1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): SC-502 - Columbia/Midlands CoC

CoC Lead Organization Name: Housing Authority of the City of Columbia, SC

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: MACH Board of Directors

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: 501(c)(3)

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 92%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

MACH was formed in 1994 as an informal group of local providers for planning purposes and to respond to the new HUD Continuum of Care funding opportunity. In 2004 MACH became a 501(c)(3) organization registered with the S.C. Secretary of State. A formal process was needed to create a non-biased governing body for the organization elected by their peers (member organizations). The MACH Board of Directors is nominated by the MACH Nominating Committee. Nominated individuals are elected by a majority vote by the MACH membership at the annual meeting. Further, Executive Committee Members of the Board (Chair, Vice-Chair, Sec., Treas.) are elected by a majority vote of the Board of Directors. Procedures are documented in the by-laws.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

MACH is a 501(c)(3) organization with internal financial controls in place and could administer funding as a HUD grantee. MACH has managed grants from local governments (City of Columbia general funds and HUD CDBG funds from Richland and Lexington Counties) and two private foundations (Knight Foundation and Psaras Foundation). MACH oversees HMIS implementation via written MOAs and monitors 2009 AHAR participation. MACH Evaluation and Grant Committees review APR performance, conduct on-site agency monitoring and TA visits, reviews HMIS data quality, and agency capacity to implement programs. New adminstrative funds would strengthen existing infrastructure and expand Continuum's oversight and monitoring.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Board of Directors	The Board of Directors is the legal governing body for MACH, a 501(3)(3) organization. The Board oversees annual S.C.Secretary of State registration and filing of 990 tax return. The Board coordinates annual gaps analysis, discharge planning discussions, H1N1 preparedness, and 10-year plan coordination and implementation. MACH Board oversees administration of grants from local governments (general and HUD CDBG funds) and private foundations.	Monthly or more
Grant Committee	MACH Grant Committee coordinates the advertising of annual HUD NOFA process with local agencies and provides technical assistance on project development. The Grant Committee oversees project review and selection process for annual HUD Continuum application. Grant Committee oversees completion of Exhibit 1 and review of all Exhibit 2s.	Bi-monthly
Evaluation Committee	MACH Evaluation Committee conducts on-site agency monitoring and technical assistance visits, reviews annual APRs submitted to HUD and reports to Board and Grant Committee on progress in meeting HUD objectives. Evaluation provides technical assistance on correctly completing APRs.	Bi-monthly
HMIS Task Force	HMIS Task Force develops policies and procedures for HMIS implementation, including review and oversight of new memoranda of agreement, data standards, data quality, confidentiality issues, and AHAR participation. HMIS Task Force oversees quarterly trainings of HMIS participating agency staff and one-on-one technical asssitance work. Members of HMIS Task Force participate in statewide HMIS/Data Team to address quality issues and work towards a more integrated HMIS system statewide.	Bi-monthly
Count Committee	Count Committee plans and coordinates the one-day point-in-time count. Committee coordinates with other Continuum in the state to ensure common methodology, trains and coordinates volunteers and agency staffs, oversees data analysis, and completes final reporting of results.	Bi-monthly

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
United Way of the Midlands	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
The Women's Shelter	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Ab...
Alston Wilkes Society	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
Family Shelter	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Serio...
Aiken County HELP LINE, Inc.	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Chance Jordan	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Columbia Area Mental Health Center	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
United Way of Kershaw County	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...
South Carolina Primary Health Care Association	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Sistercare Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Palmetto AIDS Life Support Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
SCDMH	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Safe Passage, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
TN Development Corp.	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE

Oliver Gospel Mission	Private Sector	Faith -b...	Attend Consolidated Plan focus groups/public forums durin...	Veterans, Su...
Barry Butler	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Healing Properties, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Growing Home Southeast, Inc.	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Youth
Marcy Coster-Schulz	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Columbia Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, HI...
Pilgrim's Inn	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Domes...
The Salvation Army	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Richland County Government	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Mental Illness Recovery Center Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Trinity Housing Corporation/St. Lawrence Place	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
The Cooperative Ministry	Private Sector	Non-pro...	Primary Decision Making Group	HIV/AIDS
David Bergeron	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Volunteers of America Carolinas	Private Sector	Faith -b...	None	NONE
Mental Health Association in SC	Private Sector	Non-pro...	None	Seriously Me...
Stepping Stones Ministry	Private Sector	Faith -b...	None	Substance Abuse
Catholic Charities	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Washington St. UMC	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Killingsworth Home	Private Sector	Faith -b...	None	Domestic Vio...
Camden First Community Dev. Corp.	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Eastminster Presbyterian Church	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

USCSM, Dept. of Medicine	Public Sector	School ...	Primary Decision Making Group, Attend Consolidated Plan p...	HIV/AIDS
Veterans Formation	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Veterans
Mission of Hope Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
City of Columbia	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
McMillian Community Care Home	Private Sector	Businesses	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AIDS
Samaritan House	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Nickelodeon	Private Sector	Non-pro...	None	NONE
United Way of York County	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Harvest Hope Food Bank	Private Sector	Non-pro...	None	NONE
Interfaith Hospitality Network of York County	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Reginald Alexander	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Roy Carson	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Melvin Cooper	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Melani Miller	Individual	Homeles...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Golden Havest Food Bank	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Women's Community Residence	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
SC Workforce Centers	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Goodwill Industries	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Richland Primary Health Care	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

SC African American HIV/AIDS Council	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AIDS
Richland School District One	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Good Samaritan House	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
South Carolina Appleseed	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Keystone Substance Abuse/York County Substance ...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply) f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply) g. Site Visit(s), b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply) c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, d. One Vote per Organization, b. Consumer Representative Has a Vote

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

Safe Passage Due to funding the closed shelter. Salvation Army Aiken - Increased beds from 28 to 32. Mission of Hope - 3 units for families, agency provides vouchers only for at-risk of homelessness or homeless. North Side Baptist - 1 bed for single individual- Agency provides vouchers only. Sistercare - 70 beds reduced to 66. Agency indicated a more accurate number of beds are 66. Cribs may have been included previously. Salvation Army Rock Hill 14 new seasonal beds for individuals based on community needs. Pilgrim Inn Rock Hill - Warming Center- 8 new seasonal beds for single females, and single females with children.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Mission of Hope - Beds should have been voucher only. Chisholm Outreach Ministries 15 beds - Agency closed its shelter. Elmwood Church of God - Increased beds 10 to 26 with purchase of new property. Providence Men's Home- Reduced beds from 35 to 10 to indicate beds targeted to the HUD homeless population. Christ Central Transitional Retreat - 32 new beds targeting Veterans, available November, 2008. Family Promise of Lancaster - 14 new beds for families. Lutheran Family Services - 7 new beds for families. Salvation Army - Richland 8 beds - The agency is no longer providing housing services. MHA Aiken - The agency experienced financial problems in 2008 and was forced to close. They reopened February of 2009.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

Columbia Housing Authority - The beds were reduced from 64 to 40 to identify beds that were targeted and available to homeless clients. The previous inventory was based on projections and did not allow for fluctuations in family composition. The 40 beds more accurately reflect family compositions for this program.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2009 Final EHIC S...	11/23/2009

Attachment Details

Document Description: 2009 Final EHIC SC-502

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy) 01/29/2009

Indicate the type of data or methods used to complete the housing inventory count: (select all that apply) HMIS plus housing inventory survey

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply) Unsheltered count, HUD unmet need formula, HMIS data, Housing inventory, Stakeholder discussion

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

HMIS and unsheltered count data were de-duplicated to represent an accurate number of homeless people during the point-in-time count conducted January 29, 2009. Stakeholders input was obtained to review housing inventory vs. count results knowing that in a voluntary count not all potentially homeless people would participate thus lowering reported bed utilization rates, especially with the two faith-based, non-HUD funded shelters in the area. Information was analyzed as part of the MACH Annual Gaps Analysis and Planning Process held on August 14, 2009. HUD's unmet need formula was used in final completion of of the housing inventory calculations.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	SC-502 - Columbia/Midlands CoC, SC-503 - Myrtle Beach/Sumter City & County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Internet Services, LLC
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	11/01/2004
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing, No or low participation by non-HUD funded providers, Inadequate resources

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The CoC and grantee have met the challenges by developing creative partnerships. HMIS is supported by the state data clearing house (South Carolina Office of Research and Statistics) to support Point-In-Time (PIT) counts in the form of data integration. This along with a statewide HMIS/data team have improved HMIS data quality, de-duplicated count of persons served and generated community awareness. In the future this relationship will expand to additional collaborations. Other partnerships include contracting with a local nonprofit to provide part-time staffing assistance for the HMIS and partnering with the grantees Information Technology Department to provide additional support in fine tuning existing reports.

Only two faith-based non-HUD funded shelters do not participate in HMIS. The MACH board began discussions with the agencies in 2007 and will continue outreach; and to customize the HMIS toward more of a community driven data collection and case management tool.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	The Midlands Area Consortium for the Homeless
Street Address 1	1917 Harden Street
Street Address 2	
City	Columbia
State	South Carolina
Zip Code **Format: xxxxx or xxxxx-xxxx**	29204
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mrs.
First Name	Rebecca
Middle Name/Initial	
Last Name	Frierson
Suffix	
Telephone Number: (Format: 123-456-7890)	803-730-1543
Extension	
Fax Number: (Format: 123-456-7890)	803-730-1543
E-mail Address:	rfrierson3@sc.rr.com
Confirm E-mail Address:	rfrierson3@sc.rr.com

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

*** Emergency Shelter (ES) Beds**	65-75%
*** Safe Haven (SH) Beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? Quarterly

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Not Applicable

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	3%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	1%	1%
* Disabling Condition	1%	2%
* Residence Prior to Program Entry	0%	2%
* Zip Code of Last Permanent Address	0%	3%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? No

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Process includes emailing all agencies, monthly, missing value reports and, quarterly, reports with missing exit dates. The missing value reports indicate missing data elements, errors in household composition, and missing entry/exits; open client reports indicate clients without exit dates. Users are required to generate monthly system reports to check bed stays against current rosters. Bed utilization reports are generated quarterly for all agencies, those with questionable use rates are contacted for verification. The system admin. generates missing value reports quarterly for all agencies to ensure records were corrected. The CoC Board is notified when errors continue or go unaddressed.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

The SC-HMIS Policies and Procedures govern this area. The system is defaulted to require all users to enter client entry/exit dates. The policies and procedures also require agencies to capture client's program entry/exit dates. They further require agencies to generate monthly internal system entry/exit records and verify them against internal records. For those with federal grants an MOU requires valid entry/exit dates as the official APR must mirror the HMIS data. All users are trained on entering valid entry/exit dates. The HMIS Task Force monitors data quality and data performance is included in the annual review completed by the MACH CoC Evaluation Committee on overall grant performance.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Annually
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Annually
Use of HMIS for performance assessment:	Semi-annually
Use of HMIS for program management:	Semi-annually
Integration of HMIS data with mainstream system:	Annually

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Monthly
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Never
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Semi-annually

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 10/09/2009

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	At least bi-monthly
Data Security training	At least bi-monthly
Data Quality training	At least bi-monthly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	At least bi-monthly
Basic computer skills training	Monthly
HMIS software training	At least bi-monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/29/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	43	68	20	131
Number of Persons (adults and children)	126	191	58	375

Households without Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households				0
Number of Persons (adults and unaccompanied youth)	379	233	381	993

All Households/ All Persons

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	43	68	20	131
Total Persons	505	424	439	1,368

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	102	78	180
*** Severely Mentally Ill**	88	60	148
*** Chronic Substance Abuse**	185	52	237
*** Veterans**	149	79	228
*** Persons with HIV/AIDS**	10	20	30
*** Victims of Domestic Violence**	237	52	289
*** Unaccompanied Youth (under 18)**	1	1	2

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Biennially

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/29/2009

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):**

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The 2009 count was the third state-wide count conducted using common methodology and forms. The CoC attended the 'train-the-trainer' session hosted by the S.C. HUD office. Then, agency staff of non-HMIS agencies and volunteers were trained on the count methodology. In the CoC all shelters particpated in the point-in-time count conducted on January 29, 2009. The CoC used HMIS to gather information on the sheltered population in combination with surveys for agencies not partcipating in HMIS. In HMIS the information on subpopulations is collected via the universal data elements sections. For the non-HMIS agencies one-on-one surveys were completed by trained volunteers and agency staff to obtain information. Collections of identifying information (such as full name, Social Security number, date of birth) allowed de-duplication of results from HMIS and paper surveys to ensure participants were only counted once. The S.C. Office of Research and Statistics de-duplicated the count results in aggregate to protect client identity. Informed consent was used with the HMIS and non-HMIS clients prior to collection of the informaiton.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

All emergency and transitional shelters in the continuum participate in the count. In 2007 875 people were reported sheltered with 929 reported sheltered in 2009. Since the 2007 Count, new sheltered beds had been developed for veterans, families, and single men. Christ Central added 32 new beds for veterans; Lutheran Family Services added 7 new beds for families; and Stepping Stones added 16 new beds for single men. Also, 2009 was the third statewide count conducted using common methodology and volunteer training. For the 2009 count, MACH was more selective in volunteers used by recruiting graduate school students from the Masters of Social Work Program and Master of Public Health Adminstration programs who would have a better understanding of data quality. Volunteer and agency staff training were mandatory for the 2009 count, regardless of previous count participation. While participation in the count was voluntary (particualrly for those in non-HMIS shelters) non-HMIS agencies were more receptive to the 2009 count than previously and volunteers were trained on techniques to garner greater participation among homeless people in the non-HMIS shelters.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

The 2009 count was the third statewide count conducted using common methodolgy and forms. The CoC attended a 'train-the-trainer' session hosted by the S.C. HUD office. In the CoC all shelters particpated. The CoC used HMIS to gather information on the sheltered population in combination with surveys for agencies not partcipating in HMIS. In HMIS, information on subpopulations is collected via the universal data elements sections. For the non-HMIS agencies one-on-one surveys were completed by trained volunteers and agency staff. Collection of identifying information (full name, Social Security number, date of birth) allowed de-duplication of results from HMIS and paper surveys to ensure participants were only counted once. The S.C. Office of Research and Statistics entered survey data, analyzed HMIS results, and de-duplicated the count results. For subpopulation information, participants were asked status in regard to prior military service, domestic violence, HIV/AIDS, diagnosis or treatment for mental illness, substance, or other disabilities. Length and frequency of homelessness in combination with a qualifying disability were analyzed to determine chronic homelessness according to HUD's definition. Results were reported in aggregate to protect participant's identity. All participants were read an informed consent agreement before providing information and were offered a hygiene kit or food item regardless of participation in the survey.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

From 2007 to 2009 overall there was little change in the subpopulation numbers identified in the one-day count (772 subpopulations sheltered vs. 762 sheltered subpopulations in 2009). However, changes were identified in subpopulation types with more DV persons sheltered in 2009 vs. 2007 (237 vs. 159) and less mentally ill sheltered in 2009 vs. 2007 (88 vs. 127).

In the last two years additional outreach workers have been added to Columbia Area Mental Health, City Center Partnership, and the University of South Carolina's School of Medicine. Particularly with the mental health outreach workers, housing placement is a priority. In many cases that means placement into a boarding home due to limited housing and shelter options, which would not have been included in the housing inventory or sheltered homeless count because those beds are not targeted to homeless people. For purposes of the 2009 vs. 2007 count while the numbers of mentally ill homeless people in sheltered declined the CoC feels the link to non-HMIS, non-housing inventory boarding house beds contributed to this effect. In the last year Sistercare, the CoC's largest DV shelter, was able to expand beds available through additional FEMA Emergency Food and Shelter Funds and offered additional outreach through private funding sources.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

The 2009 Count was the third statewide count using the same methodolgy and forms. The S.C. HUD Office sponsored a 'train-the-trainer' session. Then, local volunteers and agency staff were trained on the forms and methods. Non-HMIS client level information was collected via one-on-one surveys completed by trained agency staff and volunteers in which identifying information was collected (SSN, date of birth, name, and gender). Information was entered and reviewed by the S.C. Office of Research and Statistics. For subpopulation information, participants were asked prior military service, domestic violence, HIV/AIDS, mental illness, substance abuse, or disabling conditions. Length and frequency of homelessness with a disabiling condition were analyzed to determine chronic homelessness according to HUD's definition. Results were reported in aggregate to protect participant's identity. All participants were read an informed consent agreement and offered a hygiene kit or food item.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	
Public places count with interviews:	X
Service-based count:	X
HMIS:	
Other:	

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Complete Coverage and Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

**Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)**

Training:	X
HMIS:	X
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

The 2009 Count was the third statewide count using the same methodolgy and forms. The S.C. HUD Office sponsored a 'train-the-trainer' session. Then, local volunteers and agency staff were trained on the forms and methods. Non-HMIS client level information was collected via one-on-one surveys completed by trained agency staff and volunteers in which identifying information was collected (SSN, date of birth, name, and gender). Information was entered and reviewed by the S.C. Office of Research and Statistics. For subpopulation information, participants were asked prior military service, domestic violence, HIV/AIDS, mental illness, substance abuse, or disabling conditions. Length and frequency of homelessness with a disabiling condition were analyzed to determine chronic homelessness according to HUD's definition. Results were reported in aggregate to protect participant's identity. All participants were read an informed consent agreement and offered a hygiene kit or food item. Surveys were de-duplicated against HMIS data by S.C Office of Research and Statistics. Surveys were completed as part of a street-by-street canvas of more urban areas (City of Columbia and City of Rockhill) and at known locations in more rural areas as identified by outreach workers, law enforcement, and faith-based outreach ministries.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

MACH CoC agency outreach workers and other service providers consistently engage persons who are homeless and at-risk including families with children. The United Way's 24/7 local information and referral line provides support via a continuum-wide call center to connect callers to resources to prevent homelessness. Local school districts also work with families to identify at-risk homeless and doubled up children to reduce the prevalence of homelessness among families by referrals to financial resouces to prevent homelessness and connection to case management. Information on available financial resources to prevent homelessness (HUD HPRP and FEMA Emergency Food & Shelter Program) is promoted to agencies serving at-risk homeless populations, food pantries, and legal services. Agencies systematically screen for entitlement access and refer to free services such as free tax preperation that can help increase family income. The MACH CoC will expand its existing entitlement access training and continue to support the work of Children's Garden - a high-quality nationally accrediated childcare center for homeless families. Additionally, the MACH CoC will continue to work with emergency and transitional housing providers to exhaust available housing resouces to ensure permanent housing placement, thus freeing more beds for families in need.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

MACH CoC agency outreach workers routinely engage unsheltered people in known locations and at feeding locations such as public parks and soup kitchens. CoC members and outreach workers attend information sharing and planning meetings with local law enforcement (City of Columbia and Rock Hill Police and Richland County Sheriff's Dept.) and business improvement district workers. In 2009 the business improvement district (City Center Partnership) added a homeless outreach worker to their staff. Columbia Area Mental Heath added a new outreach worker in the community in the last year. Street homeless people are also engaged by outreach workers of the Veterans Administration and Richland Primary Healthcare Associates, a federally qualified healthcare center that implements the Dept. of HHS Healthcare for Homeless Grant. Additional opportunties are found with the annual VA Standdown and PROJECT Challeng and City of Columbia's Homeless Project Connect. Supportive service and housing member CoC agencies are inceasing the services provided to the chronically homeless population. In February 2008, a new Housing First program funded by the City of Columbia was implemented to provide housing for chronically homeless persons. Additionally there is a SAMHSA and PATH funded Assertive Community Treatment team that provides outreach, clinical treatment and supportive housing for the chronically homeless via a drop-in center operated seven days a week year-round.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

Overall the unsheltered population decreased overall from 2009 vs. 2007. However, a significant change was how one county (Lancaster) conducted its count in 2007 by identifying and surveying people living in severe substandard housing situations (233 in 2007 vs. 5 unsheltered in 2009). Lancaster did not engage in this type of count in 2009. In Richland County, which is home to the state capitol and largest metro area, the unsheltered count rose from 172 in 2007 to 316 in 2009. Shelters in Richland County have reported more first time homeless due to the current economic conditions which aligns with count results indicating increased levels of homelessness. Additionally, this was the CoC's third statewide count using common methodology. The CoC was more selective in volunteers used in the 2009 count recruiting graduate school students in the Masters of Social Work and Masters of Public Health Administration schools that would have a better understanding of data quality. The 2009 count had more engagement of faith-based outreach ministries than in previous years and this proved successful in identfying known locations in rural areas. The outreach workers and City Center Partnership provided extensive known locations in urban areas as well along with their existing rapport developed with street populations.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The CoC Gaps Analysis and 10-year planning session was August 14, 2009 with 54 CoC members participating. Discussion included: housing, outreach, healthcare, transportation, employment training, and legal services. Housing needs were priortized. In the next year the CoC will: 1. Maximize use of available HUD funding including creation of three new PH beds for the chronically homeless using entire HUD CoC bonus funding; 2. Identify new/recruit existing permanent housing homeless providers to use HUD funding anticipated in 2010. E.g., both MICRI and the Columbia Housing Authority have increased capacity and expanded housing to serve the chronically homeless in the past five years at the request of the MACH Board; 3. The MACH Grant Committee will continue to offer technical assistance on new project development and accessing funding; 4. Continue to advocate for a local housing trust fund in Columbia (Ordinance proposed October 2009, still to be finalized).

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

1. Advocate for continued funding and expansion of successful housing programs for chronically homeless individuals such as the University of South Carolina's Office of Supportive Housing, Housing First Program funded by the City of Columbia; 2. Advocate for the development of a local housing trust fund with a dedicated funding source to promote affordable housing, especially for chronically homeless people; 3. Continue to offer technical assistance for development of new units; 4. Advocate for use of State Housing Trust Funding and other sources such as HOME TBRA, new Veteran's Administration per diem units, and new Shelter Plus Care projects.

How many permanent housing beds do you currently have in place for chronically homeless persons?	57
How many permanent housing beds do you plan to create in the next 12-months?	3
How many permanent housing beds do you plan to create in the next 5-years?	20

How many permanent housing beds do you plan to create in the next 10-years? 50

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

1. HUD funded agencies that are below the national objective will be required to submit a six and twelve month action plan detailing measurable steps to overcoming challenges. The Evaluation Committeee will provide quarterly reports to the MACH Board on performance. 2. Evaluation Committee will provide technical assistance to agencies struggling to meet the objective. 3. Underperforming agencies will be paired with a successful agency in a 'mentor' relationship. 4. Agencies unable to met this HUD national objective will be asked to identify other program funding sources. 5. Continue emphasis on employment placement and training in provider case management, accessing available Workforce Investment Act services, and linking clients with disabling conditions to specialized employment programs; 6. Work with Columbia Housing Authority and Dorn VA to fill new ARRA VASH units.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

1. Evaluation Committee will continue to closely monitor performance based on APRs submitted to HUD. Agencies unable to adequately overcome barriers to meeting the HUD national objectives will be asked to identify other sources of program funding. 2. MACH Board will coordinate training opportunities for agency staff on effective case management, appropriate clinical and supportive services, and linking clients to mainstream entitlement benefits. 3. MACH Board will continue to advocate for additional resouces for agency staff training such as SOAR training.

What percentage of homeless persons in permanent housing have remained for at least six months? 73

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 77

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	80
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	85

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC is currently at 76.4% in this category. The CoC will work with transitional housing agencies to maintain and continue to exceed 65% in this national objective category. 1. Housing resources such as HUD VASH, administered by CoC member the Columbia Housing Authority, will be used to maximum potential to ensure permanent housing placement; 2.Funding such as HOME TBRA will be sought to expand permanent housing options; 3. Transitional housing agencies will develop an action plan for this objective; 4. MACH Evaluation Committee will continue to offer technical assistance to agencies. Future renewals may be based on of action plans and meeting HUD objectives; 5. CoC will continue emphasis on employment placement and training in provider case management, accessing available Workforce Investment Act services, and linking clients with disabling conditions to specialized employment programs; 6. Develop new, high quality units of new TH housing with comprehensive services.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Permanent housing placement is the goal of any transitional housing program. The CoC will: 1. Advocate for additional units for affordable housing via the development of a local housing trust fund and provide technical assistance to agencies developing housing/leasing programs; 2. Job training and placement programs will be supported and expanded; 3. Continue to prioritize renewals of permanent housing SHP & S+C programs that successfully meet HUD's national objectives; 4. CoC agencies will continue to participate in trainings on accessing mainstream entitlement resources; 5. Enhance promotion of the Midlands Volunteer Income Tax Assistance (VITA) Coaliton that provides free income tax preparation services to ensure that clients have every opportunity to increase their income; 6. Clients with legal issues that present barriers to housing such as credit issues and criminal expungment will be referred to SC Legal Services and the pro bono clinic of the Richland County Bar.

What percentage of homeless persons in transitional housing have moved to permanent housing?	76
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	76
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	77
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	78

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC exceeds this objective with 43% of persons employed at program exit. The CoC will maintain and continue to exceed this objective. The CoC will: 1. Emphasize employment placement and training in provider case management, accessing available Workforce Investment Act services, and and continue to link clients to specialized employment program such as those at the Work In Progress program, University of South Carolina Office of Supportive Housing, Veteran's Administration Workforce Programs, and the Mental Illness Recovery Center Inc.'s psyco-social rehabilitation program and Homeless Recovery Center Drop-In Center; 2. Emphasis job readiness and placement programs for people with disabilities.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC will: 1. Evaluation Committee will continue to monitor APR performance closely and require action plans for agencies not meeting this objective; 2. Maintain and expand employment placement and training; 3. United Way of the Midlands, which provides non-federal match funding for local Workforce Investment Act Programs, will be asked to expand match and funding for additional staff to implement programs; 4. Continue to improve permanent housing resources for people with disabilities especially those who are chronically homeless.

What percentage of persons are employed at program exit? 43

In 12-months, what percentage of persons will be employed at program exit? 43

In 5-years, what percentage of persons will be employed at program exit? 44

In 10-years, what percentage of persons will be employed at program exit? 45

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The CoC will: 1. Promote the use of ARRA HPRP and FEMA Emergency Food and Shelter Program (EFSP) funds to prevent homelessness and facilitate rapid re-housing of homeless people, especially households with children; 2. Enhance referrals to available resources with improved 2-1-1 system (grant funding in place); 3. McKinney-Vento Coordinators in the local school districts will be engaged for additional outreach to homeless and doubled up families and referrals to available financial resources; 4. Case Management training with agency emergency assistance staff; 5. Use faith-based networks to further promote available resources, espcially to those families experiencing recent job loss and may not be familiar with networks of resources.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The CoC will: 1. Advocate for expansion of successful programs targeting families with children; 2. Advocate for the development of a local houing trust fund to increase affordable housing options; 3. Work closely with the Midlands VITA Coalition to ensure that clients take advantage of free tax preperation and federal credits such as Earned Income Tax Credit and the Child Tax Credit; 4. Advocate for a state EITC match to increase the income of low-income working families; 5. Promote training opportunities on SNAP and other entitlement programs; 6. Support Children's Garden a nationally accrediated childcare center for homeless children so parents are able to work or seek work while their children receive high-quality care; 7. Provide training such as those offered in the last year on effective case management, access to services and referrals, and Housing First for Families as presented by Beyond Shelter.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?	131
In 12-months, what will be the total number of homeless households with children?	131
In 5-years, what will be the total number of homeless households with children?	100
In 10-years, what will be the total number of homeless households with children?	80

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

Adult foster care: Persons in adult foster care are by definition vulnerable adults, and (as with youth) must have appropriate post-placement services offered to them, with "shelter" never being the discharge plan. As clients are voluntary, however, these offered services may be declined, resulting in subsequent homelessness or shelter stays. The South Carolina Department of Social Services (Helen Pridgen, Director) is in the process of revising its Foster Care policy and procedures (Human Services Policy and Procedures Manuel (832), Chapter 8, Foster Care). The South Carolina Homeless Coalition is in discussions with policy revisionists to include language that will eliminate discharge of foster care youth into homelessness.

Child/youth foster care: All foster care placements require per county policy as well as state statute, comprehensive discharge planning involving the child/family, social services, school, and other involved parties (e.g. therapist). The client is offered an array of continuing case management, services, educational and housing-support options. Often the youth decline this assistance, and may exit into unstable housing, and subsequent homelessness. Shelter placement, however, is never the recommended primary discharge plan. The CoC will be receiving regular reports so that this system can be monitored from a housing standpoint once the policy is in place.

Health Care:

Local hospitals use medical case managers to determine eligibility for financial aid resouces and housing placement. Clients may be placed in boarding homes not included in the CoC housing inventory if permanent housing placement is not available. On a case-by-case basis the hospitals will discharge to Community Residential Care Facilities when a higher level of care is needed paying a per diem rate. If there is a safety concern, including but not limited to risk of exposure during the winter months, the City of Columbia may place non-disabled adults and families with children in a motel in lieu of shelter for up to three days. Additionally, local hospitals contract with Chamberland Edmunds to assist clients in screening and applications for entitlement benefits such as Medicaid, Social Security, and disability. If housing is still not resolved, the person will be provided assistance in accessing shelter for non-disabled persons or held at the hospital until housing is identified. CoC members are engaged with Palmetto Health Alliance, the largest healthcare system in the Continuum, in extensive local discharge planning discussions beginning in Spring 2009. Palmetto Health has committed financial resources for a new respite shelter and criteria for discharge to the respite shelter have been finalized.

Mental Health:

Implementation of patient discharge is a conjoint responsibility of Community Mental Health Centers (CMHC) and inpatient facilities. The policy in place outlines in detail center, facility and position (i.e., case manager, social worker, etc.) responsibilities for patient discharge. Further it states clearly that the South Carolina Department of Mental Health (SCDMH) strongly discourages placement (of a patient) to a homeless shelter (as it) is a temporary placement and is not conducive to good continuity of care. With discharge planning, SCDMH involves clients' desires and preferences, whether shelter or any other placement type, and provides supportive aftercare treatment.

Corrections:

Clients of Corrections are assessed for potential eligibility for Adult Protection, Adult Mental Health, Public Health, or other County services, and referrals made as needed. Corrections staff counsel inmates at the time of discharge as to affordable housing linkages. The Corrections Chaplin may provide more in-depth counseling on a limited basis. If a Corrections case is co-managed with Social Services, the Social Services worker takes the lead in assisting with housing and post-incarceration services. If not eligible for any of the above, or voluntarily declines other assistance, they are given a list of emergency housing services (including shelters) which they can access on their own. The person can also apply for assistance through Social Services or Economic Assistance in the same manner as a non-Corrections discharge. The statewide discharge planning policy for homeless people was adopted and implemented in 2009 by Mr. Jon Ozmint, Director and Ms. Kathy Thompson, Re-entry coordinator, S. C. Department of Corrections (414 Broad River Road, Columbia, S. C. 29210 803-896-1776). Additionally, local United Way's fund discharge planning and housing placement at local detention centers and state facilities through a CoC member agency (Alston Wilkes Society). Finally, CoC members have had extensive meetings with local law enforcement including the Alvin Glenn Detention Center and Richland County leadership to discuss discharge planning. Discussions began Summer 2009.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

To provide technical and financial support to develop more Community Housing Development Organizations to develop more affordable housing that targets formaly homeless persons.

To provide job training programs to formerly homeless residents.

To offer short-term emergency assistance to clients qualifying for HOPWA funds.

Use HOPWA funds and other resources to leverage funding to create additional units of housing for homeless persons living with HIV/AIDS.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

Locally, City of Columbia, Richland and Lexington Counties received HPRP allocations. All three jurisdictions are active CoC members. The CoC met with representatives one-on-one at City of Columbia, Richland and Lexington Counties, and State of South Carolina to discuss HPRP funding and community needs. CoC members participated in jurisidction HPRP public forums and publicized the funding opportunities with CoC members. Documentation of coordination with the CoC is present in the substantial amendments of the three jurisdictions. The MACH Grant Committee provided techical assistance to CoC members such as The Cooperative Ministry and S.C. Appleseed during the HPRP application period. Other CoC members served on the HPRP funding selection panels for Richland and Lexington Counties and State of South Carolina. Additionally, CoC members such as The Cooperative Ministry, USC Office of Supportive Housing, Trinity Housing, The Women's Shelter, SC Appleseed, and Lexington Interfaith Community Services now directly administer HPRP funding. These CoC members effectively coordinate HPRP referrals within the CoC. United Way of the Midlands and United Way of Kershaw County administer local allocations FEMA ARRA Emergency Food and Shelter Program (EFSP) funding. Staffs coordinated EFSP and local HPRP allocation distribution to prevent duplication of services and EFSP local board staff offered technical assistance to HPRP jurisdictions receieving HPRP funds on documentation methods.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Locally, the first round of NSP funding was allocated to Richland County. Richland County Community Development staff are active CoC members. CoC members served on selection panels for Richland County NSP funding. NSP funding opportunities at Richland County and the South Carolina State Level were promoted among CoC members. CoC members The Columbia Housing Authority and City of Columbia received NSF from the State of South Carolina allocation to increase the number and quality of units of affordable permanent housing available in the community. The Columbia Housing Authority (CHA), a CoC member, administers 70 HUD-VASH vouchers with an additional 30 ARRA VASH vouchers this year. CHA with VA staff actively promotes the VASH program with CoC members. United Way of the Midlands and United Way of Kershaw County administer local allocations FEMA ARRA Emergency Food and Shelter Program (EFSP) funding. Staffs coordinated EFSP and local HPRP allocation distribution to prevent duplication of services and EFSP local board staff offered technical assistance to jurisdictions receieving HPRP funds on documentation methods.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	31	Beds	32	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	77	%	73	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	%	76	%
Increase percentage of homeless persons employed at exit to at least 19%	27	%	43	%
Decrease the number of homeless households with children.	90	Households	131	Households

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

For persons staying in PH over 6 months, while the CoC met the HUD national objective of 71.5% (CoC 72.9%) this was short of the proposed goal. The CoC had two agencies with permanent housing programs that fell below this threshold. Healing Properties experienced issues with the quality of the housing structures. Some Healing Properties clients were moved to alternative housing temporarly causing them to be housed less than six months by the agency on the APR; however, were still stably housed overall. Sistercare was able to move some clients from their DV SHP units to low cost permanent housing through faith-based networks. These agencies will be required by the MACH Evaluation Committee and Board to implement 6 & 12 month action plans to improve program performance or other sources of program funding must be identified.

131 households with children were identified in the 2009 one-day count versus 90 identified in the 2007 count. The 2009 count had more intesive outreach overall than the 2007 count and it is possible that more families were identified due to a more thorough count in 2009 vs. 2007. Also, South Carolina has higher than national averages in unemployment and poverty. Recent economic conditions could have also forced more families into homelessness. The CoC will work intensively with local school districts and HPRP funded agencies to develop enhanced referral networks to prevent homelessness, especially alomg families with children.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	554	22
2008	320	27
2009	180	42

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 32

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$22,900		$234,629	$139,629	$9,600
Total	$22,900	$0	$234,629	$139,629	$9,600

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

Not applicable. The CoC developed additional beds for chronically homeless individuals and the numbers of chronically homeless individuals also declined.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	85
b. Number of participants who did not leave the project(s)	210
c. Number of participants who exited after staying 6 months or longer	62
d. Number of participants who did not exit after staying 6 months or longer	153
e. Number of participants who did not exit and were enrolled for less than 6 months	57
TOTAL PH (%)	73

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	106
b. Number of participants who moved to PH	81
TOTAL TH (%)	76

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 220

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	45	20	%
SSDI	25	11	%
Social Security	3	1	%
General Public Assistance	0	0	%
TANF	7	3	%
SCHIP	1	0	%
Veterans Benefits	4	2	%
Employment Income	94	43	%
Unemployment Benefits	6	3	%
Veterans Health Care	1	0	%
Medicaid	15	7	%
Food Stamps	99	45	%
Other (Please specify below)	14	6	%
child support & voc rehab			
No Financial Resources	30	14	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

The Evaluation Committee of the CoC works closely with the HMIS Task Force and the member agencies to analyze the APRs and improve access to other mainstream programs. the Evaluation committee provides technical assistance on completing APRs correctly and referrals to staff training on accessing client benefits.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

If "Yes", indicate all meeting dates in the past 12 months.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Semi-annually

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

November 28 & 29, 2006 training on the 'Stepping Stones to Recovery' curriculum.

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
assessment, referral and application completion	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%

3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
no	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
maintaining regular contact and use of HMIS	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

Question	Answer
***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?** **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	Yes

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	Yes
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	Yes
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	Yes
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	Yes
The City of Columbia formed an Affordable Housing Task Force in 2007 to review housing barriers and needs in the local metropolitan area. the Task Force's report was adopted in Summer 2008. A main recommendation of the report was the formation and capitalization of a local housing trust fund to promote develop of affordable housing. As of August 2007, an ordinance has been introduced to form a local housing trust fund.	
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	Yes

Part A - Page 3

Question	Response
***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?** **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	Yes
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	Yes
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	No
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Richland County H...	2009-11-12 13:55:...	1 Year	Richland County	80,544	Renewal Project	SHP	HMIS	F
Sistercare, Inc.,...	2009-11-09 17:41:...	1 Year	Sistercare Inc.	110,380	Renewal Project	SHP	PH	F
Kershaw County Tr...	2009-11-13 15:51:...	1 Year	United Way of Ker...	83,100	Renewal Project	SHP	TH	F
Transitional Housing	2009-10-27 10:39:...	1 Year	The Samaritan Hou...	101,812	Renewal Project	SHP	TH	F
Home Base I	2009-11-16 16:54:...	1 Year	South Carolina De...	266,412	Renewal Project	S+C	SRA	U
Midlands Transiti...	2009-11-23 15:25:...	3 Years	Midlands Housing ...	838,073	New Project	SHP	TH	F2
House Keys	2009-11-16 18:47:...	2 Years	York County Counc...	209,943	New Project	SHP	PH	P1
St. Lawrence Place	2009-11-03 13:29:...	1 Year	Trinity Housing C...	80,316	Renewal Project	SHP	TH	F
Condemned Houses,...	2009-11-15 19:22:...	1 Year	Healing Propertie...	36,750	Renewal Project	SHP	PH	F
MHASC Shelter Plu...	2009-11-19 15:35:...	1 Year	South Carolina De...	217,644	Renewal Project	S+C	SRA	U
Condemned Houses,...	2009-11-15 22:24:...	1 Year	Healing Propertie...	68,645	Renewal Project	SHP	PH	F
Home Base II	2009-11-23 13:50:...	1 Year	South Carolina De...	223,428	Renewal Project	S+C	SRA	U

Budget Summary

FPRN	$1,399,620
Permanent Housing Bonus	$209,943
SPC Renewal	$707,484
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	2009 SC-502 HUD 2...	11/18/2009

Attachment Details

Document Description: 2009 SC-502 HUD 2991 Forms