
HOMELESSNESS SERVICES SYSTEM

GAPS ANALYSIS & SYSTEM PERFORMANCE REPORT



"Envisioning an Upstate SC where homelessness is
brief and rare."



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ACKNOWLEDGEMENTS

We would like to acknowledge the support of the Upstate Continuum of Care Advisory Council and all the members serving in each committee with the goal of making homelessness brief and rare. We want to give a special thanks to all the organizations that utilize the Upstate Continuum of Care Homeless Management Information System. Without their contributions, the preparation and development of this report would not be possible as we continue to find ways to help individuals at-risk for or experiencing homelessness. Furthermore, we want to thank all of the organizations that provided financial information on the amount spent serving people currently experiencing homelessness.

Lastly, we want to thank the Upstate Continuum of Care team that worked on this project in an effort to better understand the state of homelessness in Upstate South Carolina: Austin Barrett PhD, HMIS System Administrator/Data Analyst, Natalie Worley PhD, United Housing Connections and Upstate CoC Programs Consultant, Cecilia Rodriguez, HMIS Program Coordinator, Brett Rawl, Intake & Referral Specialist, Lorain Crowl CFRE, Executive Director of United Housing Connections and Upstate Advisory Council Chairperson, and Daniel Cooper MPH, Director of Strategic Initiatives for the Upstate Continuum of Care.

We also want to acknowledge this was inspired by the "Gaps Analysis and System Performance Report" produced by the Raleigh/Wake Partnership to End and Prevent Homelessness.





OVERVIEW

HOMELESSNESS IN SOUTH CAROLINA

According to the 2018 South Carolina Point-in-Time Count, there were 3,933 persons experiencing homelessness on a single night in January. in SC. Of that total, 273 were family households, 415 were Veterans, 237 were unaccompanied young adults (aged 18-24), and 686 were individuals experiencing chronic homelessness.¹⁻²

In 2018, 57 projects from 32 organizations participated in the Point-In-Time (PIT) count. In total, 1,185 individuals were reported homeless by the Upstate CoC.

Within the Upstate CoC jurisdiction, 269¹⁻² of the total homeless population were in families with children (23%) and 912 were adults or in adult-only families (77%).

In comparison to the other Continuums across the state, MACH (Midlands area) reported 1,205 individuals experiencing homelessness across 14 counties, LHC (Low Country area) reported 451 individuals reported across seven counties, and ECHO (Myrtle Beach area) reported 1,092 individuals experiencing homelessness across 12-counties. According to the 2018 Point in Time (PIT) Count report Greenville county was the 3rd highest count for number of individuals experiencing homelessness.

ON

JANUARY 24, 2018

3,933
Persons



¹
237 Youth

415 Veterans



273 Families

WERE EXPERIENCING
HOMELESSNESS IN SC

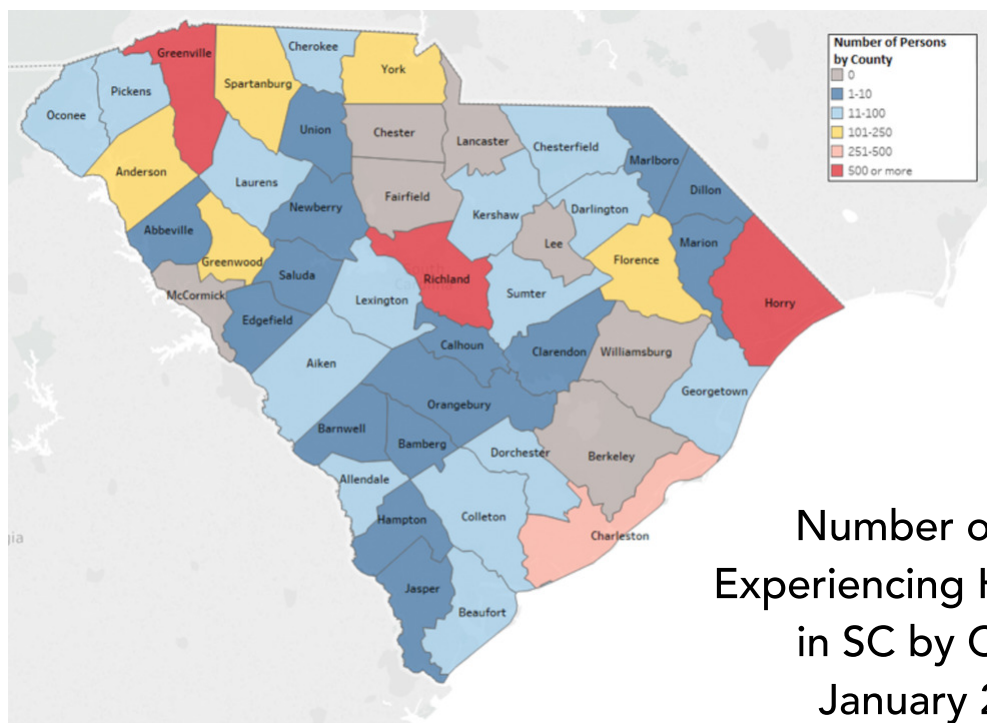
OVERVIEW

UPSTATE CONTINUUM OF CARE

The Upstate Continuum of Care (CoC) is a community of individuals and providers that organize and deliver housing and services to individuals experiencing homelessness as they move to stable housing and self-sufficiency. The Upstate CoC is made up of more than 80 agencies taking action to end homelessness. Serving 13 counties in the Upstate region of South Carolina, the mission of the Continuum of Care is "To coordinate efforts in Upstate SC to end homelessness."¹⁻²

The Upstate CoC covers 13 counties, including the Greenville-Anderson-Mauldin Metropolitan area that had a population of 1.347 million in 2016 according to American Fact Finder data obtained from the most recent census. The 13 counties that make up the CoC include Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Saluda, Spartanburg and Union.

United Housing Connections is the designated Lead Agency and Collaborative Applicant for the United States Housing and Urban Development (HUD) Continuum of Care program in this region and is the primary entity charged with coordinating the homeless response system. In addition, United Housing Connections administers and manages the region's Homeless Management Information System (HMIS). This database is shared statewide to allow for improved data sharing and service delivery as participants move between CoCs.



Number of Persons
Experiencing Homelessness
in SC by County on
January 24, 2018

Source: Upstate CoC 2018 PIT Count Report
2018 PIT Date:1/24/2018



GAPS ANALYSIS SUMMARY

The primary purpose of this gaps analysis is to better inform members of the Continuum of Care and community at large on data-driven HMIS metrics for strategic planning, project development, and program improvement. The gaps analysis is a local, system-wide examination of homelessness as defined by HUD's Continuum of Care program. Some key components of this analysis include population, capacity, utilization, performance and cost. Continuum staff primarily utilized data derived from HMIS as represented in aggregate reports submitted to HUD on an annual basis. Using these data sources, the Upstate Continuum of Care can better understand how to meet the needs of individuals and families experiencing homelessness across the Upstate of South Carolina.

KEY FINDINGS

The 2018 Upstate CoC PIT Count data revealed a total of 1,185 individuals were experiencing homelessness on a single night in January 2018.

Rapid Rehousing (RRH) is the most cost-effective project-type, costing an average of \$4,319 per bed annually. (Note: 53 of the 59 relevant projects operating within the geographic region of the Upstate CoC provided financial information).

Based on data from the 2017 Annual Homeless Assessment Report (AHAR) to Congress, 19% of families (42 persons) residing in Emergency Shelter (ES), 25% of individuals (16) in Transitional Housing (TH), and 50% (10) in Permanent Supportive Housing (PSH) entered the project from a prior homeless living situation. Not all projects included in this analysis are required to admit persons from literal homeless situations prior to participant enrollment.

Persons experiencing homelessness in Emergency Shelter (ES), Transitional Housing (TH), and Safe Haven (SH) projects remain homeless for 66 days at the median.

A large percentage of individuals and families served by RRH or TH projects report exiting to a permanent housing destination (86% for RRH and 76% for TH).

Only 11% of persons who exited to a permanent housing situation returned to homelessness within two years.

During a twelve-month period (04/05/2018 - 04/05/2019), 824 unique heads of household completed the Upstate CoC Coordinated Entry System (CES) Intake and Vulnerability Index (VI-SPDAT) assessment.

A high percentage (61%) of all intakes completed were from participants residing in Greenville/Laurens Chapter of the Continuum (with the vast majority coming from Greenville County).

Participants who make >\$1,000 per month were much more likely to score for RRH (71%) than PSH (21%). On the other hand, participants who make <\$1,000 and those with no income were more likely to score for PSH support (41% PSH for those <\$1,000 income, and 43% PSH for those reporting no-income).



KEY SOLUTIONS

In response to each finding, local, state and federal solutions were provided to address the identified service gaps. The following key solutions are presented in this report:

Increasing the current inventory of Permanent Supportive Housing (PSH), Rapid Rehousing (RRH) and Transitional Housing (TH) beds should be a high priority. This could be achieved through maximization of HUD-related funding streams and additional diversification of funding and partnerships beyond HUD/Federal funds.

An increased focus should be given to Diversion and Prevention efforts. The most effective way to reduce the number of individuals entering the Upstate CoC homeless response system from literal homeless situations is to prevent and divert these occurrences altogether.

An increased focus should be given to developing additional Street Outreach programs in a effort to identify and connect those experiencing homelessness with housing and services quickly.

The Upstate CoC should also further develop the capacity and visibility of the current Coordinated Entry System (CES) system and Access Points to quickly provide localized and right-sized solutions wherever an individual presents within the homeless response system.

Strategically increase the number of Access Points - particularly in more rural areas of the Continuum - is an effective method of prevention in reducing returns to homelessness.

Develop clearly delineated Move-On strategies for participants in Emergency Shelter, Transitional Housing projects, and Permanent Supportive Housing projects, so more beds become available for persons experiencing unsheltered homelessness.



More Prevention, Diversion
and Street Outreach
Develop Move-on Strategies
Increase Housing Inventory
Build CES Capacity
Increase CES Access Points



DATA INCLUDED IN THE GAPS ANALYSIS

Data for this analysis was drawn from the Upstate Continuum of Care's Homeless Management Information System (HMIS). According to HUD, "A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at-risk of homelessness."⁴ Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. Currently, the Upstate Continuum of Care uses WellSky's ServicePoint software. This software is shared with the other three Continuums of Care in South Carolina as well as with the United Way's 211 resource line.⁴

DATA SOURCES

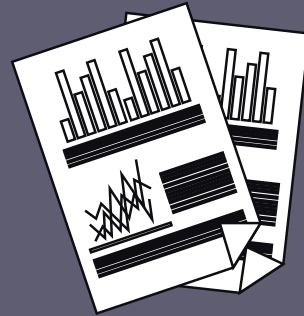
Many data sources were utilized in the creation of this Gaps Analysis. These include:

Point-in-Time (PIT) Count: The Point-in-Time (PIT) count is a census of persons experiencing unsheltered or sheltered homelessness on a single night in January. Unsheltered homelessness is categorized as any persons residing in a place not meant for human habitation such as the street, a car, or an abandoned building. Sheltered homelessness includes individuals and families residing in Emergency Shelter, Transitional Housing, or Safe Haven. HUD requires CoC's to conduct an annual sheltered count every year and an unsheltered count at least every other year. The Upstate Continuum of Care chooses to conduct a PIT every year of both sheltered and unsheltered persons experiencing homelessness.

Housing Inventory Count (HIC): The Housing Inventory Count (HIC) is an annual inventory of beds and units dedicated to individuals and families experiencing literal homelessness on the night of the PIT Count. There are five program types included in the HIC: Emergency Shelter, Transitional Housing, Rapid Re-Housing, Safe Haven, and Permanent Supportive Housing. The HIC also specifies the allocation of those beds based on household status.

Annual Homelessness Assessment Report (AHAR): The AHAR uses HMIS data to gather homelessness data over a 12-month period. Rather than focusing on a single night like the PIT Count, this annualized report provides a more in-depth perspective on the demographics and characteristics of persons experiencing homelessness. The date-range for the AHAR is October 1 to September 30 - corresponding with HUD's fiscal year. As of 2019, the AHAR has been replaced with the Longitudinal System Analysis (LSA). At the time of this writing, final LSA data was pending technical review and was therefore unavailable for inclusion in this Gaps Analysis. Future iterations of the Gaps Analysis will utilize LSA data instead of data from the AHAR.

HOMELESS MANAGEMENT INFORMATION SYSTEM



POINT IN TIME COUNT

HOUSING INVENTORY COUNT

ANNUAL HOMELESS ASSESSMENT REPORT



DATA SOURCES (CONTINUED)

System Performance Measures (SPMs): System Performance Measures (SPMs) quantify the efficacy of a local homeless response system through seven separate metrics. Progress CoCs make on these seven metrics are assessed annually via the System Performance Measures report to HUD. For this report, the CoC will focus on four of the System Performance Measures: First Time Homeless, Length of Stay, Exits to Permanent Housing, and Returns to Homelessness.

Annual Performance Report (APR): The Annual Performance Report (APR) is designed to track the progress and outcomes of CoC-funded projects through HMIS including: Rapid Rehousing, Transitional Housing, Safe Haven, and Permanent Supportive Housing. APRs can be run on single programs or a group of programs to gauge who was served and the outcomes of a participant's engagement with a project.

Coordinated Entry System (CES) Prioritization Report: Coordinated entry is a process developed to ensure all individuals and families experiencing a housing crisis have fair and equal access to housing resources and are quickly identified, assessed for, and referred to these resources based on the participant's vulnerability and needs. The Upstate CoC CES process relies on a prioritization list that documents key demographic and experiential data-points about persons experiencing literal homelessness. In addition, a vulnerability tool (VI-SPDAT) is completed at initial intake to gauge the severity of a person's current experience of homelessness to 1) ensure the most vulnerable persons are being prioritized for housing and 2) make appropriate housing referrals based on a participant's level of need. Data from this prioritization report, including results from the VI-SPDAT, was utilized to produce many of the Key Findings in later sections of this document.

Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT): The VI-SPDAT was designed for rapid, interview-style administration that can be applied with minimal training, making it a good starting point for communities tasked with assessing a large homeless population. The instrument primarily relies on the self-report of those assessed; the original version also included four observer-rated items indicating a subjective evaluation of the extent of impairment related to daily living skills, physical health conditions, substance use, and mental health observed by the assessor. VI-SPDAT items are grouped under four subdomains: History of Housing and Homelessness, Risks, Socialization and Daily Functions, and Wellness.

Date Range for Analyses: Priority was placed on utilizing the most recently available data for each analysis; therefore date ranges for the analyses presented in this report vary from section to section. The specific report and the ranges utilized for the Key Finding analyses are presented in the caption underneath each figure/table.

**SYSTEM
PERFORMANCE
MEASURES**

**ANNUAL
PERFORMANCE
REPORT**

**COORDINATED ENTRY
PRIORITIZATION
REPORT**



**VULNERABILITY
INDEX-SERVICE
PRIORITIZATION
DECISION
ANALYSIS TOOL**

**MOST RECENT
AVAILABLE DATA
USED**

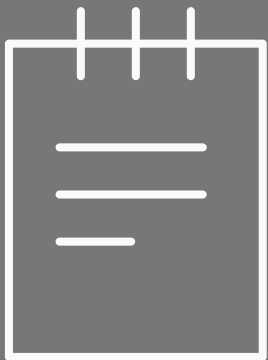


DATA QUALITY NOTES

The Upstate CoC consistently achieves/maintains high levels of data quality across all project types. The average data quality and completeness across all project types is 98.9%, meaning all required data fields contain complete data. This data quality score is derived from all projects participating in HMIS, not just those required to utilize the system based on their funding source (i.e., Emergency Solutions Grant (ESG), Continuum of Care (CoC) Program Competition, and other federal initiatives). All HMIS end-users are trained on the importance of complete, accurate, and timely data entry practices.

CONTEXT OF HMIS IMPLEMENTATION

In the Upstate CoC, HMIS is utilized by a broad consortium of agencies providing homeless services - it is a significant repository for a significant amount of information about persons experiencing homelessness across the region. However, there are a number of large homeless service providers who do not input their participant information into HMIS. This results in incomplete coverage of participants receiving services in specific targeted areas: namely, Emergency Shelter (40% of beds are tracked in HMIS in 2018) and Transitional Housing (42% tracked in HMIS). Despite this, analyzing HMIS data is the Continuum's best glimpse into better understanding the gaps in services that should be filled to better serve participants experiencing homelessness.



Noteworthy:

The Upstate Continuum of Care partners with more than 80 service providers across our 13 county region. While the CoC strongly encourages all agencies to input their participant data into HMIS, it is not a requirement for those who do not receive federal funding. In partnership with these non-federally funded agencies, the CoC is working to find ways to incorporate this important data into this report outside of HMIS.



POPULATION AND CAPACITY



An effective homeless response system has the capacity to meet the needs of persons experiencing homelessness through readily available housing inventory and dedicated resources.^{2,6} One way to gauge demand for homeless services is through the Point-in-Time (PIT) Count. The PIT Count provides a glimpse of the number of persons experiencing homelessness on a single night in January. Likewise, a way to measure the supply of housing available to persons experiencing homelessness is the Housing Inventory Count (HIC). The HIC measures the number of beds available to persons experiencing homelessness on the same night as the PIT. Comparing the two datasets of supply (HIC) and demand (PIT) will suggest if the available housing inventory adequately reflects the expressed need.

Key Finding

The 2018 Upstate CoC PIT Count data revealed a total of 1,185 individuals were experiencing homelessness on a single night in January 2018. Of this number, 77% of those counted were experiencing homelessness as individuals. Similarly, in January 2017, 68% of persons counted were individuals. In both years, the number of single individuals experiencing homelessness outnumbered persons in families by over a 2:1 ratio.

2017 & 2018 PIT Count Data (Measure of Demand)

	2017		2018	
	Singles (# of Persons)	Families (# of Persons)	Singles (# of Persons)	Families (# of Persons)
UNSHELTERED	345	40	292	44
EMERGENCY SHELTERED	458	223	538	167
TRANSITIONAL HOUSING	82	156	74	58
SAFE HAVEN	13	0	12	0
TOTAL PERSONS	898	419	916	269
PERCENT OF PERSONS	68%	32%	77%	23%
ANNUAL TOTAL PERSONS	1,317		1,185	

Source: Upstate CoC 2017 & 2018 PIT Count Reports 2017
PIT Date: 1/25/2017; 2018 PIT Date: 1/24/2018



POPULATION AND CAPACITY (CONTINUED)

When examining the beds available to persons experiencing homelessness, there is a more even split in housing available for individuals and persons in families. The 2018 HIC shows that 58% of the available beds were for individuals and 42% for families. This does not compare equitably to the skew towards persons experiencing homelessness individually. However, bed availability for individuals is trending in the right direction; from 2017 to 2018, there was a 17% increase (+131) in the number of beds available for individuals. This increase was predominantly seen in the number of Rapid Rehousing beds available for single persons in 2018 compared to 2017 (a 127% increase, +61 beds).

2017 & 2018 HIC Information (Measure of Supply)

Project Type	2017 HIC			2018 HIC		
	Individual Beds	Family Beds	Total Beds	Individual Beds	Family Beds	Total Beds
EMERGENCY SHELTERED	322	430	752	381	467	848
TRANSITIONAL HOUSING	97	153	250	93	94	187
SAFE HAVEN	13	0	12	12	0	12
RAPID REHOUSING	48	43	91	109	55	164
PERMANENT SUPPORTIVE HOUSING	292	60	352	298	43	341
TOTAL BEDS	772	686	1458	903	659	1552
ANNUAL % BY TYPE	53%	47%		58%	42%	

Source: Upstate CoC 2017 & 2018 Housing Inventory Count Reports
2017 HIC Date: 1/25/2017; 2018 HIC Date: 1/24/2018

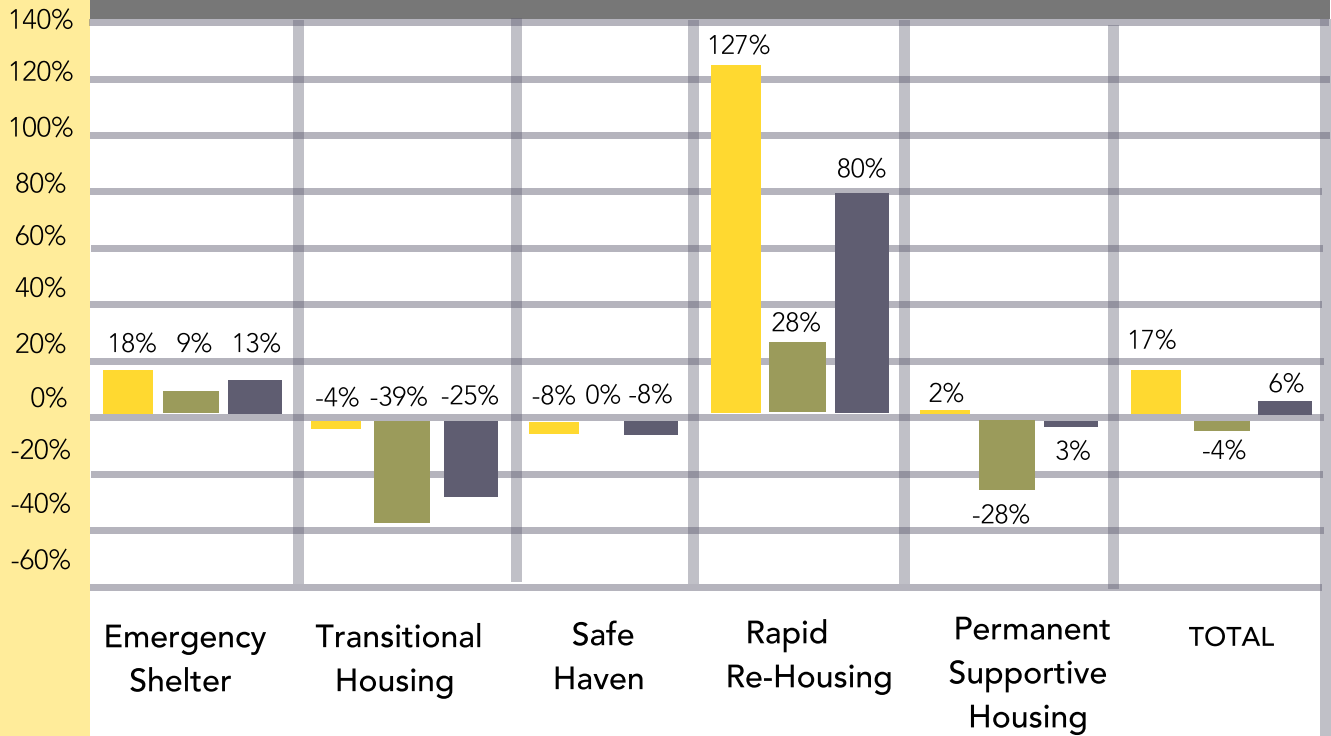




PERCENT CHANGE

Individual Beds
Family Beds
Total Beds

PERCENT CHANGE IN HOUSING INVENTORY 2017 TO 2018



Source: Upstate CoC 2017 & 2018 Housing Inventory Count Reports
2017 HIC Date: 1/25/2017; 2018 HIC Date: 1/24/2018

Noteworthy:

From 2017-2018, Transitional Housing stock decreased by 25%, or 63 beds overall. This reduction in inventory is particularly dramatic in family beds (59 bed decrease.) Rapid Re-Housing beds increased significantly (73 beds), it became a HUD focus area, and Permanent Supportive Housing beds for families dropped (17 beds) due to the elimination of an under-performing program.



Possible Solutions

Increasing the inventory of affordable housing stock for both individuals and families is critical to ending homelessness. Locally and nationally, the largest population of persons experiencing homelessness are single adult males. Furthermore, the available housing supply is more evenly distributed between individuals and families than the demand reflects. Recognizing this high level of demand for housing for individuals, the CoC should continue to prioritize and improve housing inventory for individuals experiencing homelessness across all project types. Additionally, permanent and transitional housing interventions for individuals should be increased without divesting in housing inventory available for families.

More specifically, objective information captured during the CES intake process recommends that the majority of individuals experiencing homelessness receive RRH assistance. Increasing the number of beds provided to individuals experiencing homelessness can be increased through effective RRH. "Research demonstrates that those who receive rapid re-housing assistance are homeless for shorter periods of time than those assisted with shelter or transitional housing. Rapid re-housing is also less expensive than other homeless interventions, such as shelter or transitional housing."³ It should be stated, however, that RRH assistance is not appropriate for all persons experiencing homelessness. Housing opportunities with more intensive case-management (such as TH and PSH) are also needed to reduce both individual and family homelessness.

Along these lines, increasing the current inventory of TH and PSH beds should also be a high priority given the loss of TH in 2017-2018 and high utilization/low turnover of PSH. The focused application of these three interventions - RRH, TH, and PSH - are needed to make significant reductions in the number of persons experiencing homelessness.

NATIONALLY AND LOCALLY, ADULT MALES ARE THE LARGEST POPULATION EXPERIENCING HOMELESSNESS



Increase These Housing Inventory Types...Why?

- Rapid Re-Housing - very effective
- Transitional Housing - replace lost inventory
- Permanent Supportive Housing - high utilization/low turnover



TOTAL INVESTMENT

Understanding the financial cost to provide services is an often-overlooked component of evaluating a homeless service system. To visualize this cost, agencies were asked to provide the annual amount of money spent to operate each of their housing-related projects. All agencies listed on the 2019 Housing Inventory Chart were asked to participate. 53 of the 59 relevant projects provided financial information. From these project-level expenditures, an annual cost to operate each bed (both for singles and for families) was computed. This analysis reveals which project types and populations-served are most expensive and, conversely, the most cost-effective. Because each project type referenced refers to a specific intervention i.e., RRH, the Continuum can better understand which interventions could benefit from more or less support.

Key Finding

Nearly 61% of annual expenditures on housing projects in the CoC are spent on providing Emergency Shelter (ES) beds. Within ES, a noticeably higher amount of money is spent annually on housing families compared to singles. However, the annual cost per bed for singles is lower than the annual cost per bed for families. Transitional Housing (TH) beds are another form of temporary shelter for persons experiencing homelessness. The data indicates TH beds are on the whole more expensive annually than ES beds and the annual bed-cost remains relatively consistent between singles and families. Rapid Rehousing (RRH) is the most cost-effective project-type, costing an average of \$4,319 per bed annually. Permanent Supportive Housing (PSH) is a more expensive permanent housing solution but was shown to be particularly cost-effective in housing persons in families (\$5,658 per bed annually).

Annual Expenditures by Housing Program Type

Project Type	Singles		Families		Total	
	Amount	Annual Cost Per Bed	Amount	Annual Cost Per Bed	Amount	Annual Cost Per Bed
EMERGENCY SHELTERED	\$2,173,389	\$ 5,780	\$4,479,377	\$ 9,932	\$6,652,766	\$ 8,044
SAFE HAVEN	\$ 120,366	\$10,031	N/A	N/A	\$ 120,366	\$10,031
TRANSITIONAL HOUSING	\$ 998,564	\$10,294	\$ 820,358	\$10,004	\$1,818,923	\$10,162
RAPID RE-HOUSING	\$ 149,430	\$ 4,269	\$ 282,445	\$ 4,345	\$ 431,874	\$ 4,319
PERMANENT SUPPORTIVE HOUSING	\$1,675,042	\$10,669	\$ 260,285	\$ 5,658	\$1,935,326	\$ 9,534
TOTAL	\$5,116,790		\$5,842,466		\$10,959,256	

Source: Financial Data Provided by Upstate CoC Agencies Operating ES, SH, TH, RRH, and PSH Projects.

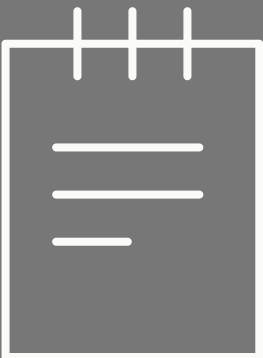


Possible Solutions

Pursuing additional permanent housing solutions will ensure more long-term housing stability for persons in a more cost-effective way. This is particularly true for RRH as the annual cost to provide each bed was remarkably lower than more temporary housing solutions (ES, TH, and SH). In addition, further investment should be directed specifically towards RRH opportunities for individuals. While the previous Population and Capacity section identified individuals as the predominant household-type for persons experiencing homelessness in the CoC, comparatively little money was spent on RRH for this important demographic group.

The Upstate CoC understands the issues facing housing providers to house low-income to no-income individuals cost effectively across all project types. The CoC recommends further exploration into housing subsidies these individuals might need post RRH assistance.

WHILE RRH IS THE MOST COST-EFFECTIVE HOUSING SOLUTION, PARTICIPANTS WITH LOW INCOME OR NO INCOME WILL HAVE DIFFICULTY MAINTAINING HOUSING POST RRH ASSISTANCE. THE COC RECOMMENDS THE EXPLORATION OF HOUSING SUBSIDIES FOR PARTICIPANTS POST RRH.



Noteworthy:

- Nearly 61% of all annual expenditures on housing projects were spent on providing Emergency Shelter.
- The cost to provide Rapid Re-Housing as a housing solution was, on average, 51% less than other temporary housing solutions (ES, TH, SH).
- On average, PSH is a more expensive housing solution but particularly cost-effective in housing persons in families.



SYSTEM PERFORMANCE ANALYSIS

Data reported in System Performance Measures (SPM) reveal the most significant and effective elements a Continuum can use to strategically develop systematic improvement.⁵ This is largely due to the metric, participant universe, and calculation inputs used to compute the desired outcome. The seven SPMs identified by HUD include: Length of Time Persons Remain Homeless, Returns to Homelessness, Number of Homeless Persons (specifically, the Point in Time Count), Employment and Income Growth for Homeless Persons in CoC Program-funded Projects, Number of Persons Who Become Homeless for the First Time, Homeless Prevention Housing Placements of Persons Defined by Category 3 of HUDs Homeless Definition in CoC Program-funded Projects, and Successful Placements (to a housing destination).^{4,5}

According to the United States Department of Housing and Urban Development, “The purpose of these measures is to provide a more complete picture of how well a community is preventing and ending homelessness. Of all measures, the Number of Homeless Persons directly assesses a CoC’s progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.”^{4,5}

The next five sections describe the metrics used in the analysis of the Upstate CoC’s homeless response system in preventing and ending homelessness. Each section includes key findings and suggested ways to improve service delivery. Tracking these system-level measures help communities gauge their progress towards achieving strategic goals.

THE KEY INDICATORS INCLUDED IN THIS ANALYSIS ARE:

- Entries from Homelessness (Not a HUD-defined SPM): What percentage of participants are entering the homeless services from literal homeless situations?
- Number of First Time Homeless: How many persons are experiencing homelessness for the first time?
- Length of Stay in Sheltered Homeless Settings: How long are participants residing in sheltered homeless situations? In other words, how much time elapsed from project enrollment to project exit?
- Exits to Permanent Housing: What percentage of participants exit projects to permanent housing destinations?
- Returns to Homelessness: Of those participants who exit to permanent housing destinations, how many return to homelessness at a later date?



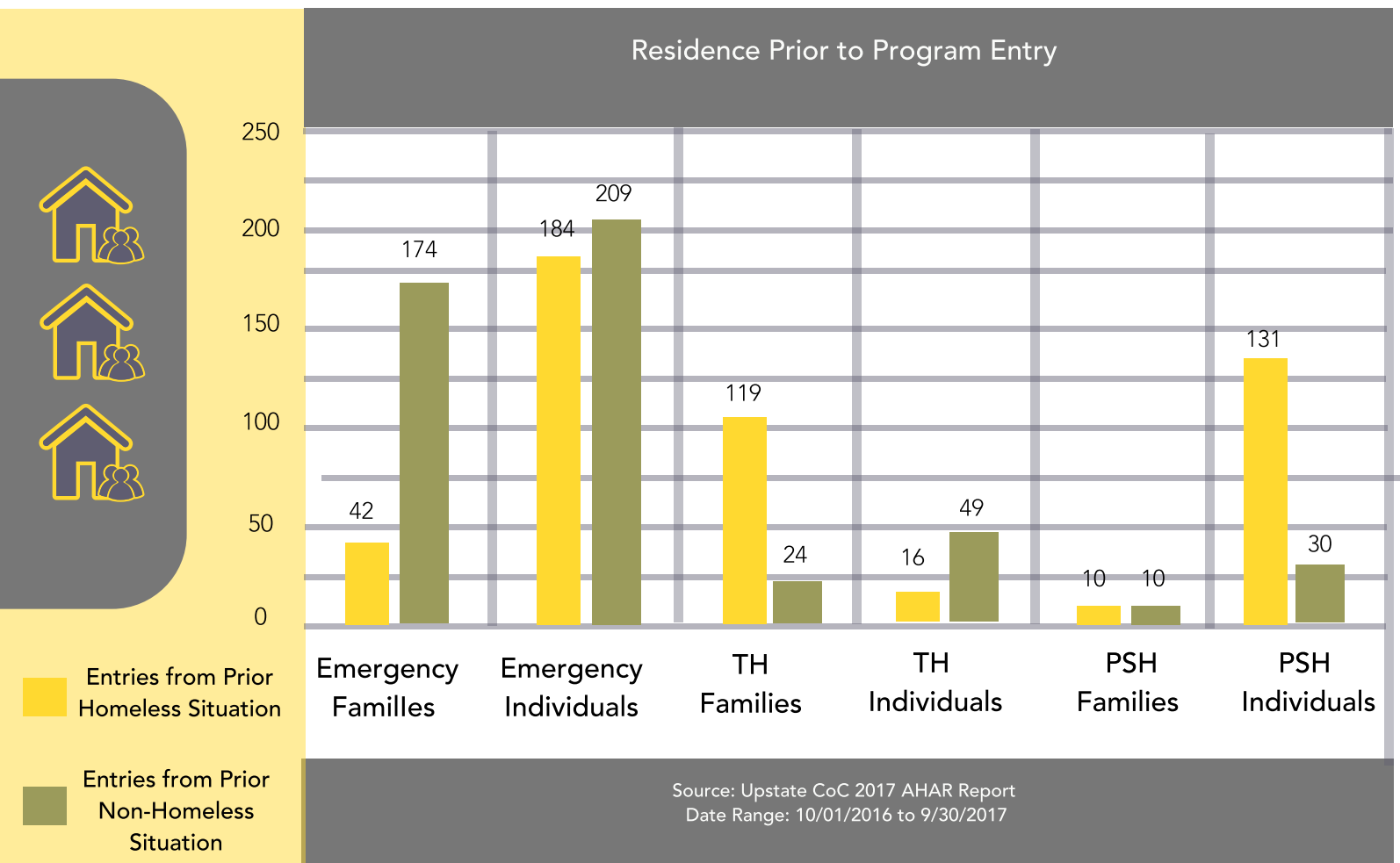
ENTRIES FROM HOMELESSNESS:

A homeless response system is responsible for prioritizing individuals and families who are literally homeless. The term literally homeless refers to persons living in an emergency shelter, transitional housing, safe haven, or a place not meant for human habitation such as a car or on the street.

Key Finding

This metric takes a detailed view of a participant's residence prior to entering ES, TH, or PSH programs. Essentially, the measure looks at how well a Continuum is serving persons who are experiencing literal homelessness by HUD's definition.

Based on data from the 2017 AHAR, 42 (19%) persons in families and 184 (47%) individuals residing in ES, 16 (25%) individuals in TH, and 10 (50%) persons in families in PSH entered the project from a prior homeless living situation. These measures fall below national benchmarks which indicate that less than 80% of participants entering these projects were experiencing literal homelessness.⁵ In the Continuum there are numerous projects within the emergency shelter, permanent supportive housing, and transitional housing types that have "grandfather" status based on their original funding allocation to serve non-literally homeless persons.





Possible Solutions

Limited housing resources are ideally reserved for those previously residing in a literal homeless situation. On the surface it is concerning to see such a large percentage of participants across nearly all project types entering from non-homeless situations. However, examining the number of participants in each project type, reveals some groups had small sample sizes (i.e., PSH families totaled 20, TH individuals totaled 65) which temper some of these percentage-based findings.

Among those not previously experiencing homelessness, an effective way to reduce the number of individuals entering the Upstate CoC homeless response system from non-homeless situations is to prevent and divert these occurrences altogether.

According to *Unlocking Doors to Homeless Prevention: Solutions for Preventing Homelessness and Eviction*, "Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate, alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing." Although diversion and prevention seem similar, prevention efforts speak to an individual's risk whereas diversion efforts redirect individuals attempting to seek shelter through the homeless service system.

A key solution the Upstate CoC can adopt is high level upstream approaches. Upstream approaches to homelessness prevention are particularly effective in keeping persons from needing assistance via the homeless response system. "Five of the most effective strategies that may be implemented at all levels of prevention: housing subsidies, supportive services coupled with permanent housing, mediation in housing courts, cash assistance for rent or mortgage, and rapid exit from shelter."⁷

Another way to reduce the number of entries from non-homeless situations is to codify, via the CoC's written standards, that all participants entering the homeless response system come from literal homeless situations. Logistically, however, there are a number of challenges to adopting this practice. In the Continuum there are numerous participants in transitional and permanent supportive housing projects types that have "grandfather" status meaning they were at the time able to be served even though they did not enter from a literal homeless situation. As these participants exit, it is now required that new participants served in these projects enter from a literal homeless situation. For the Emergency Shelter category, the largest HMIS-affiliated shelter in the continuum also maintains their "grandfather" status to continue serving persons entering from non-literal homeless situation based their historical ESG funding entry criteria.

Noteworthy:



Examining the number of participants in each project type, reveals some groups had small sample sizes (i.e., PSH families totaled 20, TH individuals totaled 65) which temper some of these percentage-based findings.

Additionally, there are numerous project types (ES, TH, PSH) that hold "grandfather" status based on their original funding allocation to serve non-literally homeless persons.



FIRST-TIME HOMELESSNESS AND PREVENTION:

Experiences of homelessness are ideally brief and non-recurring, especially among those who are experiencing homelessness for the first time. A homeless response system has a variety of tools to meet the needs of persons struggling with homelessness for the first time. Reducing the number of first-time experiences of homelessness and quickly rehousing persons in need of a hand-up can lead to an overall reduction of persons experiencing homelessness. By stemming the “inflow” of persons in need of housing, the Continuum is better able to focus resources and attention on those experiencing chronic and persistent homelessness.

Key Finding

In 2017, 86.4% of participants served were experiencing homelessness for the first time*. While the total number of persons experiencing homelessness for the first time decreased from 2016 to 2017 (-93 persons), the percentage of all participants served who were new to the homeless service system increased by 0.7%. This represents a consistently high percentage of participants served being considered “first-time” participants in the homeless service system.

Previously Homeless VS First-time Homeless	FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1247	1130	-117
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	178	154	-24
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1069	976	-93
Percent of participants served who were homeless for the first time	85.7%	86.4%	0.7%

Source: Upstate CoC System Performance Measure (Metric 2)
Date Range: 10/01/2016 to 9/30/2017

**HUD defines first time homeless as having no HMIS entries in the two years prior to the reporting year. Also, HUD specifies the projects included in the reporting group for this system performance measure to be: ES, SH, TH, and PH projects.*



Possible Solutions



The high percentage of “first-time” homelessness could be related to the recent stresses placed on the local housing market. With rapid economic growth and influx of high-wage earners moving to the Continuum’s geographic area, affordable housing opportunities have continued to diminish.⁸⁻¹¹

The rise in rents and the lack of housing that is affordable for low-income and persons living at or below the poverty line could also have impacted the numbers observed in persons experiencing homelessness for the first time. Advocating for affordable housing in the CoC’s geographic region will continue to be a priority for the Continuum to address the shortage in low-income housing.

The Upstate CoC should also further develop the capacity and visibility of the current Coordinated Entry system and access points to quickly provide localized and right-sized solutions wherever an individual or household presents within the homeless response system.

As described in the section above, a primary goal for the Continuum of Care is to divert persons away from the homeless services system. Strategies to accomplish this include maximizing available prevention and diversion resources (through ESG funding), providing persons at-risk of homelessness with the needed economic and legal resources to avert an impending experience of homelessness, and encouraging rapid resolution to periods of homelessness via exploring available alternatives to the homeless services system (such as friends, family-members).

Other practices include promoting data-driven preventative measures; for example, court- based eviction prevention, data integration of high-cost and vulnerable populations, and prevention screening tools.^{6, 7, 12}

School-based homelessness strategies can lead to a decrease in literal homelessness system-wide.

Noteworthy:

The five most effective prevention strategies: housing subsidies, supportive services coupled with permanent housing, mediation in housing courts, cash assistance for rent or mortgage, and rapid exit from shelter.

In addition, school-based homelessness strategies can lead to a decrease in literal homelessness system-wide.





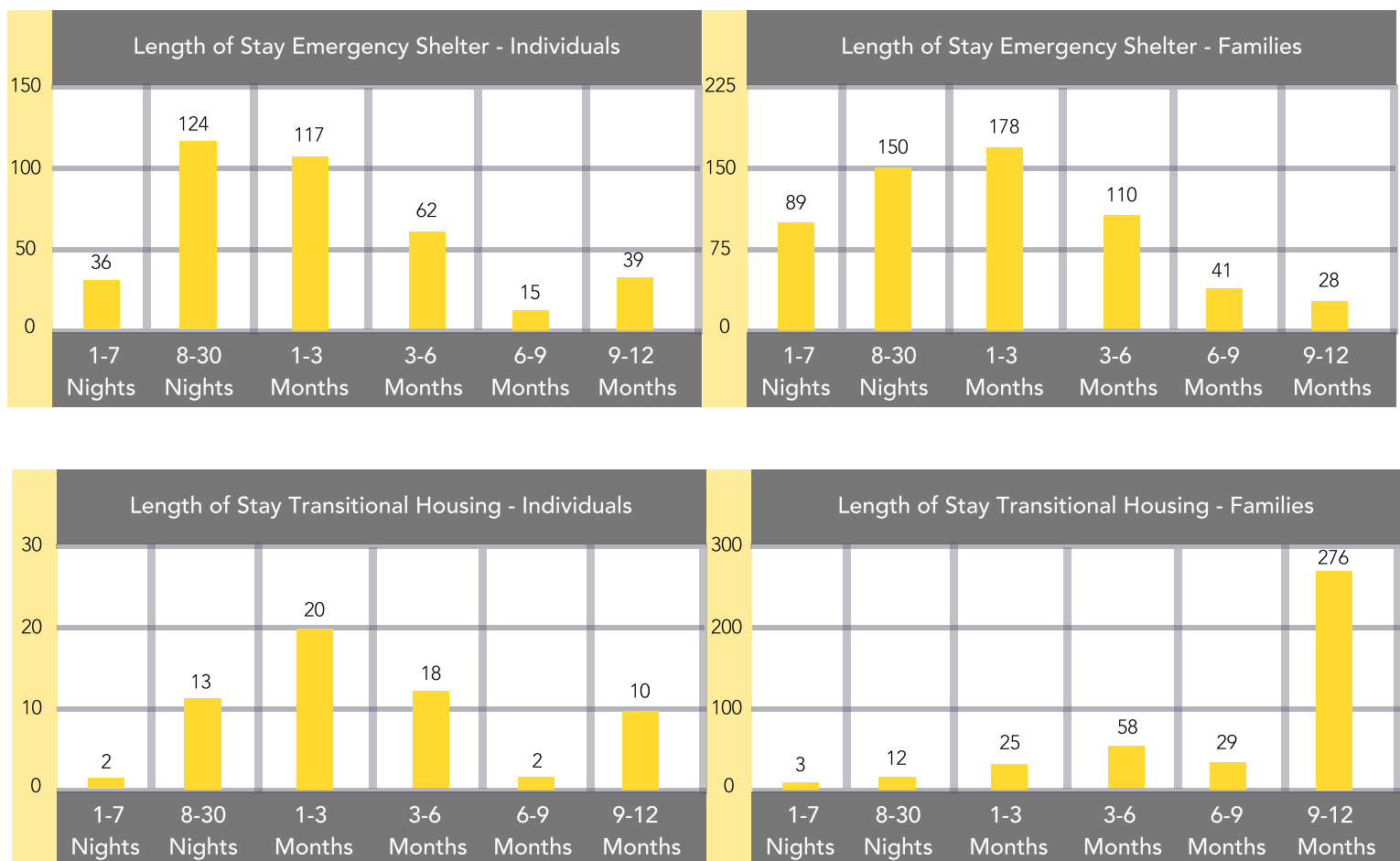
LENGTH OF STAY IN SHELTER SETTINGS:

The length of time a person or household experiences homelessness is a key metric to assess the effectiveness of a homeless response system. Lower lengths of stay are indicative of a system that is able to quickly move persons from a situation of homelessness to permanent housing stability. The following analysis will present the length of time persons spend in HMIS-affiliated sheltered settings.

Key Finding

In the Upstate CoC, persons experiencing homelessness in Emergency Shelter (ES), Transitional Housing (TH), and Safe Haven (SH) projects remain homeless for 66 days at the median. This is slightly above the national benchmark for time spent in these project types (30 days for ES, 60 days for TH).¹³

According to the Upstate CoC's 2017 AHAR data, 60% of families and 59% of individuals residing in ES remained in that project type exceed the length of time benchmark of 30 days or more. The majority of both individuals (70%) and persons in families (70%) tended to stay less than three months. Families being served in Transitional Housing tended to stay much longer with 68% of persons staying between nine and twelve months. Lengths of stay for individual participants in Transitional Housing was much shorter and trended similarly to individual participants being served in Emergency Shelter.



Source: Upstate CoC 2017 AHAR
Date Range: 10/01/2016 to 09/30/2017



Possible Solutions



The Upstate CoC should begin the implementation of several HUD-identified critical improvement strategies used to decrease the length of stay in a shelter setting. Emergency Shelter is just one part of the process in moving someone currently experiencing homelessness into housing. HUD has identified three critical improvement strategies for reducing the overall length of stay in a homeless system:⁴

- Enhancing the Coordinated Entry System
- Housing-centered case management, and
- Permanent housing interventions that meet the needs of the community.

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Another effective and low-cost strategy for reducing the length of stay/time an individual remains homeless is to ensure organizations that provide ES and TH programs offer evidence-based practices for transitioning individuals from shelter into housing. The CoC should increase information sharing of updated best practices so that providers can select those practices that are most appropriate for their participants, staffing, and organization's mission.

Other key solutions include program development at relevant agencies to focus on reducing the length of stay. For individuals, this may include participation in housing-focused case management, strengths-based goal setting, and peer-supported Sobriety Treatment and Recovery Teams (START).¹⁵ For families, this could include interventions like Family Centered Treatment (FCT) or Family Group Decision Making (FGDM) which includes innovative approaches that position the "family group" as leaders in decision making about their children's safety, permanency, and well-being.¹⁶⁻¹⁷ An example of these proven interventions can be found at the Circles program operated locally by Sunbelt Human Advancement Resources (SHARE) in Greenville.

An additional low-cost solution is the adoption of a system-wide move-on strategy to encourage individuals to self-actualize. Many public housing authorities (PHAs) have adopted this approach through programs that specialize in family stabilization.¹⁸ Move-on strategies are important for participants in both emergency shelter and transitional housing projects. Unfortunately, many projects types in the Continuum have participants enrolled who view these temporary housing situations to be their long-term housing solution.

Reducing the length of time a person remains homeless requires a holistic approach. Exploring all options for permanent housing placement including, but not limited to; re-connection with family/friends, attaining financial stability to afford housing on their own, exploration of income-based and affordable housing opportunities, involvement in the CoC's Coordinated Entry System, and treatment/management of long-term disabilities, should all be facets of a move-on strategy. The CoC should identify best practices in shelter stays and assist shelters and transitional projects in formalizing and implementing a move-on strategy, aligning with national and regional approaches.



Noteworthy

An effective Move-on Strategy should include connecting participants with family/friends, financial stability, income-based housing, CES, effective treatment/management of long-term disabilities and/or chronic illnesses.

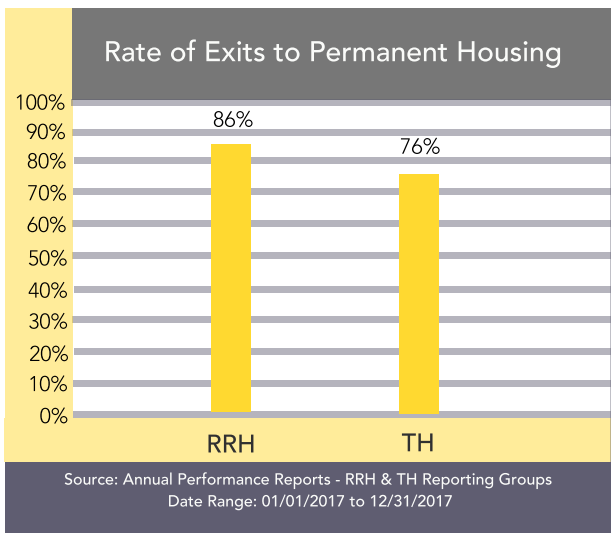


EXITS TO PERMANENT HOUSING:

Once an individual or household enters the homeless response system - regardless of program or project type - exiting to a permanent housing destination is a primary goal. Successful exits to permanent housing often require long-term planning and consistent case management. The hard work is worth it; exiting a participant to permanent housing, and thus removing them from the homeless service system, is a primary goal for all homeless service providers.

Key Finding

A significant number of individuals and families who reside in RRH or TH report exiting to a permanent housing destination (86% for RRH and 76% for TH). These percentages of successful exits are at or only slightly below the national benchmark of 80%.¹⁹ This is a positive measure and may be attributed to effective case management practices and optimization of readily available housing stock that align with participant needs.



Noteworthy

Upstate CoC data indicates participants in both Rapid Re-Housing and Transitional Housing were largely successful in exiting to permanent housing destinations with very low levels of returns to homelessness. However, RRH and TH inventory is relatively small compared to the number of ES beds.

Possible Solutions

Upstate CoC data indicates participants in both Rapid Rehousing and Transitional Housing were largely successful in exiting to permanent housing destinations. This figure directly correlates to participants being served in RRH and TH who have exited the program. Additionally, as will be seen in the next section, participants in these two project types had very low levels of returns to homelessness after their successful exit. However, compared to emergency shelter capacity, there is a relatively small inventory of available RRH and TH opportunities. Essentially, the number of individuals residing in these programs exceeds the number opportunities availability. Furthermore, TH beds turn over slowly, limiting the number of persons who can be served by that project type. Investing in more RRH and TH resources will not only put more participants on the track to achieving permanent housing stability, it also provides longer-term stability to help participants maintain permanent housing.

Another solution is to utilize the feedback and experience of persons who have experienced homelessness, exited to permanent housing, and maintained said housing. Those perspectives can help service providers understand realistic pathways for current participants to be successful long-term. Learning from these successes and developing localized best practices is a potential solution to encourage an even higher percentage of positive exits to permanent housing destinations.



RETURNS TO HOMELESSNESS:

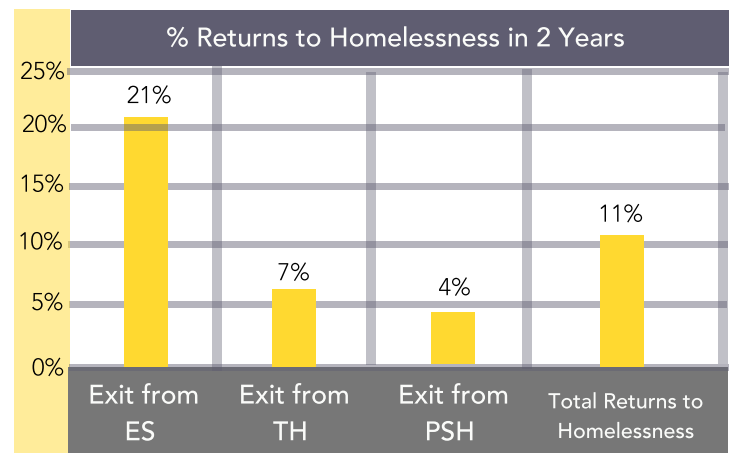
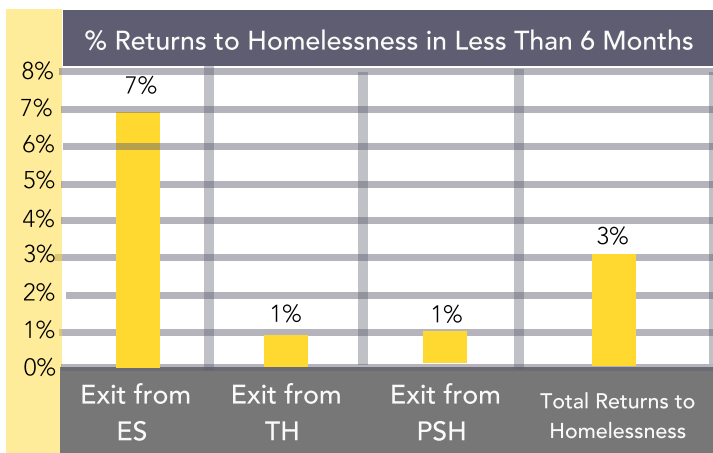


The most notable demonstration of a project's long-term success is when a participant exits from a homeless situation into a permanent housing opportunity and then does not return to homelessness. Not only has the participant effectively resolved their experience of homelessness long-term, the service provider is now able to direct their resources to serve more individuals and families - thus increasing the number of persons they can positively impact with the limited resources available to serve this population. The following analysis explores the percentage of persons who return to homelessness after initially exiting to a permanent housing project.

Key Finding

Data indicates that across the Upstate CoC, only 3% of persons who exited from all homeless services housing project (ES, TH, SH, and PH) to a permanent housing situation returned to homelessness in the first six months. Participants exiting to housing from Emergency Shelter were most likely to return to homelessness within the first six months (7%).

Expanding the time-frame to two years, only 11% of persons who exited to a permanent housing situation returned to homelessness within two years. Further, PH projects (such as Rapid Rehousing and Permanent Supportive Housing) followed by TH projects had the lowest rates of returns to homelessness during this two-year period (4% and 7% respectively). Unsurprisingly, those exiting to permanent housing from Emergency Shelter were the most likely to return to homelessness within two years (21%).



Source: Upstate CoC 2017 System Performance Metric 2 - Date Range: 10/01/2016 to 09/30/2017



RETURNS TO HOMELESSNESS (CONTINUED):



	Total # Exited to PH Destination 2 yrs Prior		Returns to Homelessness < 6 Months			Returns to Homelessness 6-12 Months			Returns to Homelessness 13-24 Months			Returns to Homelessness in 2 Years	
	FY 2016	FY 2017	FY 2016	FY 2017	% of Returns	FY 2016	FY 2017	% of Returns	FY 2016	FY 2017	% of Returns	FY 2017	% of Returns
Exit from SO	4	1	0	0	0%	1	0	0%	0	0	0%	0	0%
Exit from ES	319	334	37	24	7%	9	20	6%	16	25	7%	69	21%
Exit from TH	329	265	7	3	1%	9	0	0%	6	15	6%	18	7%
Exit from SH	1	1	0	0	0%	0	0	0%	0	0	0%	0	0%
Exit from PH	365	304	14	3	1%	8	3	1%	7	7	2%	13	4%
Total Returns to Homelessness	1018	905	58	30	3%	27	23	3%	29	47	5%	100	11%

Source: Upstate CoC 2017 System Performance Metric 2 - Date Range: 10/01/2016 to 09/30/2017

Possible Solutions

Upstate CoC data indicates participants in both Rapid Rehousing and Transitional Housing were largely successful in exiting to permanent housing destinations. This figure directly correlates to participants being served in RRH and TH who have exited the program. Additionally, as will be seen in the next section, participants in these two project types had very low levels of returns to homelessness after their successful exit. However, compared to emergency shelter capacity, there is a relatively small inventory of available RRH and TH opportunities. Essentially, the number of individuals residing in these programs exceeds the number opportunities availability. Furthermore, TH beds turn over slowly, limiting the number of persons who can be served by that project type. Investing in more RRH and TH resources to build housing capacity, landlord partnerships and housing-focused case management will not only put more participants on the track to achieving permanent housing stability, it also provides longer-term stability to help participants maintain permanent housing.

Noteworthy



Investing in more RRH and TH resources to build housing capacity, landlord partnerships and housing-focused case management will not only put more participants on the track to achieving permanent housing stability, it also provides longer-term stability to help participants maintain permanent housing.



COORDINATED ENTRY SYSTEM

A Coordinated Entry System (CES) is a process designed to facilitate participant intake, assessment, provision of referrals, and housing placement. HUD requires that a CES cover a defined geographic area, is easily accessed by individuals and families seeking housing opportunities, is well-advertised, and includes a comprehensive and standardized tool to gauge participant vulnerability.²¹

A CoC's Coordinated Entry System should take into account the unique local geography, available housing and supportive services, and community characteristics in order to maximize its effectiveness at identifying the most vulnerable among those experiencing literal homelessness and making appropriate housing referrals. When implemented correctly, CES allows communities to move beyond a traditional "first come, first served" approach to one that looks across the CoC to serve those most in need.

The intention of the Upstate CES is to:

- Target the most appropriate housing intervention to the correct individual or family, particularly for those with highest vulnerability and highest needs

- Divert persons who can self-resolve their current episode of homelessness away from having to enter the system

- Reduce the length of time people are experiencing homelessness by quickly moving individuals and families into available opportunities based on participant choice

- Significantly improve the likelihood of housing stability by targeting the appropriate housing intervention to the corresponding needs identified by the participant

To assess vulnerability of participants across the local homelessness system, the Upstate CoC has selected the Vulnerability Index and Service Prioritization Decision Assessment Tool (VI- SPDAT 2.0). This tool assesses the vulnerability of all persons across four primary categories: history of housing and homelessness, risks, socialization and daily functions, and wellness. A score is generated from 0 to 17. The higher the score, the more vulnerable a person's experience of homelessness is hypothesized to be. The creators of the tool recommend the following ranges for housing recommendation (4 to 7 for Rapid Rehousing and Transitional Housing; 8 to 17 for Permanent Supportive Housing). Participants who score a three or below are recommended to be diverted from the homeless response system.

Referrals to housing opportunities are made at weekly meetings of a Housing Determination Committee (HDC), staffed by representatives of partner organizations across the CoC. In determining referrals, the HDC considers a number of factors, including the participant (individual or head of household) VI-SPDAT score, length of time experiencing homelessness, disability status, and the participant's geographic preference. Case conferencing is a key component of the Upstate CoC's CES process; providers are encouraged to provide input regarding the participant's history of service utilization or barriers to housing to help the HDC connect the participant to the most appropriate housing opportunity.



POPULATION & GEOGRAPHIC DISTRIBUTION:

Coordinated Entry System data is a useful source of information about who is actively experiencing homelessness in the CoC. This data provides, in some ways, a more inclusive perspective on homelessness because participation in CES is not contingent on being enrolled in an HMIS-affiliated project. In this section, a basic demographic profile of CES participants is presented. This demographic profile is then compared to annualized information from HMIS (AHAR) and US Census data for the 13 counties. Demographic and geographic disparities will be identified.

Key Findings

During a twelve-month period (04/05/2018 - 04/05/2019), 824 unique heads of household completed the Upstate CoC Coordinated Entry System Intake and VI-SPDAT assessment. Demographically, the majority of the persons who completed the intake were female (56%), Black/African American (52%), and presented themselves as Individuals (63%). This contrasts slightly with annualized data from the 2017 AHAR, which revealed more parity in the ratio of females to males, a lower percentage of white-only respondents, and a slightly higher percentage of Hispanic/Latino persons.

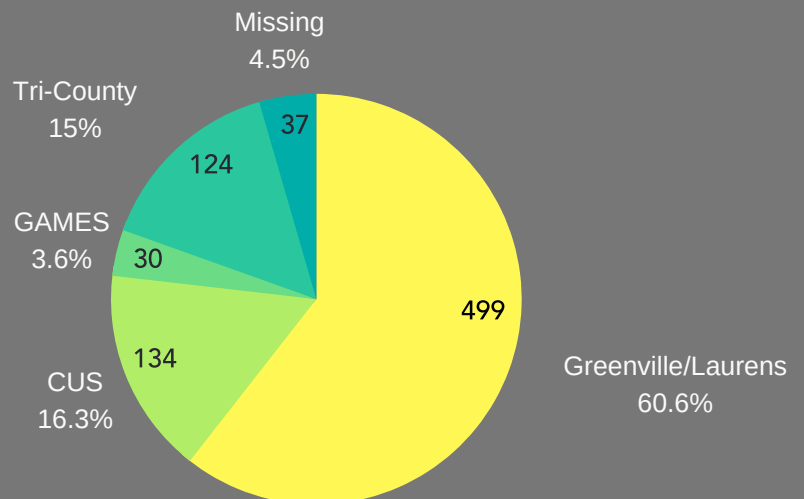
Both CES and AHAR data was then compared to the Census data for the 13-county service-area (using the 2017 American Community Survey 5 Year Estimates). The biggest discrepancy identified was the severe over-representation of Black/African American participants in the homeless service system compared to the overall population (Census = 19% compared to 52% and 56% in the CES and AHAR data respectively). There are clear racial disparities within the CoC's 13-county region; Black/African Americans make up a much higher percentage of participants engaged with the homeless service system than the broader population.



Noteworthy

Of the 824 participants in the CES System, nearly 61% reported in the Greenville/Laurens area. In addition, the majority of those completing the intake process were single, African American women.

LOCATION OF CLIENTS ON THE CES LIST BY CHAPTER



Source: Upstate CoC Coordinated Entry System
Date Range: 04/05/2018 - 04/05/2019

**POPULATION & GEOGRAPHIC DISTRIBUTION:**

POPULATION & GEOGRAPHIC DISTRIBUTION	PERCENTAGE		
	CES	AHAR	CENSUS
GENDER			
Male	42%	49%	49%
Female	56%	51%	51%
Missing	1%	0%	N/A
Transgender (Female)	0%	0%	N/A
Client Refused	0%	0%	N/A
RACE			
White	43%	35%	76%
Black/African American	52%	56%	19%
Asian	0%	0%	2%
American Indian	2%	0%	0%
Native Hawaiian	0%	0%	0%
Other/Multi-Racial	0%	0%	3%
Missing/Client Refused	3%	0%	0%
ETHNICITY			
Hispanic	2%	5%	6%
Non-Hispanic	95%	95%	94%
Missing/Other	3%	0%	0%
VETERAN STATUS			
Veteran	11%	5%	7%
Non-Veteran	87%	95%	93%
Missing/Other	2%	N/A	N/A

Sources: Upstate CoC Coordinated Entry System Data, Date Range: 04/05/2018 to 04/05/2019

Upstate CoC 2017 AHAR, Date Range: 10/01/2016 to 09/30/2017

US Census Bureau 2017 American Community Survey 5-Year Estimate



Possible Solutions



Identifying these racial inequities is the first step; strategizing how to address them comes next. The Continuum of Care has started to take positive steps by partnering with organizations dedicated to the advancement of the African American community. These efforts include focused collaborations with grass roots level organizations that address challenges facing minorities outside of mainstream HMIS and CoC projects. For example, the Continuum has partnered with minority owned agencies that provide mentorship, job skills, college readiness, and cultural competency training to low-income and at-risk minorities in the community. However, larger structural issues stand in the way of fully addressing this inequity. In South Carolina, African Americans have a 24% poverty rate compared to 11% for Whites.

There is also a different form of inequity present when it comes to the geographic distribution of where CES participants are coming from. Access Points for the Coordinated Entry System are currently most prevalent in the Greenville area. Comparatively, there are fewer Access Points in areas in and around Spartanburg, Anderson, and Greenwood and the remaining counties that make up the overall geography of the Upstate CoC. This lack of Access Points outside of Greenville has led to under-representation of persons from Spartanburg and Anderson and the remaining counties that make up the overall geography of the Upstate CoC, while proportionally over-representing the need in Greenville. Additional Access Points are needed outside of Greenville county to more accurately reflect the need for housing assistance via CES.

Another solution is identifying and improving on the current limitations of the Upstate CoC CES system which have resulted in an unbalanced and underrepresented view of all CES intakes and assessments. The Upstate CoC would benefit from a systematic review of the location, capacity, accessibility, marketing, and evaluation of the current Access Point system. Doing so will ensure the best strategy for the expansion of Access Points is adopted and positions the CoC to better meet the needs of the geography as a whole. HUD has provided a Coordinated Entry Process Self-Assessment Guide and Coordinated Entry: Core Elements brief that outlines the components of this expansion.²¹ Although the CoC previously completed this self-assessment in earlier phases of the local CES implementation, there could be benefit in reviewing the main components of the self-assessment in light of the continued evolution and refinement of the Upstate's CES.

Noteworthy



The CoC should continue to develop focused collaborations with grass roots level organizations that address challenges facing minorities. In addition, re-visiting the CES Self-Assessment Guide and utilizing it to inform the expansion of the current Access Point System is warranted. The goal is to provide all Upstate CoC communities access to the Coordinated Entry System.



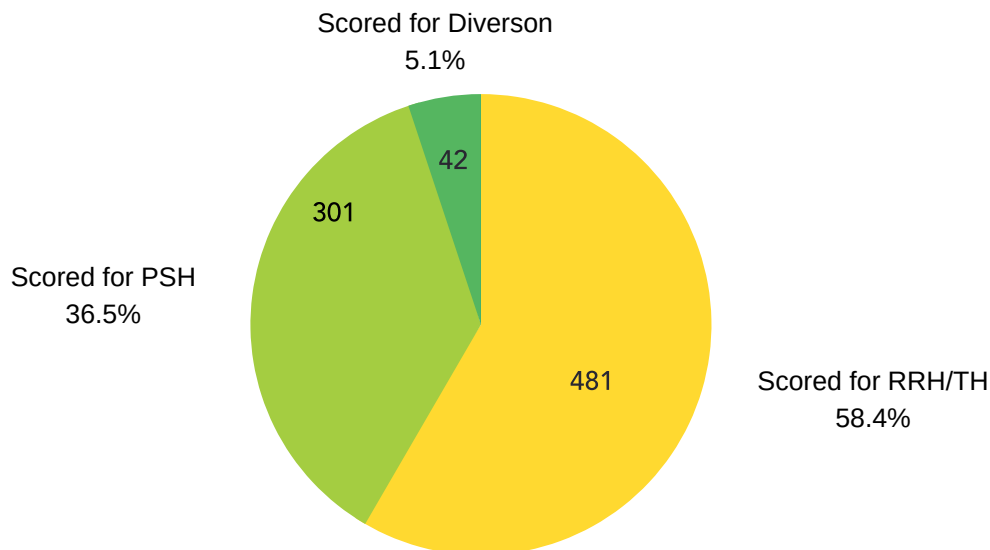
HOUSING NEEDS:

One of the benefits of the VI-SPDAT tool is that it produces a score indicating which housing intervention would best meet a participant's stated level of need. This VI-SPDAT score provides the baseline for which housing type a participant qualifies for and is the basis for the HDC's process of prioritizing participants for housing referrals. This section will analyze the types of housing most in demand for participants on the Upstate CoC's CES list. This analysis of housing demand helps to inform the most pressing housing supply needs in the Continuum.

Key Finding

Fifty-eight percent of persons who completed the VI-SPDAT scored for Rapid Rehousing (RRH) assistance or Transitional Housing (TH) placement (4-7 on the VI-SPDAT). Thirty-seven percent scored for Permanent Supportive Housing on the VI-SPDAT.

HOUSING RECOMMENATION



Source: Upstate CoC Coordinated Entry System
Date Range: 04/05/2018 - 04/05/2019

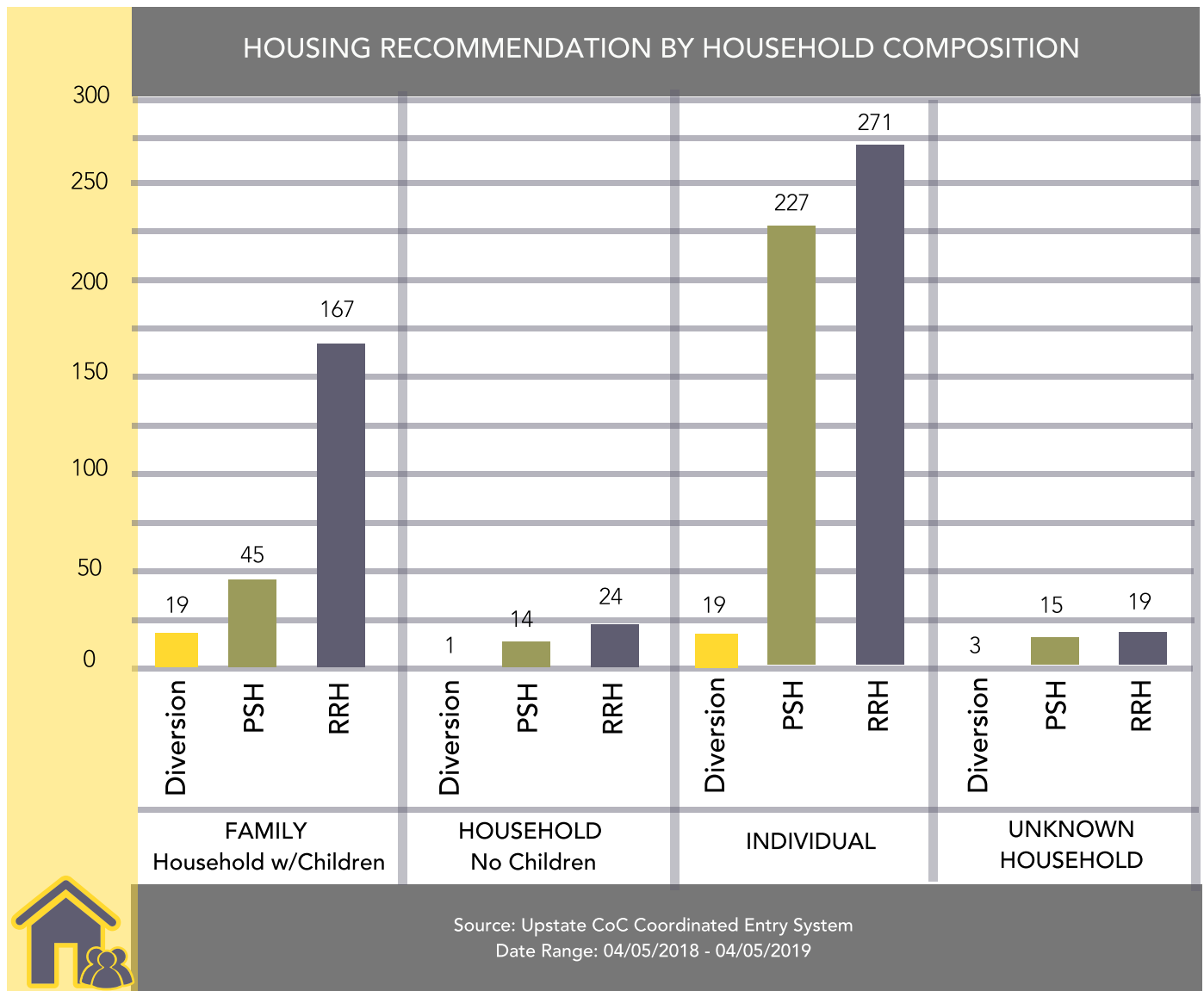
Noteworthy

58% of all persons who completed the VI-SPDAT assessment scored for either RRH or TH assistance, scoring between a 4 and 7.



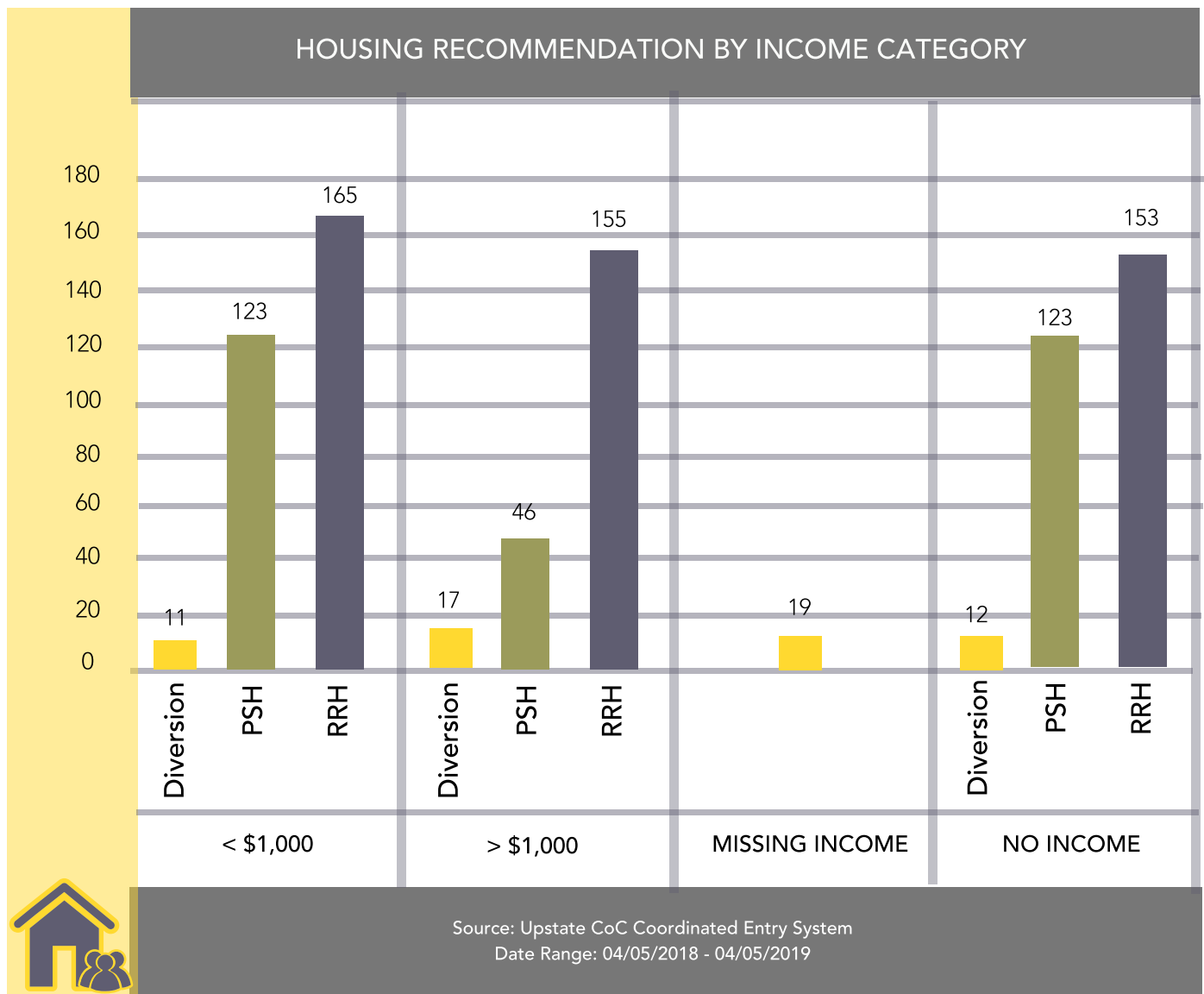
**HOUSING NEEDS (CONTINUED):**

However, the recommended housing intervention differed based on household status. For example, a higher proportion of persons who described their household as families with children scored for RRH (72%) compared to participants who identified as individuals (52%). Conversely, those who identified as individuals were much more likely to score for PSH compared to persons in a family with children (44% vs.19%).



**HOUSING NEEDS (CONTINUED):**

A final analysis of housing recommendation and income status revealed participants who make >\$1,000 per month, were much more likely to score for RRH (71%) than PSH (21%). On the other hand, participants who make <\$1,000 and those with no income were more likely to score for PSH support (41% PSH for those <\$1,000 income, and 43% PSH for those reporting no- income).





Possible Solutions



Future grant applications for additional RRH and PSH resources should be informed by some of the data presented here. Based on the data, a moderate range of support such as that offered by RRH is the type of resource most needed in the community. In particular, RRH could be a particularly valued resource for families experiencing homelessness and those who report a moderate amount of income (>\$1,000 per month).

Similarly, persons experiencing homelessness alone and those without income are more likely to need longer-term assistance via Permanent Supportive Housing. Increasing the housing stock for Individual PSH units should be a prime goal for the Continuum. This could come in the form of additional federal funding, as well as developing partnerships with state and local governments as well as non-profits and philanthropic groups to build more housing dedicated towards serving the most vulnerable individuals in the community.

For example, Church Street Place project at Poe Mill in Greenville will be paid for through a diversified funding effort that includes outside of CoC and/or HUD dollars. United Housing Connections and community groups are raising 3.4 million dollars to provide 36 studio units for individuals experiencing chronic homelessness, suffering from mental illness, and/or some other disability.

According to the 2018 PIT Count, Greenville counted 105 individuals experiencing chronic homelessness. The Church Street Place project is phase one of three phases with a goal of providing housing to chronically homeless individuals.

Noteworthy



- Persons in families and those reporting moderate income were most likely to score for short-term RRH assistance.
- Those without income are likely to need a longer-term of assistance than PSH provides
- Developing additional funding sources to provide more housing units is critical to making homelessness brief and rare.



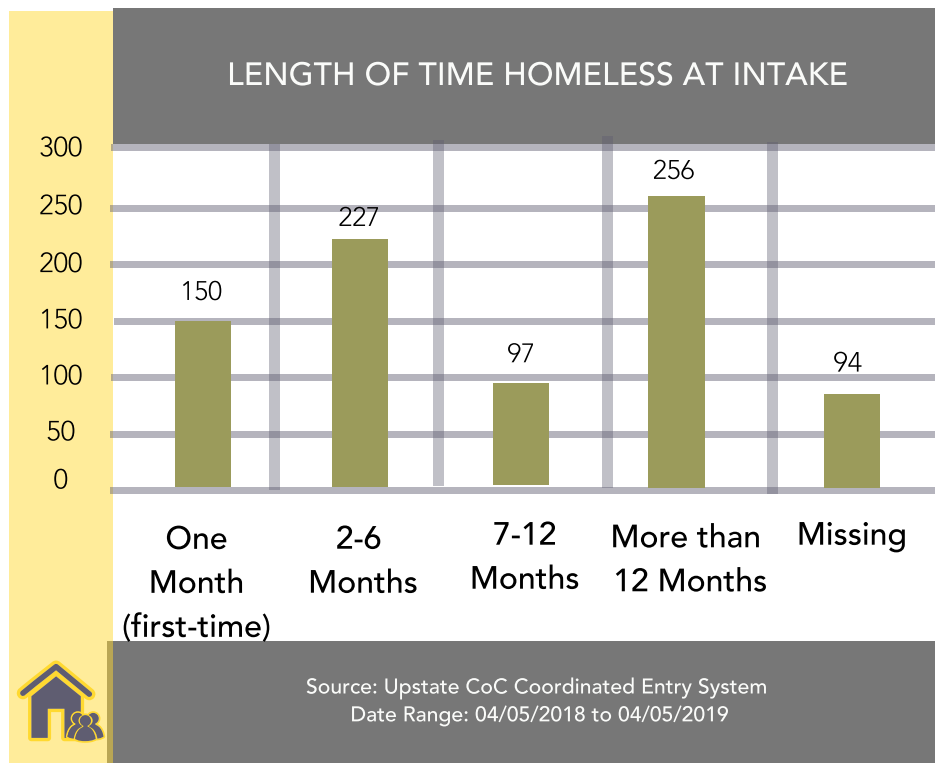
LENGTH OF TIME HOMELESS AT INTAKE



It is relatively simple to assess how long a person has been experiencing homelessness while enrolled in an HMIS-affiliated project (see Length of Time Homeless section above). However, it is less easy to assess length of time homeless among those experiencing unsheltered homelessness and those not enrolled in an HMIS-affiliated housing projects. This section will bridge this gap by examining how long participants on the CES list have been experiencing homelessness in the past three years at the time of intake. Additional analyses will examine if the length of time a person is experiencing homelessness is related to the severity of their homeless experience.

Key Finding

The largest percentage of participants at their CES Intake (31%) reported experiencing homelessness for “More than 12 months” in the past three years. By contrast, only 18% of participants at Intake reported that they were currently experiencing their first month of homelessness.

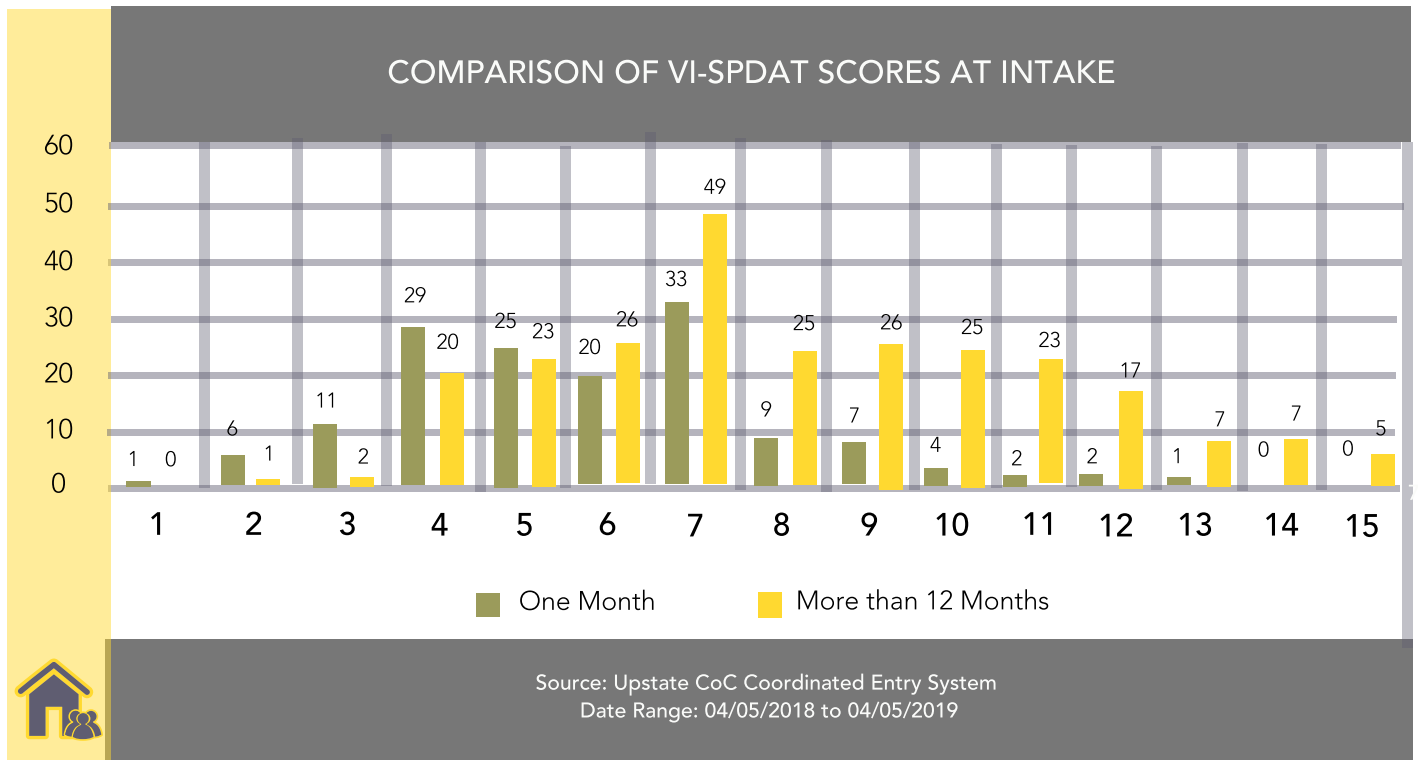




LENGTH OF TIME HOMELESS AT INTAKE (CONTINUED)



A further analysis revealed persons with longer histories of homelessness at time of intake tended to score higher on the VI-SPDAT assessment: 53% of those reporting more than 12 months of homelessness scored for PSH, versus 17% of those who reported this was their first month of homelessness.



Possible Solution

As the length of time a person experiences homelessness increases, the more severe their experience of homelessness becomes.²⁰ The data supports this trend wherein persons who have experienced a longer tenure of homelessness tended to score for more intensive housing supports. Strategies for reducing the length of time an individual or household experiences homelessness include working extensively with participants to identify independent solutions to their experience of homelessness, connecting them to available resources, and bringing those experiencing un-sheltered homelessness to a crisis/emergency shelter for stabilization and case management. Reducing the length of time a person experiences homelessness will likely have downstream effects on reducing many of the hardships that come from residing in a homeless situation for an extended period of time (including physical and emotional trauma, degradation in quality of life, negative interactions with the justice system, and visits to emergency departments).

Noteworthy



Reducing the length of time a person experiences homelessness will have downstream effects by reducing many of the hardships that come from residing un-sheltered over time. In our community, it will reduce the impact on social service resources, i.e., healthcare costs, detention center charges and ES services.



NUMBER OF PERSONS WHO SCORED FOR PSH BUT NOT CHRONICALLY HOMELESS AT THE TIME OF INTAKE:

A participant's responses to the Coordinated Entry System Intake and VI-SPDAT assessment provide objective measures to recommend an appropriate type of housing intervention that will potentially best meet a participant's needs. However, all project types possess their own eligibility criteria; this is particularly true for participants being served with Permanent Supportive Housing (PSH). PSH placements are reserved for only the most vulnerable participants – persons who are experiencing chronic homelessness. Due to this strict enrollment criteria there are many participants who score for a PSH placement but do not have the required disability or length of time homeless to be served by that project type. Below is an analysis of how many participants scored for PSH at intake but did not meet all eligibility criteria to qualify for a PSH referral.

Key Finding

During a one-year time-frame, 39% (117) of the 301 persons who scored for PSH were chronically homeless at time of intake. This means the person scored an 8+ on the VI-SPDAT, self-reported a disability, and had been experiencing homelessness for more than twelve months during the past three years. By contrast, 61% (184) did not possess chronic homeless criteria at time of intake (i.e. no disability reported or did not have the 12+ months of homelessness). While persons can "age-in" to chronic homelessness over time, this analysis reveals the majority of participants who score for PSH at the time of intake cannot be served with that project type.

Noteworthy



During the course of 1 year, of the 301 persons who scored for PSH, 184 did not meet the criteria for experiencing chronic homelessness at intake (defined as having no disability or having experienced 12+ months of homelessness) and therefore did not qualify for PSH.

Possible Solution

Based on the existing CES Policy and Procedures, participants who score for PSH but are not chronically homeless do not receive a referral for housing via CES. These participants remain on the prioritization list until their VI-SPDAT score expires. These individuals will remain on the list, but also not automatically considered for Rapid Rehousing (RRH) assistance due to their higher VI-SPDAT score and need for more intensive or longer term supportive services than can be offered by RRH.

One best practice currently promoted by HUD and other experts is to address this inequity by offering these higher-scoring, non-chronically homeless participants RRH assistance. This would require a profound shift in the Continuum's current policies, RRH program management, and most of all the CoC's philosophy towards serving only the most vulnerable persons with HUD-funded prioritized housing resources. While this strategy is offered by HUD as a best practice, it is not practical at this time for the Upstate CoC to implement, primarily due to lack of available and appropriate housing inventory within the CoC's service geography.

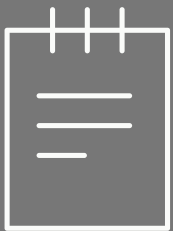


NUMBER OF PERSONS WHO SCORED FOR PSH BUT NOT CHRONICALLY HOMELESS AT THE TIME OF INTAKE (CONTINUED):

Possible Solution

The Upstate CES process is only able to serve a small number of persons every year. With over 800 persons included on the Continuum's prioritization list over the course of a year, the CoC must make a change in the way that service providers work to move persons from an experience of homelessness to stable housing. Focusing existing resources on those who are the most vulnerable and will have the most difficulty self-resolving their homelessness would be a large step towards a new philosophy in prioritizing resources. In addition, increasing the diversion efforts and strategies for those who are able to self-resolve should become more of a focus to reduce the number of persons on the CES prioritization list.

A more realistic and recently successful local solution is demonstrated through the partnership between United Housing Connections and The Greenville Housing Authority (TGHA) to administer dedicated Housing Choice Vouchers to persons experiencing homelessness. Because TGHA does not require participants to demonstrate chronic homelessness, this program is able to serve those who are ineligible for PSH referral but are nevertheless high vulnerability and in need of longer-term housing assistance. For the initial allocation of 50 vouchers, UHC Property Management staff reviewed the CES prioritization list to identify those with highest vulnerability who did not have chronic status and assisted TGHA in screening and documentation of prospective participants. Receipt of a voucher was contingent on case management accompanying the participant; this case management was generally provided by the referring community agency, thereby not increasing case management duties for UHC or TGHA. Since its introduction in 2017, 60 households have been served under this program and 82% of the original recipients have remained successfully housed with a voucher or have transitioned to other permanent housing opportunities.



Noteworthy

Increasing RRH and PSH inventory, developing upstream solutions to prevent homelessness and creating move-on strategies that work to promote maximum independence for participants with needed supports to remaining stably housed are all key solutions to making homelessness brief and rare in our community.



GLOSSARY OF TERMS

Annual Homeless Assessment Report (AHAR)

Annual report to Congress, providing an in-depth look at the state of homelessness in the country. The AHAR is prepared by HUD and provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons.

Annual Performance Report (APR)

A reporting tool that HUD uses to track program progress and accomplishments and inform the Department's competitive process for homeless assistance funding.

Annual/Biennial Point-In Time (PIT) Count

One-night count of sheltered and un-sheltered homeless persons; reported by CoCs into the Homeless Data Exchange (HDX). HUD requires that each CoC conduct a sheltered count every year and an un-sheltered count at least every other year.

Coordinated Entry System (CES)

A Coordinated Entry System (CES) is a process designed to facilitate participant intake, assessment, provision of referrals, and housing placement. HUD requires that a CES cover a defined geographic area, is easily accessed by individuals and families seeking housing opportunities, is well-advertised, and includes a comprehensive and standardized tool to gauge participant vulnerability.

CoC Projects

Those projects identified by the CoC as part of its service system, whose primary purpose is to meet the specific needs of people who are experiencing a housing crisis and include both 'homeless assistance' and 'homelessness prevention' projects. Each project may or may not receive HUD funds (e.g. ESG, SHP, S+C, etc.)

CoC Strategic Plan

A plan identifying the CoC goals/objectives, action steps, performance targets, etc. and serves as a guide for CoC development and performance improvement related to preventing and ending homelessness. This may be the same as or different than a community's "Ten Year Plan" or other community-wide plan to prevent/end homelessness and may be generated by the CoC lead decision-making group or another community-planning body. If the CoC follows a regional or statewide 10-year or other plan to prevent/end homelessness, the CoC strategic plan would be the CoC's specific goals/objectives, action steps, and timelines to support the regional or statewide plan.

Consolidated Plan

A long-term housing and community development plan developed by state and local governments and approved by HUD (24 CFR Part 91). The Consolidated Plan contains information on homeless populations and should be coordinated with the CoC plan.



GLOSSARY OF TERMS

Continuum of Care (CoC)

Collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, transitional, and permanent housing and other service resources to address the various needs of homeless persons. HUD also refers to the group of community stakeholders involved in the decision-making processes as the “Continuum of Care.”

Continuum of Care Lead Agency

Agency or organization designated by the CoC primary decision-making body to be the entity that submits the CoC application. The CoC lead agency is responsible for the coordination and oversight of the CoC planning efforts, and has the authority to certify and submit the CoC homeless assistance funding application. A state governmental entity is the only acceptable organization that may serve as the Lead Agency for multiple CoCs, due to the level of involvement and possible conflict of interest that comes with serving multiple CoCs. Under no other circumstance should one entity be identified as the Lead Agency for multiple CoCs.

Emergency Shelter (ES)

Any facility in which the primary purpose is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Emergency Solutions Grants (ESG)

The Emergency Shelter/ Grants program provides homeless persons with basic shelter and essential supportive services. Eligible activities include funding operational costs of the shelter facility, grant administration, and short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

HMIS Lead Agency

Agency, organization or government department designated by CoC to administer and manage the HMIS.

Homeless Management Information Systems (HMIS)

An HMIS is a computerized data collection application designed to capture participant-level information over time on the characteristics of service needs of men, women, and children experiencing homelessness, while also protecting participant confidentiality. It is designed to aggregate participant-level data to generate an unduplicated count of participants served within a community’s system of homeless services. An HMIS may also cover a statewide or regional area, and include several CoCs. HMIS can provide data on participant characteristics and service utilization. HUD will allow only one applicant for HMIS dedicated grants within a CoC.

Housing Inventory Count (HIC)

Annual inventory of a CoCs emergency shelter, transitional housing, safe havens, rapid re-housing, and permanent supportive housing resources for persons who are homeless in a CoC. The HIC includes both HUD and non-HUD funded shelter and housing resources.



GLOSSARY OF TERMS

HUD Funded Projects

Projects receiving HUD ESG or CoC Homeless Assistance (Supportive Housing Program (SHP), Shelter plus Care (S+C) or Section 8 Mod Rehab) funding. The HEARTH Act consolidates the Shelter Plus Care and Supportive Housing Program into a single CoC program, but maintains all of the eligible activities available under S+C, SHP and Mod Rehab/SRO programs.

Other Non-HUD Funded CoC Projects

Projects providing assistance to homeless or at-risk individuals and families, but not receiving any HUD Homeless Assistance or ESG funds.

Participation

Participation means that stakeholders dedicate sufficient staff time and resources to assist in CoC governance and goal achievement commensurate with their role/responsibilities relative to the CoC. Participation may occur at any level in the CoC governance structure.

Performance Indicator

Specific measurements used to gauge outcomes. Performance indicators are set to understand what a program or system does or produces (outputs) and what has changed as a result of an output (outcomes). CoCs typically have both CoC-wide indicators to measure achievement of system-wide goals and program indicators to measure individual program performance.

Performance Target

A percentage or numeric measurement set for specific performance indicators

Permanent Supportive Housing (PSH)

To be considered PSH, the project must provide long-term housing to homeless individuals with disabilities and families in which one member of the household has a disability and supportive services that are designed to meet the needs of the program participants must be available to the household.

Rapid Re-Housing (RRH)

To be considered a RRH bed and unit, the project must provide short-term or medium term assistance (up to 24 months), the lease for units must be between the landlord and the program participant, the program participant must be able to select the unit they lease, and the provider cannot impose a restriction on how long the person may lease the unit, though the provider can impose a maximum length of time that grant funds will be used to assist the program participant in the unit.

Safe Haven (SH)

A form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in other housing and supportive services.



GLOSSARY OF TERMS

Sheltered Homelessness

Adults, children, and unaccompanied children who are living in shelters for the homeless. These include emergency shelters, safe havens, and transitional housing.

Street Outreach (SO)

Homeless assistance projects designed to provide essential services necessary to reach out to persons experiencing un-sheltered homelessness. Some of the services include connecting these individuals to emergency shelter, housing, and other critical services.

System Performance Measures (SPM)

Seven metrics developed by HUD to assess how a homeless response system is functioning. Data on these measures are submitted annually to HUD as part of the System Performance Report.

Transitional Housing (TH)

A project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living within 24 months, or a longer period approved by HUD. For purposes of the HOME program, there is no HUD-approved time period for moving to independent living.

U.S. Department of Housing and Urban Development (HUD)

The Department of Housing and Urban Development (HUD) is responsible for national policy and programs that address America's housing needs, that improve and develop the Nation's communities, and enforce fair housing laws. Among the broad scope of their mandate, HUD also is the primary federal funder for homeless assistance program via the Continuum of Care and Emergency Solutions Grants programs.

Un-sheltered Homelessness

Adults, children, and unaccompanied children who are living in places not meant for human habitation, such as on the streets, parks, abandoned buildings, or vehicles.

Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)

A assessment tool designed for rapid, interview-style administration that can be applied with minimal training. The instrument primarily relies on the self-report of those assessed; the original version also included four observer-rated items indicating a subjective evaluation of the extent of impairment related to daily living skills, physical health conditions, substance use, and mental health observed by the assessor. VI-SPDAT items are grouped under four sub-domains: History of Housing and Homelessness, Risks, Socialization and Daily Functions, and Wellness.



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