Columbia Area Mental Health or MIRCI. Post-Traumatic Stress Disorder or Mild Traumatic Brain Injury are evident in the population and require some counseling expertise with combat counseling that many local civilian providers lack.

As the first official housing program for veterans in Columbia, the Alston Wilkes Veterans Home has been utilizing a very successful street outreach model that has resulted in hundreds of veterans "getting off the street." AWS conducts "street sweeps" for homeless veterans at least one night a week, hitting the "hot spots" like the river and Finlay Park. They also visit the local emergency shelters to identify veterans who may be eligible for AWS services. **Outreach is conducted by formerly homeless veterans who have rebuilt their lives, making this model engaging and unique.** Almost all veterans who are eligible for services that AWS reaches out to take advantage of the assistance offered. In AWS' 18 years' experience in working with homeless veterans, there are very few that are not willing to participate in existing services once they are made aware of them, and those few usually have other issues such as mental illness, major substance abuse disorders or do not qualify for services due to discharge status or other factors. **AWS also operates a state-wide federal Supportive Services for Veterans Families (SSVF) program offering case management and financial assistance to support housing stability of veterans with families.** At the time of the RFI response, MACH is supporting a new AWS application to expand the Midlands SSVF program.

The Columbia Housing Authority (CHA) manages 305 Veteran Affairs Supportive Housing (VASH) vouchers. In 2012, CHA was named one of the top ten VASH programs in the country. CHA currently has nearly 70 VASH available so many veterans could receive permanent housing right now with appropriate outreach and services. Because the veteran has to be processed by both the Veteran's Affairs and the CHA, the process can take a few months during which he or she must continue to be engaged.

Additionally, AWS' Community Services Program, Veterans Home and SSVF program all conduct veteran outreach in Midlands' area SC Department of Corrections institutions to assist with pre-release planning and prevent inmates from becoming street homeless on their first night out of prison. All programs participate in MACH's HMIS system.

The community also needs to recognize that many of those who are homeless and served in the military do not have honorable discharges. Any discharge that is not honorable (dishonorable, bad conduct discharge, or general discharge) limits eligibility for VA benefits. A dishonorable discharge disqualifies them from any benefits. Homeless providers still work to help the veteran regardless of discharge, but helping them without VA support is no different than helping a regular civilian client.

Some of these veterans will need assistance upgrading their discharge status. The VA can upgrade certain discharges after a designated time period has lapsed, or a veteran can apply for the upgrade based on mitigating factors. Examples of VA support include medical care through the VA, help securing disability payments and job skill training. These different programs and forms rely on experts in the VA system, as managers must understand the basics but ultimately need help necessary protocol for navigating the system.

Recommendations:

- a. **The Winter Shelter provider should collaborate with local outreach workers to help them identify veterans and refer them for specialized services.**

People with Mental Health and Substance Use Disorders

6. How do we register and triage those with mental health needs? This currently represents a large sector of our unresolved needs. What planning and research capabilities are there for the various groups capable of assisting with triage and placement options?

First it should be noted that among individuals who are homeless, as within the general population, there are many people with behavioral health needs. Behavioral health encompasses not just mental illness, but also substance use disorders. An analysis done in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services on homeless individuals in Columbia from 2005 – 2010 documented that 30% of homeless individuals screened had a mental illness; 80% of those individuals also had a co-occurring substance use disorder; the remaining 70% had only

substance use disorders with no mental illness diagnosis. Thus a range and combination of behavioral health issues affect the homeless population.

Tammaria's Story

Tammaria sought help from Transitions in 2011, after being addicted to crack cocaine for many years. She was a client for 18 months and became an exemplary role model for clients suffering from substance abuse. With the help of LRADAC (a partner agency), she has been clean for 2 years and 4 months. Transitions offered stability, hope, encouragement, and resources needed to change her life. Transitions' case manager Mrs. English changed her life; Mrs. English gave Tammaria a helping hand versus a handout. Tammaria's road to substance abuse began when her mother passed.

During her stay at Transitions, she obtained two jobs—as a housekeeper and a supervisor/manager at IHOP. Tammaria met her husband at this time, and together they overcame obstacles and have been happily married for a year. Over the course of her transition into self-reliance, she regained custody of her children and obtained permanent housing. Tammaria still attends NA and AA meetings to further understand substance abuse and become a stronger recovered addict. She recently obtained employment at Transitions' Day Center.

Tammaria hopes to become a Social Worker specializing in Drug and Addictions counseling. She wants to help women like her in conquering addictions. The sky is definitely the limit with this powerful young woman.

Submitted by Midlands Housing Alliance/Transitions

Planning and collaboration for assisting individuals with behavioral health needs (mental illness and/or substance use disorders) is an ongoing regional partnership among the following:

- Columbia Area Mental Health Center (CAMHC)
- Lexington County Community Mental Health Center (LCCMHC)
- Lexington Richland Alcohol and Drug Abuse Commission (LRADAC)
- Mental Illness Recovery Center, Inc. (MIRCI)
- Alston Wilkes Society
- Veterans Affairs
- Alvin S. Glenn Detention Center
- Richland County Probate Court
- Hospitality Team of the Columbia Police Department
- United Way of the Midlands
- Palmetto Health
- Eau Claire Health Cooperative

Currently homeless individuals with mental illness are triaged and enrolled in services through the efforts of Homeless Outreach Workers funded through federal PATH funds from SAMHSA. The following regional resources are available:

- 1 FTE Homeless Outreach Coordinator from Columbia Area Mental Health Center (CAMHC) is based at Transitions;
- 1 FTE Homeless Outreach Coordinator from the Mental Illness Recovery Center, Inc. (MIRCI) is based at Transitions;
- CAMHC is seeking to fill a vacant Outreach Worker position by 4/1/14 to also be based at Transitions;
- MIRCI plans to add another full-time Outreach Worker at Transitions within the next 4 to 6 months to provide mental health screening, engagement in treatment, and access to housing; the position will have alternative hours to provide mental health services on evenings, weekends, and to locations/agencies other than Transitions;
- Once engaged in treatment with MIRCI, individuals are served by an Assertive Community Treatment (ACT) Team, a SAMHSA and NAMI (National Alliance for the Mentally Ill) Best Practice Treatment Modality referenced in earlier sections;
- Once engaged in treatment at CAMHC, individuals are served by a variety of services based on client need, including psychiatric services and intensive case management;
- CAMHC plans to reinstate the dedication of four hours of psychiatric services to screen and treat homeless individuals with mental illness beginning by summer 2014;
- CAMHC is seeking to fill a full-time Liaison between the Alvin S Glenn Detention Center and Transitions and other shelters by 4/1/14 (this position is funded by Richland County);
- Lexington County Community Mental Health Center (LCCMHC) is providing on site mental health case management at Transitions 1 day per week to treat individuals placed at Transitions from Lexington County;
- MIRCI provides a Benefits Specialist on site at Transitions 2 days per week to assist individuals with obtaining and maintaining disability benefits;
- MIRCI plans to increase Benefits Assistance to one FTE position on site 5 days per week at Transitions within 4 to 6 months;
- Benefits Assistance provided by MIRCI and CAMHC utilizes the SAMHSA best practice SOAR (Social Security Outreach, Access and Recovery) model for homeless individuals with mental illness;
- Lexington Richland Alcohol and Drug Abuse Commission (LRADAC) is currently providing 2 part time employees at Transitions to conduct screening, assessment, referral and peer support services to individuals with substance use disorders;
- LRADAC plans to increase and expand the provision and coordination of services at Transitions with one FTE position and one half-time position during the next year.

Recent annualized outcomes from these practices include:

- 910 homeless individuals were reached at an average cost of \$151.29/person;

- 372 (41%) were enrolled in mental health services;
- The remaining 538 could not be enrolled in PATH because they were ineligible, primarily because they had a substance use disorder only with no serious mental illness.

MIRCI currently houses 160 adults with mental illness and 23 children who were homeless upon entry; 82% of individuals exceed the HUD standard for housing stability – i.e. remaining in housing for 6 months or longer.

Housing and services for formerly homeless individuals with mental illness is provided at a cost of \$28 to \$32 per day – much lower than the cost of jail or hospitalization.

UWM administers the HMIS for MACH. HMIS tracks client level data, and UWM analyzes this data through a variety of research and evaluation measures. Currently, UWM is leading a data linkage study on behalf of the South Carolina Coalition for the Homeless (SCCH). This study, facilitated by the SC Budget and Control Board, Office of Research and Statistics (ORS), will link a five year cohort of homeless clients extracted from each of the four state HMIS databases to matching client information obtained from various state agencies through DRS. Examples of agencies and databases participating in the data matching study are Medicaid, hospitals, emergency departments, Vital Records, and SLED. By analyzing overlap between HMIS and these data sets, SCCH intends to answer a variety of research questions including:

- What percentage of the homeless population in HMIS is enrolled in Medicaid?
- What percentage of the homeless population in HMIS has had an emergency room or hospital visit?
- What is the average cost of an emergency room visit by a client in HMIS?
- How many clients in HMIS have been arrested at some point?

In the second phase of the data linkage study, SCCH will request youth datasets from the Department of Education and Social Services in order to observe trends among homeless youth such as educational performance and the frequency of DSS involvement among homeless families.

In addition to statewide research, UWM also regularly uses HMIS data to evaluate performance at a local and CoC level. HMIS is used to monitor outcomes such as transitions to permanent housing, stability in permanent housing, growth in income, access to mainstream benefits, and bed utilization at an agency and continuum level.

Recommendations:

- a. Support an additional Benefits Specialist (in addition to MIRCI's plans) at Transitions - \$30,000 FTE plus 25% fringe & support cost – total of \$37,750.**
- b. Require the winter shelter provider to provide a credentialed mental health professional to collaborate with local Outreach Workers to provide mental health assessments and services at the winter shelter.**

- c. **Ensure officers of the Columbia Police Department, as well as EMT/Paramedics, complete the Crisis Intervention Training provided by the National Alliance for the Mentally Ill – 40 hour training investment with tremendous long reaching benefits.**
- d. **Work with the COMET to provide a bus stop on Colonial Drive where CAMHC and LRADAC –are co-located.**
- e. **The City of Columbia should continue to work with MACH to develop a homeless court which is a diversion program for homeless people arrested for committing non-violent crimes. Rather than sentencing, they are given the option of participating in a local program to help them overcome homelessness and secure housing. This should be coordinated with the existing successful mental health court run by Richland County Probate Court.**
- f. **Fund a Mobile Crisis Response Team, as both Charleston and Greenville have in place; a Crisis Team would also increase psychiatric triage for shelters. An estimated annual cost is \$500,000.**

Ken's Story

Ken had a significant history of medical conditions. He lived on the streets on and off for almost a decade and experienced several traumas while living on the street, including multiple assaults. Ken chose to stay in a local shelter only on the winter nights when the temperature was extremely low. He felt keeping to himself was the only way to survive. With little social support and estranged family, Catholic Charities began reaching out to Ken and he was referred to USC's Housing First. The case management team speedily helped him apply for Social Security benefits utilizing the SOAR process for people experiencing homelessness. He was connected to primary medical care and began to receive the appropriate medication. Through outreach and engagement, Ken moved into a Housing First unit. His housing has provided the stability to stay engaged in medical care, mental health treatment, Vocational Rehabilitation, and case management services. He has also been able to reconnect with his son after nine years, and in the fall of 2013 Catholic Charities helped provide a bus ticket to visit his son. Ken was able to watch him play football, where his son is a key player for his school team. Ken takes great pride in his apartment and is approaching his first anniversary of obtaining housing. He continues to meet with the Housing First team two to three times a month. He calls Catholic Charities regularly to "just say hey, and I love y'all" and stops in at Clean of Heart to say hello to the staff and volunteers. Ken also has joined a local non-profit Board of Directors to give back. Ken is a tremendous example of the difference stable housing can make for someone experiencing homelessness.

Submitted by USC Supportive Housing Service and Catholic Charities

Melani's Story

Imagine a well-educated woman in her mid-forties, working a professional level position at a major university. She is close to completing 25 years in state employment and earns an exceptionally good salary. On the outside, she seems like the picture of success. She smiles and acts like everything is fine. But one can never truly know what is going on in a person's life.

Meet Melani. While her outward appearance gave the impression that everything was OK, for years, what was inside experienced significant turmoil—so much so that she struggled frequently with anxiety, depression and alcohol abuse. "I had been on medication for anxiety and depression since I was about 25 years old," said Melani. "But, things really changed for me when my mother died."

After her mother's death, Melani began to experience severe depression. She quickly became the type of person who didn't answer the door, phone, or check the mail.

"I became more and more isolated," she explained. "I was living alone. And it is easy for mental illness to go untreated when you're alone. I started using alcohol more and also drugs. As time went on, I developed serious addiction problems. I lost my job, my car, my house, my retirement...everything."

Prior to Melani's homelessness, when she would see homeless people in the community, she would wonder where their families were and why they were not providing care. "That's one thing about dealing with addiction and being homeless, it's very lonely," she explained. "You've become a problem for other people, so you just stay away from everybody. You can see the disdain in their eyes."

While Melani was homeless, in that exhausted state, a man offered to buy her a cheeseburger basket if she performed a certain sexual act for him. "That was a turning point for me," she said. "I call it my 'cheeseburger basket moment.' I had not eaten for about two days and I was hungry. I told him 'no.'"

Melani was in LRADAC's detox units for five days. LRADAC arranged for her to go to The Salvation Army and enroll in a drug and alcohol recovery program. The program lasted six months and focused on building new skills for coping with life. She also noted how difficult it was to recover from the stigma of being homeless, including the challenges of finding employment due to lack of address, phone, ID, and transportation. It was also difficult to stay clean, do laundry, keep up with belongings, and going without healthcare, medicine, vision and dental care.

Melani is now on the long road to recovery where every day is a challenge. She has been employed by The Salvation Army for over six years in several positions and currently serves as the director of program services.

"Many people believe that homelessness could never happen to them," she said. "I certainly thought that"

Submitted by Salvation Army of the Midlands

SECTION G. EMERGENCY RESPONSE

12. How do we develop an accountability protocol for providers and recipients that can respond to fluid provisions and circumstances within the varying seasonal challenges?

The community has been tested twice this year to provide emergency services during dangerously cold or wet weather. The key to keeping people safe is an early response and collaboration among key providers like Transitions, Oliver Gospel Mission, the Winter Shelter and the City. Outreach workers and services like 2-1-1 need early notice about plans for warming centers and overflow shelters. Rules may need to be relaxed to allow people to enter shelters at different times of day and night.

SECTION H. SEX OFFENDERS

11. How do we address sex offenders?

Among all the issues identified in this RFI, the question of how and where to house sex offenders will require the most political will and the most willingness to explore research supported options. Communities across the country are dealing with the unintended consequences of ordinances so restrictive regarding housing for sex offenders that they undermine tracking of them when they become homeless.

Current research does not support the effectiveness of residency restrictions reducing recidivism (Durling, 2006; Agudo 2008; Duwe, Donnay and Tewksbury, 2008).

National Institute of Justice sponsored research also indicates problems with the classification system that was intended to help manage risk of recidivism. In 2006, Congress required all states to implement a three-tier system of classifying offenders based on the offense of their conviction. One study collected data on 1,789 adult male sex offenders released from prisons in Florida, Minnesota, New Jersey and South Carolina. The sex offenders were tracked for up to 10 years. After 5 years, 5.1 percent had been rearrested for a new sexual crime, and after 10 years, the sexual re-arrest rate was 10.2 percent. Tier level was not significantly associated with recidivism in New Jersey, Minnesota and South Carolina and was inversely associated with recidivism in Florida—the only state in the study's sample that has been certified as substantially compliant with the federal requirement. (Zgoba et al, 2012).

In accordance with SC law, city code does not allow anyone required to register as a sexual offender to maintain a residence, reside or loiter within 1,000 feet of any school, child care facility, church, playground, park, designated school bus stop, public pool, youth athletic facility or playing fields or courts or rinks, or neighborhood or youth center. The code does allow an exception for people living in a homeless shelter for no more than a year. **Local shelters serving homeless adults are willing to serve sex offenders, but local neighborhoods do not support this, leaving homeless sex offenders on the street and making it very difficult to track them.**

Recommendations:

- a. **The City should sponsor a task force to study the issue and solutions for providing emergency shelter and long term housing for sex offenders while protecting public safety.**
 - i. **The task force should include representation from the legal, academic, correctional, law enforcement, shelter, housing, treatment and neighborhood communities with the willingness to establish goals and explore new solutions.**
 - ii. **The task force should be regional to avoid the perception of exporting problems to neighboring communities.**

SECTION I. SUSTAINABILITY

1. How do we address sustainability and scalability for each section of need in the response to poverty and homelessness in Columbia?

The community has already taken shelter for adults to scale in creating and supporting Transitions. Except for the need to expand short term housing and services for families (which local faith based groups are addressing) and for youth, the emphasis for “going to scale” should be on permanent housing. **Everyone who is homeless needs permanent housing regardless of whether their path to housing is directly from the street or through emergency or transitional housing.** Increasing permanent housing should reduce the demand for temporary facilities like a winter shelter over time. Further, affordable housing and housing assistance could prevent homelessness among those doubled up, living in substandard housing or waiting for public housing assistance. In partnership with MACH, the Midlands Housing Trust Fund, the Columbia Housing Authority, and Richland County, the City and its development corporations could develop and prioritize strategies for increasing multifamily housing on a scale needed in a community of 23% poverty.

Sustainability, by definition, requires a long term perspective. The Midlands Housing Trust Fund is working hard (thanks to partners like the City of Columbia) to achieve Community Development Financial Institution (CDFI) status to qualify for funding from the US Department of Treasury. There will also continue to be resources for homeless veterans. Otherwise, MACH and City leadership recognize that in the short term, federal resources will diminish for community development programs.

Communities that have substantially reduced homelessness have committed to local solutions. Miami, FL has reduced its point in time street homeless population from over 1700 in 2006 to 839 in 2013. Philadelphia’s January 2012 point in time unsheltered count was 370. This is in spite of higher populations (2.6 million and 1.5 million respectively) with significant poverty rates in both (19% and 28% respectively). Both communities are implementing long term plans, committing resources and working in partnership with local CoCs, agencies and other funders. Miami raises \$12M annually in a special tax on food and drinks in larger restaurants that funds

local homeless programs. The City of Philadelphia commits \$48M in city resources to complement federal funding that serves the homeless.

Successful solutions for complex problems like homelessness usually require sustained attention. United Way of the Midlands, MACH, CHA and other agencies identified here have demonstrated their investment in long term solutions and welcome the City extending its partnership and commitment. An example of proven partnerships is the Funders Together Network of King County, Washington. Local funders dedicated to providing long-term solutions to homelessness: City of Seattle, King County, Community Foundation, King County United Way, and the Bill and Melinda Gates Foundation convene to develop common goals and outcomes measures for funded programs addressing homelessness in the Seattle area.

Recommendations:

- a. **The City should require funded agencies to utilize the Homeless Management Information System and report data through the Coordinated Assessment System.**
- b. **The City should work in partnership with local funders to develop common community-level goals based on data from the HMIS system. The Funders Roundtable would track progress toward community level goals and evaluate results of programs. Funders should include United Way of the Midlands, MACH leadership, Richland and Lexington Counties with consideration for other funders of housing and homeless services.**
- c. **The City should participate in MACH meetings for networking and information sharing purposes.**

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Appendix A: Potential Partners, Community Organizations, etc. for Future Projects

****Please note* Partners responding to the City's Request for Information are open to participation from other community organizations and stakeholders not limited to those listed below for future homeless housing and service opportunities.***

The Salvation Army of Columbia 3024 Farrow Rd, Columbia 29203	Roger Coulson 803.765.0260	Financial assistance and housing placement
Wateree Community Actions 2430 Atlas Rd., Columbia SC 29209	Margaret Gibson 803.315.8326	Referrals
Trinity Housing Corporation 2400 Waites Rd., Columbia, SC 29202	Lila Anna Sauls 803.256.3999	Housing for families
Eau Claire Health Cooperative 1228 Harden Street, Columbia SC 29202	York Glover 803.260.7593	Access to healthcare
The Women's Shelter 3425 N. Main Street, Columbia SC 29203	Cynthia Ellis 803.873.0713	Collaboration
Transitions 2025 Main Street, Columbia SC 29201	Craig Currey 803.724.1080	Housing referrals and day center
Columbia Housing Authority 1917 Harden Street, Columbia	Nancy Stoudenmire 803.254.3886	Housing
Palmetto Aids Life Support Services 2638 Two Notch Rd, Columbia SC 29202	Alton Cobb 803.779.7257	Collaboration
USC Supportive Housing Services 1325 Laurel Street, Columbia 29201	Kristen Connors 803.343.3437	Housing referrals
SC Appleseed PO Box 7187, Columbia SC 29202	Ashley Thomas 803.779.1113	Guidance
Healing Properties 1225 Laurel Street, Columbia SC 29201	Robin Griffin 803.251.3425	Housing referrals
Alston Wilkes Society 3519 Medical Drive, Columbia SC 29203	Kate Paolino 803.748.7489	Housing and service referrals
Sistercare	Nancy Barton	Housing and service referrals

United Way of the Midlands/Midlands Area Consortium for the Homeless
 Response to City of Columbia RFI 00001-13-14

1820 Morlaine Rd, Cayce, SC 29033	803.765.9428	
LRADAC	Leslie Wilson	Service referrals
2711 Colonial Drive, Columbia, SC 29203	803.726.9381	
Midlands Housing Trust Fund	Brian Huskey	Affordable housing creation
4300 Main Street, Columbia SC 29203	803.764.3976	
The Family Shelter	Rebecca Jacobson	Housing referrals
2411 Tow Notch Road, Columbia 29202	803.771.7040	
Growing Home Southeast	Gayle Ricks	Housing referrals
440 Knox Abbott Drive, Cayce SC 29033	803.791.5513	
Mental Illness Recovery Center, Inc.	Julie Ann Avin	Housing and service referrals
3809 Rosewood Drive, Columbia SC 29205	803.786.1844	
Columbia Area Mental Health Center	Kathy Hugg	Service referrals
2715 Colonial Drive, Columbia SC 29202	803-898-4800	
Catholic Charities	Mary Trivisonno	Service referrals
1529 Assembly St, Columbia, SC 29201	803-254-9776	
The COMET	Bob Schnieder	Transportation
3613 Lucius Road, Columbia SC 29203	803.255.7085	
SC Dept. of Mental Health	Michele Murff	Housing and service referrals
2414 Bull Street, Columbia SC 29202	803.898.7767	
Midlands Area Consortium for the Homeless	Lila Anna Sauls	Planning
1800 Main Street, Columbia SC 29201	803.256.3999	
United Way of the Midlands	Anita Floyd/Jennifer Moore	Planning, research, Homeless Management Information System
1800 Main Street, Columbia SC 29201	803.733.5400	