South Dakota Housing for the Homeless Consortium
Quarterly Meeting, December 4, 2018
Pierre, SD

www.housingforthehomeless.org
SDHHC Meeting Agenda

10 AM - Welcome, Introductions, & Membership
10:30 AM - Point-In-Time Count – Training
11:45 AM - Lunch Break
12:45 PM - Coordinated Entry System
1:15 PM - 2018 CoC HMIS NOFA Competition
1:30 PM - Data Quality & LSA
2:00 PM - SDHHC Committee Reports
2:30 PM – Sept. thru Nov. SDHHC Activities
2:40 PM - Town Hall
3:00 PM - Adjourn
WELCOME SDHHC

• Introductions individuals and groups attending
  • Description of roles for SDHHC members
  • Membership message: **inclusion**
• Members represent SD and folks with experience of homelessness
  • Meeting Power Point
  
http://www.housingforthehomeless.org/primary-content/south-dakota-housing-for-the-homeless-coalition-meetings.html
2019 Point-In-Time (PIT) Count

• Count Date: Tuesday, January 22, 2019

• Alternate Date: Tuesday, January 29, 2019
Thank you for your assistance. Remember that for every bed you count, you **MUST** answer how many people were IN THOSE beds on that night. For emergency and transitional housing projects, a completed homeless (PIT) survey **MUST** accompany this Housing Inventory Chart. For example, if you state six people were in the beds the night of the count, you would need to submit one completed Housing Inventory Chart and six homeless surveys need to be completed for Emergency shelter and transitional housing projects. Surveys should be done using the Counting Us app, the Counting.us link, or as a last resort a paper survey. If using paper, please return the surveys to your coordinator by Friday, January 25, 2019. If you have any questions, please don’t hesitate to give me a call at 773-3445 or e-mail me at davis@sdhda.org. Thank you.

Please return Housing Inventory Charts no later than January 25, 2019. Thank you for your assistance.

Agency Name: ________________________________________________________________

Project Name: ________________________________________________________________

Project Housing Type:  [ ] Site-Based – Single Site  [ ] Site-Based- Clustered/Multiple Sites  [ ] Tenant-Based

Project Site Address: ________________________________________________________
(If multiple sites enter the address where most beds/units are located)

Contact Name: ________________________________________________________________

Phone Number: ___________________________ E-mail Address: ________________________

Counties Served: _____________________________________________________________

Is your project HUD McKinney Vento Funded?  Other Federal Funding Sources?
[ ] Yes  [ ] No  [ ] Yes  [ ] No

If Yes, what is the Funding Source _____________________________________________

**Target Population**
Mark if the majority of the people (75%) you serve fall under one of these specific sub-populations. If your project service more than just one, please mark “none of the above”.

[ ] Domestic Violence  [ ] HIV/AIDS  [ ] None of the above
**Emergency Shelter Programs - Current Inventory**

(Beds and Units available for occupancy on or before January 22, 2019)

If you have Emergency Shelter beds that are under development, please complete page 5.

**Your Agency Is:**
- Emergency Shelter (Staying less than 6 months)
- Hotel/Motel Vouchers (Include only vouchers paid for by charitable organizations – if paid by individual, do NOT include)
- Emergency Shelter for Homeless Youth Only
- HHS-funded Runaway and Homeless Youth Basic Center Programs (HHS-RHY)
- Seasonal Emergency Shelter (only available when it is cold outside)
- VA-Funded Emergency Shelter for Homeless Veterans (HCHV/EH and HCHV/RT)

Are These Beds:  
- Facility Based Beds
- Voucher Beds
- Other Beds

**Facility Based:** Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.

**Voucher Beds:** Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.

**Other Beds:** Beds located in a church or other facility not dedicated for use by persons who are homeless.

**With Children** - (Beds and units intended for households with (at least) one adult and one child (under 18))

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<thead>
<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
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<tr>
<th>Total Units (Bedrooms):</th>
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**Without Children** – (Beds and units that are intended for households with adults only (18 and older))

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<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
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<tr>
<th>Total Units (Bedrooms):</th>
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**Veteran Beds** – (Beds that are dedicated to house homeless veterans and their families ONLY)

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<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
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<tr>
<th>Total Units (Bedrooms):</th>
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**Homeless Youth Beds:** (do not include ward of state, tribe, or foster care beds)

**TOTAL BEDS FOR Youth under 18 ONLY**

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<thead>
<tr>
<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
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<tr>
<th>Total Units (Bedrooms):</th>
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**TOTAL BEDS FOR YOUTH 18 to 24 ONLY**

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<th>Total Beds:</th>
<th>Total HMIS Beds:</th>
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<table>
<thead>
<tr>
<th>Total Units (Bedrooms):</th>
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**Overflow Beds** – (Identify only the total number of overflow beds available or used on the night of the count)

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<thead>
<tr>
<th>Number of Overflow Beds:</th>
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**Seasonal Beds** – (Identify only the total number of seasonal beds available on the night of the count)

<table>
<thead>
<tr>
<th>Number of Seasonal Beds:</th>
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(If you have seasonal beds, what are the start date and end date when they are available:)

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>End Date:</th>
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How many people were in the above beds on the night of the count? (For everyone listed, you must have a completed homeless survey)

<table>
<thead>
<tr>
<th>Number of People:</th>
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</table>

All Housing Inventory Charts and Surveys must be submitted no later than January 25, 2019.
Rapid Re-housing Programs (RRH), Permanent Supportive Housing Programs (PSH), Other Permanent Housing (OPH)
(Beds and Units available for occupancy on or before January 22, 2019)
If you have Permanent Housing beds that are under development, complete page 5.

Your Agency Is........
☐ ESG-Funded Rapid Re-Housing Programs
☐ CoC-Funded Rapid Re-Housing Projects
☐ HOF-Funded Rapid Re-Housing Projects
☐ Other-Funded Rapid Re-Housing Projects
☐ VA–Funded Rapid Re-Housing Programs (SSVF)
☐ VA–HUD-funded Veteran’s Homelessness Prevention Demonstration (VHPD)
☐ VA-HUD/VASH (agencies should count all VASH vouchers, regardless of how many are utilized the night of the count)
☐ VA-Grants and Per Diem Program-TIP-OPH
☐ VA-Health Care for Homeless Veterans (HCHV)
☐ HUD-HOPWA Permanent Housing Placement
☐ CoC-Funded PSH  ☐ SRO  ☐ SHP

Agencies should count all beds AND units (bedrooms) based on the actual number of current program participants who are: 1) actively enrolled in the project on the night of the count; 2) No longer homeless and are in permanent housing on the night of the count; and 3) Currently receiving rental assistance from the above programs.

With Children – (Beds and units intended for households with (at least) one adult and one child (under 18))
Total Beds: ________  Total HMIS Beds: ________
Total Units (Bedrooms): __________

Without Children – (Beds and units that are intended for households with adults only (under 18))
Total Beds: ________  Total HMIS Beds: ________
Total Units (Bedrooms): __________

Veteran Beds – (Beds that are dedicated to house homeless veterans and their families ONLY)
Total Beds: ________  Total HMIS Beds: ________
Total Units (Bedrooms): __________

Chronic Homeless Beds - (Beds that are dedicated to house chronically homeless individuals or families ONLY)
Total Beds: ________  Total HMIS Beds: ________
Total Units: __________

How many people were in the above beds on the night of the count? (You do NOT need to complete a homeless survey for everyone listed. HUD does NOT need this number for the Point-In-Time Count, but still requires this information for the Housing Inventory Chart)

All Housing Inventory Charts and Surveys must be submitted no later than January 25, 2019.
Transitional Housing Programs
(Beds and Units available for occupancy on or before January 22, 2019)
If you have transitional housing beds that are under development, complete page 5.

Your Agency Is……..
☐ Transitional Housing (staying 6 months to 24 months)
☐ HHS Funded: TLP-Transitional Housing for Runaway and Homeless Youth (RHY)
☐ HHS Funded: MGH-Transitional Housing for Pregnant & Parenting Youth (RHY)
☐ Veteran’s Affairs Grant and Per Diem Program-Bridge Housing
☐ Veteran's Affairs Grant and Per Diem Program-Service Intensive Transitional Housing
☐ Veteran’s Affairs Grant and Per Diem Program-Hospital to Housing
☐ Veteran’s Affairs Grant and Per Diem Program-Clinical Treatment

With Children – (Beds and units intended for households with at least one adult and one child (under 18))
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms): __________

Without Children – (Beds and units that are intended for households with adults only (18 and older))
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms): __________

Veteran Beds – (Beds that are dedicated to house homeless veterans and their families ONLY)
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms): __________

Homeless Youth Beds: (do not include ward of state or foster care beds)

Total Beds for Youth under 18 ONLY
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms): __________

TOTAL BEDS FOR YOUTH 18 to 24 ONLY
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms): __________

Total Parenting Youth Beds (PARENT 18-24)
Total Beds: _________ Total HMIS Beds: _________
Total Units (Bedrooms): __________

How many people were in the above beds on the night of the count? __________
(For everyone listed, you must have an attached homeless survey or homeless count form to accompany that number)

All Housing Inventory Charts and Surveys must be submitted no later than January 25, 2019
**UNDER DEVELOPMENT**

If you do NOT have any beds/units under development – **DO NOT COMPLETE**
(Beds and units that were fully funded, but are NOT available for occupancy as of January 23, 2018.)

**Select One:**
- [ ] Emergency Shelter
- [ ] Transitional Housing
- [ ] Permanent Supportive Housing
- [ ] Rapid Rehousing

**With Children** – *(Beds and units intended for households with at least one adult and one child (under age 18))*
- Total Beds: __________  Total HMIS Beds: __________
- Total Units (Bedrooms): __________

**Without Children** – *(Beds and units that are intended for households with adults only (18 and older))*
- Total Beds: __________  Total HMIS Beds: __________
- Total Units (Bedrooms): __________

**Veteran Beds** – *(Beds that are dedicated to house homeless veterans and their families ONLY)*
- Total Beds: __________  Total HMIS Beds: __________
- Total Units (Bedrooms): __________

**Chronic Homeless Beds** - *(Beds that are dedicated to house chronically homeless individuals or families ONLY)*
- Total Beds: __________  Total HMIS Beds: __________
- Total Units: __________

**Homeless Youth Beds:** *(do not include ward of state or foster care beds)*

<table>
<thead>
<tr>
<th>Age</th>
<th>Beds</th>
<th>HMIS Beds</th>
<th>Units</th>
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<tbody>
<tr>
<td>under 18</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>18 to 24</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
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</tbody>
</table>

How many people were in the above beds on the night of the count? __________
(For everyone listed, you must have an attached homeless survey or homeless count form to accompany that number)

All Housing Inventory Charts and Surveys must be submitted no later than January 25, 2019.
2019 HIC Changes

• No longer need to distinguish between new and current inventory
• HMIS project ID added to HIC
• Veteran Administration transitional housing changes
• Simplified target population
• Notice: CPD-18-080 - HIC guidance
Step 1: Download the Counting Us mobile app from Google Play or the App Store. Search for the term “Counting Us” or use the QR code to the right to find the app.

Step 2: Tap Register
This will bring you to the registration form

Step 3: Register
Enter your info and tap “Submit Registration”

Step 4: Enter your info
Tap “Log In” & then tap “Choose Count”

Step 5: Join a Count
Enter the Setup Key of SD2019 and tap “Join Count”

Step 6: Select the applicable survey
Surveys available are based on your count

Surveys available include:
- Sheltered Survey
- Observation Survey
- Unsheltered Survey
South Dakota 2019 Point-in-Time Count

Two options for accessing the Counting.US application:

• Download mobile application, prior slide

• Desk top version: https://counting.us
Preparation is very important!

- Plan to use SIMTECH Application (paper is last resort)
- Download mobile application or access via desk top
- Please check organizations and projects for cities & regions

*Note 2019 designation for projects in app & note Do Not Use designation for certain projects*
2019 Point-In-Time Count
App Training

• Mobile application will work without Cellular or WIFI
  • App must be downloaded and “ready” to enter surveys prior to loss of internet
  • Surveys must be saved as drafts
  • Submitting drafts must occur once internet access resumes
South Dakota 2019 Point in Time Count

This Count is In Test Mode

Sheltered Homeless PPT Survey

Unsheltered Homeless Interview

Unsheltered Homeless Observation Tally
Process of Matching PIT & HIC Survey Types

- **Sheltered Survey** – Produces drop down choice for organization and project, Emergency Shelters or Transitional Housing Projects

- **Unsheltered Interview** – Folks sleeping on the streets, cars, places not mean for human habitation

- **Unsheltered Observation Tally** - Extremely rare, used when it is not possible or safe to administer survey
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
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</table>

Submit
<p>| Organisation* | | Select an Organization |
|--------------|------------------------|
| Project*     | | Select a Project       |</p>
<table>
<thead>
<tr>
<th>Organisation</th>
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<tbody>
<tr>
<td>Behavioral Management Systems</td>
</tr>
<tr>
<td>Bishop Dudley Hospitality House</td>
</tr>
<tr>
<td>Call to Freedom</td>
</tr>
<tr>
<td>Cheyenne River Sioux Tribe</td>
</tr>
<tr>
<td>Cheyenne River Sioux Tribe</td>
</tr>
<tr>
<td>Cornerstone</td>
</tr>
<tr>
<td>Hotels/Motels/Inns</td>
</tr>
<tr>
<td>House of Hope</td>
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<tr>
<td>ICAP</td>
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</table>

Next Step
<table>
<thead>
<tr>
<th>Organisation*</th>
<th>Cheyenne River Sioux Tribe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project*</td>
<td>Old Agency Homeless Shelter 2019</td>
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</tbody>
</table>

Next Step
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your first name?</td>
<td></td>
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<td>What is your last name?</td>
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<tr>
<td>What are your initials?</td>
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<td>What is the age range?</td>
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<td>What is your date of birth?</td>
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<tr>
<td>What is your age?</td>
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<tr>
<td>What is your gender?</td>
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<tr>
<td>Are you Hispanic/Latino?</td>
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<tr>
<th>Race (select all that apply)</th>
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<tbody>
<tr>
<td>White</td>
<td></td>
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<tr>
<td>American Indian or Alaska Native</td>
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<tr>
<td>Native Hawaiian/Pacific Islander</td>
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<tr>
<td>Asian</td>
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<tr>
<td>Mixed or Other Asian</td>
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### Homeless History

**Is this the first time you've been homeless?**
- Yes

**How many months have you been homeless this time?**

**How many separate times have you stayed in shelters or on the streets in the past 3 years?**

**How many months did you stay in shelters or on the streets during the past 3 years?**

**How long in months have you been in this community?**

### Disability and Interna Status

**Do you have any substance abuse issues?**

**Is this a long-term disability that impairs your ability to hold a job or live independently?**

**Do you have a chronic health condition?**

**Is this a long-term disability that impairs your ability to hold a job or live independently?**

**Do you have a mental health problem?**

**Is this a long-term disability that impairs your ability to hold a job or live independently?**

**Do you have a physical disability?**

**Is this a long-term disability that impairs your ability to hold a job or live independently?**
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Is this a long-term disability that impairs your ability to hold a job or live independently?</td>
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<tr>
<td>Do you have a mental health problem?</td>
<td></td>
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<tr>
<td>Is this a long-term disability that impairs your ability to hold a job or live independently?</td>
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<tr>
<td>Do you have a physical disability?</td>
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</tr>
<tr>
<td>Is this a long-term disability that impairs your ability to hold a job or live independently?</td>
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<tr>
<td>Do you have a developmental disability?</td>
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<tr>
<td>Do you have AIDS or an HIV related illness?</td>
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<tr>
<td>Do you receive disability benefits?</td>
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<tr>
<td>Are you a veteran? (served in the US Armed Forces OR been called into active duty as a member of the National Guard or as a Reservist)</td>
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<tr>
<td>Are you currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault or stalking?</td>
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<tr>
<td>Notes</td>
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</table>

Submit Survey

Save Draft
HOMELESS SURVEY
January 22, 2019

Ask First: "HAS SOMEONE ALREADY ASKED YOU THESE QUESTIONS TODAY?" (If yes, STOP the survey)
If living/currently staying with family, friends, acquaintances, or in own apartment STOP the survey not literally homeless.

**SURVEYS ARE TO BE COMPLETED ONLY BY STAFF/VOLUNTEERS**

Where do you plan on sleeping tonight? (Check Only ONE Box)

- [ ] Emergency Shelter: Name of Shelter (required)
- [ ] Transitional Housing: Name of Transitional Housing Program; (required)
- [ ] Hotel/Motel Emergency Shelter: Name of Hotel: (required)
- [ ] Who is Paying: (Check ONLY if they are receiving motel payment from a charitable agency or government. If they are paying for the room themselves, STOP survey not homeless.)
- [ ] Unsheltered: Outside, Vehicle, Abandoned Building (A place not meant for human habitation)

Survey Type:  [ ] Individual  [ ] Household (If family, make sure household surveys remain together) # of individuals in household: ___________

First Name*: ______________   Last Name*: __________________  MI_ Date of Birth __________   or  Estimate Age:__________ *If hesitant initials may be used

GENDER:  [ ] Male  [ ] Female  [ ] Trans Male (F2M)  [ ] Trans Female (M2F)  [ ] Gender Non-Conforming (i.e. not exclusively M or F)  [ ] Don't Know  [ ] Refused

Are you Hispanic/Latino?  [ ] Yes  [ ] No  [ ] Don't know  [ ] Refused

RACE:  [ ] White  [ ] American Indian or Alaska Native  [ ] Black or African-American  [ ] Asian  [ ] American Indian or Alaska Native  [ ] Native Hawaiian or Pacific Islander  [ ] Other, if other race, please indicate ____________

Is this the first time you have been homeless?  [ ] Yes  [ ] No

How long have you been homeless? (Choose only one)

- [ ] 30 days or less  [ ] 1 to 5 months  [ ] 6 to 9 months  [ ] 10 to 12 months
- [ ] 1 to 2 years  [ ] 3 to 5 years  [ ] 6 – 10 years  [ ] More than 10 years

How many separate times have you stayed in shelters or on the streets in the last three (3) years? (Choose only one)

- [ ] Once  [ ] Twice  [ ] Three  [ ] Four or more times

For how long in months have you been in this community? ________________

Do you or your partner have any substance abuse issues?

- [ ] No  [ ] Yes  [ ] Self  [ ] Partner  [ ] Don't know  [ ] Refused

If yes, is this a long-term disability for yourself or your partner that impairs your ability to hold a job or live independently?

- [ ] No  [ ] Yes  [ ] Self  [ ] Partner

Do you or your partner have a chronic health condition?

- [ ] No  [ ] Yes  [ ] Self  [ ] Partner  [ ] Don't know  [ ] Refused

If yes, is this a long-term disability for yourself or your partner that impairs your ability to hold a job or live independently?

- [ ] No  [ ] Yes  [ ] Self  [ ] Partner

Staff/Volunteers: Please Complete this Section before Submitting the Survey

Name of Surveyor: ____________________________  Location of the Survey Street Address: ____________________________  City: ____________________________
Do you or your partner have a mental health issue?  □ No   □ Yes   □ Self □ Partner □ Don't know □ Refused
If yes, is this a long-term disability that impairs your ability to hold a job or live independently? □ No   □ Yes   □ Self □ Partner
Do you or your partner have a physical disability? □ No   □ Yes   □ Self □ Partner □ Don’t know □ Refused
If yes, is this a long-term disability that impairs your ability to hold a job or live independently? □ No   □ Yes   □ Self □ Partner
Do you or your partner have a developmental disability? □ No   □ Yes   □ Self □ Partner □ Don’t know □ Refused
If yes, is this a long-term disability that impairs your ability to hold a job or live independently? □ No   □ Yes   □ Self □ Partner
Do you or your partner have an AIDS or HIV related illness? □ No   □ Yes   □ Self □ Partner □ Don’t know □ Refused
Do you or your partner receive disability related benefits? □ No   □ Yes   □ Self □ Partner □ Don’t know □ Refused
Have you or your partner ever served on active duty with the Armed Forces of the United States or been a member of the National Guard and been placed on active duty with the Armed Forces of the United States? □ No   □ Yes   □ Self □ Partner □ Don’t know □ Refused
(If yes, volunteers please complete Veterans supplemental questionnaire with respondent and or partner)
Are you or your partner currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault or stalking? □ No   □ Yes   □ Self □ Partner □ Don’t know □ Refused

HOUSEHOLD TYPE: (check only 1 of the 3 options)

□ Persons in households with at least 1 adult (18 and older) and 1 child (under 18)

PARTNER: Initials:_____ Gender:_____ Age:______ Race:_____ Hispanic/Latino Non-Hispanic
CHILDREN: How many children under 18 live in your household and are with you tonight?
Gender:_______ Age:_______ Race:_____ Hispanic/Latino Non-Hispanic

□ Persons in households composed of only children (all household members under 18)

PARTNER: Initials:_____ Gender:_____ Age:______ Race:_____ Hispanic/Latino Non-Hispanic
Including yourself, how many children under 18 live in your household and are with you tonight?
Gender:_______ Age:_______ Race:_____ Hispanic/Latino Non-Hispanic

□ Persons in households without children (no household members under 18 years of age)

Including yourself, how many adults over 18 live in your household and are with you tonight?
PARTNER: Initials:_____ Gender:_____ Age:______ Race:_____ Hispanic/Latino Non-Hispanic

Notes: (Volunteers please list any important information not previously collected here)
South Dakota Housing for the Homeless Consortium

Lunch Break
SDHHC Afternoon Agenda

• Coordinated Entry System Report
• Data Quality – LSA
• Quarterly Activity Report
• SDHHC Committee Reports
• Town Hall – Community/Agency Reports
• Adjourn
SDCES Next Steps

• Side Door Closure process
  • Marketing Continues
  • Procedure/Process development
    • Manual updates
    • Review process
      • Training
  • HUD Technical Assistance – Community Practices
SDCES Regional Coordinator Reports

Region 1 - Andrea Denke (Rapid City)
Region 2 - Davis Schofield (Pierre)
Region 3 - Darci Bultje (Wagner)
Region 4 - Stephanie Monroe (Sioux Falls)
SDCES Online Information

• [http://www.housingforthehomeless.org/services/coordinated-entry-system.html](http://www.housingforthehomeless.org/services/coordinated-entry-system.html)

• CES Design Workshop Power Point

• SD Data/Systems Map

• CES Policy and Procedures Manual

• CES Grievance Process

• CES Flyer

• CES Annual Training
South Dakota Housing for the Homeless Consortium
Importance of Data Quality

- Serves in decision making
- Increases positive outcomes
- Ensures compliance
SDHMIS Data Goals

• 0% errors and missing data
• Increase understanding
• Thoughtful data input
• Trouble shooting skills development
• Data in decision making for projects and system
• Tells story of homelessness with data
• Increase HMIS participation to above 85% of beds for all types
• Identify gaps in services and housing
• Estimate unmet need
The Longitudinal System Analysis (LSA)

Each Year HUD submits Annual Homelessness Assessment Report (AHAR) to Congress:

• National Level Report about Homelessness
• Demographics include; age, race, gender, veteran status
• Length of time homeless and patterns of system use
• Information on specific populations
• Housing outcomes for system exciters
The Longitudinal System Analysis (LSA)

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The Longitudinal System Analysis (LSA)

**Former AHAR**
- Both upload & manual data entry
- Project Types; ES, TH, PSH
- Submitted via hudhdx
- Data review completed prior to entering in hdx
- Detailed data on household system use not evident
- Required 50% beds in HMIS for data use

**New LSA**
- Only uploaded data used
- Projects; ES, TH, PSH, SH, RRH
- Submitted via hudhdx2
- Data review after upload of HMIS ZIP file
- Includes detailed household system use data
- Usability principally decided by data quality
HMIS NOFA Opportunity

• HMIS Capacity Building Project NOFA
• Application Due Jan. 31, 2019
• Provide Feedback by Friday, December 21, 2018

• Eligible Activities
  • Upgrade, customize, or configure the functionality of HMIS
  • Improve HMIS data quality
  • Increase staff skills through trainings related to HMIS governance, data quality improvements, and data analysis
  • Consolidate HMIS software and databases with other CoC
SDHHHC Committee Reports

- PAC
- Youth
- Veteran
- HMIS
- CES
- Point-in-Time
- Native American
SDHHC Recent Activities

September 2018

• CoC Funding Application submitted to HUD
• SDHHC Quarterly Meeting
• CES Case Conferencing in 4 Regions Begins
• Project Connect Completed at Pierre
• SDHMIS Partnership Agreement updated - PAC
SDHHC October 2018 Activities

• PIT/HIC committee convened for 2019 Count planning
• HIC inventory entered HMIS to prep for LSA
• Youth Advisory Board organization & recruitment drafts
• 2 Day Housing Workshops completed Sioux Falls and Rapid City
• Quarterly APR submitted by ESG & CoC grantees
• South Dakota Housing Development Authority Conference
• SDHHC CoC Governance Charter updated - PAC
SDHHC November 2018 Activities

• SDHHC approved HUD TA YAB & gaps assessment for youth
• SDHHC to join HUD Coordinated Entry System TA Communities of Practice
• Priority and Ranking Policy for CoC funding review and update – PAC
• SIMTECH training PIT count leadership
South Dakota Housing for the Homeless Consortium
2019 Homeless Summit
June 18-19, 2019
Oacoma, SD
South Dakota Housing for the Homeless Consortium

Next Meeting, Tuesday
03/05/2018
10 am Central time