



**We Are Columbia**

**COLUMBIA TASK FORCE TO PREVENT AND END HOMELESSNESS MEETING  
MINUTES  
WEDNESDAY, AUGUST 17, 2022**

The Columbia Task Force to Prevent and End Homelessness conducted a meeting on Wednesday, August 17, 2022 at the Busby Street Community Center, 1735 Busby Street, Columbia, SC 29203. The Honorable Aditi Bussells, Chair called the meeting to order at 4:02 p.m. and the following members were present:

<b>Attendee Name</b>	<b>Title</b>	<b>Status</b>
Aditi Bussells	Chair	Present
Edward H. McDowell	District II	Present
Will Brennan	District III	Present
William "Skip" Holbrook	Columbia Police Chief	Present
Matt Kennell	City Center Partnership	Present
Steve Cook	Five Points Association	Present
John Wilkinson	Elmwood/Downtown Coalition of Neighborhoods	Present
George Whitehead	Department of Probations, Pardon and Parole	Absent
Allison Farrell	SC Department of Mental Health	Present
Bret Kloos	USC Department of Psychology	Present
Amy McCulloch	Probate Judge	Absent
Kieley Sutton	Assistant Public Defender	Present
Matthew Brock	Associate Probate Judge	Present
Antonio Flores Jr.	Wal-Mart	Absent
Treacy Dobbins	Inspire Real Change	Present
Doreen Skelton	Advocate	Present
Jamar Ogburn	Advocate	Present

**APPROVAL OF MINUTES**

1. Approval of the June 29, 2022 Meeting Minutes

Upon a motion made by Mr. Brennan and seconded by Mr. Brock, task force members voted unanimously to approve the June 29, 2022 Meeting Minutes.

**COMMITTEE DISCUSSION**

2. Overview - The Honorable Will Brennan

Councilor Will Brennan provided an overview of the meeting. He said thank you for sticking with us for such an important topic. It is a topic that we want to take forward as a major quality of life issue that needs some TLC from us. To know where we want to go is to know how we got



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here and the current state of services that our wonderful partners provide. It takes businesses, communities, and the religious sector to make it happen. We looked at a case study this week. The Columbia Police Department shut down a store that we can all agree was a nuisance to several neighborhoods, a business district, and a hospitality district.

Chief Skip Holbrook, Columbia Police Department said people know what was referred to as the blue store. It was mentioned in our last meeting when they reviewed the 2013 task force report. That business was identified as a problem. The store was contributing to and taking advantage of some of those who are down on their luck and suffering from addiction. They seemed to be a fueling spot for a voluminous number of purchases by people that were experiencing homelessness. Oftentimes, they were the same folks we would see aggressively panhandling and obstructing traffic and at times being intimidating and being intoxicated. Over the last 18 months, we were taking a hard look at some of the numbers and reviewing our reports. There was an excess of 200 calls for service. A lot of it was quality of life type violations centered on alcohol sales, alcohol abuse, public intoxication and other things that come with that. We had a few serious assaults. Hopefully, it will be impactful for the immediate area, the surrounding neighborhoods, and the people suffering from addictions.

Councilor Will Brennan said thank you for safely providing those services. We asked these groups to present because they are wonderful partners with the city when it comes to funding and partnering in services. We will hear from five groups today.

Councilor Aditi Bussells said we've had a lot of meetings to understand the breadth of services, our options, and the history. The 2013 task force had strategies that aligned with the conversations we've been having. It was important for us to get our providers that work closely with the unsheltered population in the room to share their experiences and also for us to have a collaborative discussion around the issues you all have raised. Prior to today's meeting, we sent four questions to our providers that are directly and indirectly funded. We have a set amount of funds from our community development dollars that trickle down from federal HUD funding. We also have general fund dollars which is direct city money. It is about one million dollars in direct funding and a couple of million in terms of community development. We look at that as our city's investment in the prevention of homelessness. We believe this is a pivotal point for us to think about addressing the gaps that you all have discussed during task force meetings and other avenues. The four questions came from previous task force discussions. Some responses are in writing. This task force decided that we cannot solve every facet of homelessness but we can focus on the unsheltered population that we typically see interacting within our entertainment districts and neighborhoods. At the last meeting, we talked about the lack of



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options after 9:00 a.m. to 5:00 p.m. or weekend hours. We learned from Treacy Dobbins' presentation that we have amazing programs but they are widely spread. What are some ways we can streamline that to ensure we have a deliberate response while addressing the facets that contribute to homelessness or our consequence of that? Today's meeting is dedicated to our discussion with providers. We will start with our general fund recipients.

**PRESENTATIONS**

3. Responses from Homeless Service Providers - Ms. Jennifer Moore, Vice President of Community Impact for United Way of the Midlands / Ms. Kristen S. Connors, LMSW, Director of Supportive Housing & Medical Case Management for Prisma Health-Midlands Supportive Housing Services / Mr. Craig Currey, CEO of Transitions / Ms. Lila Anna Sauls, EdD, HDFP, President & CEO of Homeless No More / Ms. Julie Ann Avin, Executive Director of MIRCI
  - a) CPD estimates that there are approximately 200-250 unsheltered people. What are your recommendations for addressing the growing number of unsheltered homeless on the street?
  - b) The Taskforce has identified a lack of coordination and services after 5:00 p.m. What would you suggest on how to address this?
  - c) What are the biggest challenges you see in this work?
  - d) The Taskforce has identified over 100 services addressing homelessness in the midlands. How can these services be better streamlined to address the needs of the unsheltered population? Where do you see your role?

**United Way of the Midlands**

Ms. Jennifer Moore, Vice President of Community Impact for United Way of the Midlands said we are a six county United Way. We work in the field of health and human services. We fund a variety of programs. Through our unrestricted funding, we work with certified impact partner agencies that go through a vetting and review process. We have three roles in the homelessness space. We are the community's largest private funding source of homeless and emergency services. We provided \$2.3 million this year for emergency services, emergency shelter, street outreach and prevention services (rent, mortgage, and utility assistance). Through partnerships with the school districts, we started a two generation approach to look at families who are homeless or precariously housed. Through our McKenzie Scott gift we dedicated \$5 million to affordable housing for a variety of incomes and voucher supported housing to permanent



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supportive housing. We recently funded two home repair projects. We are also working on three projects that will add 160 new units in Richland and Lexington County. We operate the homeless management information system (HMIS), which is an internet based database that our shelters and service providers use. The vast majority of our mainstream providers use this system to log a shelter stay, client progress, and the coordination of services across agencies. We do research on the information that we get from the system. We are the lead for the local homeless continuum of care bringing in federal resources for homelessness. The Midlands Area Consortium for the Homeless (MACH) was established in 1994 as an all-volunteer organization covering 13 counties. Our role is to secure federal resources for housing for people who are experiencing homelessness and all of the federal compliance. That equates to \$3.5 million this year for over 500 units of housing for individuals and families with children.

Councilor Will Brennan asked if local municipalities participate in MACH meetings.

Ms. Jennifer Moore, Vice President of Community Impact for United Way of the Midlands said yes and we would love to have strong representation from Columbia.

Councilor Aditi Bussells said that is a very large coalition of counties and Columbia is the only one that has a low barrier shelter like Transitions. Have you seen that we are taking on the burden of the other counties because we are the only ones that invest in those services?

Ms. Jennifer Moore, Vice President of Community Impact for United Way of the Midlands said the City of Rock Hill has a sophisticated system. They have strong participation with city government and they run a program for rapid rehousing. Between here and Charleston there is one shelter in Orangeburg. There are needs across the state. In a year we see 10% to 15% of new people who are not from the Midlands.

Mr. Matt Kennell, City Center Partnership said when the Inclement Weather Center is open we seem to have less people on the streets. It is a seasonal shelter. Having the low demand shelter helps. Do you have any thoughts on that?

Ms. Jennifer Moore, Vice President of Community Impact for United Way of the Midlands said the city came to us six years ago to help coordinate a cold weather center. We work with partners and we work with HMIS on the data side. We work with Transition, Salvation Army and private security. The average head count last year was 104 people. We need to get people to where they can increase their income and then identify housing because affordable housing is scarce. In HMIS, we measure track system performance measures. Last year, we saw 2,989 unduplicated



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people that qualify as homeless. We have 2,081 beds year round and 269 seasonal beds. These are the 13 county statistics, but 80% is Richland County. You have a gap on any given day of 639 people who need housing. For Richland County, you have over 500 people on any given day who need housing.

Ms. Teresa Wilson, City Manager asked if there is a way to break down the numbers for the city's unsheltered population being that United Way is the coordinating entity for the City of Columbia's efforts.

Ms. Jennifer Moore, Vice President of Community Impact for United Way of the Midlands said we are working on that. Sheltering facilities are easier to identify than unsheltered people.

Ms. Teresa Wilson, City Manager said if you all are still working with us in the space going forward I would suggest that it is an important number for us to know and understand. It also goes to a bigger discussion about the continuum of care in the 13 counties. A lot of that information is mixed up and we are trying to get more micro as to what is going on here.

Ms. Jennifer Moore, Vice President of Community Impact for United Way of the Midlands said there is complexity to HUD's formula. We put the \$3.5 million in continuum of care funds into a big pool and typically 90% of those dollars are focused here. Those are housing units. Based on the HUD allocation, Columbia is supposed to get \$300,000. Lexington County is \$1.5 million. As a lobbying effort, I would suggest looking at the HUD allocations. South Carolina gets far less money per capita than comparable states. Connecticut is a tiny state with less homeless people and they get about ten times per person than we do here.

Chief Skip Holbrook asked how many of the 500 people experience a gap after hours. Who do you contact? Where do you go?

Ms. Jennifer Moore, Vice President of Community Impact for United Way of the Midlands said there is very little intake afterhours and on weekends. The unfortunate reality is that our shelters are full. If you interacted with someone there likely will not be a bed for them to go to if there was intake available. We have to look at the systems. We need more ranges of housing options for people so we can free up beds at Transitions and the Oliver Gospel Mission. I don't advocate for additional shelter beds. I advocate for more housing options that will allow the system to flow faster for everyone. The average length of time people are homeless is 59 days in a shelter bed. It should be half of that.



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Councilor Aditi Bussells said currently the United Way contracts with Transitions to provide support services at the Inclement Weather Center. In the past it has been Christ Central Ministries. We've had a lot of different models.

### **Transitions**

Mr. Craig Currey, CEO of Transitions said our mission is to engage and equip homeless adults in the Midlands to transition into stability and permanent housing. We do not regard ourselves as a normal shelter. We are a one-stop facility where people can go and ideally partners are there and they can get help from case managers. We have 260 beds and we are at 91% occupancy. We are almost full every night especially at the lower level emergency beds. Some of the veteran beds may not be full but we don't tend to take people off the street and put them in the veteran rooms. We placed 3,298 folks into permanent housing since we opened. We touch over 3,000 people a year. We have provided 3.2 million meals since we opened. We are the largest feeding organization. We only give meals to people at lunch if they don't have beds. We only do breakfast and dinner for those that have a bed. That is per city guidance. Everybody can take advantage of job searching and the bathrooms. We conducted 214 outreach outings last year where we worked with 247 people and 143 of them got beds at Transitions. We are always trying to get people into the shelter beds at Transitions and move them on to permanent housing. I thank all of our major partners. I love when partners come in because it helps with the one-stop concept. Streamlining is important. Transitions helps people work through barriers, aid them in recovery and get them into permanent housing. Jobs are critical because 70% of our folks need a job to pay for an apartment. The Day Center is a way to reach the unsheltered population. We can engage them in services and get them off the street. I caution you to maintain what works. We need sheltered beds, but I don't know that we need to build more. It is important to have an outreach person to work with the Yellow Shirts and CPD. It is challenging to define what success is. I don't know if we will get every homeless person off the street. The VA uses the term functional zero. It would be beneficial for the task force to help define that. The bus ticket program was very successful but we ran out of funding. An outreach worker is important for services after 5:00 p.m. Chief and I have talked about a police drop off point but there are safety considerations. I would be interested in discussing that further. The Department of Mental Health is a key element. People are more open to discussion during the day. Bathrooms are an issue. We had port-o-lets but they are gone now. That may be worth looking at again. Our biggest challenges are affordable housing, single occupancy rooms, ADA compliant rooms, and funding because we have been at one million for ten years and inflation is 8% this year. The chronically homeless are tough to house. Partners need to help with mental health and addiction issues. Incomes have not kept pace with the inflation for rental units. We do not take sex offenders per



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the city's agreement. The hospitals need to come back to work with Transitions and we can work to reduce ambulance calls. There are 100 agencies because there is a lot to this problem and we need to work together. We avoid duplication the best we can. I don't want to do something that another agency is doing well. I want them to come help at Transitions.

Chief Skip Holbrook asked how many people are turned away after confirming they are sex offenders.

Mr. Craig Currey, CEO of Transitions said it is a small number. We will help them during the day. We can take a former murderer but we can't take a sex offender. We need to look at that.

Chief Skip Holbrook asked what causes someone to be banned, how often bans happen, and can you get unbanned.

Mr. Craig Currey, CEO of Transitions said bans are caused by a discipline infraction that is threatening to staff or clients. They can come back after talking with the program director or by being referred by another provider.

Chief Skip Holbrook inquired about the bus ticket program.

Mr. Craig Currey, CEO of Transitions said the bus ticket program was done by our outreach person. The case manager has to talk to a relative or close friend who agrees that they will take them in, help them get a job, and help support them. We don't do cold sends.

Ms. Jennifer Moore, Vice President of Community Impact for United Way of the Midlands said we track the bus ticket data and returns through HMIS. We had 25 bus tickets last year and 47 tickets the previous year. Half are in state and half are out of state. We have a 15% return rate. It is a great program and we would encourage you to continue that.

Chief Skip Holbrook said I am a big believer in this. It has reunified a lot of people with loved ones and the criteria for purchasing the ticket and putting somebody on the bus is very responsible.

Mr. Steve Cook asked if Mr. Currey is aware of any provider that accepts sex offenders.

Mr. Craig Currey, CEO of Transitions said no. Federal guidelines are very strict against sex offenders. We help them during the day, but they can't have a bed.



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Mr. Steve Cook said in the entertainment districts, we are seeing that the problematic homeless are resistant to any kind of housing or any kind of assistance. It sounds like you have the same issue in your facility with folks you have to ban. Where do those folks go?

Mr. Craig Currey, CEO of Transitions said they are only banned from us and during the winter they can go to the Inclement Weather Center. We ban no one from the Inclement Weather Center. They could try going to the Oliver Gospel Mission. The federal government is changing some of their guidance.

Mr. Steve Cook asked Colonel Currey if Mr. Currey communicates with the Oliver Gospel Mission or is there a database to track people causing problems.

Mr. Craig Currey, CEO of Transitions said Travis will call me directly. Our trouble makers don't go to the Oliver Gospel Mission. Their folks come our way. We have tried to figure out how to help some of the hardest folks.

### **Homeless No More**

Ms. Lila Anna Sauls, EdD, HDFP, President and CEO of Homeless No More said recently we were able to track the violent behavior of a client who started out at Transitions and then made her way to us. Our worlds do collide at times. There are formal and informal relationships at play.

Mr. Matthew Brock asked Colonel Currey to explain how the process works for getting a bed. Are they free to leave once they have a bed? Do you lock them in at night?

Mr. Craig Currey, CEO of Transitions said we are not a prison; we cannot lock anybody anywhere. Generally, you get a bed by walking into the Day Center and asking for a bed. Partners will also make referrals. We don't have a waitlist. They can be in the emergency beds for 30 days. Then they go into the program and self-fulfill. They are free to leave whenever they want; we can't stop them.

Ms. Kieley Sutton echoed support for the bus ticket program. We have made referrals to you especially for folks leaving institutionalized settings. They are transferred to a state hospital or incarceration facility in Columbia and release doesn't include transportation back home. We have used this to help individuals on the registry get to a housing program in Charleston. I hope the bus ticket program comes back. We have asked you to lift bans for individuals re-engaging in



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services or if there is a change in circumstances. I appreciate your ability to work with us. What are the limitations on providing beds for those leaving institutional settings after more than 90-days? Is there a HUD limitation on the definition of homelessness?

Mr. Craig Currey, CEO of Transitions said we are not supposed to be the default solution to the prison system. Hopefully their preparatory system to get people housed is much better than that. There is a prohibition from the federal government and we have to adhere to that.

Ms. Kieley Sutton asked do you see folks being dropped off expecting a bed because there hasn't been case management prior to their release.

Mr. Craig Currey, CEO of Transitions said there are a lot of ex-offenders at Transitions.

Ms. Kieley Sutton asked why lifting the limitation on sex offenders would help them with accessing services.

Mr. Craig Currey, CEO of Transitions said the problem is where do sex offenders go when they are homeless. I can't answer that. I want to help people and that seems like a hindrance.

Councilor Will Brennan said Transitions is an important destination for persons in need and operations cost money. You and all of our non-profit partners work hard for funding. What percentage of funding do you receive from counties and other municipalities?

Mr. Craig Currey, CEO of Transitions said we get up to \$60,000 from CDBG funding from Lexington County. We received COVID money from them last year. Richland County tends to fund \$200,000. They cut us by \$100,000 this year. We are 54% Richland County; it is the largest county by far. Fairfield County and Blythewood gives us money, too. Part of the issue is that Transitions is in Columbia, but they do acknowledge that their folks go to Transitions. We are helping everybody from all over the place.

Mr. John Wilkinson said thank you for joining our Coalition of Downtown Neighborhoods monthly meetings. The issues and concerns of the neighborhoods are well understood. We found that our residents were reluctant to call the police. The outreach worker that you lost was helpful when we had concerns. That is something we would like to see included somehow so that there is an option to get help when it is not a police matter. We see a lot of loitering on the edge of the neighborhood. What is Transitions' policy for loitering and how do you manage that?



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Mr. Craig Currey, CEO of Transitions said we have signs up and we don't want people to loiter at all. Our answer during the day is to come in. The Day Center closes at 5:00 p.m. and the guard will tell them to move on. We have cameras around the perimeter. I welcome Yellow Shirts and police presence. Often they are selling drugs and preying on people. They need to go somewhere else.

**Supportive Housing & Medical Case Management for Prisma Health-Midlands Supportive Housing Services**

Ms. Kristen S. Connors, LMSW, Director of Supportive Housing & Medical Case Management for Prisma Health-Midlands Supportive Housing Services said we offer permanent supportive housing. We take people experiencing homelessness directly from the street or from shelters and put them directly into housing. We also provide wraparound supportive services that include case management, mental health counseling, and medical adherence. It began in Columbia in 2008 as a pilot program. It was funded by the city in partnership with Supportive Housing and the Housing Authority. At that time, the city committed to funding the services and the housing units which included rent and utilities. In 2012, we had a program expansion that included four family units and we also included Housing of Persons With Aids (HOPWA) units that were HUD funded. We are trying to diversify the funding. In 2012, the Columbia Housing Authority also received HUD funding for rental and utility subsidies for the units so that the city's general fund dollars were only responsible for supportive services. Since its inception, we housed 157 clients through the Housing First Program. These clients are historically difficult to engage, resistant to services, and chronically homeless. All of our clients live with disabling conditions including mental illness, addiction, and physical disabilities. We track where our clients are discharged from. It is permanent housing but we like to move people out of the units to free up spaces for people to move off of the streets. We had 120 discharges since we started the program and 72 of those have moved on to other permanent housing. This approach is extremely cost effective. We provided services for \$24 per client per day. Housing First has been identified as a best practice because it is cheaper than shelters, jails and hospitals. We have an outreach worker that is partially funded by the city. I attended a meeting with outreach workers today. We share information and identify clients that are in need and areas that could use attention. It is a great way for people to work together. I don't know if the task force knows that these conversations are happening in real time. Housing is a challenge. Clients have a lot of barriers to housing: their history, affordability, criminal record, evictions, and credit. Housing is not available for people with vouchers. I hate when we identify somebody and they decline services. Outreach workers can identify with that and it is concerning. People experiencing homelessness don't trust the system. They have been disappointed a lot but we have to keep trying to engage. A lot of my responses mirrored what Jennifer and Craig said. That is a great example of how we collaborate.



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Councilor Will Brennan asked if Kristen collaborates with any other department functions at Prisma. Do you gather data on emergency room visits? What kind of energy is at Prisma in terms of helping this group move forward?

Ms. Kristen S. Connors, LMSW, Director of Supportive Housing & Medical Case Management for Prisma Health-Midlands Supportive Housing Services said a study was done on emergency room diversion. It was on people who were brought into the Housing First Program and whether there was a difference in emergency room visits pre-housing and post-housing. Currently, we have access to electronic medical records. We can see if our clients are in any of the Prisma systems.

Councilor Will Brennan said it would be helpful if the healthcare systems would help us in revenue participation and data collection.

Ms. Kristen S. Connors, LMSW, Director of Supportive Housing & Medical Case Management for Prisma Health-Midlands Supportive Housing Services said everything is integrated. Prisma has access to other health systems.

Ms. Teresa Wilson, City Manager said a lot of reference is being made to outreach workers and the need for more of them. What is the going rate for an outreach worker?

Ms. Kristen S. Connors, LMSW, Director of Supportive Housing & Medical Case Management for Prisma Health-Midlands Supportive Housing Services said it depends on education and experience.

Ms. Lila Anna Sauls, EdD, HDFP, President and CEO of Homeless No More said \$45,000 to \$70,000 a year.

Ms. Teresa Wilson, City Manager asked about the status of the Crisis Stabilization Unit.

Ms. Allison Smith, Chief of Staff for the Columbia Area Mental Health Center / Department of Mental Health said we are in the licensure phase and DHEC is working with us on that. We hired an architect and they are looking at the facility we identified off of Parklane. We are working as quickly as we can to get it open. For Richland and Lexington County it will be an unlocked eight bed unit for anyone experiencing a crisis. It will be staffed around the clock. They can stay for a maximum of 14-days.



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Ms. Teresa Wilson, City Manager asked if there was the capacity to do more beds with partnerships and funding for non-congregate housing can the center be expanded upon so that it is more than eight beds.

Ms. Allison Smith, Department of Mental Health said the location and funding are barriers.

Dr. Bret Kloos asked how many Housing First Programs are in the United States. Last time I checked it was over 100.

Ms. Kristen S. Connors, LMSW, Director of Supportive Housing & Medical Case Management for Prisma Health-Midlands Supportive Housing Services said it is replicated nationally and internationally.

Ms. Kieley Sutton said jail funding is around \$92 per day per person. My understanding is that housing is difficult. Would you be able to highlight the specific difficulties we are facing?

Ms. Kristen S. Connors, LMSW, Director of Supportive Housing & Medical Case Management for Prisma Health-Midlands Supportive Housing Services said rents are going up. We used to have good relationships with apartment complexes and private landlords. Complexes are being bought by out of state companies and we no longer have those personal relationships. They have stopped accepting HUD vouchers and being lenient with background checks. We have clients in other programs with vouchers that they are not able to use. We have clients without vouchers who can't find any housing. The housing market is hard which causes more people to potentially experience homelessness.

### **Homeless No More**

Councilor Aditi Bussells said now we will hear from our two Community Development Block Grant (CDBG) recipients.

Ms. Lila Anna Sauls, EdD, HDFP, President and CEO of Homeless No More said we do not work with the chronic homeless. We are a system of care for homeless families. That is defined as parents, grandparents, or a single parent with a child 17 or under in their custody. We have a family shelter with emergency services for 30-days; St. Lawrence Place as transitional housing for up to two years with intensive case management and life skill programming; Live Oak Place, which is landlord-tenant affordable housing, and advocacy. We can proactively change a lot in our community and state if we attack the systems first. Last year, we served 900 parents and



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children and when given support services and programs, 96% exited to permanent housing. We referred about 500 families. We track everything in HMIS. I don't work with the unsheltered homeless on the street. We work with families that the police find in the parking lot at Wal-Mart. On any given night, I have 65 families in my care. Richland One and Richland Two have 1,100 homeless children. Our families are the hidden homeless that do not show up on Main Street or in the hospitality districts. There is a data disconnect when it comes to families and our focus is taking care of that population. We meet them where they are. We run wide, not deep. If we see mental illness, we call MIRCI. If we see domestic violence, we call SisterCare. We have a professional team of social workers but they are resource connectors. We will quickly outsource to other agencies that run deep. The lack of coordination of services after 5:00 p.m. came into play with us five years ago as police were finding families in the Wal-Mart parking lot and putting them in motels out of their own pocket. We created a temporary motel voucher program. At that time, we received \$7,000 as a pass-through grant. If a city police officer found a family in immediate need, they put the family in that motel and we send a social worker out the next day to work with the family to come into the shelter system. The \$7,000 lasted for six weeks. Once word got out, families were looking to be placed in motels. We received \$10,000 during COVID and we used it for the families being displaced due to COVID. The rental moratorium was lifted and there was a tsunami of evictions. We applied and received \$75,000 for motel voucher funding. We put families in motels and they would not come into the shelter after staying in the motel for two nights. They would decline services or go to another agency with a motel voucher program. We decided to limit ourselves to 48-hours and 89% of those families now come into the shelter system. That is what our CDBG funding goes towards. We received \$25,000 from the City of Columbia and it is for a motel voucher program. We estimate that we can serve 20 families. We have contracts with six motels throughout the city with the goal of keeping families close to the children's school. Street outreach is the team that is working with the homeless who are on the street. A social worker is the person who follows them. You need both. Every organization that receives federal funding is using HMIS. We can pull any data point that you need. The biggest challenge is affordable housing. Average market rent is \$1,100. The self-sustainability index shows that a family with two children has to make \$60,000 to keep their head above water if they have children in daycare. My families are not making that. We need to develop affordable housing at 30% to 50% AMI and you can include support services. We will have 200 units at Live Oak Place in the next twelve months. It is working with the families but they are lacking budgeting skills and they are having issues paying rent. Our third challenge is changing the post-COVID environment. The families we serve are more transient and they are willing to walk out because of rules. The number one challenge for service providers is doing more with less and with teams that are mentally fried. We are tired but are not going home because there is work to be done. The only way to keep doing the work is to have us as part of



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the conversation. There are not 100 organizations. I am listed four times and Live Oak Place is not transitional housing. We are a best practice. At some point, you have to start listening to those of us on the ground.

Mr. Jamar Ogburn said I have been hearing a lot about the research workers on the street. What are their hours of operation?

Ms. Lila Anna Sauls, EdD, HDFP, President and CEO of Homeless No More said we are staffed 24/7. We have fulltime positions for weekend staff, but we can't fill those now. We run at capacity.

Mr. Jamar Ogburn asked what is being done to gain the trust of the families.

Ms. Lila Anna Sauls, EdD, HDFP, President and CEO of Homeless No More said a lot of organizations do not use HMIS. This subculture of motel families know how to go from organization to organization to sustain this lifestyle.

Mr. Jamar Ogburn asked if the social workers have enough training to identify issues when speaking with clients.

Ms. Lila Anna Sauls, EdD, HDFP, President and CEO of Homeless No More said my social workers are licensed and they have backgrounds from DSS to school districts. They are trained in interviewing and trauma informed care. We are big on meeting families where they are. I have a professional team of social workers.

Mr. John Wilkinson asked about the conversion rate between the phases of the programs.

Ms. Lila Anna Sauls, EdD, HDFP, President and CEO of Homeless No More said it is not very high because you can stay at the family shelter for 30 days and at St. Lawrence Place for two years. Turnover is not as high at St. Lawrence Place. The national average is 48% and ours is 58%. Our goal is to stabilize. We dig deep with life skills at St. Lawrence Place and the average stay pre-COVID was 18 months. Our goal is once the families graduate from St. Lawrence Place they don't need us anymore.

Dr. Bret Kloos asked how much of your budget is not city or CDBG funds.

Ms. Lila Anna Sauls, EdD, HDFP, President and CEO of Homeless No More said my budget is



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\$1.8 million. I get \$25,000 from Columbia's CDBG. I get \$50,000 in CDBG from Richland County and 98% of our families come from Richland County. We receive more from Lexington County than both combined. The money from Lexington County was to begin a pilot program in Lexington County. We have a 6% rate of return.

**MIRCI**

Councilor Aditi Bussells said MIRCI is funded through our Community Development funds. Their scope and population may be different from some of the focus of this task force.

Ms. Julie Ann Avin, Executive Director of MIRCI said we receive CDBG funds from the city. In 2020 to 2021 we received \$45,000. In 2021 to 2022, we received \$40,000. We recently received award notification for this year of \$75,000. Those funds go to support our youth that are at risk of homelessness. We operate a home for males 17 to 22 that are coming straight out of homelessness or they have been identified by the school system as being at-risk. We also have youth in Housing First that is funded through HUD. Since 2018, we have housed 84 youth. To address the growing number of unsheltered homeless, we must have a regional approach. Providers have been recommending single room occupancy for 20 years. It is a safe place with onsite facilities, security, behavioral healthcare, physical healthcare, and case management services. Our system in South Carolina is stretched beyond its means. Our governor has put out an executive order to examine that system. Health and Human Services is looking at the possibility of privatizing it or consolidating agencies. Our mental health system has to be addressed. The biggest challenge is the lack of affordable housing. There are over 5,000 people on a closed waiting list at the Columbia Housing Authority. Challenges also include shelter beds and funding. The model for Transitions came to be through a partnership with the business community through the Chamber and the non-profits that were providing services. The Knight Foundation funded a large portion of that development and sent us all to Miami to view the Chapman Center. We implemented some of those things, but we didn't do the biggest thing that made a difference in Miami-Dade and that was to include a percent in the hospitality tax to fund the services. There is a need for incentives to develop affordable housing like the incentive that was done for student housing. The list of services is being taken out of context. There were three permanent supportive housing programs and 60 of the services were for food pantries and hygiene products. Those services are not getting people into housing. The homeless don't get food from pantries because they don't have anywhere to store it. MIRCI's mission is to provide behavioral healthcare, outreach services and affordable housing options for people who are vulnerable to the adverse consequences of mental illness. It is not the whole population. There are not acute or long-term hospital beds for people with mental illness. I took guardianship of



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someone who was in the emergency room 18 times in 20 days in November. He is now living in a nursing home and he is doing great. It took a councilor, our chief probate judge and the director of an agency to get him off the street. We need better hospital access. Nothing good is going to come out of a mental health screening at 10:00 p.m. The best time is during the day. We will continue to provide outreach, essential services, community based mental healthcare, and supportive housing. Our budget is \$7 million.

Chief Skip Holbrook said we have an after-hours encounter with someone in crisis but it is not the best time to engage and there may not be a bed. The default is they go to jail or the hospital. We have to figure out this intermediate stop. After hours is not always at 3:00 a.m. It could be 7:30 p.m.

Mr. Steve Cook said this got resolved because citizens and business owners in Five Points saw this man dying in public. This is just one person who had a mental health issue. We talk about the homeless who are resistant to care and that is what we deal with in the business district. They go into the neighborhoods and the business district. They make it hard for people to do business in Columbia and they make it hard to have a safe neighborhood in some circumstances. I haven't heard anyone address that. How do we get them help? The work you do is great. It is not compassionate to allow somebody to live on the street. Some kind of engagement of those folks has to happen

Ms. Julie Ann Avin, Executive Director of MIRCI said that is where single room occupancy will help. You can renovate an old 130-bed hotel with services onsite. They will start building trust. I live in a downtown neighborhood but I only had to call CPD when I had drunk college students trying to break in my house when Five Points closed at 2:00 a.m. Part of it is the general public's discomfort with somebody experiencing homelessness. People react differently to someone who is homeless than they do the drunk college kid.

Ms. Doreen Skelton said each person having an individual place would solve a lot of these problems. We could have facilities with all of the resources. They would have rules and regulations and be able to participate in cleaning.

Dr. Bret Kloos sought clarification on MIRCI's budget.



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Ms. Julie Ann Avin, Executive Director of MIRCI said our budget is \$7 million. We house 335 people at any given time. In 2021, we saved the hospital systems \$7 million in emergency room visits and hospitalizations. In 2022, our data analysis came in at \$5.7 million. We have a partnership with the Department of Revenue and Fiscal Affairs to receive the cost of hospitalization and emergency room visits that each person experienced in the year prior to and post to coming into services and housing with MIRCI.

Ms. Jennifer Moore, Vice President of Community Impact for United Way of the Midlands said we have high skilled outreach across several different agencies in the Columbia area. That is important for engagement but if you don't have the appropriate range of housing you have an ambulance with no hospital to go to.

**COMMITTEE DISCUSSION**

Councilor Aditi Bussells said we have a lot to think about over the next several weeks as we prepare for our next meeting. I want to thank the service providers for taking the time, for being so thoughtful in their responses, and for sharing strategies that we can all start thinking about. This is just the beginning of our continued discussions.

**ADJOURNMENT**

The meeting was adjourned at 6:13 p.m.

Respectfully submitted:

Erika D. Moore Hammond, CMC  
City Clerk