

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms.
- There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

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 HUD Virtual Help Desk at www.hudhre.info.

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

CoC Lead Agency Name: United Way of the Midlands

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: Bi-monthly

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) 80%

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

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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 (general funds and HUD CDBG) and two private foundations. MACH oversees HMIS implementation via written MOAs and monitors AHAR participation. MACH Evaluation & Grant Committees review APR performance, agency TA visits, reviews HMIS data quality, and agency capacity to implement programs. New admin funds would strengthen existing infrastructure and expand Continuum's oversight and monitoring. Further, United Way of the Midlands serving as the lead agency currently manages over \$10 million in donor and grant funds annually including federal and state funding.

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.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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(c)(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, 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 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 assistance 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 Continuums 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..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
The Women's Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	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...
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...
Sistercare Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Palmetto AIDS Life Support Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS
SCDMH	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Safe Passage, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
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	Othe r	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
Columbia Housing Authority	Public Sector	Publi c ...	Primary Decision Making Group, Attend Consolidated Plan p...	Veteran s, HI...
Pilgrims' Inn	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Domes..
The Salvation Army	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Richland County Government	Public Sector	Loca l g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Mental Illness Recovery Center Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y 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	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Mental Health America of SC	Private Sector	Non-pro..	None	Seriousl y Me...
Stepping Stones Ministry	Private Sector	Faith -b...	None	Substan ce Abuse
Catholic Charities	Private Sector	Faith -b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Killingsworth Home	Private Sector	Faith -b...	None	Domesti c Vio...
Camden First Community Dev. Corp.	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
USCSM, Dept. of Medicine	Public Sector	Sch ool ...	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Veterans Formation	Public Sector	Stat e g...	Attend 10-year planning meetings during past 12 months	Veteran s
City of Columbia	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months, A...	NONE
Samaritan House	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	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
Reginald Alexander	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Roy Carson	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Melvin Cooper	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Melani Miller	Individual	Homeless	Attend 10-year planning meetings during past 12 months, C...	NONE
Women's Community Residence	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Richland Primary Health Care	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
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 Legal Justice Center	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
Homeless Helping Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
SC Legal Services	Private Sector	Non-pro..	None	NONE
SC Regional Housing Authority #3	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Wateree Community Actions	Private Sector	Non-pro..	None	NONE
OCAB Community Action Agency	Private Sector	Non-pro..	None	NONE
Brookland-West Columbia CDC	Private Sector	Non-pro..	None	NONE

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: United Way of the Midlands

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: The Women's Shelter

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Substance Abuse, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Street Outreach, Life Skills, Healthcare, Mental health, Employment
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Alston Wilkes Society

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Life Skills, Employment
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Family Shelter

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Child Care, Transportation, Rental Assistance, Employment
(select all that apply)

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Chance Jordan

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Columbia Area Mental Health Center

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Mental health
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way of Kershaw County

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Sistercare Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Legal Assistance, Transportation
(select all that apply)

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Palmetto AIDS Life Support Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Mortgage Assistance, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: SCDMH

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Mental health
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Safe Passage, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Mental health
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Oliver Gospel Mission

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan focus groups/public forums during past 12 months, None
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Legal Assistance, Alcohol/Drug Abuse, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Barry Butler

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Healing Properties, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
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 - Services provided, if applicable

Name of organization or individual: Growing Home Southeast, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Marcy Coster-Schulz

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Case Management, Healthcare, Transportation, Alcohol/Drug Abuse
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Columbia Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, Transportation, HIV/AIDS, Rental Assistance, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Pilgrims' Inn

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Mortgage Assistance, Mental health, Transportation, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: The Salvation Army

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Richland County Government

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Mental Illness Recovery Center Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend 10-year
(select all that apply) planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case
(select all that apply) Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Trinity Housing Corporation/St. Lawrence Place

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Life Skills
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: The Cooperative Ministry

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills, Utilities Assistance, Mortgage Assistance, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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 - Organization role in the CoC planning process
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 - Services provided, if applicable

Name of organization or individual: David Bergeron

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mental Health America of SC

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Life Skills, Mental health, Transportation
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Stepping Stones Ministry

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Alcohol/Drug Abuse
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Charities

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend 10-year
(select all that apply) planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Killingsworth Home

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Camden First Community Dev. Corp.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management
(select all that apply)

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- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: USCSM, Dept. of Medicine

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Healthcare, Transportation, HIV/AIDS, Rental Assistance, Employment
(select all that apply)

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 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Veterans Formation

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

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 - Services provided, if applicable

Name of organization or individual: City of Columbia

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Samaritan House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nickelodeon

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way of York County

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Harvest Hope Food Bank

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Education
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Reginald Alexander

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Roy Carson

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Melvin Cooper

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Melani Miller

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Women's Community Residence

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Alcohol/Drug Abuse
(select all that apply)

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Richland Primary Health Care

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

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Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Richland School District One

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Transportation
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Good Samaritan House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: South Carolina Appleseed Legal Justice Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Keystone Substance Abuse/York County Substance Abuse Council

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Alcohol/Drug Abuse, Employment
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Homeless Helping Homeless

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: SC Legal Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Legal Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: SC Regional Housing Authority #3

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Wateree Community Actions

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: OCAB Community Action Agency

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Brookland-West Columbia CDC

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Life Skills
(select all that apply)

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

Instructions:

The CoC solicitation of projects and the project selection process 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 the performance, effectiveness, and quality of all requested new and renewal project(s).

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) b. Review CoC Monitoring Findings, g. Site Visit(s), 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, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee 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 Committee, 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 Count--Change in Beds Available

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

There was a reduction of 2 year-round beds for families and an increase of 8 voucher beds. Family Shelter reduced from 42 beds to 40. This is the actual count of physical beds in the facility; Mission of Hope and Northside Baptist were deleted from the voucher beds category, because there were none available. Family Promise of Lancaster beds transferred from Transitional to Emergency, provide rotating beds at a church - corrected from 14 beds to 8 - to reflect the actual count of physical beds available. Also, the City of Columbia Emergency Shelter changed from 250 beds to 200 - the shelter fluctuates available beds annually - and the remaining beds were placed in overflow.

Safe Haven: Not Applicable

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):

Reduction of 67 beds due to: several shelters were surveyed and beds were corrected based on the number of physical beds and a review of average family size history - Family Shelter 28 beds to 15; Interfaith Hospitality -York 14 beds to 10; Salvation Army Rock Hill 18 beds to 12; St. Lawrence Place 90 beds to 71; Tender Hearts 14 beds to 10; MHA Aiken moved 1 bed from Family to Single: Hannah House 42 to 41; Good Samaritan House increase from 18 beds to 24, Samaritan's Well 14 beds for singles to 4: Samaritan House correction from 20 to 26; Salvation Army Columbia deleted no longer has beds: Women's Shelter decreased beds 26 to 22; increase TLC 6 to 10; Family Promise changed from Transitional to Vouchers-0

Permanent Housing: Yes

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

Reduction of 46 beds due to closing programs, policy changes and recalculations of beds based on a PIT Counts. Family Shelter reduced 54 beds & closed program; Aiken Housing Authority reduced 10 beds - changed policy does not designate vouchers for the homeless clients; PIT and S+C changes based on units: MHAA Aiken 6 beds to 3; MHA SC Allendale change from single to family beds; MHA SC Orangeburg increase family beds 22 to 24; MIRCI Home Base II from 47 to 52; Pilgrim's Inn from 14 to 9; Columbia Housing Authority Chronic Program 6 new beds; Columbia Housing Authority Disabled new beds 13 new beds.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (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 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (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, Provider opinion through discussion or survey forms

Specify "other" data types:

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

Data collected in HMIS on shelter beds was used as a baseline and entered into the HIC. The HIC was emailed to HMIS agencies; the ESG office was contacted for new agency information; telephone surveys and discussions were used to verify beds of non-HMIS and new ESG agencies; agencies were trained on the types of housing based on length of stay. The HIC and the HMIS bed inventory were updated with new information; a spreadsheet was created to identify bed changes; numbers were confirmed by the agencies; information was analyzed at the MACH Annual Gaps Analysis. To determine the unmet need HUD's tool was used combined with needs identified by stakeholders and providers, the HIC and low bed use rates, and factoring in the non-HMIS agencies.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

- Select the HMIS implementation coverage area:** Single CoC
- Select the CoC(s) covered by the HMIS: (select all that apply)** SC-502 - Columbia/Midlands CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** No
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** 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
 - 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. The grantee provides fiscal management and document review support. Partnerships include the grantee contracting with a local nonprofit to provide part-time staff assistance. The HMIS Task Force has helped with staff support by taking an active role in developing tools to support the HMIS. The HMIS is also supported by the state data clearing house (South Carolina Office of Research and Statistics) for Point-In-Time Counts in the form of data integration for a de-duplicated count of people served, which helps to generate community awareness. A statewide HMIS subcommittee also provides coordination support. The MACH HMIS worked with the state ESG office to provide for additional funding opportunities for all the South Carolina HMIS implementations. Non-participating shelters continues to be addressed by the MACH board and community partners. The MACH HMIS has also sought HUD technical assistance.

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

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 29204

Format: xxxxx or xxxxx-xxxx

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: 803-730-1543
(Format: 123-456-7890)
Extension
Fax Number: 803-730-1543
(Format: 123-456-7890)
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 provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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	76-85%
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Monthly

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:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	4%
* 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%	1%
* Zip Code of Last Permanent Address	0%	4%
* Name	0%	0%

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

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

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

The process includes emailing all agencies monthly reports with the number of clients served, missing data elements and entry/exit information. The extent of assistance is staff follows up with telephone calls and emails, if information is not fixed within the specified deadline. Agencies are required to generate monthly system reports to check bed stays against current rosters. Agencies are assisted by telephone, in training sessions, and during site visits with data clean-up. The tools include: Data Completeness Report; Household Composition Report, Agency Report Card, Daily Bed Report, and the HUD Bed Utilization Tool. Agency directors and the CoC board are 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 mandate that all users enter valid entry and exit dates. Clients are required to be entered into the system within 3 business days of program entry. Clients are to be exited within in 3 business days. For mass shelters clients are to be entered by 5 p.m. the following day and exited if they do not return the following night. Staff spot checks program entries and user system use to ensure clients are being entered into the system regularly.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply) 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply) 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010? No

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Annually
Point-in-time count of sheltered persons:	At least Annually
Point-in-time count of unsheltered persons:	At least Annually
Measuring the performance of participating housing and service providers:	At least Semi-annually
Using data for program management:	At least Semi-annually
Integration of HMIS data with data from mainstream resources:	At least Annually

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Annually

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

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

If 'Yes' indicate date of last review or update by CoC: 08/20/2010

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

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

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

How frequently does the CoC conduct a point-in-time count? biennially (every other year)

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%
Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

The CoC's most recent count was conducted in 2009. Although there was not a significant increase and only a slight decrease in the total numbers for the unsheltered homeless populations the 2009 PIT was viewed as a more accurate count because the methodology used was refined from 2005 and 2007 efforts based on experience. There was a slight increase in the number of sheltered homeless. There were also noted increases in some of the MACH counties (e.g. Richland County's homeless population increased by 15%, York County's population increased by 5%, Allendales population increased by 100%). Also, increased HMIS data quality efforts with the implementation of data quality tools resulted in more accurate data, less missing values, accurate exit dates, and actual client's served. Using one-on-one surveys increased the accuracy of subpopulation information. Additionally, in 2009 new partnerships were developed such as with City Center Partnership (downtown business improvement district Columbia safety workers) to identify known locations of street populations. Breakfasts held at churches the morning after the point-in-time date to conduct surveys based on the previous night's sleeping arrangements also proved successful in engaging the unsheltered populations. The event was publicized by outreach workers and homeless people via fliers and word-of-mouth.

2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations:Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guesstimates*. CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).

The methods used for the MACH PIT to collect data for the sheltered population included generating data from the HMIS into a data warehouse and the use of a statewide survey. The survey was developed by staff of the state data clearing house (SC Office of Research and Statistics(SCORS) with input from local stakeholders and HMIS staff to ensure HMIS data elements and community needs were addressed. Sheltered data was pulled from HMIS, and non-HMIS agencies were surveyed on-site by trained Count volunteers or agency staff. Identifying information was collected (SSN, date of birth, name, and gender) along with other survey questions. Non-HMIS shelter surveys were entered into a local database by ORS staff. To ensure accuracy in reporting the forms were reviewed by the ORS staff, the Count Coordinators and the HMIS staff. The data entered by ORS was reviewed for data quality by staff. Several cleanup tests were run on the HMIS sheltered data and agencies were sent weekly data quality reports; calls were made to verify PIT numbers, valid exit dates, and client information. For further accuracy, the HMIS and the non-HMIS sheltered data was integrated into a data warehouse. A unique ID was assigned (based on the identifying information collected) to each client file and data was de-duplicated to count each client only once. The data was later used to cross reference with other data-sets in the warehouse to provide information on access to state agencies and services.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
	Non-HMIS client level information:	<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).

The HMIS sheltered homeless sub-populations data was based on HMIS data elements. The non-HMIS sheltered sub-population data was gained from surveys completed by trained volunteers and agency staff that included similar questions as the HMIS database. Questions regarding identifying information (name, ssn, and date of birth) were also included. For data accuracy, the S.C. Office of Research and Statistics entered surveys for non-HMIS agencies into their database. The HMIS sheltered subpopulation data was integrated into the ORS database and analyzed. The ORS database provided the client information with a unique ID to protect client identity and for de-duplication. For subpopulation information, participants were asked or data was pulled on Veterans Status, Domestic Violence, and Disabling Conditions (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. HMIS sheltered clients signed a consent and all non-HMIS participants were read an informed consent agreement before providing information. Data was integrated into a data warehouse to determine the number of participants that were connected to agencies that provided services to the subpopulations. HMIS sheltered subpopulation data was pulled several times and providers were contacted to validate the accuracy of information.

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population count: (select all that apply)

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

The Non-HMIS de-duplication techniques used to ensure data quality of the sheltered people was as follows: client level information was collected on one-on-one surveys completed by trained agency staff and volunteers in which identifying information was collected (SSN, date of birth, name, and gender). Survey information was entered into a database by the S.C. Office of Research and Statistics (ORS). The ORS reviewed the data for accuracy. The data was integrated with the HMIS data for sheltered people. A unique ID was assigned to each client record and the data was de-duplicated to ensure non-HMIS and sheltered people were only counted one time. Results were reported in aggregate to protect participants' identity.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guesstimates*. CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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:

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: Complete Coverage

If Other, specify:

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are known as de-duplication techniques. 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. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

The techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once were as follows: The 2009 Count was the third statewide count using the same methodology and forms. Local volunteers and agency staff were trained on the forms and methods. Unsheltered clients information was collected by one-on-one surveys completed by staff and volunteers in which identifying information was collected (SSN, date of birth, name, and gender). Surveys were reviewed for accuracy by the Count Coordinators, collected and given to the SC Office of Research and Statistics. The ORS entered data into their database on the unsheltered homeless. For subpopulation information, participants were asked about prior military service, domestic violence, HIV/AIDS, mental illness, substance abuse, and disabling conditions. Length and frequency of homelessness with a disabling condition were analyzed to determine chronic homelessness according to HUD's definition. A unique ID was assigned to each client name and the information was integrated with the HMIS-Sheltered information and de-duplicated so that each client counted only once. Surveys were completed as part of a street-by-street canvas of more urban areas (City of Columbia and City of Rock Hill) 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 households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

MACH CoC agency outreach workers and other service providers 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. School districts work with families to identify at-risk homeless and doubled-up children to provide referrals to financial resources to prevent homelessness and connect to case management. Information on 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. Summer 2010, the Emergency Needs Roundtable was formed to increase coordination of emergency financial resources. CoC agencies screen for entitlement access and refer to services such as free tax preparation that can help increase family income. Work to connect households to benefits will be enhanced through the new Benefit Bank software and SOAR training. The CoC expanded its entitlement access and tenant rights training through SC Appleseed Legal Justice via a grant from Richland County. Additionally, the MACH CoC will continue to work with housing providers to exhaust available resources 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 such as campsites and meal 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 and Columbia Area Mental Health added a new outreach worker in the community. Street homeless people are also engaged by outreach workers of the Veterans Administration and Richland Primary Healthcare Association, a federally qualified healthcare center that implements the Dept. of HHS Healthcare for Homeless Grant. Additional opportunities are found with the annual VA Standdown and PROJECT Challenge. 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 PATH funded outreach coordinator and an interdisciplinary team providing clinical treatment and supportive housing for the chronically homeless via a drop-in center operated seven days a week year-round. In 2010, the downtown homeless formed a group called 'Homeless Helping Homeless' (HHH) to promote greater understanding of homeless issues. Providers attend the weekly HHH meetings.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

The CoC Gaps Analysis and 10-year planning session was held June 29, 2010 with 52 CoC members participating. Discussion included: housing, outreach, healthcare, transportation, employment training, and legal services. Housing needs and subpopulation needs were prioritized. In the next year the CoC will: 1. Maximize use of available HUD funding including creation of six 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 2011; 3. The MACH Grant Committee will continue to offer technical assistance on new project development and accessing funding; 4. Continue to advocate for dedicated funding for a local housing trust fund in Columbia (Trust Fund established 10/29/10).

Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (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 dedicated funding for the housing trust fund 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? 52

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 3

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 20

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 50

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

The CoC currently exceeds the national goal (CoC 83.8%). 1. The two HUD funded agencies below the national threshold have submitted an action plan detailing measurable steps to overcoming challenges. The Evaluation Committee will provide reports to the MACH Board on performance. 2. Evaluation Committee will provide technical assistance to agencies struggling to meet the objective. 3. Agencies unable to met this HUD national objective will be asked to identify other program funding sources. 4. 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; 5. Work with Columbia Housing Authority and Dorn VA to apply for and fill new ARRA VASH units. 6. Columbia Housing Authority is applying for 100 Family Unification Program (FUP) vouchers in 2010.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (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 via SOAR training and use of The Benefit Bank software. 3. MACH Board will continue to advocate for additional resources for agency staff training such as continued SOAR training.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 84

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 77

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 80

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 80

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

Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

The CoC is currently at 83.2% 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. MACH Evaluation Committee will continue to offer technical assistance to agencies. Future renewals may be based on of action plans and meeting HUD objectives; 4. 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; 5. Develop new, high quality units of new TH housing with comprehensive services.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (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) Coalition 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 expungement will be referred to SC Legal Services and the pro bono clinic of the Richland County Bar.

What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 83

In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 76

In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 77

In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 78

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

Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

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. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The CoC exceeds this objective with 47% 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 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 psycho-social rehabilitation program and Homeless Recovery Center Drop-In Center; 2. Emphasize job readiness and placement programs for people with disabilities.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (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 is the current percentage of participants in all CoC funded projects that are employed at program exit?** 47
- In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 43
- In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 44
- In 10-years, what percentage of participants in all CoC funded projects 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, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to decrease the number of homeless households with children. (limit 1000 characters)

The CoC will: 1. The Columbia Housing Authority will apply for 100 Family Unification Program (FUP) vouchers; 2. Promote the use of ARRA HPRP and FEMA Emergency Food and Shelter Program (EFSP) funds to prevent homelessness and facilitate rapid re-housing, especially households with children; 3. Enhance referrals to available resources with improved 2-1-1 system and wider use of the HMIS system by additional faith-based emergency assistance providers; 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. Host training for housing providers on education rights spring 2011; 5. Resource and intake training with agency emergency assistance staff spring 2011; 5. Use faith-based networks to further promote available resources, especially to those families experiencing recent job loss who may not be familiar with networks of resources.

Describe the CoCs long-term (10-year) 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 dedicated funding of a local housing trust fund to increase affordable housing options (Trust Fund created 10/29/10); 3. Work closely with the Midlands VITA Coalition to ensure that clients take advantage of free tax preparation 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 accredited childcare center for homeless children so parents are able to work or seek work while their children receive high-quality care.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 131

In 12-months, what will be the total number of homeless households with children? 120

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 in place 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 demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

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 staff 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 resources 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 (26 beds) 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 its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, 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 local needs.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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 formerly 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 2009 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 jurisdiction 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. 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, Salvation Army, 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 receiving HPRP funds on documentation methods. The CoC will meet with State HPRP staff in early 2011 to discuss deeper collaboration with ESG and CoC funds as HEARTH is implemented.

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other 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 with staff serving on the CoC board and subcommittees. 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 NSP 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. CHA with VA staff actively promotes the VASH program with CoC members. CHA will apply for 35 new VASH vouchers in 2010. United Way of the Midlands and United Way of Kershaw County administered 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 receiving HPRP funds on documentation methods.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If yes, please describe the established policies that are in currently in place.

MACH board of directors established a policy requiring compliance with the education sections of the McKinney-Vento Act. Final policy was approved 11/4/10. The policy requires: immediate enrollment in school, contact with the school liasion, required intake questions on the children's school activities, and prohibits curfews or geographic limitations that impedes a child's school participation.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The CoC was assisted by the SC State Dept. of Education McKinney-Vento Coordinator (Brenda Meyers) in drafting its education policy and identifying best practices for working with schools. CoC housing facilities serving families with children have regular contact with homeless liasions in the school districts. The State Dept. of Ed provides the CoC w/ updated listings of district coordinators. Richland County School District One, our CoC's largest school district and also with the highest numbers of children identified as homeless, holds quarterly Advisory Committee meetings with CoC housing providers, United Way 2-1-1, and emergency financial assistance providers. The CoC is in process of replicating this best practice with smaller school distcticts in the CoC footprint. Families are connected with Head Start programs for younger children. Vital Connections, which operates Childrens Garden - a NAEYC accredited childcare center, received an Early Head Start grant in 2010 and works closely with CoC providers. CoC agencies provide verbal and written information to parents on education rights. CoC HMIS intake questions obtain information on the children's current school attendance, afterschool or special activities, and disability information (for special ed purposes). CoC agency release forms allow communication of information with school district homeless liasions. The CoC is working with the SC Homeless Coalition to plan a training on rights to education in spring 2011.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The CoC has approved an education policy, worked with the State Department of Education to identify and implement best practices, and will be providing provider training on education rights in spring 2011. HMIS intake forms request information on the children's current school attendance, afterschool or special activities, and disability information (for special ed purposes). CoC agency release forms allow communication of information with school district homeless liasions. CoC agencies work closely with school district homeless liasions to ensure immediate school enrollment (within 24 hours). CoC agencies advocate, as needed, with school district administration to ensure children's education rights are protected.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

The CoC undertakes extensive efforts to identify and house homeless veterans. The Columbia Veteran's Administration provides staffing for a homeless veteran outreach worker who actively participates in the CoC along with the representatives from the Healthcare for Homeless Veterans Program of Dorn VA medical center. The Columbia Housing Authority with Dorn VA administers 70 VASH vouchers and is applying for 30 additional vouchers in 2010 (included as a goal in the CoC Strategic Plan). The CoC is submitting a new SHP project through the Mental Illness Recovery Center, Inc. that provides preference to veterans (included in the CoC Strategic Plan). Christ Central and Lutheran Family Services both housing homeless veterans through the VA per diem program. Alston Wilkes Society operates a veterans transitional housing facility. Fast Forward provides computer skills training specific to homeless veterans. Transitions, the new transitional housing program funded in the 2009 CoC competition will incorporate additional veteran's benefits screening certification for its case managers. The CoC will continue to increase housing resources targeted to veterans through use of the housing bonus.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	3	Beds	0	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	77	%	84	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	76	%	83	%
Increase percentage of homeless persons employed at exit to at least 20%	43	%	47	%
Decrease the number of homeless households with children.	131	Households	131	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

The CoC was not able to create three new beds for chronically homeless as planned. The Keystone SHP project awarded in the 2009 HUD competition did not receive technical submission approval until October 2010. The three new units will be underway by early 2011.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ‘Exhibit 1 Detailed Instructions’ which can be accessed on the left-hand menu bar.

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 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	554	22
2009	320	27
2010	180	52

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.

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, 2009 and January 31, 2010.

Cost Type	HUD McKinney- Vento	Other Federal	State	Local	Private
Development					
Operations	\$0		\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

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 last three years 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:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The 'Total PH %' will be auto-calculated after selecting 'Save.' Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select 'No' to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	84
b. Number of participants who did not leave the project(s)	218
c. Number of participants who exited after staying 6 months or longer	74
d. Number of participants who did not exit after staying 6 months or longer	179
e. Number of participants who did not exit and were enrolled for less than 6 months	49
TOTAL PH (%)	84

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select 'Save.' The 'Total TH %' will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select 'No' to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	107
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	89
TOTAL TH (%)	83

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select "Save" and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 191

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	25	13	%
SSDI	10	5	%
Social Security	1	1	%
General Public Assistance	1	1	%
TANF	16	8	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	89	47	%
Unemployment Benefits	13	7	%
Veterans Health Care	1	1	%
Medicaid	26	14	%
Food Stamps	120	63	%
Other (Please specify below)	18	9	%
child support & voc rehab			
No Financial Resources	60	31	%

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

Does the CoC have any non-HMIS projects for which an APR was required to be 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 (twice a year)

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).

Previous training - 'Stepping Stones to Recovery' Nov. 28 & 29, 2006. Recently SC was selected by SAMHSA to receive TA to implement SOAR (SSI/SSDI Outreach, Access and Recovery). The SC SOAR Initiative is led by the SC Dept of Mental Health (SCDMH). The SOAR Team is comprised of SCDMH, SC Voc Rehab, Disability Determination Services, Social Security Administration, SC Dept of Health and Environmental Control, SC Dept of Corrections, SC Dept of Alcohol and Other Drug Abuse Services, Veterans Affairs, SC Coalition Against Domestic Violence and Sexual Assault, and SC SHARE. A planning forum was held in Columbia on September 24, 2010. The national SOAR TA Team facilitated the one-day planning forum. Action plans were developed and implementation of these plans has begun. Two representatives from the SC State SOAR Team were trained by the National SOAR TA Team on the 'Stepping Stones to Recovery' curriculum in Sept 2010 and trainings are planned in early 2011.

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:	5%
The Benefit Bank software - SNAP, WIC, SSI, SSDI	
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	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. 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 review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
MHASC Shelter Plu...	2010-11-14 17:22:...	1 Year	South Carolina De...	218,796	Renewal Project	S+C	SRA	U
Condemne d Houses,...	2010-11-09 11:40:...	1 Year	Healing Propertie...	68,645	Renewal Project	SHP	PH	F
Supportive Housin...	2010-11-09 11:53:...	1 Year	The Housing Autho...	144,825	Renewal Project	SHP	PH	F
Permanent Housing...	2010-11-08 16:33:...	1 Year	Sistercare Inc.	77,664	Renewal Project	SHP	PH	F
Kershaw County Tr...	2010-11-08 14:28:...	1 Year	United Way of Ker...	83,100	Renewal Project	SHP	TH	F
Home Base II	2010-11-15 12:43:...	1 Year	South Carolina De...	200,064	Renewal Project	S+C	SRA	U
MIRCI Supportive ...	2010-11-09 13:05:...	2 Years	Mental Illness Re...	429,641	New Project	SHP	PH	F2
Richland County H...	2010-11-09 16:01:...	1 Year	Richland County	80,544	Renewal Project	SHP	HMIS	F
Leaphart Place	2010-11-16 09:49:...	1 Year	Growing Home Sout...	26,250	Renewal Project	SHP	SH	F
Supportive Housin...	2010-11-09 14:17:...	1 Year	The Housing Autho...	68,996	Renewal Project	SHP	PH	F
The Samaritan Hou...	2010-11-05 10:33:...	1 Year	The Samaritan Hou...	101,812	Renewal Project	SHP	TH	F
Housing First	2010-11-12 15:30:...	3 Years	The Housing Autho...	208,477	New Project	SHP	PH	P1

Home Base I	2010-11-15 12:00:...	1 Year	South Carolina De...	287,052	Renewal Project	S+C	SRA	U
Permanent Housing...	2010-11-08 16:41:...	1 Year	Sistercare Inc.	110,380	Renewal Project	SHP	PH	F
St. Lawrence Place	2010-11-04 13:22:...	1 Year	Trinity Housing C...	80,316	Renewal Project	SHP	TH	F
Condemned Houses,...	2010-11-09 11:37:...	1 Year	Healing Propertie...	36,750	Renewal Project	SHP	PH	F
Permanent Housing...	2010-11-08 16:50:...	1 Year	Sistercare Inc.	91,366	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$1,400,289
Permanent Housing Bonus	\$208,477
SPC Renewal	\$705,912
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	SC-502 2991 Forms	11/17/2010

Attachment Details

Document Description: SC-502 2991 Forms