

20030 Application Summary

Continuum of Care (CoC) Name: South Dakota Homeless Consortium _____

CoC Contact Person and Organization: Vona Johnson, South Dakota Housing Development Authority _____

Address: _____ P.O. Box 1237 _____

_____ Pierre, SD 57501 _____

Phone Number: ____ (605) 773-4567 ____ E-mail Address: ____ vona@sdhda.org _____

Continuum of Care Geography

Geographic Area Name	6-digit Code
Sioux Falls	461518
Rapid City	461392
Aurora County	469003
Beadle County	469005
Bennett County	469007
Bon Homme County	469009
Brookings County	469011
Brown County	469013
Brule County	469015
Buffalo County	469017
Butte County	469019
Campbell County	469021
Charles Mix County	469023
Clark County	469025
Clay County	469027
Codington County	469029
Corson County	469031
Custer County	469033
Davison County	469035
Day County	469037
Deuel County	469039
Dewey County	469041
Douglas County	469043
Edmunds County	469045
Fall River County	469047
Faulk County	469049
Grant County	469051
Gregory County	469053
Haakon County	469055
Hamlin County	469057
Hand County	469059
Hanson County	469061
Harding County	469063
Hughes County	469065

Geographic Area Name	6-digit Code
Hutchinson County	469067
Hyde County	469069
Jackson County	469071
Jerauld County	469073
Jones County	469075
Kingsbury County	469077
Lake County	469079
Lawrence County	469081
Lincoln County	469083
Lyman County	469085
McCook County	469087
McPherson County	469089
Marshall County	469091
Meade County	469093
Mellette County	469095
Miner County	469097
Minnehaha County	469099
Moody County	469101
Pennington County	469103
Perkins County	469105
Potter County	469107
Roberts County	469109
Sanborn County	469111
Shannon County	469113
Spink County	469115
Stanley County	469117
Sully County	469119
Todd County	469121
Tripp County	469123
Turner County	469125
Union County	469127
Walworth County	469129
Yankton County	469135
Ziebach County	469137

Exhibit 1: South Dakota Continuum of Care

Continuum of Care Narrative

1. Continuum of Care's accomplishments.

In the past 12 months, the South Dakota Homeless Consortium (SDHC) accomplished much in setting the groundwork for ending chronic homelessness and designing an integrated system that will provide seamless services to individuals and families experiencing homelessness. First, members of the consortium and other key providers in the state participated in a national Policy Academy designed to help the State improve access to Mainstream Resources for people experiencing Chronic Homelessness. As a result, a vision to end homelessness was created as were goals and strategies to help reach that vision. In addition, linkages between the Consortium and policy level State government officials are being formed that will strengthen communication and ultimately result in more effective and efficient systems providing services to the homeless throughout the State.

Another important accomplishment was to begin the discussion about permanent supportive housing and how to incorporate the concept in South Dakota. A two day workshop on supportive housing and faith based initiative/grants writing was sponsored in Rapid City the Spring of 2003 featuring a speaker from the Minneapolis office of the Corporation for Supportive Housing. A similar grants writing and faith based initiative workshop was held in Sioux Falls in the Fall of 2002. Several applications for supportive housing have resulted from this effort.

Another successful application for Continuum of Care funding under the 2002 SuperNOFA was funded which will go a long way toward providing permanent and transitional housing solutions in the Sioux Falls and Yankton areas. Much effort has been focused on strengthening relationships in the Rapid City area to facilitate an application under this 2003 funding cycle.

2. Your community's *planning process* for developing a Continuum of Care strategy.

- a. **Lead entity** - The lead entity for the South Dakota Continuum of Care is the South Dakota Homeless Consortium. The South Dakota Homeless Consortium continues to develop a strong base for its long-term commitment to end homelessness in South Dakota, and has begun to focus on the issues of chronic homelessness to help attain that goal. Although it is not uncommon for service providers to collaborate with others at the local level to provide services to homeless people, homeless and mainstream service providers are discussing solutions from a holistic approach on a community and statewide basis for the first time. To enhance the discussion, the Consortium is open to any individual or organization committed to addressing the issue of homelessness. Its current participants include people who are homeless or formerly homeless; shelters; mainstream service providers such as community health centers and substance abuse services and mental health agencies; state and municipal public policy makers; businesses; banks; regional homeless coalitions; housing developers; housing owners; housing managers; foundations; and advocates for many sub-populations: veterans, the elderly, Native Americans, survivors of domestic violence and HIV/AIDS.

The South Dakota Housing Development Authority (SDHDA) provides staff and administrative support to the Consortium and serves as a liaison between the Consortium and the lending community, real estate professionals, managers and owners of existing housing, policy makers, and the general public. SDHDA, the state’s lead housing agency, has agreed to take on the responsibility to coordinate, plan, and facilitate meetings for the Consortium to ensure consistency and cohesiveness for the process. Because of its 30 year commitment to decent, safe, and affordable housing, SDHDA made the commitment to work with the Consortium to bring state agencies and other partners to the table to strengthen the organization’s base and to ensure that necessary services will be available to help homeless individuals and families into self-sufficiency.

- b. **Planning structure process** – The South Dakota Homeless Consortium has rapidly developed a strong base in forming the statewide organization and is actively seeking to expand its range of participants to reach a diversity of representation, both geographically and organizationally. The organization continues to be challenged to find a process that can address the diverse needs of this largely rural state with nine separate reservations for Native Americans while addressing the more urban aspects of homelessness in its two metropolitan cities. While coordinating the process is challenging over a statewide geographic area, rotating the location of the meetings to different areas of the state and holding meetings over the DDN (a digital network that broadcasts interactive meetings via satellite), a process has developed that provides a more equal representation and fair distribution of the funds awarded to the state while allowing providers the opportunity to participate without traveling long distances.

The Planning and Advisory Committee (PAC) advises the Consortium in the direction it believes the organization should move and develops the criteria used to assess and prioritize the proposals. The committee is comprised of 18 members who serve varied terms. In an effort to include all areas of the state (east, west, and central), the membership of this committee includes representatives of the two community/regional homeless coalitions and at least two representatives from each of the three regions of the state. Members of the recent Policy Academy have been incorporated into this group to enhance participation from policy level decision makers within State government and to make use of the investment in the training these participants received. An attempt has also been made to get representation from a broad range of backgrounds, as well. Organizations currently involved in the Planning and Advisory Committee include:

Organization	Region	Organization	Region
Sioux Empire Homeless Coalition	East	Director of Office of Tribal Affairs	Statewide
Black Hills Region Homeless Coalition	West	Community Health Center Director	West
Community Mental Health Worker	West	County Welfare Office Director	East
Homeless Outreach Worker	East	Public Housing Authority Director	East
Western South Dakota Community Action	West	SD Div. of Substance Abuse	Statewide
Inter-Lakes Community Action	East	SD Div. of Mental Health	Statewide
Consumer	East	SD Department of Social Services	Statewide
Domestic Violence Rep.	Central	SD Dept. of Education & Cultural Affairs	Statewide
Pierre Area Referral	Central	South Dakota Housing Development Authority	Statewide

To facilitate the accomplishment of much of the work required, the Planning and Advisory Committee has a number of subcommittees responsible for specific tasks. The Information Subcommittee supervises collection and compilation of homelessness data. This committee coordinates the Continuum of Care gaps analysis process. This process will continue to be refined so that an accurate point-in-time homeless count is obtained that does not double count, and yet accurately reflects the true numbers of “hidden” homeless in the state. This committee is also charged with researching Homeless Management Information Systems (HMIS) that are available and recommending a system that will be most effective for the state. Eventually it is hoped that the HMIS system will be able to entirely replace the homeless count. In addition to this workgroup with specific tasks to complete, the Consortium also has a Mainstream Resources Subcommittee, which identifies the programs and resources currently available in the system and provides leadership in coordinating federal, state, and private resources to support continuum services. It is expected that this group will expand as additional state agencies become involved with the process and the Interagency Workgroup, as described in Section 3a, completes its work.

In response to a brainstorming session to identify gaps and resources in the state, the Consortium developed specialized committees: a Supportive Services Committee, an Emergency Shelter Committee, a Transitional Housing Committee, a Permanent Housing Committee, a Homeless Awareness Committee, an Outreach Committee, and a Homeless Prevention Committee. Each of the committees has worked together to further delineate services available across the state. They will continue to monitor progress and make recommendations to the Consortium.

Due to the broad geographic area covered by the Consortium, localities and regions are encouraged to develop Regional Collaborative Groups to carry out local planning and implementation, as well as meet regularly to ensure broad representation. These groups extend the Consortium’s reach and provide a bridge between the Consortium and local providers. It also provides a forum at the local level to combat homelessness. Since the Regional Collaboratives continue to be under development, the Sioux Empire Homeless Coalition, the Black Hills Region Coalition, the South Dakota Network Against Family Violence & Sexual Abuse (SD Network), and the South Dakota Coalition Against Domestic Violence and Sexual Abuse (SD Coalition), two Community Action Agencies, the mental health catchment’s offices, and the One Stop Career Centers are all serving as the linking organizations to the local communities and their goals and priorities have been considered in preparing this plan. In addition, due to the vast distances from one community to the next in rural areas of South Dakota, experience has shown that the Digital Dakota Network (DDN), a video telecommunications pipeline that provides face to face meetings over hundreds and thousands of miles in the state and has 246 fully interactive Videoconference Studios statewide, has been key to the success of the statewide organization, as participants are able to link into the statewide meetings without having to travel large distances to either regional or statewide meetings.

c. Dates and main topics of your CoC planning meetings held since June 2002

Entity	Date	Topic
Statewide Consortium	8/26/02	Goals/Committee Reports/Discuss HMIS Training/Upcoming conferences
	9/25/02	Faith-Based Conference in Sioux Falls
	10/22/02	Discuss Goals/HMIS Training/Homeless Christmas Tree
	11/20/02	Corp. for Supportive Housing Session at Statewide Housing Conference
	11/21/02	HMIS all day training in Pierre

Entity	Date	Topic
	1/17/03 2/21/03 3/26/03 3/27/03 4/23/03 5/16/03 6/11/03	Education, HERO, and Housing presentations/Discuss resources available Mental Health, Transportation presentations/Update on Goals/RC Meeting Workshop on Ending Chronic Homeless in Rapid City/Corp. for Supp. Hsg. Faith-Based Conference in Rapid City Regularly scheduled meeting delayed-waiting for CoC announcement Discuss 2003 CoC application Process/HMIS System/Policy Academy Presentation of Exhibit Two's, HMIS Discussion
Planning & Advisory Com.	8/26/02 11/8/02 2/19/03 4/21/03 5/9/03 6/11/03 8/03	Planning Meet w/Tri-State HELP/HOPWA re: housing for persons with HIV/AIDs Review Selection Criteria/Discuss upcoming Faith Based Conference Discuss delay of SDHC meeting Discuss Regions/CoC Timeline CoC Selections/Prioritization Develop new project selection and ranking procedures <i>Much of the PAC business is handled via emails and telephone calls on an as needed basis.</i>
Policy Academy	4/7/03 4/8/03 5/9/03 5/19/03- 5/22/03 6/11/03	First meeting of the new Policy Academy Members Continuation of Policy Academy Meeting Conference Call to follow up on plans/goals/SWAT analysis Attends Policy Academy in Chicago, IL Policy Academy members attended the face-to-face SDHC meetings in Chamberlain – first exposure as members of PAC members
Sioux Empire Homeless Coalition	6/20/02 7/18/02 8/15/02 9/19/02 10/17/02 11/20/02 12/19/02 1/16/03 2/20/03 3/20/03 4/17/03 5/15/03 6/19/03	Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting
Black Hills Region Homeless Coalition	9/9/02 10/10/02 11/12/02 12/10/02 1/14/03 2/11/03 3/26/03 4/15/03 5/13/03 6/10/03	Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Regular monthly meeting Statewide meeting held in Rapid City Regular monthly meeting Regular monthly meeting Regular monthly meeting
South Dakota Network Against Family Violence and Sexual Assault	9/2002 12/2002 1/2003 4/2003	Regular quarterly meeting Regular quarterly meeting Regular quarterly meeting Regular quarterly meeting
South Dakota Coalition Against Domestic Violence and Sexual Abuse	7/1/02 9/5/02 12/11/02 3/6/03 4/15-17/03 4/25/03 5/18/03	Executive Board Training American Disabilities Act Working with LBSTG women in shelter Shelter Fiscal Management Sexual Assault Conference Advocacy + Law Enforcement Training Teen Violence

d. *List of Participants:*

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (G, SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (<u>activity and frequency</u>) in Planning Process
Example: Nonprofit Org.: ABC, Inc.	City of Ajax	HIV/AIDS	Com. Chair, CoC mtg. attendee; attends all planning meetings, etc.
State agencies:			
Department of Corrections (Bonnie Larsen)	Sioux Falls		Attends local planning meetings occasionally
Department of Corrections/Forward Program (Eric Shuft)	Rapid City		Attends local planning meeting occasionally
Department of Education and Cultural Affairs (Terri Cordrey)	Statewide	Y	Advisory Council Member; Member of the HMIS Implementation Committee, attends COC meetings frequently; and research
Department of Health (June Snyder)	Statewide	HIV/AIDS	Attends COC meetings occasionally;
Department of Human Services (Kim Malsom-Rysdon)	Statewide	SMI	Policy Academy Member, attends meetings frequently
Department of Social Services (Ann Schnabl)	Sioux Falls		Attends local planning meetings occasionally
Department of Social Services (Becky Husman)	Sioux Falls		Attends local planning meetings occasionally
Department of Social Services (Janet Lehmkuhl)	Statewide		Policy Academy Member, attends meetings frequently
Department of Social Services (Jen Mueller)	Sioux Falls		Attends local planning meetings occasionally
Department of Social Services (Jordon Kitts)	Statewide		Advisory Council Member; Member of the HMIS Implementation Committee, attends COC meetings frequently
Department of Social Services (Penny Neeman)	Sioux Falls		Attends local planning meeting occasionally
Department of Social Services (Rebecca Wimmer)	Sioux Falls		Attends local planning meetings occasionally
Department of Social Services (Susan Sheppick)	Statewide	DV	Member of the HMIS Implementation Committee; attends COC meetings occasionally
Governor's Office (Dustin Johnson)	Statewide		Policy Academy Member attends meetings frequently,
Northern Hills One-Stop Career Center (Marjorie Walters)	Spearfish		Attends local planning meetings occasionally
SD Division of Mental Health (Heather Nelson)	Statewide	SMI	Advisory Council Member, Member of the HMIS Implementation Committee; attends COC meetings frequently;
SD Housing Development Authority (Lisa Bondy)	Statewide		Member of the HMIS Implementation Committee; attends all COC meetings; and research
SD Housing Development Authority (Vona Johnson)	Statewide		Lead Entity; Advisory Council Member; Policy Academy Member; attends all COC meetings; and research
SD Public Radio (Emily Babcock)	Sioux Falls		Attends local Planning meetings occasionally

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (G, SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (<u>activity and frequency</u>) in Planning Process
The Office of Tribal Relations (Roger Campbell)	Statewide		Policy Academy Member; attends meetings frequently
Vocational Rehabilitation (Sheryl Logan)	Rapid City		Attends local planning meetings occasionally
Local government agencies:			
County Commissioner (De Knudson)	Sioux Falls		Attends local planning meetings occasionally
Extension Office – Nutrition (Angela Bortnem)	Sioux Falls		Attends local planning meetings occasionally
Minnehaha County Human Services (Judee Howard)	Minnehaha County		Attends local planning meetings occasionally
Minnehaha County Commissioner (Carol Twedt)	Sioux Falls		Attends local planning meetings occasionally
Minnehaha County Human Services (Hugh Grogan)	Minnehaha County		Policy Academy Member; attends COC meetings and local planning meetings occasionally
Minnehaha County Human Services (Jamie Phelps)	Minnehaha County		Attends local planning meetings occasionally
Minnehaha County Human Services (Ray Koens)	Minnehaha County		Attends local planning meetings occasionally
Minnehaha County School District (Wendy Giebink)	Sioux Falls	Y	Attends local planning meetings occasionally
Mobridge Ministerial Association (Bonnie Diniz)	Mobridge		Attends COC meetings occasionally
Mobridge Ministerial Association (Donna Hamre)	Mobridge		Attends COC meetings occasionally
Pennington County Commissioner (Delores Coffing)	Rapid City		Attends local planning meetings occasionally
Pennington County Health & Human Services –Veteran’s Services (Frank Marohn)	Rapid City		Attends local planning meetings occasionally
Pennington County Sheriff’s Office (Bill Armstrong)	Pennington County		Attends local planning meetings occasionally
Pennington County States Attorney (Glenn Brenner)	Pennington County		Attends local planning meetings occasionally
Rapid City Area School (Elaine Delores)	Rapid City		Attends local planning meetings occasionally
Rapid City Community Health (Ron Reed)	Rapid City		Attends local planning meetings occasionally
Rapid City Community Health Center (Ivy Allard)	Rapid City		Policy Academy Member; attends meetings frequently
Former Rapid City Mayor (Jerry Munson)	Rapid City		Attends local planning meetings occasionally
Rapid City Police Department (Doug Thrash)	Rapid City		Attends local planning meetings occasionally
RC Community Development (Trish Anderson)	Rapid City		Attends COC meetings occasionally; attends local planning meetings
SF Community Development (Al Roettger)	Sioux Falls		Attends local planning meetings occasionally
SF Community Development (Randy Bartunek)	Sioux Falls		Attends COC meetings occasionally; attends local planning meetings
Sioux Falls Community Health (Judy Buseman)	Sioux Falls		Attends local planning meetings occasionally

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (G, SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (<u>activity and frequency</u>) in Planning Process
Sioux Falls Planning (Jane Hannestad)	Sioux Falls		Attends local planning meetings occasionally
Weed & Seed (Patricia Pummel)	Rapid City		Attends local planning meetings occasionally
Weed & Seed (Barry Tice)	Rapid City		Attends local planning meetings occasionally
Public Housing Authorities (PHAs):			
Burke Housing Authority (Donna Hutchinson)	Burke		**Inactive member
Clark Housing Authority (Jeanne Lyke)	Clark		**Inactive member
DeSmet Housing Authority (Roger Osthus)	DeSmet		**Inactive member
Huron Housing and Redevelopment Authority (Barb Cook)	Huron		**Inactive member
Murdo Housing Authority (Jane McKillip)	Murdo		**Inactive member
Parker Housing Authority (M. Ardell Lankhorst)	Parker		**Inactive member
Pennington County Housing (Doug Wells)	Pennington County		Attends local planning meetings occasionally
Pierre Housing Authority (John Stengle)	Pierre		Attends COC meetings occasionally
Redfield Housing Authority (Lorah Houser Jankord)	Redfield		**Inactive member
Sioux Fall Housing (Shireen Ranschau)	Sioux Falls		Policy Academy member; attends all COC meetings; attends all local planning meetings
Sioux Falls Housing (Diane Devito)	Sioux Falls		Attends local planning meetings occasionally
Sioux Falls Housing (Helen Graves)	Sioux Falls		Attends local planning meetings occasionally
Sioux Falls Housing (Priscilla Nickolas)	Sioux Falls		Attends local planning meetings occasionally
Webster Housing Authority (Pat Reiner)	Webster		**Inactive member
Nonprofit organizations: (includes Faith-Based organizations):			
Adult Services and Aging-DSS (Penny McCullough)	Sioux Falls		Attends local planning meetings occasionally
American Center for Credit Education (Barb Garcia)	Rapid City		Attends local planning meetings frequently
American Indian Services (Lee Six Toes)	Sioux Falls		Attends local planning meetings occasionally
American Indian Services (Marilyn Lonehill Meier)	Sioux Falls		Attends local planning meetings occasionally
Artemis House (Paula Goddard)	Spearfish	DV	**Inactive member
Augustana/USF Joint Social Work Program (Andy Eastwood)	Sioux Falls		Attends local planning meetings occasionally
Behavioral Health (Kari Simonson)	Rapid City	SMI	Attends local planning meetings occasionally
Behavioral Management System (Jada Johns)	Rapid City	SMI	Attends local planning meetings frequently
Black Hills Area Food Bank	Rapid City		Attends local planning meetings

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (G, SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (<u>activity and frequency</u>) in Planning Process
			occasionally
Bread for the World (Jean Rosenkranz)	Rapid City		Attends local planning meetings occasionally
Bread for the World/Children's Agenda (Cathy Brechtelsbauer)	Sioux Falls		Attends local planning meetings occasionally
Bridges Against Domestic Violence (Mary Kelly)	Mobridge	DV	Attends COC meetings regularly; member of HMIS implementation Committee
Bureau of Indian Affairs (Cora Jones)	Aberdeen		Attends COC meetings occasionally
Butte Co. Domestic Abusive Services (Barbara Michaud)	Belle Fourche	DV	Attends local planning meetings occasionally
Calvary Baptist (Steve Evans)	Rapid City		Attends local planning meetings occasionally
Carroll Institute (Brad Patterson)	Sioux Falls	SA	Attends COC and local planning meetings frequently
Catholic Social Services (Lorinda Collings)	Rapid City		Attends local planning meetings occasionally
Center of Hope (Lois Bennett)	Sioux Falls		Attends local planning meetings occasionally
Children's Inn (Betty Lundgren)	Sioux Falls	DV, Y	Attends local planning meetings occasionally
Children's Inn (Donna Trout)	Sioux Falls	DV, Y	Attends local planning meetings occasionally
Children's Inn (Erin Bakeet-Daggett)	Sioux Falls	DV, Y	Attends local planning meetings occasionally
Children's Inn (Sara Spisak)	Sioux Falls	DV, Y	Attends local planning meetings occasionally
Children's Inn (Stef Sage)	Sioux Falls	DV, Y	Attends local planning meetings occasionally
Children's Inn (Judy Hines)	Sioux Falls	Y, DV	Attends local planning meetings frequently
Community Outreach (Jerry Bohnhoff)	Sioux Falls		Attends local planning meetings occasionally
Cornerstone Rescue Mission (Dan Island)	Rapid City	SMI, SA	Member of the HMIS Implementation committee; attends COC and local planning meetings occasionally
Cornerstone Rescue Mission (Dave Hessman)	Rapid City	SMI, SA	Advisory Council Member; attends all COC and local planning meetings
Cornerstone Rescue Mission (Katie White Calf)	Rapid City	SMI, SA	Attends local planning meetings occasionally
Crisis Intervention Services (Teresa LaRue)	Sturgis	DV	**Inactive member
Development for the Disabled Inc. (Mike Chambers)	Rapid City		Attends COC and local planning meetings frequently
Dow Empowerment Zone (Terry Albers)	Rapid City		Attends local planning meetings occasionally
East River Legal (Karen Hattervig)	Sioux Falls		Attends local planning meetings occasionally
Evangelical Lutheran Good Samaritan Society (Greg Wilcox)	Sioux Falls		Attends local planning meetings occasionally
Family Circle Crisis Center (Lori Ziegler)	Lower Brule	DV	**Inactive member

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First Baptist Church (Rev. Susan Omanson)	Sioux Falls		Attends local planning meetings occasionally
First Christian Church (Dale Bartscher)	Rapid City		Attends local planning meetings occasionally
First Congregational Church (Lois Nicholas)	Sioux Falls		Attends local planning meetings occasionally
Food Pantry (Darrel Walters)	Sioux Falls		Attends local planning meetings occasionally
Food Pantry (Trina Berkelo)	Sioux Falls		Attends local planning meetings occasionally
Friendship House (Dorothy McCoy)	Rapid City		Attends local planning meetings occasionally
Furniture Mission (Marcia Van Ginkel)	Sioux Falls		Attends local planning meetings occasionally
Glory House (Carol Woltjer)	Sioux Falls	SA	Attends local planning meetings occasionally
Glory House (Diane Huwe)	Sioux Falls	SA	Attends local planning meetings occasionally
Glory House (Hal Perry)	Sioux Falls	SA	Attends local planning meetings occasionally
Good Shepard Center (Helen Korcal)	Sioux Falls		Attends local planning meetings occasionally
Good Shepard Center (Maria Krell)	Sioux Falls		Attends local planning meetings occasionally
Good Shepherd Center (Cindy Hayes)	Sioux Falls		Attends local planning meetings occasionally
Goodwill Industries (Betty Durfee)	Sioux Falls, Southeastern SD		Member of the HMIS Implementation Committee; attends COC and local planning meeting frequently
Goodwill Industries (Dawn Gardner)	Sioux Falls		Attends local planning meetings occasionally
Goodwill Industries (Deb Tanskley)	Sioux Falls		Attends local planning meetings occasionally
Goodwill Industries (Sally Baltzer)	Sioux Falls Southeastern SD		Attends local planning meetings occasionally
Habitat for Humanity (Michele Bascom)	Rapid City		Attends local planning meetings occasionally
Habitat for Humanity (Patrick Sweeney)	Sioux Falls		Attends local planning meetings occasionally
Habitat for Humanity of Greater SF (Bill Cooper)	Sioux Falls		Attends local planning meetings occasionally
Harbor House (Patricia Burnham)	Rapid City		Attends local planning meetings occasionally
Heartland House (Susan Brucklacher)	Sioux Falls	DV, Y	Attends COC meetings occasionally,
HELP! line Center (Amber Munson)	Sioux Falls		Attends COC and local planning meetings occasionally
HELP! line Center (Amy Nelson)	Sioux Falls		Attends COC and local planning meetings occasionally
HELP! line Center (Paula Albers)	Sioux Falls		Attends COC and local planning meetings occasionally
HELP! Line Center (Janet Kittams-Lalley)	Sioux Falls		Member of the HMIS Implementation Committee; attends COC meetings occasionally

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Hispanic Ministry (Sister Consuelo)	Sioux Falls		Attends local planning meetings frequently
Hispanic Ministry (Sister Sheila)	Sioux Falls		Attends local planning meetings frequently
Hope for the Homeless (Mike Dillon)	Rapid City		Attends local planning meetings frequently
Hope Prison Ministries (John Sweeney)	Sioux Falls		Attends local planning meetings occasionally
Housing Resource Center-LSS (Jerri Allum)	Sioux Falls		Attends local planning meetings occasionally
Inter-Lakes Community Action Inc. (Emily Biermaier)	Eastern SD		Attends local planning meetings occasionally
Inter-Lakes Community Action Inc. (Ginny Schulte)	Eastern, SD		Attends local planning meetings occasionally
Inter-Lakes Community Action Inc. (Ross Smith)	Eastern SD		Attends local planning meetings occasionally
Inter-Lakes Community Action Inc. (Steve Stunes)	Eastern SD		Advisory Council member; member of the HMIS Implementation Committee; attends all COC and local planning meetings frequently and research
Love, Inc. (John Ligtenberg)	Rapid City		Attends local planning meetings occasionally
LSS-Summit Oaks Center	Sioux Falls	Y	Attends COC and local planning meeting frequently
Lutheran Social Services (Roland Schwab)	Sioux Falls	DV	Attends local planning meetings occasionally
Missouri Shores Domestic Violence Center (Emily Paulsen)	Pierre	DV	Advisory Council Member, Member of the HMIS Implementation Committee; attends COC and local planning meetings frequently
Mita Maske Ti Ki (Rita White Bear)	Sioux Falls	DV	**Inactive member
Mitchell Area Safehouse (Gladys Hall)	Mitchell	DV	Attends COC and local planning meeting occasionally
Multi-Cultural Center (Qadir Aware)	Sioux Falls		Attends local planning meetings occasionally
Native American Heritage Association (Tim Curns)	Rapid City	SA, VETS	Attends local planning meetings frequently
New Hope Center (Donna Youngberg)	Pierre	SA, VETS	Attends COC meetings occasionally
New Hope Center (Joan Bachman)	Pierre	SA, VETS	Attends COC meetings frequently
Oglala Sioux Tribe Partnership for Housing (Emma "Pinky" Clifford)	Pine Ridge		Attends local planning meetings occasionally
Open Bible Christian Center (Randy Brock)	Rapid City		Attends local planning meetings occasionally
Peace Lutheran Church (Marsha LaScala)	Sioux Falls		Attends local planning meetings occasionally
Pierre Area Referral Services (Catherine Mercer)	Pierre	DV	Advisory Council Member; attends COC and local planning meetings frequently
Prairie Freedom Center (Linda Greb)	Sioux Falls		Attends local planning meetings occasionally
Prairie Freedom Center (Maggy Morrow)	Sioux Falls		Attends local planning meetings occasionally
Prairie Freedom Center (Vicki	Sioux Falls		Attends local planning meetings

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (G, SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (<u>activity and frequency</u>) in Planning Process
Meirose)			occasionally
Project Safe (Lisa Thompson)	Ft. Thompson	DV	**Inactive member
Rape and Domestic Abuse Program (Deb Aden)	Sioux Falls	DV	Attends local planning meetings occasionally
Regional West Center for Behavioral Health (Mike Richards)	Western SD	SMI	Attends local planning meetings occasionally
Road Home (Robin Zimmer)	Sioux Falls	VET, SMI	Attends COC and local planning meetings frequently
Salvation Army (Major Bender)	Sioux Falls		Attends local planning meetings occasionally
Salvation Army (Major Jim Hoskin)	Sioux Falls		Attends local planning meetings occasionally
SD Advocacy Services (Dianna Marshall)	Rapid City		Attends local planning meetings occasionally
SD Family Economic Self-Sufficiency Project (Carol Robertson)	Pierre		Attends COC and local planning meetings occasionally
SDCADVSA Staff (Verlaine Gullickson)	Pierre	DV	Attends COC meetings occasionally; member of the HMIS Implementation Committee
SDNAFVASA (Krista Heeren-Graber)	Sioux Falls	DV	Attends COC and local planning meetings frequently; Member of the HMIS Implementation Committee
SDNAFVASA (Kathy Rutten)	Sioux Falls	DV	Member of the HMIS Implementation Committee; attends COC meetings frequently
Sioux Empire Homeless Coalition (David Terrell)			Attends COC meetings occasionally; attend local planning meetings occasionally
Sioux Empire Homeless Coalition (Jeff Eisele)	Sioux Falls		Attends local planning meetings frequently
Sioux Empire Homeless Coalition (Mary Tsosie)	Sioux Falls		Attends local planning meetings frequently
Sioux Empire Homeless Coalition (Melanie Bliss)	Sioux Falls		Advisory Council Member, attends all COC meetings, attends all local planning meetings
Sioux Falls Area Literacy Council (Nancy Hanson)	Sioux Falls		Attends local planning meetings occasionally
Sioux Falls City Council (Tam Baker)	Sioux Falls		Attends local planning meeting occasionally
Southeastern Behavioral Health (Kari Benz)	Sioux Falls	SMI, SA	Policy Academy Member; attends all COC and local planning meetings
St. Francis House (Branon Semmler)	Sioux Falls	SA, VETS	Member of the HMIS Implementation Committee; attends COC frequently and local planning meetings occasionally; Emergency Shelter Committee Chairman
St. Francis House (Jodi Hartsook)	Sioux Falls	SA, VETS	Attends local planning meetings occasionally
St. Francis House (Linda Skalski)	Sioux Falls	SA, VETS	Attends local planning meetings occasionally
St. Paul's Catholic Church (Miriam Shindelar)	Marty		Attends local planning meetings occasionally

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (G, SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (<u>activity and frequency</u>) in Planning Process
St. Vincent DePaul (Clare Becker)	Sioux Falls		Attends local planning meetings occasionally
St. Vincent DePaul (Mary Beth Piatt)	Sioux Falls		Attends local planning meetings occasionally
Standing Strong Woman House (Laurette Pourier)	Rapid City	DV	**Inactive member
Stepping Stones (Jane O'Leary)	Rapid City		Attends local planning meetings occasionally
Teton Coalition (Leona Clubbs)	Rapid City		Attends local planning meetings occasionally
Teton Coalition (Lorraine Braveheart)	Rapid City		Attends local planning meetings occasionally
Teton Coalition (Lucy LeDeaux)	Rapid City		Attends local planning meetings occasionally
The Banquet (Carolyn Downs)	Sioux Falls		Attends local planning meetings occasionally
The Vet's Center (Gary Johnson)	Rapid City	VETS	Attends local planning meetings occasionally
The Vet's Center (Jerry Muhs)	Sioux Falls	VETS	Attends local planning meetings occasionally
The Vet's Center (Mike Dafoe)	Rapid City	VETS	Attends local planning meetings occasionally
The Vet's Center (Terry Towns)	Sioux falls	VETS	Attends local planning meetings occasionally
Timothy's House of Hope (Arlene Thoms)	Sioux Falls	SA, VETS	Attends COC meetings occasionally; attends local planning meetings occasionally
Tristate Help (Stephanie Koster)	Sioux Falls	HIV/AIDS	Attends local planning meetings occasionally
Tristate Help (Peggy DenBoer)	Sioux Falls	HIV/AIDS	Attends local planning meetings occasionally
UMOS (Alexandra Szameit)	Sioux Falls		Attends local planning meetings occasionally
UMOS (Carlos Gonzales)	Sioux Falls		Attends local planning meetings occasionally
United Downtown (Kari Clale)	Rapid City		Attends local planning meetings occasionally
United Sioux Tribes (George Eagleman)	Sioux Falls		Attends COC and local planning meetings occasionally
United Way (Renee Parker)	Rapid City		Attends local planning meetings occasionally
USF (Connie Kranz)	Sioux Falls		Attends local planning meetings occasionally
Vet Center (Gary Johnson)	Rapid City	VETS	Attends local planning meeting occasionally
Veteran's Organization (Lynn Johnson)	Sioux Falls	VETS	Attends local planning meetings occasionally
Veteran's Administration Medical Center (Carolyn Mittendorf)	Sioux Falls	VETS	Attends COC and local planning meetings occasionally
Veteran's Center (Phil Ringstrom)	Sioux Falls	VETS	Attends local planning meetings occasionally
VOA-Turning Point (Karen Fogas)	Sioux Falls	Y	Attends COC and local planning meetings frequently; data collection
Volunteers of America (Nicole Burger)	Sioux Falls		Attends local planning meetings

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (G, SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (<u>activity and frequency</u>) in Planning Process
			occasionally
Volunteers of America (Pat Stewart)	Sioux Falls		Attends local planning meetings occasionally
Volunteers of America (Teresa Schulte)	Sioux falls		Attends local planning meetings occasionally
Volunteers of America (Yun Tran)	Sioux Falls		Attends local planning meetings occasionally
Volunteers of America - Bowden Youth Center (Pat Stewart)	Sioux Falls	Y	Attends local planning meetings occasionally
Western Resources for DisABLED Inc. (Ann Van Loan)	Rapid City		Attends local planning meetings frequently, attends COC meetings occasionally
Wholeness Center (Vicki Hodge)	Flandreau	DV	**Inactive member
Winner Resource Center for Families (Holly Cahoy)	Winner	DV	**Inactive member
Women Escaping a Violent Environment (Donna Talley)	Custer	DV	Attends COC meetings occasionally; attends SDCADV&SA meetings regularly
Women of Hope (Diane Josephson)	Sioux Falls	DV	Attends local planning meetings occasionally
Women's Circle (Sybil Lightfield)	Sioux Falls	DV	**Inactive member
Women's Lodge (Anna Wahcahunka)	Lake Andes	DV	**Inactive member
Women's Resource Center (Jo Wayrenen)	Watertown	DV	**Inactive member
Word of Hope Wesleyan Church (Rev. Scott Wiley)	Rapid City		Attends local planning meetings occasionally
Working Against Violence (Chris Smith)	Rapid City	DV	Attends COC and local planning meetings in frequently
Businesses / Business Associations:			
Augustana College (Brandy Koller)	Sioux Falls		Attends local planning meetings occasionally
Augustana College (Harriet Scott)	Sioux Falls		Attends local planning meetings occasionally
Augustana College (Kelly Quist)	Sioux Falls		Attends local planning meetings occasionally
Augustana College (Reynold Nesiba)	Sioux Falls		Attends local planning meetings occasionally
Augustana College (Susan Campbell)	Sioux falls		Attends local planning meetings occasionally
Augustana College Nursing Program (Diane Josephson)	Sioux falls		Attends local planning meetings occasionally
Behavioral Management (Randy Allen)	Rapid City	SMI, SA	Policy Academy Member; attends meetings frequently
Black Hills Special Services Coop (Bill Podhradsky)	Statewide		Attends COC and local planning meetings frequently
CCCS of the Black Hills (Julie Stone)	Rapid City		Attends local planning meetings occasionally
Citibank (Val Kuhl)	Sioux Falls		Attends COC meetings occasionally
Community Outreach (Lee Knowlton)	Sioux Falls		Attends local planning meetings occasionally
Costello Co (Kay Sickler)	Statewide		Attends local planning meetings occasionally
First PREMIER Bank (Jim Kuehn)	Sioux Falls		Attends local planning meeting

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (G, SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (<u>activity and frequency</u>) in Planning Process
			occasionally
Pioneer Credit And Debt (Angela Carrico)	Rapid City		Attends local planning meetings occasionally
Pot of Gold (Kristi Schultz)	Rapid City		Attends local planning meetings occasionally
Schmid Insurance (Peter Schmid)	Rapid City		Attends local planning meetings occasionally
Southeast Technical Institute (DiAnn Kothe)	Sioux Falls		Attends local planning meetings occasionally
Southeastern Behavioral Health (Dava Lund)	Sioux Falls	SMI, SA	Attends local planning meetings occasionally
Southeastern Behavioral Health (Jeanette Spaans)	Sioux Falls	SMI, SA	Attends COC and local planning meetings occasionally
The Arch (HB Johnson)	Sioux Falls	SA	Attends local planning meetings occasionally
The Arch (Sue Boersma)	Sioux Falls	SA	Attends local planning meetings occasionally
The Arch (Teresa Roberts)	Sioux falls	SA	Attends local planning meetings occasionally
United Way (Laura Bowman, Aaron Schultz)	Sioux Falls		Attends local planning meetings occasionally
United Way (Lori Stulken)	Sioux Falls		Attends local planning meetings occasionally
Homeless / Formerly homeless persons:			
Emery Two Hearts	Sioux Falls		Attends local planning meetings occasionally
Gale Muller	Brookings		Advisory Council Member; attends COC and local planning meetings frequently
Gary Lawson	Sioux Falls		Attends local planning meetings occasionally
Jean Williamson	Sioux Falls		Attends COC and local planning meetings frequently
Vernon Meirett	Rapid City		Attends local planning meetings frequently
Other: e.g.: Law Enforcement:			
Hospital/Medical:			
Funders:			
Community Activist (Mary Tsosie)	Sioux Falls		Attends local planning meetings occasionally
Community Activist (Phyllis Snow)	Sioux Falls		Attends local planning meetings occasionally
Community Activist (Robert Kolbe)	Sioux Falls		Attends local planning meetings occasionally
Community Activist (Roger Shephard)	Sioux Falls		Attends local planning meetings occasionally
Federal Probation (Judy Zimbelman)	Sioux Falls		Attends local planning meetings occasionally
Federal Probation (Marueen Janssen)	Sioux Falls		Attends local planning meetings occasionally
Homeless Activist (Alex Sullivan)	Sioux Falls		Attends local planning meetings

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (G , SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (<u>activity and frequency</u>) in Planning Process
Homeless Advocate (Everitt Bliss)	Sioux Falls		Attends local planning meetings frequently
Independent Grant Writer (Lori Zigich)	Sioux Falls		Attends local planning meetings occasionally
Legislator (Senator Clarence Kooistra)	Sioux Falls		Attends local planning meetings frequently
Native American Rep for the Homeless (Neil Poor Bear)	Sioux Falls		Attends local planning meetings occasionally
Senator Tom Daschle (Nicole Deak)	Sioux Falls		Attends local planning meetings frequently
Senator Tom Daschle (Ace Gallagher)	Rapid City		Attends local planning meetings occasionally
Senator Tim Johnson (Melanie Hunhoff)	Sioux Falls		Attends local planning meetings frequently
Senator Tim Johnson (Elli Wicks)	Rapid City		Attends local planning meetings occasionally
Senator Tim Johnson (Chris Blair)	Rapid City		Attends local planning meetings occasionally
US Dept of HUD (Roger Jacobs)	Sioux Falls		Attends COC and local planning meetings frequently
US Dept of HUD (Erik Amundson)	Sioux Falls		Attends COC and local planning meetings frequently
US Dept of HUD (Sheryl Miller)	Sioux Falls		Attends COC and local planning meetings frequently; and research

***Subpopulations Key:** ~~General (G)~~, Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y).

** Inactive member – these are individuals that are not participating in the monthly meetings but have asked to continue to receive all pertinent information pertaining to the homeless and the SDHC through e-mail updates.

3. Continuum of Care goals and system under development.

A. Chronic Homeless Strategy/Goals – (Those unaccompanied homeless individuals with disabling conditions who have been continuously homeless for a year or more or has had at least four (4) episodes of homelessness in the past three (3) years.)

- (1) **Past Performance.** As stated in the 2002 Continuum of Care Exhibit 1, the first step in developing the strategy to end chronic homelessness in South Dakota is to define the problem and determine the causes of chronic homelessness in the state. After a review of statistical data and ongoing discussions, it has been determined that the national causes for homelessness track with the reasons found in South Dakota: extreme poverty, rents rising faster than income, de-institutionalization of the mentally ill, insufficient supply of affordable housing, and weak links between existing government resources and the homeless and near homeless. Although we are confident that these issues are pertinent to South Dakota, the obstacle we still face is being able to quantify the extent of need and the social costs related to homelessness.

Strides have been made in the past year in educating providers and other community members of the problems. The number and diversity of organizations and providers involved in the continuum of care process has expanded. However, much has yet to be done to get other key players to recognize that there is a problem and that they need to get involved in the process so that they might be educated on what role they can play in the collaborative effort to stop the cycle of homelessness. To be successful in this effort, policy makers, service providers, and community leaders must work together to develop a new framework for serving the chronically poor, those with severe disabilities, and those who are constantly on the verge of homelessness. The “old” system, in which services to the homeless were delivered sporadically by numerous providers, must be replaced with a system that provides an organized, systematic spectrum of services aimed at addressing all the homeless person’s needs. Implementation of HMIS will also cut down in duplication of services and help to identify the gaps.

The statewide consortium has made progress in the area of identifying the gaps in our current system and defining what needs to be done to fill those gaps, but a systematic approach to addressing the needs with a higher level of interagency cooperation and participation has yet to be designed. Efforts have been made to achieve better integration of the state agency systems by working toward the implementation of a statewide Homeless Management Information System and developing a Workgroup including agency directors or their designees and employees of various key state agencies, particularly, the South Dakota Housing Development Authority, the Department of Human Services (Mental Health and Substance Abuse), the Department of Social Services, Department of Labor, the Department of Corrections, and the Office of Tribal Affairs. These agency directors are being asked to commit to ending homelessness by designating staff that have the authority to make decisions, craft policy, and direct resources to the project. A number of these workgroup members have attended a national Policy Academy on Ending Chronic Homelessness and have begun work toward establishing goals and actions to that end.

This workgroup, which has blended into the existing SDHC Planning and Advisory Committee (PAC) since the Policy Academy, is in the process of developing an

Action Plan to end chronic homelessness and at least one member of each agency will commit to being an ongoing member of the Homeless Consortium/PAC. Various members of the SDHC and state agencies will be assigned duties to ensure that the Action Plan is acted upon. Progress toward the Action Plan will be monitored quarterly and reported back to both the State Agency Department Secretaries and the Homeless Consortium as a whole. Vital to this process will be the input from constituent groups and providers from a broad geographic and interest area.

A major obstacle of eliminating chronic homelessness is a lack of knowledge of existing programs and lack of coordination between providers. Many service providers, community leaders, and governmental agencies don't understand the full scope of the issues. They need to have a clear understanding of how their piece of the puzzle works and how to link with other resources to enhance and create a more comprehensive continuum of care. This will also help with the evaluation component of the plan, as the more people who are aware of the holistic system, the more people who will be able to identify problems and gaps to help either redirect the homeless individual or the agency to provide seamless, pertinent services.

- (2) **Current Chronic Homeless Strategy.** The goal of the South Dakota Homeless Consortium is to end chronic homelessness in ten years. To that end, although activities to serve episodic and short-term homeless will be funded, primary focus will be placed on serving that population which has been identified to be chronically homeless and, therefore, is purported to consume the greatest amount of resources. This population is estimated to include 100 people in the State that are unsheltered and 75 that are currently sheltered (in treatment centers, state hospitals, jails, etc.). The system to be developed will be comprehensive and flexible. It will be based on the needs of the individual and will be culturally sensitive to the individual's needs. It will be judged by actual results and will be developed to maximize existing mainstream resources, improve access across service and housing delivery systems, and will seek new resources where appropriate. Due to South Dakota's small population base, and the focus of a number of targeted resources at the federal level, the Consortium feels that ending chronic homeless in South Dakota is a realistic goal and that the strategies to enhance the policy and planning infrastructure, ensure an adequate supply of housing and services, and improve the coordination of the housing options and services to ensure a seamless continuum of care will help accomplish that goal.
- (3) **Future Goals.** Following are the goals, and action steps for our strategy to end chronic homelessness:

Priority: Enhance policy and planning infrastructure	Action Steps ("How" are you to go about accomplishing it)	Responsible Person/Organization ("Who" is responsible for accomplishing it)	Target Dates (mo/yr it will be accomplished)
Goal A: Quantify the scope and cost of chronic homelessness (social costs)	i. Obtain state-specific data on homeless veterans from the federal Veterans Administration	SDHC Information Committee/Lisa Bondy	August 2003
	ii. Fast track development of Homeless Management Information System (HMIS)	SDHC Information Com./Lisa Bondy	October 2003

	<ul style="list-style-type: none"> iii. Ask for key data from community-based organizations (i.e., churches, shelters, etc.) iv. Approach the state public health department about encounter data. Engage college students at Oglala Lakota College and USF (to collect data). 	<p>SDHC Information Committee/Lisa Bondy</p> <p>Vona Johnson/ Ivy Allard</p> <p>SDHC Information Committee/ Lisa Bondy/ Roger Campbell</p>	<p>August 2003</p> <p>August 2003</p> <p>January 2004</p>
Goal B: Encourage the establishment of a statewide Interagency Council on the Homeless to shape overall policy direction at the State level.	<ul style="list-style-type: none"> i. Encourage the development of an Interagency Council on the Homeless with the Governor 	Dustin Johnson	August 2003
Goal C: Expand the South Dakota Homeless Consortium to include consumers, providers, and resources throughout all geographic areas of the State to establish common priorities, encourage effective public policy, and link local needs with limited public resources.	<ul style="list-style-type: none"> i. Identify current efforts/stakeholders (i.e., Academy team, consortium, interagency council, etc.) ii. Encourage localities to establish or reinvigorate coalitions of homeless and at-risk providers, mainstream resources, and business leaders, and consumers iii. Build linkages to existing system planning infrastructures <ul style="list-style-type: none"> a) Mental Health Planning and Advisory Councils b) Substance Abuse Advisory Council 	<p>PAC/ Vona Johnson</p> <p>SDHC members at various local meetings/ Vona Johnson</p> <p>Kim Malsam-Rysdon/ Gib Sudbeck</p>	<p>August 2003</p> <p>December 2003</p> <p>September 2003</p>
Goal D. Elevate chronic homelessness as a public policy issue.	<ul style="list-style-type: none"> i. Link chronic homelessness with SAMHSA Recovery Month activities ii. Participate in Annual Homeless Awareness Week. Get homeless and former homeless people involved in event. iii. Develop traveling picture display to show “The Faces of Homelessness in South Dakota.” iv. Develop Public Service Announcements with “famous” South 	<p>SDHC Outreach Committee/ Kim/Lisa</p> <p>SDHC Outreach Committee/ Lisa/ Local coalitions</p> <p>SDHC Outreach Committee/ Lisa</p> <p>SDHC Outreach Committee/ Lisa</p>	<p>September 2003</p> <p>November 2003</p> <p>January 2004</p> <p>January 2005</p>

	Dakotans as spokespersons.		
Priority: Ensure an adequate supply of affordable housing, shelter, and mainstream service options.	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr it will be accomplished)
Goal A: Establish a baseline inventory of existing housing options, mainstream services, and funding sources	i. Determine service base of providers.	PAC/SDHC	August 2003
	ii. Determine who the stakeholders are.	PAC/SDHC	August 2003
	iii. Determine what the funding sources are.	PAC/SDHC	October 2003
Goal B: Identify successful supportive housing models (financing and service delivery) and develop appropriate programs/projects to fit the identified needs.	i. Research possible models through the Corporation for Supportive Housing, the National Alliance to End Homelessness, and others that have potential models to evaluate.	PAC/SDHC members	November 2003
	ii. Encourage the development of programs that will address the housing needs of the chronic homeless.	SDHC/SDHDA/Black Hills Region Homeless Coalition/Sioux Empire Homeless Coalition	July 2004
Goal C: Identify and leverage all funding sources/financing mechanisms (existing and new).	i. Develop a plan that will maximize use of existing funds directly allocated to homelessness (direct)	SDHC/Sioux Empire Homeless Coalition/Black Hills Homeless Coalition	January 2004
	ii. Leverage other existing programs/funds that could be applied to homelessness (indirect)	SDHC/Sioux Empire Homeless Coalition/Black Hills Homeless Coalition	January 2004
	iii. Identify untapped funding streams to support model supportive housing programs (new)	SDHC/Sioux Empire Homeless Coalition/Black Hills Homeless Coalition	March 2004
Goal D. Target capacity expansion in rural areas.	i. Determine which rural areas would be most interested in participating on a pilot basis.	SDHC/PAC	November 2004
	ii. Establish rapport with tribal representatives to determine what efforts would be supported in tribal areas.	Roger Campbell	September 2004
	iii. Develop models that will work in rural areas that will take into account unique aspects of rural communities.	SDHC/PAC	January 2005
Goal E. Develop Supportive	i. Develop a program to	PAC/SDHC/Labor/Co	December

Service Programs that will provide necessary supports to keep people out of homelessness.	<ul style="list-style-type: none"> provide vocational training to inmates being released from prison. ii. Develop programs that will reduce the recidivism of people exiting the substance abuse treatment centers. iii. Develop a discharge policy that will prevent people from leaving public institutions and entering homelessness. 	<ul style="list-style-type: none"> rections PAC/SDHC/Dept. of Human Services PAC/Interagency Council 	<ul style="list-style-type: none"> 2004 December 2004 March 2005
Priority: Improve coordination of housing options with treatment and prevention services to ensure a seamless continuum of care.	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr it will be accomplished)
Goal A: Evaluate the baseline inventory of services, funding (avoid duplication).	<ul style="list-style-type: none"> i. Set aside time at SDHC meetings to determine what services are missing and which existing services are duplicative of one another. ii. Prioritize supportive housing programs to ensure the most effective/efficient are funded. iii. Encourage others to reconsider their mission to better fit the gaps as determined. 	<ul style="list-style-type: none"> PAC/SDHC PAC PAC 	<ul style="list-style-type: none"> September 2003 October 2003 November 2003
Goal B: Evaluate current state continuum of care (access points, drop-off points, needs).	<ul style="list-style-type: none"> i. Establish a series of meetings where the continuum of care process is discussed. ii. Determine if there are processes that can be grouped, shared, or eliminated. iii. Analyze processes to ensure that Mainstream Resources are effectively being utilized. 	<ul style="list-style-type: none"> SDHC/Vona PAC/Interagency Council SDHC/PAC/Interagency Council 	<ul style="list-style-type: none"> August 2003 October 2003 November 2003
Goal C: Foster linkages through consumer outreach, provider education.	<ul style="list-style-type: none"> i. Develop a brochure explaining services for consumers. ii. Develop a brochure for providers explaining the importance of networking for providers. iii. Sponsor a Supportive Housing/Services 	<ul style="list-style-type: none"> PAC/Outreach Committee PAC/Outreach Committee PAC/SDHC 	<ul style="list-style-type: none"> September 2003 January 2004 August 2004

	conference for all providers to learn about the programs available.		
Goal D. Identify and incorporate successful collaborative models (i.e. assertive community treatment, coordinated case management, etc.).	i. Research and Identify a collaborative model that will work in the South Dakota environment.	PAC/SDHC	September 2003
	ii. Determine what changes to the current system are necessary.	PAC/SDHC	March 2004
	iii. Obtain required authorization for change.	PAC	June 2004
	iv. Develop implementation strategies.	SDHC/Providers	August 2004
	v. Implement changes.	Providers	September 2004

B. Other Homelessness Goals Chart

- (1) In addition to the accomplishments listed above, the Consortium continued to increase participation of members throughout the state. Many new people were exposed to the effort at the publicly advertised Faith-Based Workshops and the Supportive Housing Workshop held in Rapid City. In addition, the exposure gained by including policy level participants in the recent Policy Academy will be a long term benefit in garnering long term support for the organization's efforts.

Although much emphasis has been placed on serving the needs of the chronic homeless, an effort to serve the episodically and intermittently homeless as well has been continued using existing resources. The Sioux Empire Homeless Coalition has an ongoing meeting/brainstorming/education session that meets monthly and serves as a forum to discuss issues and solutions for that community. In addition, the Sioux Empire Homeless Coalition, with the support of the Mayor of Sioux Falls has initiated public meetings addressing homeless issues. A plan is being developed that the community will follow to resolve some outstanding issues. As a result, the development and business community has focused on the issue of homelessness and have been active in seeking solutions to the problems. Rapid City, too, has garnered a level of interest in addressing some of the outstanding homeless issues in that community.

Progress has been made by the Information Committee in developing a plan for implementing a Statewide Homeless Management Information System and it is hoped that a system will be purchased, installed, and available for operation within this calendar year.

A number of SDHC members have signed the newly developed Memorandum of Understanding whereby members agree to work together with other providers and mainstream resources to identify and fill existing gaps and prevent overlap of services.

- (2) Following are the goals established to address homelessness beyond the chronic homeless in South Dakota:

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
Goal 1: Facilitate Coordination among concerned organizations and individuals	i. Continue to identify and collaborate with entities that should be included in the CoC	SDHC members	January 2004 and ongoing
	ii. Do outreach to at least two areas of state where increased participation is needed	SDHC members/Vona	December 2003
	iii. Increase participation of Native American population on and off Indian reservations	SDHC members/Roger	April 2004
	iv. Encourage members who have not yet signed the MOU to do so.	SDHC/Lisa	December 2003 and ongoing thereafter
Goal 2: Facilitate statewide discussion and awareness of homelessness in the state	i. Keep Homeless Consortium web page up to date to keep people informed of events and activities	SDHDA/Lisa	July 2003 and monthly thereafter
	ii. Publicize at least one meeting annually to invite non-members to participate in Consortium	SDHC/Vona	November 2003
	iii. Display Christmas Tree decorated with ornaments made by homeless children at State Capitol during holidays	SDHC/Local groups	November 2003
	iv. Get personal interest success stories to the media on regular basis	SDHC/Local groups	January 2004
Goal 3. Continue to seek ways to address rural homeless issues and ensure that proper supportive services are available and marketed so that homeless people can quickly move in to appropriate housing situations.	i. Establish open forums to discuss issues particular to rural areas.	SDHC	February 2005
	ii. Provide educational opportunities to providers so they can see how other communities are addressing homeless issues.	SDHC	August 2005

One effort that will help with this effort is to host a homeless conference for all providers throughout the state to come together and share ideas and learn of resources that will allow them to be more effective in the provision of their resources.

C. Discharge Planning Policy

The South Dakota Homeless Consortium will work with the Interagency Council, once implemented, to encourage the development of a discharge policy that will apply to public funded institutions or systems of care to ensure that people leaving those institutions or systems of care are provided ample resources and assistance and are released with stable resources to help them get off to a good start and to not discharge them into homelessness.

D. Unexecuted Grants Awarded Prior to the 2002 Continuum of Care Competition Not applicable.

Project Number	Applicant Name	Project Name	Grant Amount
Total			-0-

E. Service Activity Chart

Fundamental Components in CoC System -- Service Activity Chart

Component: Prevention

Homelessness prevention is a critical component of South Dakota's Continuum of Care. Without strong, multifaceted prevention programs such as mortgage and rental assistance, energy assistance, and eviction prevention case management, South Dakota's homeless problem would greatly increase.

Services in place:

Case Management/Referral Services

- The SD **Department of Labor (DOL) and Department of Social Services (DSS)** caseworkers provide case management and refer clients in danger of being homeless to shelters, to the County Welfare office (not located in all counties), public housing authorities, and Community Action Agencies (CAAs) for rental/mortgage and other assistance.
- The Department of Labor and the Department of Social Services partner in many locations in a **One-Stop Service Center**. Clients can assess assistance programs by visiting just one location. Other service providers often have their representatives co-located in these centers.
- **Statewide toll-free Veterans hotline** (1-800-827-1000) is operated by the Veterans Administration. This hotline provides a central point where veterans can call regarding potential crises including those that may put their housing at risk.

Domestic Violence

- **Domestic Violence Shelters** provide emergency shelter; food; clothing; rental assistance/deposits; utility assistance/deposits; transportation; assistance with job placements; mental health counseling; medical advocacy; personal advocacy; interagency advocacy and low-income safe, available housing.
- **E 911** is a program in a number of counties and the city of Sioux Falls. Individuals are encouraged to donate their unused cellular telephones (preferably with auto adapter). These are then programmed so 911 is the only number that can be called. The phones are placed with shelters (for clients at risk of violence) and elderly who cannot afford telephone service. This ensures they will be able to access emergency service even though they do not have a telephone.

Emergency Shelter

- **Emergency Shelter Grants and Community Services Block Grant** funds (via Community Action Agencies) support domestic violence shelters to provide homelessness prevention activities.
- **Community Action Agencies (CAAs)**—private, non-profit organizations—leverage **Emergency Food and Shelter Program (EFSP) funds** from many of the counties they serve, to meet emergency shelter and basic needs of clients.

Energy Assistance

- **Weatherization and Fuel Assistance Programs** administered by the Department of Social Services utilize funds to enable low-income households to make needed repairs and to lower energy costs so they can continue to afford their housing and remain housed.
- Community Action Agencies leverage funds from **local utility companies** to be used for energy assistance for low-income households so they may pay their utility expenses and, therefore, remain in their homes.

Mental Health

- Eleven **Community Mental Health Centers** provide **Continuous Assistance, Rehabilitation, and Education (CARE)** services to residents of each county in South

Dakota who meet the diagnostic criteria for severe and persistent mental illness (SPMI) in adults and serious emotional disturbance (SED) in children. CARE services are community based and provided by a mobile team of mental health professionals. Services include: case management; crisis assessment and intervention; liaison services; symptom assessment and management; medication prescription, administration, monitoring, and documentation; direct assistance (including locating, financing and maintaining safe, clean, affordable housing); and development of psychosocial skills.

- Four **Assertive Community Treatment (ACT) Teams** serve clients of the Division of Mental Health and support individuals and families in permanent and transitional housing, many of whom were once homeless.
- Through the **Projects for Assistance in Transition from Homelessness (PATH)** Program (Administered by the Division of Mental Health), screening and diagnostic treatment services are provided to individuals who are homeless or at risk of homelessness, and have a diagnosis of SPMI or SED.
- **Serenity Hills**, a residential program of concurrent mental health and chemical dependency services administered by the Human Services Agency in Watertown, provides care for individuals dually diagnosed with serious mental illness and chemical dependency, many of whom are homeless, or were once homeless.

Rental/Mortgage Assistance

- One Community Action Agency in southeast SD provides intensive **eviction prevention case management**. This program requires recipients of rental assistance to agree to participate in financial and credit counseling to enable them to solve the basic issues that are contributing to their potential homelessness. The agency reports a high rate of success with this case management approach to homelessness prevention.
- Community Action Agencies have **outreach workers or volunteers serving on community action teams** to provide help with rental/mortgage assistance, and emergency services such as emergency food supplies, clothing, small household equipment, etc. They also provide information and referral to other service agencies for additional assistance.

Youth Services

- **Independent Living Program** (provided by DSS Child Protection Services) is designed to assist youth in foster care to transition into independent living. Many youth leaving foster care can quickly become homeless without the necessary preparation. The state provides two transitional living programs where training focuses on 6 areas to prepare adolescents for independence: employment, education, connections, housing, health, and life skills. Collaboration with the South Dakota Housing Development Authority, local Public Housing Authorities, and local rental managers are key to assuring that foster youth have access to housing opportunities.
- Volunteers of America also have a program called the **Transitional Living Program (TLP)** that complements the Independent Living Program. It has 9 efficiency apartments that house kids temporarily or for up to 2 years. They also help kids secure scattered site housing when this facility is full.
- Volunteers of America administers a **Runaway Homeless and Youth Program** that provides services to young people who are in need of emergency services. In addition to linking the youth to necessary services, the program offers an emergency bed that is staffed by Americorp Volunteers. It is very temporary and very informal and is intended to get kids off the street, assessed, and into other services.

Other

- Lutheran Social Services **Immigration and Refugee Services** and the Multi-cultural Center in Sioux Falls provide education, assistance, and linkages to community resources to assist immigrant/refugees with transitioning into the community and meeting housing, employment,

health, and education needs.

- American Indian Services in Sioux Falls serves as the first point of contact for many Native Americans when they arrive in Sioux Falls seeking employment and a place to live. In order to prevent these people from becoming homeless, AIS provides referrals to 35 service organizations and agencies including Sioux Falls Housing and Redevelopment Commission, the Community Health Center, the One Stop Career Center, the Food Pantry, United Sioux Tribes, the Sioux Falls School District's Office of Indian Education, Urban Indian Health, and Mita Maske Ti Ki (My Sister Friend's House).

Services planned:

- Goodwill Industries plans to expand its Vocational Success Program to the Homeless to provide services to ex-offenders that have been released from the Department of Corrections and are homeless as a result of being unable to obtain a job with a living wage and, therefore, are unable to locate suitable housing. It is hoped that this program will reduce the recidivism rate among people released from prison as well as reducing the number of homeless individuals in the state. An application for funding is proposed in this Continuum of Care proposal because there are no other resources currently available to fund this type of activity. The SDHC will seek alternative funding to fund this program in future years.
- Increased coordination among shelters and mainstream providers to enhance supportive services to prevent people from becoming homeless. This will be a collaborative effort of the members of the South Dakota Homeless Consortium and the agencies providing services to persons who are at risk of becoming homeless.

How homeless persons access/receive assistance: There are a number of ways to access the homelessness prevention programs available in South Dakota. By having many different ways to access resources, individuals and families at risk of homelessness are less likely to fall through the cracks or not learn about available resources and opportunities. Once in the system, referral to the wide range of available services is provided agency-to-agency, as appropriate.

- The **Division of Mental Health** funded community mental health centers are the key intake points for CARE and ACT programs, as well as PATH services. Individuals are referred to the community mental health centers by local social service agencies, families, primary care physicians, the Human Services Center (the state psychiatric inpatient facility), law enforcement, domestic violence abuse centers, homeless shelters, churches, etc.
- The various **hotlines** (Domestic Abuse, Veterans, Low Income Energy Assistance, Food Stamps, Child Care Assistance, Housing, Suicide, AIDS, Birthright and Crisis Care) are advertised across the state and are marketed to social service agencies, churches, missions, food pantries, and other places where homeless and low income persons come in contact. Once a person has contacted the hotline, they are referred to the most appropriate service and program along the continuum.
- The 37 **Public Housing Authorities** throughout the state refer people in danger of becoming homeless to community resources in an effort to help them maintain their housing.
- **SD Dept. of Labor and Dept. of Social Services** have offices in every county in the state. Following federal Welfare Reform legislation, the DOL or the Community Service Workers often became the first point of contact for individuals seeking assistance. Staff has knowledge and information regarding all the services involved in the continuum of care for the homeless. **Information** is shared with clients and **referrals** are made to the agencies where assistance can be obtained.
- Information regarding accessing the **SD Food Stamp Program** is available to homeless persons through a number of resources. Many of the providers and caseworkers that work with people who are at risk of becoming homeless routinely refer participants to the Social Services offices. Brochures describing the benefits of the program are made available at all

the missions, shelters, food pantries, etc. statewide. Since the Food Stamp Program is such a long standing program and food is a primary need, the Social Services Offices are many times one of the first points of contact for someone who is homeless or at risk of becoming homeless. Staff will use whatever means are appropriate and necessary to get people to Social Services to access food stamps.

- **Community Action Agencies have outreach workers**, community service workers, and volunteer community action teams covering the entire state. **Information about and referral to resources** for the homeless is a major part of their service delivery system.
- Prevention of **Domestic Abuse** is best accomplished by public education, teaching people about domestic violence and sexual assault and what services are available to people who need help out of at risk situations. Shelter staffs frequently speak to service clubs, community groups, youth and children. Public interest stories in newspapers are another effective way to educate the public of domestic violence and sexual assault.

Component: **Outreach**

Outreach to the homeless in South Dakota is key to getting people linked to the programs necessary to help them out of their plight and into self-sufficiency. South Dakota is challenged in this effort because issues vary greatly for homeless persons in the rural areas of the state from those in the urban areas of the state. Identifying homeless people in the rural areas is often difficult, as is engaging them in the process that will link them to the services they need.

Outreach in place: Outreach to homeless persons who are living on the streets in Sioux Falls generally is performed by Homeless Outreach Workers at the Southeastern Behavioral Mental Health Center. They seek out persons who are living in public places such as under bridges and in entry ways and try to get them items they need such as food, clothing, blankets, or medical attention. Because the system can be intimidating for a homeless person, the outreach workers work to befriend the homeless individuals before trying to engage them in needed services. It can be a lengthy process, but the outreach worker begins to provide for the specific needs of the individual and strives to convince the individual to move to temporary shelter and eventually to more permanent shelter. Identifying the personal needs of each without prying or without coming across as an authority figure is often challenging because of the lack of trust that homeless people often have for the system. Initially the focus is on safety and health. Once those issues are addressed, the outreach worker can focus on engaging the individual in services and relationships with others who can assist them to exit the homeless environment.

Providers in South Dakota do outreach to other homeless individuals and families in a variety of ways. Emergency shelters, mental health centers, crisis hot lines, meals programs, organizations serving Native Americans, churches, community health nurses, community action agencies, county welfare offices, law enforcement officers, and the courts are all considered at first point of contact and good resources for outreach and referrals. Each of these agencies will refer individuals and families on to other service providers if they see that additional services are needed.

Domestic Violence

- The statewide **domestic violence hotline** (1-800-4330-SAFE) and the national domestic violence hotline are listed under Crisis Intervention in regional phone books and make referrals to the appropriate shelters in South Dakota. Individuals in at-risk of becoming homeless are referred to **Domestic Violence Shelters** by local partnering agencies; law enforcement personnel; brochures at agency offices; emergency phone numbers on pay

phones; local public awareness campaigns; posters; newspaper articles/ads and other media (radio and TV).

General

- **County Welfare offices** are often the first point of contact as they provide services to indigent individuals and families, particularly in the rural communities. They assess applicants of their services to determine if additional services are needed and make necessary referrals. Much of their outreach is performed by word of mouth, referrals from other agencies, and, in Minnehaha County, attendance at local information sharing meetings so that other case workers are familiar with their services.
- The nine **meal programs** in the state provide outreach to people who are new to the community or who revolve in and out of the food program to ensure that people are linked to the services they need. Outreach workers and other case workers make contacts with county welfare offices, churches, county health nurses and other providers to ensure that people needing assistance are made aware of the program.

HIV/AIDS

- All cases of HIV Positive diagnosis in the state are referred to the Communicable Diseases Division of the State **Department of Health**, who in turn assigns a case manager to the individual to help them to access the resources that are available to them including Title II, Title III, and a variety of mainstream resources. If housing is an issue, they will refer them to the public housing authority or the local shelter if necessary.
- The **Red Cross** in Sioux Falls administers the Title III Program for HIV infected individuals that gives medication assistance to people living with AIDS. They are also the local administrator of the Tri-State HOPWA program which is developing a brochure explaining the services available to people with HIV/AIDS and how people access them. The brochure will be distributed by doctors who work with HIV patients. They will also be made available to all public housing authorities so they are aware that rental assistance is available under the HOPWA Program for people with HIV/AIDS.

Seriously mentally ill:

- **Homeless Outreach Workers** with the Department of Mental Health respond to referrals and go out into the communities to find and engage homeless individuals and families in services and shelter. The Homeless Outreach Workers focus on persons with mental illness who are homeless or at risk of becoming homeless and target chronically homeless people, specifically.
- **CARE, ACT, and PATH** services are provided in the community, in people's homes, workplace, or on the street, through 11 non-profit community mental health centers. Much of the outreach that these workers do is through the various drop in centers throughout the state.
- **Assertive Community Treatment Teams** conduct outreach to extremely high need homeless and chronically homeless individuals and creatively engage individuals with services and housing assistance. They seek out the homeless by searching the streets, drop-in centers, meals programs and other places that homeless people go and work to engage homeless persons in the various services that could assist them.

Substance Abuse

- There are 13 core service agencies that cover each of the 66 counties of the state in providing services and outreach to people with substance abuse issues. These agencies meet with **county commissioners** on an annual basis to provide a description of services available. The commissioners then sign a statement that they are aware of the services and accept the services within their county. The exposure gained at these public meetings help to heighten the awareness of programs available throughout the county.
- The **local clinics and circuit courts** provide many referrals to the system. The core

agencies educate these entities on the services available and rely on them to make the necessary referrals.

- The agencies in the larger communities such as the **City/County Alcohol and Drug Program** in Rapid City and the **Carroll Institute in Sioux Falls** work more directly with the chronic homeless. The majority of their clients come to them from detox after having been picked up by local law enforcement.

Veterans

- The Rapid City and Sioux Falls **Vets Centers** do outreach throughout their service areas and link homeless veterans to the appropriate service providers if they are the first point of contact. The Readjustment Counseling Services, aka Vets Center, in Sioux Falls does outreach to the Kateri Center, a homeless drop in center for men located in the Good Shepherd Center near the Banquet in Sioux Falls. They are also in regular contact with the St. Francis House, the Union Gospel Mission and Timothy's House of Hope to link up with any homeless veterans that might access those shelters that could benefit from the services the Vet Center provides.
- In South Dakota, VA operates major medical centers in the Black Hills (Fort Meade and Hot Springs) and Sioux Falls. South Dakota's **VA facilities** admitted 5,748 inpatients in 2000. During the same time period, there were 321,535 outpatient visits. To provide more accessible care for veterans, VA opened community-based outpatient clinics in Rapid City, Pierre, Sioux Falls, Aberdeen and Eagle Butte. Primary care is also delivered through rural outreach clinics in Winner and Rosebud. Additional sites are planned for Isabel and Faith. Specialty outreach programs are located on the Standing Rock Indian Reservation at McLaughlin. Veterans outreach centers are located in Rapid City, Martin and Sioux Falls. Veterans Service Officers in each county work with military veterans to match them to services available and facilitate their entry into appropriate services.
- The largest outreach effort for veterans is the annual **Stand Down**, scheduled for September 5 & 6, 2003, in Sioux Falls. Outreach for this effort is in the form of public service announcements; newspaper advertising; and flyers that are distributed to grocery stores, bars, and other local businesses. This has grown into a large local event that heightens the awareness of local homeless issues and brings a variety of homeless and other veterans together with providers to increase the knowledge of the programs available.

Youth

- The **Bowden Center**, a drop in center for youth in Sioux Falls, provides a place for young people to go for services and shelter. They have a team that goes into the community to search for young homeless people who need assistance. They seek homeless youth in places like the roller skating park, the bike trails, the Banquet (the meals program in Sioux Falls), the Loop, and the mall, where young people typically hang out. The Team Members wear readily identifiable clothing for safety sake. From the contacts made on the street, team members refer youth to emergency housing, and other services that may be necessary such as nursing care, pregnancy testing, education and or job services. The youth may stay at the emergency services bed for up to two weeks while staff work to link them to the necessary services including emergency or transitional shelter (preferably not those targeted to adults).

Outreach planned:

- Outreach to homeless people on the streets will be enhanced once the permanent supportive housing project (Pennington County Housing and Redevelopment Commission application) is funded in the Rapid City area. The homeless outreach workers will actively seek people living on the street to encourage their participation in the program so that they can find permanent housing with the necessary supportive services.
- The Division of Mental Health, through its PATH program, has and will continue to seek

ways to improve identification and outreach to homeless individuals with SPMI and those with SPMI and substance abuse issues so that they can be linked to needed services.

- The Vet Centers and other providers will continue to host the Stand Down for Veterans in the state.
- The Bowden Center plans to increase its services to include laundry, phone, and showers. It is expected that these services will increase the desirability of the shelter for the kids it is intended to serve.

Component: *Supportive Services*

Supportive services are the key to moving families and individuals along the continuum from homelessness to self-sufficiency. Too often families are moved directly from homelessness into permanent housing without the necessary services and they are not able to maintain the standards expected of them in the marketplace. Many of the necessary supportive services have previously been discussed in other components of this plan. Others will be discussed in detail in the Mainstream portion of this plan. Regardless of whether the individual or family obtains the services through a specific homeless program or they obtain the services through the Mainstream programs available, it is critical that they are provided all the tools needed to help them survive: job and life skills training, daycare, health and dental care, mental health or counseling, substance abuse treatment, transportation, food, clothing, and suitable housing.

Services in place:

Case Management - This is a key aspect to successful supportive services. Most resources that a homeless person will come into contact with provide some sort of case management, whether it be assistance from social workers within the Department of Social Services who will help the client through the various programs available, the employment specialist at a One-Stop Career Center, or a case worker at the local Community Action Agency or Community Mental Health Center. The community mental health centers, through funding provided by the Division of Mental Health, provide the following services: maintaining assessments and evaluations; monitoring client progress in treatment; assisting in locating, coordinating, and monitoring all medical, social and psychiatric services; assisting in the development and execution of plans for clients to manage their financial resources including payee services, assisting in finding and keeping appropriate living environments; assistance with activities necessary to maintain psychiatric stability in a community-based setting; and provision of emergency services when a client is in crisis. Persons receiving assistance through a non-mental health agency or program would receive many of the same services, with a lesser emphasis on the medical aspects of the service. Such services would, of course, emphasize the participants' movement toward self-sufficiency and permanent housing.

Life Skills – Life skills are taught by a variety of agencies within the continuum of care. Most of the transitional and permanent housing facilities provide life skills training to their residents within the home situation; the Adjustment Training Centers and Mental Health Centers also provide it to their clients, often within the client's home setting; and the Career Learning Centers provide some life skills training on job related issues such as interviewing, how to dress, timeliness, how to handle day care concerns, health concerns and job retention issues for their clients.

Alcohol and Drug Abuse Treatment - There are 58 accredited Alcohol and Drug Treatment Facilities listed in the state Resource List for Children, Youth, and Families, located in 29

different communities. Services available include detoxification, inpatient and outpatient treatment, and follow-along. Funding is available for low-income persons to receive treatment services at reduced expense, through various federal/state programs. **Early Intervention and Outpatient Services** are provided in nonresidential facilities that provide direct supportive client contact, indirect or collateral client contact, community information and liaison services, and formally planned counseling services. **Detoxification services** are short-term residential programs providing for the supervised withdrawal from alcohol or drugs. The programs provide temporary care, information, motivational counseling, evaluation, and referral and provide for entry into more long-term services. **Inpatient treatment services** are medically monitored intensive inpatient programs that provide structured and intensive treatment for alcohol and drug abuse to individuals who require close supervision due to the severity of their chemical addiction. **Day treatment programs** are nonresidential programs that provide clients with a minimum of 20 hours of regularly scheduled treatment per week in a clearly defined, structured intensive treatment program. Clients enrolled in the program are provided housing within a peer based supportive environment. **Case management services** are provided by the Division of Alcohol and Drug Abuse for all adults and juveniles placed in Inpatient treatment, Day treatment, and Long term residential treatment for the chronic recidivistic clients funded with public sector dollars. **Prevention programs** promote the personal and social growth of individuals in order to avoid drug and alcohol related problems. **Gambling treatment services** include assessment, individual counseling, group counseling, intensive outpatient treatment, day treatment, and inpatient treatment. **Corrections Substance Abuse Programs** provide a continuum of chemical dependency services to adult and juvenile offenders which offer them the knowledge and tools to live chemical and crime free lifestyles.

Mental Health Treatment - Crisis assessment and intervention is available to clients who are homeless, 24 hours per day, seven days per week, at the eleven community mental health centers throughout the state. Each facility has a catchment area to ensure the people from every county are served. **Liaison services** are available to facilitate movement from in-patient psychiatric hospitalization, residential programs, local hospitals, correctional facilities, and in-patient drug and alcohol programs back into community settings. Services include development of community resources, coordination with other support networks and contacts with the individual's family to assure that changing needs are recognized and met appropriately. **Symptom assessment and management, supportive counseling and psychotherapy**, when diagnostically indicated, are provided to help clients cope with and gain mastery over symptoms of mental illness in the context of daily living. **Medication** prescription, administration, and monitoring are provided to homeless individuals who typically have difficulty following medication protocols. Direct assistance is provided to ensure that clients obtain the basic necessities of daily life and perform **basic living activities**. Development of **psychosocial skills**, provided by ACT, CARE, and PATH providers include development of social skills, building relationships with landlords, neighbors, and others, and development of assertiveness skills, and self-esteem. **Indigent medication program** to provide funding for medications for individuals who have no financial means to purchase their own psychotropic medications. The Division of Mental Health recently received a follow up technical assistance training on **Individuals with Co-Occurring Mental Health and Substance Abuse Disorders**. Training focused on housing such as access to sufficient levels of supportive services to keep people housed and the importance of cross-training and collaboration between mental health and substance abuse programs

AIDS-related treatment – People diagnosed with HIV/AIDS access treatment either through their primary physician or they go to Sioux Falls where doctors specializing in HIV/AIDS care can be found. If they are residents of South Dakota, are income qualified, and are not being

compensated for treatment elsewhere, they may be eligible for services under the South Dakota Ryan White CARE Program. Under this program they are eligible for reimbursement for AIDS Drugs (up to \$7,000 per fiscal year), Home and Community Based Patient Care (up to \$1,500 per fiscal year), and continuation of Health Insurance. They are also eligible for Case management services while they are on the waiting list and on going while they are clients. Case managers can help recipients access the Ryan White CARE Program, Medicaid, Medicare, insurance benefits, social security benefits, drug manufacturer patient assistance programs, employment, unemployment, food stamps, food banks, housing, medical, dental, mental health care, and transportation, etc. The Sioux Falls Red Cross has expanded its services as the result of receiving funding under the HOPWA program to include rental assistance on a statewide basis to persons with **HIV/AIDS**. This will include 17 short term (21 weeks or less) and 17 long term (for up to 3 years) vouchers. They have also expanded their case management services under this grant.

Education – There are 174 public school districts in the state. All public school districts must designate a liaison for homeless children and youths. The liaisons are required to collaborate and coordinate with school personnel, local service agencies and shelters to ensure that homeless children and youths are identified and immediately enrolled in school. The district liaisons also assist with gathering required immunization and school records, and arrange transportation for homeless children and youths.

Sioux Falls and Rapid City provide homeless education programs that each serve approximately 200 students every school year. The main service they provide is tutoring to homeless students. The district liaisons also ensure that students are enrolled without delays, assist with gathering required immunizations and school records, and arrange transportation. Both school districts offer summer school programs. Rapid City provides services in reading and Sioux Falls provides a photography class to middle school students. Sioux Falls also has a book fair twice during the school year.

The South Dakota Department of Labor has the Adult Education & Literacy and GED testing program which is available statewide. Adult Education & Literacy instruction is designed to teach persons 16 years of age or older to read and write English and to substantially raise their educational level. The purpose of the program is to expand the educational opportunities for adults and to establish programs that will enable all adults to acquire basic skills necessary to function in society and allow them to secure training that will help them to become more employable, productive and responsible citizens as well as allowing them to continue their education to at least the level of completion of secondary school.

Volunteers of America administers an Even Start Program that provides literacy services to families with children. The program serves as a wrap around program for families and helps to improve relationships between the parent and child. Participants receive case management services, parenting training and education, and child development training in addition to the literacy services. Although the services are often provided in the participant's home, the program is administered in the Good Shepherd Center, a drop-in center for people who are homeless. Child care is made available to families who are homeless at the Good Shepherd Center.

Employment Assistance - Goodwill Industries has a Work Adjustment Training Program available to individuals with a diagnosed disability and a Managed Work Site Program for individuals on the TANF program in South Dakota. These individualized programs provide a paid job training and employment placement within Goodwill Industries or the larger community. All services are provided in a safe environment with abundant direction for education and

successes in competitive employment. Goodwill Industries has a long history of advocating for the best interests in job training in the over-all positive changes for people with disabilities. Goodwill staff has formed partnerships with several agencies in the Sioux Falls area as a referral base for individuals on job training programs. The Workforce Investment Act (WIA) program, delivered through the state's One-Stop Center system, is also available for homeless persons, as are programs for veterans and displaced homemakers.

Goodwill Industries, through its Vocational Success Program for the Homeless funded under the 2001 COC Grant, implemented a program in May 2002 that assists chronically un- and under employed homeless adults obtain and maintain competitive employment. The individually planned program combines on-the-job paid work experience with education to enhance life skills. The program lasts up to a maximum of 12 weeks per individual, followed by up to 90 days of continued guidance in job retention success. Goodwill completes education for participants by obtaining referrals to other agencies for permanent housing. Of the successful individuals completing the Vocational Success Program, 88% have been placed in permanent housing and the other 12% are in long term transitional housing programs. The average hourly wage during the first year of the program was \$7.25 per hour.

Child Care – Child care is provided throughout South Dakota through registered, licensed, unregulated (caring for 12 or fewer children) and Kith & Kin (friends and family) type providers. Families qualifying for assistance may obtain applications at homeless shelters, One-Stop Career Centers, local welfare offices, and local Child Care Services Offices. The program is funded through the Child Care & Development Block Grant of 1990. These federal funds are available to states for the purpose of improving the quality, availability, accessibility, and affordability of child care. As a result, CCS has a number of programs including funding and technical assistance for Out-of-School-Time programs; child care facility development in response to local community needs; health & safety continuous funding cycle to help child care programs meet licensing requirements; direct child care assistance payments for qualifying families; statewide training delivery system for child care providers; and licensing and registration of child care programs authorized by SDCL 26-6.

Volunteers of America provides 5,000 hours of crisis childcare which is privately funded for people facing homelessness, medical, legal, or unemployment crisis.

Transportation – There are currently 32 public transportation systems in the state: Aberdeen Rideline serving the Aberdeen area; Spink County Transit; People's Transit in the Huron area; Sanborn County Rural Transit; Community Transit in the northeast part of the state; Watertown Transit serving the Watertown area; Inter-Lakes Community Action serving the east central part of the state; Brookings Transit serving the Brookings area; East Dakota in the Madison area; Rosebud Transit serving Mellette and Todd County areas; River Cities Transit in Pierre/Ft. Pierre; Palace Transit in the Mitchell area; ROCS serving the south eastern part of the state; Yankton Transit; SE Transit in Vermillion; Arrow Transit serving Lemmon, Bison, and Faith; Prairie Hills Transit serving the Northern Black Hills area; Rapid Transit in Rapid City; Estelline Community Transit serving communities near Estelline; Clark Transit; the far southeast tip of the state; Brandon; Onida; and Mound City. An additional system is pending in the community of Dell Rapids. Most require advance notice for scheduling purposes. Of the few transit systems that are private systems, many will give rides if asked. To assist people in accessing these systems, organizations such as Community Action Agencies issue vouchers for individuals to access local transit systems for such activities as job search, taking children to child care, travel to and from work, etc. Local referral assistance agencies, such as the Pierre Area Referral Service,

also have limited funds for similar situations.

The Homeless Coalition in Sioux Falls provides bus passes to homeless individuals and families so that they might travel throughout the city for work or health related reasons. Up to 60,000 one way rides are available for use under this program each year. The passes are distributed to agencies such as American Indian Services, the Arch House, Children's Inn, Glory House, the Good Shepherd Center, Lutheran Social Services, Minnehaha County Welfare, the schools, Southeastern Behavioral Health, the St. Francis House, and the Vet Center. Each agency can receive up to 500 one way ride passes per month and must track who receives the rides.

The Sioux Falls Homeless Coalition also administers the Wheels to Work Program formerly funded by Minnehaha County. Under this program, quality used and donated used cars for reliable transportation are obtained. The cars go primarily to working single mothers with small children.

Other –

Health Care: Individuals can access health care through their local Community Health Services and Public Health Alliances Offices, which provide professional nursing and nutrition services and coordinate health-related services to individuals, families, and communities in 85 locations across the state. Services include education and referral, immunizations; communicable disease testing, counseling and education; developmental screenings; assistance to pregnant women; WIC; family planning; nutrition counseling and education; screenings for vision, hearing, blood pressure, blood sugar, and hemoglobin; and more. Individuals in central South Dakota can access health care through **Urban Indian Health** (patients do not have to be Native American to utilize). **Eye care** services are also available to participants through Urban Indian Health. Lions Clubs in the state provide vision services and assistance in acquiring eyeglasses to low-income persons. Low income individuals over age 19 who do not have prescription drug coverage through a private insurer and who do not qualify for state assistance programs for drug assistance may use **Rx Access** to help them gain access to drug company assistance programs which supply prescription medications at low or no cost. This program is accessed through the Department of Social Services ASA office. In addition, the state is implementing a new **Senior Prescription Discount Card** for the elderly and people with disabilities who are not eligible for Title XIX benefits. **Easter Seals** can provide assistance with services and equipment for persons with disabilities.

Domestic Violence: There are 41 domestic violence shelters located in 30 communities across the state that provide education and counseling to individuals and families who have been victims of domestic violence. They also offer support so that victims can locate employment, child care, public support, or whatever other services they need. See the Emergency Shelter Component of this section.

Legal: Dakota Plains Legal Service, East River Legal Services and Black Hills Legal Services provide legal aid to low income households across South Dakota. In addition, Hughes & Stanley Counties offer a supplemental legal aid program comprised of 40+ local attorneys that have offered their services *pro bono* for income- eligible clients in civil cases only.

Food: There are 47 identified local **food pantries** in South Dakota, where families and individuals have access to food. For example, in one community, a new individual will receive a coupon book which contains 6 coupons (redeemable once a week for 6 weeks). If additional assistance is needed after that they can request further vouchers every 30 days. Homeless people can also access local meals programs, of which there are eleven across the state in Aberdeen, Fort Thompson, Huron, Mitchell, Pierre, Rapid City, Sioux Falls, Watertown, Vermillion, Brookings, and Yankton. Service varies from one meal a week to three meals a day, seven days a week. In

communities where meals are only served once a week, transients are provided with either a hot meal OR a voucher to purchase food depending on need. These arrangements are made through the local service provider, such as Pierre Area Referral Service (PARS). On holidays, weekends and evenings, members of the Pierre Police Department carry PARS vouchers and are the contact persons for emergency assistance. The Banquet in Sioux Falls served nearly 111,290 meals last year. Of these, 20 percent (22,258) are served to homeless individuals with 17,962 children's meals being served.

Clothing: There are 14 organizations such as Goodwill, Salvation Army, Inter-Lakes Community Action and Western South Dakota Community Action and others that are listed in the Resource List for Children, Youth, and Families that distribute clothing. In the Pierre area, both Hospice & Value Village (organizations that take clothing donations and sell them to raise funds) work closely with Pierre Area Referral Services to meet the needs of the homeless population in Central South Dakota. There are similar arrangements available in most larger cities in the state. Other programs, such as the National Guard Wives program, also furnish clothing as needed. Work required clothing (e.g. work boots, uniforms, and so on) may be purchased through local referral services, One-Stop Centers or other providers.

Native American: The United Sioux Tribes organization serves all South Dakota Indians both on and off reservations as well as members of other recognized tribes through a wide usage of existing programs, develops and implements new programs, and actively works to bring Native Americans together with the State's economic resources. Currently the services provided are the Work Force Investment Act and Employment Assistance Programs. They are in the process of initiating new programs in the areas of Substance Abuse, Transitional Housing, and youth programs and will make every effort to formulate activities and events not only to benefit Native American people, but the general public as well.

Services planned: Behavior Management Systems of Rapid City will be able to better provide mental health and substance abuse services to clients who access the new Shelter Plus Care Program in Rapid City if the Pennington County Housing and Redevelopment application is funded as proposed under this Continuum of Care application. It is hoped that this program will stop the cycle of homelessness for 20 individuals with severe mental and physical disabilities by providing them the housing and necessary supports they need.

The Carroll Institute would provide transitional assistance to clients who go through their detoxification program, but need additional time to provide additional case management, substance abuse treatment, and life skills training.

Expanding the knowledge and skill base of **CARE, ACT, and PATH** providers to ensure that appropriate and effective services are available to individuals with dual disorders of mental illness and substance abuse.

The Department of Transportation is continually working with communities to expand or start new **public transportation services**.

How homeless persons access/receive assistance:

Homeless persons with **mental health and substance abuse** issues can access those related services through the Division of Mental Health or through a local community mental health center and through the Division of Alcohol and Drug Abuse. As is the case with all **supportive services**, the key factor in a homeless person's access to services is the quality of the outreach and intake service that a person receives. The key person in that equation is the outreach specialist/caseworker. When someone applies for services, the caseworker goes through an

analysis of the person's needs and resources, and then decides to whom to refer the applicant for assistance. The person then travels from the intake source to the referred party, who may be in the same organization as the intake source, or may be housed in a completely different location/organization. In rural areas with limited or no access to public transit, transportation may be a barrier to accessing the services, although the many public transit systems in the state should be able to help with this if they are asked to provide assistance. Many agencies and service providers have assistance available in the form of vouchers and/or volunteer drivers who can provide a limited number of rides.

Homeless **HIV/AIDS** clients access the Ryan White CARE Program through referrals from the post test care session with the Department of Health, through physician referrals, through county health nurses, and through other entitlement offices.

Homeless people can call 1-866-854-5465 (toll free) to get more information on the **Rx Access** program or they can contact the local Department of Social Services offices and ask for an Adult Services and Aging representative. Doctors, nurses, and case workers make information about this program and the new **Senior Discount Prescription Card** available to clients to help them reduce some of their medical costs.

Both the Rapid City and Sioux Falls school districts provide information to staff on homelessness in the school district so that teachers may assist in identifying students who can benefit from the homeless **education programs**. In addition, Rapid City offers a class on homeless awareness to interested individuals and Sioux Falls goes to the universities and local classrooms to address homeless issues. Both programs work with the local service agencies and shelters to identify homeless students.

Because of the rural nature of much of the state of South Dakota, transportation and other supportive **services tend to be clustered** around centralized locations. For example, the county health nurse is usually provided an office in the County Courthouse, and persons wishing to receive services go to that office. Because the Department of Social Services has an office in each county, again usually in the County Courthouse, an applicant can usually apply at both of those offices at the same time. In more heavily populated areas, where the service delivery system is more concentrated and developed, the system that has evolved to assist applicants through the application process is centered around a case worker or case manager. Those persons are trained to assess the needs of an applicant and to identify the sources of assistance to meet those needs. The case worker/case manager then facilitates the applicant's movement (both physical and philosophical) to those sources of assistance. This system of referrals to service providers is not necessarily formalized into a set of procedures from which case workers/managers do not deviate. Instead, the systematic activities are focused on assuring, to the greatest extent possible, that all appropriate and needed services are available to the greatest possible number of potential participants, so that duplication is avoided and services are delivered in the most effective and efficient manner possible.

There exists a natural concern, especially in a state as sparsely populated as South Dakota that homeless persons could "fall through the cracks" and not be able to gain access to needed services. It is true that there is not an overabundance of service provision sites in some of the more rural areas of the state, but it must be realized that services **ARE** available in most locations within the state. Again, **transportation** tends to be one of the biggest challenges in those areas. Agencies and service providers have proven themselves to be quite creative and innovative in devising methods to meet those challenges. For example, caseworkers schedule office hours at

remote sites or schedule visits at homes or other convenient locations. While this may serve to increase costs to the service providers, it is often the only realistic manner in which to provide services to those persons in need. Such adaptability is a trademark of agencies and service providers in South Dakota and other rural states, who have learned over the years what works best and what is necessary to provide services effectively. Coordination of services is not a unique concept in South Dakota; it is a way of life.

F. Housing Activity Chart

The point-in-time inventory date used to complete the chart is **January 25, 2002.**

Emergency Shelter means any facility, the primary purpose of which is to provide temporary or short term shelter for the homeless in general for specific populations of the homeless.

Transitional Housing facilitates the movement of homeless individuals and families to permanent housing within 24 months. This temporary housing is combined with supportive services to enable homeless individuals and families to live as independently as possible. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Permanent Supportive Housing is long term housing for persons with disabilities designed to enable homeless persons with disabilities to live as independently as possible in a permanent setting. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Fundamental Components in CoC System -- Housing Activity Chart								
Component: <i>Emergency Shelter</i>								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
			A	B	Individuals		Families with Children	
Current Inventory			2002	2003	2002	2003	2002	2003
Ex: Homeless Help, Inc.	Donovan's Shelter	180084	SF	DV				
Ex. Jacob's House	Voucher Program	090102	FC					
Safe Harbor	Aberdeen - Safe Harbor	469013	FC	DV	0	0	19	19
Brooking Domestic Abuse Shelter	Brookings Domestic Abuse Shelter	469011	FC	DV	0	0	11	11
Women Escaping a Violent Environment	Custer - Women Escaping a Violent Environment	469033	FC	DV	0	0	16	25
Wholeness Center	Flandreau - Wholeness Center	469101	FC	DV	0	0	11	19
Project Safe	Fort Thompson - Project Safe	469017	FC	DV	0	0	10	10
YWCA Family Violence Program	Huron - YWCA Family Violence Program	469005	FC	DV	0	0	7	7
Domestic Crisis Outreach Office	Lead - Domestic Crisis Outreach Office	469081	FC	DV	0	0	3	3
Communities Against Violence and Abuse	Lemmon - Communities Against Violence and Abuse	469105	FC	DV	0	0	17	16
Madison House of Hope	Madison House of Hope	469079	FC	DV	0	0	9	9
Mitchell Area Safehouse	Mitchell Area Safehouse	469035	FC	DV	0	0	20	20
Bridges Against Domestic Violence	Mobridge - Bridges Against Domestic Violence	469021	FC	DV	0	0	13	13
Cangleska, Inc.	Pine Ridge - Ohitika Najin Win Oti	469113	FC	DV	0	0	11	11

Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
					Individuals		Families with Children	
					2002	2003	2002	2003
Current Inventory			A	B				
Working Against Violence, Inc.	Rapid City - Working Against Violence	469103	FC	DV	0	0	26	26
Artemis House	Spearfish - Artemis House	469081	FC	DV	0	0	23	23
Children's Inn	Sioux Falls - Children's Inn	469099	FC	DV	0	0	30	36
St. Francis House	Sioux Falls - St. Francis House	461518	SM		28	35	28	6
Volunteers of America	Sioux Falls - Turning Point	469099	YMF		32	32	0	0
Union Gospel Mission	Sioux Falls – Union Gospel Mission	461518	O		0	0	50	50
Women's Circle	Sisseton - Women's Circle	469109	FC	DV	0	0	10	10
Crisis Intervention Shelter Services	Sturgis - Crisis Intervention Shelter Services	469093	FC	DV	0	0	13	13
Women's Resource Center	Watertown - Women's Resource Center	469029	FC	DV	0	0	25	25
Yankton Homeless Shelter Board	Yankton Homeless Shelter	469135	SM		9	9	0	0
Yankton Women's Shelter	Yankton Women's Shelter	469135	FC	DV	0	0	15	15
NACB Women's Lodge	Lake Andes – Women's Lodge	469023	FC	DV	0	0	13	13
Yankton Sioux Tribe	Yankton - YST Homeless Shelter	469023	SMF		10	16	8	16
Spotted Tail Crisis Center	Rosebud – Spotted Tail Crisis Center	469121	FC	DV	0	0	8	16
Subtotal					164	177	448	464
Under Development								
Ex: Michael's House, Inc.	Haven Place		SF					
Working Against Violence, Inc.	Rapid City - Working Against Violence	469103	FC	DV	0	0	0	50
Children's Inn	Sioux Falls	469099	FC	DV				18
Subtotal					0			68

Component: <i>Transitional Housing</i>								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
			A	B	Individuals		Families with Children	
Current Inventory					2002	2003	2002	2003
EX: Alpha, Inc.	A New Beginning	180084	SM	VET				
Community Alcohol and Drug Center	Mitchell - CADC	469035	SMF		31	31	0	0
Glory House	Sioux Falls - Glory House	461518	SM		39	39	0	0
Timothy's House of Hope	Sioux Falls - Timothy's House of Hope	461518	SM		27	27	0	0
Women Escaping a Violent Environment	Custer - Women Escaping a Violent Environment	469033	FC	DV	0	0	14	14
Community Counseling Services - Huron	Huron - Bradfield-Leary Center	469005	SMF		16	16	0	0
YWCA Family Violence Program	Huron - YWCA Family Violence Program	469005	FC	DV	0	0	5	5
Capital Area Counseling	Pierre - Capital Area Counseling	469065	SMF		8	8	0	0
Native American Heritage Foundation	Rapid City - Native American Heritage Foundation	469103	FC		0	0	63	0
Behavior Management Systems	Rapid City - Full Circle	469103	SF		15	15	4	4
Carroll Institute	Sioux Falls - Arch	469099	SMF		30	30	0	0
Berakah House	Sioux Falls - Berakah House	469099	AIDS		8	8	0	0
Sioux Falls Veterans Administration Medical Center	Sioux Falls - Compensated Work Therapy Program (CWT)	461518	SM	VET	4	4	0	0
American Indian Services & Minnehaha County Welfare	Sioux Falls - Dakota House	651518	FC		0	0	8	8
Inter-Lakes Community Action	Sioux Falls - Heartland House	469099	FC		0	0	43	43
American Indian Services & Minnehaha County Welfare	Sioux Falls - Lakota House	461518	FC		0	0	3	3
Turning Point	Sioux Falls - Runaway/ Homeless Youth Program	469099	YMF		8	8	0	0
Volunteers of America	Sioux Falls - Turning Point	461518	YF		0	0	8	8

Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
			A	B	Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
Volunteers of America	Sioux Falls – Transitional Living Program	461518	YMF		9	9	0	0
Human Service Agency	Watertown – Human Service Agency	469029	SMF		13	13	0	0
Southeastern Behavioral HealthCare	Wayne Dahl Transition House	461518	SMF		12	12	0	0
Yankton Women's Shelter	Yankton Women's Shelter	469135	FC		0	0	4	4
			Subtotal		220	220	152	89
Under Development								
Inter-Lakes Community Action	Sioux Falls Transition - Expansion	469099	FC			0		44
			Subtotal			0		44
Component: <i>Permanent Supportive Housing</i> **								
Provider Name	Facility Name	Geo Code <input type="checkbox"/> *	Target Population		Bed Capacity			
			A	B	Individuals		Families with Children	
Current Inventory			A	B	2002	2003	2002	2003
EX: Lazarus, Inc.	Home At Last	180084	SM					
Community Counseling Services - Huron	Huron - Bradfield-Leary Center	469005	SMF		8	8	0	0
Capital Area Counseling – Pierre	Pierre - Betty's Place	469065	SMF		12	12	0	0
Behavior Management Systems – Rapid City	Rapid City - BMS	469103	SMF		12	12	0	0
Timothy's House of Hope	Sioux Falls – Timothy's House of Hope	469099	SM		12	12	0	0
Sioux Falls HRC and SE Behavioral Health Care	Sioux Falls - Shelter Plus Care (TBRA)	469099	FC		19	19	31	33
Sioux Falls HRC and ICAP	Sioux Falls Tenant Based Rental Assistance (TBRA)	461518	FC		0	0	20	25
			Subtotal		63	63	51	58
Under Development								
Lewis and Clark	Yankton – Lewis and Clark Behavioral Health Care	469135	SMF			20		0
			Subtotal			20		0

*CoCs that list only one geographic code in their Application Summary sheet may check this box and should identify the Geographic Code. All other CoCs must identify the location of each facility by the geographic code.

**Permanent Supportive Housing is Shelter Plus Care (S+C), Section 8 SRO and Supportive Housing Program-Permanent Housing component (SHP-PH). It also includes any permanent housing projects dedicated exclusively to serving homeless persons such as public housing units that have been dedicated to housing homeless persons.

4. Continuum of Care: Housing Gaps Analysis Chart

		Current Inventory in 2003	Under Development in 2003	Unmet Need/ Gap
Individuals				
Example	Emergency Shelter			
Beds	Emergency Shelter	177	0	20
	Transitional Housing	220	0	59
	Permanent Supportive Housing	63	20	74
	Total	460	20	153
Persons in Families With Children				
Beds	Emergency Shelter	464	68	35
	Transitional Housing	89	44	275
	Permanent Supportive Housing	58	0	38
	Total	611	112	236

Continuum of Care: Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:				
1. Homeless Individuals	449 (S)	277 (S)	98 (S)	825 (S)
2. Homeless Families with Children	47 (E)	25 (E)	39 (E)	110 (E)
2a. Persons in Homeless Families with Children	142 (S)	74 (S)	113 (S)	329 (S)
Total (lines 1 + 2a)	591 (S)	351 (S)	211 (S)	1,154 (S)
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	75 (E)		100 (E)	175 (E)
2. Seriously Mentally Ill	137 (S)			
3. Chronic Substance Abuse	222 (S)			
4. Veterans	84 (S)			
5. Persons with HIV/AIDS	2 (S)			
6. Victims of Domestic Violence	156 (S)			
7. Youth	78 (S)			

5. Methods used to collect Information for the Housing Gaps Analysis and Homeless Population/Subpopulations Charts

In order to assess the quality of the data identified by your community, please provide the following:

- a. **For Housing Gaps Analysis Chart** identify the data source (e.g., City Shelter Survey), and the methods (e.g., mail survey) for filling out the “Current Inventory in 2003” and “Under Development in 2003”

columns. Briefly describe the basis for the community's determination as to the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless.

The South Dakota Homeless Consortium did a point in time survey of the shelters and providers throughout the state on January 25, 2002. A street count was not taken at this time as it was determined that the number of homeless who lived on the street during the coldest month of the year would be negligible. The Sioux Empire Homeless Coalition and the Black Hills Regional Homeless Coalition's summer counts are also considered as a point of comparison for the shelter numbers, although the SDHC count was the basis for this grant. The two summer point in time counts were used for determining the number of unsheltered homeless and counters went out into the community seeking unsheltered homeless for that count. For the SDHC Survey, a Key Contact was established in each of the primary points of contact including: Veteran's, Domestic Abuse, Emergency Shelters, Salvation Army, Dept. of Labor, Mental Health, Health, Youth, and Public Housing Authorities. These Key Contacts were responsible for distributing the mail survey to all of the agencies within their area of expertise and then collecting them and returning them to SDHDA for compilation. It was determined that the respondents were more likely to reply to a contact they were familiar with than to an unknown agency. Those respondents that provided shelter were asked to identify the number and population served, including the demographics of those served. . Those respondents that did not provide shelter, but were aware they were serving unsheltered people on that day, were asked to provide information on those individuals and families. We received over 200 responses to the survey, which as significant improvement over the previous survey completed in 2001.

b. **Provide your community's definition of emergency shelter and transitional housing.**

Emergency Shelter means any facility, the primary purpose of which is to provide temporary or short term shelter for the homeless in general for specific populations of the homeless.

Transitional Housing facilitates the movement of homeless individuals and families to permanent housing within 24 months. This temporary housing is combined with supportive services to enable homeless individuals and families to live as independently as possible. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

Permanent Supportive Housing is long term housing for persons with disabilities designed to enable homeless persons with disabilities to live as independently as possible in a permanent setting. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

c. **For the Part 1 Homeless Population and Subpopulations Chart** indicate the specific **point-in-time** date of data collection (e.g., March 30, 2003) for both the "sheltered" and "unsheltered." This must be only a one- day/night count. Describe your community's process and methods for collecting the data, including the reason(s) your community chose those methods. If your community conducts an enumeration of persons at least annually or uses administrative data from outreach programs to those living on the street, please provide a description of the lead agency/contact person and the process for data collection and coverage in the community. The Sioux Empire Homeless Coalition (Melanie Bliss – contact person) performed a Sioux Falls a point in time survey on September 25, 2002, and the Black Hills Region Homeless Coalition (Linda Edel – contact person) performed a survey in Rapid City on November 7, 2002. Both communities used their homeless outreach workers to walk the streets and travel by car to more remote sites that are known locations for homeless people to camp, such as under the bridges in Sioux Falls and along the creek in Rapid City. Both cities account for higher numbers within their shelter

counts that what are reflected in this chart, but the more conservative statewide point in time (January 25, 2002) numbers were used to give a higher level of confidence that there were no overlapping in numbers due to the different count days. This is considered to be a very conservative count of the homeless in the state.

- d. **For the Part 2 Homeless Population and Subpopulations Chart** indicate the methods for determining homeless subpopulations in general **and** the chronic homeless in particular. The homeless subpopulations were determined by responses to interview questions answered by either the homeless individual or their caseworker. The number of chronic homeless persons was determined by interviewing the homeless outreach workers in Rapid City and Sioux falls and combining their estimation of each. Although it is recognized that there are chronic homeless people outside the two metropolitan communities, it was not possible to ascertain the number that reside in the outlying communities at this time. This is a shortcoming in the survey process that the information committee hopes to overcome before the next survey date.
- e. **Describe your community's plans** for conducting an annual update of the Fundamental Components in the CoC System Housing Activity Chart. The South Dakota Housing Development Authority, together with the Community Planning departments in both Rapid City and Sioux Falls keep track of housing related activity within their regions on a regular basis. This information, together with information submitted with Emergency Shelter Grants applications, Continuum of Care Grant applications, and Community Development Block Grant reports will make the process of keeping the Housing Activity Chart relatively simple to keep up. The fact that South Dakota is a small state will also help.
- f. **Describe your community's process** for conducting regular point-in-time counts (not less than once every three years) of the "sheltered" and "unsheltered" categories in order to complete Part 1 and 2 of the Homeless Population and Subpopulations Chart **and** the collection methods you plan to use. The SDHC plans to perform a complete survey during either the fall of 2003 or the spring of 2004 coordinating efforts with the Department of Education, the Sioux Empire Homeless Coalition and the Black Hills Region Homeless Coalition. We will continue to use the combination of a mail in survey with a drive by count of the street homeless. Additional outreach to the Indian reservations will be made to ensure that the more rural homeless are counted. It is hoped that the implementation of the HMIS will help to verify the information gathered. The consortium will complete a full survey every two years thereafter.

6. Homeless Management Information System (HMIS). *(Your response to this item will not count towards your 30 page limitation.)*

- a. **Describe in a brief narrative your Continuum of Care (CoC) strategy to implement an HMIS, providing a schedule for implementation and describing the progress you have made to date, including obtaining the participation of emergency shelter, transitional housing and McKinney-Vento permanent supportive housing providers.** Several members of the South Dakota Homeless Consortium attended a HUD sponsored HMIS training and recommended that Consortium pursue the implementation of a system this year rather than waiting until next year to allow time to make adjustments and still be in compliance with HUD's deadline of 2004. We are in the process of gathering information to insure we start with an adequate system from the beginning. Due to the broad geographic area to be covered by the statewide consortium and the need to expand as new providers are added, it has been determined that a web-based system would be most practical for our purposes. We have received initial onsite training. We plan to host a number of providers that can be accessed through the web, and are researching issues such as how to network with other state agencies such as Social Services, Labor, Education, Corrections, and Human

Services because many of them have their own similar systems. There is much concern about the confidentiality of the individual's information and how that can be maintained on such a large system. To date, the providers that have been in discussions about the system are excited about the prospects. Although it will not be mandatory to participate for Emergency Shelter Grant recipients to participate immediately, it is anticipated that the incentives will provide sufficient inducement for the majority of the ESG recipients to choose to participate right way rather than wait. Initially, it is expected that at least 50 percent of the ESG recipients will participate with the expectation that 100 percent will choose to participate eventually. Since it is mandatory for McKinney Vento recipients to participate, it is expected that all transitional and permanent supportive housing providers will participate in the HMIS.

The SDHC is on the fast track to get an HMIS in place. A vendor day will be hosted in early August, with a list of the expected data elements, policies, and linkages to be determined by November. A vendor is hoped to be selected by December 2003 with training scheduled in January and software to be installed as early as February 2004.

b. Please check one of the following which best reflects the status of your CoC in having a Continuum-wide HMIS (see Section O of the "Questions and Answers" supplement to the application before completing):

- The CoC has not yet considered implementing an HMIS.
- The CoC has been meeting and is considering implementing an HMIS.
- The CoC has decided to implement an HMIS and is selecting needed software and hardware.
- The CoC has implemented a Continuum-wide HMIS.
- The CoC has implemented, but is seeking to update or change its current HMIS.
- The CoC has implemented, but is seeking to expand the coverage of its current HMIS system.

c. If your CoC has already implemented or is seeking to update or expand its HMIS system, identify in the table below how many of the Current Inventory Beds listed on your Gaps Analysis chart are included in the CoC's HMIS: Not applicable

**Current Inventory
Beds in HMIS**

	Individuals	Families
Emergency Shelter	_____	_____
Transitional Housing	_____	_____
Permanent Supportive Housing	_____	_____

~~from one component of the system to another, and how the components are linked.~~

Priorities. Will be updated after the selection process.

- a. *Continuum of Care: Project Priorities* chart - See below.
- b. **Method of evaluating Renewals:** The performance and effectiveness of the projects that are up for renewal is first analyzed by the individual applicant agency. The agency considered several factors: 1) The Annual Performance Reports (APR) that were submitted to HUD, 2) Was the project implemented in a timely manner? 3) Is the project operating at capacity or near capacity? 4) Are the goals of the project being met? 5) Are project participants able to access Mainstream Resources? 6) Does the gaps analysis of the community show a continued need for this program and/or is there a waiting list of homeless persons wanting to participate in the project? 7) Are there adequate matching funds and/or leveraging funds available for continuation of the project? After the applicant agency determined the project is effective, performs well and continues to meet a community need, the renewal project was reviewed by a local review committee, such

as the Sioux Falls Homeless Coalition, if applicable. This committee looks at performance, effectiveness and community need. The local committee makes a recommendation as to the project priority in the Continuum of Care. The last step was a review of the renewal projects by the South Dakota Homeless Consortium. Again the performance, effectiveness and need were considered. The Planning and Advisory Committee (PAC) makes the final determination as to whether the renewal projects should be priority projects for the Continuum of Care application.

c. Describe how each project proposed for funding will fill a gap in your community's Continuum of Care system. ~~If it is a renewal project, describe what gap will be created if the project is not renewed.~~

The eight projects prioritized in this application are critical in filling the identified gaps in this continuum of care application. Each of the applications helps to fulfill a portion of the goals identified by the South Dakota Homeless Consortium, including permanent supportive housing, a statewide management information system, maintaining existing programs that are viable and assisting individuals out of homelessness by giving them the supports and skills they need to end the cycle of homelessness. Also, each of the applications from the Sioux Falls area meet the goals and priorities established within the Sioux Empire Homeless Coalition and were rated and ranked locally prior to being submitted to the statewide organization. Although there was no competition from the Black Hills Region Homeless Coalition, a letter of support for the Pennington County Housing and Redevelopment application was received. All applications selected were evaluated to see if they met HUD Threshold, if they addressed both the state and local needs, and on their ability to reach the goal of geographically disbursing funds throughout the state.

As evidenced in the Gaps and Priorities chart, statewide gaps indicate a great need for permanent supportive housing for individuals with disabilities, particularly those with substance abuse issues and those that have severe and persistent mental illness and transitional housing for families with children. The proposal to provide case management, job training, housing placement, and substance abuse treatment with supportive housing for individuals will help fill the gaps identified.

The projects and priorities they address, follow. It should be noted that these projects may serve individuals and/or families who can be categorized in more than one sub-population. The specific priorities mentioned in each project description relate to housing and services likely to be used by all residents. Weight was given to those applications that addressed the primary need for housing and the need to geographically distribute the funds across the continuum.

- **Priority 1: The Shelter Plus Care Project in Rapid City** will provide tenant based rental assistance to homeless persons with serious mental or physical illness, some of whom may also have chronic substance abuse problems. The project will provide rental assistance for 25 individuals in one bedroom units over a five year period. All participants will receive supportive services and case management from the Behavioral Management System (BMS) to allow them to stabilize their lives and live in the permanent housing. This project addresses the priorities of permanent supportive housing, services to the seriously mentally ill population, and case management. It is the first of its kind in the Rapid City area and will address the intensive needs of those individuals who cycle in and out of homelessness and the local detox center repeatedly.
- **Priority 2: Lewis and Clark Housing Project** is a renewal for operating costs for a new project that will provide permanent supportive housing for people with disabilities

who are homeless, particularly those who currently reside in the State Human Services Center and cannot be released because there is no where for them to go because of their serious mental illness and their inability to deal with real life situations. The project will provide ongoing services to 20 individuals in the newly constructed facility. Each apartment will provide a private bedroom and bath. Kitchen and living areas will be common to the whole facility. Meals will be provided to the residents, along with on-site case management services. This project is scheduled to lease up the Fall of 2003 and funding for this proposal will carry the supportive housing property beyond its first year of funding through year four of operations. This proposal, if funded, will ensure adequate operating funds for this project, which is currently under development and will address the high priorities of permanent supportive housing and services to the seriously mentally ill population.

- *Priority 3:* A Statewide **HMIS** system will track homeless individuals and families across South Dakota to enable them to get the appropriate services and help get an unduplicated point-in-time count of the homeless in the state. This program will help providers link together and provide a more cohesive package to homeless individuals and families and will help assess the progress of the Statewide continuum of care. It will serve all homeless populations in the State regardless of target group or location.
- *Priority 4. **Dakota House Shelters and Program - American Indian Services*** is a renewal for operating costs for an existing transitional shelter that is designed to move homeless Native American Families toward self-sufficiency through culturally relevant services provided by an urban Native American agency. It provides supportive services to 8 families residing in its 8 units by helping the families to develop a plan of action and providing case management and referrals for mainstream programs that can help with the self-sufficiency process. This project will continue to address the need for transitional housing for families with children.
- *Priority 5.* The **Children's Inn** transitional housing program is a new project proposing to provide transitional housing to women who are homeless because of domestic violence and are Child Protective Services Clients because of allegations of child abuse and/or neglect relating to their children. It will include 3 separate newly constructed units that will be added on to the existing emergency shelter, but will have separate living and community space. The program is designed to assist the women in developing competent parenting skills; address health concerns; secure stable employment and move into permanent housing. It will address the need for additional transitional housing for homeless families with children and case management.
- *Priority 6.* The **Vocational Services for Homeless Persons Previously Involved with the Corrections System Program**, by Goodwill Industries, is a job training program that will provide necessary skills and training to people are homeless that have exited the Corrections System, but are unable to find suitable employment and are, therefore, unable to afford suitable housing due to limited job skills. This program will fill the gap between existing programs and will assist these people with the basic skills that they need so that they can get suitable employment. This project addresses the high priority need for job training.
- *Priority 7. **The New Life Village – Transitional Housing and Recovery Services for the Sioux Empire*** proposes to provide transitional housing to individuals who are chronically and episodically homeless and have chronic substance abuse problems. The project includes 20 units that will be acquired and rehabilitated and 20 units that will be constructed and will provide supportive services that will enable the residents to make the transition from the Detox Center into permanent housing. This project will serve to address the strong demand for assistance to substance abusers.

- **Priority 8. The Shelter Plus Care Renewal Project in Sioux Falls** will provide a continuation of an existing program that currently serves 19 households. This tenant based rental assistance program will serve homeless persons with serious mental illness, some of whom may also have chronic substance abuse problems. All participants will receive supportive services and case management from the Southeastern Behavioral Healthcare to help them to stabilize their lives and live in the permanent housing. This project addresses the priorities of permanent supportive housing, services to the seriously mentally ill population, and case management.

d. Project selection and priority placement

Projects were solicited in a number of ways. First, a South Dakota Homeless Consortium meeting was held in conjunction with the Statewide Housing Conference held in Pierre on November 19 - 21, 2002, in an effort to bring the awareness of the organization to more housing professionals in the state. Approximately 3,500 invitations were sent to prospective attendees for the housing conference. Twenty-eight people attended a full day session held specifically to inform attendees about HMIS at the housing conference. In addition, the press release related to the success of the South Dakota Homeless Consortium was printed in newspapers statewide and invited interested parties to contact the Consortium if they were interested in participating in the process or submitting an application for funding.

A solicitation for applications was also made at each Consortium meeting and an application submission date of June 6 was established for a one page summary of each proposal and each applicant made an oral presentation at the June 11 Consortium meeting allowing all members to have the opportunity to express comments for or against each proposal.

Each application was then rated by the Planning and Advisory Committee (which also met on June 11) against the HUD submission criteria to determine if it meets threshold requirements. The applications were then evaluated against the gaps analysis information to determine which met the most prevalent need, taking into consideration the prioritization of the local organization to which the applicant belonged. If there was no local competition, then the proposal would compete statewide only. The applications were prioritized using a majority voting system, with any members with an identity of interest removed from the discussion and abstaining from the vote. It was agreed that the applicant's ability to address the needs identified in the gaps inventory with as much geographic distribution as possible would ensure the success of the statewide consortium. The intent of the organization is to monitor this process to insure that fairness and impartiality will be maintained as the organization grows. It is felt that the addition of the Policy Academy participants to the process has enhanced the process and allows an even more diverse group of people to be involved in the decision process.

The prioritized applications were then invited to draft their Exhibit 2, 3, or 4 for the entire Consortium to review and offer suggestions. Emails announcing the availability of each draft were sent to all that indicated an interest in the process. Hard copies were made available to those who did not have access to the internet via fax and mail services. The selection committee retained the right to reprioritize applications based on the quality of the proposal submitted if it felt that the applicant did not or could not meet threshold requirements once the actual Exhibit 2, 3, or 4 was completed.

The following factors were taken into consideration in ranking the projects: HUD threshold requirements, the ability to address the identified needs of the Consortium, the local ranking of the applications, the overall quality of the package as submitted, and the timeliness of the submission.

No written complaints concerning the process have been received to date; however, modifications to the selection process that were implemented to make information more consistent was beneficial and it is anticipated that an additional requirement to get local approval of projects early in the process will enhance the process in the future. It has been determined that the process will be amended in the future to require applicants to submit a full application prior to the selection committee meeting will enhance the process and improve the selection committee's ability to make decisions on more concrete information.

8. Supplemental Resources.

- A. **Project Leveraging.** See the *Continuum of Care: Project Leveraging* chart below
- B. **Enrollment and Participation in Mainstream Programs**

Describe your Continuum of Care-wide strategy currently in place to **systematically**:

- (1) IDENTIFY ELIGIBILITY of homeless persons for mainstream programs.

Caseworkers who work with homeless individuals and families make a concerted effort to keep up with the changes in eligibility for the scope of services that are available to homeless persons and families. They request to be mailed information related to changes, but find that they typically are aware that changes are coming by word of mouth before formal notices are received. When a homeless individual or family enters the system, an assessment is made to determine what their needs are. Due to their homeless status, most are eligible for numerous programs and it is fairly routine to get them linked to the services. The difficulty often lies in the caseworker's ability to gather all the necessary information in the first visit, because the homeless individual may be leery of sharing personal information with a stranger. That is the reason that it is important for a variety of people to be able to serve as the point of contact and share information with others. It is feared that the new HIPPA rules will further hinder the ability of caseworkers to link people to the services they need.

The first exercise is to determine whether they have ever accessed the various programs that may be applicable in their situation. If they have accessed the programs, but have allowed their enrollment to lapse, the caseworker will help them to re-enroll into the program. If they are new to the system or may have some program assistance, but may be eligible for additional assistance, the caseworker follows the procedures to help the individual enroll as stated below.

- (2) HELP ENROLL them in the following programs for which they are eligible: SSI, TANF, Medicaid, Food Stamps, SCHIP, Workforce Investment Act, Veteran's Health Care.

If it is determined that a homeless person is eligible for a program, but is not currently enrolled, the caseworker will assist in either enrolling or re-enrolling them into the program. Some programs allow for the person to be enrolled over the phone or via fax. If that is the case, the caseworker will either coach the individual through the call or help them fill out the necessary form and fax it in. If they need to apply in person, they will either give them the bus passes they need to get there or take them there personally if needed. They try to keep copies of all the forms on site so that they can assist in completing them when possible. Filling out the forms can be a real barrier to the individual's access to programs. Particularly if the form is long and detailed. The homeless person is often hesitant to share personal information to someone they hardly know, so it is important to build a relationship, possibly over a number of visits, to build the level of trust needed to garner all the needed information for some programs.

Although applying for **Social Security** can be handled over the phone or through the internet, it is a lengthy process and can be difficult to get approval. Individuals can apply for both **Social Security Income** and **Medicaid** or **SSDI** and **Medicare** at the same time using the same application. A formula determines which, if any of these programs the individual is eligible for. Since it can be handled over the phone or via fax or the internet, caseworkers generally will assist the individual in completing the application and will submit it for the individual working with the agency and the individual where necessary to answer follow up questions/concerns.

Families with children are usually eligible for **TANF**. Clients who approach the One Stop Career Centers for unemployment insurance or for **Work Force Investment Act** programs are also identified for eligibility for TANF since the offices for these programs are located together. Regardless of the point of entry, the caseworker calls to set up an appointment with the Social Services Caseworker and then either sends the individual to the appointment or takes them to the appointment depending on the individual's degree of comfort and the caseworker's confidence that the individual will go to the appointment if unaccompanied. Families with children are also automatically considered for the **State Children's Health Insurance Program (SCHIP)** and **Food Stamps** and **Medicaid**. The caseworker will assist the homeless individual in completing the necessary paperwork and will fax or deliver the paperwork to the office that handles Medicaid and SCHIP. Since the process to apply for food stamps, economic assistance, Workforce Investment Act assistance has been simplified by combining all of these services together in one facility in 42 communities, caseworkers are better able to ensure that an individual will make the connection to get enrolled into these programs; whereas in the past, if the homeless person was given a referral to another building or another part of town, the chances of them making the next appointment was slight.

Homeless people who access one of the 19 the One Stop Career Services in the state will be evaluated for need for more intensive services than the traditional **Work Force Investment Act** Programs. Caseworkers will encourage one on one counseling and a higher degree of help in preparing for and seeking employment where appropriate. The caseworker strives to find the individual a position that fits the person's interests and skills and one where the person has a higher potential of retaining the position for the long term and where their earning potential increases over a reasonable period of time. Case managers work with the individual to ensure that they don't have issues that prevent them from remaining on the job and provide support to them for a period of time after the job starts to head off issues when they come up after employment. Again, caseworkers will assist people in applying for other appropriate resources and will accompany them to the proper office to access the resources if needed. In addition, if it is appropriate, the case worker will connect the individual with the Voc Rehab staff to make sure that the services that office can offer are utilized.

Caseworkers will assist an individual in getting hooked into the **Veteran's Health Care** system if the individual is determined to be a veteran. If there is a question about eligibility, the caseworker will call to confirm eligibility for the individual before making the referral. Since the Veteran's Administration has a variety of programs beyond their health care program, caseworkers will work with and encourage the veteran to contact the Veteran's Administration so that they may be linked to other programs for which they may be eligible.

Other mainstream programs that caseworkers will work with homeless individuals to access are drug and alcohol treatment centers, hospitals, behavior health programs or private practice mental health referrals for those who aren't insured. Because eligibility for the various programs vary and homeless peoples' comfort level with different people can also vary, caseworkers are challenged to

find alternative programs and places that are suitable for the individual homeless person to link up with the services they need.

- (3) ENSURE THEY RECEIVE ASSISTANCE under each of the programs for which they are enrolled. Just as it can be difficult to link homeless people with the appropriate services to assist them, it can be difficult to ensure that they maintain the connection. Because the individuals/families are homeless, it is difficult to ensure that they continue to receive the resources to which they are connected. Caseworkers and outreach workers schedule follow up appointments with the homeless, knowing that it is likely that the appointment will not be kept. If it is not, they seek out the homeless individual/family at the homeless shelters or the drop in centers throughout the community. Rather than running through the litany of programs, it is generally more acceptable to ask if they have everything they need. Again, the relationship must be developed before the homeless person will be willing to share information. Many will be unable to develop that relationship with very many people. That is why it is imperative that the outreach workers consistently reach out to these individuals and work to keep them on the programs that can help them. Caseworkers often have to reconnect the individual/family with the services they need repeatedly.

Participation in Mainstream Programs and Employment. .

IMPORTANT: If you are not submitting any renewals in this year’s competition, provide the chart using the most recent APR for all currently operating SHP and SPC projects in your continuum.

Participation in Mainstream Programs and Employment Chart

What is the total number of projects represented in this chart? 2

1 Income Source	2 Adults Who Exited (All Renewals)	3 Source of Income at Entry	4 % w/ Income at Entry (Col 3÷Col 2)	5 Source of Income at Exit	6 % w/ Income at Exit (Col 5÷Col 2)	7 Entry/Exit Difference (Col 6 – Col 4)
a. SSI						
e. TANF						
a. SSI	44	11	25%	11	25%	0
e. TANF	44	1	2.3%	2	4.5%	2.2
h. Employment Income	44	12	27.3%	13	29.5%	2.2
k. Medicaid	44	9	20.5%	0	0	(20.5)
l. Food Stamps	44	10	22.7%	0	0	(22.7)
n. No Financial Resources	44	14	31.8%	0	0	(31.8)

D. Use of Other Mainstream Resources

Mainstream Resources	Use of Resource in CoC System (e.g., rehab of rental units, job training, etc.), for homeless persons	Specific Project Name	<u>\$ Amount or number of units/beds provided within last 2 years specifically for the homeless</u>	
CDBG	The City of Sioux Falls and Rapid City Community Development departments utilize CDBG funds for homebuyer assistance, housing rehabilitation, and land acquisition or site improvements for affordable housing. They are also utilized for public facilities and public services. Some of these projects provide direct assist to the homeless.	Rapid City: Salvation Army Black Hills Legal Services Working Against Violence Black Hills Region Homeless Coalition Cornerstone Rescue Mission Sioux Falls: Heartland House staffing Headstart (HH clients) Rape and Domestic Abuse Center Sioux Empire Homeless Coalition St. Francis House Glory House Children’s Inn (bldg expansion) ICAP (HH II acq./rehab)	2001 2002 \$50,000 \$30,000 \$30,000 0 \$12,000 \$107,000 \$15,000 \$15,000 0 \$100,000 \$10,000 \$5,000 0 \$5,000 \$10,000 0 \$10,000 \$5,000 \$5,000 0 \$41,400 0 0 \$200,000 0 \$105,000	
HOME	The City of Sioux Falls Community Development utilizes HOME funds for housing related activities. These include homebuyer down payment assistance, affordable housing development and rehabilitation and programs that directly impact the homeless. SDHDA administers HOME funds to jurisdictions that do not receive funding elsewhere. The funds are primarily used for gap financing for the preservation and development of affordable housing. Four projects have been funded through SDHDA in the past two years that will serve the disabled populations in Huron, Yankton, and Miller. Although three of these projects are not specifically targeted to homeless persons, they are available for homeless persons to access and are expected to serve a number of homeless persons*.	Sioux Falls: Lakota House TBRA Security Deposit/Rental Assistance ICAP (HH II acq./rehab) Yankton: Lewis and Clark Huron: The Manor (25%) Butler Home (25%) Miller: Blachford Home	2001 2002 \$170,836 0 \$125,736 \$140,000 \$69,648 \$35,000 0 \$245,000 \$716,035 0 \$180,840 0 0 \$80,750 0 \$80,750	
Housing Choice Vouchers (only if “priority” is given to	Most of the Pubic Housing Authorities give preferences to people who are homeless, but do not set-aside specific funds for that purpose.			

homeless)			
Public Housing (only if units are dedicated to homeless)	Again, much of the public housing in the state is available to people who are homeless and, in fact, homeless people will get priority for such units, but the units are not dedicated to the homeless.		A total of approximately \$21 million is provided to the state for public housing annually. It is estimated that approximately 10% of this amount goes to serve the homeless (\$2.1 million).
Mental Health Block Grant	The South Dakota Division of Mental Health is charged with establishing a system of public mental health services, and receives a portion of it's funding from the Center for Mental Health Services (CMHS) Block Grant. Current system efforts are focused on the appropriateness and array of services. The comprehensive service model of Assertive Community Treatment (ACT) is intended to simplify access to services and eliminate the fragmentation of service delivery. Individuals with severe and persistent mental illness are served through Continuous Assistance, Rehabilitation, and Education (CARE) and ACT programs. CARE services are based on the ACT model. Comprehensive children's mental health services are delivered using a home-based, family-focused service approach, know as the Children's Severe Emotional Disturbance (SED) Program. The Division of Mental Health provides funding to 11 community mental health centers across the state, which provides the above services to all counties in the state. Along with the CMHS Block Grant, the Division of Mental Health receives funding through CMHS for PATH services. 10 of the 11 community mental health centers provide a wide array of housing and mental health services to individual diagnosed with severe and persistent mental illness and/or dually diagnosed individuals with severe and persistent mental illness and substance abuse disorders who are homeless or at risk of becoming homeless and children diagnosed with serious emotional disturbances and their families who are homeless or at risk of becoming homeless. Homeless people can access those related	Projects for the Assistance and Transition from Homelessness	\$288,000 annually for direct services.

	services through a local community mental health center.		
Substance Abuse Block Grant	The South Dakota Division of Alcohol and Drug Abuse (DADA) utilizes the Substance Abuse Prevention and Treatment (SAPT) monies throughout South Dakota to provide a treatment system which includes alcohol and drug assessment services, individual and group counseling services, detoxification services, inpatient treatment services, partial hospitalization services, low-intensity residential treatment services, and a program for dually diagnosed individuals with severe mental illness and substance abuse disorders. Many of the individuals served by these programs are either homeless or have been homeless at some point in time. The Community Mobilization Project (CMP) blends resources of federal, state, and local government together with those of community leadership, volunteers, private and public service providers, families, schools, and all citizens to focus on reducing the incidence of drug and alcohol abuse in the state. The CMP projects, along with the DADA are aware of homeless services available throughout the state. Homeless people can access these services through the Division of Alcohol and Drug Abuse.	Substance Abuse Treatment Program	In FY2002 \$963,554 of the \$7,137,444 total was expended for people who identified themselves as homeless. In FY2003 a total of \$6,893,554 was expended; of this an estimated \$689,554 were spent on the homeless.
Social Services Block Grant	The Social Services Block Grant Program in South Dakota is used for Child Protective Services and programs such as respite care for the elderly.		N/A
Welfare-to-Work	South Dakota does not receive a Welfare-to-Work grant.		N/A
State-Funded Programs	The State of South Dakota funds the Domestic and Sexual Abuse program which provides funding to approximately 30 domestic violence shelters across the state.	Domestic and Sexual Abuse Program	\$250,000 annually
City/County Funded Programs	Some counties in South Dakota provide funding for rent, utilities, food, gasoline, and transportation to indigent families. Minnehaha County provides transitional housing, assistance for permanent housing, emergency shelter, and supportive services to the homeless within the county. A number of local police departments	The County Welfare Homeless Programs	In, 2001, \$652,233 was spent statewide with \$492,646 of that coming from Minnehaha county. In 2002, \$679,670 was spent statewide with \$629,548

Continuum of Care: Project Priorities

(This entire chart will count as only one page towards the 25-page limitation)

Applicant	Project Sponsor and Project Name	Numeric Priority	*Requested Project Amount	Term of Project	Program (Check only one)				
					SHP new	SHP renew	S+C new	S+C renew	SRO new
Pennington County Housing	Pennington County Housing and Redevelopment Commission Shelter Plus Care	1	\$717,360	5 (yrs)			X		
Development for the Disabled	Lewis and Clark Behavioral Health Services Lewis and Clark Housing Project	2	\$380,934	3 (yrs)		X			
South Dakota Homeless Consortium	South Dakota Housing Development Authority SDHC HMIS	3	\$100,000	3 (yrs)	X				
American Indian Services, Inc.	American Indian Services Dakota House Program and Shelters	4	\$114,068	3 (yrs)		X			
Children's Inn	Children's Inn Transitional Housing Program Children's Home Society	5	\$278,361	3 (yrs)	X				
Goodwill Industries	Goodwill Industries Vocational Success Program for Homeless Ex-Offenders	6	\$309,660	2 (yrs)	X				
The Carroll Institute	The Carroll Institute	7	\$938,767	3 (yrs)	X				
The Sioux Falls Housing and Redevelopment Commission	Sioux Falls Housing and Redevelopment Commission Shelter Plus Care Renewal	8	\$117,648	1 (yr)				X	
Total Requested			\$2,956,798.00						
Amount:									

Continuum of Care: Project Leveraging

(Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. *This entire chart will count as only one page towards the 25-page limitation*)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
3	Example: Sarah's House	Child Care	Spotsville Co. Department of Social Services	\$10,000
1	Pennington County Shelter Plus Care	Supportive Services	Behavioral Management Systems	\$717,360
2	Lewis and Clark Housing Project	Operating Costs	Lewis and Clark Behavior Health Care, Inc.	\$1,221,156
3	South Dakota Homeless Consortium HMIS	Operating Expenses	South Dakota Housing Development Authority	\$25,000
4	Dakota House Program and Shelter	Staff Funding	Sioux Empire United Way	\$28,517
5	Children's Inn Transitional Housing Program	Cash	Children's Home Society	\$152,453
5	Children's Inn Transitional Housing Program	Donated Land	Children's Home Society	\$15,860
5	Children's Inn Transitional Housing Program	Cash	Sioux Empire United Way	\$277,890
5	Children's Inn Transitional Housing Program	Supportive Services	SD Department of Social Services	\$50,000
6	Vocational Success Program	Cash	Goodwill Industries	\$73,735
7	The New Life Village	Cash	The Carroll Institute	\$425,000
7	The New Life Village	Supportive Services	The Carroll Institute	\$611,200
8	SFHRC Shelter Plus Care	Supportive Services	South Eastern Behavioral Health Care	\$117,648
TOTAL				\$3,715,819

**Please enter the value of the contribution for which you have a written commitment at time of application submission.*