

Homelessness White Paper

A Collective Approach to Reduce Homelessness in Greenville County

Executive Summary

Greenville’s system for addressing homelessness is strong and generally effective. Greenville County has more resources and better cooperation on homeless issues than any other county in South Carolina. However, there are still gaps in the service network. This White Paper outlines the current situation, identifies the major weaknesses in our system, and recommends a series of actions to close those gaps.

Current Situation

In Greenville County on January 23, 2014, 938 individuals were counted as homeless, with 81% in some type of provider shelter on the night of the count. However, it’s known that there are more uncounted people “sleeping rough,” without shelter.

Greenville County has 368 regular crisis shelter beds, 140 cold weather/overflow shelter beds, 278 transitional/single room occupancy beds, and 130 housing first/long term supportive housing beds. However, although the front doors for those needing temporary shelter are wide open, more long-term solutions are needed for people leaving the shelters and for those who are chronically homeless.

Closing the Gaps in Key Areas

A group of homeless service providers and key community leaders closest to the situation came together in late 2014 to work collectively toward more long-term coordinated strategies. A detailed analysis of strengths, weakness, opportunities and threats helped inform the identification and ranking of gaps in the current service network for the homeless. This homelessness leadership task force offers the following prioritized recommendations to strengthen Greenville’s homeless response system:

1. Permanent housing with supportive services for mentally other vulnerable adults that is affordable, decent and safe
2. Homeless Coordinator for Greenville County to organize outreach, coordinate services, and help develop housing
3. More shelter beds for homeless families
4. Additional housing units for SRO (single room occupancy), Housing First, and permanent supportive housing
5. Medical respite beds for people who are too sick for shelters but not sick enough to justify hospitalization

Table of Contents

Executive Summary	1
Background Information	
• Comparison of South Carolina’s Major Metropolitan Areas	4
• Existing Services.....	5
Current System	
• Strengths.....	6
• Weaknesses.....	7
• Opportunities	8
• Threats.....	9
Priorities and Recommendations	9
Advocacy	11
Appendices	13
1. The Costs of Homelessness	
2. The Power of Collaboration: Tent City Case Study	
3. Details of Shelter, Transitional Housing and Supportive Housing with Case Management	
4. Homelessness Leadership Task Force Members	

This task force is prepared to work collectively to address each of these gaps, beginning with specific recommendations and paths for action. It is important to be strategic in designing next steps. A community has two ways to take care of chronically homeless people: through emergency room visits, incarcerations, hospitalizations, and community agency crisis services OR by providing resources for long-term solutions.

Either way, the community funds the solution. For example, the cost to incarcerate someone for one year in South Carolina is more than \$19,000 a year. A visit to a hospital emergency room averages \$2,122 *per visit*. These are very expensive “services” for people who are chronically homeless, and these expenditures provide no long-term solutions.

Because the homeless population is mobile across geographic boundaries, we know that Greenville could provide an additional 500 general shelter beds this year and fill them all. However, there would still be people sleeping outdoors. The question our task force asked was not *How many spaces can we create for the homeless?* but rather *What is the right number and right configuration for Greenville’s needs?* The follow-up question is *How can we challenge and help empower other areas of the state to create their own healthy solutions for homelessness?* This White Paper begins to address both questions.

The Power of Advocacy

In addition to focusing programs and resources to close these identified gaps in our local homeless services, Greenville’s homelessness stakeholders have a crucial role to play in advocating for the broader system-level changes that must occur if conditions are truly going to improve for the chronically homeless. The power of voices coming together for common cause cannot be overstated.

The task force has identified four areas that demand broad and diverse advocacy:

1. A robust Greenville City/County public transportation system with longer routes, better hours, more frequent buses
2. Higher levels of funding for the S.C. Mental Health System, with adequate resources given to intervention, treatment and supportive housing with case management for the mentally ill
3. A state-funded transitional housing solution for released prisoners
4. ABC Vouchers for Child Care so that homeless parents can go to work

Homelessness is not an issue that can be “cured.” There will always be people who, for a variety of reasons and due to a variety of circumstances, choose not to pursue a conventional shelter or support system. The shared aim of Greenville County’s homeless service providers is to strengthen the system for those who want to move out of homelessness but who aren’t in a position to sign a long-term lease. We want to plug the gaps through which too many of them fall either once or repeatedly.

This document provides a strategic focus on Greenville’s key needs for the homeless. The resources and the will to strengthen our system exist in our community. We are confident that Greenville will continue to invest in its most vulnerable citizens.

Background

There are many definitions of homelessness, and all who are homeless have valid needs. Those doubled up with family and friends need additional help, but for the purpose of this White Paper, homeless is defined as those sleeping outdoors, or if inside, in shelters.¹

Compared to other regions of South Carolina, Greenville County has a strong and robust system to address homelessness in the state. Additionally there are reasonable numbers of shelter beds in nearby Anderson, Spartanburg and Cherokee counties.

Homeless people are a fluid and constantly changing population. They are frequently called “transients,” and they flow easily across geographic lines. The chronically homeless are defined as four episodes of homelessness within three years or those who have been homeless for more than a year. Though a minority, this subgroup has been well documented to be frequent users of our emergency rooms and to fill up our detention centers. Others become homeless in any given year for a variety of reasons. However, if shelter, case management and other supportive services are available, most of the newly homeless bounce back and move rapidly into employment and housing.

Occasionally the number of homeless in a specific location may spike, as in the 2014 case of Tent City under the Pete Hollis Bridge. Because of publicity and the generosity of the people of Greenville County, some homeless people believed they had a better opportunity “under the bridge” for a shelter bed, free stuff, a job, or even an interesting new experience and so moved into Tent City. From November 2013 to January 2014, the population of Tent City swelled from 30 people to well over 100, some coming from other counties. *(For details, see Appendix 3, a Tent City case study.)*

The service providers, government leaders, funders and community leaders who came together to develop and implement an innovative solution to the untenable and unhealthy Tent City situation were encouraged by the success of that collective approach to regroup around a more systematic and long-term approach to reducing chronic homelessness. That work produced this White Paper.

Comparison of Major South Carolina Metropolitan Areas

At the “point in time” count on January 23, 2014, the counties with the largest aggregate numbers of homeless were Richland, Greenville, Horry, and Charleston. Horry County had the most unsheltered with 575 unsheltered. Richland County had 279. There were 176 unsheltered people counted in Greenville County out of a total homeless count of 938. Important note: Not all homeless can be located to include in the count; we know that the number of unsheltered homeless in Greenville County to be under reported and the total estimated Greenville County homeless population is between 1,150 and 1,450.

Of the 938 counted in Greenville County:

- 176 were unsheltered – many under the Pete Hollis Bridge.
- 386 were in emergency shelters or cold weather overflow shelters operated by Miracle Hill Ministries, the Salvation Army, and Greenville Area Interfaith Hospitality Network.
- 376 were in transitional housing, which by definition meant they were on their way to leaving homelessness.

¹ Part of HUD’s Definition is *Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided*. This paper modifies this definition by clarifying that those staying with friends or family have not yet reached the level of homelessness addressed by members of our task force.

Homeless Count, January 23, 2014

	Greenville	Richland	Charleston	Horry
Total of Counted Homeless People	938	1,014	425	827
Total Homeless People in Shelter Beds	386	536	167	107
Total Homeless People in Transitional Beds	376	209	149	145
Percent Housed	81%	73%	74%	30%

Existing Services in Greenville County

A survey facilitated by Greenville Forward in October 2014 helped develop a comprehensive picture of current housing services available to the homeless.

	Shelter Beds*	Cold Weather Overflow	Addiction Recovery**	Transitional Beds	Supportive Housing
G.A.I.H.N.	21			80	
Salvation Army	112	25	46		
Miracle Hill Ministries	218	115	105	61	
Serenity Place			16	9	
Turning Point			160		
Reedy Place					23
Greenville Area Mental Health					71
Homes of Hope				8	
SHARE				145	
United Housing Connections				32	26
Project Care	7				24
Total Per Category	368	140	327	278	144

*Shelter beds include the following available for families: Salvation Army - 8, Miracle Hill Ministries - 20, Greenville Area Interfaith Hospitality Network - 21. Of beds provided by SHARE, 145 are available for families. *Details of Shelter, Transitional Housing and Supportive Housing with Case Management are provided in Appendix 3.*

** This category includes both homeless and non-homeless residents.

While most of the data in the body and appendices of this paper focuses on shelter/housing availability and housing needs for the homeless, it would be a mistake to minimize the vital services other than housing that complete the continuum of Greenville's services. United Ministries, Triune Mercy Center, Project Host, and others play a vital role on the front lines in providing what is many times the first healthy engagement, offering critical services to those sleeping outside, and offering hope, encouragement, community, case management, and referrals to other services early in the process.

Current System: A SWOT Analysis

Greenville County has a tremendous continuum of care for the homeless that we should not take for granted. Similar continuums don't exist in many counties in South Carolina. Homeless people are able to step in and out of various agencies' services as needed. No agency is responsible for "all," and all agencies are responsible for "part."

One of the greatest strengths right now is that collaboration is at its highest point ever, and certainly awareness in the community is too.

Like every system, the homeless continuum of care in Greenville County has room for improvement. As a first step toward identifying and prioritizing specific improvements, each member of the homelessness leadership task force was asked to submit an assessment of this continuum of care by outlining perceived strengths, weaknesses, opportunities, and threats. The observations below represent the aggregation of these individual assessments. Although the concerns that appear here reflect the differing perspectives within the task force, and indeed, may sometimes be in tension with each other, the conversation generated enabled the group to arrive at a consensus regarding the priorities for improvement detailed in this paper.

Don Oglesby, Homes of Hope

STRENGTHS

Diversity and quality of services available. Greenville County's continuum of care functions better than that in any other county in the state. Greenville County has more year-round crisis shelter beds than any other county in South Carolina, despite having a smaller population base. There are many services provided – shelters, outreach, transitional housing, and permanent supportive housing – and several options to support different subpopulations of the homeless – mentally ill, substance abuse, HIV, families. With many agencies serving the homeless and a variety of funding sources, there is a rich diversity and high quality of services provided to people who are homeless.

Diversity of viewpoints. Greenville's homeless service provider community is populated by agencies with diverse agendas, missions and viewpoints. This diversity is of immense value, increasing the chance that tough issues are looked at from a variety of perspectives and therefore will have more considered responses.

Committed and knowledgeable staffs. Those serving in the system are passionate and committed to reducing the number of the homeless, including the front-line workers. Organizations providing homeless services have strong leadership and innovative spirits. There are many resources available to solve the problems, especially when agencies combine their strengths.

A willingness to cooperate. Agencies have a willingness to work together. Major providers are well connected, talk to each other and respect one another. There is cooperation and coordination among providers. There are good working relationships among front-line staff of different agencies. The Tent City coalition proved that the providers have and can work together and bend rules when necessary.

Existing partnerships, coalitions and groups. Many homeless providers have worked together and have met on a weekly basis for at least 10 years. For example, Greenville Mental Health has a partnership and collaboration with United Housing Connections and Homes of Hope and a solid partnership with Greenville Rescue Mission, Shepherd's Gate and Salvation Army. Each month, service providers, law enforcement, and community members meet in two separate meetings: a community-level meeting that builds on the 2005 Blueprint to End Chronic Homelessness in Greenville County, and a service provider/law enforcement meeting that discusses what is happening on the ground level. The

Collective impact has certain key components—the most important being a “backbone” organization that holds the entire impact effort together. I think Greenville could benefit from rallying around one “backbone”.

Don Oglesby, Homes of Hope

Greenville Chapter of the Upstate Homeless Coalition includes those organizations listed in the appendix as well as additional government representatives including Greenville Housing Authority, city and county law enforcement, and Greenville County School District. These agencies are the experts, and their continuous conversation is crucial.

Supportive funders. There is a variety of funders supporting the efforts of ending homelessness in our community – faith-based, federal government, private and corporate foundations.

Size. We are small enough to be able to get our arms around the homelessness problem, and large enough to have access to resources, talent and influence to tackle it.

WEAKNESSES

Lack of shared vision and approach. There is a lack of systemic and deep (as opposed to sporadic and situational) collaboration. Cooperative efforts exist, but in response to an urgent need rather than as an operating norm. Committees and task forces meet frequently, but sometimes lack focus and actual achievement. Efforts lack a definitive approach for a common goal or common solution that can keep a multi-part group focused and committed, and that can also be communicated to the general public in a unified way.

Lack of shelter space year-round. The system is often full, and that lack of space may mean – at least in warm weather – that someone may not be able to get into shelter quickly. More low-cost transitional beds/or SRO beds are needed – provided in a drug-free environment. There is limited capacity to accommodate specialized populations (single mothers with older sons, couples without children, older individuals, non-English-speaking people, unaccompanied youth, etc.).

Lack of affordable housing options. There is a lack of affordable, decent, safe housing in the \$300-\$400 a month range. There is a lack of housing programs designed for individuals who need enhanced care/supervision. There are inadequate resources to pay rent deposits and utility deposits to help families move into new housing.

When we tear down blighted housing, we often eliminate housing for those people who cannot afford anything better or who cannot sign a long-term lease due to a criminal record, poor credit, or mental health issues. We have got to begin replacing demolished units one for one AND provide case management for those who get some of the new housing.

Beth Templeton, Our Eyes Were Opened

Shrinking funding for mental health and addiction treatment. Decreases in mental health funding and deteriorating funding for addiction treatment services mean there are major gaps in addiction and mental health treatment services. More low-income mental health beds with supportive case management are needed.

Lack of a formal Homeless Court. Homeless individuals with misdemeanor charges often have difficulty accessing housing, employment, and accessing other community services. A beneficial informal understanding currently exists among homeless service providers, the City Municipal Judge, some magistrates, and the Solicitor's Office to assist the homeless with such charges. Providers have a Homeless Court Application which they can fill out and send to the court, asking judges to consider allowing the defendants to continue partnering with the homeless provider instead of sending them to jail. However, a formal Homeless Court with scheduled meetings, staff, outcomes, and procedures does not yet exist.

Inadequate dental services. Men and women attending a drug and alcohol recovery program are often hindered from securing employment due to dental issues arising from their former addictions. Providing dental care and making false teeth are services that are needed and costly.

OPPORTUNITIES

Leverage an inherently giving community. We can build on the strengths of the Tent City joint venture, which increased and demonstrated unity among agencies. We can work with media to re-energize and re-focus, if necessary, support for homeless service providers and engage the larger community in developing solutions to the issue. We can challenge volunteers and donors to provide assistance and funds for needs that are strategic rather than "feel good" projects. We can continue to promote collective impact among key donors, engendering public awareness and goodwill.

Expand Housing First. We can become a Housing First community to augment the services already provided in our community. Housing First is a research-based approach built on the belief that homeless individuals can more effectively deal with other issues such as addiction, employment and physical or mental health once they have housing.

Work with landlords and Greenville Housing Authority. With new leadership in place at Greenville Housing Authority, we can strongly support creating a Local Preference to reserve a percentage of Section 8 Housing Choice Vouchers for homeless individuals or families. We can develop strong relationships with landlords to be able to house more homeless individuals/families.

Build relationships with the business community. We can challenge businesses to modify their policies about criminal backgrounds so more people can be employed in a safe way for both the employer and employees.

THREATS

"Toxic charity." When people respond to a perceived need without partnering with an experienced provider to help create the solution, their well-intended efforts may actually trap homeless people in dependence.

Downtown development. As Greenville grows and improves, the homeless are being moved farther away from the downtown (where many homeless service providers are located) and thus are having difficulty getting connected to services. Increased downtown development could geographically decentralize the Greenville system, disrupting or scattering critical services for homeless individuals.

Community perceptions. People have difficulty seeing the long-term benefits of aggressively and humanely addressing the needs of people who are homeless. People who are homeless are blamed for their situations rather than being helped to address root causes. Our structure and legislative actions often create or exacerbate the situations in which people find themselves. There is impatience with the change process required for people who are homeless.

Barriers to work. The current system does not provide adequate infrastructure for employment. There aren't enough employment opportunities – especially for persons with a criminal background. With a lack of affordable housing options in Greenville, inadequate public transportation, inadequate subsidized child care, and limited financial resources, getting and keeping a job is a challenge. Homeless people who succeed in finding employment often find themselves a victim of the "cliff effect": when a low-wage worker who receives subsidies for housing, child care, food stamps, etc. loses all or some of those subsidies when their wages increase.

A job is the best anti-homeless program around. We need the business community to relax their policies around criminal backgrounds so people who have served their time and made changes in their lives can obtain a job.

Bruce Forbes, SHARE

Priorities and Recommendations

The homelessness leadership task force provided data used in this document, and the group also met three times in late 2014 and early 2015 to set priorities and discuss recommendations. Below are the task force's key priorities and recommendations for addressing homelessness in Greenville County.²

1. **35 beds – permanent housing with supportive case management services for mentally ill and other vulnerable adults that is affordable, decent and safe.** These people need additional support to function effectively with structured living and an active case manager working with them to help set goals and create plans for attaining them. A compassionate community will ensure they are not taken advantage of and that they live in housing that is safe and affordable.
2. **Homeless Coordinator for Greenville County.** A strong, neutral leader is needed to coordinate Greenville County's response to homelessness. This strong leader is charged with working effectively with city and county leaders, Greenville Partnership for Philanthropy, United Way, and local agencies to plan effectively for current and long-term needs. The ideal locus for this position would be a jointly funded city/county position, neutral with regard to local agencies, and able to bring key leaders together so that homeless efforts are as effective as possible.

An effective leader/coordinator with a bias for action is needed for system-wide prioritization, planning, and response to coordinate local homeless services. This person perhaps will not be employed by an existing agency. A city-or- county funded position may be the solution if the right leader is found.

Reid Lehman, Miracle Hill Ministries
3. **Family shelter for 15 families.** This housing allows families to remain intact, including mothers with teenage boys, fathers with children, and two-parent families with children. Most current family housing serves parents, and children come with them. In this shelter, there would be child-directed programming as well. (While housing for spouses without children is needed, it is not envisioned as a part of this family shelter.)
4. **Additional beds/housing units for Single Room Occupancy, Housing First, and permanent supportive housing.**
 - a. **25 Housing First beds.** There are currently 23 beds available through Reedy Place 1 & 2. Another 25 beds are needed for the long-term chronically homeless: those who are homeless, mentally ill, and/or may have substance abuse issues. These individuals are not able to take the steps needed to become whole without intervention. These beds would be in a safe, structured environment, affordable and accompanied by supportive case management.
 - b. **At least 50 Single Room Occupancy (SRO) beds for transitional and permanent housing** in an environment that is alcohol and drug free. These are first available for persons leaving shelters. Currently many people remain in shelters for months because there are few SROs available. Therefore, having more SROs will make more shelter beds available for those in crisis. Occupants will be expected to be employed or have an income in order to pay a modest rent, less than \$350 per month. While the coalition would also like to see SRO beds in which consumption of substances is tolerated, those beds are prioritized lower on the list.
 - c. **Other transitional housing.** While much of the housing is envisioned as being permanent, transitional housing is sometimes a necessary step between the streets or a shelter and a permanent situation.

^{2 2} The Coalition identified a second tier of needs, slightly lower than the priority of the top five:

- SROs in which those in active addiction can stay at an affordable rate
- 25 additional Housing First beds
- Long-term transitional housing for families
- Housing for couples without children

5. **At least 6-15 homeless medical respite beds** for individuals who do not need continued hospitalization but are, at least temporarily, feeble; their fragile health leaves them unable to care for themselves in a traditional homeless shelter. We suggest that the Greenville Health System, Bon Secours St. Francis Health System, and New Horizons Family Health cooperate to create a jointly funded and operated medical respite facility. Such a facility would save the hospitals and taxpayers hundreds of thousands of dollars a year by freeing hospital beds for those who need more care. Conversations toward this effort have already begun, and we are pulling for success.

Advocacy

In addition to focusing programs and resources to close identified gaps in local services, Greenville's homelessness stakeholders have a crucial role to play in advocating for the broader system-level changes that must occur if conditions are truly going to improve for the chronically homeless. The power of voices coming together for common cause cannot be overstated.

We ask the community to join together to advocate for the following:

- **Transportation.** A robust Greenville City/County public transportation system with longer routes, better hours, and more frequent buses
- **Mental Health.** Higher levels of funding for the S.C. Mental Health System, with adequate resources given to intervention, treatment and supportive housing with case management for the mentally ill.
- **Released Prisoners.** A state-funded transitional housing solution for released prisoners
- **Child Care Vouchers.** More ABC Child Care vouchers to make day care accessible so that homeless parents can become employed

We see a robust public transportation system as Greenville County's top need for empowering all those living in poverty or financial instability – including but not limited to the chronically homeless – to become self-sufficient, stable contributors to the community. This is an issue that impacts every segment of the population and that requires priority-setting and voice-lifting from every stakeholder group.

While this document focuses primarily on Greenville County's needs and the appropriate local responses, there are key statewide gaps that contribute to homelessness in Greenville County and across the state.

First, the state legislature inadequately supports the South Carolina mental health system. Funding cuts made in 2008-2009 have never been restored, and one of the results is that homeless service providers are seeing more homeless people with untreated mental illnesses, many of those illnesses growing more severe because of the lack of treatment. We challenge the state legislature to fund more transitional opportunities for released prisoners and more supportive housing with case management for the mentally ill.

Second, thousands of prisoners are released from state prisons each year. Hundreds or thousands of those leave with only a bus ticket to the city they choose to reside in. Those without families and support structure place a great burden on the homeless support system, and many of them will become homeless or re-offend and go back to prison. If existing shelters took only these newly released prisoners, there would not be enough beds to cover this strong need.

In Closing

The members of this homelessness leadership task force have strong and diverse opinions about the role of faith and poverty, the efficacy of potential solutions, the role of government with respect to the homeless. However, we agree that solutions should promote dignity and self-empowerment, and that system improvements are needed along with work to help the brokenness of those trapped in homelessness. Government assistance is needed in the areas where government can be most effective. A continuing discussion is needed to ensure that well-intentioned help does not become toxic for its recipients.

This White Paper is presented in the hope that discussion and work toward consensus can help create focus among key decision makers, the community and the media. Greenville has gone too long without consensus on key priorities around homelessness. Now that some have been established, let us start with the most pressing and work toward filling gaps while improving the strong continuum of care already in place.

It should be noted that building new buildings, while challenging, is fairly easy compared with the challenge of finding ongoing operating funds for new initiatives. Any new programs, especially those that provide housing or shelter, must be sustainable for ongoing operations. If we can figure that part out, the needed buildings will be provided.

Greenville County is a vibrant, creative and generous community. We are blessed with many strong, selfless community leaders, and those who serve the homeless are passionate, self-sacrificing and strong contributors to the fabric of our society. We know that the leaders who have helped create and sustain the strong systems in Greenville County will be able to work to create the next needed steps in the continuum.

APPENDICES

Appendix 1: The Many Costs of Homelessness

1. Moore Place in Charlotte, North Carolina, which uses a Housing First model to house 85 chronically homeless adults, reported that their residents cost the community over \$2.5 million in emergency room visits and hospitalizations in the year prior to moving into Moore Place. During the first year of Moore Place's operation, those costs to the community dropped to \$761,000. Also during the first year of operation, arrests for residents dropped 78 percent and 84 percent fewer days were spent in jail.

--Sources: <http://www.urbanministrycenter.org/wp-content/uploads/2014/04/The-Community-Impact-of-Moore-Place.pdf> (web search 1.22.15), and *The Charlotte Observer*, 3.24.2014

2. The average cost per day per discharge of health care services across South Carolina, 2010-2012, was \$2,122 for emergency room visits, \$32,086 for inpatient, and \$7,867 for outpatient.

--Source: A data linkage organized by the South Carolina Coalition for the Homeless, with data analysis performed by the SC Revenue and Fiscal Affairs (RFA) Health and Demographics Office. The study linked a statewide cohort from the Homeless Management Information System to Medicaid and hospital records housed in RFA's secure data warehouse.

3. South Carolina pays \$19,137 a year to house prison inmates (\$52.43 per day).

--Source: <http://www.doc.sc/pubweb/faqs.jsp> (web search 1.23.15)

4. For every 100 deeply low-income households in South Carolina, there are 19 housing units that are affordable and available. Note: Deeply low-income is defined as households with income at or below 15% of the average median income (AMI). In South Carolina, the AMI is \$44,779.

--Source: *National Low Income Housing Coalition, Housing Spotlight, August 2014.* (web search 1.5.15)

5. South Carolina ranks #1 in the percentage of increase in homelessness.

--Source: nlich.org/article/change-homelessness-vary-greatly-state (web search 1.23.15)

6. Denver's Housing First program found an annual average cost savings of \$31,545 per participant. Los Angeles found that housing individuals experiencing chronic homelessness reduced public costs by 79%. Since implementing Housing First programs in 2005, Utah has seen its chronic homelessness rate drop by 74% and continues to see declines every year.

--Source: <http://hiappleseed.org/housing-first-saving-lives-saving-public-funds> (web search 1.23.15)

Appendix 2

The Power of Collaboration: Tent City Case Study

In 2005, a new bridge was built across the main railroad tracks in Greenville as the route of S.C. Highway 183 shifted and became the Pete Hollis Highway. This new bridge created a convenient space for camping. It was flat, accessible and somewhat protected from the rain. Homeless people soon began living under the bridge, a small number at first. The numbers grew steadily, to about 30 people in November 2013. After a series of articles in *The Greenville News* that fall, people from the community began bringing donations to the residents under the bridge: clothing, heaters, blankets, tents, sleeping bags, food and water. The population began to grow rapidly. By January 2014, it had become a large tent city comprising three separate camps, with more than 100 people living under the bridge. This settlement became dangerous to its own residents and nearby neighborhoods. There was violence, crime, health hazards, mounds of trash and increasing human waste. Many of the original inhabitants from November had left by January, displaced by new, more violent arrivals.

The process of resolving Tent City involved many players, but it had to begin with the belief that it could be done. Legal constraints were a major barrier, and the South Carolina Department of Transportation was contacted to see if they could help. They were concerned about the issue, but did not believe they could legally allow the property (owned by the state) to be posted for “no trespassing”. After extensive discussions, they realized they could legally lease the property under the bridge to some other entity, and Greenville County signed a lease to use this property for future storage needs in July 2014.

A group of service providers – Miracle Hill Ministries, United Ministries, Triune Mercy Center, The Salvation Army, Greenville Area Mental Health, and Beth Templeton of Our Eyes Were Opened – began meeting to discuss how to compassionately help the people under the bridge transition into housing if negotiations between Greenville County and the state succeeded. On behalf of the group, requests were made of local foundations and more than \$130,000 was committed for necessary costs.

The original plan was for a large temporary shelter to be rented elsewhere, everyone moved to the new shelter, and then worked with individually. Eventually the group determined it would be better to work with Tent City residents one-on-one under the bridge, establishing trust, exploring and offering to help with creative alternative housing options, and assuring the residents that the providers would “go the distance” with them. Front-line service providers who were already meeting weekly in a coffee club to discuss how to help specific chronically homeless individuals determined to go weekly under the bridge as a group. This new approach would build personal relationships between front-line workers and inhabitants, and it would make all possible resources available for solutions.

The front-line workers began working with Tent City residents in June. By the end of August, most of the residents had left, many having moved into a better or healthier housing than the tent they lived in under the bridge. Many started in a Salvation Army or Miracle Hill Shelter. Some entered an addiction recovery program, some took advantage of mental health services, some moved to other outdoor locations. Others moved directly from under the bridge into a motel or into an apartment with the help of project funds. In the fall, Greenville County hired a contractor to clean up the site. It has since been fenced.

Direct costs attributed to the project were approximately \$100,000, including Greenville County’s clean-up costs and some reimbursement of overhead for the partner agencies.

This collaborative, systematic yet human approach solved an urgent and potentially volatile homelessness problem without violence and with little controversy. We believe that we can apply the same approach to the much larger issue of chronic homelessness.

Appendix 3

Details of Shelter, Transitional Housing and Supportive Housing with Case Management

Regular Shelter Beds

- **Salvation Army.** Shelter beds available for men, women, and women with children. Availability can be checked either by phone or by walk-in (must be literally homeless by one of the 4 categories identified by HUD). If there is space available, individual will complete intake paperwork and is welcomed into the refuge. Cost is \$56 per week for single individuals, \$25 per week for women with children. There is no minimum or maximum length of stay.
- **Greenville Area Interfaith Hospitality Network (G.A.I.H.N.).** 24 congregations host the guest families for a week at a time, about four times a year on a rotating schedule, and/or provide transitional housing for families. Shelter, meals, and hospitality provided. Services accessed by an initial phone call and interview. Shelter beds available for intact families and single parents with children. Victims of domestic violence and those with mental illness or substance abuse problems excluded. No cost for staying. No minimum or maximum length of stay.
- **Miracle Hill Rescue Mission.** Shelter beds available for men and five units available for intact families or fathers with children. New clients admitted daily beginning at 1 p.m. No cost for staying until resident receives income. He can move out without anything or continue to stay for \$55 weekly. Maximum length of stay 90 days unless circumstances warrant longer. Attendance at devotions required.
- **Miracle Hill Shepherds Gate.** Shelter beds available for women and women with children—girls of all ages and boys through age 11. New clients admitted daily beginning at 2 p.m. No cost for staying until resident receives income. She can move out without owing anything or continue to stay for \$55 weekly. Maximum length of stay 90 days unless circumstances warrant longer. Attendance at devotions required.
- **Stephen's House (Project Care).** Access service by calling for an intake interview. Individuals must be HIV-positive, homeless, and physically and mentally able to care for themselves.

Cold Weather Shelters

- **Miracle Hill Rescue Mission and Shepherd's Gate.** Cold weather overflow opens every night at 9:00 p.m. when the temperature is predicted to be below 40°. Sobriety not required. Attendance at devotions not required.
- **Salvation Army.** Cold weather overflow opens beginning in January on exceptionally cold nights or at 32° or less. Sobriety not required. Attendance at devotions not required.

Addiction Recovery Beds

- **Miracle Hill Overcomers Center.** Six-month residential recovery program for men. Suggested contribution upon entry is \$85 registration and/or book fee. (Entry fee may be waived for indigent clients.) No cost for going through the program. Participants must be detoxed before entry. Certain prescription drugs not allowed. Program is Christian and participants must attend devotions and religious instruction. However, Christian beliefs are not required for entry or for completion of program.
- **Miracle Hill Renewal Center.** Six-month residential recovery program for women. Suggested contribution upon entry is \$85 registration and/or book fee. (Entry fee may be waived for indigent clients.) No cost for going through the program. Participants must be detoxed before entry. Certain prescription drugs not allowed. Program is Christian and participants must attend devotions and religious instruction. However, Christian beliefs are not required for entry or for completion of program.
- **Salvation Army Men's Recovery Center.** Individuals access services by walk-in or phone call. Individuals who are accepted after being interviewed may have to spend time in shelter until a bed in program is available.
- **Serenity Place.** Available to females with a substance abuse disorder, pregnant and accompanied by one or two children under the age of 7 (due to space limitations, two-child maximum). Transitional housing available for graduates of the program. Therapeutic services provided for children exposed to substance abuse with environmental delays. Therapeutic services and childcare covered by ABC voucher.
- **Turning Point.** Addiction recovery residential program for men. Initial 90-day program with extended programs available. Safe, sober living environment with housing, employment assistance, transportation to and from work, shopping, doctor appointments. Daily Twelve Step meetings. Program fees are \$165 per week with no initial financial requirements. Program fees are paid once a resident is working.

Transitional Housing/SRO Occupancy Beds³

- **Miracle Hill men's & women's transitional beds.** With the exception of one six-bed unit for men, all other beds are available only to graduates of MHM's recovery programs. Units are supervised with some case management. Cost is \$95 per resident per week and includes furnished unit, all utilities except phone service.
- **SHARE.** Three housing units available for single homeless men and women (three beds). The remaining 46 housing units (142 beds) reserved for homeless families, including two-parent households, single mothers and single fathers. All eligible applicants must be in an emergency shelter, have verifiable income (this does not include non-cash sources) and have no felony charges/convictions within the past three years. All applicants must be able to gain/maintain employment while participating in the program. SHARE housing units are furnished and utilities are provided at no cost to the participant. All participants must pay an occupancy charge that is calculated based on 30% of total household cash income sources.

³ There are other smaller or more specialized providers of transitional beds. Step-by-Step has six beds and Kingdom Come has eight beds. Transitional beds for ex-prisoners include Soteria House, eight beds, and Band of Brothers, 20 beds.

Supportive Housing with Case Management

- **Reedy Place I and II.** A partnership among United Housing Connection, Department of Mental Health and Greenville Mental Health Center. Individuals must meet HUD definition of chronically homeless and have documentation of homelessness. Individuals must also have a disability.
- **Project Care (Pride House).** Permanent, supportive housing for HIV-positive individuals who are chronically homeless and have a source of income.
- **Greenville Area Mental Health.** Eighty total beds, including 23 Single Room Occupancy apartments located at Reedy Place. Nine beds located at Tindal House for individuals with severe, persistent mental illness. Individuals do not have to be homeless but must have income.

Appendix 4

The Homelessness Leadership Task Force

The following people and organizations shared data and information, and met to analyze that data, discuss recommendations, and reach consensus on the priorities outlined in this White Paper.

Bon Secours St. Francis Health System – Susan Fender
 City of Greenville –Ginny Stroud
 Greenville Area Interfaith Hospitality Network –Tony McDade
 Greenville Area Mental Health – Mary Kay Campbell
 Greenville County – Paula Gucker
 Greenville County Redevelopment Authority – Martin Livingston
 Habitat of Greenville County – Monroe Free
 Hollingsworth Funds – Gage Weekes
 Homes of Hope – Don Oglesby
 Miracle Hill Ministries – Reid Lehman
 Our Eyes Were Opened — Beth Templeton
 Project Host – Sally Green
 Salvation Army – Kent Davis
 SHARE – Bruce Forbes
 Triune Mercy Center – Deb Richardson Moore
 United Housing Connections – Rick Ingram
 United Ministries –Ethan Friddle
 United Way – Tish McCutchen

Russell Stall of Greenville Forward facilitated the data collection and discussion process.

Co-authors of the White Paper are Reid Lehman, Deb Richardson Moore, Beth Templeton, Ethan Friddle, Rick Ingram and Tish McCutchen.