

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

CoC Name and Number (From CoC Registration): SD-500 - South Dakota Statewide CoC

CoC Lead Organization Name: South Dakota Housing Development Authority

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Policy and Advisory Committee

Indicate the frequency of group meetings: Quarterly

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: 60%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

*** Indicate the selection process of group members:**
(select all that apply)

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

The members of the Policy and Advisory Committee (PAC) are elected by the South Dakota Housing for the Homeless Consortium (SDHHC) to make policy and advisory decisions. If any PAC position would need to be filled, nominations will be taken at the next SDHHC meeting. The PAC consists of a chairman, vice-chairman, a Secretary/Treasurer along with 7 other members for a total of 10. Member organizations of the SDHHC may accept only on nomination for the PAC. Members must attend 75% of the SDHHC meetings during the previous year to be eligible for nomination to the PAC. This process works well as it will require attendance at the local SDHHC meetings to be eligible for election into the PAC which will bring continued knowledge of the CoC system and the SDHHC to the voting committee.

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

Yes, the South Dakota Housing Development Authority (SDHDA), on behalf of the Consortium, would become the fiscal agent for all HUD homeless funding and provide the project oversight and monitoring requirements. SDHDA administers the HUD Emergency Shelter Grant Program and HOME funds, with staff knowledgeable in HUD regulations. SDHDA has provided effective and efficient oversight of the HUD programs since 1987.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Policy and Adviso...	Quarterly
Peer Review Commi...	Semi-annually
South Dakota Hous...	Quarterly
Inter-Agency Coun...	Semi-annually
Sioux Empire Home...	Monthly or more
Homeless Advisory...	Monthly or more
Black Hills Regio...	Bi-monthly
Rapid City Housin...	Quarterly
Sioux Falls Housi...	Monthly or more
SD Network Agains...	Quarterly
SD Coalition Agai...	Quarterly
Tri-State HOPWA (...)	Quarterly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Policy and Advisory Committee (PAC)

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The PAC members of South Dakota Housing for the Homeless Consortium (SDHHC) are chosen by the SDHHC to set agendas for all meetings, oversee project monitoring, determine project priorities, provide final approval for the CoC application as well as monitor the application submission requirements. The PAC consists of a chairman, a vice-chairman, and a secretary/treasurer, along with 7 other members for a total of 10 members. The executive committee is defined as: the chairman, vice-chairman and the Secretary/Treasurer.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Peer Review Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

This Committee was created from experienced members of the South Dakota Housing for the Homeless Consortium (SDHHC) who have the experience and knowledge of the CoC process to help all applicants applying for CoC funding to make sure their applications meet HUD requirements prior to submission.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: South Dakota Housing for the Homeless Consortium (SDHHC)

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The SDHHC is a well developed network that meets to exchange ideas, best practices and approaches to end homelessness. It is open to any individual or organization committed to addressing the issues surrounding homelessness in South Dakota.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Inter-Agency Council on Homelessness (ICH)

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Re-established in 2007 by Executive Order, the ICH is challenged to identify and define homeless issues; determine strategies for prevention; provide education and work with advocacy groups and consumers for policy and program development. New to the ICH in 2007 is one member representing the South Dakota Housing for the Homeless Consortium, along with the Mayors of Sioux Falls and Rapid City, the two largest cities in South Dakota.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Sioux Empire Homeless Coalition

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

These meetings provide a forum for anyone concerned with the issues of homelessness and poverty in the eastern part of the state.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Advisory Board (HAB)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The HAB was established late 2006 to identify causes of homelessness and to find solutions for the Sioux Falls Community. The focus on Sioux Falls allows for the best use of existing public and private resources and provides strategies to encourage the homeless to return to the status of permanent residency.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Black Hills Regional Homeless Coalition

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This is a coalition of individuals and organizations committed to coordinating programs and services to serve people who are chronically homeless and families with children who are homeless in Western South Dakota. The Black Hills Regional Homeless Coalition also conducts the local ranking process for the Continuum of Care process.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Rapid City Housing Taskforce

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This taskforce was created to work closely with the Black Hills Regional Homeless Coalition to identify and prioritize housing needs in the community; quantify the number and types of units needed; identify funding sources for the projects; identify organizations/people to be leaders for specific projects, and develop a plan to end homelessness in 10 years.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Sioux Falls Housing and Redevelopment Commission (SFHRC)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

SFHRC is the largest public housing authority in South Dakota. It primarily administers housing assistance programs for the City of Sioux Falls and Minnehaha County. It also administers the statewide HOPWA program. SFHRC serves homeless individuals and families with Shelter Plus Care and HOME Tenant Based Rental Assistance programs and promotes the development of affordable housing opportunities in the Sioux Falls area.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SD Network Against Family Violence and Sexual Assault (Network)

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The Network consists of 26 domestic violence crisis shelters/agencies providing nonjudgmental support, education and advocacy to the agencies, to the individual, and to the general public to prevent and eliminate domestic violence and sexual assault in South Dakota.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SD Coalition Against Domestic Violence and Sexual Assault (Coalition)

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The Coalition provides advocacy services to agencies, individuals and the general public in preventing and eliminating domestic violence.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Tri-State HOPWA (HOPWA Program for South Dakota, North Dakota and Montana)

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Tri-state HELP (Housing Environments for Living Positively) administers the HOPWA program for South Dakota, North Dakota and Montana and meets to discuss resources available for persons with HIV/AIDS. This organization gives priority in providing housing and services to the homeless population who have HIV/AIDS and provides insight and knowledge to the needs of the homeless and gaps in services.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Department of Corrections	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Department of Education	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Governor's Office	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Department of Health	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
SD Housing Development Authority	Public Sector	Other	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Department of Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Department of Labor	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Military and Veteran's Affairs	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
Department of Social Services	Public Sector	State g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
Tribal Government Relations	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Minnehaha County Commissioners	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Rapid City Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Sioux Falls Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
City of Winner	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Lemmon Housing and Redevelopment Commission	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Pennington County Housing and Redevelopment Com...	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Housing and Redevelopment Commission of Pierre	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Sioux Falls Housing and Redevelopment Commission	Public Sector	Public ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	HIV/AIDS, Se...
Mobridge Housing and Redevelopment Commission	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE

South Dakota Statewide CoC			COC_REG_v10_000049	
School of Mines and Technology	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Southeast Technical Institute	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
University of South Dakota	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Hand County Sheriff's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Pennington County Sheriff's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Minnehaha County Sheriff's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Rapid City Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Sioux Falls Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
American Indian Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Ab...
Artemis House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Behavior Management Systems	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	Seriously Me...
Black Hills Special Services Cooperative	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Bridges Against Domestic Violence	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Brookings Domestic Abuse Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Cangleska Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Cedar Village	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Children's Inn	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Communities Against Violence and Abuse	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Crisis Intervention Shelter Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Development for the DisAbled	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...

South Dakota Statewide CoC				COC_REG_v10_000049
Helpline Center - 211	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Inter-Lakes Community Action Partnership	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Missouri Shores Domestic Violence Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Mitchell Area Safehouse	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
NACB Women's Lodge	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Native American Heritage Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Ab...
Northeast SD Community Action Program	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Prairie Freedom Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Regional West Center for Behavioral Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Safe Harbor	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
SD Headstart Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Sioux Empire Homeless Coalition	Private Sector	Other	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
Southeastern Behavioral Healthcare	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Spotted Tail Crisis Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Teton Coalition	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Vets Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans
Western Resources for Disabled Independence	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Wholeness Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Women Escaping a Violent Environment	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...

South Dakota Statewide CoC				COC_REG_v10_000049
Women of Hope	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Women's Resource Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Working Against Violence Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Yankton Homeless Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s
Yankton Women and Children's Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Cornerstone Rescue Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s, Su...
Cornerstone Women & Children's Home	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domesti c Vio...
Glory House	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substan ce Abuse
Good Shepherd Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Goodwill Industries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Lutheran Social Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
New Life Coalition	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veteran s, Youth
St. Francis House	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substan ce Ab...
Volunteers of America	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth
United Way of Northeastern SD	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Brookings Area United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Hot Springs United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
United Way Heartland Region	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Interlakes Area United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Mitchell Area United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE

South Dakota Statewide CoC			COC_REG_v10_000049	
Capitol Area United Way	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
United way of the Black Hills	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Sioux Empire United Way	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
United Way of Vermilion	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Watertown Area United Way	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
United Way & Volunteer Services	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Citibank	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Costello Property Management Co	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
First PREMIER Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Rapid City Community Health	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Falls River Community Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Veteran's Administration Medical Center	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans
Gale Muller	Individual	Homeles..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Vernon Milrett	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Michael Heinbaugh	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Stephanie Good Bear	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Roger Steele	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Nicole Aust	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Christine Red Kettle	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE

South Dakota Statewide CoC			COC_REG_v10_000049	
Rudy Hernandez	Individual	Homeles. ..	Committee/Sub-committee/Work Group	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

**Open Solicitation Methods:
(select all that apply)** b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

**Rating and Performance Assessment Measure(s):
(select all that apply)** a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: No

Briefly describe the reasons for the change:

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

There was a reduction in transitional housing beds as a result of the loss of Timothy's House of Hope, which closed its doors in late 2007. Also there was an error in the bed counts from Volunteers of America.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

There was a reduction in permanent supportive housing beds as a result of the loss of Timothy's House of Hope, which closed its doors in late 2007. Also it was found that we had listed the HOPWA program twice.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart

Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	SD Housing Invent...	10/21/2008

Attachment Details

Document Description: SD Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/31/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: Housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Updated prior housing inventory information, Follow-up, Confirmation
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: HUD unmet need formula, Unsheltered count, Housing inventory
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: SD-500 - South Dakota Statewide CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Simplicity Computer Solutions

What is the name of the HMIS software company? Simplicity Computer Solutions

Does the CoC plan to change HMIS software within the next 18 months? Unknown/Unsure

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 08/16/2005

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate staffing, No or low participation by ESG funded providers, HMIS unable to generate unduplicated count of homeless persons, HMIS unable to generate CoC- wide data or reports, HMIS is unable to generate data for PIT counts for sheltered persons, Inadequate bed coverage for AHAR participation, HMIS unable to generate AHAR table shells, HMIS unable to generate data quality reports, HMIS unable to generate APR data

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

Our current challenges are mainly with our software provider and incorporating all of the HUD required data in the system. The APR software has also been slow in getting up and running. Our software provider has had turnover of staff, so there is a delay in getting new staff knowledgeable regarding HUD requirements.

Attachment Details

Document Description:

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name South Dakota Housing Development Authority
Street Address 1 PO Box 1237
Street Address 2 221 South Central Avenue
City Pierre
State South Dakota
Zip Code 57501
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify

2C. Homeless Management Information System (HMIS) Contact Person

Prefix:**First Name** Lisa**Middle Name/Initial** Marie**Last Name** Bondy**Suffix****Telephone Number:** 605-773-3445
(Format: 123-456-7890)**Extension****Fax Number:** 605-773-5154
(Format: 123-456-7890)**E-mail Address:** lisab@sdhda.org**Confirm E-mail Address:** lisab@sdhda.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

We are hesitant, at this time to bring non-HUD funded homeless programs into HMIS due to the struggles we are facing with our current HMIS service provider. We are currently working with them to bring HMIS into compliance. If that is not possible, we will be looking into other software. If the latter is a reality, and we choose new software, new providers will be brought into HMIS once the new software is up and running.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	5%	10%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	5%
* Zip Code of Last Permanent Address	0%	5%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? No

How frequently does the CoC review the quality of client level data? Quarterly

How frequently does the CoC review the quality of program level data? Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

New users receive hands on training regarding confidentiality, HUD requirements and software functionality. SDHDA created a handbook for the user with step-by-step instruction regarding our software. Also, we have two full-time IT staff to field questions.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

A report has been created in which SDHDA can review to see what fields are missing or what information has not been inputted. Each agency that has missing information is called to make the necessary changes/corrections.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Never
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Never
Use of HMIS for program management:	Never
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

* Unique user name and password	Quarterly
* Secure location for equipment	Quarterly
* Locking screen savers	Quarterly
* Virus protection with auto update	Quarterly
* Individual or network firewalls	Quarterly
* Restrictions on access to HMIS via public forums	Quarterly
* Compliance with HMIS Policy and Procedures manual	Quarterly
* Validation of off-site storage of HMIS data	Quarterly

How often does the CoC assess compliance with HMIS Data and Technical Standards? Quarterly

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Annually

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 09/07/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:

Privacy/Ethics training	Quarterly
Data Security training	Quarterly
Data Quality training	Quarterly
Using HMIS data locally	Never
Using HMIS data for assessing program performance	Never
Basic computer skills training	Never
HMIS software training	Quarterly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/31/2007

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	46	58	4	108
Number of Persons (adults and children)	131	172	8	311
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	138	96	33	267
Number of Persons (adults and unaccompanied youth)	138	97	33	268
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	184	154	37	375

South Dakota Statewide CoC			COC_REG_v10_000049	
Total Persons	269	269	41	579

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	79	25	104
* Severely Mentally Ill	38	5	43
* Chronic Substance Abuse	95	7	102
* Veterans	106	2	108
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	121	2	123
* Unaccompanied Youth (under 18)	30	0	30

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/28/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 94%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):**

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

Surveys were sent to all Emergency shelter, soup kitchens, day shelters and mainstream services providers to conduct a homeless count on January 27, 2007 which resulted in approximately 579 were considered homeless. On September 20, 2008, the SD Housing for the Homeless Consortium conducted another point-in-time count as the consortium wanted to see if there was any increase to the unsheltered during the summer months. That count found 1,029 homeless over a twenty-four hour period. The survey concluded that we did see an increase in unsheltered homeless as well as an increase in those homeless individuals currently in transitional housing programs.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	
Sample Strategy:	
Provider Expertise:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

Yearly, the SD Housing for the Homeless Consortium conducts a statewide Homeless Count in which each geographical area works with local business and non-profit agencies to not only count the homeless encountered during a 24-hour period, but to also survey the homeless to find out what their barriers are to services and housing. Our last statewide count was conducted in September 20, 2007 and we had an increase of 30% from the January 2007 count. The reason for the increase is that we were able to survey those currently in transitional Housing that were homeless before they went into the facility. We have not done that in the past.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

When the shelters survey each person, they ask for their initials, date of birth and their mothers first name. Once that is loaded into our excel spreadsheet, we can organize the chart to show us duplicates.

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Complete Coverage and Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

All individuals surveyed are asked for specific information to help to reduce duplication. Also, agencies have provided incentives for those being interviewed (such as a bag lunch, or a special bag with supplies etc). It helps our surveyors out on the street to not survey someone who already has their bag. Also we have in the past, created "I Count" stickers for the individuals to wear after they have been surveyed to also reduce duplication.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

When we conduct our survey, if we come across a family with children who are planning to sleep outside, we encourage our survey volunteers to try and help them find shelter during the survey process. Some families welcome the help, and others do not want any assistance, but we try at that time to help them with their needs.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

The basic reason for an increase or decrease in our un-sheltered homeless population relates to when the survey was conducted. In our winter months, our un-sheltered numbers seem to be lower as the homeless stay in shelters, or move in with relatives or friends. In the warmer months we show an increase of un-sheltered as they are more likely to sleep outside. South Dakota finds a point-in-time count not very realistic in capturing un-sheltered homeless as this population may be sleeping outside one day, and being sheltered the next.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Research NSP funding for 24 new PH total beds for chronic homeless individuals in Sioux Falls and Rapid City	Lorraine Polak, Director of Rental Housing Development
Action Step 2	Work with Rapid City to apply for additional Shelter+Care funding	Doug Wells, Pennington County Housing and Redevelopment Commission
Action Step 3	Work with 2 Public Housing Authorities within the state to apply for Shelter Plus Care funding for an additional 20 beds for Chronic Homeless Individuals	Shireen Ranschau, Sioux Falls Housing and Redevelopment Commission

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	197
Numeric Achievement in 12 months	250
Numeric Achievement in 5 years	255
Numeric Achievement in 10 years	260

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue to monitor the success of all PH projects as we are currently maintaining an 85% success rate. Monitor each individual agency and offer technical assistance if they fall below 72%	Lisa Bondy
Action Step 2		
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	85
Numeric Achievement in 12 months	90
Numeric Achievement in 5 years	95
Numeric Achievement in 10 years	97

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue to monitor all TH projects in achieving a success rate of at least 65% in moving individuals and families from Transitional to Permanent Housing. Will offer technical assistance to help achieve this goal.	Lisa Bondy
Action Step 2	Attend Public Housing Authorities meeting to encourage them to make preferences for those individuals and/or families leaving Transitional Housing to obtain permanent housing faster.	Lisa Bondy
Action Step 3	Plan to work with service providers to identify risk factors for early exit from the TH programs, and then identify resources to address those risk factors.	Lisa Bondy

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	54
Numeric Achievement in 12 months	65
Numeric Achievement in 5 years	70
Numeric Achievement in 10 years	75

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue to monitor all TH and PSH projects in maintaining a current success rate of 41% for those leaving transitional housing programs with employment income. Monitor each agency and offer technical assistance if they fall below 19%	Lisa Bondy
Action Step 2	Continue to work with the Department of Labor to encourage them to make it a priority in their Workforce Investment Act Program regarding job training for homeless persons who currently are in transitional housing so they have job skills and are employable or employed upon exit.	Mike Ryan
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	41
Numeric Achievement in 12 months	46
Numeric Achievement in 5 years	51
Numeric Achievement in 10 years	75

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Exhibit 1	Page 50	10/21/2008

South Dakota Statewide CoC		COC_REG_v10_000049
Action Step 1	Work closely with each of the school district's appointed homeless liasions to assure uniformity of services throughout the State	Laura Johnson-Frame
Action Step 2	Work with Public Housing Authorities and the County Welfare departments across the state to create a plan in helping families who are experiencing homelessness rapidly re-housed through emergency housing services (including locating, funding first month rents/security deposits, utility deposit, etc). Helping to find safe adequate housing for the families and keeping the children out of the shelter system and in the same school system	Lisa Bondy
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	104
Numeric Achievement in 12 months	110
Numeric Achievement in 5 years	115
Numeric Achievement in 10 years	120

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol: Formal Protocol Implemented
Health Care Discharge Protocol: Protocol in Development
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Department of Social Services, Division of Child Protection Services has defined procedures in place for the discharge of children from custody/placement. The planning that occurs prior to children being discharged from custody/placement depends on the age of the child, the discharge resource and the services that will be needed to support the child in his/her discharge placement. Children discharging from custody/placement prior to age 18 may be discharged to their birth parent, relative caregiver, a legal guardian, or may be adopted. Youth who were in placement upon turning 18 years of age and are ready for discharge are eligible for Independent Living Services through the Division of Child Protection Services. Independent Living services for youth between the ages of 16 and 21 years of age are also defined within the Division's policy and procedures manual. Youth are involved in planning their exit from the program and are provided financial resources and on-going case management to help ensure success upon discharge.

Health Care Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

Based on the discharge data that is available to the South Dakota Department of Health (DOH), there is no information provided on the discharge of the homeless to shelters. We have researched and identified some standards of care of discharge of the homeless, but at this point, we haven't had any formal discussions outside of DOH and the Housing for the Homeless Consortium.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Division of Mental Health has a discharge criteria and required documentation for the CARE (Continuous Assistance, Rehabilitation, and Education program) program. Discharge may occur when: (1) the consumer moves outside of the geographical area; (2) the consumer demonstrates ability to function in all major life areas; or (3) the consumer refuses to participate in CARE program services. The Community Mental Health Centers then need to submit the following documentation to the Division for approval: (1) reason for discharge; (2) consumer status and condition at time of discharge; (3) written evaluation summary of progress made towards case service plan goals; (4) a plan for care and follow-up developed in conjunction with the consumer; and (5) signature of clinical supervisor, qualified mental health professional, or CARE team member.

Corrections Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Department of Corrections has established procedures in place governing release planning for adults and juvenile offenders. Each adult offender within 5 years of possible release must develop a release plan with the assistance of Corrections case management staff. These release plans have established components of residence, employment and programming needs (chemical dependency, mental health, physical health, sex offender treatment and academic education). Programming needs are identified through assessments done within the correctional facilities. Offenders are provided opportunities to address assessed needs within the prison system. These needs are carried over to the release planning process.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	09/05/2008
Mental Health Discharge Protocol	No	Mental Health dis...	08/27/2008
Corrections Discharge Protocol	No	Department of Cor...	09/08/2008
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description: Foster Care Discharge Policy

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health discharge Policy

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Department of Corrections Discharge Policy

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan: Our Consolidated Plan has incorporated the CoC goals as listed in our Exhibit One.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? Yes

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

Currently local jurisdictions are creating their own 10-years plans and implementation is underway for a statewide 10-year plan.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)	Actual 12-Month Achievement (number of beds or percentage)
Create new PH beds for CH	8 Beds	15 Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	85 %	85 %
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	61 %	54 %
Increase percentage of homeless persons employed at exit to at least 18%	50 %	41 %
Ensure that the CoC has a functional HMIS system	50 %	60 %

4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	109	130
2007	104	105
2008	104	197

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	37
b. Number of participants who did not leave the project(s)	106
c. Number of participants who exited after staying 6 months or longer	25
d. Number of participants who did not exit after staying 6 months or longer	87
e. Number of participants who did not leave and were enrolled for 5 months or less	25
TOTAL PH (%)	78
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	47
b. Number of participants who moved to PH	25
TOTAL TH (%)	53

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 84

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	17	20 %
SSDI	8	10 %
Social Security	5	6 %
General Public Assistance		0 %
TANF	1	1 %
SCHIP	1	1 %
Veterans Benefits		0 %
Employment Income	18	21 %
Unemployment Benefits		0 %
Veterans Health Care		0 %
Medicaid	31	37 %
Food Stamps	32	38 %
Other (Please specify below)	19	23 %
State Supplement, Child Support and Alimony		
No Financial Resources	11	13 %

The percentage values are automatically calculated by the system when you click the "save" button.

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? Yes

4E. Section 3 Employment Policy Detail

Is the project requesting \$200,000 or more?: Yes

If Yes to above question, click save to provide activities

**Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?
(Select all that apply)**

Preference policy for hiring low and very low income persons residing in the service area, Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

All CoC funded providers must submit their APR's to the CoC at the same time they are submitted to HUD. They are reviewed by the CoC when their project is up for renewal.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

If "Yes", indicate all meeting dates in the past 12 months.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Both

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Annually

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? No

If "Yes", indicate training date(s).

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	60%
Case Managers generally assess clients' situations initially by interviewing them to see what their needs are. They are then referred to those mainstream services that they need assistance with. They inform the clients on who to call, where to get the appointments and what documentation to provide and assistance with completion of the applications if necessary.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	60%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
Currently TANF, Medicaid and Food Stamps are on one application, but other mainstream resources are currently on separate applications. The South Dakota Housing for the Homeless Consortium is currently working with the State's Inter-Agency Council on Homelessness to create this process.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	60%
4a. Describe the follow-up process:	
Case Managers regularly have clients make out to do lists for follow up; they also visit with the clients about the process of what they have done. Case managers also follow up by making phone calls to the benefit specialists to make sure the clients have made their appointments. Case managers also complete the income/rent verifications for the benefit specialists on behalf of the clients.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	Yes
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	Yes

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html)	Yes
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	No
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	No
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	No
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	Yes

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	No
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	No
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	No
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	Yes

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
SHP Multi Family	2008-10-03 11:57:...	2 Years	St. Francis House	153,635	New Project	SHP	TH	F4
My Home/Cayman Co...	2008-10-06 15:26:...	2 Years	Southeast ern Beha...	430,118	New Project	SHP	PH	F1
My Home/Cayman Co...	2008-10-06 15:26:...	1 Year	Southeast ern Beha...	95,336	Renewal Project	SHP	PH	F2
Shelter Plus Care I	2008-09-08 15:02:...	1 Year	Sioux Falls Housi...	118,212	Renewal Project	S+C	TRA	U6
Shelter Plus Care II	2008-09-08 15:17:...	1 Year	Sioux Falls Housi...	156,708	Renewal Project	S+C	TRA	U7
Pettigrew Heights...	2008-10-09 17:06:...	2 Years	Volunteers of Ame...	219,542	New Project	SHP	TH	F5
Native American C...	2008-10-07 09:41:...	2 Years	Native American C...	114,770	New Project	SHP	TH	F3

Budget Summary

FPRN	\$1,013,401
Rapid Re-Housing	\$0
Samaritan Housing	\$0
SPC Renewal	\$274,920
Rejected	\$0