Homelessness White Paper

Released June 6, 2025
A Collective Approach to Reduce Homelessness
and Protect Economic Health and Safety in Anderson County

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INTRODUCTION AND SUMMARY OF RECOMMENDATIONS

This White Paper is presented in the hope that discussion and work toward consensus can help create focus among key decision makers and the community. Once key priorities are established, we can start filling gaps while improving the continuum of care already in place.

In the summer of 2024, NewSpring Church asked Reid Lehman, former CEO of Miracle Hill in Greenville, to lead a conversation about possible solutions to homelessness in Anderson. Community leaders emerged to create the Task Force Seeking Solutions to Local Homelessness. The Task Force met twice in 2024, once in January 2025 and again in March, to set priorities and discuss recommendations.

Homelessness is a growing problem in Anderson County. An effective system for dealing with homelessness keeps the number of homeless at a "net zero" rate. This means that individuals or families exit homelessness at the same rate that new persons enter homelessness. With too few resources available for homeless exits, the Anderson homeless population has expanded and is now unmanageable.

Anderson County simply does not have enough shelter beds to keep the newly homeless from becoming chronically homeless. There is much needless suffering as individuals who want an opportunity to escape cannot find it. Many of those who are homeless and mentally ill are unsupported because there is not enough supportive housing, defined as long-term or permanent low-cost housing with supportive case management.

The homeless frequent the downtown business district, bringing increased vandalism, littering, and illegal activity in public spaces. Business owners are increasingly losing patience and fear losing business. While citizens of Anderson County spend money on homelessness, expenses are focused primarily on an increased law enforcement presence, incarceration, and greater-than-necessary utilization of AnMed's emergency room and hospital services.

For the community to come together, civic leaders and business owners need assurances that more shelter beds and case management will come with discipline and "tough love". Anderson County will primarily support homeless individuals who pursue stability and personal growth. With that in mind, the Task Force Seeking Solutions to Local Homelessness recommends the following in order of priority:

1. **Emergency Shelter**
   An Emergency Shelter of 140 shelter beds for men, women, and families, located away from the downtown business district, is needed to provide adequate support. With the expectation of sobriety, a fully functioning shelter would provide case management, mental health services, options for night employment, and an option for residents to remain onsite during the day.
2. **Transitional Housing**
   Affordable, transitional housing with case management is needed to provide "shelter exits."
3. **Cold-weather Beds**
   An expanded, intentional cold-weather bed capacity should be established outside the downtown business district.
4. **A Homeless Court**
   Homeless courts help the chronically homeless address minor legal issues such as fines, bench warrants, and misdemeanor charges. The goal is to help break the cycle of crimes that can occur due to homelessness.

BACKGROUND

There are many definitions of homelessness, and all who are homeless have valid needs. While those living with family and friends need additional help, for the purpose of this White Paper, homelessness is defined as those sleeping outdoors or in shelters.[1]

The homeless population is fluid and constantly changing. Those who are chronically homeless are frequently called "transients," and they move easily across geographic lines.

The chronically homeless are defined as having experienced 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 often occupy space in our detention centers, at a considerable cost to our community.

Others become homeless in any given year for a variety of reasons. However, in areas where shelter, case management, and other supportive services are available, most of the newly homeless leave homelessness quickly and move into employment and housing.

Important to note: most of the homeless in Anderson County shelter in abandoned buildings in nine concentrated poverty neighborhoods. Homelessness is also characterized by many campsites, some larger, most holding one or two people. The largest area is located near 501 Airline Rd (near Labor of the Field Ministries), with a fluctuating population of two dozen or more. Another group camps in the vicinity of Railroad Circle, with an estimated population of 10-15 people. A third camp is located near Highway 153/Hood Road.

Comparison of Selected Upstate Counties Relating to Homelessness

Compared to nearby counties, Anderson is the least prepared to shelter its homeless population, reporting that 78% of the county's homeless are unsheltered in the 2024 Point in Time survey. Anderson has fewer shelter beds per capita than any other upstate county of any size: Greenwood has seven times as many beds per capita as Anderson; Spartanburg, the next highest county by population, has three times as many beds per capita. More individuals experiencing unsheltered homelessness were counted in Anderson County than in any other upstate county.

At the "point in time" count, January 24, 2024[2], the upstate counties with the largest aggregate numbers of homeless were Anderson, Greenville, and Spartanburg Counties.

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[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 reside*d. 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.

[2] *There was a Point-in-Time homeless count in January 2025, findings were made available to the public in June 2025 and can be found at the bottom of Appendix 3*

	Anderson	Greenwood	Oconee	Pickens	Greenville	Spartanburg	Cherokee	Laurens
County Population (2020 Census)	203,718	69,351	78,607	131,404	525,534	327,997	56,216	67,537
Homeless Point In Time Count Winter 2024								
Total of Counted Homeless	296	132	26	81	725	236	95	37
Shelter Beds Available	43	107	49	65	556	229	69	28
Homeless in Shelter Beds*	59	70	23	33	479	147	28	11
Homeless in Transitional Beds	5	54		29	79	25		
Total Unsheltered	232	8	3	19	155	64	67	26
Percent of Homeless Unsheltered	**78%**	**6%**	**12%**	**23%**	**21%**	**27%**	**71%**	71%
Counted Homeless as a % of population	0.1453%	0.1903%	0.0331%	0.0616%	0.1380%	0.0720%	0.1690%	0.0548%
Shelter beds as % of Population	0.00021	0.00154	0.00062	0.00049	0.00106	0.00070	0.00123	0.00041

In addition to the counties above, there were six counted as homeless (all of them unsheltered) in Saluda County (population 18,855), and 35 counted as homeless (all of them unsheltered) in Union County (population 27,244).

Of the 296 counted in Anderson County:[3]

- 232 were unsheltered – the largest number in the upstate, 50% higher than the next highest, Greenville County. Among upstate counties, only Greenwood and Cherokee Counties counted more persons experiencing homelessness as a percentage of the County's population.
- 59 were in shelter beds or cold weather shelters operated by Hope Missions, the Salvation Army, and Haven of Rest. (*We acknowledge that the number in Anderson County shelter beds exceeds the capacity of shelter beds in the chart above. Some of those counted were in the care of the Haven of Rest which does not provide shelter beds according to this paper's shelter bed definition at the bottom of page five.)
- 5 were in transitional housing, by definition, and were exiting homelessness.

Anderson County has a higher percentage of unsheltered homeless individuals than any upstate county with a population higher than 30,000. When comparing percentages of homeless individuals unsheltered, Anderson has 13 times as many as Greenwood and almost three times as many as Spartanburg.

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[3] The number of unsheltered homeless people in all counties is under-reported. Not all homeless individuals can be located to include in the count.

Shelter Bed Per County, Compared Per Capita / Percentage of Homeless Unsheltered

Shelter Beds per county, compared per capita	
Greenwood	0.00154
Cherokee	0.00123
Greenville	0.00106
Spartanburg	0.00070
Oconee	0.00062
Pickens	0.00049
Laurens	0.00041
Anderson	0.00021

% of Homeless unsheltered	
Greenwood	6%
Oconee	12%
Greenville	21%
Pickens	23%
Spartanburg	27%
Cherokee	71%
Laurens	71%
Anderson	78%

Anderson has fewer shelter beds per capita than any other upstate county. Greenwood has seven times as many beds per capita as Anderson. Spartanburg, the next highest county by population, has three times as many beds per capita.

According to the data from the annual Point in Time Counts, the number of adults experiencing homelessness and the number unsheltered appear to be growing over time, see the graph below (Appendix 2 contains graph source data):

Anderson Homeless Population 2017-2024 PIT Count Data
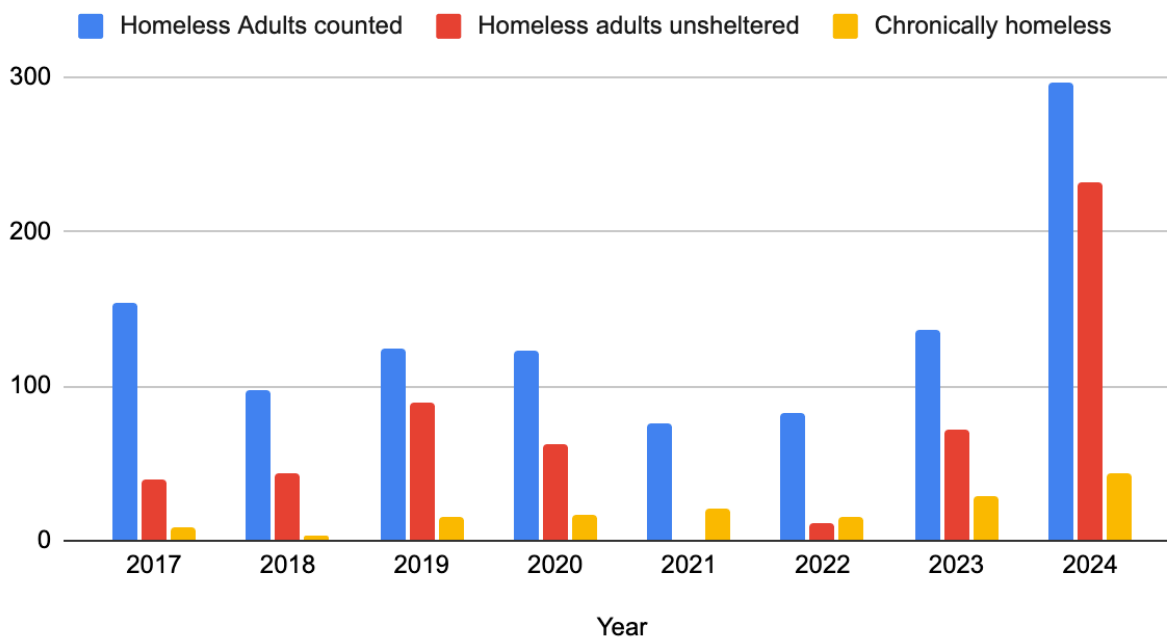
[4]

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[4] Data for this chart can be found at the bottom of Appendix 3, page 18.

Homelessness is never a fixed number. In any geographic area, individuals are constantly becoming homeless. The homeless population can be divided into "newly homeless" and "chronically homeless."[5] Many homeless people want help but can't get into a shelter to begin the process of exiting homelessness. With adequate resources, most of the newly homeless can be re-housed and, if healthy, re-employed rapidly. Insufficient resources lead to the newly homeless developing substance use disorders, mental illnesses, and hopelessness, increasing chronic homelessness.

Chronically homeless individuals, accustomed to instability, often struggle with hope and are less inclined to seek help for mental health or substance abuse. Chronically homeless individuals often begin to stabilize mentally after 3-4 weeks in a shelter.

A subset of the chronically homeless are individuals in active addiction. They demonstrate an affinity for "living rough" and tend to populate local homeless camps. They may have little interest in sobriety or leaving homelessness. Where the chronically homeless congregate, crime will increase. A homeless court provides treatment for some and incarceration for others.

Existing Services in Anderson County

A survey in the Fall of 2024 helped develop a comprehensive picture of shelter[6], cold weather beds, and other housing[7] available to those experiencing homelessness.

Year-round Anderson County Shelter Beds and Related Beds Available

	Shelter Beds	Family Units	Transitional Beds * *
Family Promise (Anderson)	-	-	2 families
Good Shepherd House	-	-	36
Salvation Army (shelter 22M/10W)	32	2 fam. (11 bds)	8
Total Beds Per Category	32	11	52
Total beds available			95

*Salvation Army transitional beds are for stably employed men.
These men can stay at the Salvation Army for up to two years

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[5] Chronic homelessness, once again, is used to describe people who have experienced homelessness for at least a year — or four times or more in three years — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability.

[6] Shelter beds are defined as year-round, no cost, actual beds available to those experiencing homelessness. Occupants must maintain sobriety to stay. Occupants need not be waiting on a program bed and may continue in shelter for weeks while working outside of the shelter, to secure housing.

[7] Transitional beds are defined as low cost supportive sober housing available for 1 – 12 months as occupants work to acquire permanent housing. Occupants may come through shelter but need not complete a program prior to residency.

Safe Harbor provides 12 beds for those escaping domestic violence.
In addition to the beds above, three ministries operate cold-weather beds.[8]
- Hope Missions of the Upstate (97 beds/chairs – 35 beds for men, 14 for women and up to 48 chairs if needed)
- The Haven of Rest (5 beds)
- Hillcrest Baptist Church (8 beds).

While cold-weather beds save lives and alleviate misery, they can't provide the path out of homelessness that can be provided by a regular shelter bed.

Anderson County simply does not have enough shelter beds to keep the newly homeless from becoming chronically homeless. There is much needless suffering as individuals who want an opportunity to escape cannot find it. Many who are mentally ill are homeless because there is not enough supportive housing, defined as long-term or permanent low-cost housing with supportive case management.

While most of the data in the body and appendices of this paper focuses on shelter/housing availability and housing for those experiencing homelessness, it would be a mistake to minimize the vital services other than housing that complete the continuum of Anderson's services.

The LOT Project, South Main Chapel and Mercy Center, Asher House (serving ages 17-22), Hope Missions, Clean Start, Alston Wilkes Society, Salvation Army, New Horizon Family Health Services and others play a vital role on the front lines by providing 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.

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[8] Cold weather beds are defined as temporary no-cost beds, even if a mat on the floor or a chair to nap in, available only on nights when the temperature is projected to fall below a certain level, generally 38 degrees in Anderson. Occupants need not be sober to stay, as long as they are quiet and keep to themselves.   These beds were available for about 50 nights in the winter of 2024-2025.

CURRENT SYSTEM: A SWOT ANALYSIS

Anderson County has an emerging continuum of care for those experiencing homelessness. Homeless people can step in and out of various agencies' services as needed. No agency is responsible for "all," and all agencies are responsible for "part." Like every system, the homelessness continuum of care in Anderson County has room for improvement. As a first step toward identifying and prioritizing specific improvements, members of the Task Force Seeking Solutions for Local Homelessness shared perceived strengths, weaknesses, opportunities, and threats. The observations below represent the aggregation of these individual assessments. Although the concerns that appear here reflect differing perspectives within the Task Force, and may sometimes be in tension with each other, the conversation generated enabled the group to come to a consensus regarding the priorities for improvement detailed in this paper.

STRENGTHS
- Cross agency collaboration
- Passionate stakeholders
- 400 Churches in Anderson County–they too can help if they choose
- Resources are available in context of the problem
- Nimble - can make a difference in the problem
- Investment from AnMed healthcare system
    - Monthly meeting with ER staff
    - Can get 24-hour health/detention when needed
- Ample support for homeless veterans
- The present system responded well to past needs

WEAKNESSES
- Lack of emergency shelter beds available[9]
- An inadequate number of cold-weather shelter beds available
- Available shelters are unable to serve individuals longer than 90 days
- Lack of shared vision and approach to serving the homeless population across agencies
- Unintended consequences–sometimes providing resources creates problems
- Inadequate Department of Mental Health funding/services
- Many documented homeless children in the school system
- No one has been leading "point" to create an adequate unified system

OPPORTUNITIES
- There are legal penalties for begging and loitering. These penalties can help challenge those who plan to stay homeless or those who are stuck to move forward.
- Community attention is being directed toward the problem of homelessness
- Community based software is available that allows tracking of services to those experiencing homelessness
- Better sourcing of data is needed–where do the homeless come from?
- If a new shelter facility becomes a reality, it should have a social services coordinator
- Opportunity to follow a successful model

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[9] The system is often full, and that lack of space means someone may not be able to get into shelter quickly or not at all. There is limited capacity to accommodate specialized populations (especially single mothers with children and seniors).

- Citygate Network (the National Association of Rescue Missions) has resources to help
- LiveWell Anderson Coalition (*a grant-based AnMed-led group*)

THREATS[10]
- Many homeless people don't appear to want help or show a willingness to change
- Lack of effective legal consequences–those arrested are out of jail the next day
- Crime, theft, and illegal activity perpetrated by homeless individuals
- The people who are most able to help might find it hard to agree on how
- Homelessness is a hindrance to local economic development and safety
- The number of older homeless people will increase as the population ages
- Polarization is created by people's experiences and sharing their observations
- Seems to be a growing population that is putting pressure and creating expense for law enforcement

Despite differing philosophical approaches, the key agencies in Anderson share the same goal: to provide more effective services for those experiencing homelessness, and they are willing to collaborate as needed to achieve this objective. The key agencies and community stakeholders are zealous about improving services for those experiencing homelessness. With the wealth of local churches and faith-based groups, significant good can be accomplished if most of these organizations adopt a unified approach to serving people experiencing homelessness.

AnMed Health has demonstrated a commitment to providing long-term solutions for those experiencing homelessness, currently hosting a monthly 'Safety Net Meeting' where community agencies come together to discuss service efforts. In addition, veterans experiencing homelessness have access to a broad array of support, including peer groups, assistance with basic needs, and housing opportunities, all of which contribute to addressing their unique challenges.

The system is nearly always at full capacity, which means that most individuals face delays in accessing shelter, and many may not be able to access it at all. There is limited capacity to accommodate specialized populations, particularly single mothers with children, seniors, and those with specific medical needs. With the only emergency shelter offering a 90-day program for working-aged adults, seniors, and individuals with specialized needs often fall through the cracks. Furthermore, while resources are provided, certain individuals may not experience rehabilitation or positive change within a 90 day timeframe. This issue is further compounded by inadequate mental health funding, which results in significant gaps in treatment services. The lack of sufficient mental health resources exacerbates the challenges faced by vulnerable populations, underscoring the need for more low-income mental health beds with supportive case management. Additionally, collaboration between agencies, while present, tends to be reactive rather than proactive, often responding to immediate needs rather than forming a consistent, long-term strategy. Although cooperative efforts do exist, they often lack a unified approach with clear, shared goals, which makes it difficult to maintain focus and effectively communicate these efforts to the public.

A growing concern is the rise in senior citizens on fixed incomes becoming homeless, as they are priced out of available housing. Without intervention, this number will continue to rise, highlighting the need for urgent solutions.

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[10] At a public forum on Tuesday, March 18, members of the Anderson community also shared their SWOT perceptions. That public feedback can be found at TheLOTProject.com/whitepaperresources

ECONOMIC HEALTH AND PUBLIC SAFETY

Individuals involved in criminal activity within or around the homeless population frequently avoid prosecution, which only exacerbates the community's negative perception of homelessness. Downtown merchants, residents, and local officials continue to report issues with vandalism, littering, and illegal activity in public spaces, often involving individuals experiencing homelessness.

Some business owners are increasingly losing patience and losing business as individuals they believe to be chronically homeless hang out in local stores, frighten paying customers, leave trash and human detritus on city sidewalks, and commit crimes and/or engage in violence.

There are growing civic costs in dealing with the chronically homeless. Anderson City Police determined that in 2025, focusing on the City's Zone 7, 118 out of 1789 arrests in 2024 were lawbreakers with no address (6.59%), and that of formal charges made, 293 out of a total of 2390 (12.25%) were homeless. Half of those charged were charged with multiple offenses. The City of Anderson has added more officers in recent months, specifically to protect against lawbreakers.

The Anderson County Sheriff's Office now tracks arrests of persons with no fixed address and is working to determine the economic cost of their incarceration. Because of all these issues above, homelessness poses a growing threat to the economic development of the County and especially downtown Anderson.

The citizens of Anderson County are already spending a lot on homelessness. However, those expenses are focused primarily on an increased law enforcement presence, incarceration, and greater than necessary utilization of AnMed's emergency room and hospital services. Many mentally ill persons experiencing homelessness now spend months incarcerated, sometimes up to a year, before they can get evaluated and placed in supportive mental health housing.

In some circles, there is fear that increasing low-income housing or emergency shelter options might attract people from other areas of the state or beyond seeking access to local resources.[11] When planning for shelter beds, it's important not to plan for too many. But there is a clear need for an appropriately sized shelter focused on the needs of our local neighbors who need a fresh start.

It is also believed by many citizens, civic leaders, and law enforcement personnel that there are unhealthy dynamics that attract transients from other places and make it relatively easy for chronic transients to stay in Anderson County. Some of those factors include:

- Drive-by feedings, in which well-meaning individuals drop food off indiscriminately, encourage individuals to expect help with no expectation for growth or change.
- Ministries placing a high priority on compassion with little or no expectation of personal responsibility. This kind of charity can easily become toxic, enabling dysfunction and addiction.
- Word-of-mouth highlighting Anderson County as a place to come when destitute.

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[11] For example, in 2012 there was a homeless camp of about 30 people under a bridge on the Pete Hollis highway in Greenville County. After a newspaper article publicized the camp, well-meaning citizens began bringing clothing, food, water, tents and firewood. As word got out about these free resources, the population of Tent City swelled to well over 100 individuals from November 2013 to January 2014, some coming from other counties. (For details, see web address TheLOTProject.com/whitepaperresources a Tent City case study.) The larger a particular campsite grows, the more dangerous it becomes for its residents, people living nearby and law enforcement.

For the community to come together to ensure adequate shelter, local civic leaders and business owners will need assurance that more shelter beds and case management will come with discipline and "tough love." Anderson County will primarily support homeless individuals who pursue stability and personal growth.

PRIORITIES AND RECOMMENDATION DETAILS

Here are the Task Force's key recommendations and priorities for addressing homelessness in Anderson County:

1. **Emergency Shelter**
   140 more shelter beds (for men and women) and "shelter exits" (affordable housing with case management for people emerging from shelter) are the most important priorities for addressing homelessness in Anderson County. It will be best if these beds are located away from the immediate downtown business district. These additional shelter beds need to include:
   a. An expectation of sobriety as a condition of staying there.[12]
   b. Case management to help residents develop a path forward and receive the support and accountability to get there.
   c. Mental health services provided by the S.C. Department of Mental Health through regular visits to the shelter and appropriate assessments of residents for mental health needs.
   d. Accommodation for residents who get second or third-shift employment.
   e. An option for residents to remain in the building during the day if they are receiving case management, cooperating with their case plans, and actively pursuing agreed-upon goals. While in the building, residents will be given task assignments so that each is contributing in some way.
   f. Some beds will be dedicated as Silver Shelter – (beds accessible to seniors)
   g. Dedicated beds for single parents with children.

2. **Transitional Housing**
   Affordable, sober, transitional housing is crucial to provide "shelter exits" so that shelter beds can "turnover." With a 3-4 month average occupancy, stabilized individuals will have time to earn a living and plan for more permanent housing. The hope would be to provide 50 beds as soon as possible and up to 150 beds later. This transitional housing may be provided by the primary shelter provider or by other cooperating entities.[13]

3. **Cold-weather Beds**
   Hope Missions, currently providing cold-weather beds near the downtown business district, will be asked to relocate this operation to a safe location outside the downtown area.[14]

4. **Homeless Court**

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[12] Sobriety is not a condition for shelters that provide emergency cold-weather shelter beds.
[13] The Salvation Army provides transitional beds for a next step for working male residents in its shelter.
[14] Hope Missions of the Upstate wishes to relocate when it becomes possible.

A homeless court through the Solicitor's Office is needed for Anderson County, similar to those provided in several other metropolitan areas of SC[15]. Homeless courts help people, especially the chronically homeless, address minor legal issues, such as fines, bench warrants, and misdemeanor charges. The goal is to help people get housing and/or get help and break the cycle of crimes that can occur due to homelessness.

Along with the homeless court, law enforcement personnel will continue to be empowered to combat lawlessness, discourage loitering, and secure appropriate code and law changes to ensure safety for the public.

These priorities can be pursued without concentrating those experiencing homelessness in one place. Reasonable capacity is needed near the City of Anderson, but a long-range plan should anticipate services in Clemson, Powdersville, and other communities large enough to sustain these services.

ADVOCACY

Members of the Task Force Seeking Solutions to Local Homelessness have diverse opinions about the role of faith and poverty, the efficacy of potential solutions, and the role of government. 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 areas where the government can be most effective. A continuing discussion is needed to ensure that well-intentioned help does not become toxic for its recipients.

Anderson'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 a common cause cannot be overstated. We ask the community to join in advocating for the following:

Be the change. Keep your change! Do not encourage begging. Giving money to those who request it can exacerbate the problem, enabling addiction and unhelpful behaviors. If someone is hungry, purchase a sandwich for them. If you have time, stay and listen to their story while they eat it. If your heart is touched to provide financial help, you can give to the Anderson Housing and Homeless Alliance.

No "drive-by" feeding. There are organized ministries that provide meals. Hope Missions provides a weekday breakfast. Anderson Emergency Kitchen provides lunch. Other established ministries feed at other times. See the section for "If You Need A Meal providers" at https://myresourceguide.org/app/crg/resources. These ministries have volunteer counselors to help those experiencing poverty and homelessness chart a path forward. When we drop food off indiscriminately, we work against these organizations and encourage individuals to expect help with no encouragement for growth or change.

Establish a branch of Traveler's Aid in Anderson County. This would be housed at a local social service agency and funded by government dollars and perhaps the United Way. Traveler's Aid can get a contract with the bus lines for highly discounted, one-way, nonrefundable bus tickets for individuals experiencing

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[15] Homeless courts operational in SC at the end of 2024 included Columbia, Myrtle Beach, Spartanburg, Rock Hill, Greenville, and Charleston.

homelessness who have support waiting for them in another city. The local branch can call friends or family members elsewhere, verify that the individual will have a place to stay and send them on their way.

Higher Levels of Funding for the S.C. Mental Health System. Adequate resources should be given to intervention, treatment, and properly supportive housing with case management for the mentally ill.

There is no solution to homelessness that does not involve housing. Establishment of more long-term affordable housing, especially housing with case management is needed. This housing can be single room occupancy or housing shared with others to make it affordable.

IN CLOSING

This White Paper is presented in the hope that discussion and work toward consensus can help create focus among key decision makers and the community. Anderson 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 continuum of care already in place.

It should be noted that building new buildings or remodeling existing ones, while challenging, is 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 resolve that issue, the buildings needed will be provided.

Anderson County is a vibrant, creative, and generous community. We are blessed with many strong, selfless community leaders, and local service providers who serve those experiencing homelessness 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 Anderson County will be able to work to create the next needed steps in the continuum.

Appendix 1 - The Many Costs of Homelessness

1. An older news article, from 2014, shared results from Moore Place in Charlotte, North Carolina, which houses 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. *-Source : Study: Charlotte's apartments for homeless save money*

2. A news report from CTV News Channel in Canada (May 15, 2024) shared a study out of London, Ontario, that indicated when individuals experiencing homeless go to the hospital, the stay is typically twice as long and costs twice as much. The study found, on average, a person experiencing homelessness is in hospital for 15 days compared to the national average, which is eight days. The average cost per stay was $16,800, compared to the national average of $7,800. -Source: New study shows financial impact of homelessness on our health-care system

3. The average daily cost for inpatient care at AnMed is $1,815.00 per day according to Michael Cunningham, VP of Community Health Partnerships.

4. The average cost per inmate in Anderson County Detention Center ranges from $65-70 per day. *(Annualized about $25,000 per year)*

5. Knowing that housing is key to escaping homelessness, be aware there are only 46 affordable and available rental homes for every 100 extremely low-income renter households in the state. Overall, there is a deficit of 74,291 affordable and available rental units for extremely low-income households in SC. Learn more about the shortage in SC here. Source : S.C. Appleseed Legal Justice Center HoUsed Campaign: South Carolina - SC Appleseed.

6. Deeply low-income is defined as households with income at or below 15% of the average median income (AMI). In South Carolina, as of 2023, the AMI was $69,100. Median household income South Carolina U.S. 2023| Statista

Appendix 2 - Impact of Local Ministries

The Task Force acknowledges the importance of local addiction recovery ministries and the positive impact the ministries below have on preventing and ameliorating homelessness

Anderson County Addiction Recovery beds, with related Transitional Beds				
	Addiction Recovery		Transitional Beds *	
	Men	Women		
Alabaster House		23		
Bridge Center Recovery	36		27	
Haven of Rest	59	10	21	
Hope Center Ministries (Pelzer)	36			
Labor of the Field	32			
Love Well Ministries		6		
New Mercies Ministry	12			
Shalom House		20		
Total Per Category	175	59	48	
Addiction Recovery (men + women)		234		
Total beds available				282
* Beds may be accessed after completion of an addiction recovery program				

Appendix 3 – Details of Anderson County Shelter, Cold Weather, Transitional Housing and Supportive Housing with Case Management

Regular Shelter Beds - commonly called "Emergency Shelter"
- **Stringer Emergency Lodge, The Salvation Army of Anderson.** Shelter beds available for 22 men, 10 women, and 2 families with children. Availability can be checked either by walk-in or by phone. If there is space available, individuals will complete intake paperwork at 4 pm.

Cold Weather Shelters
- **HOPE Missions of the Upstate.** Cots available for 37 men, 12 women, and 48 chairs for men, women, and families in the big room when temperatures are predicted to be 38 degrees or below for four hours or longer. Availability can be checked online. https://hopeupstate.org/warming-center/ or by walk-in or by phone. A normal warming center operation opens at 10 pm.
- **Haven of Rest Rescue Mission.** Beds available for five men when the temperature is 38 degrees or below.
- **Hillcrest Baptist Church, Williamston.** Shelter beds available for 8 men when the temperature is 25 degrees or below. Availability can be checked either by walk-in or by phone.

Transitional beds available without going through an addiction recovery program first.
- **The Salvation Army of Anderson's Men's Transition Program.** Transitional housing for up to eight stable, employed men who have demonstrated stability in The Stringer Emergency Lodge program.
- **Family Promise of Anderson.** Two safe spaces for families with children. Availability can be checked by phone. If there is space available, individuals will complete intake paperwork with an intake counselor. Additional space may be available through leased units.
- **The Good Shepherd's House.** Affordable housing for men and women (36 beds). If there is space available, individuals will be screened for appropriateness to live in shared housing.

Addiction Recovery Beds
- **Alabaster House.** A 7-month faith-based 12-step recovery program for women. Transitional housing available after successful completion of program.

- **Bridge Center Recovery.** In-patient 16-week program for up to 28 men struggling to get sober and stay sober. Transitional housing for up to 32 men available for the second phase of the program.

- **Haven of Rest.** A one-year residential addiction recovery program with no fees. Phase 1 has (33 beds) and (Phase 2) (36 beds) housing men at two different locations with a women's program of similar scope available in residential home settings. Residents participate 3-4 hours a day in class and perform work responsibilities within the program. Outside employment occurs during the last 3-6 months of the year where all earned money can be saved due to the continued room, board, food, and work transportation provided at no cost. Transitional Housing is an option for those graduating from this program.

- **Hope Center Ministries.** A three-phase 8-12 month recovery program.

- **Labor of the Field.** Men's addiction recovery program including transition housing.

- **Love Well Ministries.** Kim Matkins, six addiction recovery beds for women.

- **New Mercies Ministries In-Residence Program.** Addiction recovery residential program for men. Serves as a place for men reentering society following incarceration.

- **Shalom House.** A 6-month faith-based 12-step recovery program for women. Transitional housing available after successful completion of program.

Long-term Housing
- Housing, subsidized according to income, is provided by **The Housing Authority of Anderson** (City of Anderson) and **The South Caroline Regional Housing Authority, Region 1** (based in Laurens County, serving Anderson County).
- **The Wilmary Apartments**, a ministry of First Baptist Church is a 48-bed safe, secure, and affordable independent living quarters for senior citizens of our community.

Domestic Violence
- **Safe Harbor.** Women's shelter and a continuum of services for victims of domestic violence.

Here is the data from which the chart on page 4 was created:

According to the data from the annual Point in Time Counts, the number of adults experiencing homelessness and the number unsheltered appear to be growing over time, see the table below:

Growth in Adult Homelessness in Anderson County

Homeless Point In Time Count	2017	2018	2019	2020	2021	2022	2023	2024
Homeless Adults Counted	154	98	124	123	76	83	137	296
Homeless Adults Unsheltered	40	44	89	62	0	12	72	232
Chronically Homeless	8	3	16	17	21	15	29	44
% of Homeless Unsheltered	**26%**	**45%**	**72%**	**50%**	**0%**	**14%**	**53%**	**78%**

Here is the 2025 Point in Time count data:

The task force received this data on June 3, 2025, and did not have sufficient time to update the charts, tables, or narrative of this white paper before the June 6 publication date.

Homeless Point in Time Count	<u>**2025**</u>
Homeless Adults Counted	365
Homeless Adults Unsheltered	246
Chronically Homeless	151
% of Homeless Unsheltered	**67%**

<u>Appendix 4</u> - The Task Force Seeking Solutions to Local Homelessness

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

NewSpring Church sponsored Task Force meetings.

Reid Lehman, retired CEO of Miracle Hill Ministries, served as facilitator for these conversations.

Zoe Hale and Dave Phillips of Hope Missions of the upstate facilitated the data collection and discussion process.

Data collection and verification: Bradley Saxon - Bridge Center Recovery, Joe Irvin - Salvation Army, and Eddie Capps - Haven of Rest.

Discussion Group Providing Recommendations:
- Beth Batson and Jim Stewart - City of Anderson
- Kyle Newton - City Council & District 5 School Administrator
- Rusty Burns, Sheriff Chad McBride - County of Anderson
- Chris Sullivan - County Council
- Michael Cunningham - AnMed Medical Center
- Dave Phillips and Zoe Hale - Hope Missions of the Upstate
- Nate Knox - The LOT Project
- Reid Lehman - Miracle Hill Ministries
- Tom Haren and Allen Cothran - NewSpring Church
- Bill Walker – Retired physician
- Kevin Capell - United Way

Contributors to the Homelessness White Paper are Tom Haren, Dave Phillips, Zoe Hale, Nate Knox, Jim Stewart, and Reid Lehman. The Task Force Seeking Solutions to Local Homelessness vetted and approved the final copy.

Frequently Asked Questions

Where did this data come from?
The PIT (Point In Time) count was conducted in January of 2024 in accordance with HUD's methodology. The PIT was also conducted in January 2025, and the paper will be updated with that data once it becomes available.

Where are all the homeless people coming from? Are they being bused in from urban areas?
Many people believe that larger cities elsewhere in the Southeast bus individuals to Anderson because Anderson has a higher concentration of nonprofit help. There is no clear evidence of this. Citizens of many South Carolina cities believe the homeless are being bused into their cities. It is clear that many Andersonians each year are becoming "newly homeless" without a place in Anderson County to reside while attempting to exit homelessness.

How did we determine Anderson's strengths, weaknesses, opportunities, and threats?
The SWOT lists were brainstormed by the Task Force assembled to work on this challenging opportunity. This Task Force includes city, county, church, law enforcement, school, medical, and nonprofit voices. The diversity of this group is designed to show appropriate compassion and ensure the prioritization of safety for our citizens in a healthy economic climate.

How can I be a part of the solution?
Our goal is to offer clear pathways for Andersonians to contribute their time, resources, and expertise to support neighbors experiencing homelessness. The clearest path of engagement at this point is through one of the listed agencies in this paper. These agencies provided valuable input for this Task Force. When we volunteer, donate, or advocate for their mission, we make a meaningful impact in our community. We will continue to filter future opportunities of engagement when they surface, and we will encourage the public to support those agencies that lead in implementing the recommendations in this White Paper.

Won't some of these solutions create more problems?
Our desire is for solutions to be balanced so that we can avoid creating conflict and problems within this complex opportunity. The aim is to provide services to the homeless community while ensuring a healthy economic environment, awareness in our business district, and safety for all Anderson County residents. We want to help our neighbors experiencing homelessness find a path forward, while simultaneously prioritizing the needs, businesses and livelihood of Anderson County residents.

How can I best invest in these efforts?
We do not yet have an answer to this question. Our intent is to identify a nonprofit group/or initiative that our community will trust with funding to make a clear difference in this area. Our heart is to find the right fit for this area soon so our citizens, businesses, and local partners can exercise the gift of giving to impact our community.