

**Report for the Midlands Area Consortium for the
Homeless (MACH): A Study of Homelessness**

October 26, 2007

A Report Produced by the
Midlands Area Consortium for the Homeless, South Carolina
Council on Homelessness, and the SC Budget and Control
Board Office of Research and Statistics

Using results from the 2007 One-Day Count and Homeless
Information Management System

Acknowledgements:

Like any effort as complex as the 2007 Homeless Count, it is impossible to list everyone who helped. The Homeless Count would have been impossible without the guidance, leadership, and unselfish devotion from individuals from these organizations. Finally, the Homeless Count would have been impossible without the wonderful agencies that serve clients daily and the volunteers who braved the cold and the night to help count.

- Leadership and members from the Midlands Area Consortium for the Homeless
- All of the wonderful volunteers who made the count possible
- Department of Mental Health: Michele Murff
- United Way of the Midlands: Anita Floyd, Jennifer Moore
- 2007 MACH Count Coordinator: Lindsey Stillman
- 2007 Homeless Count State Coordinator: Nancy Konsavage
- SC Office of Research and Statistics: Laura Kelley, Charles Bradberry, Diana Tester
- Leadership and members from the South Carolina Council on Homelessness
- Leadership and members from the South Carolina State Homeless Coalition
- Generous financial support of Richland County, Lexington County, City of Columbia, and a Private Foundation.

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SECTION I – Executive Summary:

Homelessness has its roots in the persistent poverty and disparities in development and access to opportunity in South Carolina. Addressing homelessness is a major challenge for many communities and without information about the best way to address the problem; it will continue to impact the lives of those who experience homelessness and the community. This report attempts to further the understanding of homelessness in the counties of the MACH; to provide estimates on the extent of homelessness as well as information on various sub-populations of the homeless population – the faces of homelessness; and to inform planning at the local level including for agencies and organizations that serve people who are homeless. Finally, the report will also be used to raise public awareness about the important issue of homelessness.

Every two years, the US Department of Housing and Urban Development (HUD) requires housing and service providers who participate in the Continuum of Care Homeless Assistance Program to complete a one-day count of the people who are homeless in their community. The count must be conducted during the last two weeks of January. There are a variety of ways to assess the extent of homelessness in a community and each has advantages and drawbacks. Therefore, this report does not offer an exact count of individuals who are homeless – instead it provides multiple estimates. MACH also contracted with ORS for an analysis of service utilization and cost of homelessness in the region. In addition, this report offers information on key sub-populations of people who are homeless.

Many providers and researchers believe that HUD’s definition is not broad enough to fully capture the homeless population. To better understand those individuals in our state who are homeless, many believe that it is also important to include people who are precariously or inadequately housed, paying too much for housing or otherwise at risk of losing their housing.

The number of unduplicated clients reported in the MACH’s Homeless Management Information System database from July 1, 2006 to June 30, 2007 is **4,227**. This number excludes people served by agencies not participating in HMIS and those who are not being served by the local system of care. **1,646** of these clients were identified as being located in Columbia. Of the 4,227 clients homeless in the MACH area:

- 38% reported that they were homeless for the first time during the year
- 20% had been homeless 1-2 times previously

- **23% lived previously with family or friends**
- **11% owned or rented previous to becoming homeless**
- **Over a third of the homeless population during the year was part of a family**
- **Over half were women**
- **71% were housed or served in Richland County**

The 2007 one-day January 25th ‘count’ found a total of 2,063 homeless individuals on January 25th in the MACH’s 14 counties, which include: Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland, and York. These 2,063 people represented about a third of the total homeless population of the state (6,759) that night.

Unfortunately, the 2007 results should not be compared to the results of the 2005 Homeless Count. The methodologies used in the 2007 Count to the 2005 are different – care must be taken in any comparisons. While it is thought that the 2007 Homeless Count was a “better” count (better organization, better methodologies, etc) – in truth – it is extremely difficult to know for a certainty. Variables as simple as the weather on the actual night of the count or the number of volunteers who actually come to help can impact the count. Therefore, it is important to think of the homeless count as more of a “moving target” - literally and figuratively.

Of the 2,063 individuals who were found during the one-day count 1,498 were identified as homeless using HUD’s strict definition (over 80%) leaving 565 identified as homeless through a broader definition. Over 50% of the state’s one-day count homeless population of 6,759 was found in only five counties: Greenville, Richland, Horry, Georgetown, and Charleston – all who were considered to have a high level of effort in conducting their homeless count.

The faces of homelessness are often different from the perceptions by the general public. During the one-day count, while over 87% (1,801) were adults close to 13% (262) were children (ages less than 18 years of age). Nearly 20% (400) of the homeless population were in families with dependent children. Statistics on other key sub-populations during the One-Day count include the following:

Total Homeless – one-day count	100%
Children Less than 18 years	12.7%
Adults	87.3%
Persons in Families with Dependent Children	19.4%
Individuals (Not in Families)	80.6%
Chronically Homeless	8.9%
Severely Mentally Ill	13.8%
Chronic Substance Abuse	21.8%
Veterans	12.7%
Persons with HIV/AIDS	2.9%
Victims of Domestic Violence	17.3%
Unaccompanied Youth	0.4%

Please note: individuals may fall into more than 1 category.

Given the episodic and unpredictable nature of homelessness, no single methodology can provide a precise count. Therefore, it is essential to consider multiple sources of information about the issue in order to inform our understanding of homelessness. Using common formulas, other one-day estimates were constructed. The HMIS data on unduplicated clients served also provided a measure of the number people homeless during the year. An annualized estimate was also constructed at the state level. These estimates are provided along with the methodologies used to derive them in the data analysis section.

As with any major effort, there were a number of lessons learned during the Homeless Count of 2007. Similar to the Homeless Count of 2005, the leadership of the South Carolina Council on Homelessness, the State Homeless Coalition and the Midlands Area Consortium for the Homeless (MACH) will review them and attempt to implement recommendations to the extent possible with limited resources. A summary of some of the recommendations follows:

1. Regarding the use of HMIS information:

- a. Standardizing data extracts from HMIS,
 - b. Allow ORS to receive quarterly extracts;
 - c. Improve data quality; Standardize data definitions;
 - d. Reach a consensus on the management and/or use of the domestic violence data;
 - e. Stage a “dry run” using HMIS day prior to the 2009 Count to identify data issues;
2. Review the use of volunteers:
 - a. Explore the possibility of using experienced interviewers;
 - b. If volunteers are used, mandate training and explore using a core of volunteers for longer periods of time
3. Review other methodologies to fulfill the HUD mandate for a Homeless Count:
 - a. Is it possible to use estimation for a sample of counties;
 - b. Is it possible to use primarily HMIS data for the count?

SECTION II - Overview:

Purpose

This report is an attempt to further the understanding of homelessness in the MACH; to provide estimates on the extent of homelessness as well as information on various sub-populations of the homeless population; and to inform planning at the state and local level including for agencies and organizations that serve people who are homeless. Finally, the report will also be used to raise public awareness about the important issue of homelessness in our state. Using information from the Homeless Count (conducted between January 25 and February 14th in 2007), unduplicated HMIS data from July 1, 2006 to June 30, 2007, as well as other sources, the report explores this complex issue.

Background

Every two years, the US Department of Housing and Urban Development (HUD) requires housing and service providers who participate in the Continuum of Care Homeless Assistance Program to complete a one-day count of the people who are homeless in their community. The count must be conducted during the last two weeks of January. There are a variety of ways to assess the extent of homelessness in a community and each has advantages and drawbacks. Therefore, this report does not offer an exact count of individuals who are homeless – instead it provides multiple estimates. MACH also contracted with ORS for an analysis of service utilization and cost of homelessness in the region. In addition, this report offers information on key sub-populations of people who are homeless.

Many providers and researchers believe that HUD's definition is not broad enough to fully capture the homeless population. To better understand those individuals in our state who are homeless, many believe that it is also important to include people who are precariously or inadequately housed, paying too much for housing or otherwise at risk of losing their housing.

Major Stakeholders

While there are numerous stakeholders on the subject of homelessness including a number of providers both at the federal, state, and local levels –major stakeholders include the South Carolina Council on Homelessness, the State Homeless Coalition and the MACH.

The South Carolina Council on Homelessness, formed in 2003, is an interagency council whose goal is to integrate and improve services for people who are homeless. The council is comprised of key leadership agencies (see Appendix B) that provide services and funding to homeless individuals, programs or organizations. The mission of the council is to provide the leadership and cooperation necessary for an integrated approach to addressing the comprehensive needs of homeless individuals and families. For more information, please see its website at www.schomeless.org.

The South Carolina State Homeless Coalition is an advocacy group of service providers and policymakers representing the five Homeless Continua of Care. These five continua of care represent all 46 counties in the state of South Carolina. The local continua are the coordinating bodies for the yearly Continuum of Care application to the U.S. Department of Housing and Urban Development (HUD).

The Midlands Area Consortium for the Homeless (MACH) strives to end homelessness by making a difference in the lives of people who are experiencing homelessness. The MACH, a 501c3 non-profit, was founded in 1994. The MACH serves the counties of Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland, and York. The MACH is comprised of over 40 agencies and is led by a Board of Directors (see Appendix A for a listing of the MACH Board of Directors). The MACH addresses homelessness by promoting collaboration and planning among state and local governments, corporate and non-profit organizations, and faith-based entities that support individuals and families in their quest to move from homelessness to housing. For more information, please see its website at www.midlandshomeless.com.

SECTION III - Understanding Homelessness Diversity

Why do we need to understand homelessness?

Information about the nature and extent of homelessness equips policymakers and service providers to better plan and evaluate homeless policies and services. Estimates of the number of homeless and their demographics allow us to understand where more services are needed and what types of services are needed. In addition, increased understanding about what homelessness “looks like” in our community may help to identify patterns and issues that can be addressed in order to prevent individuals from ever falling into homelessness. Raising public awareness is critical to addressing the issues of homelessness both in the provision of services but also in its prevention.

Homelessness has its roots in the persistent poverty and disparities in development and access to opportunity. Addressing homelessness is a major challenge for many communities and without information about the best way to address the problem, it will continue to impact the lives of those who experience homelessness and the community. The Blueprint to Address Homelessness in the Midlands, the City of Columbia’s 10-year Plan to Address Homelessness produced September 2005, located at www.midlandshomeless.com provides background on the subject of homelessness, its causes, and ways to address the issue.

Challenges to Understanding Homelessness

Defining homelessness is challenging for a number of reasons. While homelessness is an extreme form of poverty, distinguishing it within the broad concept of “poverty” is problematic. There are multiple definitions of homelessness. There are multiple methodologies to count the homeless population and its various sub-populations. Lack of resources provides another major challenge for counting the homeless population. Finally, geography represents an additional challenge for identifying people who are homeless, particularly in rural areas.

Multiple Definitions: There is no one definition of homelessness but most definitions focus on a household’s housing situation. The federal government defines homelessness as lacking a fixed, regular, and adequate nighttime residence. The U.S. Department of Housing and Urban Development (HUD) focuses on those individuals who are currently in emergency or transitional shelter or literally unsheltered and living on the streets as homelessness. The U.S. Department of Education includes children and youth who are sharing the housing of other

persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as *doubled-up*). The US Department of Health and Human Services similarly considers the “doubled up” population eligible for its programs.

Many providers, policy makers, and researchers believe that to fully understand the experience of homelessness for planning and prevention, it is important to include people who are precariously or inadequately housed, paying too much for housing or otherwise at risk of losing their housing. For purposes of qualifying people for homeless services, however, most service providers and their funding sources including the federal government adopt more narrow definitions of homelessness.

Because this report is intended to support local planning as well as to equip local coalitions and providers with the data required by HUD, this study also uses a broader definition that includes anyone who is lacking a safe, stable place to live or is at imminent risk of losing their residence. This includes individuals and families who are:

- currently living on the street
- staying in emergency or transitional shelter
- temporarily staying with family or friends because they have nowhere else to live
- living in substandard housing or housing not fit for human habitation such as housing without running water or electricity
- temporarily living in a hotel or motel because they do not have anywhere else to live
- temporarily in a hospital or psychiatric hospital that will have nowhere to live upon release
- at imminent risk of being evicted from their current place of residence

Although a broader definition of homelessness is utilized in this report, information about the different “types” of homelessness will be presented when possible in order to increase our understanding about the issue.

Section IV – Understanding the Cost of Homelessness

Overview:

Understanding the extent to which homelessness affects our community is critical to better planning and public policy decisions. Many of the costs associated with homelessness are easy to determine such as the cost of operating shelters. However, there are many unseen costs such as services provided by state agencies, hospitals, and others.

South Carolina and the MACH were fortunate to have the Office of Research and Statistics (ORS) assisting with data input and analysis for the 2007 One-Day Count. ORS, a branch of the S.C. Budget and Control Board, maintains one of the most comprehensive data warehousing and analysis systems in the country. MACH contracted with ORS for analysis on the Homeless Management Information System (HMIS) data for the period of July 1, 2006 through June 30, 2007 to obtain a better understanding of the homeless population and cost associated with services provided. The analysis was screened for small cell sizes. In other words, if there were too few clients to protect client identity the information was not used.

The ORS HMIS analysis revealed significant movement of clients from MACH counties to other counties in the state. When ORS analyzed shelter and services received by MACH clients, many clients also received services in other non-MACH counties of the state during the same year. While the HMIS extract did not specify if the clients originated in the MACH or were on their way to another area when they received shelter or services here the movement between counties is considerable and warrants additional research.

During the ORS HMIS extract, **4,227 unduplicated people** were recorded in the HMIS system and included in this analysis. It is important to note that not all housing and service providers in the MACH participate in the HMIS; therefore, as with the one-day count, 4,227 is also expected to be an underestimate of the number homeless people accessing services and shelter during the year. Also, analysis of the data was hindered by data quality issues. **1,646** of these clients were identified as being located in Columbia. Of the 4,227 clients homeless in the MACH area:

- **38% reported that they were homeless for the first time during the year**
- 20% had been homeless 1-2 times previously
- 23% lived previously with family or friends
- 11% owned or rented previous to becoming homeless

- **Over a third of the homeless population during the year was part of a family**
- **Over half were women**
- **71% were housed or served in Richland County**

Utilization of Mainstream Services:

Food Stamps and TANF:

In the MACH, FY 2006 57.4% (2,425) accessed food stamps. This dropped to 55.9% (2,363) in FY 2007. These are considered low rates of participation given the very low income of the population and may suggest poor access to services and housing instability as an obstacle.

Only 7.4% MACH clients received TANF in 2007 (313 families). Only families with children are eligible for TANF. 19% of the homeless TANF population were served in Lexington County and 43% of the homeless TANF population were served in Richland County. In 2006 36.5% and 30.7% in 2007 of MACH families received TANF in non-MACH counties of the state. This indicates that families with children, not just individuals are included in the ‘migration’ to other areas of the state.

Mental Health Services:

16% of MACH clients received mental health treatment from area mental health centers in 2006; the number increased slightly to 16.5% in 2007. While over 16% received mental health services, only 8% had self-reported having mental health issues indicating that clients do not necessarily self report having a mental illness. This may also be true of true substance abuse. Client ‘migration’ was also apparent in the data from the Department of Mental Health System. While in FY 2007 53.08% of MACH clients received mental health services in Richland County, 10.87% in Lexington County, 9.44% in York County, 7.44% in Orangeburg, and 4.58% in Aiken County, many MACH clients also received services in non-MACH counties. Disruption of services, especially for clients receiving mental health treatment, can delay a client’s recovery and ability to gain self-sufficiency.

Medicaid:

31% of clients were eligible for Medicaid in 2006 and 2007. Eligibility indicates high rates of disability and/or low income families. In 2007, 1,255 MACH clients represented 35,979

Medicaid claims totaling \$6,314,638. Clients of the MACH's 14 counties filed claims in 42 counties of the state during year. Average claim size ranged greatly depending on the county:

Richland County:	\$5,852.71 avg. per claim
Lexington County:	\$4,236.11 avg. per claim
Aiken County:	\$6,511.39 avg. per claim
York County:	\$3,258.41 avg. per claim

MACH claims in non-MACH Counties:

Clarendon County:	\$48,068.07 avg. per claim
Dillon County:	\$39,079.20 avg. per claim

Criminal Justice Utilization:

7% of MACH clients had a juvenile arrest with 12% arrested for truancy and 10% for being a runaway. In 2007, 50.7% (2,143) of MACH clients did not have a SLED record on file. Of the MACH 2,084 (49.3%) clients with a criminal record, the majority of the offenses represented non-violent crimes such as disorderly conduct (9.6%), shoplifting (7.1%), and fraudulent checks under \$500 (5.53%). In 2007, 74.91% (3,168) of MACH clients did not have a record with Probation, Pardon, and Parole (PPP) with another 20.5% (865) with closed PPP files. In Richland County 6 clients were active with an 'unserved citation' and 15 with an 'unserved warrant'.

Hospital Utilization:

Inpatient hospital utilization and emergency department visits represented significant charges by MACH clients. For 2006, 1,561 MACH clients incurred 4,739 visits to emergency departments (ED) totaling \$6,024,804 in charges. Inpatient hospitalizations for the same period totaled \$17,249,078 for 547 MACH clients over 897 visits. It is not possible to say if charges were incurred during or after the individuals became homeless. However, 58.7% of MACH clients (2,483) had no record of a hospital visit. For ED visits, the top reasons for visits included: respiratory/chest symptoms, abdomen symptoms, and non-dependent drug use. For inpatient hospitalizations, top diagnosis were psychiatric disorders, and childbirth. Access to primary and preventive care is an issue for people in poverty, especially those experiencing homelessness. 40% of the charges (\$9,447,865) were for individuals (584) identified as "self pay" clients. These are likely uninsured individuals. 34% (\$6,294,866) in charges were for Medicaid claims. The majority of charges (\$17,249,078) were for inpatient hospitalization.

Research shows that homeless people tend to be in poorer health when entering the hospital system and tend to use EDs for primary care. Ensuring access to primary care is essential to reducing hospital stays and decreasing ED visits.

Columbia Clients:

ORS analyzed HMIS data for clients served by Columbia shelters and providers during FY 2007. While these clients may have stayed at a shelter or received services during 2007, many received services or applied for benefits in other areas of the state. This follows the same trend of clients moving to different areas of the state accessing shelter and services. 52.5% (1,646) of Columbia clients received food stamps during the year, 15.2% (477) received mental health services, and 14.3% (431) had a SLED recorded arrests.

Section V - Methodology

Overview:

The challenge of “counting” homeless has been examined by a number of prominent researchers (Burt, Shinn, Franklin etc). Some examples of the challenges include lack of a standard definition, limited ability to identify and locate homeless individuals, variation in the timeframe of data collection, and difficulty in controlling for duplication (Pressini).

One-day Prevalence versus Annual Counts: In addition to multiple definitions of homelessness, there are multiple methodologies to counting. In counting the homeless population, researchers and practitioners utilize two broad methodologies: One-day prevalence versus Annual Counts. The biannual HUD required counts are point time counts. One-day counts provide a 24-hour snapshot of homelessness. This is one way to estimate, for example, the number of shelter beds needed on a given day. However, there are also drawbacks to this methodology. A one-day count is more likely to capture people who are homeless for long periods of time. Thus, people with the most obstacles to recovery from homelessness (e.g. mental illness, addiction) can be over-represented and those who typically experience shorter episodes, such as families, can be under counted. Second, a short study time frame limits access to a population that is by nature difficult to find. Finally, it is hard to plan housing and services for people who are homeless using a one-day view of need because some of the solutions, such as permanent housing, are long term.

Lack of Resources: An additional challenge to understanding homelessness is that in areas with limited or no services for individuals who are homeless, it is extremely difficult to gain access to the population and understand the extent of the problem. Areas that report little or no homelessness likely are those that lack services or resources and therefore, have no way of knowing how many individuals are actually experiencing homelessness. As described below, this challenge is often amplified in rural areas.

The nature of homelessness also makes it expensive to conduct research on those experiencing it. There was some funding in MACH from local funders available to pay for data analysis, incentives for survey participants, and printing costs. The count coordinator was provided at no cost through an internship. If greater funding had been available, there would have been less reliance on volunteers and predictable problems with data quality.

Homelessness in Rural Areas: Understanding and addressing homelessness in rural areas present unique challenges. Research has shown that individuals who are homeless in rural areas tend to be employed, less likely to receive government assistance, experience shorter episodes of homelessness, and are more likely to live with family and friends (Post, 2002). In addition, individuals in rural areas tend to have limited access to services and rural communities often have limited awareness about the problem of homelessness. Coupled with the fact that “doubled-up” individuals and families are excluded from the HUD definition of homeless makes it extremely difficult to get an accurate picture of the extent of homelessness in rural areas. Service providers in rural areas often have limited resources and limited capacity to conduct a thorough count, meaning that the number of homeless reported in rural areas is almost always an undercount.

Despite these challenges, a number of different methods have been used to study homelessness. None of the methods are able to provide a complete picture of homelessness and frequently, multiple methods are used in combination. Listed below are brief descriptions of the major methods used to study homelessness (taken from Drever).

Estimation/Extrapolation: This method involves using information from previous studies or a limited geographic area to estimate the total homeless population. It can also involve the use of socio-economic indicators to adjust numbers from previous counts. In addition, some communities use interviews with key community stakeholders to derive an estimate of the size of the homeless population.

Observation: The observation method involves sending service providers or volunteers out to canvas areas of the community counting the number of unsheltered homeless observed. Often, this method is used in the late evening or early morning hours in order to avoid counting individuals who are staying in shelters. This method was used in the 2005 MACH Count.

Surveys: Another method used to understand the needs and size of the homeless population is to conduct surveys with individuals who are homeless. Surveys can be conducted on the street or where they receive services. The amount of information gathered can vary

tremendously, however some amount of identifying information is usually collected in order to minimize duplication.

Agency Data/Service Utilization: Data about the number of individuals using different types of services is sometimes used to estimate the population. This can include services specific to homeless individuals or general services, such as government assistance programs. A common example of this method is the use of Homeless Management Information Systems (HMIS) data to illustrate how many people are accessing homeless services.

Telephone Surveys: Although much less common, telephone surveys in which a random sample of individuals are called and asked about their history of homelessness have had some success. This method can not provide a picture of the current number of homeless people however, it may be helpful in estimating multi year or lifetime prevalence.

Methods Used in the 2007 Report on Homelessness for the MACH:

There are pros and cons to each of these methods and each may require differing resources and levels of effort. Not all of the methods described above were utilized for the data in this report. In addition, certain methods were used in only particular counties or regions. Below is a description of each source of information presented in this report.

Population Data and Economic Conditions: General information about the state population and economic conditions was obtained from the SC Budget and Control Board's Office of Research and Statistics using data from the Census Bureau. In addition, information about the current rental market in the state was obtained from the National Low Income Housing Coalition's 2006 Out of Reach Report.

Agency Data/Service Utilizations: Information about the number of people served in the past year was obtained from the Homeless Management Information Systems (HMIS) operated by a grantee that participates in the MACH. Information is entered into HMIS by individual service providers and then compiled by the HMIS Coordinator. Data used was the unduplicated HMIS data from July 1, 2006 to June 30, 2007. In addition, information was obtained from the

South Carolina Department of Education McKinney-Vento Program. (Each year, school districts are required to report information to the State Office about the number of homeless children in their district. This information was compiled at the State level).

Homeless One-day Count

Data used in this report is from the statewide homeless one-day count which focused on the number of people in emergency or transitional housing and the number of homeless people who lacked any shelter (living on the street, in abandoned buildings, in their cars, or camping) on January 25th, 2007. The count methodology is described in more detail than the methodology used to collect the other sources of data.

One-Day Count 2007 Detailed Methodology

Planning: On January 27th, 2005, volunteers across South Carolina implemented the first coordinated, statewide count of homeless persons. The 2005 count methodology relied on observation surveys (street counts), a census of people in homeless transitional shelters and surveys of homeless individuals. In spite of the effort put into the design and implementation of the study, the enthusiasm, training and person-power did not permeate every county. Thirty-seven percent (17 of 46) counties reported zero unsheltered homeless, and an additional eleven percent (5 of 46) counties reported less than five unsheltered homeless. The majority of the counties reporting zero, or less than five unsheltered homeless, reported little or no effort to count the homeless. This held true for the MACH as well. Lessons learned from the 2005 count and information about the count methodology in other communities were considered when developing the methodology for the 2007 count.

Literature review: Planning for the count included a thorough review of the literature on count methodology. The primary method used in urban areas is the observation count. Unfortunately, evaluations of the accuracy of one-day counts in New York City found that observation-only counts can miss between a half to two-thirds of individuals that are homeless (Shinn & Hopper). Observation counts assume that homeless individuals will be readily visible and identifiable. This presents a number of challenges in rural areas, where homeless individuals

rarely stay in areas that are readily visible and where there is a large amount of area to cover. Therefore, the possibility of alternative methods was explored.

Service Survey methodology: A number of communities and several national studies have utilized the service survey methodology with some success (Ohio, Kentucky, Colorado, and Burt). In this methodology, surveys are collected from individuals when they access non-shelter services (e.g. soup kitchens, community action agencies, free medical clinics).

In MACH, the service survey methodology was selected in the majority of the counties because of its utility in more rural areas with fewer obvious “street” homeless. Some of the more ‘urban’ counties such as Richland and York used the service survey in combination with street surveys. Through this methodology, it was hoped that by enlisting the participation of mainstream service providers with local offices in each county would result in efforts that are more consistent across the state, particularly in those counties with no local homeless service providers. In addition, the survey methodology allowed for the collection of data over two weeks rather than one night in order to gather information on more individuals. It also allowed for the collection of information from individuals experiencing different types of homelessness, including those that are temporarily living with family or friends.

In order for a service count methodology to be successful it is necessary to collect identifying information to ensure no individual is counted more than once. Therefore, after reviewing methodology used in other communities, the first letter of the first name, the second two letters of the last name and the date of birth were collected in order to create a unique identifier.

Data Collection Tools: Three forms were developed for the count.

- **Form A** – collected information on individuals and families sheltered by agencies not participating in HMIS
- **Form B** - collected information about the number of homeless people observed (used only by counties utilizing the observation methodology)
- **Form C** - collected information on anyone that was experiencing housing difficulties in the months of January and February

Forms A and C collected identifying information as well as additional information about the individual and their experiences with homelessness. Both of the forms had an individual version and a version for families with children under the age of 18. Form B did not collect any individual level information. Spanish versions of all three forms were made available. An additional aggregate form was made available for domestic violence shelters that were not comfortable providing identifying information on their clients.

Organization: The MACH was fortunate to have a PhD candidate, Lindsey Stillman, serve as the MACH count coordinator as part of an internship. The MACH is divided into the following Coalitions: Midlands (Richland, Lexington Counties and the City of Columbia), Catawba (York, Lancaster, and City of Rockhill), EACH (Orangeburg and Calhoun), Aiken/Barnwell (Aiken and Barnwell Counties), and Kershaw County. The following MACH counties do not participate in local Coalitions: Newberry, Fairfield, Allendale, Bamberg, and Chester. Each of the MACH's Coalitions identified a coordinator who organized and directed the count at the local level. Counties not engaged in a local Coalition were assigned a county coordinator. Each Coalition or county coordinator identified all of the shelters in their county as well as the services accessed by homeless individuals.

Two statewide trainings on the count methods and data collection instruments were conducted. Once coordinators had attended the statewide trainings, the MACH held three formal trainings and several more one-on-one trainings for service providers and volunteers.

Section VI - Implementation

Sheltered Count

Information was collected on all people staying in emergency shelters, transitional housing programs or other short-term housing for people who are homeless on the night of January 25th including homeless people who received church or agency sponsored vouchers to stay in motels. All emergency or transitional shelter providers were asked to provide information. Data was collected through either the Homeless Management Information Systems (client management data system operated by an agency member of the MACH - HMIS) or through surveys at agencies that do not participate in HMIS. Domestic violence shelters had the option of completing an alternate form reporting the total number of individuals sheltered in order to protect the confidentiality of their clients.

Unsheltered Survey

In order to capture information on the unsheltered homeless, volunteers or service providers implemented surveys at agencies where people who are homeless are likely to seek services. This included public agencies and private organizations. The two-page survey was administered to people seeking services in participating agencies between January 25th and February 14th. People seeking services were initially asked if they had any housing difficulties. If they answered yes, they were asked if they would complete the survey. The survey asked several questions about where the individual was currently staying as well as where they spent the night of January 25th (the night of the one-day count). Individuals were asked to provide a minimal amount of identifying information to allow the SC Budget and Control Board's Office of Research and Statistics (ORS) to ensure that each individual was counted only once (The ORS provided services for data entry, analysis, and assisted in the development of a web site for this effort.). In addition to local homeless service providers such as soup kitchens and emergency service providers, a number of state and regional agencies participated in collecting surveys in certain counties including but not limited to Community Action Agencies, Department of Social Services, Department of Mental Health, Department of Health and Environmental Control and Probation Pardon and Parole.

Although everyone received the standard count training, the implementation in each community varied widely based on local conditions and services. Some communities chose to collect surveys on the street and areas in the community where individuals that are homeless may be found. In Richland County over 150-trained volunteers completed surveys in locations such as the library, in the park, in parking garages and under bridges. During the evening of January 25th six meal stations were set-up in central areas of downtown Columbia to collect additional surveys. Additionally, over 1,300 ‘care bags’ of personal supplies were distributed to survey participants in Richland County. Similarly, in Lexington County, a smaller group of volunteers conducted street surveys and distributed ‘care bags’ to participants. In the City of Rockhill, over 125 volunteers conducted street surveys. More rural counties conducted a service-based count only. Some statewide agencies requested that all local offices participate in the count whereas participation from other statewide agencies depended on the leadership of the local offices. Therefore, even within the same State agency, local office participation varied widely between counties. Inevitably, the methods in some counties strayed considerably from the methodology described above, however, it was not possible to control for the variations in methodology across counties.

Level of Effort

The level of effort put into conducting the count varied tremendously from one county to the next with little or no effort in some MACH counties. In order to understand the level of effort in each county, a series of variables was considered including county coordinator feedback, continuum coordinator feedback, the number of surveys completed, the number of agencies that participated, and the extent to which there was a street count component. Analysis of these factors will be considered in the 2009 count.

Additional challenges were reported in Richland and York counties that affected the success of the street count efforts. York County coordinators reported that clients were not found in many of the known locations. In Richland County, street count volunteers in the downtown areas of the City of Columbia reported heightened law enforcement presence the night of the count. In fact, many volunteers reported being ‘followed’ by police as they canvassed the downtown and conducting interviews. During the time of the count, there was an overall heightened sensitivity around homeless issues in the City of Columbia due to the City’s

policy of warrant checks at the winter shelter of last resort and policy decisions of the City of Columbia.

Section VII - Data Analysis

Overview

The information collected in each of the counties was sent to the Office of Research and Statistics for data entry and analysis. In addition, the Office of Research and Statistics received HMIS data from the MACH. A data analysis team consisting of staff at ORS and representatives with the South Carolina Council on Homelessness and MACH count coordinator met periodically during this period to resolve questions with the forms and any ambiguities with the data. If necessary, the coalition/county coordinator or local agency was contacted for clarification. Data entry was carefully monitored to ensure consistency in resolving issues as well as data quality. Forms were color coded to aid data entry. In addition, each form was given a unique number so that if issues did arise, it would be possible to review the actual form.

Issues were found during the data entry process. While the forms were pre-tested with a limited population in the Columbia area, several issues arose on the instruments themselves. For example, an option for “refused” and “don’t know” probably should have been added to many of the questions. Simple instructions such as “continued on next page” should have been added at the bottom of each page for the multi-page forms. Many volunteers only filled out the first page on double-sided forms. On the sheltered form, checkboxes for “Emergency” or “Transitional” needed to be added. The address where the forms should be sent should have been on the form itself and would have saved some confusion. There appeared to be some confusion on who should use the family forms – leading to the need to emphasize that a family form should be used only if children under 18 are present. Occasionally the list of options under some of the questions was too lengthy. For the question “Where did you stay tonight” – the list may have been too long. It appeared that the volunteers rather than reading through all the options, tended to group the answer under “Other”. The entire issue on whom and what constituted homelessness led to confusion. One way to possibly address this issue is to provide a list of which situation do / do not constitute homelessness with each survey. Because the process used volunteers and service providers who were no doubt time-strapped, there were considerable problems with handwriting issues. Some forms were completely illegible and therefore were not usable.

In analyzing and examining the HMIS data from the MACH, a number of data issues arose. While a list of critical data elements was created to guide the HMIS database consultant on what elements to extract, not all the requested data elements were extracted from HMIS. No standardized layout was used in the extraction process. In addition, after closer examination and discussions with the local continua database consultants, in some instances the data elements varied slightly in content and/or definition. This led in some instances to the need for new extracts to be created and subsequently re-analyzed.

Once all of the data entry forms were cleaned and then entered, databases had to be created and un-duplicated. This was a multi- step process and presented a number of challenges. Databases were created for each form and for each of the HMIS systems. Within each database, duplicates were eliminated primarily based on the unique combination of identifiers created. However, great care was taken to ensure that observations that appeared to be duplicates were truly duplicates. In some instances, the actual forms were examined to ensure that the observation was a duplicate. Because only a limited number of identifiers were requested and in some instances, not all the identifiers were actually submitted – this cautionary step was deemed important. It was also necessary to ensure that fieldnames were identical across the databases. Finally, all the databases were appended and un-duplicated across the databases.

The questions on the survey allowed the Office of Research and Statistics to determine how many of the individuals who completed the survey or were in the HMIS system were homeless on January 25th. In addition, ORS was able to provide additional detail on key homeless sub-populations. A list of definitions for these sub-populations can be found in Appendix C.

Results from the 2007 One-Day Count:

The 2007 One-Day Count found a total of 2,063 homeless individuals in MACH. Unfortunately, these results should not be compared to the results of the 2005 Homeless Count. The methodologies used in the 2007 Count to the 2005 are different – care must be taken in any comparisons. While it is thought that the 2007 Homeless Count was a “better” count (better organization, better methodologies, etc) – in truth – it is extremely difficult to know for a certainty. Variables as simple as the weather on the actual night of the count or the number of

volunteers who actually come out to help can impact the count. Therefore, it is important to think of the homeless count as more of a “moving target” - literally and figuratively.

Of the 2,063 individuals who were found homeless, 1,498 were identified as homeless using HUD’s strict definition (over 72%) leaving 565 identified as homeless through a broader definition.

Of the 1,498 homeless individuals, 517 (34.5%) were found in shelters. Those individuals not found in shelters were either identified through the street counts or through the identification of some of the other homeless populations such as the “doubled up”. As has been denoted before, identification of the homeless population outside of shelters is a very difficult task and almost by definition would be an undercount. Of the sheltered population, 34.5% (517) were found in emergency shelters with the remaining 23.8% (358) in transitional shelters.

The faces of homelessness are often different from the perceptions by the general public. While over 87% (1,801) were adults, close to 13% (262) were children (ages less than 18 years of age). Some of these children were in families but 8 of these children were considered unaccompanied youth. Nearly 20% (400) of the homeless population were in families with dependent children.

Within the homeless population, there are other key sub-populations. One sub-population of particular interest to HUD is the chronically homeless which were 185 individuals representing 8.9% of the total homeless. Chronic Homelessness refers to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homeless in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation and/or in an emergency shelter during that time.

21.8% of the homeless were considered to have a chronic substance abuse issue. 13.8% were severely mentally ill. (These categories overlap and therefore should not be added together – but of course – many homeless have co-occurring issues. It is important to note that some of the data on sub populations was collected through interviews in which people self reported their conditions.

Additional key sub-populations were veterans at almost 13% or 262 individuals and persons identified with HIV/AIDS with 2.9% of the population. Victims of domestic violence are defined as persons who have fled housing or might flee housing as a result of emotional or

physical abuse at the hands of a spouse, minor child or parent (if minor child). They presented almost 17.3% of the total homeless population (or 357 individuals).

The following tables provide additional details on the one-day count:

Detailed Statistics – Total Homeless – From the 2007 One-Day Count – By MACH County

Detailed Summary Statistics on the Homeless Population using HUD’s Definition of Homelessness from the 2007 One-Day Count

Detailed Statistics – Subpopulations – From 2007 One-Day Count – By County

2007 One-Day Count Compared to the Total Population and Persons Below Poverty – By MACH County

2007 One-Day Count Compared to Other One-day (PIT) Estimates and Annualized Estimates

Comparisons of the 2007 One-Day Count to other Estimates:

Because of the many challenges in counting the homeless, this report offers additional estimates of the Homeless population for comparisons.

One common methodology to derive additional one-day (PIT) estimates is to base the annualized estimate on the latest poverty estimates. Literature suggests that people who are homeless represent approximately 6.3% of the persons considered to be below poverty. Using the 2004 Census Bureau’s SAIPE estimates by county (latest available), annualized estimates were first derived by multiplying 6.3% to the Census Bureau’s poverty estimate. Literature suggests that the homeless annualized estimate ranges from 3 to 6 times higher than a one-day. Therefore, the annualized homeless estimate derived from the poverty estimate was converted to a PIT by dividing the estimate either by 3 or 6. (Both estimated PITs were calculated.) Because poverty estimates were available by counties, additional estimates were calculated at the county level.

Based on the poverty estimating methodology, the PIT estimates ranged from almost 3,843 to 1,921 (compared to the 2,063 Homeless individuals found in the 2007 One-Day Count). On the surface, this range would indicate that the number found in the homeless count was a reasonable count though definitely at the lower end of the range. However, given South Carolina’s demographic dynamics such as a “housing stock” that is still below standards in some

areas of the state, a population mired in persistent poverty, and a highly transitional population in some coastal areas; one would suspect that the 2,063 individuals found represents an undercount.

At the state level, ORS developed an annualized estimate using the one-day numbers (6,759 state one-day count) with information on the cycle of poverty. Using this information, an annualized estimate of 17,454 was constructed for the state level.

Finally, one last set of estimates on homeless children will be included in this document. The U.S. Department of Education definition of homeless includes children and youth who are in shelters, lacking shelter or sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as *doubled-up*). The SC Department of Education surveys each of its school districts using the above homeless definition – then aggregates the results for the state. The resulting tables are presented in Appendix D.

Section VIII – Lessons Learned and Recommendations

Similar to the Homeless Count in 2005, there have been a number of “lessons learned”. A discussion of those “lessons learned” and recommendations follow below.

Lesson Learned 1: Standardizing data extracts from HMIS

The 2007 One-Day Count was the first time that South Carolina attempted to incorporate HMIS data in its understanding of the Homeless population and used for an official count. While information was requested from all of the continua; only four of the five continua contributed data from their HMIS systems for this effort. While the continua utilize their HMIS systems to provide information on the people that they serve, that data had never been pulled together at the state level in an electronic format. In doing this, the analysis team faced several hurdles including the development and implementation of confidentiality agreements, defining and receiving electronic extracts, and analyzing those extracts in a short period of time. What resulted were four differing extracts. During this period, valuable staff time was spent attempting to understand the variations in the information. Obviously, the variations in the information made it challenging to standardize across the continua and collapse the information in a state level file.

While agreements are now in place between MACH and ORS, those agreements should be reviewed and expanded if necessary. More importantly, it is essential that ORS begin to receive regular extracts. New and expanded agreements between MACH and ORS and regular extracts (perhaps quarterly) from HMIS to ORS should improve the quality of extracts and understanding among the agencies. ORS should work with each of the Continuums and develop a standardized data extract. ORS should work directly with the HMIS data managers or data consultants with each continuum for data delivery.

For use in the 2009 Count, all extracts from the HMIS systems need to be delivered within one week of the count date. Another recommendation would be to stage a “dry run” prior to the count in order to identify any data issues. This dry run should happen no later than July 2008.

Lesson Learned 2: Issues on the quality of information from HMIS

During the 2007 process, several quality issues were identified while attempting to use the HMIS extracts. In many communities outside of South Carolina, the HMIS systems provide the majority – if not all – the information for the count. It is a goal in South Carolina to use the HMIS systems primarily for the next count. For that to happen, quality issues must be addressed early on. In general, it is recommended that the HMIS coordinators should address issues and begin developing a plan for improving the use of HMIS for the count in 2009. This would need to be in conjunction with ORS who can share their experiences with the HMIS coordinators.

There were several specific issues regarding quality. Data on universal elements was not consistently entered by providers. This is a local issue that must be addressed this year with special attention focused on disabilities and exit data. In spite of HUD’s emphasis, it was also believed that some of the data on chronic homelessness needed improvement.

The Continua also need to convene and come to a common understanding of data definitions to ensure that the data elements mean the same across the systems. Another recommendation would be that the HMIS systems report quarterly on universal data elements to ORS. Quarterly reporting would not only help to identify data issues and standardize – the state

of South Carolina would also receive valuable information on homeless services throughout the year not once every two years. A quarterly process would also help with data cleaning.

Additionally, a consensus from the continuums needs to be reached on the management and/ or use of the domestic violence data in HMIS. Traditionally there has been heightened concern regarding the security and confidentiality of domestic violence information. However, to better serve this population and secure additional funding, it is important to have information.

If HMIS information is not usable in the count as identified either through regular extracts or through a dry run held no later than July 2008, then the Count team should ask for paper forms from all of the shelters.

Lesson Learned 3: Reviewing the use of volunteers

MACH utilized volunteers during both of their Homeless counts. While training and improvement of the forms were emphasized during the 2007 one-day count, it still remains a challenge utilizing volunteers. Some data quality issues perhaps would occur with any interviewer such as the inability to read the person's handwriting. Poor data quality resulting in the creation of "other forms" and the misinterpretation of the forms and data definitions would be better addressed with experienced or professional interviewers.

Ideally, it would be best to use experienced interviewers trained in collecting data. However, if volunteers were necessary for the 2009 count, more control of volunteers would aid hopefully in improving data quality. Volunteers must receive full training prior to going into the field. They should practice filling out the forms. A dry run at a soup kitchen one month prior to the count should be mandatory thereby ensuring that the forms are finalized, pre-tested, and reviewed to see who is completing them correctly and neatly. There should be a no exception policy to this mandatory training. Perhaps teams of college students, guardsmen, or others marshaled en masse and with a centralizing coordinator (like a faculty member) could be recruited for the 2009 Homeless Count. Fewer people with a longer time commitment would probably result in better quality than many people who go out for only a few hours.

Lesson Learned 4: The forms, the forms, the forms ...

Obviously critical to the collection of the information during the 2007 Count were the actual instruments. The Count team worked judiciously on the creation of the instruments – reviewing not only the questions asked during the 2005 Count but also reviewing questions used by other states or in national surveys. Unfortunately, there is no perfect balance. Forms that have many-forced choice questions so that volunteers would not have to make judgment calls were criticized because the lists were too long and volunteers skipped them. However, without long lists of forced choice questions, volunteers had difficulty distinguishing situations that may or may not be considered homeless or a host of other definitions that were mandated through HUD. It is unclear how to balance strict data definitions and usability of the instruments. If however, the information is instead collected through the HMIS systems, forms may no longer be as critical as an issue.

Lesson Learned 5: Not quite a lesson learned, but maybe we should explore other options

While HUD mandates the Homeless Count, it leaves the states leeway in its implementation. While SC has attempted an actual “count” for both 2005 and 2007; HUD does leave the door open for other methodologies such as estimation.

Until an entity at the state level receives funding and/or authorization to implement the count statewide; SC would continue to be forced to utilize volunteers. Making an effort such as the 2007 Homeless Count is not an easy task. Instead, perhaps the Count team should explore the use of extrapolation. In this methodology, a sample of counties (using critical criteria such as poverty, ethnicity, and rurality) would be picked. In those counties, resources and training would be focused. The results of those counties would be used to estimate the state as well as estimating other counties. Obviously, this methodology would have to be well researched. Because the count is mandated by HUD and funding is contingent on it, the continua would need to feel secure in this methodology.

Section IX – Data Tables

Total Homeless – 2007 One-Day Count – By MACH County

County	Homeless using HUD's Definition			Other Homeless			All Homeless		
	#Children	#Adults	#Persons	#Children	#Adults	#Persons	#Children	#Adults	#Persons
Aiken	20	33	53	10	38	48	30	71	101
Allendale	0	5	5	0	0	0	0	5	5
Bamberg	2	2	4	1	4	5	3	6	9
Barnwell	0	5	5	5	9	14	5	14	19
Calhoun	0	1	1	0	0	0	0	1	1
Chester	2	32	34	0	36	36	2	68	70
Fairfield	0	18	18	0	2	2	0	20	20
Kershaw	11	56	67	17	36	53	28	92	120
Lancaster	2	231	233	0	15	15	2	246	248
Lexington	12	55	67	25	61	86	37	116	153
Newberry	0	3	3	0	9	9	0	12	12
Orangeburg	9	33	42	8	9	17	17	42	59
Richland	43	700	743	39	156	195	82	856	938
York	45	178	223	11	74	85	56	252	308
MACH	146	1352	1498	116	449	565	262	1801	2063
Statewide	1035	4559	5594	294	871	1165	1329	5430	6759

Homeless Population Using HUD's Definition – 2007 One-Day Count – By MACH County

County	Emergency Shelters	Transitional Shelters	Unsheltered	Total
Aiken	40	9	4	53
Allendale	5	0	0	5
Bamberg	0	0	4	4
Barnwell	1	0	4	5
Calhoun	0	0	1	1
Chester	1	9	24	34
Fairfield	15	1	2	18
Kershaw	5	12	50	67
Lancaster	0	0	233	233
Lexington	23	20	24	67
Newberry	1	1	1	3
Orangeburg	15	22	5	42
Richland	309	262	172	743
York	102	22	99	223
MACH Total	517	358	623	1,498
Total (Statewide)	1,650	1,346	2,598	5,594

Total Homeless – Subpopulations - 2007 One-Day Count – By MACH County

County	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons With HIV/AIDS	Victims of Domestic Violence	Unaccompanied Youth
Aiken	3	7	0	0	0	12	1
Allendale	2	0	2	2	0	2	0
Bamberg	0	2	0	0	0	2	0
Barnwell	0	0	0	2	0	2	0
Calhoun	1	0	2	0	0	0	0
Chester	12	5	30	5	0	2	0
Fairfield	1	1	6	1	0	3	0
Kershaw	1	3	22	3	0	14	0
Lancaster	12	57	101	6	14	108	1
Lexington	0	12	9	6	1	14	0
Newberry	0	3	1	0	0	1	0
Orangeburg	1	5	9	3	1	3	0
Richland	138	166	245	212	41	160	1
York	14	23	24	22	2	34	5
MACH Totals	185	284	451	262	59	357	8
Total (Statewide)	477	517	1005	517	79	594	33

2007 One-Day Count Compared to the Total Population and Persons Below Poverty – By MACH County

County	Total Homeless Count - 2007	Level of Effort (None/Very Low, Low/Moderate, Moderate/High)	As of July 1 2006 Pop. Estimate	Homeless Count as a Percent to the Total population	Poverty Estimate for 2004 (US Census Bureau SAIPE)	Homeless Count as a Percent to the 2004 Poverty Estimate	Level of Rurality** (with 1 is the most rural, 5 is the most urban)
Aiken	101	Moderate/High	151,800	0.07%	21,694	0.47%	5
Allendale	5	None/Very Low	10,748	0.05%	3,130	0.16%	1
Bamberg	9	Low/Moderate	15,678	0.06%	3,510	0.26%	1
Barnwell	19	Low/Moderate	23,265	0.08%	4,473	0.42%	3
Calhoun	1	None/Very Low	15,026	0.01%	2,389	0.04%	1
Chester	70	Moderate/High	32,875	0.21%	5,461	1.28%	3
Fairfield	20	Low/Moderate	23,810	0.08%	4,241	0.47%	1
Kershaw	120	Moderate/High	57,490	0.21%	7,483	1.60%	3
Lancaster	248	Moderate/High	63,628	0.39%	9,198	2.70%	3
Lexington	153	Moderate/High	240,160	0.06%	26,559	0.58%	5
Newberry	12	Low/Moderate	37,762	0.03%	5,956	0.20%	3
Orangeburg	59	None/Very Low	90,845	0.06%	18,985	0.31%	3
Richland	938	Moderate/High	348,226	0.27%	47,401	1.98%	5
York	308	Moderate/High	199,035	0.15%	22,505	1.37%	5
MACH	2,063		1,310,348	1.74%	182,985	11.84%	
South Carolina	6,759	N/A	4,321,249	0.16%	622,083	1.09%	

2007 One-Day Count Compared to Other Estimates and Annualized Estimates

2007 Homeless Count Compared to Other One-day (PIT) Estimates and Annualized Estimates							
County	Total Homeless Count - 2007	Level of Effort (None/Very Low, Low/Moderate, Moderate/High)	Level of Rurality** (with 1 is the most rural, 5 is the most urban)	Estimated PIT based on 3 times def of Annualized	Estimated PIT based on 6 times def of Annualized	Annualized Estimated Homeless based on Poverty	Annualized Estimated Homeless based on the prevalence of homeless people
Aiken	101	Moderate/High	5	456	228	1,367	N/A
Allendale	5	None/Very Low	1	66	33	197	N/A
Bamberg	9	Low/Moderate	1	74	37	221	N/A
Barnwell	19	Low/Moderate	3	94	47	282	N/A
Calhoun	1	None/Very Low	1	50	25	151	N/A
Chester	70	Moderate/High	3	115	57	344	N/A
Fairfield	20	Low/Moderate	1	89	45	267	N/A
Kershaw	120	Moderate/High	3	157	79	471	N/A
Lancaster	248	Moderate/High	3	193	97	579	N/A
Lexington	153	Moderate/High	5	558	279	1,673	N/A
Newberry	12	Low/Moderate	3	125	63	375	N/A
Orangeburg	59	None/Very Low	3	399	199	1,196	N/A
Richland	938	Moderate/High	5	995	498	2,986	N/A
York	308	Moderate/High	5	473	236	1,418	N/A
South Carolina	6,759	N/A		3,064	6,532	39,191	17,454
MACH	2,063			3,843	1,921	11,528	

MACH Extract
Fiscal Year 2007 (July 1, 2006 – June 30, 2007)
Demographics

AGE

AGE Category	Number	Percent
5 and Under	510	11.5
6-10	268	6.1
11-15	171	3.9
16-20	193	4.4
21-25	302	6.8
26-30	321	7.3
31-35	397	9.0
36-40	449	10.2
41-45	568	12.8
46-50	522	11.8
51-55	370	8.4
56-60	183	4.1
61-65	55	1.2
Over 65	37	0.8
Missing/Erroneous	78	1.8
Total	4,424	100.00

- Over 20% of the homeless population in the MACH area was 15 years or younger. Of that 20%, over 10% of the population was 5 years or under indicating a large proportion of children in families who at some point in fiscal year 2007 had no home.
- Another 11% could be categorized as youth or young adults ages 16 years to 25 years of age.
- 44% of the population would be considered working-age between the ages of 31 years through 50 years of age.
- 14.5% of the population was over 50 years of age. Almost 1% was over 65 years of age.

GENDER

Gender	Number	Percent
Female	2,222	50.2
Male	2,168	49.0
Missing/erroneous	34	0.8
Total	4,424	100.0

- Over ½ of the homeless population in the MACH area was female.

RACE

Race	COUNT	PERCENT
American	21	0.5
Asian	25	0.6
Black	3,014	68.1
Native American	1	0.0
Other	109	2.5
White	1,198	27.1
Unknown	56	1.3
Total	4,424	100.0

- Over 2/3 of the homeless population in the MACH was black or African American while the white population represented over ¼.
- The remainder of the race groups was either “other” or “unknown” or “American”. Less than 1% was classified as Asian.

Miscellaneous Characteristics of the Homeless Population - In the MACH Area - Fiscal Year 2007 (7/1/06 – 6/30/07)

Hispanic?	Number	2,607	Percent	58.9
Yes		119		2.7
No		4,305		97.3
Individual or Family?				
Family		1,701		38.4
Individual		2,723		61.6
Homeless?				
Yes		3,268		73.9
No		622		14.1
Missing		534		12.1
Chronic Homeless?				
Yes		362		8.2
No		2,178		49.2
Missing		1,884		42.6
Substance Abuse?				
Yes		288		6.5
Missing		4136		93.5
Mental Illness?				
Yes		341		7.7
Missing		4083		92.3
PD?				
Yes		151		3.4
Missing		4,273		96.6
Veteran?				
Yes		372		8.4
No		2,973		67.2
Other/missing		1,079		24.4
HIV?				
Yes		38		0.9
Missing		4,386		99.1
Domestic Violence?				
Yes		285		6.4
No		1,958		44.3
Missing		2,181		49.3
DD?				
Yes		8		0.2
Missing		4,416		99.8
Type Housing?				
Emergency Shelter		1,563		35.3
Transitional Housing		680		15.4
PS		124		2.8
Missing		2,057		46.5
Unemployed?				
Yes		1,400		31.6
No		417		9.4

- In reviewing the statistics; for a number of the variables there is a need for quality control in the HMIS system. In particular, the following variables had high percentages of missing: chronic homeless, substance abuse, mental illness, HIV, domestic violence, type of housing, and unemployment status. Despite these limitations, a number of observations can be made.
- Over 1/3 of the population served were in a family. This percentage is somewhat consistent with the overall percentages of young children served in the MACH area assuming, of course, that these children had families present.
- 8% of the population was classified by the HUD definition of Chronic homeless.
- The fields indicating substance abuse (7%) and mental illness (8%) appear to be an undercount of the true phenomenon based on the high percentages of missing as well as the percentages yielded from the table on primary reason homeless.
- 8% were indicated as being a veteran.
- 6% of the population indicated that they were victims of domestic violence.
- 35% of the MACH population served was in an emergency shelter. 15% of the population served was in transitional housing.
- Almost 1/3 of the population indicated that they were unemployed.

EXTENT HOMELESS

Extent Homeless	Number	PERCENT
1-2 times in the past	936	21.2
Chronic: 4 times in past 3 years	203	4.6
First Time Homeless	1,690	38.2
Long term: 2 years or more	188	4.2
Missing	1,407	31.8
Total	4,424	100.0

- Over 38% of the MACH population indicated that they were homeless for the first time.
- Another 20% had been homeless one to two times in the past.
- Almost 9% was considered either chronic homeless or long term homeless (two years or more). Chronic homeless represented almost 5% of the population but is in contrast to the earlier percentage of 8% from the Chronic homeless flag.
- Unfortunately over 30% of the data was missing on this important indicator.

PRIOR LIVING SITUATION

Prior Living Situation	Number	Percent
Controlled Environment	15	0.3
Domestic Violence Situation	35	0.8
Don't Know (HUD)	62	1.4
Emergency Shelter (HUD)	578	13.1
Foster care/group home (HUD)	8	0.2
Hospital (HUD)	28	0.6
Hotel/Motel without emergency shelter(HUD)	228	5.2
Jail, Prison or Juvenile Facility (HUD)	113	2.6
Living With Family (HUD)	714	16.1
Living With Friends (HUD)	328	7.4
Other (HUD)	121	2.7
Own House/Apartment (HUD)	176	4.0
Permanent Housing for Formerly Homeless (HUD)	20	0.5
Place not meant for habitation (HUD)	402	9.1
Psychiatric Hospital or Facility (HUD)	41	0.9
Refused (HUD)	14	0.3
Rental House/Apartment (HUD)	316	7.1
Residential Care Facility	6	0.1
Subsidized Housing	18	0.4
Substance Abuse Treatment Center (HUD)	149	3.4
Transitional Housing for Homeless(HUD)	190	4.3
Missing	862	19.5
Total	4,424	100.0

The table above representing statistics on prior living situation gives the reader a sense of the huge diversity amongst the populations as well as the constantly changing picture of the homeless population. Highlights include:

- 13% had a prior living situation in an emergency shelter
- 16% lived with family while another 7% lived with friends totaling 23% who lived either with family or friends)
- Sadly, 9% of the population lived in a place not meant for habitation. Another 5% lived in a hotel or motel.
- Over 11% had either owned their home or rented a house or apartment. (Of this, 4% had owned their own home.)
- 4% of the homeless population had been in transitional housing for the homeless.
- Over 6% prior to their current living situation were in either a jail, prison, juvenile facility, or a substance abuse treatment center. (Of this 3% had been in a jail, prison, or juvenile facility.)
- Unfortunately, over 19% of the information was missing.

PRIMARY REASON HOMELESS

Primary Reason Homeless	Number	Percent
Criminal Activity	30	0.7
Domestic Violence Victim	109	2.5
Eviction	185	4.2
Health/Safety	59	1.3
Learning disability	3	0.1
Loss of Child Care	59	1.3
Loss of Job	204	4.6
Loss of Public Assistance	10	0.2
Loss of Transportation	10	0.2
Medical Condition	42	0.9
Mental Health	167	3.8
Mortgage Foreclosure	5	0.1
No Affordable Housing	172	3.9
Other	5	0.1
Release From Institution	91	2.1
Substance Abuse	437	9.9
Substandard Housing	24	0.5
Underemployment/low income	267	6.0
Utility Shutoff	8	0.2
Missing	2,537	57.3
Total	4424	100.0

- Over ½ of the respondents had missing information to this important information on the primary reason why they were homeless.
- Again like the previous question on primary living situation, this question on primary reason for being homeless again tells the story on the mix of reasons why someone falls into the circumstances of being homeless.
- Almost 10% indicated that they were homeless because of a substance abuse issue. Coupled with another 4% who indicated that they had a mental health issue, this represented 14% of the population.
- 6% indicated that they were either under employed or had a low income. This percentage coupled with another 4.6% who indicated that they had lost their job represented at least 10% of the population.
- 4.5% of the population indicated that they were homeless either because they had been evicted, had a mortgage foreclosure, or had their utilities shut off.
- 3.9% indicated that they had no affordable housing
- 2.1% said that they had been released from an institution.
- Interestingly, 1.3% had noted that they were homeless because they had lost child care.

Highest Grade Completed

Highest Grade Completed	Number	Percent	Cumulative Percent
No schooling completed (HUD)	17	0.4	0.4
Nursery school to 4th grade (HUD)	40	0.9	1.3
5th grade or 6th grade (HUD)	21	0.5	1.8
7th grade or 8th grade (HUD)	42	0.9	2.7
9th grade (HUD)	62	1.4	4.1
10th grade (HUD)	102	2.3	6.4
11th grade (HUD)	117	2.6	9.0
12th grade, No diploma (HUD)	72	1.6	10.6
Less Than High School	15	0.3	10.9
Some High School	119	2.7	13.6
High School Diploma (HUD)	466	10.5	24.1
GED (HUD)	110	2.5	26.6
Some Technical School	37	0.8	27.4
Technical School Certification	13	0.3	27.7
Some College	178	4.0	31.7
Post-secondary school (HUD)	40	0.9	32.6
College Degree	66	1.5	34.1
Graduate Degree	7	0.2	34.3
Missing	2,900	65.6	99.9
Total	4,424	100.0	

- 14% of the population indicated that they had less than a high school diploma.
- 13% of the population indicated that they had either a high school diploma or had completed their GED
- 8% of the MACH homeless population indicated they had had some post high school education such as technical school. Of these, 6.6% indicated they had had some college, attained a college degree, or had even attained a graduate degree.
- Unfortunately, 66% of the observations had missing information.

**COUNTY Breakdown
Duplicated Clients Served in the MACH area
Fiscal Year 2006-2007**

County	Number	Percent
Aiken	141	1.7
Barnwell	14	0.2
Chester	33	0.4
Fairfield	91	1.1
Kershaw	27	0.3
Lancaster	1	0.0
Lexington	222	2.7
Orangeburg	914	11.2
Richland	5,838	71.3
York	775	9.5
Missing	135	1.6
Total	8,191	100.0

- While there were 4,424 unduplicated homeless individuals served by providers in the MACH area during the 12 month extract that was studied in this document; many of these individuals were served by multiple providers. Some of these individuals no doubt were served in multiple counties during this period. During the 12 month period, there were 8,191 duplicate entries; 1.8 entries per client.
- Only 10 of the 14 counties in the MACH are represented in this table – missing are Allendale, Bamberg, Calhoun, and Newberry – all small rural counties.
- 71% had a service in Richland which is not surprising given the large number of services and/or providers who are centrally located in the Columbia area.

Mainstream Services utilization

The following tables provide information on the use of mainstream services by MACH clients. Data when available and where small cell sizes permitted was separated into state fiscal year 2006 (July 1, 2005 – June 30, 2006) for a “before” look and into state fiscal year 2007 (July 1, 2006 – June 30, 2007) for a “during” look. Data includes information from the SC Department of Mental Health, SC Department of Health and Human Services (Medicaid), and SC Department of Social Services (TANF, Food Stamps, and Foster Care). Information was also matched to DAODAS but due to the timing of the extract from DAODAS – there were no matches.

**County Where MACH Homeless Clients (N=4227)
Received Dept of Mental Health Services
During FY 2006 And FY 2007
Number of MACH Clients Receiving Services**

COUNTY	FY2006		FY2007	
	NUMBER	PERCENT	NUMBER	PERCENT
AIKEN*	23	3.38	32	4.58
BARNWELL*	9	1.32	7	1.00
CHARLESTON	10	1.47	6	0.86
FAIRFIELD*	14	2.06	13	1.86
FLORENCE	9	1.32	9	1.29
GREENVILLE			8	1.14
KERSHAW*			7	1.00
LANCASTER*	13	1.91		
LEXINGTON*	81	11.89	76	10.87
ORANGEBURG*	45	6.61	52	7.44
RICHLAND*	358	52.57	371	53.08
SUMTER			7	1.00
YORK*	61	8.96	66	9.44
Other MACH Counties	16	2.35	13	1.87
Other Counties	31	4.56	27	3.85
TOTAL	681	100.00	699	100.00

***MACH counties**

Please note, counties have been screened for small cell sizes.

- In FY2006 & FY2007, slightly over 16% of the MACH clients also received services from DMH
- Of those, over ½ were served in Richland County,
- Lexington County served approximately 11% to 12% of the MACH clients.

MACH HOMELESS DURING FY2007 (July1, 2006 – June 30, 2007)
Food Stamps, Foster Care and TANF
FY 2006 and Fy2007

	FY2006		FY2007	
	#	%	#	%
Food Stamps	2,425	57.4	2,363	55.9
Foster Care	32	0.8	64	1.5
TANF	351	8.3	313	7.4
Food Stamps and TANF	351	8.3	313	7.4
TOTAL	4,227		4,227	

Of the 4,227 MACH homeless during FY2007, a total of 2,240 received Food Stamps in both FY2006 and FY2007; a total of 175 received TANF in both FY2006 and FY2007.

- Over ½ were on Food Stamps for both FY2006 and FY2007. (Over 90% of the Food Stamps clients retained benefits for both years.)
- 7% to 8% of the homeless population received TANF benefits. This percentage may be higher since TANF eligibility is dependent on having at least 1 child as well as other restrictions.
- Around 1% of the population was in foster care. This percentage may be higher because foster care has age restrictions.

MACH Homeless During FY2007 (July1, 2006 – June 30, 2007)
Foster Care During FY 2006
By County
Analysis screened for Cell sizes 5 and under

FC 2006 COUNTY	NUMBER	PERCENT
Richland	14	43.75
York	6	18.75
Other MACH Counties	6	18.75
Other Counties	6	18.75
TOTAL	32	100.00

MACH Homeless During FY2007 (July1, 2006 – June 30, 2007)
Foster Care During FY 2007
By County
Analysis screened for Cell sizes 5 and under

FS 2006 COUNTY	NUMBER	PERCENT
Aiken	13	0.54
Berkeley	11	0.45
Calhoun	11	0.45
Charleston	6	0.25
Clarendon	384	15.84
Colleton	9	0.37
Dorchester	214	8.82
Georgetown	187	7.71
Greenville	9	0.37
Horry	9	0.37
Kershaw	6	0.25
Lexington	188	7.75
Orangeburg	668	27.55
Richland	630	25.98
Sumter	30	1.24
Williamsburg	21	0.87
Other MACH Counties	12	0.48
Other Counties	17	0.68
TOTAL	2,425	100.00

MACH Homeless During FY2007 (July1, 2006 – June 30, 2007)
Food Stamps During FY 2006
By County
Analysis screened for Cell sizes 5 and under

FC 2007 COUNTY	NUMBER	PERCENT
Aiken	7	10.94
Orangeburg	6	9.38
Richland	23	35.94
York	9	14.06
Other Counties	19	29.69
TOTAL	64	100.00

- Over 1/2 of the Food stamps population were served in Orangeburg and Richland Counties combined.
- Almost 8% were eligible in Lexington County (same in 2007)

MACH Homeless During FY2007 (July1, 2006 – June 30, 2007)
Food Stamps During FY 2007
By County
Analysis screened for Cell sizes 5 and under

FS 2007 COUNTY	NUMBER	PERCENT
Aiken	7	0.30
Berkeley	11	0.47
Charleston	11	0.47
Clarendon	399	16.89
Colleton	9	0.38
Dorchester	199	8.42
Georgetown	210	8.89
Horry	12	0.51
Lexington	197	8.34
Orangeburg	522	22.09
Pickens	6	0.25
Richland	676	28.61
Sumter	35	1.48
Williamsburg	22	0.93
Other MACH Counties	26	1.10
Other Counties	21	0.88
TOTAL	2,363	100.00

MACH Homeless During FY2007 (July1, 2006 – June 30, 2007)
TANF During FY 2006
By County
Analysis screened for Cell sizes 5 and under

TANF 2006 COUNTY	NUMBER	PERCENT
Berkeley	6	1.71
Clarendon	75	21.37
Dorchester	29	8.26
Kershaw	7	1.99
Lexington	66	18.80
Richland	150	42.74
Other Counties	18	5.13
TOTAL	351	100.00

MACH Homeless During FY2007 (July1, 2006 – June 30, 2007)
TANF During FY 2007
By County
Analysis screened for Cell sizes 5 and under

TANF 2007 COUNTY	NUMBER	PERCENT
Clarendon	53	16.93
Dorchester	19	6.07
Kershaw	6	1.92
Lexington	59	18.85
Richland	152	48.56
Other Counties	24	7.67
TOTAL	313	100.00

- 19% of homeless TANF population were served in Lexington County
- 43% of homeless TANF population were served in Richland County in 2006 (for 2007, this percentage increased to 49%)

MACH HOMELESS DURING FY2007 (July1, 2006 – June 30, 2007)
MEDICAID CLAIMS IN FY2006 AND FY2007 (*Indicates MACH counties)
Analysis screened for Cell sizes 5 and under

COUNTY	FY 2006				FY 2007			
	Number of Claimants	Total Number of Claims	Average Amount of Claim	Total Amount of Claims	Number of Claimants	Total Number of Claims	Average Amount of Claim	Total Amount of Claims
ABBEVILLE		72	3,661.45	7,322.91		62	10,902.40	10,902.40
AIKEN*	57	1,863	6,517.39	371,491.29	51	2,073	6,511.39	332,081.01
ALLENDALE*		148	2,266.76	11,333.81		141	4,128.09	16,512.37
ANDERSON		27	1,793.77	3,587.54		151	6,734.22	33,671.11
BAMBERG*	12	249	1,778.86	21,346.28	11	408	9,002.38	99,026.16
BARNWELL*	10	613	14,421.64	144,216.44	7	387	9,628.35	67,398.42
BEAUFORT	7	125	3,433.36	24,033.49	7	95	3,277.92	22,945.45
BERKELEY		33	6,895.82	13,791.65		28	658.60	1,975.79
CALHOUN*	8	116	1,756.87	14,054.98		67	2,965.49	14,827.44
CHARLESTON	16	536	9,874.97	157,999.59	11	293	5,315.87	58,474.53
CHEROKEE		264	14,756.03	29,512.07				
CHESTER*	16	492	3,625.72	58,011.55	12	235	1,520.13	18,241.59
CHESTERFIELD		10	1,494.27	1,494.27		127	3,017.05	9,051.15
CLARENDON		17	645.56	1,291.12		102	48,068.07	48,068.07
COLLETON	6	222	9,683.67	58,102.01		331	13,445.40	53,781.61
DARLINGTON	8	352	7,255.94	58,047.52	7	186	2,514.64	17,602.47
DILLON		71	9,402.27	18,804.54		238	39,079.20	78,158.40
DORCHESTER		36	429.20	1,716.82		16	285.29	855.88
EDGEFIELD		36	1,359.66	5,402.64	6	54	1,084.62	6,507.72
FAIRFIELD*	22	683	3,920.02	86,240.47	17	508	3,451.65	58,678.08
FLORENCE	15	130	2,577.25	38,658.77	13	203	1,531.61	19,910.97
GEORGETOWN		12	342.06	684.13				
GREENVILLE	9	420	8,803.90	79,235.14	7	142	4,313.27	30,192.91
HAMPTON						41	3,284.08	6,568.17
HORRY		56	5,972.74	17,918.23	7	247	7,783.35	54,483.44
KERSHAW*	22	1,060	9,805.28	215,716.25	20	901	7,130.30	14,2605.97
LANCASTER*	32	834	1,960.38	62,732.11	38	605	2,011.86	76,450.76
LAURENS		114	11,025.77	44,103.10		57	1,791.57	5,374.71
LEE	7	94	2,202.06	15,414.44		39	990.15	2,970.45
LEXINGTON*	131	3,879	4,741.31	621,111.10	119	3,181	4,236.11	504,096.50
MARION						88	7,212.43	7,212.43
MARLBORO		68	10,489.08	20,978.16		67	6,490.11	6,490.11
NEWBERRY*	11	577	7,458.06	82,038.62	9	208	1,402.71	12,624.40
OCONEE		110	10,907.03	10,907.03		149	8,209.49	16,418.98
ORANGEBURG*	102	2,113	3,102.07	316,411.19	110	2,345	2,543.54	279,789.21
PICKENS		145	14,682.12	29,364.25		56	3,903.58	3,903.58
RICHLAND*	560	15,608	5,283.53	2,958,776.72	590	16,231	5,852.71	3,453,096.78
SALUDA						147	2,827.08	14,135.38
SPARTANBURG	8	165	6,373.21	50,985.66		111	4,374.43	21,872.16
SUMTER	17	398	3,239.04	55,063.72	11	371	4,386.11	48,247.25
WILLIAMSBURG		52	5,119.65	15,358.96		20	618.04	1,236.08
YORK*	212	5,702	4,332.52	918,494.19	202	5,268	3,258.41	658,198.50

Highlights from Linkages to the Medicaid Eligibility and Claims system:

- In both FY2006 & FY2007, slightly less than 1/3 (31%) of the homeless clients were eligible for Medicaid
- Claims totaled \$6.6 million in FY2006 and \$6.3 million in FY2007
- In FY2006, MACH clients filed 37,502 Medicaid claims (in FY2007: MACH clients filed 35,979 claims)
- 42% of the MACH clients were eligible in Richland County with 45% of the claims in 2006.
- This increased to 45% of the MACH clients in Richland with 55% of the claims in 2007
- In 2006, York County served 16% of all MACH clients, followed by Lexington at 10%, and Orangeburg at 8%.

Criminal Justice Utilization

The following tables provide information on serviced in the criminal justice sector used by MACH clients. Data when available and where small cell sizes permitted was separated into state fiscal year 2006 for a “before” look and into state fiscal year 2007 for a “during” look. Data includes information from the SC Department of Juvenile Justice, SC State Law Enforcement Division, and SC Department of Probation, Pardon, and Parole.

In addition to a “before” and “during” look at the homeless clients served by MACH; several analyses were run on “all juvenile arrests” and “all adult arrests”. In particular please note that some of the MACH clients who are now adults may have had juvenile arrests.

**MACH Extract
FY 2007 (N=4,227)
Number of Juveniles Arrested
and
Total Number of Arrests
By Fiscal Year
(Linking to Department of Juvenile Justice)
Analysis screened for Cell sizes 5 and under**

Fiscal Year	# of Juveniles Arrested	# of Arrest Offenses
All Years	264	829**
FY 2006	24	47***
FY 2007*		10

*Data available through October 23, 2006 only.

**In addition to these 829 arrest offenses, there were 2 records with missing arrest offense.

***In addition to these 47 arrest offenses, there was 1 record with missing arrest offense.

- Less than 1% of the MACH homeless clients had a juvenile arrest in FY2006 (Data is incomplete for FY2007)
- However at some point – over 6% of the MACH homeless had a juvenile arrest
- Of the 829 total arrests, top 5 offenses were:
 - 11% for truancy,
 - 9% for runaway,
 - 8% for simple assault & battery,
 - 7% for disturbing schools,
 - 5% for petit or simple larceny

FY 2007 MACH Extract (N=4,227)
Arrest Offenses of Juveniles Arrested (Combined 2006 and 2007)
Linking to SC Department of Juvenile Justice information
Analysis screened for Cell sizes 5 and under

ALL ARRESTS	NUMBER	PERCENT
TRUANCY	94	11.34
RUNAWAY	78	9.41
SIMPLE ASSAULT & BATTERY	63	7.60
DISTURBING SCHOOLS	56	6.76
PETIT OR SIMPLE LARCENY	40	4.83
PUBLIC DISORDERLY CONDUCT	35	4.22
INCORRIGIBLE	31	3.74
CONTEMPT OF FAMILY COURT BY CHILD	28	3.38
SHOPLIFTING, VALUE UP TO \$1,000	25	3.02
SIMPLE COMMON LAW ASSAULT, NO BATTERY	24	2.90
SHOPLIFTING, 1ST OFFENSE	22	2.65
BURGLARY, 2ND DEGREE (NON-VIOLENT)	19	2.29
CRIMINAL DOMESTIC VIOLENCE--1ST/2ND OFFENSE	17	2.05
GRAND LARCENY AUTO	16	1.93
ASSAULT & BATTERY OF A HIGH AND AGGRAVATED NATURE	14	1.69
ENTRY ON ANOTHERS LAND FOR VARIOUS W/O PERMISSION	13	1.57
GRAND LARCENY	11	1.33
MALICIOUS INJURY TO PERSONAL PROPERTY (UNDER \$200)	10	1.21
OPPOSE/RESIST/ASSAULT LAW ENFORCEMENT OFFICER	10	1.21
BURGLARY, 1ST DEGREE	9	1.09
MALICIOUS INJURY TO REAL PROPERTY	9	1.09
MAL.INJURY TO ANIMALS,PERSONAL PROP.(\$1,000/LESS)	8	0.97
USE OF CAR W/OUT OWNERS CONSENT W/OUT CRIM.INTENT	8	0.97
CARRYING WEAPON ON SCHOOL GROUNDS	7	0.84
DRIVING WITHOUT STATE LICENSE	7	0.84
MAL.INJRY TO TREE,HOUSE;TRESPASS REAL PROP.,\$1000/>	7	0.84
MALICIOUS INJURY TO PERSONAL PROPERTY (OVER \$200)	6	0.72
SIMPLE POSSESS MARIJUANA/HASHHISH, 1ST OFFENSE	6	0.72
THREATEN LIFE,PERSON,FAMILY PUBLIC OFF./SCHOOL TCHR	6	0.72
UNLAWFUL POSSESSION OF ALCOHOL	6	0.72
TOTAL	829	100.00

MACH Extract
Arrests of Juveniles by Referral County (All Years)
Combined Fiscal years 2006 and 2007
Linking to SC Department of Juvenile Justice information
Analysis screened for Cell sizes 5 and under

By REFERRAL COUNTY	NUMBER	PERCENT
AIKEN*	29	3.49
ANDERSON	8	0.96
BEAUFORT	22	2.65
BERKELEY	9	1.08
CHARLESTON	30	3.61
CHESTER*	11	1.32
DILLON	12	1.44
DORCHESTER	8	0.96
FAIRFIELD*	19	2.29
FLORENCE	9	1.08
GREENVILLE	25	3.01
HORRY	6	0.72
LANCASTER*	54	6.50
LEE	21	2.53
LEXINGTON*	89	10.71
ORANGEBURG*	82	9.87
RICHLAND*	140	16.85
SALUDA	12	1.44
SPARTANBURG	12	1.44
SUMTER	6	0.72
YORK*	161	19.37
Other MACH Counties	19	2.28
Other	47	5.74
TOTAL	831	100.00

*MACH counties.

FY 2007 MACH Extract (N=4,227)
Referral Counties of Juveniles Arrested
During FY 2006
Linking to SC Department of Juvenile Justice information
Analysis screened for Cell sizes 5 and under

REFERRAL COUNTY	NUMBER	PERCENT
BEAUFORT	7	14.58
RICHLAND*	16	33.33
YORK*	14	29.17
Other MACH Counties	10	20.83
TOTAL	48	100.00

*MACH counties

FY 2007 MACH Extract (N=4,227)
Referral Counties of Juveniles Arrested
During FY 2007**
Linking to SC Department of Juvenile Justice information
Analysis screened for Cell sizes 5 and under

REFERRAL COUNTY	NUMBER	PERCENT
RICHLAND*	6	60.00
TOTAL	10	100.00

*MACH counties.

**Data available through October 23, 2006 only.

FY 2007 MACH Extract (N=4,227)
Race and Sex of Juveniles Arrested (Combined Fiscal Years 2006 & 2007)
Linking to SC Department of Juvenile Justice information
Analysis screened for Cell sizes 5 and under

RACE/SEX	NUMBER	PERCENT
AFRICAN-AMERICAN FEMALE	90	34.09
AFRICAN-AMERICAN MALE	91	34.47
WHITE FEMALE	58	21.97
WHITE MALE	21	7.95
TOTAL	264	100.00

****Data available through October 23, 2006 only.**

MACH Clients Who Have an Adult Criminal Record (SLED)
(As Of August 2007)

	Number	Percent
SLED Record	2084	49.3%
No SLED Record	2143	50.7%
Total	4227	100.0%

- As of Aug 2007; 49% of the MACH clients had a criminal arrest as recorded in the SLED system.
- The top 5 arrests were for
 - 10% - Shoplifting
 - 8% - Fraudulent Check
 - 6% - Disorderly conduct
 - 5% - Criminal Domestic Violence
 - 5% - Trespassing

ALL ARREST OFFENSES
MACH Clients Who Have an Adult Criminal Record (SLED)
(As Of August 2007)
Analysis screened for Cell sizes 9 and under

ALL ARRESTS	NUMBER	PERCENT
SHOPLIFTING	1,447	9.95
FRAUDULENT CHECK	1,121	7.71
DISORDERLY CONDUCT	872	6.00
CRIMINAL DOMESTIC VIOLENCE	786	5.41
TRESPASSING	656	4.51
DUS	575	3.96
DUI	565	3.89
PUBLIC DRUNKENNESS	520	3.58
PUBLIC DISORDERLY CONDUCT	425	2.92
ASSAULT	401	2.76
FORGERY	384	2.64
PETTY LARCENY	379	2.61
BURGLARY	377	2.59
ASSAULT AND BATTERY	325	2.24
GRAND LARCENY	266	1.83
MALICIOUS INJURY TO PROPERTY	211	1.45
SIMPLE POSSESSION OF MARIJUANA	173	1.19
ASSAULT AND BATTERY OF A HIGH AND AGGRAVATED NATURE	151	1.04
OPEN CONTAINER	139	0.96
DRUGS: POSS 28G OR LESS MARIJ OR 10G OR LESS HASH 1ST	119	0.82
ENTERING PREMISES AFTER WARNING	112	0.77
HOUSEBREAKING	98	0.67
POSSESSION OF DRUG PARAPHERNALIA	98	0.67
ASSAULT AND BATTERY WITH INTENT TO KILL	94	0.65
BREACH OF TRUST	93	0.64
RECEIVING STOLEN GOODS	88	0.61
ARMED ROBBERY	86	0.59
DRUGS: POSS LESS THAN ONE GRAM ICE/CRACK COCAINE 1ST	84	0.58
RESISTING ARREST	84	0.58
DRINKING ALCOHOL IN PUBLIC CONVEYANCE UNLAWFUL	83	0.57
BREACH OF PEACE	70	0.48
BREACH OF TRUST WITH FRAUDULENT INTENT	64	0.44
UNLAWFUL CARRYING OF WEAPON	64	0.44
CRIMINAL SEXUAL CONDUCT	59	0.41
UNLAWFUL WEAPON	58	0.40
LOITERING	57	0.39
POSSESSION OF CRACK COCAINE	54	0.37
DRUGS: DISTRIBUTION CRACK COCAINE	52	0.36
FAIL TO APPEAR	50	0.34
USE OF MOTOR VEHICLE W/OUT CONSENT	46	0.32
CONTENPT OF COURT	43	0.30
FAIL TO STOP ON POLICE COMMAND	42	0.29
OBTAINING MONEY OR GOODS UNDER FALSE PRETENSES	38	0.26
PROBATION VIOLATION	38	0.26
AGGRESSIVE BEGGING	35	0.24
DRUGS: POSS < 1GRAM OF METH OR COCAINE BASE 1ST	34	0.23
MANUFT,POSSESS OTHER SUB SCH I,II,III WITD-1ST	34	0.23

SPEEDING	34	0.23
DRIVING WITHOUT A LICENSE	33	0.23
BREAKING INTO AUTO OR TANKS, WHERE FUEL STORED	32	0.22
POSSESSION OF MARIJUANA	32	0.22
PROSTITUTION	32	0.22
STRONG ARMED ROBBERY	32	0.22
SOLICITING FOR PROSTITUTION	30	0.21
UNLAWFUL USE OF TELEPHONE	29	0.20
INDECENT EXPOSURE	28	0.19
POSSESSION OF CRACK	27	0.19
CONSPIRACY	26	0.18
MURDER	23	0.16
LITTERING	22	0.15
DRUGS: POSSESSION WITH INTENT TO DISTRIBUTE MARIJUANA	21	0.14
FIGHTING	21	0.14
FINANCIAL TRANS CARD FRAUD	20	0.14
AUTO BREAKING	19	0.13
BREAKING AND ENTERING AUTO	19	0.13
DRUGS: DISTRIBUTION OF MARIJUANA	19	0.13
DRUGS: POSSESSION WITH INTENT TO DISTRIBUTE CRACK	19	0.13
OPERATING UNINSURED MOTOR VEHICLE - 1ST OFF	19	0.13
POSSESSION CRACK COCAINE	19	0.13
ENTRY ON ANOTHERS LANDS AFTER NOTICE	18	0.12
POSS/SELL/DISPOSE OF STOLEN VEHICLE	18	0.12
POSSESSION DRUG PARAPHERNALIA	18	0.12
POSSESSION OF COCAINE	18	0.12
HARASSMENT	17	0.12
POSS OF MARIJUANA	17	0.12
RECKLESS DRIVING	16	0.11
STRONG ARM ROBBERY	16	0.11
FAIL TO COMPLY W/DIRECTION OF POLICE/FIREMAN	15	0.10
GIVING FALSE INFORMATION	15	0.10
INTERFERENCE/HINDERING OFFICERS	15	0.10
KIDNAPPING	15	0.10
LOITERING FOR PROSTITUTION	15	0.10
NO DRIVERS LICENSE	15	0.10
ARSON	14	0.10
FAILURE TO STOP ON POLICE COMMAND	14	0.10
FINANCIAL TRANSACTION CARD FRAUD	14	0.10
FINANCIAL TRANSACTION CARD THEFT	14	0.10
MANUF,DISTRIB,ETC,ICE/CRANK/CRACK COCAINE-1ST	14	0.10
OBTAIN SIGN/PROP U/FALSE PRETENSES	14	0.10
POSSESSION MARIJUANA	14	0.10
PURSE SNATCHING	14	0.10
SEX OFFENDER REGISTRATION VIOLATION	14	0.10
UNLAWFUL NEGLECT OF CHILD/HELPLESS PERSON	14	0.10
WORTHLESS CHECK	14	0.10
CARRY CONCEALED WEAPON	13	0.09
COMMON LAW ROBBERY, STRONG ARM ROBBERY	13	0.09
MDP,DRUGS SCH I B,C,LSD AND SCH II,COCAINE-1ST	13	0.09
DRUGS: POSSESSION WITH INTENT TO DISTRIBUTE COCAINE	12	0.08
LOITERING TO ENGAGE IN DRUG ACTIVITY	12	0.08
POSSESSION OF STOLEN VEHICLE	12	0.08
UNLAWFUL USE OF THE TELEPHONE	12	0.08
DAMAGING OR TAMPERING WITH A VEHICLE	11	0.08

FAILURE TO COMPLY	11	0.08
FAILURE TO STOP FOR BLUE LIGHT	11	0.08
HOUSEBREAKING AND GRAND LARCENY	11	0.08
UNLAWFUL ENTRY INTO ENCLOSED PLACES	11	0.08
DISREGARD STOP SIGN	10	0.07
DRUGS/POSSESSION OF COCAINE 1ST	10	0.07
DRUGS: DISTRIBUTION OF COCAINE	10	0.07
OPEN CONTAINER	10	0.07
PEDESTRIAN ON CONTROLLED ACCESS HIGHWAY	10	0.07
POSS OTHER CONTROLLED SUB IN SCHED I TO V-1ST	10	0.07
POSSESSION STOLEN VEHICLE	10	0.07
VIOLATION OF CITY ORDINANCE	10	0.07
VIOLATION OF RESTRAINING ORDER	10	0.07
TOTAL	14,537	100.00

ARREST OFFENSES DURING FISCAL YEAR 2006
MACH Clients Who Have an Adult Criminal Record (SLED)
(July 1, 2005 – June 30, 2006)
Analysis screened for Cell sizes 9 and under

ARREST OFFENSE	NUMBER	PERCENT
SHOPLIFTING	60	7.36
PUBLIC DISORDERLY CONDUCT	54	6.63
FRAUDULENT CHECK UNDER \$500 - 1ST	40	4.91
TRESPASSING	40	4.91
CRIMINAL DOMESTIC VIOLENCE 1ST OFFENSE	33	4.05
POSS 28G OR LESS MARIJ OR 10G OR LESS HASH 1ST	30	3.68
SIMPLE ASSAULT	30	3.68
DRIVING UNDER SUSPENSION	29	3.56
PETTY LARCENY	26	3.19
ENTERING PREMISES AFTER WARNING	25	3.07
POSS < 1GRAM OF METH OR COCAINE BASE 1ST	18	2.21
DRINKING ALCOHOL IN PUBLIC CONVEYANCE UNLAWFUL	17	2.09
POSSESSION OF DRUG PARAPHERNALIA	17	2.09
UNLAWFUL CARRYING OF WEAPON	17	2.09
PUBLIC DRUNK	16	1.96
OPEN CONTAINER OF BEER/WINE	14	1.72
FORGERY MORE THAN \$1000 BUT LESS THAN \$5,000	13	1.60
SIMPLE ASSAULT AND BATTERY	13	1.60
DRIVING UNDER THE INFLUENCE 1ST OFFENSE	11	1.35
LOITERING	11	1.35
POSS LESS THAN ONE GRAM ICE/CRACK COCAINE 1ST	11	1.35
TOTAL	815	100.00

ARREST OFFENSES DURING FISCAL YEAR 2007
MACH Clients Who Have an Adult Criminal Record (SLED)
(July 1, 2006 – June 30, 2007)
Analysis screened for Cell sizes 9 and under

ARREST OFFENSES	NUMBER	PERCENT
PUBLIC DISORDERLY CONDUCT	96	9.65
SHOPLIFTING	71	7.14
FRAUDULENT CHECK UNDER \$500 - 1ST	55	5.53
DRINKING ALCOHOL IN PUBLIC CONVEYANCE UNLAWFUL	46	4.62
ENTERING PREMISES AFTER WARNING	45	4.52
TRESPASSING	41	4.12
CRIMINAL DOMESTIC VIOLENCE 1ST OFFENSE	32	3.22
DRUGS: POSS 28G OR LESS MARIJ OR 10G OR LESS HASH 1ST	31	3.12
DRIVING UNDER SUSPENSION	27	2.71
PUBLIC DRUNK	27	2.71
PETTY LARCENY	20	2.01
UNLAWFUL CARRYING OF WEAPON	18	1.81
SIMPLE ASSAULT	17	1.71
DRUGS: POSS < 1GRAM OF METH OR COCAINE BASE 1ST	16	1.61
BREACH OF TRUST	15	1.51
DRUGS: POSSESSION OF DRUG PARAPHERNALIA	14	1.41
SIMPLE ASSAULT AND BATTERY	14	1.41
DRIVING UNDER THE INFLUENCE 1ST OFFENSE	13	1.31
LOITERING	13	1.31
FORGERY MORE THAN \$1000 BUT LESS THAN \$5,000	12	1.21
ENTRY ON ANOTHERS LANDS AFTER NOTICE	11	1.11
MALICIOUS INJURY TO PERSONAL PROPERTY	10	1.01
TOTAL	995	100.00

**STATUS, AS OF MARCH 2007, OF DEPARTMENT OF PROBATION, PAROLE, AND PARDON
(PPP) SERVICES
CASES INVOLVING MACH CLIENTS
Analysis screened for Cell sizes 5 and under**

CSSTDESC	COUNT	PERCENT
No PPP Record	3,168	74.91
Closed	865	20.45
Active time running	121	2.86
Active, Un-served Warrant	31	0.73
Pending Warrant Hearing	14	0.33
Active, Un-served Citation	13	0.31
Supervision time yet to begin	11	0.26
Total	4,229*	100.00

*Two (2) individuals had two PPP records, indicating that they were PPP clients on two separate occasions.

Summary:

- 1,059 (25.05%) of the 4,227 MACH clients are, or have been, clients of the Department of Probation, Parole, and Pardon Services.
- 20% of the 4,227 were in PPP closed cases

**COUNTY, BY STATUS, AS OF MARCH 2007,
OF DEPARTMENT OF PROBATION, PAROLE, AND PARDON (PPP) SERVICES'
CASES INVOLVING MACH CLIENTS
Analysis screened for Cell sizes 5 and under**

COUNTY	CASE STATUS	NUMBER	PERCENT
Not Applicable	No PPP Record	3168	74.91
Not Applicable	Closed	865	20.45
LEXINGTON	Active time running	8	0.19
LEXINGTON	Active, Unserved Citation	7	0.17
ORANGEBURG	Active time running	9	0.21
RICHLAND	Active time running	75	1.77
RICHLAND	Active, Unserved Citation	6	0.14
RICHLAND	Active, Unserved Warrant	15	0.35
RICHLAND	Pending Warrant Hearing	10	0.24
YORK	Active time running	6	0.14
TOTAL		4229	100.00

Inpatient Hospitalization and Emergency Department Utilization

The following tables provide information on services inpatient hospitalizations and emergency department utilization by MACH clients. Data when available and where small cell sizes permitted was separated into state fiscal year 2006 for a “before” look and into state fiscal year 2007 for a “during” look. Data includes information from the South Carolina All-Payer system.

- Of the MACH clients
 - 37% had visited the Emergency Department
 - 13% had an inpatient hospitalization
- Charges totaled over \$23 Million with \$6 Million of that in the Emergency Department
- MACH homeless clients averaged 3 visits per person in the Emergency Department and 1.6 visits as an inpatient hospitalization.
- For all visits (Inpatient and ED combined); for 34% of the MACH clients, the expected payer was Medicaid.
- However for 36% of the MACH clients, the expected payer was “Self-pay” – which can be an indicator for the uninsured population.
- Over 42% of the MACH clients who visited either the Emergency Department or were hospitalized – had only 1 visit.
However, 19 clients had 25 or more visits. One client had 95 visits.

Emergency Department: Top reasons

- Respiratory sys/other chest symptoms
- Other abdomen/pelvis symptoms
- Nondependent drug abuse
- General symptoms
- Back disorder
- Neurotic disorders
- Symptoms involving head/neck
- Other soft tissue diseases
- Asthma

Inpatient Hospitalizations: Top Reasons

- Affective psychoses
- Schizophrenic disorders
- Single liveborn
- Respiratory sys/ other chest symptoms
- Diabetes mellitus
- Asthma
- Human Immuno Virus Di
- Heart Failure
- Diseases of Pancreas
- Alcohol Dependence Syndrome

Inpatient Hospitalizations and ED Visits in SC Hospitals

MACH Cohort of 4,227 Persons

July 2005 - June 2006

Persons can be counted in more than one payer category

Type of Visit	Primary Expected Payer	Persons	Visits	Visits Per Person	Percent By Payer	Charges	Ave Chg Per Visit
All Visits	Total	1744	5,636	3.2		\$ 23,273,882	\$ 4,130
	Insurance	442	848	1.9	15.0%	\$ 2,357,953	\$ 2,781
	Medicaid	577	1,916	3.3	34.0%	\$ 6,294,866	\$ 3,285
	Medicare	138	819	5.9	14.5%	\$ 5,027,681	\$ 6,139
	Self pay	584	2,038	3.5	36.2%	\$ 9,447,865	\$ 4,636
	Unknown	3	15	5.0	0.3%	\$ 145,517	\$ 9,701
Emergency Department	Total	1833	4,739	2.6		\$ 6,024,804	\$ 1,271
	Insurance	393	741	1.9	15.6%	\$ 901,478	\$ 1,217
	Medicaid	584	1,588	2.7	33.5%	\$ 1,663,364	\$ 1,047
	Medicare	132	658	5.0	13.9%	\$ 963,913	\$ 1,465
	Self pay	717	1,743	2.4	36.8%	\$ 2,452,661	\$ 1,407
	Unknown	7	9	1.3	0.2%	\$ 43,387	\$ 4,821
Inpatient Hospitalization	Total	237	897	3.8		\$ 17,249,078	\$19,230
	Insurance	49	107	2.2	11.9%	\$ 1,456,474	\$13,612
	Medicaid	75	328	4.4	36.6%	\$ 4,631,501	\$14,120
	Medicare	17	161	9.5	17.9%	\$ 4,063,768	\$25,241
	Self pay	92	295	3.2	32.9%	\$ 6,995,204	\$23,713
	Unknown	4	6	1.5	0.7%	\$ 102,130	\$17,022

MACH Clients During FY 2007

Inpatient Hospitalizations and Emergency Department Visits in SC Hospitals MACH Cohort of 4,227 Persons July 2005 - June 2006 Note: Some Persons visited the ED and were hospitalized during the year							
Type of Visit	Number of Persons	Percent of Population	Number of Visits	Visits Per Person	Charges	Average Charge Per Visit	Average Charge Per Person
Emergency Department	1,561	36.9%	4,739	3.0	\$ 6,024,804	\$1,271	\$ 3,860
Inpatient Hospitalization	547	12.9%	897	1.6	\$17,249,078	\$19,230	\$31,534
No Visit	2,483	58.7%	-		.		

**Inpatient Hospitalizations and Emergency Department Visits
Between July 1, 2005 and June 30, 2006**

Inpatient Hospitalizations and ED Visits in SC Hospitals MACH Cohort of 4,227 Persons July 2005 - June 2006			
Type of Visit	Rank	3 Digit ICD-9-CM Diagnosis Code	Visits
Overall	1	RESP SYS/OTH CHEST SYMP	297
	2	OTH ABDOMEN/PELVIS SYMP	268
	3	GENERAL SYMPTOMS	208
	4	NONDEPENDENT DRUG ABUSE	205
	5	BACK DISORDER NEC & NOS	150
	6	SCHIZOPHRENIC DISORDERS	134
	7	AFFECTIVE PSYCHOSES	131
	8	ASTHMA	127
	9	NEUROTIC DISORDERS	114
	10	AC URI MULT SITES/NOS	105
Emergency Department	1	RESP SYS/OTH CHEST SYMP	263
	2	OTH ABDOMEN/PELVIS SYMP	263
	3	NONDEPENDENT DRUG ABUSE	201
	4	GENERAL SYMPTOMS	190
	5	BACK DISORDER NEC & NOS	150
	6	NEUROTIC DISORDERS	110
	7	AC URI MULT SITES/NOS	105
	8	SYMPTOMS INVOL HEAD/NECK	102
	9	OTHER SOFT TISSUE DIS	101
	10	ASTHMA	98
Inpatient Hospitalization	1	AFFECTIVE PSYCHOSES	82
	2	SCHIZOPHRENIC DISORDERS	61
	3	SINGLE LIVEBORN	40
	4	RESP SYS/OTH CHEST SYMP	34
	5	DIABETES MELLITUS	29
	6	ASTHMA	29
	7	HUMAN IMMUNO VIRUS DI	28
	8	HEART FAILURE	25
	9	DISEASES OF PANCREAS	24
	10	ALCOHOL DEPENDENCE SYNDR	23

Inpatient Hospitalizations and ED Visits in SC Hospitals MACH Cohort of 4,227 Persons July 2005 - June 2006		
Number of Visits Per Person	Number of Persons	Percent of Population
1	742	42.55
2	357	20.47
3	225	12.9
4	127	7.28
5	80	4.59
6	53	3.04
7	35	2.01
8	27	1.55
9	19	1.09
10	9	0.52
11	11	0.63
12	12	0.69
13	2	0.11
14	2	0.11
15	3	0.17
16	2	0.11
17	1	0.06
18	3	0.17
19	4	0.23
20	4	0.23
21	4	0.23
22	2	0.11
24	1	0.06
25	2	0.11
26	1	0.06
29	2	0.11
30	2	0.11
31	1	0.06
32	2	0.11
35	1	0.06
37	1	0.06
47	1	0.06
51	1	0.06
54	1	0.06
55	2	0.11
64	1	0.06
95	1	0.06

City of Columbia Analysis

The following tables provide statistical analyses for the City of Columbia. These homeless were housed in a homeless shelter in the City of Columbia at some point during Fiscal Year 2007; however, they may have applied for benefits or received services in another area of the state including counties outside the MACH area.

The City of Columbia analysis was created by pooling clients from the following shelters and/or service providers:

Alston Wilkes Veterans Home

Children's Garden

Chisholm Outreach Ministries

City of Columbia Winter Shelter (Beth and Lou Holtz)

Columbia Housing Authority

Elmwood Church of God (Stepping Stones Ministries)

Family Shelter

Four Vision Foundation

Hannah House

Harvest Hope Food Bank

Healing Properties

Killingsworth

MIRCI / MIRCI – Homeless Recovery Center

PATH Permanent Housing for Families

Palmetto State Base Camp

Richland Community Health Care Association, Inc.

Salvation Army – Richland

St. Lawrence Place

TN Development Corporation

The Dental Center

The Women's Shelter

USC, School of Medicine, Dept. of Internal Medicine, Supportive Housing Services

CITY OF COLUMBIA*
HOMELESS
During FY2007 (July 1, 2006 – June 30, 2007)
Food Stamps, Foster Care, TANF, DMH, DJJ, SLED, and PPP
FY 2006 and FY2007

	FY2006		FY2007	
	#	%	#	%
Food Stamps	1,711	54.6	1,646	52.5
Foster Care	19	0.6	35	1.1
TANF	257	8.2	187	6.0
DMH	477	15.2	476	15.2
DJJ	26	0.8	6**	0.2
SLED – Number of Arrests***	650	NA	786	NA
SLED – Number of Arrestees	431	13.8	448	14.3
Medicaid – Number Eligible	1,030	32.9	996	31.8
Medicaid – Number of Claims	23,857	NA	23,085	NA
TOTAL	3,133		3,133	

NA – Not Applicable.

*These homeless were housed in a homeless shelter in the City of Columbia at some point during Fiscal Year 2007; however, they may have applied for benefits or received services in another area of the state.

**Because of limitations in the DJJ database, this figure is for the period between July 1, 2006 and October 23, 2006.

***See attached for a listing of the arrest offenses for each of these years.

**STATUS, AS OF MARCH 2007, OF DEPARTMENT OF PROBATION, PAROLE, AND PARDON (PPP)
SERVICES'**

**CASES INVOLVING CITY OF COLUMBIA HOMELESS
Analysis screened for Cell sizes 5 and under**

STATUS DESCRIPTION	COUNT	PERCENT
Active time running	100	11.4
Active, Unserved Citation	11	1.2
Active, Unserved Warrant	25	2.8
Closed	718	81.5
Pending Warrant Hearing	13	1.5
Supervision time yet to begin	9	1.0
TOTAL	881	100.0

**CITY OF COLUMBIA HOMELESS
FY 2006 ARRESTS Analysis screened for Cell sizes 9 and under**

ARREST OFFENSE	NUMBER	PERCENT
SHOPLIFTING	48	7.4
PUBLIC DISORDERLY CONDUCT	41	6.3
FRAUDULENT CHECK UNDER \$500 - 1ST	35	5.4
TRESPASSING	34	5.2
SIMPLE ASSAULT	26	4.0
CRIMINAL DOMESTIC VIOLENCE 1ST OFFENSE	24	3.7
POSS 28G OR LESS MARIJ OR 10G OR LESS HASH 1ST	23	3.5
ENTERING PREMISES AFTER WARNING	22	3.4
DRIVING UNDER SUSPENSION	21	3.2
PETTY LARCENY	18	2.8
POSSESSION OF DRUG PARAPHERNALIA	17	2.6
POSS < 1GRAM OF METH OR COCAINE BASE 1ST	16	2.5
UNLAWFUL CARRYING OF WEAPON	16	2.5
DRINKING ALCOHOL IN PUBLIC CONVEYANCE UNLAWFUL	15	2.3
PUBLIC DRUNK	15	2.3
OPEN CONTAINER OF BEER/WINE	12	1.8
POSS LESS THAN ONE GRAM ICE/CRACK COCAINE 1ST	11	1.7
FORGERY MORE THAN \$1000 BUT LESS THAN \$5,000	10	1.5
TOTAL	650	100.0

**CITY OF COLUMBIA HOMELESS
FY 2007 ARRESTS
Analysis screened for Cell sizes 9 and under**

ARREST OFFENSE	NUMBER	PERCENT
PUBLIC DISORDERLY CONDUCT	71	9.0
SHOPLIFTING	58	7.4
FRAUDULENT CHECK UNDER \$500 - 1ST	46	5.9
ENTERING PREMISES AFTER WARNING	43	5.5
DRINKING ALCOHOL IN PUBLIC CONVEYANCE UNLAWFUL	38	4.8
TRESPASSING	37	4.7
PUBLIC DRUNK	25	3.2
CRIMINAL DOMESTIC VIOLENCE 1ST OFFENSE	22	2.8
POSS 28G OR LESS MARIJ OR 10G OR LESS HASH 1ST	21	2.7
UNLAWFUL CARRYING OF WEAPON	18	2.3
PETTY LARCENY	16	2.0
POSS < 1GRAM OF METH OR COCAINE BASE 1ST	16	2.0
SIMPLE ASSAULT	16	2.0
DRIVING UNDER SUSPENSION	13	1.7
LOITERING	13	1.7
POSSESSION OF DRUG PARAPHERNALIA	12	1.5
ENTRY ON ANOTHERS LANDS AFTER NOTICE	10	1.3
FORGERY MORE THAN \$1000 BUT LESS THAN \$5,000	10	1.3
TOTAL	786	100.0

Appendix A

MACH Board of Directors (as of 1/25/2007)

Mubarak Al-Muid

Alston Wilkes

Gina Amato

Pilgrims Inn

Julie Ann Avin, MACH Chair

Mental Illness Recovery Center Inc. (MIRCI)

David Bergeron

Trinity Housing Corporation

Marcy Coster-Schulz

Palmetto Health

Helena Cottle

Family Shelter

Dee Davis

Dare To Dream

John Gibson

Veteran's Formation

Prentiss Hallman, MACH Vice Chair

Women's Shelter

Mike Lee

City of Columbia

Karen McMillian

McMillians Community Care

Rusty Marsh

Golden Harvest Food Bank

Jennifer Moore, MACH Secretary

United Way of Midlands

Vaifanua Pele

Mission of Hope Ministries

Appendix A – continued

Linda Renner

USC, School of Medicine, Dept. of Medicine

Nancy Stoudenmire

Columbia Housing Authority

Donnie Supplee, MACH Treasurer

United Way of Kershaw County

Camilia Wall

Chance Jordan

Appendix B

South Carolina Council on Homelessness Membership

John H. Magill

[Department of Mental Health](#)

Interim Council Chair

Patricia Bradford

VA Medical Center

Caroline Carman

[S.C. Department of Health and Environmental Control](#)

Michael Chesser

[Upstate Homeless Coalition](#)

President, S.C. Homeless Coalition

Elizabeth Duncan

[S.C. Department of Alcohol and Other Drug Abuse Services](#)

Anita Floyd

[United Way of the Midlands](#)

Policy Academy on Chronic Homelessness

Rhonda Grant

[S.C. Department of Probation, Parole and Pardon Services](#)

Ashlie Lancaster

[Office of the Governor](#)

Office of Economic Opportunity

Wilbert Lewis

[S.C. Department of Social Services](#)

Kerry Mandeville

[S.C. Vocational Rehabilitation Department](#)

Gerri Miro

[S.C. Department of Corrections](#)

Brenda Myers

[S.C. Department of Education](#)

Sam Pike

[S.C. Employment Security Commission](#)

Appendix B - continued

Dr. Joseph Ray

[S.C. Commission for the Blind](#)

Matt Rivers

[State Housing Finance and Development Authority](#)

Gail J. Smith

[Spartanburg Housing Authority](#)

Walter Pete Bailey, Diana Tester

[Office of Research and Statistics](#)

[Health and Demographics Section](#)

Kirk Van Laan

Community Planning and Development

US Department of HUD

Vacant

[Department of Health & Human Services](#)

Lathran Woodard

[S.C. Primary Health Care Association](#)

Appendix C – Data Definitions

HUD Definition of Homeless:

In general, a person is considered homeless if, without HUD assistance, he or she would have to spend the night in a homeless shelter or in a place not meant for human habitation. More specifically, an individual is considered homeless if he or she is

- sleeping in an emergency shelter;
 - sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings;
 - spending a short time (30 consecutive days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above;
 - living in transitional/supportive housing but having come from streets or emergency shelters;
 - being evicted within a week from a private dwelling unit and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing;
- or
- being discharged from an institution and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing.

Other Definitions Related to People:

Adult: persons 18 or older

Youth: an unaccompanied person less than 18 years of age. Children in families do not qualify as youth.

Family: one or more adults accompanied by one or more children under the age of 18.

Chronic Homeless: refers to an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes* of homeless in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation and/or in an emergency shelter during that time.

* *Episode* is an event that is distinct and separate, though part of a larger series.

Victims of domestic violence are persons who have fled housing or might flee housing as a result of emotional or physical abuse at the hands of a spouse, minor child or parent (if minor child).

Appendix C – Data Definitions – continued

Definition of Disability:

Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment."

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limit one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

Details on Disability

- 1) A person shall be considered to have a disability if such person has a physical, mental, or emotional impairment, which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such nature that such ability could be improved by more suitable housing conditions.
- 2) A person will also be considered to have a disability if he or she has a developmental disability, which is a severe, chronic disability that is
 - 2a) attributable to a mental or physical impairment or combination of mental and physical impairments;
 - 2b) manifested before the person attains age 22;
 - 2c) likely to continue indefinitely; and
 - 2d) results in substantial functional limitations in three or more of the following areas of major life activity:
 - self-care
 - receptive and expressive language;
 - learning;
 - mobility;
 - self-direction;
 - capacity for independent living and economic self-sufficiency; and
 - reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated

Appendix D

Information on Homeless Education in the State of South Carolina (Last Revision October, 2007)

During the 2006-07 school year South Carolina public schools identified and enrolled 5,723 homeless children and youth (*excluding preschoolers*). The breakdown was:

Grade Level	# counted
K	628
1	613
2	660
3	565
4	519
5	510
6	430
7	409
8	401
9	367
10	259
11	168
12	168
Adult Ed.	26
Subtotal	5,723
Preschoolers	310
TOTAL	6,033

The state has legislation or guidelines pertaining to the education of children and youth experiencing homelessness, which states:

South Carolina Statute 44-29-180, Regulation 61-8, and Section 59-63-31 South Carolina State law.

State Coordinator for Homeless Education:

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Appendix D – Continued

Information on Homeless Education in the State of South Carolina (Last Revision October 2007)

The most recent Child Estimate was completed in the state in 2007. During the 2006-07 school year a total of 6,033 homeless children and youths were identified in South Carolina. The breakdown was:

Subpopulations	# served
Children with disabilities	393
Unaccompanied Youth	153
Migrant	37
Limit English proficient	104
Other (i.e., adult Education)	26

Primary nighttime residence at the time of initial identification, (total includes preschoolers).

Nighttime Residency	# counted
Shelters	1130
Doubled-up	3756
Unsheltered (e.g., cars, parks, etc.)	58
Hotels/Motels	811
Substandard housing	278
TOTAL	6,033

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