

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.

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

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

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

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

Indicate the frequency of group meetings: Monthly or more

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) 90%

*** 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 including why this process was established and how it works.

Board of Director 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 Members of the Board (Chair, Vice-Chair, Sec., Treas.) are elected by a 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 HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.

The MACH Board of Directors, the primary decision-making body would hire a staff position to work solely on program monitoring, administration, and evaluation. the MACH is a 501c3 organization with internal financial controls in place and could administer funding as a HUD grantee.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

| Name | Meeting Frequency |
|----------------------|-------------------|
| Grant Committee | Bi-monthly |
| Leadership Committee | Semi-annually |
| Evaluation Committee | Bi-monthly |
| HMIS Task Force | Quarterly |
| Nominating Committee | Semi-annually |
| Count Committee | Monthly or more |
| Hunger and Homele... | Semi-annually |
| Catawba Area Coal... | Monthly or more |
| Aiken/Barnwell Co... | Bi-monthly |
| Kershaw County Ho... | Quarterly |
| Edisto Area Coali... | Semi-annually |
| Midlands Housing ... | Monthly or more |
| MACH Board of Dir... | Monthly or more |

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Grant Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Oversees project selection process for HUD CoC application.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Leadership Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Researches and makes recommendations to full CoC membership on changes in by-laws or policy and procedures.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Evaluation Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Oversees evaluation of projects currently funded in CoC including review of APRs, agency audits, participation in HMIS, and performance of programs.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Task Force

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Develops policies and procedures for HMIS implementation, including review of new memorandum of understanding, data standards, data quality, and confidentiality issues.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Nominating Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Recruits and develops nominations for persons to serve in leadership roles of the CoC.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Count Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Develops procedures and serves as leadership for the point-in-time count of homeless persons. Additional duties include volunteer coordination and training, resource development, and supervision of data analysis.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Hunger and Homeless Awareness Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Plans and publicizes activities of Hunger and Homeless Awareness week annually.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Catawba Area Coalition for the Homeless

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Local planning committee for three counties in the northern area of the CoC that meets monthly to plan to address homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Aiken/Barnwell Coalition for the Homeless

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Local planning committee for two counties in the southern area of the CoC that meets monthly to address homeless issues.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Kershaw County Housing and Homeless Partnership

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Local planning committee for one county in the CoC that meets quarterly to address homeless and housing issues.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Edisto Area Coalition for the Homeless

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Local planning committee for two counties in the central area of the CoC to address homeless issues.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Midlands Housing Alliance Prover Planning Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Local planning group that meets to design the programs and services of a new comprehensive homeless center providing emergency and transitional housing.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: MACH Board of Directors

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Oversees CoC activities, including the homeless count, hunger and homeless awareness week, and the annual CoC application process.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

| Organization Name | Membership Type | Organization Type | Organization Role | Subpopulations |
|--|-----------------|-------------------|--|-----------------|
| United Way of the Midlands | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| The Women's Shelter | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Primary Decision Maki... | Substance Ab... |
| Alston Wilkes Society | Private Sector | Non-pro.. | Attend Consolidated Plan focus groups/public forums durin... | Substance Ab... |
| Family Shelter | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Seriously Me... |
| Aiken County HELP LINE, Inc. | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Primary Decision Maki... | NONE |
| Chance Jordan | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Primary Decision Maki... | 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.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | Substance Ab... |
| South Carolina Primary Health Care Association | Private Sector | Non-pro.. | Attend 10-year planning meetings during past 12 months | NONE |
| Sistercare Inc. | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | Domestic Vio... |
| Palmetto AIDS Life Support Services | Private Sector | Non-pro.. | None | HIV/AIDS |
| SCDMH | Public Sector | State g... | Committee/Sub-committee/Work Group, Primary Decision Maki... | Seriously Me... |
| Safe Passage, Inc. | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | Domestic Vio... |
| TN Development Corp. | Private Sector | Non-pro.. | Attend Consolidated Plan planning meetings during past 12... | NONE |
| Oliver Gospel Mission | Private Sector | Faith-b... | Attend Consolidated Plan focus groups/public forums durin... | Substance Ab... |

| Midlands Area Consortium for the Homeless | | | | COC_REG_v10_000479 |
|--|----------------|------------|--|--------------------|
| 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... | Substan ce Ab... |
| Growing Home Southeast, Inc. | Private Sector | Non-pro.. | None | Youth |
| Marcy Coster-Schulz | Private Sector | Other | Committee/Sub-committee/Work Group, Attend Consolidated P... | Seriously Me... |
| Columbia Housing Authority | Public Sector | Public ... | Committee/Sub-committee/Work Group, Attend Consolidated P... | Veteran s, HI... |
| Pilgrim's Inn | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Primary Decision Maki... | Domesti c Vio... |
| The Salvation Army | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Primary Decision Maki... | Seriously Me... |
| Richland County Government | Public Sector | Local g... | Authoring agency for Consolidated Plan, Primary Decision ... | NONE |
| Mental Illness Recovery Center Inc. | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | Seriously Me... |
| Trinity Housing Corporation/St. Lawrence Place | Private Sector | Non-pro.. | Attend Consolidated Plan planning meetings during past 12... | Youth |
| The Cooperative Ministry | Private Sector | Non-pro.. | Primary Decision Making Group | HIV/AIDS |
| David Bergeron | Private Sector | Other | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE |
| Volunteers of America Carolinas | Private Sector | Faith-b... | None | NONE |
| Mental Health Association in SC | Private Sector | Non-pro.. | None | Seriously Me... |
| Stepping Stones Ministry | Private Sector | Faith-b... | None | Substan ce Abuse |
| Catholic Charities | Private Sector | Faith-b... | Committee/Sub-committee/Work Group | NONE |
| Washington St. UMC | Private Sector | Faith-b... | Committee/Sub-committee/Work Group | NONE |
| Killingsworth Home | Private Sector | Faith-b... | None | Substan ce Ab... |
| Camden First Community Dev. Corp. | Private Sector | Faith-b... | Committee/Sub-committee/Work Group | NONE |
| Eastminster Presbyterian Church | Private Sector | Faith-b... | Committee/Sub-committee/Work Group, Primary Decision Maki... | NONE |
| USCSM, Dept. of Medicine | Public Sector | School ... | Committee/Sub-committee/Work Group, Attend 10-year planni... | HIV/AIDS |
| Veterans Formation | Public Sector | State g... | None | Veteran s |

| Midlands Area Consortium for the Homeless | | | | COC_REG_v10_000479 |
|---|----------------|------------|--|--------------------|
| Mission of Hope Ministries | Private Sector | Faith-b... | Committee/Sub-committee/Work Group, Primary Decision Maki... | NONE |
| City of Columbia | Public Sector | Local g... | Committee/Sub-committee/Work Group, Authoring agency for ... | NONE |
| McMillian Community Care Home | Private Sector | Businesses | Committee/Sub-committee/Work Group, Primary Decision Maki... | HIV/AIDS |
| 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.. | Committee/Sub-committee/Work Group, Attend Consolidated P... | NONE |
| Harvest Hope Food Bank | Private Sector | Non-pro.. | None | NONE |
| Interfaith Hospitality Network of York County | Private Sector | Faith-b... | None | NONE |
| Reginald Alexander | Individual | Homeles.. | Committee/Sub-committee/Work Group | NONE |
| Roy Carson | Individual | Homeles.. | Committee/Sub-committee/Work Group | NONE |
| Melvin Cooper | Individual | Homeles.. | Committee/Sub-committee/Work Group | NONE |
| Melani Miller | Individual | Homeles.. | None | NONE |
| Golden Havest Food Bank | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | NONE |
| Women's Community Residence | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | Substance Abuse |
| SC Workforce Centers | Public Sector | State g... | Committee/Sub-committee/Work Group | NONE |
| Goodwill Industries | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | NONE |
| Richland Primary Health Care | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | NONE |
| SC African American HIV/AIDS Council | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | HIV/AIDS |
| Richland School District One | Public Sector | School ... | Committee/Sub-committee/Work Group | Youth |
| Good Samaritan House | Private Sector | Faith-b... | Committee/Sub-committee/Work Group | NONE |

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

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

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

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, c. All CoC Members Present Can Vote, d. One Vote per Organization

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

The Salvation Army's Columbia shelter providing emergency and transitional housing closed in March 2007 due to environmental issues with the property. Closure of this property resulted in a loss of over 100 beds. Sistercare, a domestic violence shelter, added 10 additional beds with a Dept. of Justice funding. The Family Shelter renovated a building on its property to increase its capacity by 7 units.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

The Salvation Army's Columbia shelter providing emergency and transitional housing closed in March 2007 due to environmental issues with the property. Oliver Gospel Mission renovated a building on its property to expand its transitional capacity to 19 new beds. Helping Hands was removed from the TH inventory because homelessness is no longer a criteria for enrollment and does not reflect the population served. Tender Hearts was added as a new facility.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

There were minor changes in the number of Shelter Plus Care vouchers due to the process in which the number of units leased is pulled on a specific day to reflect units reported in the e-HIC.

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

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

Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------------|-----------|----------------------|---------------|
| Housing Inventory Chart | Yes | 2008 e-hic | 09/30/2008 |

Attachment Details

Document Description: 2008 e-hic

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

Instructions:

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

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/31/2008
(mm/dd/yyyy)

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

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

Must specify other:

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

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Regional (multiple CoCs)

Select the CoC(s) covered by the HMIS: SC-502 - Columbia/Midlands CoC, SC-503 -
(select all that apply) Myrtle Beach/Sumter City & County CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

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

Is the HMIS Lead Organization the same as CoC Lead Organization? No

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

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the date on which HMIS data entry started (or will start): 11/01/2004
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: Inadequate staffing, Inadequate resources, No or
(select all the apply): low participation by non-HUD funded providers, Inadequate bed coverage for AHAR participation

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

The implementation of the HMIS Policies and Procedures will assist in addressing more areas of data quality. With the assistance of the HMIS Task Force more attention will be provided to encourage the participation of non-HUD funded agencies, which will hopefully increase participation in this area. With the creation of several custom reports by the system administrator users are provided with more tools to assist them to detect and address data quality issues in timely manner.

HMIS Attachment

| Document Type | Required? | Document Description | Date Attached |
|----------------|-----------|----------------------|---------------|
| HMIS Agreement | Yes | MOU HMIS Richland... | 09/25/2008 |

Attachment Details

Document Description: MOU HMIS Richland County and MACH

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

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Richland County
Street Address 1 2020 Hampton Street
Street Address 2 POB 192
City Columbia
State South Carolina
Zip Code 29202
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify

2C. Homeless Management Information System (HMIS)

Contact Person

Prefix: Mrs

First Name Rebecca

Middle Name/Initial

Last Name Frierson

Suffix

Telephone Number: 803-462-0450
(Format: 123-456-7890)

Extension

Fax Number: 803-462-0450
(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:

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 each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

| | |
|----------------------------------|--------|
| * Emergency Shelter (ES) Beds | 51-64% |
| * Safe Haven (SH) Beds | |
| * Transitional Housing (TH) Beds | 65-75% |
| * Permanent Housing (PH) Beds | 86%+ |

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

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

We will continue to engage, with assistance from Richland County and the MACH, non-HUD funded agencies with shelter beds that are not participating in HMIS.

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

Instructions:

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

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

| Universal Data Element | Records with no values (%) | Records where value is refused or unknown (%) |
|--------------------------------------|----------------------------|---|
| * Social Security Number | 1% | 4% |
| * Date of Birth | 0% | 0% |
| * Ethnicity | 1% | 0% |
| * Race | 0% | 0% |
| * Gender | 0% | 0% |
| * Veteran Status | 2% | 3% |
| * Disabling Condition | 1% | 4% |
| * Residence Prior to Program Entry | 1% | 1% |
| * Zip Code of Last Permanent Address | 1% | 12% |
| * Name | 0% | 0% |

Did the CoC or subset of the CoC participate in AHAR 3? No

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

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

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

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

Automated reports run biweekly to users in the form of an email which clearly indicate client records with missing data. One report is generated for missing universal data elements for non-HUD funded agencies and another indicates missing data elements for agencies with HUD-funded programs. Another report is used as a checks and balances tool to identify missing client records with income and disability information. This report is emailed to agencies indicating missing data in only these areas to ensure this important program level information is captured. Quarterly Point-In-Time counts are generated on the sheltered population to determine if bed counts are accurate, and clients are entered and exited in a timely manner. The M5 Data Completeness Report used in last year's SHP application is also used quarterly to report to the MACH Board on data completeness and compliance with the HMIS Standards. Individual agencies also receive information from this report to assist them further with data cleanup.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

The procedure is automatic since the system defaults to require all users to use the entry/exit prompt to enter client data upon entry. Point-in-Time counts of the sheltered population are generated to determine if shelters have current clients entered into the system. A report is generated monthly and emailed to all users that have clients with stays exceeding 90 days. Users are instructed to review the report based on current client lists and exit any clients no longer in the program.

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

Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

| | |
|---|-----------|
| Data integration/data warehousing to generate unduplicated counts: | Quarterly |
| Use of HMIS for point-in-time count of sheltered persons: | Annually |
| Use of HMIS for point-in-time count of unsheltered persons: | Never |
| Use of HMIS for performance assessment: | Quarterly |
| Use of HMIS for program management: | Quarterly |
| Integration of HMIS data with mainstream system: | Annually |

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

Instructions:

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

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC: 09/30/2007

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

| | |
|---|---------|
| Privacy/Ethics training | Monthly |
| Data Security training | Monthly |
| Data Quality training | Monthly |
| Using HMIS data locally | Monthly |
| Using HMIS data for assessing program performance | Monthly |
| Basic computer skills training | Monthly |
| HMIS software training | Monthly |

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

Indicate the date of the last PIT count: 01/25/2007

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

| | Households with Dependent Children | | | |
|--|---------------------------------------|--------------|-------------|------------|
| | Sheltered | Transitional | Unsheltered | Total |
| | Emergency | | | |
| Number of Households | 44 | 34 | 19 | 97 |
| Number of Persons (adults and children) | 128 | 98 | 65 | 291 |
| | Households without Dependent Children | | | |
| | Sheltered | Transitional | Unsheltered | Total |
| | Emergency | | | |
| Number of Households | 403 | 317 | 558 | 1,278 |
| Number of Persons (adults and unaccompanied youth) | 403 | 317 | 558 | 1,278 |
| | All Households/ All Persons | | | |
| | Sheltered | Transitional | Unsheltered | Total |
| | Emergency | | | |
| Total Households | 447 | 351 | 577 | 1,375 |
| Exhibit 1 | | Page 30 | | 10/21/2008 |

| | | | | |
|---|-----|-----|--------------------|-------|
| Midlands Area Consortium for the Homeless | | | COC_REG_v10_000479 | |
| Total Persons | 531 | 415 | 623 | 1,569 |

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

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

| | Sheltered | Unsheltered | Total |
|---|-----------|-------------|-------|
| * Chronically Homeless (Federal definition) | 105 | 80 | 185 |
| * Severely Mentally Ill | 127 | 77 | 204 |
| * Chronic Substance Abuse | 197 | 120 | 317 |
| * Veterans | 162 | 49 | 211 |
| * Persons with HIV/AIDS | 12 | 23 | 35 |
| * Victims of Domestic Violence | 159 | 122 | 281 |
| * Unaccompanied Youth (under 18) | 7 | 1 | 8 |

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

Instructions:

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

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

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Biennially

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

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

Emergency Shelter providers 100%

Transitional housing providers: 100%

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

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left 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: (Extrapolation attachment is required) | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

CoC used HMIS to gather information on the sheltered population in combination with surveys for agencies not participating in HMIS.

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

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left 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: (PIT attachment is required) | <input type="checkbox"/> |
| Sample Strategy: | <input type="checkbox"/> |
| Provider Expertise: | <input type="checkbox"/> |
| Non-HMIS client level information: | <input checked="" type="checkbox"/> |
| None: | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

HMIS data was de-duplicated against paper surveys conducted with non-HMIS facilities. The paper surveys included identifying information. The Continuum has not conducted a PIT count since January 2007. However, in March 2007 our community's largest emergency and transitional shelter closed due to environmental issues, thus there has been fewer shelter options available, especially for chronically homeless populations.

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

Instructions:

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

**Indicate the steps used to ensure the data quality of the sheltered persons 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:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

Non-HMIS client level information was collected via surveys in which identifying information was collected. This information was entered and reviewed by the S.C. Office of Research and Statistics. The surveys were de-duplicated based on the identifying information collected on the surveys and clients entered into HMIS.

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

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

| | |
|---|-------------------------------------|
| Public places count: | <input type="checkbox"/> |
| Public places count with interviews: | <input checked="" type="checkbox"/> |
| Service-based count: | <input checked="" type="checkbox"/> |
| HMIS: | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |

If Other, specify:

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

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Complete Coverage and Known Locations

If Other, specify:

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

Instructions:

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

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

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

If Other, specify:

Describe the techniques used to reduce duplication.

Surveys included client level identifying information. The S.C. Office of Research and Statistics entered and reviewed the data to de-duplicate the count. Surveys were de-duplicated against HMIS data.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

Outreach workers and other service providers consistently engage persons who are homeless including homeless persons with families. A local call line provides support via a centralized call center to provide information. Local school districts also work with families to reduce the prevalence of homelessness among families.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

Supportive service and housing member CoC agencies are increasing the services provided to the chronically homeless population. Our local emergency shelter at the Salvation Army closed, resulting in an increase of persons in locations not meant for human habitation. In February 2008, a new Housing First program was implemented to provide housing for chronically homeless persons. Additionally there is a SAMHSA funded ACT team that provides outreach, clinical treatment and supportive housing for the chronically homeless.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

| Objective |
|---|
| Create new PH beds for chronically homeless persons |
| Increase percentage of homeless persons staying in PH over 6 months to at least 71.5% |
| Increase percentage of homeless persons moving from TH to PH to at least 63.5% |
| Increase percentage of homeless persons employed at exit to at least 19% |
| Decrease the number of homeless households with children |

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

| | | Lead Person |
|---------------|--|---|
| Action Step 1 | 25 new Housing First units for CH people | David Parker, USCSOM |
| Action Step 2 | 6 new units for CH people | Nancy Stoudenmire, Columbia Housing Authority |
| Action Step 3 | 6 new units for MIRCIs Homebase 4 program by bringing program to full capacity | Julie Ann Avin, MIRCI |

Proposed Numeric Achievements

| | %/Beds/Households |
|----------------------------------|-------------------|
| Baseline (Current Level) | 46 |
| Numeric Achievement in 12 months | 31 |
| Numeric Achievement in 5 years | 20 |
| Numeric Achievement in 10 years | 50 |

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

| | | Lead Person |
|---------------|--|---|
| Action Step 1 | 13 new beds of permanent housing with high level of supportive services | Nancy Stoudenmire, Columbia Housing Authority |
| Action Step 2 | MIRCI and Pilgrim's Inn continue to provide PSH and services to maintain a high level of permanent housing | Julie Ann Avin, MIRCI & Susan Dean, Pilgrim's Inn |
| Action Step 3 | 25 new vouchers through VA Supportive Housing Program | Nancy Stoudenmire, Columbia Housing Authority |

Proposed Numeric Achievements

| | %/Beds/Households |
|----------------------------------|-------------------|
| Baseline (Current Level) | 76 |
| Numeric Achievement in 12 months | 77 |
| Numeric Achievement in 5 years | 80 |
| Numeric Achievement in 10 years | 85 |

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

| | | Lead Person |
|---------------|--|--|
| Action Step 1 | Refer twelve clients to permanent housing | Lila Anna Sauls, Trinity Housing Corporation |
| Action Step 2 | Refer fifteen clients to permanent housing | Vertelle Poindexter-Jameson, Samaritan House |
| Action Step 3 | Best practice workshop on case management | Jennifer Moore, United Way of the Midlands |

Proposed Numeric Achievements

| | %/Beds/Households |
|----------------------------------|-------------------|
| Baseline (Current Level) | 45 |
| Numeric Achievement in 12 months | 64 |
| Numeric Achievement in 5 years | 65 |
| Numeric Achievement in 10 years | 70 |

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

| | | Lead Person |
|---------------|--|----------------------|
| Action Step 1 | Assist 50 clients with employment services | David Parker, USCSOM |
| Action Step 2 | Assist 10 clients with employment services | Liz Green, MIRCI |
| Action Step 3 | | |

Proposed Numeric Achievements

| | %/Beds/Households |
|----------------------------------|-------------------|
| Baseline (Current Level) | 44 |
| Numeric Achievement in 12 months | 27 |
| Numeric Achievement in 5 years | 30 |
| Numeric Achievement in 10 years | 35 |

CoC 10-Year Plan, Objectives and Action Steps Detail**Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

| | | Lead Person |
|---------------|---|--|
| Action Step 1 | Fully Implement program of 20 HUD SHP vouchers for permanent housing for families | Jonathan Artz, Family Shelter |
| Action Step 2 | Hold best practice workshop for rapidly re-housing families | Jennifer Moore, United Way of the Midlands |

| | | |
|---|---------------------------------------|--|
| Midlands Area Consortium for the Homeless | | COC_REG_v10_000479 |
| Action Step 3 | Assist 12 families with PSH placement | Lila Anna Sauls, Trinity Housing Corporation |

Proposed Numeric Achievements

| | %/Beds/Households |
|----------------------------------|-------------------|
| Baseline (Current Level) | 97 |
| Numeric Achievement in 12 months | 90 |
| Numeric Achievement in 5 years | 75 |
| Numeric Achievement in 10 years | 50 |

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

| | |
|--|-----------------------------|
| Foster Care Discharge Protocol: | Protocol in Development |
| Health Care Discharge Protocol: | Initial Discussion |
| Mental Health Discharge Protocol: | Formal Protocol Implemented |
| Corrections Discharge Protocol: | Initial Discussion |

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

The South Carolina Department of Social Services is in the process of revising its Foster Care policy and procedures (Human Services Policy and Procedures Manuel (832), Chapter 8, Foster Care). The South Carolina Homeless Coalition is in discussions with policy revisionists to include language that will eliminate discharge of foster care youth into homelessness. The new policy should be in force in 2009.

Health Care Discharge

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

The South Carolina Coalition for the Homeless has asked the SC Primary Health Care Association to contact the S.C. Hospital Association to begin discussions concerning the manner in which local hospitals discharge homeless people from private hospitals. The South Carolina Homeless Coalition has asked for a meeting to address the issues surrounding discharging homeless people from emergency rooms and from regular hospital beds.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Implementation of patient discharge is a conjoint responsibility of Community Mental Health Centers (CMHC) and inpatient facilities. The policy outlines in detail center, facility and position (i.e., case manager, social worker, etc.) responsibilities for patient discharge. Further it states clearly that The Department of Mental Health 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, DMH involves clients' desires and preferences, whether shelter or any other placement type, and provides supportive aftercare treatment.

Corrections Discharge

For initial discussion, indicate the collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

The South Carolina Department of Corrections and all local jails and detention centers are not under any obligation to, and in fact, do not place people in housing or to ensure that they have housing once they are released from custody. However, SHP grantees within the continuum have received technical assistance concerning the appropriate manner of assisting ex-inmates in obtaining housing. SHP grantees within the continuum do not place or accept ex-inmates into McKinney-Vento funded programs. While former inmates may indeed be part of McKinney-Vento programs, they are so as a result of meeting appropriate criteria. All SHP grantees within the continuum accept and abide by this protocol.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

| Document Type | Required? | Document Description | Date Attached |
|----------------------------------|-----------|----------------------|---------------|
| Foster Care Discharge Protocol | No | -- | No Attachment |
| Mental Health Discharge Protocol | No | Mental Health Dis... | 09/09/2008 |
| Corrections Discharge Protocol | No | -- | No Attachment |
| Health Care Discharge Protocol | No | -- | No Attachment |

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health Discharge Planning Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals 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 formally 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.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? Yes

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

Increase supply of affordable, permanent housing

Develop a comprehensive homeless center to include transitional and emergency housing with services.

Prevention of homelessness through case management and rent, mortgage, and utility assistance.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

| Objective | Proposed 12-Month Achievement (number of beds or percentage) | Actual 12-Month Achievement (number of beds or percentage) | |
|---|---|---|------|
| Create new PH beds for CH | 7 | Beds | 4 |
| Increase percentage of homeless persons staying in PH over 6 months to at least 71% | 75 | % | 76 % |
| Increase percentage of homeless persons moving from TH to PH to at least 61.5% | 62 | % | 45 % |
| Increase percentage of homeless persons employed at exit to at least 18% | 27 | % | 44 % |
| Ensure that the CoC has a functional HMIS system | 75 | % | 61 % |

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

| Year | Number of CH Persons | Number of PH beds for the CH |
|------|----------------------|------------------------------|
| 2006 | 554 | 22 |
| 2007 | 320 | 27 |
| 2008 | 185 | 42 |

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 4

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

| Cost Type | HUD McKinney-Vento | Other Federal | State | Local | Private |
|--------------|--------------------|---------------|----------|---------|---------|
| Development | \$0 | \$0 | \$27,750 | \$0 | \$0 |
| Operations | \$10,275 | \$18,300 | \$10,700 | \$4,200 | \$7,000 |
| Total | \$10,275 | \$18,300 | \$38,450 | \$4,200 | \$7,000 |

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

| Participants in Permanent Housing (PH) | |
|--|-----------|
| a. Number of participants who exited permanent housing project(s) | 38 |
| b. Number of participants who did not leave the project(s) | 139 |
| c. Number of participants who exited after staying 6 months or longer | 29 |
| d. Number of participants who did not exit after staying 6 months or longer | 102 |
| e. Number of participants who did not leave and were enrolled for 5 months or less | 34 |
| TOTAL PH (%) | 74 |
| Participants in Transitional Housing (TH) | |
| a. Number of participants who exited TH project(s), including unknown destination | 62 |
| b. Number of participants who moved to PH | 28 |
| TOTAL TH (%) | 45 |

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 362

| Mainstream Program | Number of Exiting Adults | Exit Percentage (Auto-calculated) |
|------------------------------|--------------------------|-----------------------------------|
| SSI | 37 | 10 % |
| SSDI | 10 | 3 % |
| Social Security | 8 | 2 % |
| General Public Assistance | 1 | 0 % |
| TANF | 17 | 5 % |
| SCHIP | 0 | 0 % |
| Veterans Benefits | 0 | 0 % |
| Employment Income | 158 | 44 % |
| Unemployment Benefits | 1 | 0 % |
| Veterans Health Care | 0 | 0 % |
| Medicaid | 0 | 0 % |
| Food Stamps | 80 | 22 % |
| Other (Please specify below) | 26 | 7 % |
| child support | | |
| No Financial Resources | 139 | 38 % |

The percentage values are automatically calculated by the system when you click the "save" button.

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

Does the CoC systematically analyze the APRs for its projects to assess and 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.

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? No

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? No

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC uses HMIS to screen for benefit eligibility? No

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

Has the CoC participated in SOAR training? Yes

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

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

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

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

| Activity | Percentage |
|--|------------|
| 1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided: | 100% |
| assessment, referral and application completion | |
| 2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs. | 100% |
| 3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies: | 0% |
| no | |
| 4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. | 100% |
| 4a. Describe the follow-up process: | |
| maintaining regular contact and use of HMIS | |

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

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

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

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

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

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

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

Part A - Page 2

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

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

| Project Name | Date Submitted | Grant Term | Applicant Name | Budget Amount | Proj Type | Prog Type | Comp Type | Rank |
|-----------------------|----------------------|------------|----------------------|---------------|-----------------|-----------|-----------|------|
| St. Lawrence Place | 2008-09-22 08:51:... | 1 Year | Trinity Housing C... | 80,317 | Renewal Project | SHP | TH | F3 |
| Richland County H... | 2008-10-20 09:47:... | 3 Years | Richland County | 49,006 | Renewal Project | SHP | HMIS | F7 |
| Transitiona l Housing | 2008-10-16 10:56:... | 1 Year | The Samaritan Hou... | 101,812 | Renewal Project | SHP | TH | F5 |
| Home Base I | 2008-10-09 18:23:... | 1 Year | South Carolina De... | 259,812 | Renewal Project | S+C | SRA | U8 |
| MHASC Shelter Plu... | 2008-10-21 11:52:... | 1 Year | South Carolina De... | 216,528 | Renewal Project | S+C | SRA | U9 |
| Condemne d Houses,... | 2008-09-19 17:03:... | 1 Year | Healing Propertie... | 36,750 | Renewal Project | SHP | PH | F4 |
| Richland County H... | 2008-10-20 09:34:... | 2 Years | Richland County | 128,419 | Renewal Project | SHP | HMIS | F6 |
| Housing First Exp... | 2008-10-21 12:18:... | 2 Years | Housing Authority... | 209,740 | New Project | SHP | PH | S1 |
| midlands transiti... | 2008-10-20 11:59:... | 3 Years | united way of the... | 1,003,318 | New Project | SHP | TH | F2 |

Budget Summary

| | |
|--------------------------|-------------|
| FPRN | \$1,399,622 |
| Rapid Re-Housing | \$0 |
| Samaritan Housing | \$209,740 |
| SPC Renewal | \$476,340 |
| Rejected | \$0 |