

Horry County Housing & Community Development Consolidated Plan

2008-2013

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**Developed by
Training & Development Associates, Inc.
www.tdainc.org**

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Executive Summary

Consistent with HUD's mission, Horry County's mission is to increase homeownership, support community development and increase access to affordable housing free from discrimination. To fulfill this mission, Horry County will embrace high standards of ethics, management and accountability and forge new partnerships--particularly with faith-based and community organizations--that leverage resources and improve HUD's ability to be effective on the community level.

This Consolidated Plan is a roadmap of how Horry County will carry out its housing and community development mission. This Plan serves as the formal application for federal Community Development Block Grant (CDBG) funding and consists of a five year strategy to address the housing, homeless, and community development needs of our county. The plan also includes an Annual Action Plan that identifies the actions to be taken in the coming year to implement the identified strategies. This Executive Summary provides an overview of the core components of the Plan.

Community Profile

Horry County, South Carolina is a place of rich cultural heritage, distinct natural landscapes, and a growing and diverse population. A thriving and rapidly expanding local economy based primarily on tourism and entertainment has made Horry County an attractive location to live and work, and is equally attractive to many people that choose to retire here. The surge in the economy of Horry County is greatly due to the overall population increase that has occurred over the past thirty years. Since 1980, the population of Horry County has nearly tripled and is estimated to reach over 300,000 by the year 2010. Sixty miles of beaches and the temperate climate have been the main draw to Horry County, which contains the major share of hotel and motel rooms as well as second homes in the State of South Carolina. Throughout the United States, South Carolina ranks high for the number of people older than age 60 moving into the State. Horry County is ranked among the top five regions in the State where retirees are locating. The amenities found in Horry County have made it the sixth most populated county in South Carolina and the fastest growing county as well.

The strong economy, a maturing market place, and a fast-growing tourist base combine to contribute to Horry County's healthy and substantial growth. The benefits of growth must be carefully weighed in balance with the essential services and facilities required to sustain the needs of the county's current and future population.

Citizen Participation and Consultation

Horry County consulted with other public and private agencies to identify and prioritize community needs, develop strategies and action plans, identify community resources and promote the coordination of resources. Representatives from public and private agencies involved in assisted housing, health services and social services were invited to individual and group meetings to obtain information and input into the development of the consolidated plan.

To maximize citizen participation, Horry County held local community meetings to discuss the planning process. The meetings were publicized and held at the following locations on the specified dates.

- February 21, 2008 at 6:00 pm at the Horry County Government Complex
- April 21, 2008 at 6:00 pm at the Horry County Government Complex

In addition to the above public meetings, a 30-day comment period was established during which time drafts of the consolidated plan were made available to all interested parties. Community residents were also encouraged to complete an online Needs Assessment Survey.

Priority Needs

This Plan identifies the following priority housing and community development needs for Horry County.

PN1 Substandard Owner-Occupied Housing. The cost burden experienced by low and very-low income homeowners makes it difficult for existing homeowners to complete general repairs and maintenance on their homes.

PN2 Lack of Homebuyer Opportunities. Low-income renter households often find it difficult to save money for the purchase of a home. Increased opportunities for home ownership warrant increased production of affordable housing units and the development of loan programs with favorable terms.

PN3 Lack of Housing for Special Needs Populations. The development cost pressures of recent growth in the region has limited the development and availability of permanent and affordable rental housing for individuals with special needs. Priority special needs populations include elderly persons, individuals with physical and/or mental disabilities, and the homeless.

PN4 Lack of Knowledge Regarding Fair Housing Practices. Section 104(b)(2) and 106(d)(5) of the Housing and Community Development Act of 1974 as amended, specifically require that the County certify that it will affirmatively further fair housing. Congress reiterated this affirmative obligation in the National Affordable Housing Act of 1990 (NAHA). The County's goal is to promote "the ability of persons, regardless of race, color, religion, sex, handicap, familial status or national origin, of similar income levels to have available to them the same housing choices." Although, the Cities of Myrtle Beach and Conway have completed an Analysis of Impediments to Fair Housing and undertaken several activities to inform citizens of their fair housing rights, to promote fair housing awareness and to explain programs available, a countywide Analysis of Impediments to Fair Housing has not been completed.

PN5 Existence of Lead-Based Paint Hazards. The hazards associated with lead-based paint are a greater concern for low-income families that do not have the financial resources to make their homes lead safe.

PN6 Lack of Adequate Public Facilities and Infrastructure. Adequate public facilities and improvements, including but not limited to, streets, sidewalks, water, sewer, parks, playgrounds, and facilities for persons with special needs such as the homeless. Specific

targeted assistance is needed in specific neighborhoods such as the Canal/Nance area in Myrtle Beach.

PN7 Lack of Adequate Public Services. Public services related to child care, employment training, transportation programs, the homeless, the elderly, crime prevention, public safety are insufficient to meet the need in the County.

Five Year Strategic Objectives

In response to these needs, the County has developed a five year strategic plan that includes the following objectives.

<i>Objective</i>	<i>Performance Indicator</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
DH.1.1 Promote the availability of decent housing by prioritizing funding for rehabilitation of housing occupied by low income households.	Total number of housing units brought from substandard to standard condition	5	5	5	5	5	25
SL.3.1 Promote the sustainability of a suitable living environment by providing public services to low to moderate income individuals, including but not limited to, homeless populations and other non-homeless special needs populations eligible under the CDBG program.	Total number of persons assisted with improved or new access to a public service	500	500	500	500	500	1500
SL.3.2 Promote the sustainability of a suitable living environment by providing public and/or neighborhood facilities that benefit low to moderate income individuals, including but not limited to, homeless populations and other non-homeless special needs populations eligible under the CDBG program,	Total number of persons assisted with improved or new access to a public facility	1800	1000	1000	1000	1000	5800
	Total number of additional beds provided for the homeless	30	30	30	30	30	150

<p><i>SL.3.3 Promote the sustainability of a suitable living environment by providing public infrastructure, such as streets, water, sewer and storm drainage, in low to moderate income areas.,</i></p>	<p><i>Total number of households assisted with improved or new access to public infrastructure</i></p>	125	125	125	125	125	625
<p>EO.1.1 Promote access and availability of economic opportunity by providing public services to low to moderate income individuals, including but not limited to, homeless populations and other non-homeless special needs populations eligible under the CDBG program</p>	<p>Total number of persons assisted with improved or new access to a public service,</p>	70	70	70	70	70	250
<p>NR.1.1 Promote the revitalization of selected neighborhoods by prioritizing the funding of public improvements and housing rehabilitation in targeted areas</p>	<p>Total number of persons assisted with access to a new facility of infrastructure benefit,</p>	35	35	35	35	35	175

Action Plan for Fiscal Year 2008-2009

Horry County will receive a total of \$1,497,929 for the 2008-2009 fiscal year. A summary of the proposed projects follows:

<i>Project</i>	<i>Amount</i>	<i>Priority Need</i>	<i>Strategic Objective</i>
<u>Myrtle Beach Projects</u>			
Gray Street Infrastructure Project	\$ 75,000	PN6	SL.3.1, NR.1.1
Habitat Canal Street Subdivision Infrastructure Project	\$ 60,000	PN6, PN2	SL.3.1, NR.1.1
Community Assistance Center Repairs & Maintenance Project	\$ 15,000	PN6, PN3	SL.2.1
CASA Shelter Expansion Project	\$ 10,000	PN6, PN3	SL.2.1
Women & Children's Center Project	\$ 15,000	PN6, PN3	SL.2.1
Homeless I.D. Assistance Program	\$ 6,000	PN7, PN3	EO.1.1
Housing Rehabilitation Program	\$152,000	PN1, PN5	DH.1.1
Temporary Relocation Payments Program	\$ 12,000	PN1, PN5	DH.1.1
Rehoboth CDC Administrative Funds	\$ 2,500	PN7	EO.1.1
Administrative Expenses	<u>\$ 7,577</u>		
	\$355,077		
<u>Conway Projects</u>			
Dewitt Street Drainage Project	\$ 32,000	PN6	SL.3.3
Pittman Street Rehabilitation Project	\$176,000	PN6	SL.3.3
Administrative Expenses	<u>\$ 9,851</u>		
	\$217,851		
<u>Horry County Projects</u>			
Bucksport Community Center Expansion	\$400,000	PN6	SL.3.2
Public Service Funding to Local Organizations	\$218,650	PN7, PN3	SL.3.1
Public Facilities/Improvement Projects	\$ 36,749	PN6	SL.3.1, SL.3.2
Administrative Expenses	<u>\$269,600</u>		
	\$924,999		



5 Year Strategic Plan

GENERAL

Strategic Plan

Mission: Consistent with HUD's mission, Horry County's mission is to increase homeownership, support community development and increase access to affordable housing free from discrimination. To fulfill this mission, Horry County will embrace high standards of ethics, management and accountability and forge new partnerships--particularly with faith-based and community organizations--that leverage resources and improve HUD's ability to be effective on the community level.

General Questions

1. *Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.*

Horry County, South Carolina is a place of rich cultural heritage, distinct natural landscapes, and a growing and diverse population. A thriving and rapidly expanding local economy based primarily on tourism and entertainment has made Horry County an attractive location to live and work, and is equally attractive to many people that choose to retire here. The surge in the economy of Horry County is greatly due to the overall population increase that has occurred over the past thirty years. Since 1980, the population of Horry County has nearly tripled and is estimated to reach over 300,000 by the year 2010. Sixty miles of beaches and the temperate climate have been the main draw to Horry County, which contains the major share of hotel and motel rooms as well as second homes in the State of South Carolina. Throughout the United States, South Carolina ranks high for the number of people older than age 60 moving into the State. Horry County is ranked among the top five regions in the State where retirees are locating. The amenities found in Horry County have made it the sixth most populated county in South Carolina and the fastest growing county as well.

The strong economy, a maturing market place, and a fast-growing tourist base combine to contribute to Horry County's healthy and substantial growth. The benefits of growth must be carefully weighed in balance with the essential services and facilities required to sustain the needs of the county's current and future population.

In an effort to ensure that the success of Horry County is shared among all of its residents, the County will use HUD funding to target assistance to lower income residents. Those areas of Horry County meeting the national objectives and eligible activities requirements of the Community Development Block Grant Program are eligible to receive assistance. Census areas consisting of predominantly low to moderate income families will receive a priority for funding. Figures A, B and C identify these areas of Horry County. Other areas that meet the low to moderate income requirements via other methods, such as a community survey, will also receive a priority. Finally, in accordance with the Intergovernmental Agreement signed between Horry county and the Cities of Conway and Myrtle Beach, significant portions of the funding will be targeted inside the respective City

limits. The Canal/Nance Neighborhood Revitalization Project is of particular importance in the City of Myrtle Beach.

2. *Describe the basis for allocating investments geographically within the jurisdiction (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)). Where appropriate, the jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to target areas.*

Approximately 24% of the CDBG funds will be targeted to areas within the City limits of Myrtle Beach. Approximately 14% of the CDBG funds will be targeted to area within the City limits of Conway. The remaining portion of the CDBG funding will be targeted to the low to moderate income areas of the county outside of the Cities of Myrtle Beach and Conway. Maps outlining these specific targeted areas are provided in Attachment A. Specific projects within these areas are identified based on the urgency of the need, availability of other funding, capacity of the local community development staff.

3. *Identify any obstacles to meeting underserved needs (91.215(a)(3)).*

Obstacles identified included seniors spending 50 percent or more of income on housing, a lack of adequate transportation that creates barriers to needed services for seniors and rural residents; problems enforcing laws and ordinances created to protect special needs populations, inadequate financial literacy of these populations, a lack of affordable insurance, rising values, taxes, and gentrification, a shortage of reputable banks willing to lend to low-income families and individuals, and low income levels.

Managing the Process (91.200 (b))

4. *Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.*

The lead agency that oversees the development of the plan is the Horry County Finance Department. The City Councils of Conway and Myrtle Beach determine the projects to be submitted to Horry County for their pro-rata share of the CDBG funding as per the Intergovernmental Funding Agreement between the Cities of Myrtle Beach/Conway and Horry County (Attachment B). This Consolidated Plan serves as the official submission to HUD for the Horry County CDBG Urban County funding. *This Plan provides general guidance for the activities to be conducted within the City limits of Myrtle Beach and Conway. For more detailed guidance on activities within these Cities, the reader is encouraged to review their existing Five-Year Consolidated Plans. The Consolidated Plans of the Cities of Conway and Myrtle Beach are incorporated into this Plan by reference.*

5. *Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.*

Community Input Process: Horry County adopted a Citizen Participation Plan that requires that the community is involved in the development of the Five Year Consolidated Plan, Annual Action Plan and the Consolidated Annual Performance and Evaluation Review (CAPER).

Community Development Staff Advisory Group: Composed of the community development managers of the Cities of Myrtle Beach and Conway and representatives of Horry County's Finance and Planning Departments, the Advisory Group (AG) assisted in addressing community needs, and in reaching consensus to help formulate funding recommendations to Administration Committee of the Horry County Council.

Administration Committee of the Horry County Council: The Administration Committee consists of several Horry County Council members and is responsible for reviewing program policies and projects and making recommendations to the full Council for action.

6. *Describe the jurisdiction's consultations with housing, social service agencies, and other entities, including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, and homeless persons.*

Horry County consulted with other public and private agencies to identify and prioritize community needs, develop strategies and action plans, identify community resources and promote the coordination of resources. Representatives from public and private agencies involved in assisted housing, health services and social services were invited to individual and group meetings to obtain information and input into the development of the consolidated plan. In addition to the agency consultations, the adjacent units of local government were notified regarding and consulted during the preparation of the Consolidated Plan. This includes the State of South Carolina, which the County notified and sent a copy of the plan.

Information received from the following agencies was also used in the development of the Consolidated Plan.

- South Carolina Budget and Control Board, Office of Research and Statistics
- South Carolina Department of Disabilities and Special Needs
- South Carolina Department of Mental Health
- South Carolina Employment Security Commission
- Housing Authorities of Conway and Myrtle Beach

Citizen Participation (91.200 (b))

7. *Provide a summary of the citizen participation process.*

Several methods were used to solicit citizen participation and to consult with other public and private entities in developing the consolidated plan. The process, which included public notices, public meetings and a community needs survey is summarized below. A copy of the complete Citizen Participation Plan is found in Attachment C.

To maximize citizen participation, Horry County held local community meetings to discuss the planning process. The meetings were held at the following locations on the specified dates. Evidence of public notice of the meetings is provided in Attachment D.

- February 21, 2008 at 6:00 pm at the Horry County Government Complex
- April 21, 2008 at 6:00 pm at the Horry County Government Complex

In addition to the above public meetings, a 30-day comment period was established during which time drafts of the consolidated plan were made available to all interested parties.

Community residents were also encouraged to complete an online Needs Assessment Survey. Over 100 surveys were completed during the meetings and the results are included in Attachment E.

8. Provide a summary of citizen comments or views on the plan.

A summary of the comments received is provided as Attachment F.

9. Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.

Efforts made to broaden the public's participation in the development of this Plan included formal public comment periods during which the public and interested agencies are given 30 days to submit comments on the Consolidated Plan, holding open, public hearings and meetings, accommodations at each meeting for those with disabilities, scheduling of these events during the evening for working residents, choosing accessible locations, and making these documents and related information readily available to the public. Public advertisements were posted in widely distributed local newspapers.

10. Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.

All comments were received and considered in the development of the Consolidated Plan. The design of the proposed programs will allow for most of the needs to be addressed in some manner. The ability to address all of the needs is limited only by the limited available funding.

Institutional Structure (91.215 (i))

11. Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.

Horry County is proud to have worked with many community partners in the implementation of the consolidated plan. This process helps to strengthen the existing partnerships with housing, community development and social service providers. These partnerships are important for several reasons, including the ability to gain new insight into problem solving, to build upon successful efforts and to leverage scarce resources. By continuing to strengthen the network of service providers, lenders, for-profit and nonprofit developers, state and federal agencies and residents, Horry County will achieve the goals in the consolidated plan.

Each partner plays a critical role in the operation of the housing and community development system and brings a unique perspective and expertise to approaching community stabilization and revitalization. Communication and coordination are key aspects of a healthy institutional structure. These elements are also essential to the successful implementation of the county's housing and community revitalization strategy.

Federal

United States Department of Housing and Urban Development (HUD)–The State Office of HUD – Division of Community Planning and Development (CPD) awards over \$20 million dollars annually to the State of South Carolina for a variety of housing and community development programs. These Federal programs help address the affordable housing and community improvement needs of primarily low and moderate income persons. HUD-CPD also offers programs designed specifically to assist the state’s low income renters and homeowners, at-risk households, special needs (elderly and disabled) populations, and the homeless. HUD’s formula programs include: CDBG, HOME, ESGP, and HOPWA. Other programs include: HOPE VI, Youthbuild, Shelter Plus Care, Supportive Housing Program (SHP), Section 8 Rental Certificate Program, Section 811 Supportive Housing for Persons with Disabilities, Section 202 Supportive Housing for the Elderly, Section 8 Moderate Rehabilitation Single Room Occupancy Program for Homeless Individuals (SRO Program), Self-Help Homeownership Opportunity Program (SHOP).

U.S. Department of Agriculture (USDA) Rural Development – Rural Development’s mission is to improve the economy and quality of life in rural America. Their financial programs support essential public facilities and services such as water and sewer systems, housing, health clinics, emergency service facilities and electric and telephone service. They also promote economic development by supporting loans to businesses through banks and community-managed lending pools. Among the programs offered by Rural Development include: Section 504 Direct loan and grant programs (addresses removal of health and safety hazards for low income, rural homeowners), 502 Guaranteed and Direct loan program (provides funding for families to acquire homes), Rural Rental Housing (provides affordable, safe, and sanitary rental housing for low income families, the elderly, and disabled persons), Housing Preservation Grants (provides grants to non-profits, Native American tribes, and government agencies to upgrade deteriorating single and multi-family housing for families with low incomes), Community Facilities programs (direct loans and loan guarantees to help improve community facilities, utilities and infrastructure in rural areas and towns), and Rural Utilities Programs (programs to develop and improve water and wastewater systems and programs supporting the development of telecommunication and distance learning systems).

State

South Carolina Department of Commerce– Grants Administration (GA) – Grants Administration is housed within the South Carolina Department of Commerce, and administers community and economic development grant programs for local governments throughout the State. Grants Administration develops methods and selection criteria for the distribution of the State’s annual allocation of CDBG funds to local governments in non-entitlement metropolitan (suburban) and nonmetropolitan (rural) areas of South Carolina. It is also responsible for coordinating the development of the Consolidated Plan with other State agencies (see Chapter I). Other Divisions within the Department of Commerce that address community/economic development include the Division of Community and Rural Development and the Coordinating Council for Economic Development. The Department of Commerce improves communities by helping them locate new and expanding industry and creating employment opportunities for local residents, including low and moderate income persons.

The Governor’s Office of Economic Opportunity (OEO) – OEO is a division of the Governor’s Office of Executive Policy and Programs responsible for administering the Emergency Shelter

Grants Programs (ESG) Program. OEO also administers the Community Services Block Grant (CSBG) Program and Low Income Home Energy Assistance Program (LIHEAP) utilizing the direct service delivery capability of South Carolina's network of Community Action (CAA) Agencies.

South Carolina Lieutenant Governor's Office on Aging – The Office on Aging administers federal funds received through the federal Older Americans Act. The Office works with a network of regional and local organizations to develop and manage programs and services to improve the quality of life of South Carolina's older citizens, and to help them remain independent in their homes and communities. The Office aids 34,000 older adults annually who have the greatest social, economic and health needs, and rural and low-income minority elders. The Office on Aging has primary responsibility for planning and research related to basic human needs of the elderly in South Carolina. The Long Term Care Proviso directs DHHS and DHEC, in coordination with other appropriate agencies, to develop a system of services which provides a Continuum of long term care for the elderly and their families. This system has been named Senior Access. The agency is designated as the State Medicaid Agency, charged with administrating the various mandatory and optional services which are provided.

South Carolina Human Affairs Commission (HAC) – HAC serves as the agency responsible for implementing and enforcing the South Carolina Fair Housing Law. The Commission investigates housing discrimination complaints, mediates settlements, or may argue housing discrimination cases before the courts. HAC publishes a brochure which outlines the general provisions of the State's Fair Housing Law and describes actions which may constitute housing discrimination. The Commission's Division of Intake and Referral investigates housing discrimination cases for the State. HAC also provides a toll free number for reporting suspected housing discrimination: 1-800-521-0725. HAC provides outreach to entitlements and nonentitlement areas to inform the general public, landlords, elected officials, real estate agents, and others about the requirements of the Fair Housing Law and to eliminate impediments to fair housing.

South Carolina State Housing Finance and Development Authority –The Authority was created in 1971. The Authority can investigate housing conditions, acquire, own, and lease property, construct, rehabilitate and operate housing developments, and aid in planning and constructing housing for low income persons. The Authority is a public body and an independent agency of State Government. For more than thirty-five years, the Authority has been helping lower income families, the elderly, persons with disabilities, and others who are frequently underserved find quality, safe, and affordable housing. Its major programs include: Home Investment Partnerships Program (HOME), South Carolina Housing Trust Fund (HTF), Section 8 Rental Assistance Programs (8 Rural Counties), Contract Administration Rental Assistance Programs (272 projects approximately 16,000 units) (Mortgage Revenue Bond (MRB) Program (Homeownership), Low Income Housing Tax Credit (LIHTC) Program-(IRS) and the Multi-Family Bond Finance Program (Rental Housing Development).

South Carolina Department of Social Services (DSS) – DSS provides services to low income South Carolinians, both children and adults, who are in need of protection. DSS is an agency of 3,600 employees who serve their clients in a wide array of programs. The programs include Family Independence, food stamps, child support, child and adult protective services, adoption, foster care and other out of home services. The goal of DSS is to ensure the health and safety of children and adults who cannot protect themselves, and

to assist those in need of food assistance and temporary financial assistance while transitioning into employment.

South Carolina Department of Mental Health (DMH) – DMH is the State agency responsible for serving the needs of low-income persons with psychiatric disabilities. In addition to supportive housing, DMH provides a variety of services for its beneficiaries including assessment and evaluation, case management, psychiatric and medical care, Medicaid, counseling and therapy, adult and child day care, family life education, residential treatment, social and recreational services, special education, transportation, and substance abuse counseling. DMH has one full time staff person who works state-wide with local non-profits and a network of housing coordinators in each of the local community mental health centers to identify needs, seek funding and sites, and develop housing for persons with mental illness.

South Carolina Department of Health and Environmental Control (DHEC) – DHEC provides a range of personal health, environmental safety and assessment services. DHEC also regulates public utilities to identify areas with serious water/sewer health hazards, contaminated wells, and helps determine which public systems serve low and moderate income populations. DHEC has many departments which are grouped under two major services divisions – environmental quality control and health services. DHEC's services most closely linked to the housing and human service needs of low income individuals and families are its Lead Based Paint screening and treatment services, water and sewer testing and the programs and services provided by the STD/HIV Division. Although the STD/HIV Division provides services to persons with HIV/AIDS, one of their major concerns remains the promotion of health through prevention programs. DHEC also provides information and referral services related to child immunization, disease surveillance, and environmental toxins. DHEC's STD/HIV Division administers the following major programs: HOPWA, Ryan White Care Act, Title II and publishes the South Carolina HIV/AIDS Surveillance Report. Since the DHEC STD/HIV Division administers both the Ryan White CARE Act and HOPWA grant programs, coordination with local government agencies responsible for providing services to persons with STD/HIV is assured. In addition, DHEC has coordinated service delivery with the State's drug and alcohol abuse agency. Each of the consortia is required to include as members all agencies with a record of service to people with HIV/AIDS in their service area. Persons with HIV disease must also serve on consortia. The DHEC STD/HIV Division has developed the SC HIV Planning Council, an advisory group of people in the state who have been most influential in helping develop the State plan for service delivery to people with HIV disease. This group is apprised on a regular basis of the progress of the service delivery system in the state, including the use of HOPWA funds.

South Carolina Department of Disabilities and Special Needs (DDSN) – DDSN serves persons with mental retardation, autism, head and spinal cord injury and conditions related to each of these four disabilities. DDSN provides such services as assessment and evaluation, case management, supportive housing (Boarding homes), adult and child day care, mental and dental health care services, medical equipment, physical and speech (language) therapy, nutrition services, job and skills training, occupational therapy, job development, supervised living services, Medicaid and transportation. The South Carolina Department of Disabilities and Special Needs provides supportive living services as one of many specialized services/programs. Assisting DDSN in this endeavor is a statewide network of human services providers including local Disabilities and Special Needs Boards and private non-profit organizations.

South Carolina Jobs and Economic Development Authority (JEDA) – The purpose of the Authority is to develop the business and economic welfare of the State through the issuance of tax-exempt industrial revenue bonds to aid specific industries and businesses.

South Carolina Budget and Control Board -- This office assists local and state governments as well as non-profit organizations in data and research for all health and human services organizations. It is a neutral agency that provides the research support necessary for other agencies to meet the needs of the clients that they serve.

Other State agencies involved in housing supportive services – There are various other State agencies that play roles in the provision of housing supportive services, particularly for client populations. These agencies include: Department of Alcohol and Other Drug Abuse Services and the Department of Labor, Licensing and Regulation.

Other State agencies involved in community development – There are various State agencies that play roles in the provision of community and economic development assistance. They include: Employment Security Commission; Department of Transportation; Commission on Minority Affairs; and the Department of Parks, Recreation and Tourism.

Local

Municipal and County Governments – Local governments have historically provided financial and technical resources in addressing the needs of the homeless, at-risk, and lower income households in South Carolina. Local planning efforts provide opportunities to assess needs, coordinate services, set priorities and propose ways to address community issues such as homelessness prevention and affordable housing development. The agency responsible for housing and community development activities is the Finance Department of Horry County. A new Community Development Program Manager position will be created and will be responsible for overall grant administration. The new manager will be supported by the administrative and finance staff of the Finance Department. The entire Community Development Manager position and a proportionate share of an administrative assistant's salary will be funded with the CDBG grant. The Cities of Myrtle Beach and Conway have historically been direct CDBG Entitlements. However, in support of the County's effort to become a CDBG Urban County, both Cities elected to join the County and forego their entitlement status. Each City will maintain a Community Development Manager position and manage the daily implementation of projects conducted within the applicable City limits.

Public Housing Authorities (PHAs) – PHAs administer the Section 8 Certificate and Voucher Programs, which provide rental assistance to low income persons, and Public Housing statewide. These programs exist to assist the housing needs of very low and low-income households. Local housing authorities are at the forefront of local housing initiatives and provide a necessary forum for the development of solutions to affordable and supportive housing needs at the community level. There are two local public housing authorities serving Horry County. They are the Housing Authority of Conway, and the Housing Authority of Myrtle Beach.

Waccamaw Regional Council of Governments - The Waccamaw Regional Council of Governments (COG) serves Horry, Georgetown and Williamsburg Counties and sponsors a Fair/Affordable Housing Fair in April and publishes an affordable housing resource and social services guide quarterly. They refer citizens to credit counseling and homebuyer workshops and co-sponsor these events and provide housing counseling.

Waccamaw HOME Investment Partnership Consortium - Several jurisdictions within the Waccamaw Region, including Horry County, entered into an intergovernmental agreement that created the Waccamaw HOME Investment Partnership Consortium. The Waccamaw HOME Consortium is a regional organization that receives a yearly entitlement from the HOME Program (HOME Investment Partnership Program), which is a federally funded program through the Department of Housing and Urban Development and provides technical assistance for projects that increase affordable housing opportunities within the Waccamaw Region. The anticipated allocation for the region is approximately \$1 million per year. Myrtle Beach is the lead agency for the Consortium because they are the largest entitlement community in the region. The Waccamaw COG administers the program (Waccamaw Regional Council of Government).

Other

Association of Community Development Corporations (CDCs) – CDCs develop projects and activities to enhance community-wide economic opportunities. Among the activities pursued by CDCs include assisting residents to become owners and managers of small businesses, producing affordable housing, and creating a better living opportunity in the community. In South Carolina, there are approximately fifty CDCs throughout the state. On May 30, 2000, the South Carolina Community Economic Development Act was enacted into law. This law defines CDCs, provides for certification of CDCs by the State, and provides tax credits to those providing funds to CDCs.

Community Action Agencies (CAA) – There are 15 Community Action Agencies in South Carolina serving the state's 46 counties. They serve socially and economically disabled individuals and families and enable them to become self sufficient by providing a range of services for persons and households needing housing and supportive services assistance. These services include assistance for weatherization, education, employment, emergencies, housing, and assistance with utility bills, food, clothing, and health care. CAAs target certain housing rehabilitation and social service resources to eligible low income residents. South Carolina CAAs administer the Low Income Home Energy Assistance Program (LIHEAP), and Community Services Block Grant (CSBG) Program in communities across the state. CAAs play an important service delivery role, particularly in the rural communities where services and delivery agents are often scarce.

South Carolina Financial Institutions (banks, thrifts, Fannie Mae) – The state's private lending institutions and Fannie Mae play an increasingly significant role each year in the delivery of financial and technical resources. Banks and thrifts originate the loans which are financed by the State Housing Finance and Development Authority. Lending institutions have become more involved in financing affordable housing and community development in South Carolina due primarily to the Community Reinvestment Act (CRA) and other initiatives to encourage their increased participation in community investment financing. Many of the state's major financial institutions continue to demonstrate solid commitment to community lending needs and capital investment in small and minority business development through CRA and other targeted initiatives.

Nonprofit and For Profit Organizations - Organizations such as Habitat for Humanity and the Grand Strand Housing and Development Corporation as well as private developers also service the area by providing and constructing affordable housing for low-income families.

12. Assess the strengths and gaps in the delivery system.

The institutional structure could be more closely coordinated to improve the efficiency and effectiveness of programs addressing the needs of Horry County's low income and homeless families and individuals. Areas needing improvement include:

- the need for improved coordination and cooperation between and among the Cities and housing authorities of Myrtle Beach and Conway and private sector institutions that deliver programs and services to low income populations,
- the need to reduce the duplication of services throughout the area,
- the need for increased involvement, in and formulating initiatives designed to address the housing and human service needs of underserved populations, including rural residents, single-parents, the elderly, minorities, the disabled and homeless,
- the need for enhanced administrative capacity of local governments and community based non-profit organizations.

The county considers itself an active participant in coordinating activities among community partners in the affordable housing and community development delivery system. To overcome the gaps in the system, Horry County will continue to provide opportunities for public, private and governmental organizations to come together to share information, advocate for issues of concern, leverage resources and address the barriers associated with development of affordable housing.

Monitoring (91.230)

13. Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.

In order to ensure that programs are carried out in accordance to the Consolidated Plan and in a timely and effective manner, Horry County will implement an annual monitoring and evaluation process. The process will enable the County to review all CDBG funded program accomplishments in relation to the goals and objectives established by the Consolidated Plan. The annual CDBG program review includes Horry County programs and projects and use of HOME funds by sub-recipient organizations. Information gained from the review provides valuable information including successful implementation of Plan strategies, the effectiveness of programs and strategies, the benefits achieved through the implementation of Plan strategies, the needs that are being met through the CDBG program, and the program accomplishments. The County implements its monitoring program in accordance with requirements set forth by HUD, as well as additional measures included in the Annual Action Plan for each program year. Monitoring of the implementation of the Consolidated Plan includes periodic telephone contacts, written communications (including emails), data collection, submission of reports, analysis of report findings, periodic meetings and workshops, and evaluation sessions. General procedures used when monitoring sub-recipient organizations include:

- Meetings with appropriate officials including an explanation of the purpose of the monitoring process.
- Review of appropriate materials such as reports and documents that provide more detailed information on the programs and their status.
- Interviews with members of staff and the community to discuss performance.
- Visits to project sites.

- If appropriate and necessary, a closed conference with program officials.
- Provide comments and recommendations as needed.

In case of project delays, an assessment is made of the reasons for the delay, the extent to which the factors that caused or continue to cause the delay are beyond the organization's control, or the extent to which the original priorities, objectives and schedules may have been unrealistic.

Priority Needs Analysis and Strategies (91.215 (a))

14. Describe the basis for assigning the priority given to each category of priority needs.

The Strategic Plan outlines Horry County's overall strategy for addressing area needs in the coming five years. The plan will specifically identify how the County intends to use CDBG funds to address priority needs. The needs identified were prioritized based on whether federal CDBG Program funds will be used to address the specific need in the coming five years. The needs outlined in Exhibit 3 were prioritized based on the following assumptions required by the U.S. Department of Housing and Urban Development.

- High priority needs will be addressed using federal funds
- Medium priority needs may be addressed using federal funds
- Low priority needs will not be addressed in the coming five years and are not discussed in this section.

The County intends to address these priority needs by pursuing the goals and strategies as outlined in this Plan. Although, the County, working in cooperation with the Cities of Myrtle Beach and Conway will handle the daily administration of the programs, individual projects will be reviewed and approved by the Horry County Council.

15. Identify any obstacles to meeting underserved needs.

The primary obstacle to meeting underserved needs is the availability of financial resources. The needs are far greater than the resources available.

Lead-based Paint (91.215 (g))

16. Estimate the number of housing units that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.

About three-fourths of housing built prior to 1978 contains lead-based paint which, if not controlled, poses a health risk to occupants, particularly children and pregnant women. Lead can be found in paint, dust, soil, and plumbing. According to the EPA/HUD Fact Sheet on lead hazards, long-term low-level exposure to lead from these sources "can cause a range of health problems including permanent damage to the brain, nervous system, and kidneys." ¹ In infants, lead poisoning can result in neurological problems, low birth weight, premature birth, miscarriage, or stillbirth. According to David Belliger, Ph.D., a psychologist and epidemiologist at Children's Hospital in Boston, for every increase of 10 micrograms per

¹ United States Environmental Protection Agency. EPA/HUD Fact Sheet. (1996, March) *Lead Hazard Prevention in Homes Pamphlet Released*. Retrieved February 24, 2006, from www.epa.gov/docs/lead_pm

deciliter of blood lead, a child's IQ is lowered about one to three points. Children are far more susceptible to lead poisoning; for every 11 percent absorbed by an adult, a child absorbs 30 to 75 percent. The dangerous blood lead level for adults is 25 micrograms per deciliter, but for children it is only 10 micrograms per deciliter. Also noteworthy is the fact that the risk is higher for children who are poor, non-Hispanic black, Mexican American, and living in cities or large metropolitan areas or older housing. Other contributors to elevated risk are poor nutrition, especially calcium and iron deficiencies, high-fat diets, and not enough food. There are many symptoms of lead poisoning; however, by the time these symptoms appear, it is often too late to reverse the damage. Symptoms in children may be absent or may include headache, irritability, abdominal pain, and changes in kidney function. In adults, it can cause lethargy, loss of appetite, stomach ailments, damage to the reproductive system, high blood pressure, loss of recently-acquired skills, abnormal behavior, fatigue, and lack of coordination. In both children and adults, it can result in coma as well as death.²

In 1998-2000 HUD sponsored a survey of a naturally representative sample of housing in the U.S. in which children could reside. 831 housing units were evaluated for lead in paint, dust and soil. The National Institute for Environmental Health Sciences (NIEHS) partnered with HUD to analyze dust samples for the concentrations of the common household allergens. Information was also collected from residents through administration of a questionnaire. Some lead-related findings include the following:

- 38 million housing units (40%) had lead-based paint and 24 million (25%) had significant lead-based paint hazards.
- 1.2 million dwellings with at least one significant lead-based paint hazard housed low income families with a child under the age of 6.
- 14% of housing units had significantly deteriorated lead-based paint, 16% had dust-lead hazards, and 7% had soil-lead hazards.

Estimates suggest that there were 147,207 housing units in Horry County of which 38,833 were built prior to 1980.³ Of those units built prior to 1980, approximately 75% or 29,125 units contained a significant lead paint hazard. Although difficult to estimate, it is likely that approximately 1,460 housing units in Horry County have a significant lead-based paint hazard and houses a low income family with a child under the age of 6. This estimate is based on the NIEHS study that suggests that of the 24 million houses nationally with a significant lead-based paint hazard approximately 1.2 million are occupied by a low income family with a child under 6. In other words, one unit in 20 that have a significant hazard house a low income family with a child under 6.

17. Outline actions proposed or being taken to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs, and how the plan for the reduction of lead-based hazards is related to the extent of lead poisoning and hazards.

Prevention

In order to reduce and eliminate the number of lead-based hazards in housing, Congress passed The Residential Lead-Based Paint Hazard Reduction Act of 1992, thereby recognizing

² U.S. Food and Drug Administration. FDA Consumer. (1998, January-February). *Dangers of Lead Still Linger*. Retrieved February 24, 2006 from www.cfsan.fda.gov/~dms/fdalead.html

³ U.S. Census and S.C. Statistical Abstract

“modern scientific knowledge that childhood lead poisoning was ubiquitous in America, caused primarily by lead-based paint hazards, and preventable.”⁴ The Lead-Based Paint Disclosure Rule, which is part of this Act, is intended “to protect families from exposure to lead from paint, dust, and soil.” It requires that sellers and lessors of most private and public housing, Federally-owned housing, and federally-assisted housing “retain a copy of the disclosures for no less than three years from the date of sale or the date the leasing period begins.”⁵

According to the Department of Health and Human Services, in the past fifteen years, the CDC “has appropriated funds to state and local health departments to support childhood lead poisoning prevention programs,” including a 30 million dollar allocation in FY 2005. Since this time, “the geometric mean blood lead levels in children one through five years of age have dropped to an average of 1.9 micrograms per deciliter from a high of 15 micrograms per deciliter in the early 1980s.”⁶ One program, entitled Healthy People 2010, is a collaborative effort by CDC, HUD, EPA, and other agencies. Its goal is to eliminate childhood lead poisoning as a public health problem. The key elements are:

- Identification and control of lead paint hazards;
- Identification and care for children with elevated blood lead levels;
- Surveillance of elevated blood lead levels in children to monitor progress; and
- Research to further improve childhood lead poisoning prevention methods.⁷

To provide education and outreach, the Horry County will distribute information, as required by law, on lead-based paint hazards to all households that participate in its CDBG Programs.

Screening

The South Carolina Department of Health and Environmental Control (DHEC)—through the Division of Children’s Health—provides preventative and primary care services to infants and children, including lead testing. DHEC is also a leader in assessing environmental factors such as lead hazards. The Women, Infant, Children (WIC) Program (a special supplemental food program of DHEC) provides a health assessment to program participants, which includes the mandated testing of children for lead poisoning. In addition to meeting nutritional needs, the WIC Program provides a gateway for preventative health services for infants and children of low income women.

In South Carolina in 2002, 49,158 children were tested, and 512 (1.04 percent) tested positive for elevated blood lead levels. The next year, 45,797 South Carolina children were tested, and 376 tested positive (.82 percent). In Georgetown County in 2002, 892 children were tested for blood lead, and 7 tested positive for 10 micrograms per deciliter or more. The number confirmed cases in 2004 dropped to 4, but only 509 children were tested during this year, so the percentage of cases stayed approximately the same at .7 percent. In 2002,

⁴ U.S. Department of Housing and Urban Development. Homes and Communities. (2002, November 8). *About HHLHC*. Retrieved February 24, 2006, from www.hud.gov/utilities/

⁵ U.S. Department of Housing and Urban Development. Homes and Communities. (2004, June). *The Lead-Based Paint Disclosure Rule*. Retrieved February 24, 2006, from www.hud.gov/utilities/

⁶ Department of Health and Human Services. Centers for Disease Control and Prevention. (2005). *Centers for Disease Control and Prevention Childhood Lead Poisoning Prevention Program*. Retrieved February 24, 2006, from www.cdc.gov/od/pgo/funding/EH06-602.htm

⁷ Centers for Disease Control. (2005, December). *CDC Childhood Lead Poisoning Prevention Program*. Retrieved February 24, 2006, from www.cdc.gov/nceh/lead/about/program.htm

13 cases were confirmed of the 2940 children who were tested (.4 percent); two years later, this number had dropped to .1 percent. Of the 991 children tested, 1 case was confirmed. Finally, the number of confirmed cases in Williamsburg County dropped from 1.7 percent in 2002 (12 cases of 688 tested) to 0 percent in 2004. Overall, the percentage of children who tested positive for blood lead poisoning in the Waccamaw counties dropped from .7 percent in 2002 to .2 percent in 2004.⁸

Whenever any Horry County CDBG representative suspects someone of having lead poisoning, notice will be provided to the DHEC. Once notified, DHEC will inspect the homes and/or childcare facilities of children with elevated blood lead levels.

Abatement

Buildings that contain lead paint are considered hazards, especially when they contain lead paint that is chipping, peeling, flaking, chalking, is on windowsills that are wearing, is on flooring, can come into contact with a child's mouth, or is disturbed by remodeling or repainting. Abatement of a lead-contaminated building becomes a necessity when the child or children living there have a blood lead level greater than or equal to 20 micrograms per deciliter. Abatement should include the following steps:

- Proper training of all workers involved in the abatement.
- Protecting those workers whenever they are in the abatement area.
- Containing lead-bearing dust and debris.
- Replacing, encapsulating, or removing lead-based paint.
- Cleaning the abatement area thoroughly.
- Disposing of abatement debris properly.
- Inspecting to make certain the property is ready for re-occupancy. ⁹

Horry County will abate or improve the safety of the housing units as required by law. However, it is not anticipated that local funding levels per unit under the CDBG Program will be high enough to require abatement.

HOUSING

Housing Needs (91.205)

18. Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost-burden, substandard housing, and overcrowding (especially large families).

⁸ South Carolina Department of Health and Environmental Control. *SC Childhood Lead Poisoning Prevention Statistics for children less than 6 years of age in the Waccamaw Region for calendar years 2002-2004.*

⁹ Centers for Disease Control. Preventing Lead Poisoning in Young Children. *Management of Lead Hazards in the Environment of the Individual Child.* Retrieved February 24, 2006, from www.cdc.gov/nceh/lead/publications/books/plpyc/chapter8.htm

Overall Needs

A large percentage of extremely low-income and very low-income households in Horry County experiences one or more housing problems. Households with housing problems are those households occupying units without a complete kitchen or bathroom, that contain more than one person per room and/or that pay more than 30% of their income to cover housing expenses. The Attachment M provides a summary breakdown of the percentage of households with housing problems by type of housing problem and income level. Nearly one-third of all households (at any income level) experience a housing problem and more than one-quarter experience a cost burden of 30% or more. Eleven percent of all households experience a costs burden of 50% or more; almost one-half of all extremely low-income households (those earning 30% or less of the area median income) fall into this category. The map provided in Attachment A highlights the areas of low income concentration within Horry County.

The following sections describe characteristics of low-income households experiencing housing problems in Horry County, as shown in Attachment M. Looking at renter-occupied and owner-occupied housing separately, census data show important distinctions based on the following income levels¹⁰:

Extremely low-income households are households earning 30% or less of the area median income (adjusted for family size). Given that the aggregate area median household income for the Myrtle Beach/Conway/North Myrtle Beach MSA in 2008 is \$50,400 (for a household of four), households earning \$15,450 or less annually are considered extremely low-income.

Very low-income households are households earning between 31% and 50% of the area median household income (adjusted for family size). Given that the aggregate area median household income for the Myrtle Beach/Conway/North Myrtle Beach MSA in 2008 is \$50,400 (for a household of four), households earning \$25,750 or less annually are considered very low-income.

Low-income households are those earning between 51 and 80% of the area median household income (adjusted for family size). Given that the aggregate area median household income for the Myrtle Beach/Conway/North Myrtle Beach MSA in 2008 is \$50,400 (for a household of four), households earning \$41,200 or less annually are considered low-income.

Renter Households

More than one-third of all renter households experience a housing problem. This represents a 5.5 percent reduction in the Region overall since 1990¹¹. The percentage of renters at all income levels who experienced housing problems has dropped overall since 1990 region-wide.

Extremely Low-Income Renters--Among extremely low-income renters, large related households experience many more housing problems than other groups—93.7% experience any housing problems, 81% pay 30% or more for housing and 63.5% pay 50% or more for housing. Extremely low-income elderly households experience less housing problems than

¹⁰ Based on 2008 HUD income Limits

other groups, with 51.6% encountering any housing problem, 51.6% being 30% or more cost-burdened and 38.4% being 50% or more cost-burdened.

Very Low-Income Renters--Among very low-income renters, 81.5% of large related households experience housing problems. Among those renters that are 30% or more cost-burdened, 65.9% are small-related households and 79.4% are individuals or unrelated households. Large related households are less likely to be 50% or more cost burdened while elderly and individual and unrelated households are more likely to pay 50% or more for housing.

Low-Income Renters--A higher percentage of large related households (58.4%) experience one or more housing problems than other low-income groups. Individual and unrelated households are more likely to be cost burdened—more than one-half spend more than 30% of income for housing expenses. However, elderly renters are more likely to be severely cost burdened, as 10.1% spend more than half of their income on housing expenses. With the exception of large related households, over one-third of all other renters are cost-burdened by 30% or more.

Owner Households

Over one-fourth of all owner households experience a housing problem. The percentage of extremely low-income owners who experience a cost burden over 50% rose since 1990 to 54.0%—an increase of 23.3%. During this same period, however, extremely low-income owners experienced a slight decrease in any housing problems and in cost burdens of more than 30%. Among very low-income and low-income owners, there has been an overall increase in the number of housing problems and cost burden at both levels.

Extremely Low-Income Owners--Among extremely low-income homeowners, 73.6% of large related households experience the greatest number of housing problems. Small-related households experience the greatest incidence of cost burden over 30%, as well as over 50%. Just 39.2% of elderly households experience cost burden over 50%, while more than one-half of all other homeowners pay 50% or more of their income to cover housing expenses.

Very Low-Income Owners--Nearly three-fourths of large related households experience some housing problems. With the exception of elderly households (of which 37.8% are 30% cost-burdened), over one-half of all very low-income owners are 30% or more cost burdened. At 43.2%, individuals and unrelated households have the highest incidence of spending more than 50% of their income for housing expenses.

Low-Income Owners--Non-elderly owners are much more likely than elderly owners to experience one or more housing problems, with large related households (at 52.7%) encountering the most problems. Almost one-half of individual and unrelated households experience a cost burden of more than 30% and 20.2% experience a cost burden of more than 50%. Large related households are least likely to be 50% or more costs burdened. Overall, renters are more likely than homeowners to experience a cost burden.

Persons with Special Housing Needs (Non-Homeless)

There are four primary groups with special needs in the Horry County. They are the elderly and frail elderly, those with HIV/AIDS and their families, those with alcohol and/or drug

addiction, and the mentally or physically disabled. This section will explain who they are, what their needs are, and how the county is accommodating or should accommodate these needs.

Elderly, Including Frail Elderly--Elderly persons generally need an environment that provides several areas of assistance or convenience. First, the availability of healthcare is important, since health problems generally become more prevalent with aging. Second, availability of assistance with daily activities such as shopping, cooking, and housekeeping becomes more important as people grow older. Also, the proximity of basic goods and services such as those provided by pharmacies and grocery stores grows increasingly important as a person becomes less able to drive or walk. Third, availability of ease of transportation is important for the same reason. Fourth, safety is a concern, since older Americans, especially those living alone, are particularly vulnerable to crime and financial exploitation. Fifth, weather and climate are considerations for many elderly people, since these are often factors in ease of transit as well as health. In a survey conducted by the S.C. Department of Parks, Recreation, and Tourism, this ranked high on the list of important factors for quality of life. Also on this list was cost of living.¹² Housing issues do present a palpable problem for many elderly persons, as the numbers below show.

In 1990, the first Baby Boomers turned 50; in 2003, the 50+ segment of the population comprised one-fourth of the U.S. population, and the percent is still climbing. In 1970, the median age was 28, in 2000 it was 35.3, and, by 2010, it is estimated that it will grow to 37.4. In South Carolina, the mature adult population is expected to comprise one-third of the state population by 2015. By 2020, the U.S. Census Bureau predicts that those 65+ will number 1 in 6. In South Carolina, the trends have been similar. From 1990 to 2000, the mature adult population grew by 33 percent to 485,300 residents who were 65 and older.

Since this segment of the population is growing at such a pace, the county should anticipate several areas of need. Some of them include the availability of affordable, safe housing, whether this population will outlive its financial resources, whether Medicaid, Medicare, and Social Security will be able to meet the needs of this growing population, how to provide healthcare infrastructure in order to meet the needs of an older population, how to pay for this care, and providing for the special needs of the elderly, such as caregivers.¹³

Table 1 50+ Population in 2000

	Total Population	Population 50 Years and Over	Percent 50 Years and Over
Horry County	196,629	65,114	33.1
South Carolina	4,012,012	1,120,787	27.9
United States	281,421,906	76,851,985	27.3

Source: U.S. Census Bureau, Census 2000.

¹² Office of the Lieutenant Governor, Office on Aging. (2003). *Mature Adults in South Carolina: 2003 Georgetown, Horry, and Williamsburg County Reports: Who We Are*. Retrieved March 13, 2006, from www.scmatureadults.org

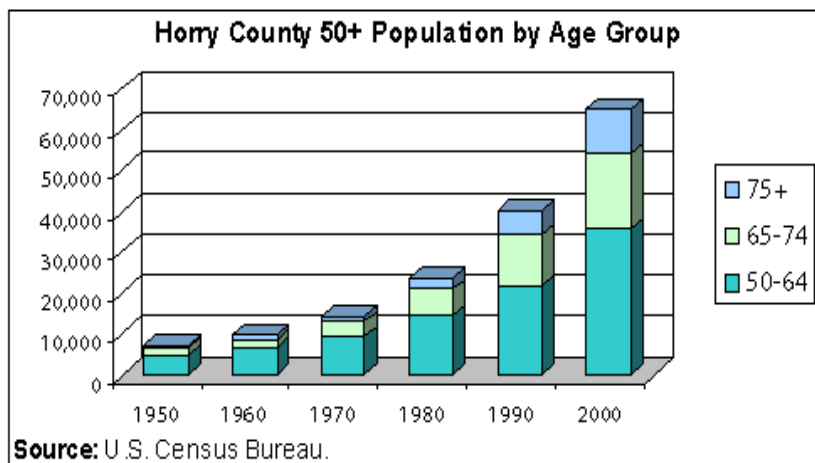
¹³ Office of the Lieutenant Governor, Office on Aging. (2003). *Mature Adults in South Carolina: 2003 Georgetown, Horry, and Williamsburg County Reports: Who We Are*. Retrieved March 13, 2006, from www.scmatureadults.org

The 2000 Census found that 68.4 percent of the 50+ population was white, 55.9 percent were women, 3.2 percent of the population age 65+ used private insurance to pay for inpatient hospital services in 2002, and that 35 percent of the population 65+ had less than a high school education. The census also found more cases of financial burden among older residents.

Older Americans experience more financial burdens than their generally fixed incomes allow them to handle. According to "Mature Adults in South Carolina: Who We Are," between 1991 and 2001, the number of seniors who filed for bankruptcy increased 244 percent. There are several sub-groups, however, that are more vulnerable to poverty than others. African-American seniors generally are more susceptible to poverty than whites because of "the reduced employment opportunities and wages available to them during their work years." Older women are also a more vulnerable group because "many have never been employed, left employment to raise children, or worked in jobs where pensions were not provided"; it follows that Social Security comprises more than half the income for 75 percent of elderly women and 90 percent of monthly income for 44 percent of elderly women.¹⁴ When paying for healthcare, in 2002, 96.7 percent of Horry County residents 65 and older used Medicare.

In 2000, there were 65,114 Horry County residents 50 years of age and older; they comprised 33.1 percent of the county's residents. Of those 65 to 74, 6.7 percent had incomes below the poverty line, and 12.5 percent of those 75 and older had incomes below the poverty line. These numbers were even higher for elderly African Americans; of those 65 to 74, 30.2 percent lived below the poverty line, and 36.4 percent of those 75 and over lived below the poverty line.

Figure 1



Financial burdens often include housing issues. In 2000 in Horry County, 89.3 percent of residents 55 and older owned their homes, and 15.2 percent of those 65 and older owned mobile homes. Of those residents 55 and older, 10.7 percent rented, and 16.2 percent of those 65 and older rented mobile homes.

¹⁴ Office of the Lieutenant Governor. Office on Aging (2003). *Mature Adults in South Carolina: 2003 Georgetown, Horry, and Williamsburg County Reports: Who We Are*. Retrieved March 13, 2006, from www.scmatureadults.org

Still, about 30 percent of senior households in the U.S. are considered cost-burdened, as they spend over 30 percent of their income on housing, and 14 percent are considered severely cost-burdened, as they spend over 50 percent of their income on housing. Cost burden is only one type of housing problem; these problems may also consist of overcrowding or a lack of complete facilities such as plumbing or kitchen. In Horry County, 21.7 percent of the same owner households experienced one or more of these types of problems compared to 37.5 percent of elderly one-and two-person renter households.¹⁵

Retirement income is also an issue for most elderly persons and for most, Social Security and pensions comprise most of it. In 2002, 431,300 retired workers in South Carolina received average monthly Social Security benefits of \$868. From 2000 to 2002, there was a 4.9 increase in the number of retirees who received benefits as well as a 6.9 percent increase in the amount of benefits received per month. In Horry County experienced a 6.9 increase in 2002.

In 2002, there were 2,272 residents 50-64 and 1,301 of those 65 and older received food stamps in Horry County. In addition, pensions are not always available or a viable plan. Only 58 percent of the U.S. workforce is employed by a firm where a pension plan is available. For those who are employed by firms who offer such plans, low income levels, less education, minority status, and lack of a union are often coupled with the choice not to contribute to the plan. Also, workers who are laid off or whose health prevents them from working often cash in their retirement in order to pay debts.

Debt is another factor in the lack of financial security for many older Americans. The level of debt for this group increased nationally from 1992 to 2001, from \$2,143 to \$4,041. The rate of bankruptcy among seniors increased by 244 percent from 1991 to 2001. Loss of a job, mortgage and credit debt, medical expenses, and the death of family members are factors that contribute to this rise.

Persons with HIV/AIDS and Their Families--According to the South Carolina Department of Health and Environmental Control, from 1981 to 2007 there were 16,970 documented cases of AIDS of which 9,288 were still living. There were an additional 5,151 individuals that were HIV-infected but did not have AIDS.

Table 2 HIV/AIDS Cases 1981-2007¹⁶

District/ County	Cases	State Rank	Deaths
Horry	1,061	23	262

In 2005, 43 cases of HIV/AIDS were identified which reflects a rate of 19.7 per 100,000 population. In 2006, the rate of infection decreased to 17.2 per 100,000 population. Since an estimated 43 percent of all persons living with HIV/AIDS are unemployed and almost half of women living with HIV/AIDS earn less than \$10,000 a year, it follows that, for these people, housing and shelter are issues.

Persons with Alcohol or Drug Addiction--An estimated 236,000 residents of South Carolina suffer from alcohol and/or drug addiction that requires immediate intervention and treatment. In FY 2006-07, the South Carolina Department of Alcohol and Other Drug Abuse

¹⁵ Office of the Lieutenant Governor, Office on Aging. (2003). *Mature Adults in South Carolina: 2003 Horry County Report: Who We Are*. Retrieved March 15, 2008, from www.scmatureadults.org

¹⁶ Ibid.

Services (DAODAS) provided services for 48,299 state residents. According to the DAODAS, the estimated cost of treatment and other programs to the state annually is \$2.5 billion per year.¹⁷ DAODAS and affiliated agencies also provide prevention activities, the funding for which comes from several sources. The Substance Abuse Prevention and Treatment Block Grant, which is provided by the Substance Abuse and Mental Health Services Administration in Washington, D.C, provides about 50 percent. Thirty percent is provided by state funds from the South Carolina General Assembly, and about 20 percent comes from Medicaid and other federal grants.¹⁸

Persons With Developmental Or Physical Disabilities--In 2000, in the U.S., one out of every five people lived with some type of disability or persistent condition. These numbers were highest in the south, where almost two out of every five people lived with a disability. In 2000 in Horry County, the number of people living with a disability was 42,673 or 23.2 percent. These percentages were higher than that of the U.S. in the same year, which was 19.3 percent.¹⁹ In FY 2006-07, DDSN (the South Carolina Department of Disabilities and Special Needs) served 28,000 individuals with mental and related disabilities, autism, head injury, and spinal cord injury. About 82 percent lived at home with their families (the national average is 60 percent), and 18 percent needed care that could only be provided in community residential settings or in one of five state-operated regional centers. The number of individuals who need these services is growing. In 2006-2007, DDSN received about 400 requests for assistance each month, and that number is expected to rise. According to the Department's Accountability Report, "More babies are born each year with severe birth defects and more adults survive accidents that leave them with severe brain or spinal cord injuries. Advances in science and modern medicine save lives, but also add a growing group of children and adults who need services for the rest of their lives." In 2006-2007, DDSN had a waiting list of over 2000 people needing residential services and a waiting list of 1099 people for day and employment programs. Furthermore, many of the disabled are cared for by parents who are 65 and older. When the parents can no longer care for them, the state must supply assistance.²⁰

To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

Information available from the 2000 census has been analyzed to identify the extent to which racial or ethnic groups may have disproportionately greater needs compared to the housing needs of all groups in the County. The U.S. Department of Housing and Urban development considers that a "disproportionately greater need exists when the percentage of persons in a category is at least 10 percentage points higher than the percentage of persons in a category as a whole."

¹⁷ DAODAS. Accountability Report, Fiscal Year 2006-2007. Retrieved March 15, 2008, from www.daodas.state.sc.us

¹⁸ South Carolina Department of Alcohol and Other Drug Abuse Services. Agency Overview. Retrieved March 14, 2006, from <http://www.daodas.state.sc.us/web/upeventsview.asp?eventsid=52>

¹⁹ U.S. Census Bureau: American Fact Finder. *Census 2000 Demographic Profile Highlights*. Retrieved March 14, 2006, from <http://factfinder.census.gov>

²⁰ South Carolina Department of Disabilities and Special Needs. *Annual Accountability Report, Fiscal Year 2006-2007*. Retrieved March 15, 2008, from http://www.state.sc.us/ddsn/BestPractices/DDSN_AccountabilityReport.pdf

When looking at all households (renters and owners) in Horry County, African American and Hispanic households experience a disproportionately higher percentage of housing problems. Very low-income households (those earning less than half of the area’s median income) and extremely low-income households (those earning less than 30% of the area median income) have the greatest number of housing problems, whether renters or homeowners.

Priority Housing Needs (91.215 (b))

19. Identify the priority housing needs and activities in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.

Table 3 Priority Housing Needs

Priority Housing Needs (Households)			Priority Need Level
Renter	Small Related	0 to 30% 31 to 50% 51 to 80%	Medium Medium High
	Large Related	0 to 30% 31 to 50% 51 to 80%	Medium Medium High
	Elderly	0 to 30% 31 to 50% 51 to 80%	Medium Medium Medium
	All Other	0 to 30% 31 to 50% 51 to 80%	Medium Medium Medium
Owner		0 to 30% 31 to 50% 51 to 80%	High High High

Priority Need 1 —Home Rehabilitation Program for Existing Homeowners

The cost burden experienced by low and very-low income homeowners makes it difficult for existing homeowners to complete general repairs and maintenance on their homes. The County will preserve the area's affordable housing stock by providing grants, deferred loans and/or low-interest loans to low and moderate-income homeowners to rehabilitate their homes. To qualify the person must own and occupy the home and earn 80% or less of median income.

Priority Need 2 —Homebuyer Opportunities

Low-income renter households often find it difficult to save money for the purchase of a home. Increased opportunities for home ownership warrant increased production of affordable housing units and the development of loan programs with favorable terms. The County will expand the area's affordable homebuyer opportunities by providing grants, deferred loans and/or low-interest loans to qualified developers to be used for eligible infrastructure costs and/or land acquisition.

Priority Need 3 —Special Needs Housing

The development cost pressures of recent growth in the region has limited the development and availability of permanent and affordable rental housing for individuals with special needs. Priority special needs populations include elderly persons, individuals with physical and/or mental disabilities, and the homeless. The County will encourage the development of additional supportive or service-enriched housing for specific special needs populations using available federal, state and local program funds. Special consideration will be given to transitional housing and group home projects that assist a designated special need.

Priority Need 4 —Fair Housing

Section 104(b)(2) and 106(d)(5) of the Housing and Community Development Act of 1974 as amended, specifically require that the city certify that it will affirmatively further fair housing. Congress reiterated this affirmative obligation in the National Affordable Housing Act of 1990 (NAHA). The County's goal is to promote "the ability of persons, regardless of race, color, religion, sex, handicap, familial status or national origin, of similar income levels to have available to them the same housing choices." Although, the Cities of Myrtle Beach and Conway have completed an Analysis of Impediments to Fair Housing and undertaken several activities to inform citizens of their fair housing rights, to promote fair housing awareness and to explain programs available, a countywide Analysis of Impediments to Fair Housing has not been completed. As a result, specific actions are not provided at this time. However, County is committed to completing an analysis within one year of this Consolidated Plan by HUD.

Priority Need 5 – Elimination of Lead-Based Paint Hazards

The hazards associated with lead-based paint are a greater concern for low-income families that do not have the financial resources to make their homes lead safe. The Consortium will seek to minimize the reported cases of child lead poisoning in the region and reduce the level of environmental hazards (e.g. lead-based paint, asbestos, etc.) in lower income housing. The Consortium will ensure compliance with the environmental regulations by certifying appropriate staff as lead-based paint inspectors and assessors, distributing information on lead-based paint hazards to all households that rehabilitate or purchase homes built before 1978, conducting lead based paint inspections and assessments as necessary, and implementing environmental control or abatement measures (lead-based paint and asbestos) as required in all federally funded projects.

Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category.

The largest need in Horry County is found in large related renter households whose housing costs are between 50 and 80 percent of their income. Approximately, 58.4 percent of large related renter households had housing problems. This need is followed by a high need among other owner households. Approximately, 21.2 percent of other owner households' housing costs exceeded 50 percent of their income. Although these statistics represent the populations with the highest number of needs, significant needs exist at all levels of the low income spectrum.

20. Describe the basis for assigning the priority given to each category of priority needs.

As mentioned, there are a significant number of renters that are cost burdened. Horry will work with local developers to provide homebuyer opportunities for those renters that make 50%-80% of the area median income and are likely cost burdened in their present housing situation. The needs tables also illustrate that there are a substantial number of individuals that presently own their home but do not have the financial resources to make necessary repairs. The County will respond to this need by providing a home repair program for homeowners at all lower income levels.

21. Identify any obstacles to meeting underserved needs.

The two primary obstacles to meeting the identified underserved needs include the lack of funding and an adequate delivery system. To meet the underserved needs much more funding would be necessary in the capacity of the existing delivery system would have to be increased more than tenfold.

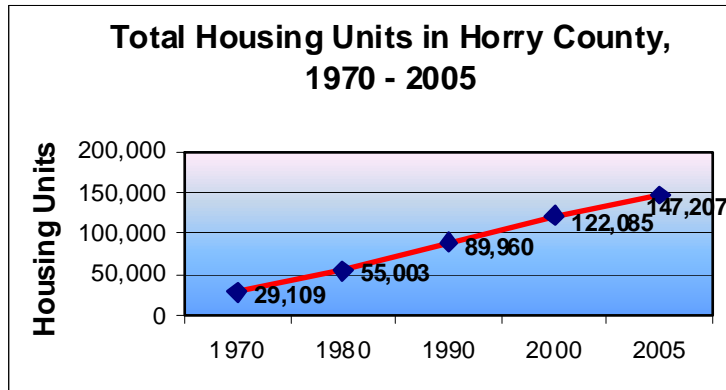
Housing Market Analysis (91.210)

22. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families. Data on the housing market should include, to the extent information is available, an estimate of the number of vacant or abandoned buildings and whether units in these buildings are suitable for rehabilitation.

Housing Inventory and Trends

Number of Housing Units - Horry County has been experiencing a steady growth in the number of housing units and this growth is shown in Figure 2 below. During the 1970s, the overall inventory of housing units increased by 89 percent. The growth rate waned in the 1980s and the housing stock only increased by 63 percent. Between 1990 and 2000, the number of housing units grew by 35.7 percent to 122,085 total units. Building permit data also reflects a rapid development. The County issued 29,440 new units in the unincorporated areas between 2000 and 2005. That figure increases to 33,381 when the incorporated areas are included. Yet, the slump in the housing market within the year 2007, has led to a decrease in residential building permits in the County (37% drop in building permits between 2006 and 2007). Nonetheless, a quick recovery within the following one (1) to two (2) years is expected.

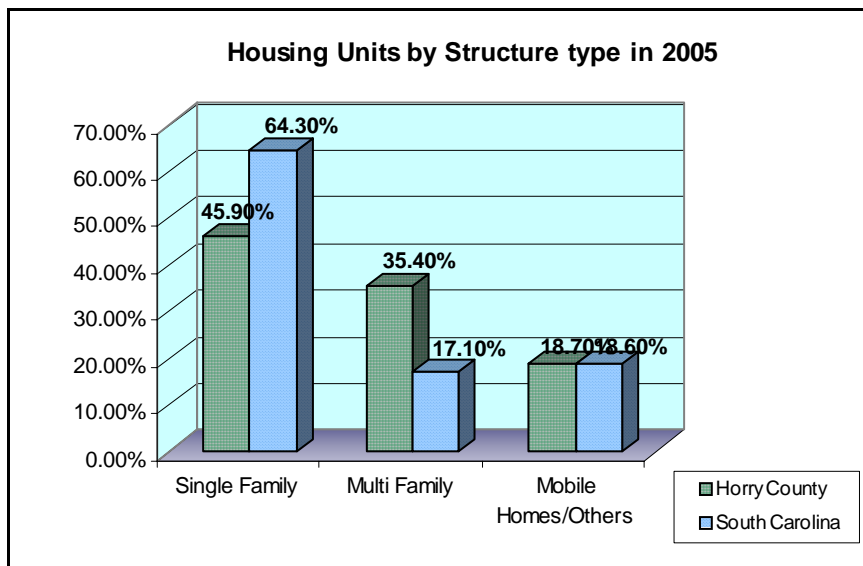
Figure 2



Source: US Census Bureau

Housing Mix - Figure 3 depicts the total mix of housing structures by the classifications of single-family, multi-family and mobile homes/other. Compared to the State, Horry County has a larger percentage of multi-family units than single-family units. This trend can be attributed to the County's large seasonal population and its effects on the local housing market.

Figure 3



Source: U.S. Census Bureau, 2005

Single-family residences constituted the largest component of the County's total housing stock with 45.9 percent of all units in 2005. Ninety-five (95) percent of these single-family residences were detached structures. The western census divisions of Aynor, Floyds and Loris had the highest shares of single-family units. The eastern coastal Divisions of Little River and Loris contained comparatively lower percentages of single-family homes. Approved single-family units in the unincorporated areas have tripled from 1,458 units in

2000 to 3,968 units in 2005, but have decreased significantly to 2,627 single-family units in 2006 as a result of the overall decline in the housing market. Within those numbers, the bulk of new construction was represented by the Carolina Forest development in the Conway East census division. The Carolina Forest area experienced tremendous growth in the late 1990s and in the 2000s. It is anticipated that this multi-subdivision development will be home to 33,000 to 35,000 people. According to the recorded final plats, 80 percent of the units recorded thus far are approved for single-family residences.

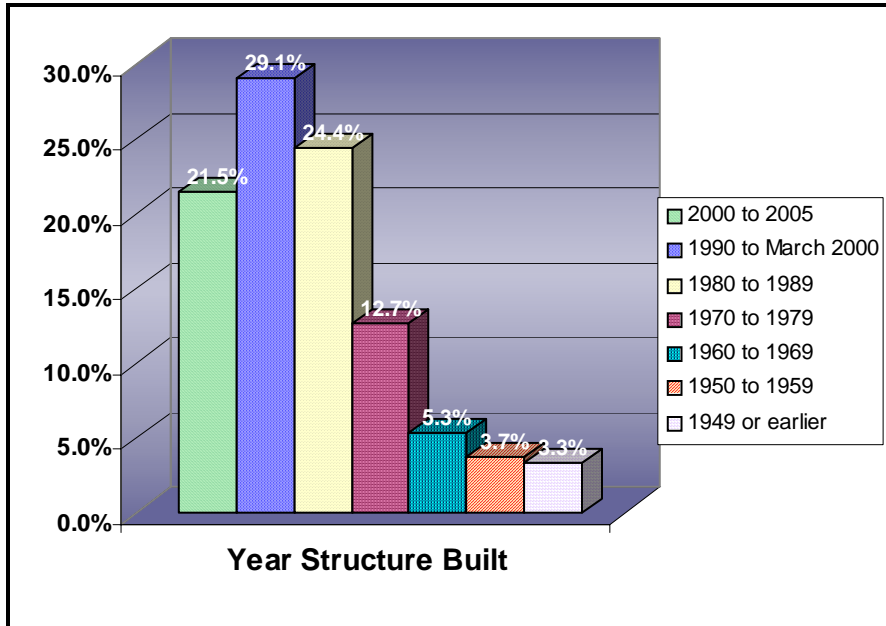
Multi-family housing units comprised approximately one-third of Horry County's overall housing stock in 2000. The greatest concentration of multi-family housing is found in the tourist-oriented census divisions of Myrtle Beach and Little River. In contrast, the rural western divisions of Aynor, Floyds and Loris had the least amount of multi-family housing. Multi-family unit construction throughout the County declined between 2002 and 2003. After a short rebound 2004 through 2005, the multi-family development in the local housing market plunged to only 44 authorized units in 2006. Current housing market conditions have altered leaving multi-family developments at a standstill, yet overall, this type of housing consistently comprises 20 percent of the approved housing units in unincorporated Horry County.

Mobile homes have made up nearly 28 percent of the approved housing units over the last six years. The number of mobile home permits issued in the unincorporated areas of Horry County has been declining since 2000 when the number of mobile home permits issued was greater than the number of single-family permits. Areas with the greatest percentage of mobile homes were the rural areas of Aynor, Floyds, Longs and Loris census divisions. Higher percentages of mobile home permits also correspond with median household income. These four census divisions had median household incomes approximately 17 percent below Horry County's average (US Census, 2000).

Age of Housing

The majority of housing in Horry County is relatively new. Close to 75 percent of the total number of housing units has been built in the last 25 years and 50 percent of the overall housing inventory was only built from 1990 to 2005. Only a bit over three (3) percent of the housing stock was built prior to 1949. Based on building permit data twenty-one percent of the housing stock was built in the last five years. Much of this growth has been focused in the coastal census divisions of Conway East, Little River and Myrtle Beach.

Figure 4 Age of Housing 1940-2005



Source: US Census, 2000 and County and Municipal Building Permit Data, 2005

Occupancy

Horry County's vacancy rate in 2000 was 33 percent, exceeding South Carolina's rate of 12.5 percent. The County's vacancy rate continues to be the highest in the State. High vacancy rates typically suggest an excess of housing units relative to demand. However, given the resort-oriented segments of the County's housing market, the rate more likely captures the high proportion of units in seasonal use. Vacancy is calculated for April 1 of the Census year, prior to the peak of the tourist season. Second homes and units built specifically for seasonal rental purposes tend to yield higher vacancy rates. Similarly, other tourist-based, coastal housing markets feature high vacancy rates; such as, 28 percent in Georgetown County and 19 percent in Beaufort County.

A review of vacancy by County census divisions further illustrates the influence of seasonal housing (Table 4). Coastal census divisions such as Little River and Myrtle Beach display a large number of vacant units, while the vacancy rate in the western divisions of Longs, Loris, Conway, Floyds, and Aynor are equal to or below the state's rate. An increase is noted in the Conway East. That census division has experienced a 6.5 percent increase in vacancy rate. This increase also reflects the attractiveness of this area to second homebuyers by its proximity to the ocean.

Table 4 Vacant Housing Units by Horry County Census Divisions, 2000

	<i>Aynor</i>	<i>Conway</i>	<i>Conway East</i>	<i>Floyds</i>	<i>Little River</i>	<i>Longs</i>	<i>Loris</i>	<i>Myrtle Beach</i>
<i>Total Units</i>	3,800	13,681	15,012	1,436	28,261	2,517	5,873	51,505
<i>Total Vacant Units</i>	413	1,252	2,905	181	16,148	385	637	18,364
<i>% Units Vacant</i>	10.8%	9.2%	19.4%	12.6%	57.1%	15.3%	10.8%	35.7%

Source: US Census, 2000

The U.S. Census Bureau separates vacant seasonal housing from all vacant households. The Census defines seasonal vacant housing as vacant units used or intended for use only in certain seasons, weekend or other occasional use throughout the year. Figure 5 describes the different classifications of vacancy. Over half of Horry County's vacancies are for seasonal, recreational or occasional use. Although the numbers themselves have increased by 23 percent since 1990, the rate of vacancy has remained the same at 22 percent of the total housing units.

Table 5 Vacancy Status in Horry County, 2000

	<i>Number of Units</i>
For rent	9,674
For sale only	2,057
Rented or sold, not occupied	1,321
For seasonal, recreational, or occasional use	25,838
For migrant workers	95
Other vacant	1,300
TOTAL	40,285

Source: US Census, 2000

Tenure

Among those housing units classified as occupied, the US Census Bureau identifies two types of tenure status—owner and renter. As of 2000, 73 percent of occupied units were owner-occupied, while the remaining 27 percent were rental. The homeownership rate in Horry County increased by 4.5 percent from 1990 to 2000. Taking into account the robust construction trends and the decreasing vacancy the trend indicates that the area's housing market continues to absorb recently constructed homes. It also suggests that more people are becoming permanent residents for reasons such as retirement, climate, jobs, comparative national affordability, etc. This is further substantiated in following Table 6, which shows that owner-occupied units are also increasing.

Table 6 Housing Units by Tenure, 1980 – 2000

	1980	1990	2000
Owner Occupied Units	23,925	38,198	59,699
% Owner Occupied	68.8%	68.5%	73.0%
Renter Occupied Units	10,873	17,566	22,101
% Renter Occupied	31.2%	31.5%	27.0%
TOTAL	34,798	55,764	81,800

Source: US Census, 1980-2000

Furthermore, Table 7 illustrates where people lived in 1995. Seventy-one percent of Horry County's residents lived in Horry County in 1995. Of those that did not live in the County in 1995, 79 percent came from out of state and the majority came from other areas of the south. The census divisions with the greatest in-migration were the coastal census divisions of Myrtle Beach and Little River as well as the growing area of Conway East.

Table 7 Residence in 1995 of Horry County and Census Divisions, 2000

	Horry County	Aynor	Conway	Conway East	Floyds	Little River	Longs	Loris	Myrtle Beach
Total residents in 2000	185,564	8,317	31,323	29,613	3,010	25,067	5,214	12,919	70,101
Same house in 1995	91,452	5,788	17,322	12,591	2,102	11,442	3,410	8,821	30,516
Different house in 1995	94,112	2,529	14,001	17,022	908	13,625	1,804	4,638	39,585
In United States in 1995	91,015	2,454	13,497	16,429	874	13,250	1,697	4,502	38,312
Same county	41,431	1,786	8,267	6,676	430	4,854	1,032	2,923	15,463
Different county	49,584	668	5,230	9,753	444	8,396	665	15,779	22,849
Same state	10,339	262	1,814	1,754	257	908	87	402	4,855
Different state	39,245	406	3,416	7,999	187	7,488	578	1,177	17,994
Northeast	13,633	132	1,166	3,096	17	2,448	228	368	6,178
Midwest	4,832	46	605	1,103	25	787	13	58	2,195
South	19,017	221	1,509	3,387	145	3,983	325	729	8,718
West	1,763	7	136	413	0	270	12	22	903
Outside United States in 1995	3,097	75	504	593	34	375	107	136	1,278

Source: US Census, 2000

Home Value

Average home values for specified owner-occupied houses in Horry County have risen considerably in the last decade and a half (see Table 8), increasing almost by double (90%)

between 1990 and 2005. Map A depicts estimated average values for owner-occupied homes for 2005 by zip code. The map shows whether housing in a particular zip code is above or below the median home value in Horry County for 2005. As the County average was \$143,500 based on U.S. Census data, the average home values for the individual zip code areas in the County represent estimates that were specially recalculated by the Horry County Planning and Zoning Department to better illustrate discrepancies in home values based on location, e.g. how close they are to the beach. With overall average home values increasing by 19.88% between 2000 and 2005 throughout Horry County, the most appreciating zip code areas are located along the shoreline (34.07%) and in the transitional areas just west of the Intracoastal Waterway (e.g. Carolina Forest, Longs, and Loris) with an increase in values of 32.72%.

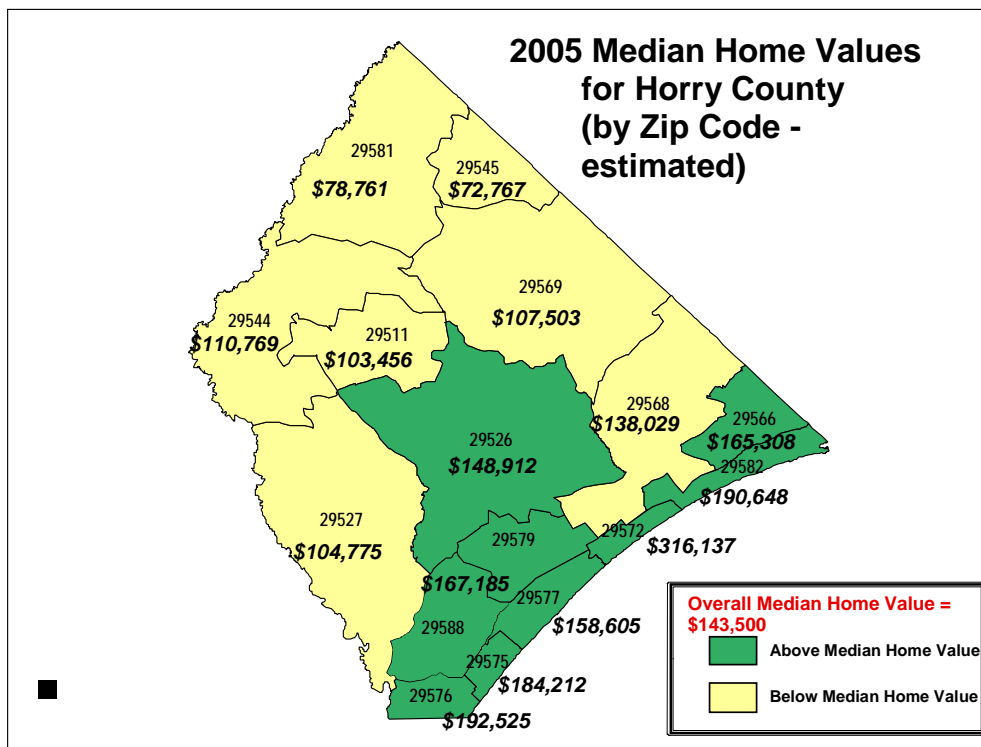
The most recent recorded median home sales price in Horry County was \$250,176 in 2006 (Coastal Carolina Association of Realtors, 2007). Yet, that number only represents an average price for listed homes that were sold in 2006, but does not relate to the average value of specified owner-occupied homes in an area depending on its very location, which is vital for assessing real estate values.

Table 8 Horry County Specified Owner-occupied Median Home Value, 1990-2005

<i>Year</i>	<i>Value</i>	<i>Percent Increase</i>
1990	\$75,500	N/A
2000	\$119,700	58.54 %
2005	\$143,500	19.88 %

Sources: US Census, 1990, 2000, and 2005

Map A: Estimated Median Home Values in Horry County, 2005



Renter Affordability

The National Low Income Housing Coalition publishes a yearly report titled *Out of Reach*, which provides local level data concerning affordable housing choices. One of the most poignant aspects of their research is assessing renter affordability. In Horry County there are 81,800 households. Of these households, 27 percent or 22,101 households are renters (NLIHC Out of Reach Report, 2005).

In order to assess affordability, fair market rents (FMR) are evaluated. For comparison, the state averages are also shown. The table below gives the average rents based on the number of bedrooms. Rents in Horry County for a two-bedroom unit are 13.6 percent higher than the state's average.

Table 9 Fair Market Rents (FMR) by number of bedrooms, 2005

Location	Zero	One	Two	Three	Four
South Carolina	\$472	\$520	\$591	\$751	\$828
Horry County	\$533	\$586	\$684	\$817	\$990

Source: NLIHC, 2005

Table 9 (above) further studies rents by calculating the necessary income in order for someone to afford each bedroom's fair market rent. For instance, in Horry County one would need an annual income of \$27,360 in order to afford a two-bedroom unit. The next set of columns give the percentage of annual median income in order to afford each bedroom unit. From Table 10, the annual median income for Horry County is \$50,650. Those households that earn 54 percent of annual median income can afford a two-bedroom unit in Horry County. Table 10 (below) demonstrates that rental housing in Horry County is unaffordable for very low-income households (households that earn 30 percent of the annual median income) (NLIHC Out of Reach Report, 2005).

Table 10 Necessary Income to afford FMR by bedrooms, 2005

Location	Annual Income					Percent of Family Annual Median Income				
	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR
South Carolina	\$18,887	\$20,787	\$23,633	\$30,028	\$33,106	36%	39%	45%	57%	63%
Horry County	\$21,320	\$23,440	\$27,360	\$32,680	\$39,600	42%	46%	54%	65%	78%

Source: NLIHC, 2005

Next, affordability is examined based on renter income and wage. The estimated renter median household income for Horry County is \$31,428 and the monthly rent affordable at renter median income is \$786. To pay the fair-market rent for a two-bedroom unit it would require 87 percent of the renter median household. It is estimated that 43 percent of renters are unable to afford a two-bedroom unit at fair market rent. The table also considers hourly wages. The estimated

renter hourly wage is \$8.74 and the monthly rent that is affordable at the mean renter wage is \$454. An interesting comparison shown in this table is that the renter household income for Horry County is higher than that of the State's, but the renter hourly wage is lower. Subsequently, Horry County renters on hourly wages can afford less rent than the South Carolina average (NLIHC Out of Reach Report, 2005).

Table 11 Household Incomes and Renter Wages in 2005

Location	Household Income (2005)				Renter Wage (2004)	
	Estimated Renter Median Household Income	Monthly Rent Affordable at Renter Median	Income Needed to Afford Two-Bedroom FMR as Percent of Renter Median	Estimated Percent of Renters Unable to Afford Two-Bedroom FMR	Estimated Mean Renter Hourly Wage	Monthly Rent Affordable at Mean Renter Wage
South Carolina	\$28,158	\$704	84%	42%	\$9.47	\$492
Horry County	\$31,428	\$786	87%	43%	\$8.74	\$454

Source: NLIHC, 2005

The *Out of Reach* report looks at income from both the salary and hourly perspective. Income is used to calculate the housing wage. Housing wage is the hourly wage necessary to pay the area's fair market rent for a two-bedroom unit while maintaining the federal standard of affordability—spending no more than 30 percent of income on housing costs. Information used in Table 12, Fair Market Rents by Bedroom Unit, was used to calculate the hourly wage needed in order to afford each number of bedroom units at fair market rent. A person in Horry County needs to earn \$13.15 per hour in order to afford a two-bedroom unit at fair market rent (NLIHC Out of Reach Report, 2005). As a result of this study, minimum wage earners would have to work 102 hours per week to afford a two-bedroom apartment in Horry County.

Table 12 Minimal Wages needed for Housing, 2005

Location	Hourly Wage Needed to Afford (At 40 hours per week)				
	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR
South Carolina	\$9.08	\$9.99	\$11.36	\$14.44	\$15.92
Horry County	\$10.25	\$11.27	\$13.15	\$15.71	\$19.04

Source: NLIHC, 2005

Approximately 35 percent of the population in Horry County works in retail, entertainment, recreation or food services (US Census, 2000). Traditionally, these industries are associated with a tourism economy and employ workers at or slightly above minimum wage. The federal minimum wage is \$5.15 per hour. South Carolina does not have a state minimum wage. The two tables below analyze housing affordability based on minimum

wage. The first table (Table 13) states how many hours one would have to work per week to afford a particular bedroom unit. At minimum wage, one would have to work 102 hours to afford a two-bedroom apartment in Horry County where as the State average is 88 hours. Table 14 illustrates how many full-time jobs would be necessary earning minimum wage. One would need over two incomes earning minimum wage to afford a two-bedroom unit. For those working at minimum wage, housing affordability is of serious concern in Horry County (NLIHC Out of Reach Report, 2005).

Table 13 Necessary hours of work per week to afford Housing, 2005

Location	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR
South Carolina	71	78	88	112	124
Horry County	80	88	102	122	148

Source: NLIHC, 2005

Table 14 Necessary # of full time jobs at minimum wage to afford Housing, 2005

Location	Zero-Bedroom FMR	One-Bedroom FMR	Two-Bedroom FMR	Three-Bedroom FMR	Four-Bedroom FMR
South Carolina	1.8	1.9	2.2	2.8	3.1
Horry County	2.0	2.2	2.6	3.1	3.7

Source: NLIHC, 2005

23. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).

The inventory of available subsidized rental housing is described in Attachment G. No units are anticipated to be lost in the coming five years.

24. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.

Although there is a need for affordable and available rental housing in Horry County, limited emphasis will be placed on non-special needs rental housing. This is due to limited funding in the coming five years.

Specific Housing Objectives (91.215 (b))

25. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.

The specific housing objectives are detailed in the Attachment N provided as a part of this plan.

26. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

Horry County will continue to participate extensively in the Waccamaw HOME Consortium, Housing Trust program and other programs that may be available from the state and federal governments.

Needs of Public Housing (91.210 (b))

27. In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs of public housing projects within the jurisdiction, and other factors, including the number of families on public housing and tenant-based waiting lists and results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25). The public housing agency and jurisdiction can use the optional Priority Public Housing Needs Table (formerly Table 4) of the Consolidated Plan to identify priority public housing needs to assist in this process.

The Myrtle Beach Housing Authority does not own any public housing. As a result, no waiting list is maintained for such housing and a capital improvement plan is not necessary. The number of Section 8 vouchers managed is 674. The Conway Housing Authority however owns and manages 260 units of public housing. The Authority also manages 368 Section 8 vouchers.

The Annual PHA Plans for FY 2007 for both the City of Myrtle Beach Housing Authority and the City of Conway Housing Authority are provided as Attachment H.

Public Housing Strategy (91.210)

28. Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.

The Myrtle Beach Housing Authority and the Conway Housing Authority are local public agencies created to "provide decent, safe and sanitary housing for low-income families unable to afford such housing through the private rental market." Each Authority operates several different programs.

Each housing authority administers the *Section 8 Rental Assistance Program*, which provides subsidies for privately owned housing for eligible applicants in the Housing Authority's Service Area. Tenants are required to pay 30% of their income toward the rent and the Authority subsidizes the difference up to the Fair Market Rent established by the US

Department of Housing and Urban Development (HUD) on an annual basis. Eligibility is primarily based on income and is established by HUD and adjusted annually.

Each Authority's *Family Self-Sufficiency Program (FSS)* is designed to help low-income families attain a better standard of living while promoting self-sufficiency. Participants sign a five-year contract that sets out specific goals to be accomplished during the time period including first time employment, higher education, establishment of a self-sustaining atmosphere, and the opportunity to establish and build an interest bearing escrow account. The account becomes available once the family has completed the FSS program and has been free of all public aid for 12 months.

The Myrtle Beach Housing Authority also offers a Housing Choice Voucher Homeownership program to housing voucher participants who have been receiving assistance for a period of at least one year and who are currently enrolled in the Family Self-Sufficiency Program (FSS). Program participants not enrolled in the FSS Program who wish to participate in the Homeownership Program must enroll in FSS before they are eligible to receive a homeownership voucher, if they are approved for a mortgage.

29. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))

The mission of the housing authorities in Myrtle Beach and Conway is similar to that of Horry County and the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. These complimentary goals will allow Horry County to work closely with HUD and the PHAs to encourage the participation of public housing residents in the County homebuyer programs.

The housing authorities in the region have not been designated as troubled by HUD.

Barriers to Affordable Housing (91.210 (e) and 91.215 (f))

30. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.

Communities that strive to ensure a diverse mix of housing face barriers when trying to provide affordable housing. The greatest barrier to affordable housing is the availability and price of land. The rising cost of land and the widening gap between income and housing costs contribute to this obstacle. Another impediment is financing. Federal funding for housing has been steadily declining and state and local governments struggle to compensate for this loss in revenue. Furthermore, building regulations and government fees can make affordable housing even more challenging. These include costs and fees associated with land development regulations, zoning, building code, and infrastructure fees (tap fees).

Housing problems become apparent when there is lack of suitable, affordable housing. HUD defines housing problems as one or more of the following:

- Cost Burden— greater than 30% of income is spent on housing
- Overcrowding— a residential unit is occupied by 1.01 or more persons per bedroom
- Lacking complete kitchen or plumbing facilities

Of the 81,800 households in Horry County, only 2,343 households (2.9 percent) would meet HUD's definition of being overcrowded. There were 122,085 housing units in Horry County in 2000. Seven hundred and ninety-three lack plumbing facilities and 804 lack kitchen facilities (US Census, 2000). These figures represent a small portion of the population.

Horry County's greatest barrier to affordable housing is the unbalanced relation between the costs of housing and income. According to the 2000 Census, 27.4 percent of households in Horry County experience cost burden. Twenty-one (21) percent of homeowners and 38.8 percent of renters spend greater than 30 percent of their income on housing and associated costs. The National Low Income Housing Coalition updated this statistic for renters and reports that 43 percent of renters are unable to afford a two-bedroom unit at fair market rent (NLIHC Out of Reach Report, 2005).

31. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.

Horry County will reassess their cumulative impact on the construction and delivery of affordable housing. Practices that increase the cost of housing or limit the availability of financing, including utility and permitting fees, predatory lending, and zoning regulations will be assessed. Based on this reassessment, the County will develop recommendations for specific actions that can be taken to lessen the impact of the identified barriers over the next five years.

HOMELESS

Homeless Needs (91.205 (b) and 91.215 (c))

32. Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness and chronic homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered. In addition, to the extent information is available, the plan must include a description of the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.

The 2007 Homeless Count found a total of 6,759 homeless individuals on January 25th in South Carolina. Unfortunately, these results should not be compared to the results of the 2005 Homeless Count. Those 6,759 individuals represent .16% of the total population in the state and 1.1% of the persons below poverty. Of the 6,759 individuals who were found homeless, 5,594 were identified as homeless using HUD's strict definition (over 80%) leaving 1,165 identified as homeless through a broader definition. Over 50% of the homeless population was found in only five counties: Greenville, Richland, Horry, Georgetown, and Charleston – all who were considered to have a high level of effort in conducting their homeless count. While over 80% (5,430) were adults close to 20% (1,329) were children (ages less than 18 years of age). Over one third (31%) of the homeless population were in families with dependent children. The results from the point in time count of the homeless in Horry County and the gaps analysis are provided with this Plan on the Attachment M (formerly HUD Table 1A).

Priority Homeless Needs

33. Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.

The County fully supports the efforts of the Total Care for the Homeless Coalition, it's priorities and the projects planned for the coming year. Refer to Attachment I for more information.

Project Sponsor Name	Project Name	Priority	Requested Project Amount
Home Alliance, Inc.	Balsam III	1	\$98,978.00
Williamsburg Enterprise Community Commission, Inc. (WECC)	WECC Transitional Housing	2	\$127,190
Home Alliance, Inc.	Alliance Inn	3	\$98,684
Home Alliance, Inc.	Balsam Place I	4	\$68,606
Wateree Community Actions, Inc. (WCAI)	Trans-Aid	5	\$121,150
Any Length	Any Length V	6	\$78,746
Home Alliance, Inc.	HMIS	7	\$44,800
Myrtle Beach Housing Authority	Waccamaw Housing	8	\$192,596

Homeless Inventory (91.210 (c))

34. *The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.*

The Total Care for the Homeless Coalition, in its role as coordinator of services for the homeless in the region, seeks to avoid duplication of services, troubleshoots problems, improves communication and collaboration between providers, and expands community participation in working to end homelessness. The Coalition also works to improve employment opportunities for the homeless, expand services and housing programs, and stabilize existing programs. The assistance provided to homeless persons in the TCHC region includes a comprehensive array from a variety of agencies and providers. The fundamental components of the continuum of care system, including how people receive or access assistance, are outlined in the following sections. The entire inventory of homeless facilities for the region is provided as Attachment I.

Homeless Prevention

Prevention of homelessness is a fundamental component of the continuum of care. A listing of service providers who seek to prevent families and individuals from becoming homeless in the area are listed below.

- American Red Cross
- CARETEAM (HIV/AIDS)
- Helping Hand
- Myrtle Beach Housing Authority (rental assistance)
- Salvation Army
- SOS Health Care (healthcare for children and seniors, prescription drugs)
- Area churches (temporary financial assistance and referral)

Outreach, Intake and Assessment

There are many agencies in the area that offer outreach services to persons and families in danger of losing their homes or those that are already homeless. These services generally include an assessment of the individual situation and counseling to help the person or family take steps to make the changes needed to get back into a permanent housing situation. In the TCHC region much of the outreach efforts are informally networked through churches that are linked with health and human service agencies. Local police officers often locate local homeless persons and link them with emergency housing and other services. Organizations that provide outreach, intake and/or assessment services in the area are listed as follows:

- Alliance Inn (clothing, food, life skills training, transportation, counseling)
- American Red Cross, Horry County Chapter (clothing and emergency food)

- Caring-4-Kids (clothing, meals, emergency food, transportation, activities for kids)
- CASA (clothing, meals, transportation, counseling, job and life skills training)
- Catholic Charities (meals, transportation)
- Christian Missions (clothing, emergency food, transportation)
- Coastal Rescue Mission (emergency food)
- Community Kitchen (clothing, meals, job and life skills training)
- Helping Hand of Myrtle Beach (clothing, emergency food, transportation)
- Light House Ministries (food, clothing, counseling for youth to age 21)
- Little River Medical Center (clothes, transportation, counseling)
- Promise Land Crisis Center (clothing, meals, transportation)
- SOS Health Care (clothing, meals, transportation)
- Sea Haven Youth Care Homes (clothing, training, counseling, foster care)
- Street Reach Ministries (peer-to-peer outreach program, clothing, meals)
- Waccamaw Center for Mental Health (outreach in the field, meals)
- Waccamaw Youth Center (clothing, meals, transportation, counseling, life skills training)

Emergency Shelters

Emergency shelters are intended for short-term accommodations of less than 90 days for homeless individuals and families, although in some cases stays may be longer. The goals of emergency shelters are to resolve immediate crises, assess participant needs and assist them in accessing appropriate housing, social services, health and employment resources. Emergency shelters provide services such as meals, sleeping accommodations and help obtaining Medicaid, SSI, transportation, disabled veterans services and mental health/substance abuse treatment. Ultimately, the client should emerge from the shelter with sufficient stability to move to transitional housing. There are a total of 22 family beds and 72 beds for individuals in the area, with an overall total of 94 emergency shelter beds in 5 facilities:

- American Red Cross, Horry County (8 beds – 2 individual, 6 family)
- Catholic Charities (6 beds – 2 individual, 4 family)
- Myrtle Beach Haven (16 beds – 4 individual, 12 family)
- Sea Haven, Inc. (9 individual beds – men)
- Street Reach Mission (55 individual beds – 45 men and 10 women)

Transitional Housing

Transitional housing provides housing for homeless individuals and families and is intended to help residents build the skills and access the resources to move to permanent housing or permanent supportive housing within 6 to 12 months. However, the stay may sometimes stretch up to 2 years. Single adults may have private or shared rooms. Families generally have private apartments or at least have private sleeping quarters. Residents of transitional housing are provided with meals, accommodation and assistance accessing housing, employment, health and human services as well as public benefits and entitlements. Participation in life skills training and other educational opportunities are encouraged. Assistance with transportation, child care and other services is also provided. There are a total of 165 family beds and 143 beds for individuals in the area, with a combined total of 308 beds in transitional housing:

- Alliance Inn (125 beds – 1 individual, 124 family)
- CASA (34 beds – 17 individual, 17 family)
- Coastal Rescue Mission, Inc. (12 beds – 4 individual, 8 family)

- Harbor House (9 individual beds – men)
- Horry County Shelter Home (16 individual beds for boys)
- Oxford House (9 individual beds – men)
- Oxford House at Forrest Brook (8 individual beds – men)
- Oxford House, Conway (6 individual beds – men)
- New Life Homes, Conway (12 individual beds – 7 men and 5 women)
- People for Caring (accommodates 2 families with children)
- Promise Land Crisis/Rehab Center (32 beds – 20 individual, 12 family)
- Shoreline Behavioral Health Services (10 individual beds – 5 men and 5 women)
- Street Reach Mission (15 individual beds – men)
- Waccamaw Youth Center, Inc. (16 individual beds – boys)

Permanent Supportive Housing

Permanent supportive housing includes apartments or homes serving individuals and/or families where residents have leases of at least one-year, private bedrooms (not shared with unrelated adults), and access to cooking facilities. Participants receive supportive services to assist them in maintaining residential stability, accessing services, and maximizing their levels of independence. There are a total of 53 family beds and 43 beds for individuals in the area, with a combined total of 96 beds in permanent supportive housing:

- Alliance Inn (12 beds – 9 individual, 3 family)
- Myrtle Beach Housing Authority (42 beds – 17 individual, 25 family)
- Waccamaw Housing, Inc. (42 beds – 17 individual, 25 family)

Supportive Services

Programs that provide support services (without housing) are an essential link to facilitate movement through the continuum of care. Such programs can help to sustain homeless individuals while they are acquiring the necessary life and job skills needed to establish self-sufficiency and independence. Support services also serve as a mechanism to prevent relapse and lend support for persons who are back on their feet. In some cases support services are provided on-site where the persons lives, while in other cases the case manager assists the individual in finding essential services at off-site facilities.

- Alliance Inn (job and life skills training, transportation)
- American Red Cross (clothing, food, housing for disaster victims)
- CARETEAM (health services, HIV/AIDS services, transportation, life skills training)
- Caring-4-Kids (clothing, meals, emergency food, transportation, activities for kids)
- CASA (substance abuse, child care, case management, crisis intervention and counseling, employment services, transportation)
- Catholic Charities (food, clothing, child care, transportation)
- Christian Missions (food, clothing)
- Churches Assisting People, Inc., Conway (clothing, emergency food)
- Friendship Medical Clinic (free medical services, prescription medications)
- Helping Hand of Myrtle Beach (case management, transportation, life skills training, employment services, utility assistance)
- Helping Hand of North Myrtle Beach (case management, transportation, life skills training, employment services, utility assistance)
- Light Housing Ministries (food, clothing, counseling for youth to age 21)

- Little River Medical Center (case management, crisis intervention and counseling, employment services, health services, life skills training)
- SharedCare (prescription medications)
- SC Department of Health and Environmental Control, Waccamaw District (HIV/AIDS services)
- SC Department of Social Services, Horry County (child care, case management, transportation, life skills training)
- SC Employment Security Commission (case management, employment services, life skills training)
- SOS Health Care (case management, health services, transportation, prescription medications)
- Shoreline Behavioral Health Services (substance abuse services, counseling)
- South Strand Helping Hand (crisis intervention; emergency food, rent and utility assistance; prescription medications)
- Street Reach Ministries (substance abuse services, employment services, medical treatment)
- Waccamaw Center for Mental Health (substance abuse services, child care, case management, mental health counseling, crisis intervention and counseling, employment services, health services)

Homeless Strategic Plan (91.215 (c))

35. Homelessness— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.

The homeless population encompasses a broad range of individuals and families with special needs. National research indicates that 80% of the homeless are without homes for a short period and need assistance in finding housing and, in some cases, with rent payments. The other 20% of the homeless population experience longer and chronic periods of homelessness and require permanent support systems for housing and support services.

Homelessness is a significant risk factor for a broad range of health and social problems. Alcohol and drug abuse, domestic violence, and mental illness are common problems among the adult homeless population. Domestic violence is the second leading cause of homelessness among women. Among the State's homeless population, nearly a third are identified as substance abusers, almost a fifth are mentally ill, another 15% are diagnosed as both mentally ill and substance abusers. Approximately one-fourth are domestic violence victims, 7% are youth, 6% have HIV, and 10% are veterans. More than two-thirds of the State's total homeless population are adults and children in families. Individuals and families without adequate shelter experience greater barriers in obtaining the support services they need. Because of the unique circumstances and conditions of the homeless, local agencies and service providers must work in close coordination to address their special needs.

The *Stewart B. McKinney Homeless Assistance Act* defines the "homeless" or "homeless individual" or "homeless person" as an individual who lacks a fixed, regular, and adequate nighttime residence; and who has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
- An institution that provides a temporary residence for individuals intended to be institutionalized; or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Families who are doubling up with friends or relatives because they have no other housing options are also considered homeless under the McKinney Act. The McKinney legislation recognizes that doubling up is a temporary situation, one that is often prohibited by public housing laws and landlords. If the extra household residents were discovered, both families would likely be evicted. Moreover, doubled-up friends or families often impose space and financial burdens on the host family and the guests are often asked to leave after a short time. Finally, in communities with no public shelters, doubling up is often the stopgap measure before sleeping on the streets.

Horry County is located within the Total Care for the Homeless Coalition (TCHC) planning area. TCHC is a coalition of 60 housing and supportive service provider organizations that collaborate to offer services to the homeless in Horry, Georgetown, Williamsburg, Sumter, Clarendon, and Lee Counties in South Carolina. Membership for TCHC is open to all agencies, organizations and individuals who want to make a difference in the lives of the homeless. Membership dues help support the operating expenses of the all-volunteer coalition.

The mission of TCHC is to meet the needs of those who are homeless or at risk of becoming homeless by creating and maintaining a continuum of care that will assist individuals and families out of a homeless condition and into a state of stability and independence. TCHC accomplishes its mission through a network of State and local public organizations and private nonprofit organizations within the 6-county area that create and support opportunities to decrease homelessness. Through the Coalition, members create and support housing, employment, transportation and emergency assistance, including health, mental health, substance abuse, family and life skills counseling and job training services.

Within the TCHC structure are 3 centralized local service centers located in Myrtle Beach, Sumter and Kingstree. Each community service center either has or is developing a full range of continuum of care facilities, including a cooperative alliance, homeless facilities and an array of supportive services. Other communities in the 6-county TCHC region are encouraged to participate through the 3 main service centers or to create a full range of continuum of care facilities within their own community. TCHC plans to develop a complete continuum of care system at each of the designated local service center communities, to include a full complement of supportive services.

TCHC's strategic planning efforts are organized around the 5 components of the Continuum of Care system:

1. Homeless prevention;

2. Outreach, intake and assessment to identify an individual's or family's needs and make connections to facilities and services;
3. Immediate (emergency) shelter and safe, decent alternatives to the streets;
4. Transitional housing with appropriate supportive services to help individuals reach independent living, including job training and placement, substance abuse treatment, short-term mental health services, and independent living skills training; and
5. Permanent supportive housing (including safe havens).

The strategic planning process is organized by the Executive Committee and spearheaded by standing committees that include the Homeless Count Committee, Gaps Analysis Committee, Mainstream Resources Committee, Discharge Planning Committee and the Program Committee.

TCHC has achieved major goals in recent program years that have substantially strengthened facilities and services for the homeless in the region and enabled more accurate data gathering and analysis. The 54-unit Alliance Inn Transitional Apartments opened in 2004 and provides housing, case management and support services to homeless families and individuals in the Myrtle Beach area. Development of the Homeless Management Information System (HMIS) will ultimately enable access by 35 homeless housing and supportive health care provider organizations. The HMIS computer connection facilitates communication and coordination among the participating homeless service providers and acts as a planning resource for the needs of the homeless. The HMIS also serves as a catalyst for coordination and sharing of ideas and concerns between service providers for the homeless in the TCHC region.

TCHC believes that the best opportunity for success for most persons who are homeless is to take advantage of the housing and services provided through the Continuum of Care. To fill the gaps in the Continuum of Care system and continue to build on the work of the Coalition, the following strategies have been identified:

- Create new PH beds for chronically homeless persons.
- Increase percentage of homeless persons staying in PH over 6 months to at least 71%.
- Increase percentage of homeless persons moving from TH to PH to at least 61.5%.
- Increase percentage of homeless persons employed at exit to at least 18%.

36. Chronic homelessness—Describe the jurisdiction's strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.

Horry County is committed to working cooperatively with the Total Care for the Homeless Coalition (TCHC) by providing priority in funding to projects that reduce chronic homeless and are supported by TCHC. The County concurs with the TCHC strategy for ending chronic homeless. The strategy is provided as Attachment I.

37. Homelessness Prevention—Describe the jurisdiction's strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.

Horry County is also committed to working cooperatively with the Total Care for the Homeless Coalition (TCHC) by providing priority in funding to homeless prevention projects that are supported by TCHC. The County also concurs with the TCHC strategy for preventing homelessness. The strategy is provided as Attachment I.

38. Institutional Structure—Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.

There is a substantial network of homeless providers in Horry County. A more detailed description is provided in Attachment I.

COMMUNITY DEVELOPMENT

Community Development (91.215 (e))

39. Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), – i.e., public facilities, public improvements, public services and economic development.

Infrastructure, community facilities and support services are in large part provided by local government and funded through taxes, fees and State support. Location and availability of these key components can make the difference between affordability and housing that is beyond the means of lower income residents.

The County is committed to achieving for all its citizens, especially its lower income residents, the national goals of: 1) decent housing, 2) a suitable living environment, and 3) expanded economic opportunities. The provision of adequate and safe infrastructure, accessible community facilities and support services are key components in the effort to achieve these goals.

Horry County has experienced tremendous growth in recent years – a trend expected to continue in the coming decade. Many of the County's infrastructure systems are over capacity and will require expansion to accommodate redevelopment and new growth. In addition to this new growth and demand for facilities and services, many existing neighborhoods in the lower income areas have substandard infrastructure.

Horry County, the City of Myrtle Beach and the City of Conway each develop comprehensive plans, capital improvement plans, and other plans that guide substantial investments in community development. Refer to the Attachment M for more details. In summary, the major non-housing community development priorities for the coming 5 years include:

Priority Need 6 – Increased or Improved Access to Public Facilities and Improvements

The County will promote the sustainability of a suitable living environment by prioritizing the funding of:

- Public improvements, including but not limited to, streets, sidewalks, water and sewer lines.
- Neighborhood facilities, such as parks, playgrounds, and other recreational facilities, and facilities for persons with special needs such as the homeless.
- The County will also promote the revitalization of selected neighborhoods by prioritizing the funding of public facilities and improvements in selected neighborhoods such as the Canal/Nance Revitalization Project in Myrtle Beach.

Priority Need 7 – Increased or Improved Access to Public Services

The County will promote the sustainability of economic opportunity by prioritizing the funding of child care, employment training and/or transportation programs. The County will also promote the availability of a suitable living environment by prioritizing services related to the homeless, the elderly, crime prevention and public safety.

40. Describe the basis for assigning the priority given to each category of priority needs.

The priorities identified above were adopted from existing comprehensive and capital improvement plans and were subject to on-going review and discussion with County and City staff and the relevant governing bodies. Input was also solicited from the general public and other housing and community development professionals in the area.

41. Identify any obstacles to meeting underserved needs.

The primary obstacle to meeting underserved needs is the availability of financial resources. The needs are far greater than the resources available.

42. Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.

The specific housing objectives are detailed in Attachment N.

Antipoverty Strategy (91.215 (h))

43. Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually). In consultation with other appropriate public and private agencies, (i.e. TANF agency) state how the jurisdiction's goals, programs, and policies for producing and preserving affordable housing set forth in the housing component of the consolidated plan will be coordinated with other programs and services for which the jurisdiction is responsible.

In order to reduce the number of poverty-level families in Horry County, efforts among partner organizations will be organized in order to meet goals that have been outlined in this Consolidated Plan. Neighborhood associations, residents, faith-based, organizations, businesses, health and human service agencies, private developers, lenders, and non-profit service providers are included in this list.

In Horry County low-paying service industry jobs contribute to poverty, especially if they are seasonal. In order to reduce poverty, there is a need to recruit higher-paying businesses.

Increasing employee skills and education is another drawback to economic growth. Since earnings generally increase with skill level and education, developing programs to assist workers in expanding or improving their skills/education will help to increase pay.

Additional strategies developed to reduce poverty in the County include continued development of the tourism industry, attracting new businesses and encouraging competition among existing businesses, managing growth and encouraging redevelopment within existing cities, creating performance-based economic development, developing public-private investment strategies, and encouraging people-based economic development.

44. Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.

One goal of the Consolidated Plan programs and other initiatives is to reduce the number of persons in poverty. The emphasis is to help people rise out of poverty, rather than merely easing their situation temporarily. Although essential short-term direct aid such as emergency food and shelter is provided, the thrust of the policy is to address poverty's root causes and assist people in becoming self-sufficient in the long-term. Two key components of helping people attain self-sufficiency are employment and housing.

Examples of programs that directly influence people's ability to escape poverty include job education, micro-enterprise training and assistance, enrichment, development, and job placement services as well as housing advocacy, homelessness prevention, expiring use prevention and rental and homeownership assistance. Projects that indirectly affect poverty include those that upgrade the community, and provide transportation and child care services that help people access employment and services. CDBG and HOME funds are often used as matching funds for other grants that also contribute to reducing the number of poverty level families. Thus, the power of these Federal dollars is leveraged to the fullest extent possible.

Recognizing that limited Consolidated Plan dollars should be focused where the need is greatest, Horry County will give preference to projects that directly benefit low and moderate income residents or serve low and moderate income neighborhoods over those that will benefit the area as a whole. This strategy will ensure that scarce resources are directed to best serve those who have the greatest need, including those areas with the greatest concentrations of poverty.

In addition to Consolidated Plan programs, a number of other public, private, and partnership initiatives have been designed to assist in the reduction of poverty rates. These programs include Family Self-Sufficiency, Head Start, Welfare to Work, the Workforce Investment Board, and the Homeless Continuum of Care.

Many area families struggle to attain self-sufficiency. Nearly all Consolidated Plan funds are spent to benefit people who are clearly falling below the self-sufficiency standard; however, with limited funds, it is difficult to make significant measurable progress toward reducing poverty rates. The County is hopeful that the additional CDBG funds for the area will further reduce, however slightly, the rate of poverty.

Because Horry County has the largest population in the region, the actual number of people in poverty in Horry County is among the highest for all three years. Horry County's poverty rate increased to 35,059 or 15.7% of its population in 2005, and also has slightly surpassed the State's 15.6% rate of poverty.

NON-HOMELESS SPECIAL NEEDS

Specific Special Needs Objectives (91.215)

45. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.

The specific objectives are detailed in Attachments M and N .

46. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

A summary of the expected investments for the Horry County area is provided as Attachment J.

Non-homeless Special Needs (91.205 (d) and 91.210 (d)) Analysis (including HOPWA)

47. Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, victims of domestic violence, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (formerly Table 1B) of their Consolidated Plan to help identify these needs.

There are four primary groups with special needs in the Horry County. They are the elderly and frail elderly, those with HIV/AIDS and their families, those with alcohol and/or drug addiction, and the mentally or physically disabled. This section will explain who they are, what their needs are, and how the county is accommodating or should accommodate these needs.

Elderly, Including Frail Elderly--Elderly persons generally need an environment that provides several areas of assistance or convenience. First, the availability of healthcare is important, since health problems generally become more prevalent with aging. Second, availability of assistance with daily activities such as shopping, cooking, and housekeeping becomes more important as people grow older. Also, the proximity of basic goods and services such as those provided by pharmacies and grocery stores grows increasingly important as a person becomes less able to drive or walk. Third, availability of ease of transportation is important for the same reason. Fourth, safety is a concern, since older Americans, especially those living alone, are particularly vulnerable to crime and financial exploitation. Fifth, weather and climate are considerations for many elderly people, since these are often factors in ease of transit as well as health. In a survey conducted by the S.C. Department of Parks, Recreation, and Tourism, this ranked high on the list of important factors for quality of life.

Also on this list was cost of living.²¹ Housing issues do present a palpable problem for many elderly persons, as the numbers below show.

In 1990, the first Baby Boomers turned 50; in 2003, the 50+ segment of the population comprised one-fourth of the U.S. population, and the percent is still climbing. In 1970, the median age was 28, in 2000 it was 35.3, and, by 2010, it is estimated that it will grow to 37.4. In South Carolina, the mature adult population is expected to comprise one-third of the state population by 2015. By 2020, the U.S. Census Bureau predicts that those 65+ will number 1 in 6. In South Carolina, the trends have been similar. From 1990 to 2000, the mature adult population grew by 33 percent to 485,300 residents who were 65 and older.

Since this segment of the population is growing at such a pace, the county should anticipate several areas of need. Some of them include the availability of affordable, safe housing, whether this population will outlive its financial resources, whether Medicaid, Medicare, and Social Security will be able to meet the needs of this growing population, how to provide healthcare infrastructure in order to meet the needs of an older population, how to pay for this care, and providing for the special needs of the elderly, such as caregivers.²²

Table 15 50+ Population in 2000

	Total Population	Population 50 Years and Over	Percent 50 Years and Over
Horry County	196,629	65,114	33.1
South Carolina	4,012,012	1,120,787	27.9
United States	281,421,906	76,851,985	27.3

Source: U.S. Census Bureau, Census 2000.

The 2000 Census found that 68.4 percent of the 50+ population was white, 55.9 percent were women, 3.2 percent of the population age 65+ used private insurance to pay for inpatient hospital services in 2002, and that 35 percent of the population 65+ had less than a high school education. The census also found more cases of financial burden among older residents.

Older Americans experience more financial burdens than their generally fixed incomes allow them to handle. According to "Mature Adults in South Carolina: Who We Are," between 1991 and 2001, the number of seniors who filed for bankruptcy increased 244 percent. There are several sub-groups, however, that are more vulnerable to poverty than others. African-American seniors generally are more susceptible to poverty than whites because of "the reduced employment opportunities and wages available to them during their work years." Older women are also a more vulnerable group because "many have never been employed, left employment to raise children, or worked in jobs where pensions were not provided"; it follows that Social Security comprises more than half the income for 75 percent of elderly women and 90 percent of monthly income for 44 percent of elderly

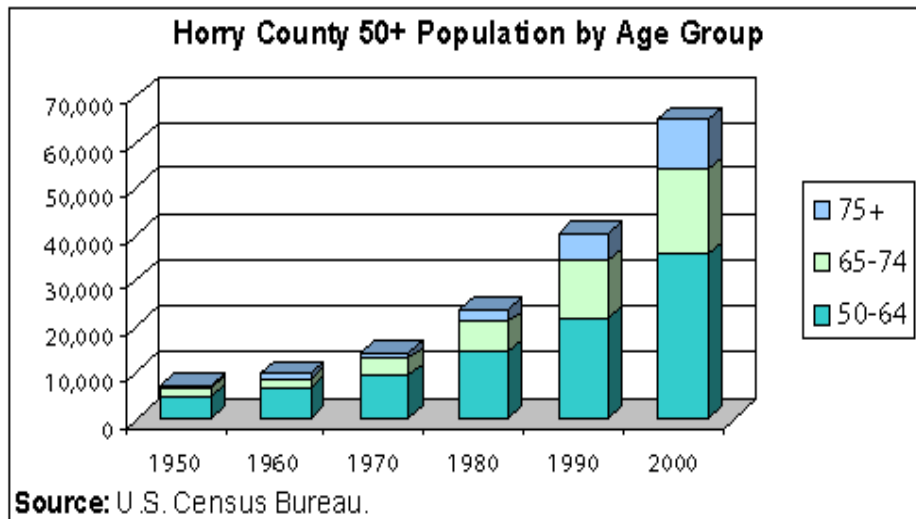
²¹ Office of the Lieutenant Governor, Office on Aging. (2003). *Mature Adults in South Carolina: 2003 Georgetown, Horry, and Williamsburg County Reports: Who We Are*. Retrieved March 13, 2006, from www.scmatureadults.org

²² Office of the Lieutenant Governor, Office on Aging. (2003). *Mature Adults in South Carolina: 2003 Georgetown, Horry, and Williamsburg County Reports: Who We Are*. Retrieved March 13, 2006, from www.scmatureadults.org

women.²³ When paying for healthcare, in 2002, 96.7 percent of Horry County residents 65 and older used Medicare.

In 2000, there were 65,114 Horry County residents 50 years of age and older; they comprised 33.1 percent of the county's residents. Of those 65 to 74, 6.7 percent had incomes below the poverty line, and 12.5 percent of those 75 and older had incomes below the poverty line. These numbers were even higher for elderly African Americans; of those 65 to 74, 30.2 percent lived below the poverty line, and 36.4 percent of those 75 and over lived below the poverty line.

Figure 5



Financial burdens often include housing issues. In 2000 in Horry County, 89.3 percent of residents 55 and older owned their homes, and 15.2 percent of those 65 and older owned mobile homes. Of those residents 55 and older, 10.7 percent rented, and 16.2 percent of those 65 and older rented mobile homes.

Still, about 30 percent of senior households in the U.S. are considered cost-burdened, as they spend over 30 percent of their income on housing, and 14 percent are considered severely cost-burdened, as they spend over 50 percent of their income on housing. Cost burden is only one type of housing problem; these problems may also consist of overcrowding or a lack of complete facilities such as plumbing or kitchen. In Horry County, 21.7 percent of the same owner households experienced one or more of these types of problems compared to 37.5 percent of elderly one-and two-person renter households.²⁴

Retirement income is also an issue for most elderly persons and for most, Social Security and pensions comprise most of it. In 2002, 431,300 retired workers in South Carolina received average monthly Social Security benefits of \$868. From 2000 to 2002, there was a 4.9 increase in the number of retirees who received benefits as well as a 6.9 percent

²³ Office of the Lieutenant Governor. Office on Aging (2003). *Mature Adults in South Carolina: 2003 Georgetown, Horry, and Williamsburg County Reports: Who We Are*. Retrieved March 13, 2006, from www.scmatureadults.org

²⁴ Office of the Lieutenant Governor, Office on Aging. (2003). *Mature Adults in South Carolina: 2003 Horry County Report: Who We Are*. Retrieved March 15, 2008, from www.scmatureadults.org

increase in the amount of benefits received per month. In Horry County experienced a 6.9 increase in 2002.

In 2002, there were 2,272 residents 50-64 and 1,301 of those 65 and older received food stamps in Horry County. In addition, pensions are not always available or a viable plan. Only 58 percent of the U.S. workforce is employed by a firm where a pension plan is available. For those who are employed by firms who offer such plans, low income levels, less education, minority status, and lack of a union are often coupled with the choice not to contribute to the plan. Also, workers who are laid off or whose health prevents them from working often cash in their retirement in order to pay debts.

Debt is another factor in the lack of financial security for many older Americans. The level of debt for this group increased nationally from 1992 to 2001, from \$2,143 to \$4,041. The rate of bankruptcy among seniors increased by 244 percent from 1991 to 2001. Loss of a job, mortgage and credit debt, medical expenses, and the death of family members are factors that contribute to this rise.

Persons with HIV/AIDS and Their Families--According to the South Carolina Department of Health and Environmental Control, from 1981 to 2007 there were 16,970 documented cases of AIDS of which 9,288 were still living. There were an additional 5,151 individuals that were HIV-infected but did not have AIDS.

Table 16 HIV/AIDS Cases 1981-2007²⁵

District/ County	Cases	State Rank	Deaths
Horry	1,061	23	262

In 2005, 43 cases of HIV/AIDS were identified which reflects a rate of 19.7 per 100,000 population. In 2006, the rate of infection decreased to 17.2 per 100,000 population. Since an estimated 43 percent of all persons living with HIV/AIDS are unemployed and almost half of women living with HIV/AIDS earn less than \$10,000 a year, it follows that, for these people, housing and shelter are issues.

Persons with Alcohol or Drug Addiction--An estimated 236,000 residents of South Carolina suffer from alcohol and/or drug addiction that requires immediate intervention and treatment. In FY 2006-07, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) provided services for 48,299 state residents. According to the DAODAS, the estimated cost of treatment and other programs to the state annually is \$2.5 billion per year.²⁶ DAODAS and affiliated agencies also provide prevention activities, the funding for which comes from several sources. The Substance Abuse Prevention and Treatment Block Grant, which is provided by the Substance Abuse and Mental Health Services Administration in Washington, D.C, provides about 50 percent. Thirty percent is provided by state funds from the South Carolina General Assembly, and about 20 percent comes from Medicaid and other federal grants.²⁷

Persons With Developmental Or Physical Disabilities--In 2000, in the U.S., one out of every five people lived with some type of disability or persistent condition. These numbers were

²⁵ Ibid.

²⁶ DAODAS. Accountability Report, Fiscal Year 2006-2007. Retrieved March 15, 2008, from www.daodas.state.sc.us

²⁷ South Carolina Department of Alcohol and Other Drug Abuse Services. Agency Overview. Retrieved March 14, 2006, from <http://www.daodas.state.sc.us/web/upeventsview.asp?eventsid=52>

highest in the south, where almost two out of every five people lived with a disability. In 2000 in Horry County, the number of people living with a disability was 42,673 or 23.2 percent. These percentages were higher than that of the U.S. in the same year, which was 19.3 percent.²⁸ In FY 2006-07, DDSN (the South Carolina Department of Disabilities and Special Needs) served 28,000 individuals with mental and related disabilities, autism, head injury, and spinal cord injury. About 82 percent lived at home with their families (the national average is 60 percent), and 18 percent needed care that could only be provided in community residential settings or in one of five state-operated regional centers. The number of individuals who need these services is growing. In 2006-2007, DDSN received about 400 requests for assistance each month, and that number is expected to rise. According to the Department's Accountability Report, "More babies are born each year with severe birth defects and more adults survive accidents that leave them with severe brain or spinal cord injuries. Advances in science and modern medicine save lives, but also add a growing group of children and adults who need services for the rest of their lives." In 2006-2007, DDSN had a waiting list of over 2000 people needing residential services and a waiting list of 1099 people for day and employment programs. Furthermore, many of the disabled are cared for by parents who are 65 and older. When the parents can no longer care for them, the state must supply assistance.²⁹

48. Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.

The Attachment M reveals that all of these categories of need are either a high or medium priority for Horry County.

49. Describe the basis for assigning the priority given to each category of priority needs.

Funding priority will be given to projects that address non-homeless special needs.

50. Identify any obstacles to meeting underserved needs.

The availability of funding continues to be the major obstacle to meeting these needs.

51. To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.

A listing of the available facilities and services in Horry County is provided Attachment K.

²⁸ U.S. Census Bureau: American Fact Finder. *Census 2000 Demographic Profile Highlights*. Retrieved March 14, 2006, from <http://factfinder.census.gov>

²⁹ South Carolina Department of Disabilities and Special Needs. *Annual Accountability Report, Fiscal Year 2006-2007*. Retrieved March 15, 2008, from http://www.state.sc.us/ddsn/BestPractices/DDSN_AccountabilityReport.pdf



First Program Year Action Plan

Projects and Budget

Horry County will receive a total of \$1,497,929 for the 2008-2009 fiscal year. Attachments L, M and N provide annual specific objectives, project descriptions, and housing and community development needs information. Needs and objectives are linked to the projects in the following budget and project summary.

<i>Project</i>	<i>Amount</i>	<i>Priority Need</i>	<i>Strategic Objective</i>
<u>Myrtle Beach Projects</u>			
Gray Street Infrastructure Project	\$ 75,000	PN6	SL.3.1, NR.1.1
Habitat Canal Street Subdivision Infrastructure Project	\$ 60,000	PN6, PN2	SL.3.1, NR.1.1
Community Assistance Center Repairs & Maintenance Project	\$ 15,000	PN6, PN3	SL.2.1
CASA Shelter Expansion Project	\$ 10,000	PN6, PN3	SL.2.1
Women & Children's Center Project	\$ 15,000	PN6, PN3	SL.2.1
Homeless I.D. Assistance Program	\$ 6,000	PN7, PN3	EO.1.1
Housing Rehabilitation Program	\$152,000	PN1, PN5	DH.1.1
Temporary Relocation Payments Program	\$ 12,000	PN1, PN5	DH.1.1
Rehoboth CDC Administrative Funds	\$ 2,500	PN7	EO.1.1
Administrative Expenses	<u>\$ 7,577</u>		
	\$355,077		
<u>Conway Projects</u>			
Dewitt Street Drainage Project	\$ 32,000	PN6	SL.3.3
Pittman Street Rehabilitation Project	\$176,000	PN6	SL.3.3
Administrative Expenses	<u>\$ 9,851</u>		
	\$217,851		
<u>Horry County Projects</u>			
Bucksport Community Center Expansion	\$400,000	PN6	SL.3.2
Public Service Funding to Local Organizations	\$218,650	PN7, PN3	SL.3.1
Public Facilities/Improvement Projects	\$ 36,749	PN6	SL.3.1, SL.3.2
Administrative Expenses	<u>\$269,600</u>		
	\$924,999		

Narrative Responses

General Questions

1. *Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed during the next year. Where appropriate, the jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to target areas.*
2. *Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) during the next year and the rationale for assigning the priorities.*
3. *Describe actions that will take place during the next year to address obstacles to meeting underserved needs.*
4. *Identify the federal, state, and local resources expected to be made available to address the needs identified in the plan. Federal resources should include Section 8 funds made available to the jurisdiction, Low-Income Housing Tax Credits, and competitive McKinney-Vento Homeless Assistance Act funds expected to be available to address priority needs and specific objectives identified in the strategic plan.*

Action Plan General Questions response:

Refer to the Strategic Plan section for a discussion of the above questions. In the coming year, the federal, state, and local resources expected to be made available to address the needs identified in the plan are outlined in Attachment J.

Managing the Process

1. *Identify the lead agency, entity, and agencies responsible for administering programs covered by the consolidated plan.*
2. *Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.*
3. *Describe actions that will take place during the next year to enhance coordination between public and private housing, health, and social service agencies.*

Action Plan Managing the Process response:

Refer to the Strategic Plan section for a discussion of the above questions. In the coming year, all of the actions that were taken during the development of the five year consolidated plan will continue as the second program year action is developed.

Citizen Participation

1. *Provide a summary of the citizen participation process.*
2. *Provide a summary of citizen comments or views on the plan.*

3. *Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.*
4. *Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.*

Action Plan Citizen Participation response:

Refer to the Strategic Plan section for a discussion of the above questions.

Institutional Structure

1. *Describe actions that will take place during the next year to develop institutional structure.*

Action Plan Institutional Structure response:

Refer to the Strategic Plan section for a discussion of the above question. In the coming year, the County and the Cities of Myrtle Beach and Conway will continue to work cooperatively to develop local capacity to carry out the strategies outlined in this plan. Technical assistance will be provided to emerging organizations so they will be familiar with the county's program.

Monitoring

1. *Describe actions that will take place during the next year to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.*

Action Plan Monitoring response:

Refer to the Strategic Plan section for a discussion of the above question. In the coming year, the County will work with the Cities of Myrtle Beach and Conway to setup internal procedures that will ensure both internal compliance and appropriate oversight of any recipients of federal funds.

Lead-based Paint

1. *Describe the actions that will take place during the next year to evaluate and reduce the number of housing units containing lead-based paint hazards in order to increase the inventory of lead-safe housing available to extremely low-income, low-income, and moderate-income families, and how the plan for the reduction of lead-based hazards is related to the extent of lead poisoning and hazards.*

Action Plan Lead-based Paint response:

Refer to the Strategic Plan section for a discussion of the above question. In the coming year, the County will ensure that all federal lead based paint safety and hazard reduction requirements will be met. The City of Myrtle Beach is the organization responsible for housing rehabilitation and their qualified staff has a long standing record of program compliance.

Specific Housing Objectives

*Please also refer to the Housing Needs Table in the Needs.xls workbook.

1. *Describe the priorities and specific objectives the jurisdiction hopes to achieve during the next year.*
2. *Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by this Action Plan.*

Action Plan Specific Objectives response:

The priorities and specific objectives the County will achieve in the coming year are outlined in Attachments M and N.

In the coming year, the federal, state, and local resources expected to be made available to address the needs identified in the plan are outlined in Attachment J.

Needs of Public Housing

1. *Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake during the next year to encourage public housing residents to become more involved in management and participate in homeownership.*
2. *If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation during the next year.*

Action Plan Public Housing Strategy response:

Refer to the Strategic Plan section for a discussion of the above question.

Barriers to Affordable Housing

1. *Describe the actions that will take place during the next year to remove barriers to affordable housing.*

Action Plan Barriers to Affordable Housing response:

Refer to the Strategic Plan section for a discussion of the above question.

Specific Homeless Prevention Elements

*Please also refer to the Homeless Needs Table in the Needs.xls workbook.

1. *Sources of Funds—Identify the private and public resources that the jurisdiction expects to receive during the next year to address homeless needs and to prevent homelessness. These include the McKinney-Vento Homeless Assistance Act programs, other special federal, state and local and private funds targeted to homeless individuals and families with children, especially the chronically homeless, the HUD formula programs, and any publicly-owned land or property. Please describe, briefly, the jurisdiction's plan for the investment and use of funds directed toward homelessness.*
2. *Homelessness—In a narrative, describe how the action plan will address the specific objectives of the Strategic Plan and, ultimately, the priority needs identified. Please also identify potential obstacles to completing these action steps.*
3. *Chronic homelessness—The jurisdiction must describe the specific planned action steps it will take over the next year aimed at eliminating chronic homelessness by 2012. Again, please identify barriers to achieving this.*
4. *Homelessness Prevention—The jurisdiction must describe its planned action steps over the next year to address the individual and families with children at imminent risk of becoming homeless.*
5. *Discharge Coordination Policy—Explain planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how, in the coming year, the community will move toward such a policy.*

Action Plan Special Needs response:

Refer to the Strategic Plan section for a discussion of the above question.

Community Development

*Please also refer to the Community Development Table in the Needs.xls workbook.

1. *Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), public facilities, public improvements, public services and economic development.*
2. *Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.*

Action Plan Community Development response:

Refer to the Strategic Plan section for a discussion of the above question.

Antipoverty Strategy

1. *Describe the actions that will take place during the next year to reduce the number of poverty level families.*

Action Plan Antipoverty Strategy response:

Refer to the Strategic Plan section for a discussion of the above question.

Non-homeless Special Needs (91.220 (c) and (e))

*Please also refer to the Non-homeless Special Needs Table in the Needs.xls workbook.

- 1. Describe the priorities and specific objectives the jurisdiction hopes to achieve for the period covered by the Action Plan.*
- 2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by this Action Plan.*

Action Plan Specific Objectives response:

Refer to the Strategic Plan section for a discussion of the above question.