

2005 Application Summary

Continuum of Care (CoC) Name: Housing for the Homeless Consortium
 CoC Contact Person and Organization: Vona Johnson, Director, Planning and Housing Development
South Dakota Housing Development Authority
 Address: PO 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

Continuum of Care Narrative

1. Your Community's *planning process* for developing a Continuum of Care strategy.

a. Identify the Lead Entity – For the fourth year, the lead entity for the South Dakota Continuum of Care is the Housing for the Homeless Consortium (referred to throughout as HHC or Consortium). The South Dakota Housing Development Authority (SDHDA) provides staff and administrative support to the Consortium.

b. Describe your Planning Process - The HHC is a collaborative effort covering all areas of the state of South Dakota. In order to avoid overlapping and duplication of services, the HHC has effected coordination and integration among service providers, housing providers, and mainstream resources through individual participation and representatives from seven entities that represent either specific geographic areas or specific target populations. The entities represent the two local homeless coalitions, two Community Action Agencies, two statewide organizations that represent domestic abuse shelters, and the statewide organization for local public housing authorities. Each of these entities coordinates programs that benefit the homeless through their individual organizational structures. The agencies are:

The Sioux Empire Homeless Coalition (SEHC) is a coalition of individuals and organizations committed to advocacy for housing and the supportive services necessary to end homelessness in Sioux Falls and the surrounding areas. The Coalition has 54 member agencies with over 200 individuals participating from shelter providers, local mainstream resource providers, the local Community Action Agency, housing providers and service providers, and is governed by a 14 member board. In addition to the monthly board meetings, the coalition hosts a monthly forum/roundtable on homelessness and issues related to poverty. Emerging needs are identified and are compiled as an annual list of priorities for the work of the Coalition and its committees. All who are interested in the issues of homelessness, hunger, and poverty are welcome to attend.

During each Forum, information regarding emerging trends, unfilled gaps, and significant challenges facing agencies, as well as successes since the previous meetings is shared. Topics discussed include the increasing number of new families accessing services, the lack of job opportunities, the increasing impact of prisoners re-entering the community, the recent influx of Somali Banta refugees, the lack of housing for persons released from prison with chemical dependency treatment needs, the increased number of homeless children in the school districts, the high number of households on the waiting list for public housing, and the fact that there are fewer day jobs available.

In 2004, Mayor Dave Munson of Sioux Falls appointed a Blue Ribbon Task Force for the purpose of developing a plan and action steps intended to address and eliminate the phenomenon of homelessness in the Sioux Falls region. This Task Force met periodically throughout the year and in April 2005, the Blueprint Plan was presented to the joint meeting of the City Council and the County Commission and was unanimously adopted by both governments in May. The highlights of the plan are to 1) create a homeless advisory board; 2) Develop a common access protocol for all stakeholders; 3) support the creation of a homeless intervention team (HI-Team) as an immediate, mobile service component; 4) Involve local and regional educational/public health facility to conduct a formal effort to study, plan, allocate resources, and alleviate the “root causes” of homelessness on a long range basis; 5) develop a focus group to develop strategic funding of additional necessary capital and human resources to address homelessness; 6) encourage key stakeholders to host a Health and Social Services Providers Summit; 7) promote the development of a Joint City-County Health and Human Services facility; 8) Conduct periodic, ongoing local survey of the homeless populations; 9) inventory existing agencies and resources available to the homeless; 10) prepare a written “Local Guide to Homelessness” with answers to Frequently Asked Questions (FAQS); 11) participate in the statewide HMIS; 12) support the creation

and operation of the 211 database; 13) establish desired performance outcomes and best practices for local service providers; 14) initiate the protocol of individualized care plans for homeless individuals; 15) consider funding and operation for a long term care facility; 16) develop an employment component for the transitional housing population; 17) develop and expand the case management component for each homeless family and individual; 18) establish specific annual goal and objectives; 19) expand shelter & transitional housing units and raise public awareness and involvement in dealing with the increasing number of homeless in their community.

Black Hills Region Coalition is a coalition of individuals and organizations committed to coordinating programs and services to address people who are chronically homeless and families with children who are homeless. Organizations participating in the Black Hills Regional Homeless Coalition are the Teton Housing Coalition; Pennington County Housing Authority; Cornerstone Rescue Mission; Youth and Family Services; Weed & Seed; Restorative Justice; Bread for the World; Western SD Community Action, Inc.; Homeless Health Care; Veteran's Administration; Boys Club; Volunteers of America; Western Resources for Disabled Independence; Rapid City Health Care; Consumer Credit Counseling of the Black Hills; the City/County Alcoholism Program; Pennington County Health and Human Services; Catholic Social Services; Behavior Management Systems; Rapid City Area Schools; Rapid City Community Development; Rapid City Regional West Hospital; and Vocational Rehabilitation. Together they have created partnerships that are expanding the supportive housing programs in the area and are developing a 10 year plan to end homelessness.

The South Dakota Network Against Family Violence & Sexual Abuse (SDNAFVASA) is a network of 23 domestic violence crisis shelters/agencies, colleges, and counseling agencies who are concerned with helping victims of domestic violence and sexual assault. The agencies represent both rural and urban areas and have shelters that serve the counties of Aurora, Beadle, Bon Homme, Brookings, Brown, Brule, Butte, Campbell, Charles Mix, Clark, Clay, Codington, Corson, Davison, Deuel, Day, Dewey, Douglas, Edmunds, Faulk, Grant, Gregory, Haakon, Hamlin, Hand, Hanson, Harding, Hughes, Hutchinson, Hyde, Jerauld, Jones, Kingsbury, Lake, Lawrence, Lincoln, Marshall, McCook, McPherson, Meade, Miner, Minnehaha, Moody, Pennington, Perkins, Potter, Sanborn, Spink, Stanley, Sully, Tripp, Turner, Union, Walworth, Yankton, and Ziebach. The Network provides nonjudgmental support, education and advocacy to the agencies, to individuals, and to the general public in preventing and eliminating domestic violence and sexual assault.

South Dakota Coalition Against Domestic Violence and Sexual Assault (SDCADVSA) is a coalition of 26 member programs focused on coalition building at the state, local, regional, tribal and national levels; providing support for community based shelter programs for battered women and their children; public education and technical assistance; policy development and innovative legislation; and efforts to eradicate societal conditions which contribute to violence against women and children. The agencies in the Coalition represent both rural and urban areas, as well, and have shelters that serve the counties of Bennett, Buffalo, Campbell, Charles Mix, Clark, Clay, Codington, Corson, Custer, Day, Deuel, Dewey, Edmonds, Fall River, Gregory, Hamlin, Hughes, Lawrence, Lyman, McPherson, Meade, Minnehaha, Pennington, Perkins, Roberts, Shannon, and Todd.

Inter-Lakes Community Action is a community action program that provides services to the east-central counties of Brookings, Clark, Codington, Deuel, Grant, Hamlin, Kingsbury, Lake, McCook, Miner, Minnehaha, and Moody. It has been serving the homeless and at-risk populations in eastern South Dakota since 1966, and provides such services as Transitional Housing; Homeless Rent and Security Deposit Assistance; Disaster Assistance; Case Management; Information and Referral; Thrift Stores in communities that do not otherwise have a clothing store; emergency, rent, utility, and food assistance; senior services; mutual self help housing; homebuyer education; Early Head Start and Head Start Child Development Services; Public Transportation; Weatherization Assistance; and Housing Rehabilitation

Resources. They have been an integral part of the development and ongoing operation of the statewide consortium and help to balance the urban homeless issues with the rural homeless issues.

Western SD Community Action is a private non-profit anti-poverty corporation that was incorporated in 1965. The twenty-seven board members meet monthly and consists of 1/3 County Commissioner representation, 1/3 civic group representation, and 1/3 elected low income representatives. The Agency serves the counties of Bennett, Butte, Corson, Custer, Dewey, Fall River, Haakon, Harding, Jackson, Lawrence, Meade, Pennington, Perkins, and Ziebach.

The board of directors and staff develop projects based on the local needs of the low income people in the counties served. Additionally, the Agency has a network of fourteen (14) low income groups called Community Action Teams which design and implement projects in their local areas. These groups also provide input into the planning of the annual work plan. Services either provided by the Agency or referred to by the Agency include a clothing center, commodity distribution, food pantries, gardens, thrift store, personal care items, elderly services, weatherization, housing rehabilitation, furnace replacement, lead hazard identification, permanent housing, support groups, youth services, self sufficiency program, employment assistance, emergency shelter, medical equipment lending, and information and referral to such programs as CHIP, TANF, and other community resources.

Local Public Housing Authorities are located in 37 communities throughout the state. They provide affordable housing options to the communities and counties in which they are located. Several PHAs are actively involved in the HHC and others have been encouraged to participate during statewide meetings. All, whether they are involved in the planning processes of the statewide consortium or not, are an integral part of providing housing to homeless in South Dakota and are often the first point of contact for people who become homeless due to financial difficulties.

Each of these agencies or organizations discuss gaps related to housing, supportive services, and safety among themselves and prioritize those needs. At the statewide meetings, these issues are brought forth by representatives, discussed, and decisions are made in a democratic process where all members are able to provide input and decisions are made by consensus. Coordination of mainstream resources is discussed formally at the state HHC (Housing for the Homeless Consortium) level by bringing nonprofit providers and state agencies together to address the problems identified by other participants. This forum is also useful as a means to share common strategies that can be transferred to similar situations in other areas of the state. Although much coordination takes place in communities with local coalitions, it is the HHC's goal again this year to expand this formal sharing of ideas to other local communities. The hosting of state HHC meetings in communities with limited membership continues to be a top priority in 2005 to bring in greater participation and provide a format for local providers to come together and share programs, ideas, and a ultimately build a stronger network in the community.

The HHC is a well developed network that meets to exchange ideas, best practices and approaches to end homelessness. The HHC has the ability to respond to the need for more affordable housing stock. It is open to any individual or organization committed to addressing the issues surrounding homelessness. The current participants include persons who are homeless or formerly homeless; shelter providers; mainstream service providers such as community health centers, substance abuse services and mental health agencies; state and municipal public policy makers; businesses; banks; local community action agencies; HUD; regional homeless coalitions; housing developers; housing owners; housing managers; a foundation; and advocates for many sub-populations: veterans, the corrections system, Native Americans, survivors of domestic violence and HIV/AIDS and a variety of other non-profit agencies.

Although all members are encouraged to be actively involved in the planning process and planning meetings are open to all, a Policy and Advisory Committee, or PAC, of up to 18 members, facilitates the decision making process, advises the Consortium on direction and goals, and is involved in prioritizing

and reviewing the Continuum of Care proposals. In addition, there is a Data and Information Committee responsible for the Point-in-Time Homeless Count and for decisions regarding the HMIS; a Resource Committee that researches information needed by the Consortium and seeks additional resources sought by members; and an Outreach and Awareness Committee that solicits new members and works to raise awareness to end homelessness in South Dakota.

SDHDA provides staff support to the HHC and serves as a liaison between the Consortium, the PAC, the Interagency Council on the Homelessness (ICH), the Governor, the lending community, real estate professionals, managers and owners of existing housing, policy makers, and the general public. As the state's leading housing agency, SDHDA is responsible for coordinating, planning, and facilitating quarterly meetings of the Consortium to ensure consistency and cohesiveness of the process and to ensure that it is consistent with the State Consolidated Plan, for which SDHDA also is responsible. With an over 30 year commitment to decent, safe and affordable housing, SDHDA's leadership is key in bringing state agencies and other partners to the table to strengthen the organization's base and to ensure that necessary services will be provided to move homeless individuals and families to self-sufficiency.

At scheduled quarterly face-to-face meetings, members meet to discuss issues of homelessness, prevention, outreach, goal making, information management, accessing mainstream resources, and the application for Continuum of Care funding as well as other needed funding to reach the Consortium's goals.

The HHC continually encourages new members, guest speakers, and concerned citizens to participate in this planning process. On-going recruitment efforts ensure that the HHC is accurately representative of the different sub-populations throughout the state. The HHC on-going projects include:

- Gather sub-committee and survey information regarding the needs as well as the numbers, of homeless persons/families;
- Identify statewide gaps in housing and services for homeless persons/families;
- Prioritize gaps to be filled in the statewide continuum of care system;
- Identify and develop strategies to meet prioritized gaps in housing and services;
- Prioritize statewide applications for HUD SuperNOFA funding;
- Develop, review, and approve the Exhibit 1 for HUD SuperNOFA applications and provide technical support for all Exhibit 2, 3, and 4 proposals;
- Share information for development and implementation of a statewide HMIS;
- Identify mainstream and other funding resources to serve the homeless; and
- Advocate systems change to integrate services for homeless individuals and families.

c. List Dates and main topics of COC planning meetings held since June 2004

Entity	Date	Topic
Statewide Housing for the Homeless Consortium	6/2/04 10/8/04 11/30/04-12/1/04 2/22/05 – 2/23/05 5/10/05 – 5/11/05	Project selection meeting for statewide COC application Overview of 2004 COC application submitted Planning Process meeting for 2005, discussed current goals and developed objectives Discussed results from the 2005 homeless count; 2004 COC overview and discussed timeline for 2005 COC application Project selection meeting for statewide COC application; overview of statewide process; presentation regarding Housing First Conference in LA and discussion regarding current homeless children attending SD Public Schools.
Policy & Advisory Committee.	6/2/04 6/30/04 5/11/05 5/17/05	Project selection meeting 2004 CoC application peer review committee meeting Project selection meeting 2005 CoC application peer review committee meeting A number of issues are dealt with informally by gathering consensus from the PAC at general meetings or via either email or telephone.
Interagency Council on Homelessness	9/9/04 12/20/04	Presentation of the proposed HMIS and presentation by the Social Security Administration on opportunities to work with SSA. Discussed nationwide homeless count survey scheduled to be held January 25, 2005. Governor's Interagency Council on Homelessness provided the Governor of South Dakota

Entity	Date	Topic
	4/8/05 5/19/05	with report of activities by Council members through the year 2004. Secretary of Human Services and Director of South Dakota Housing Development Authority attended a Conference in Las Vegas, Nevada on Ending Chronic Homelessness. The Department of Human Services has coordinated with SSA to offer training for case managers and others that assist people with SSA applications.
Sioux Empire Homeless Coalition	7/15/04 8/19/04 9/16/04 10/21/04 11/18/04 12/16/04 1/20/05 2/17/05 3/17/05 4/21/05 5/19/05 6/16/05	These meetings are a forum where there is no specific agenda. Anyone concerned with the issues of homelessness and poverty may come to speak during this meeting. The Forum is open to anyone, meets for 1 hour and 15 minutes once a month. The meetings begin with introductions of new agencies, new staff, or anyone who requests time to speak. Any pertinent announcements are made about advocacy events, workshops/conferences, fundraising events, grant opportunities, meeting announcements about the Housing for the Homeless Consortium's face-to-face meetings or on the DDN teleconference network. Reports each month come from: legislative alerts from national/state/local levels of government and advocacy groups about housing for the homeless issues.
Black Hills Regional Homeless Coalition	6/1/04 7/8/04 8/19/04 9/9/04 10/13/04 11/18/04 12/9/04 1/13/05 2/10/05 3/10/05 4/14/05 5/19/05	Coalition worked on possible 2-4 year plans to end homelessness. Formed committee to work on these plans. Committee formed to work on a community resource directory to be shared with fellow agencies. Information shared on HUD's assessment of how counties receive pro rata shares of homeless funds. A new committee was formed to look at development of criteria for needs assessment. Coalition members completed the CHALLENGE Report for the VA. Salvation Army is starting a transitional housing program. Discussed Homeless Week and the activities that are being planned. Update on Cornerstone Rescue Mission's new Women and Children's Home and committee meeting updates. Updates on committee meetings Discussed upcoming homeless count on January 25 th and asked for volunteers. Cornerstone Rescue Mission update on the Women and Children's Home – grand opening scheduled for June 2005. Worked on a homeless survey to be handed out to agencies to find out needs, gaps etc to help establish a 10-year plan to manage chronic homelessness. Discussed the upcoming COC grant and pending applications. Final draft for Agency Homeless Survey reviewed. Discussed the Housing fair for affordable housing will be held on June 11 th . CSRW Women's and Children's Home will have their grand opening also on that day.
Rapid City Housing Task Force	2/23/05 3/29/05 5/26/05	Discussed types of projects and # of units needed. Reviewed funding sources, set priorities and time lines Finalized five year plan and discussed how to fund the projects.
Sioux Falls Housing and Redevelopment Commission (SFHRC)	6/14/04 8/31/04 11/23/04 2/28/05 4/18/05 5/23/05	SFHRC is the largest public housing authority in South Dakota. It primarily administers housing assistance programs for the City of Sioux Falls and Minnehaha County. It also administers the statewide HOPWA program. At the monthly meetings of the Housing Commission there have been discussions about homelessness and related issues including funding shortfalls and the impact on the availability of affordable permanent housing, housing assistance programs administered by SFHRC for homeless persons and families, statewide Continuum of Care funding, funding for Shelter Plus Care and HOPWA, and Sioux Falls Blueprint Plan to End Homelessness.
South Dakota Network Against Family Violence and Sexual Assault	6/29/04 – 6/30/04 9/27/04 – 9/28/04 11/17/04 2/23/05 – 2/24/05	Board Meeting and Legal Assistance for Victims Training in Winner. Member agencies gave updates about their activities. Sexual Assault Information was discussed. Updates were given on Safe Haven Grant, STOP grant, and Rural Grant. Discussed upcoming Faith-based conference to be held in Sioux Falls in September. Also discussed immigrant battered women and how to expand services to serve them better. Civil legal assistance training to advocates presented by East River Legal Services and Dakota Plains Legal Services. Topics included protection orders, divorce/custody issues, and tribal jurisdiction issues. Community Meeting in Sioux Falls with a panel of domestic violence service providers and facilitated by Rev. Al Miles, an author of several faith-based books regarding domestic violence and a member of the National Advisory Board on Domestic Violence. Discussed Faith-based responses to domestic violence and how service providers and faith-based groups can work together. All day conference with Rev. Al Miles attended by clergy, parish nurses, other spiritual leaders, and advocates to discuss faith-based responses to domestic violence and how all can work together to best serve victims who may be struggling with faith-based issues regarding their relationship. Membership meeting to discuss the different projects the Network is working on and potential legislation for upcoming session. Semi-annual Advisory Board Meeting. This board is made up of people from across the state and from different backgrounds including race, religion, social, economic, ages, and lifestyles. The board discussed Network projects and how to best meet the needs of all victims of domestic violence and sexual assault. Membership meeting and sexual assault resources training in Chamberlain. Discussed Network projects and current legislative session. Rural Outreach advocates met to discuss what services they are providing to victims in rural areas and how to better reach victims in extremely isolated and rural areas. Agencies met to discuss philosophy and mission and how to ensure that needs of all victims are being met and how to best do that. Sexual Assault Resources training by the Network's Sexual Assault Resources Coordinators.

Entity	Date	Topic
	4/15/05	Presented resources that agencies can check out of the resource library and use when giving presentations to schools, community groups, etc about sexual assault prevention. Jackson Katz, a nationally known speaker on gender violence prevention and a leading anti-sexist male activist, presented in Sioux Falls on "More Than a Few Good Men: American Manhood & Violence Against Women." He is the co-founder of Mentors in Violence Prevention. The conference was open to anyone who wished to attend.
Tri-State HELP (HOPWA program for South Dakota, North Dakota and Montana)	8/12/04 8/31/04 9/8/04 11/10/04 12/8/04 1/21/05 2/14/05 3/9/05 5/19/05 10/5/04 1/7/05 4/12/05	As the sponsor for the HOPWA funding in South Dakota, Sioux Falls Housing and Redevelopment Commission (SCHRC) met with Sioux Falls area Ryan White Title II and III caseworkers. The temporary housing resources available to homeless persons with HIV/AIDS were discussed. These meetings were phone conferences between Sioux Falls Housing & Redevelopment Commission, Tri-State HELP Coordinator, and Technical Assistance (TA) Consultant to review and update statewide housing plans for persons with HIV/AIDS (including those who are homeless) and action steps to meet those goals. Biannual meeting of Tri-State HELP sponsors, program coordinator, TA Consultant, service providers, and persons with HIV/AIDS to review HIV/AIDS housing plans for each state. Sioux Falls Housing & Redevelopment Commission Executive Director and Tri-State HELP Housing Coordinator met to discuss options for homeless persons on the HOPWA waiting list. This included funding options for permanent assistance or short-term, temporary housing assistance. Biannual meeting of Tri-State HELP Sponsors, program coordinator, TA Consultant, Service providers, and persons with HIV/AIDS to review action plans regarding housing.
South Dakota Coalition Against Domestic Violence and Sexual Abuse	6/4/04 9/2/04 1/12/05 3/15/05 3/29/05 – 3/30/05 4/7/05 – 4/8/05 6/8/05	Brenda Hill, Education Coordinator for Sacred Circle National Resource Center to End Violence Against Native Women spoke on "Renewing our Vision and commitment as Women." Kate Looby and Mike Toomey with the SD State Planned Parenthood discussed "Planned Parenthood's Adolescent's Sexual Assault Awareness Class." Caitlin Collier, Private Attorney discussed with the group the upcoming Legislative Session and public policies related to Domestic Abuse. Rite Smith, Director, National Coalition Against Domestic Violence talked to the group about "Retaining and Building Coalition Strength During Times of Transition." Phil Lane talked to the group regarding "decide to End Sexual Violence: A Community Strategy...the Beginning." Statewide training on Ending Violence Against Women in South Dakota. Local and statewide Team Building Practices
South Dakota National Association for Housing and Redevelopment Officials (NAHRO)	2/25/04	South Dakota NAHRO meets quarterly to discuss housing related issues throughout the state. On this date, Vona Johnson and Shireen Ranschau (a member of NAHRO and the HHC) met with this statewide organization of Public Housing Authorities (PHAs) to discuss issues pertinent to homelessness and policies and procedures that can be changed and steps that can be taken improve housing opportunities for people who are homeless. Attendees were informed of the HHC and encouraged to participate.

d. Describe which and how local, and/or state elected officials are involved in the process.

Mayor Dave Munson, Sioux Falls, SD was very instrumental in the success of the One Day Homeless Count held on January 25, 2005, for the eastern section of South Dakota including Minnehaha County and 27 other counties. Mayor Munson helped simplify the process of coordination with the Sioux Falls Police Department and the Minnehaha County jail through his support. Mayor Munson provided broad awareness by participating in the press conference the day of the count encouraging agencies to collaborate in the work to decrease homelessness.

Also Mayor Munson created a Task Force in 2004 to look into and create a 10-year plan to end homelessness in Sioux Falls. The Blue Ribbon Task Force comprised of 16 individuals within the community that met 12 times to finalize their plan by March 2005. In April 2005, the final Blue Print Plan to End Homelessness in Sioux Falls was adopted by the Sioux Falls City Council and the Minnehaha County Commission.

Mayor Shaw, of Rapid City, offered the full support of the City for the point-in-time HUD Homeless Count conducted on January 25, 2005. The Mayor asked the Police Department to allow count volunteers to ride along with an officer, who provided assistance in locating homeless persons living in cars, caves, and make-shift camp areas. The Mayor also allowed the City's Community Development Specialist to help with the coordination and planning for the count, conduct homeless questionnaire surveys, and compile the results of the count.

Also, Mayor Shaw formed a Housing Task Force to develop a five-year plan to address affordable housing issues affecting the homeless and low income citizens of Rapid City. Under his direction, the Task Force has met to determine the needs of the community, the scope of the problems, the types of housing needed, the priority of each need, the funding sources available, the gaps that need to be filled, and the stakeholders who will be involved. Partnerships are being encouraged to eliminate duplication of services and to promote a community wide approach to the solutions.

State Senator Stanford M. Adelstein and State Representative Thomas Hennies have both worked closely with Cornerstone Rescue Mission to address and resolved issues experienced by the homeless in an effort to reduce the recidivism rates. All of the Pennington County Commissioners have worked extensively with the Western South Dakota Community Action Partnership to address homeless issues in Pennington County.

South Dakota's Senate Majority Leader Eric Bogue was one of three state legislators that co-chaired the National Re-Entry Policy Council, which recently published the report on Charting the Safe and Successful Return of Prisoners to the Community. Senator Bogue demonstrated through this Council, the key role that state legislators play in convening the right stakeholders and turning these recommendations into law and policy for South Dakota.

e. List of Participants

Exhibit 1: Continuum of Care Planning Process Organizations

(It should be noted that this chart shows many statewide who participate in local and statewide planning processes, but there are many other members that participate in other areas and are invaluable to our mission of ending homelessness in South Dakota).

List of Participants

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any	Level of Participation (activity and frequency) 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: Doug Weber, Secretary (ICH) Bonnie Larsen Judy Machacek Eric Shuft Laurie Feiler	Statewide		The Department of Corrections is represented 50% of the time at either the local or the COC planning meetings; 100% participation for the ICH meetings.
Department of Education and Cultural Affairs: Rick Melmer, Secretary (ICH) Deb Barnett Laura Johnson-Frame	Statewide		The Department of Education is represented 90% at either the local or the COC planning meetings
Department of Health : Doneen Hollingsworth, Secretary (ICH) June Snyder Darlene Bergeleen	Statewide	HIV/AIDS	The Department of Health is represented 40% at either the local or the COC planning meetings; 100% participation for all ICH meetings
Department of Human Services: Betty Oldenkamp, Secretary (ICH) Vicki Arndt Heather Nelson Brooke Templeton	Statewide	SMI	The Secretary of the Department of Human Services is the chairperson for the Interagency Council on Homelessness and is represented 100% and also 80% represented at either the local or the COC planning meetings
Department of Labor: Pam Roberts, Secretary (ICH) Marjorie Walters Mike Ryan Delila Culp	Statewide		The Department of Labor Services is 40% represented at either the local or the COC planning meetings; 100% participation for the ICH meetings
Department of Social Services: Deb Bowman, Secretary (ICH) Becky Husman Penny McCullough Jen Mueller Penny Neeman Jen Schnabel Rebecca Wimmer Janet Lehmkuhl Jordon Kitts (PAC) Susan Sheppick Lisa Aymer Kim Malsam-Rysdon (PAC)	Statewide	DV	The Department of Social Services is 60% represented at either the local or the COC planning meetings; 100% participation for the ICH meetings. Kim Malsam-Rysdon is a member of the Policy Academy and recently transferred from the Division of Mental Health to be the Deputy Secretary for the Department of Social Services
Governor's Office: Kevin Forsch (ICH) (PAC)	Statewide		The Governor's Office is 40% represented at COC meetings and 100% participation for ICH meetings
SD Housing Development Authority: Dar Baum (ICH) Vona Johnson (PAC) Lisa Bondy	Statewide		Lead Entity for the Housing for the Homeless Consortium; Member of the Policy Academy; Advisory Council member, HMIS Implementation Committee, 100% participation for all COC meetings and ICH meetings
The Office of Tribal Relations: Roger Campbell (PAC) Hedi Bogda-Cleveland	Statewide		The Office of Tribal Relation is 40% represented at COC planning and ICH meetings
Local government agencies:			
City and County Commissioner:			40% represented at local planning

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any	Level of Participation (activity and frequency) in Planning Process
De Knudson Robert Kolbe Carol Twedt Delores Coffing	Minnehaha County		meetings
Minnehaha County Human Services: Susan Campbell Hugh Grogan (PAC) Jamie Phelps Stacey Tieszen	Minnehaha County		Minnehaha County Human Services is 90% represented at both the local and the statewide COC planning meetings
Sioux Falls Police Department: Doug Barthel Patti Lyons	Minnehaha County		80% represented at the Blue Ribbon Task Force and local planning meetings.
Minnehaha County Jail: Angela Balfe Michelle Boyd	Minnehaha County		70% represented at local planning meetings, also participated in the Blue Ribbon Task Force
SWA – Indian Housing Agency Colleen Cross Dog Marie Sorace Karen Burnette Martha Blue Thunder Kristen Wooden Knife Esther Blue Horse Doris Farmer Delores Clairmont Amos Prue	Todd County		40% represented at statewide COC planning meetings. (this agency is new to the HHC and plans to be actively involved in the process).
Rapid City Community Development: Trish Anderson Barb Garcia	Pennington County		60% represented at local and COC planning meetings. Member of the peer review committee
Rapid City Police Department: Doug Thrash	Pennington County		80% represented at the local planning meetings
SF Community Development: Randy Bartunek Al Roettger Dwight McElhaney	Minnehaha County		60% represented at local and COC planning meetings. Member of the Policy and Advisory Committee
Weed & Seed: Patricia Pummel Barry Tice	Pennington County		80% represented at local planning meetings
Public Housing Authorities (PHAs):			
Pennington County Housing: Doug Wells	Pennington County		40% represented at local and COC planning meetings
Sioux Fall Housing: Shireen Ranschau (PAC) Lori Danielson Helen Graves Lavonne Van Hove Diane Hovdestad	Minnehaha County	HIV/AIDS	100% represented at all COC planning meetings. Member of the Policy and Advisory committee as well as the Peer Review committee. Administers HOPWA funds and is a member of the Policy Academy
Nonprofit organizations: (includes Faith-Based organizations):			
American Indian Services: Marilyn Lonehill-Meiers Lee Six Toes Karen Maag Ramona Burroughs	Minnehaha County		70% represented at local and COC planning meetings
Augustana/USF Joint Social Work Program: Dr. Harriet Scott	Minnehaha County		80% represented at local planning meetings
Sacred Heart Center: Frank McDaniel	Dewey County		90% represented at COC planning meetings
Behavioral Management System: Randy Allen (PAC) Jada Johns Kari Simonson	Pennington County	SMI	90% represented at local and CoC planning meetings. Member of the Policy and Advisory Committee; HMIS Implementation committee and the Policy Academy

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any	Level of Participation (activity and frequency) in Planning Process
Black Hills Special Services Coop: Bill Podhradsky Kathy Knudson	Statewide		90% represented at COC and local planning meetings
Bridges Against Domestic Violence: Mary Kelly	Walworth County	DV	40% represented at CoC planning meetings; Member of the HMIS Implementation Committee
Cedar Village Tom Stange	Yankton County		40% represented at all COC planning meetings
Children's Inn: Erin Baker-Daggett Judy Hines Betty Lundgren Stef Sage Sara Spisak Donna Trout Stacy Kouperska	Minnehaha County	DV, Y	60% represented at local and statewide COC planning meetings
Cornerstone Rescue Mission: Jim Castleberry (PAC) Dan Island Katie White Calf	Pennington County		90% represented at all local and COC planning meetings; Member of the Policy and Advisory Council and HMIS Implementation Committee
Development for the Disabled Inc.: Mike Chambers	Pennington County		40% represented at CoC planning meetings
Evangelical Lutheran Good Samaritan Society: Greg Wilcox Karen Fogas John Lang	Minnehaha County		40% represented at local planning meetings
Furniture Mission: Marcia Van Ginkel	Minnehaha County		60% represented at local planning meetings
Glory House: Diane Huwe Hal Perry Dave Johnson	Minnehaha County	SA	50% represented at local planning meetings
Good Sheperd Center: Cindy Hayes Rose Hobart Helen Korcal Maria Rae	Minnehaha County		50% represented at local planning meetings
Goodwill Industries: Tammy Ree Betty Durfee Dawn Gardner Deb Tanskley	Minnehaha County		90% represented at all local and COC planning meetings; Member of the HMIS Implementation Committee Member;
Heartland House: Susan Brucklacher Julie Thoms	Minnehaha County	DV, Y	40% represented at local planning meetings
HELP! line Center: Paula Albers Kristy Buxengard Janet Kittams-Lalley Amber Munson Amy Nelson Carol Muller	Minnehaha County		40% represented at COC planning meetings and 70% represented at local planning meetings; Member of the HMIS Implementation committee
Hispanic Ministry: Sister Consuelo Sister Sheila Sister Gabrella	Minnehaha County		50% represented at local planning meetings
Hope for the Homeless: Mike Dillon	Pennington County		70% represented at local planning meetings
Inter-Lakes Community Action Inc.: Steve Stunes (PAC) Emily Chapman Ginny Schulte Ross Smith	Eastern SD		90% represented at all local and COC planning meetings; Member of the Policy and Advisory Committee; HMIS Implementation Committee and the Peer Review Committee

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any	Level of Participation (activity and frequency) in Planning Process
Tammi Denning			
Lutheran Social Services: Roland Schwab Yvonne Lerew	Minnehaha County	DV	70% represented at local planning meetings
Missouri Shores Domestic Violence Center: Emily Paulsen (PAC)	Hughes County	DV	40% represented at COC planning meetings; Member of the Policy and Advisory Committee and the HMIS Implementation committee
Native American Heritage Association: Tim Curns	Pennington County	SA, VETS	70% represented at local planning meetings
New Life Coalition: Forrest Hubers John Lang Judee Howard	Minnehaha County		70% represented at local planning meetings
Prairie Freedom Center: Linda Greb Vicki Meirose Maggy Morrow	Minnehaha County		60% represented at local planning meetings
Regional West Center for Behavioral Health: Mike Richards	Western SD	SMI	40% represented at local planning meetings
Salvation Army: Major Bender Major Duskin Doug Foster Robin Zimmer Branon Semmler	Minnehaha County	SA, VETS	80% represented at local and COC planning meetings; Member of the HMIS Implementation Committee
SDCADVSA Staff: Mary Kelly Mary Metcalf	Bennett, Buffalo, Campbell, Charles Mix, Clark, Clay, Codington, Corson, Custer, Day, Deuel, Dewey, Edmonds, Fall River, Gregory, Hamlin, Harding, Jackson, Lawrence, Lincoln, Lyman, McPherson, Meade, Minnehaha, Pennington, Roberts, Shannon, Todd, Tripp, Union, Walworth, Ziebach	DV	40% represented at all COC planning meetings; Member of the HMIS Implementation Committee
SDNAFVASA: Daniele Dosch Krista Heeren-Graber Kathy Rutten	Aurora, Beadle, Bon Homme, Brookings, Brown, Brule, Butte, Campbell, Charles Mix, Clark, Clay, Codington, Corson, Davison, Deuel, Day, Dewey, Douglas, Edmunds, Faulk, Grant, Gregory, Haakon, Hamlin, Hand, Hanson, Harding, Hughes, Hutchinson, Hyde, Jerauld, Jones, Kingsbury, Lake, Lawrence, Lincoln, Marshall, McCook, McPherson, Meade, Miner, Minnehaha,	DV	80% represented at all COC planning meetings; Member of the HMIS Implementation Committee Member

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any	Level of Participation (activity and frequency) in Planning Process
	Moody, Pennington, Perkins, Potter, Sanborn, Spink, Stanley, Sully, Tripp, Turner, Union, Walworth, Yankton, and Ziebach		
Sioux Empire Homeless Coalition: Tam Baker Melanie Bliss (PAC) Jeff Eisele Mary Tsosie	Minnehaha County		90% participation at all local and COC planning meetings; Member of the Policy and Advisory
Southeastern Behavioral Healthcare: Kari Benz (PAC) Dava Lund Jeanette Spaans Vickie Rowe	Minnehaha County	SMI, SA	90% represented at all local and COC planning meetings; Member of the Policy and Advisory Committee and the Policy Academy
St. Francis House: Carol Bradbury Dennis Lepkowski	Minnehaha County	SA, VETS	60% represented at local planning meetings
Teton Coalition: Lorraine Braveheart Leona Chubbs Lucy LeDeaux	Pennington County		40% represented at local planning meetings
The Vet's Center: Dr. Nick Christianson Jerry Muhs Terry Towns Dennis Quigley	Minnehaha County	VETS	60% represented at local planning meetings
United Downtown: Kari Clale	Pennington County		Occasionally – local planning meetings
United Way: Laura Bowman Renee Parker	Minnehaha County Pennington County		Occasionally – local planning meetings
Veteran's Organization: Lynn Johnson Dave Johnson	Minnehaha County	VETS	50% represented at local planning meetings
Veteran's Administration Medical Center: Maxine Schaeff Brian Wallin	Minnehaha County	VETS	60% represented at local planning meetings
Volunteers of America, Dakotas: Nicole Burger Julie Becker Pat Stewart	Minnehaha County	Y	40% represented at local planning meetings
Western Resources for Dis-ABLED Independence: Ann Van Loan	Pennington County		70% represented at local and statewide COC planning meetings.
Wheels to Work: Deloris Williams Carol Twedt Lee Williams Sharon Bissell Natalie Rae DiAnn Kothe	Minnehaha County		60% represented at local planning meetings
Women of Hope: Gwynn Bamsey Professor Diane Josephson Cheryl Ladner Melissa Janis	Minnehaha County	DV	40% represented at local planning meetings
Businesses / Business Associations:			
Augustana College: Brandy Koller Professor Reynold Nesiba	Minnehaha County		70% represented at local planning meetings

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any	Level of Participation (activity and frequency) in Planning Process
Kelly Quist Dr. Harriet Scott			
First PREMIER Bank: Jim Kuehn	Minnehaha County		70% represented at local planning meetings
Southeast Technical Institute: Dianna Kothe	Minnehaha County		60% represented at local planning meetings
Homeless / Formerly homeless persons:			
Gale Muller (PAC)	Brookings County		40% represented at all COC planning meetings; Member of the Policy and Advisory Committee
Vernon Meirett	Pennington County		60% represented at local planning meetings
Other: e.g.: Law Enforcement,			
Hospital/Medical,			
Funders:			
Blue Ribbon Task Force Doug Barthel Patti Lyon Randy Bartunek Michelle Boyd Bishop Robert Carlson Dan Costello Steve Crim Dale Froehloch Dick Gregerson Dick Molseed Rev. Val Putnam Dan Scott Kip Scott Tom Van Wyhe Ted Weinberg	Minnehaha County		100% represented at the blue ribbon task force meetings. This task force was created to write and implement the 10-year plan for Sioux Falls
Representative Stephanie Herseth's office: Amy Carlson	Statewide		80% represented at local planning meetings
HUD: Erik Amundson Roger Jacobs Sheryl Miller	Statewide		90% represented at all local and statewide COC planning meetings
Senator John Thune's Office: (to be appointed)	Statewide		To be appointed....
Senator Tim Johnson's Office: Chris Blair Melanie Hunhoff Elli Wicks	Statewide		70% represented at local planning meetings
Native American Representative for the Homeless: Neil Poor Bear	Minnehaha County		80% participation at local planning meetings
Rapid City Community Health: Ivy Allard (PAC) Ron Reed Stephanie Schwartz	Pennington County		80% represented at local and statewide planning meetings; Member of the Policy and Advisory and the Policy Academy
SD State Legislator: Clarence Kooistra	Minnehaha County		80% represented at local planning meetings
Sioux Falls Community Health: Judy Buseman Jill Franken Tracey Salameh Judy Jacobsen	Minnehaha County		40% represented at local planning meetings

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

PAC – Policy and Advisory Committee ICH – Interagency Council on Homelessness

Exhibit 1: Continuum of Care Goals and System

1. Your community's CoC goals, strategy, and progress

a. Chronic Homelessness Goals/Strategy

(1) Past Performance.

Individuals Chart

Number of Chronic Homeless Individuals	
	Point in time count
2004	188
2005	109

Beds Chart

Number of permanent beds for housing the chronically homeless			
	Permanent beds as of Jan	Permanent beds Net Change	End of Year TOTAL
2004	112	0	112
2005	130		

(a) **Specific Actions that your community has taken over the past year towards ending chronic homelessness**

- The Shelter Plus Care project in Rapid City was awarded funding through the 2004 COC grant. This program will provide tenant based rental assistance to homeless persons with serious mental or physical illness, the majority of who 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) and Western Resources for Dis-Abled Independence (WRDI) to allow them to stabilize their lives and live in permanent housing. This project addresses the priorities of permanent supportive housing for the chronic homeless population, 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 are chronically homeless and repeatedly cycle in and out of homelessness.
- Salvation Army in Sioux Falls recently opened an over-flow shelter to accommodate homeless chronic inebriated individuals. This is the first "wet-house" program within the state. Since it's opening, they have served 349 individuals that because of their addiction would have been turned away from local shelters for the homeless and ended up sleeping in the streets. This was key to reducing the number of "street homeless" in this year's count.
- Sioux Falls created and has started implementing their 10-year plan to end homelessness.
- Rapid City has created a Housing Task Force that is developing their 10- year plan that is expected to be complete by late summer 2005.
- Linkages between the State Penitentiary and local service providers in Sioux Falls, where the penitentiary is located, have begun. New Transitional Housing programs have been started through the Department of Corrections in Sioux Falls, Yankton, Pierre and Rapid City. These programs allow inmates to transition from the correctional facility back into the community with services and case management.
- HHC was awarded funding from the 2004 Continuum of Care grant to implement the statewide HMIS. The contracts have been signed and the first implementation phase of the pilot program is scheduled to start August 2005 and consist of 2 emergency shelters, 2 transitional housing projects and 1 shelter plus care program. By January 2006, all of the other providers who receive HUD funding and those that do not, but have agreed to participate will be phased in by January 2006. SDHDA, on behalf of the HHC, is in the process of writing up the policies/procedures, confidentiality agreements and other policy documents for this system.
- Discussions are still underway to expand the current 211 Helpline information and referral system from its current service area of Sioux Falls to the entire state. This, too, would significantly improve

coordination and access to available housing and mainstream programs for the homeless and chronic homeless.

(b) Any remaining obstacles to achieving this goal

There are several obstacles that impede addressing chronic homelessness:

- Housing costs have increased and the meager finances of persons with disabling mental illness, substance abuse and other chronic health conditions are insufficient to obtain housing. This is particularly true in the urban areas where housing is in short supply and demand for assisted housing is high.
- The range of services necessary to stabilize persons with chronic disorders and homelessness is often limited due to the lack of funding and availability for supportive services programs in rural areas.
- Providers identify obstacles associated with lengthy, time-consuming grant applications for very limited allocations of funding for rural areas.
- Decreases in HUD funding for subsidized permanent housing programs has created longer waiting lists and puts more people at risk of becoming homeless or remaining homeless. This is especially difficult in the more urban areas.

(c) Describe any changes in the total number of chronic homeless persons reported in 2004 and 2005

The chronic homeless count dropped from 188 in 2004 to 109 in 2005. We believe that this reflects the change in how the number of chronic homeless were identified rather than a true reduction in the number of chronic homeless in the state. The primary difference is that the 2005 point-in-time count was conducted as a questionnaire/survey of the homeless individuals rather than a simple count and evaluation by the homeless outreach workers in the cities of Sioux Falls and Rapid City. In 2004, the outreach workers were able to identify those individuals and families they had worked with and were able to enumerate the chronic homeless by tallying the total based on their working relationship with them.

In 2005, because a questionnaire that took additional time to complete was used, the homeless outreach workers were not able to personally come into contact with all of the homeless, and, therefore, could not use their knowledge of who could be considered chronically homeless. Rather, the volunteers conducting the survey could only rely on the responses of those answering the survey questions. Unfortunately, less than half (43%) of the homeless people counted responded to the questionnaire; and therefore, a significant number of people who likely would have been considered chronically homeless were just counted as homeless and not properly classified as chronic homeless.

- (2) **Current Chronic Homelessness Strategy.** The continuing goal of the Housing for the Homeless Coalition (HHC) is to end chronic homelessness by 2012. The primary objective is to focus services on those persons who are chronically homeless (as per HUD's definition) and who tend to be the heaviest users of emergency and short-term services, such as shelters, emergency rooms and correctional facilities. As is the case in most states, in South Dakota these persons are typically mentally ill, chemically dependent or dually diagnosed. Because of the extremely rural nature of the state, most of the chronically homeless eventually locate themselves in Sioux Falls or Rapid City, the two largest cities in the state and the service centers of the eastern and western halves of the state (respectively).

Rapid City is currently developing its local ten-year plan to end homelessness. Local government officials, service providers, local residents and homeless persons are involved in the planning process and will be presenting their plan when it is completed. The Sioux Falls Draft Plan was released in May

2005 and is now being reviewed and discussed by the various stakeholders. Some of the concepts in the Plan propose major changes to existing programmatic structures and, as such, will require a major period of consensus-building in order for change to occur.

In the 2004 Continuum of Care competition, the Pennington County (Rapid City) Housing Authority was awarded a Shelter Plus Care project, which will serve many chronically homeless persons in a scattered site program. The proposed My Home project in this proposal, which will provide permanent supportive housing for persons with disabilities, will serve a number of chronically homeless persons in Sioux Falls. These two projects, located in the two largest cities in South Dakota, will comprise a major segment of services for chronically homeless persons. The Consortium plans to follow up with another permanent supportive housing project, to be located in Rapid City next year.

The other major portion of the HHC’s strategy for addressing the needs of the chronically homeless deals with the ongoing need for outreach and education, for the homeless persons themselves and also for service providers. Much of the education that will occur will take place through the periodic meetings held by the HHC, in which service providers come together to discuss needs and strategies for services. That education will lead to improved outcomes for the persons entering into the services continuum, in that providers will be more aware of the specific needs of chronically homeless persons and the resources, both existing and new, that are and will be available for those persons. Although the process is slow, HHC is developing relationships on a couple of the Indian Reservations in hopes that a plan to address chronic homelessness there will be developed over the next year. Challenges to this goal are finding the proper person(s) to work with and overcoming cultural differences that make using standard funding sources difficult to use.

The Strategy as detailed below has been updated to include more definitive actions and less process oriented tasks.

Form HUD 40076 CoC-C

Exhibit 1: Continuum of Care Goals and System

(3) Coordination.

Currently the Sioux Empire Homeless Coalition has developed and the Black Hills Regional Homeless Coalition is in the process of developing 10 year strategies to end chronic homelessness. These strategies will be incorporated into the statewide Housing for the Homeless Consortium’s strategy, which will be amended if necessary to be consistent with the local organization’s goals. Consideration will be given to the vast geographic differences and the need to address both the urban and the rural homeless issues when the statewide continuum is modified to incorporate local strategies. The Interagency Council on Homelessness will be consulted during this process.

Chronic Homelessness Goals Chart

(4) Future-oriented goals. Following are the goals and action steps for our strategy to end chronic homelessness over the next 18 months.

Goal: End Chronic Homelessness ("What" are you trying to accomplish)	Action Steps ("How" are you to go about accomplishing it)	Responsible Person/Organization ("Who" is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
<i>Priority: Enhance policy and planning to Prevent Homelessness</i>			
Improve access to and coordination	1) Assess the impact of hospital discharge	Interagency Council on	October, 2005

with health care programs & reduce referrals/discharge to shelters from hospital facilities	<ul style="list-style-type: none"> to shelters 2) Work with the Department of Health and local area hospitals to create a discharge plan for their communities 3) Identify and research best practices regarding discharging from health care programs 4) Meet or monitor quarterly with above entities regarding progress and make adjustments as needed 	Homelessness (ICH)/Darlene Bergeleen; Housing for the Homeless Consortium (HHC)/Lisa Bondy	
Improve access to Department of Social Services (DSS) programs and reduce multiple intakes and referrals	<ul style="list-style-type: none"> 1) Develop a plan for providing DSS services at local shelters within each community 2) Distribute information to homeless individuals regarding how to apply for DSS services 3) Meet or monitor quarterly with staff from above entities regarding progress and make appropriate adjustments as needed 	ICH/Kim Malsam-Rysdon and HHC/Lisa Bondy	November 2005
Improve coordination and reduce referrals to shelters from local correctional systems.	<ul style="list-style-type: none"> 1) Implement a local plan to reduce discharge to shelters for high risk offenders 2) Improve access to mental health and addiction services and housing stability for offenders 3) create protocol for applying for services before being paroled 4) Meet or monitor quarterly with staff from above entities regarding progress and make appropriate adjustments as needed 	ICH/Laurie Feiler and HHC/Lisa Bondy	December 2005
Improve coordination with Alcohol, Drug and Mental Health programs to reduce referrals to shelters and create alternative resources	<ul style="list-style-type: none"> 1) Conduct shelter staff training on mental illness, engagement and referral protocols 2) Identify best practices to reduce discharge from treatment facilities to shelters 3) Meet or monitor quarterly with above entities regarding progress and make appropriate adjustments as needed 	ICH/Betty Oldenkamp and HHC/Lisa Bondy	December 2005
<i>Priority: Ensure an adequate supply of affordable housing, shelter, and mainstream service options.</i>			
Improve coordination and linkage between outreach workers and permanent supportive and affordable housing projects	<ul style="list-style-type: none"> 1) Improve dissemination of information regarding PSH eligibility and unit openings 2) Work with landlords in all communities with vacancies regarding the housing first approach, make list of landlords available to all outreach workers 3) Work with landlords in rural communities regarding “adopt a family” approach 	HHC/ Lisa Bondy and Public Housing Authorities	January 2006
Continue development of new permanent supportive housing for the chronically homeless in areas of need	<ul style="list-style-type: none"> 1) Develop 20 new PSH units in Rapid City 2) After results of the next point-in-time survey, determine what areas indicate a need and begin developing a program to address that need 	HHC/Vona Johnson	September 2005
Increase understanding of chronically homeless	<ul style="list-style-type: none"> 1) Complete research and disseminate to key community stakeholders regarding chronic homeless individuals in their area, cost vs. services. 	HHC/Lisa Bondy	February 2006
Improve chronic homeless individuals’ opportunities for obtaining jobs	<ul style="list-style-type: none"> 1) Educate service providers about existing life skills training opportunities 2) Develop system that focuses on job/career plans while in mental health, treatment, or homeless facilities and prisons/jails 	ICH/Mike Ryan and HHC/Lisa Bondy	December 2005 December 2005
Expedite benefits enrollment by Social Security Administration and Department of Veteran’s Affairs.	<ul style="list-style-type: none"> 1) Create provider/funder planning group to identify barriers to SSI and Veteran’s Benefits and what steps are necessary to 	HHC/Lisa Bondy and ICH/Betty Oldenkamp	March 2006

	overcome them		
Develop Supportive Service Programs and housing projects to address homelessness on the Indian Reservations.	1) Seek local tribal members who are interested in partnering to develop plans to address homelessness on tribal land 2) Create a pilot program on one of reservations for supportive services with a transitional or permanent supportive housing project	HHC/ Lisa Bondy and Office of Tribal Relations/Roger Campbell HHC/PAC/tribal reps/service providers/Roger	January 2006 March 2006
<i>Priority: Improve coordination of housing options with treatment and prevention services to ensure a seamless continuum of care.</i>			
Foster linkages through consumer outreach, provider education.	1) Sponsor a Supportive Housing/Services conference for all providers to learn about the programs available	HHC/ICH/Betty Oldenkamp Outreach Committee/Lisa Bondy	Extended to December 2006

b. Other Homeless Goals Chart

Goal: Other Homelessness	Action Steps	Responsible Person/Organization	Target Dates
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 into appropriate housing situations.	1) Establish open forums to discuss issues particular to rural areas.	HHC/Lisa Bondy	February 2006
	2) Provide educational opportunities to providers so they can see how other communities are addressing homeless issues.	HHC/Outreach/Awareness Committee/Lisa Bondy	August 2006

Form HUD 40076 CoC-C

Exhibit 1: Continuum of Care – Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being systematically discharged from publicly funded institutions or systems of care.

Please complete the following to illustrate the current level of development and implementation within your CoC geographic areas.

Development and Implementation of Discharge Planning
Indicate **Yes** or **No** in appropriate box

Publicly Funded System(s) of Care/Institution(s) in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care	Yes	Yes	Yes	Yes
Health Care	Yes	Yes	Yes	Yes
Mental Health	Yes	Yes	Yes	Yes
Correctional	Yes	Yes	No	No

Form HUD 40076 CoC-D

Exhibit 1: Continuum of Care – Unexecuted Grants Chart

Unexecuted Grants Awarded Prior to the 2004 Continuum of Care Competition

Using the prescribed format, please provide a list of all HUD McKinney-Vento Act awards announced prior to 2004 that are not yet under contract (i.e., signed grant agreement or executed ACC). **N/A**

Exhibit 1: Continuum of Care 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 Department of Veterans Affairs. This hotline provides a central point where veterans can call regarding potential crises including those that may put their housing at risk.
- **Disabled American Veterans Office** has a mobile service van that goes from town to town talking with Veterans (homeless and non-homeless) regarding any questions and helping them with veteran's benefits.

Domestic Violence

- **Domestic Violence Shelters** (23 statewide) 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.
- **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.
- **Emergency Shelter Grant Program** funds offered through a block grant from HUD to the South Dakota Housing Development Authority helps 13 Emergency Shelters with expenses in providing homeless 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 who merge clinical, medical, and rehabilitation staff expertise within one service delivery team, supervised by a clinical supervisor. 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); development of psychosocial skills; and family participation. SED services are intensive and comprehensive child-centered, family-focused, community-based, individualized system of care which delivers mental health services to children with serious emotional disturbances and a plan designed to assist a consumer who is receiving SED services at the age of 17 to transition into appropriate adult services, if the need is indicated.
- Four Individualized and Mobile Program of **Assertive Community Treatment (IMPACT) Teams** serve clients of the community mental health center's and support individuals and families in permanent and transitional housing, many of whom were once homeless in an effort to prevent them from becoming homeless again.
- Through the **Projects for Assistance in Transition from Homelessness (PATH)** Program (Administered by the Division of Mental Health), outreach, screening and diagnostic treatment, habilitation and rehabilitation, community mental health services, alcohol and drug treatment services, staff training, case management, supportive and supervisory services in residential settings, referrals for primary health services, job training, education services, relevant housing services, and one-time rental and security deposits are provided to individuals who are homeless or at risk of homelessness, and have a diagnosis of SPMI, SED, or are suffering from serious mental illness and from substance abuse.
- **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.
- Tri-State HELP (HOPWA) provides short-term assistance to persons with HIV/AIDS who are in need of assistance with their rent or mortgage until they can return to work.

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, and housing, health, and life skills. Collaboration between South Dakota Housing Development Authority, local Public Housing Authorities, and local rental managers is key to assuring that youth aging out of the foster care system have access to housing opportunities.
- Volunteers of America, Dakotas have two programs, the **Transitional Living Program (TLP) and the Independent Living Program**, both of which provide intensive services to youth who are homeless or at risk of becoming homeless. Together there are 10 efficiency apartments that house youth until their 18th birthday, typically up to 2 years. They also help youth secure scattered site housing when this facility is full.
- Volunteers of America, Dakotas also administers the **Heisler Adolescents Treatment Center** that provides substance abuse treatment services to 26 young people who are homeless or at risk of becoming homeless.

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 initial point of contact for many Native Americans when they arrive in Sioux Falls seeking employment and a place to live. In order to prevent individuals 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).

Service Providers: Department of Social Services (statewide); Department of Human Services (statewide); Department of Labor (statewide); Department of Military and Veteran's Affairs (statewide); South Dakota Housing Development Authority (statewide); Safe Harbor (Aberdeen); Brookings Domestic Abuse Shelter Brookings); Women Escaping a Violent Environment (Custer); Wholeness Center (Flandreau); Project Safe (Fort Thompson); YWCA Family Violence Program (Huron); NACB

Women's Lodge (Lake Andes); Northern Hills Crisis Outreach Office (Lead); Communities Against Violence and Abuse (Lemmon); Madison House of Hope (Madison); Hand County Sheriff's Office (Miller); Mitchell Area Safehouse (Mitchell); Bridges Against Domestic Violence (Mobridge); Missouri Shores Domestic Violence Shelter (Pierre); Cangleska Inc. (Pine Ridge); Cornerstone Rescue Mission (Rapid City); Working Against Violence Inc. (Rapid City); Family Crisis Center (Redfield); Spotted Tail Crisis Center (Rosebud); Artemis House (Spearfish); Children's Inn (Sioux Falls); St. Francis House (Sioux Falls); Salvation Army (Sioux Falls); Volunteers of America, the Dakota (Sioux Falls); Union Gospel Mission (Sioux Falls); Women's Circle (Sisseton); Crisis Intervention Shelter Services (Sturgis); Women's Resource Center (Watertown); Yankton Homeless Shelter (Yankton); Yankton's Women and Children Center (Yankton); Yankton Sioux Tribe (Yankton); Lutheran Social Services; Goodwill Industries; American Indian Services; Inter-Lakes Community Action Agency (Madison); Northeastern Mental Health Center (Aberdeen); East Central Mental Health Center and CD Center (Brookings); Community Counseling Services (Huron and Madison); Three Rivers Mental Health and CD Center (Lemmon); Dakota Counseling Institute (Mitchell); Capital Area Counseling Services (Pierre); Behavior Management Systems (Rapid City); Southeastern Behavioral HealthCare (Sioux Falls); Human Service Agency (Watertown); Southern Plains Behavioral Health Services (Winner); Lewis & Clark Behavioral Health Services (Yankton); Heartland House I & II

Component: Outreach

Outreach to the homeless in South Dakota is key to getting people linked to the programs necessary and into housing with links to necessary services as quickly as possible and begin the road to self-sufficiency.

Outreach in place: Outreach to homeless persons who are living on the streets in Sioux Falls generally is performed Homeless Outreach Workers at the Southeastern Behavioral Mental Health Center. They seek out persons who are living in public places such as along the Big Sioux River 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 with the most service resistant, but the outreach worker provides a systematic, patient, and persistent connection with the shelter providers, detox facilities, vets center, jails, prisons, Kateri drop in center, Banquet feeding ministry, and the individuals on the street and camps throughout the area. Depending upon the degree of resistance, the case worker begins to provide for the specific needs of the individual as soon as possible and strives to convince the individual to move to temporary shelter and eventually to permanent housing when that step is palatable to the individual and the housing is available. 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 a supportive housing environment where they can receive the services they need and develop the relationships necessary for their long term success.

Minnehaha County Outreach workers take on extremely difficult cases where immediate solutions may not be evident; the focus is on risk management with special attention being paid to long term solutions. In March 2004, the county acquired its first family to help launch this pilot program aimed at maintaining housing for a family who had exhausted all other community resources. To date, a total of 45 families have agreed to case-management in an effort to prevent future homelessness after receiving county

rental assistance. Twenty of those 45 remain on case-management maintaining at least one monthly contact with this office, twenty-five families are on the inactive case-management list, three of those have become self sufficient with the remaining 22 families making no contact with this office. The inactive list is maintained in the event a family reapplies for emergency services. Rehabilitation is slow and cumbersome process that occurs over time and maintains an inactive list serves to track members of our community in case “homeless relapse” occurs. The family, if previously identified, will have one worker to contact in the event another crisis emerges. Further, it is demonstrated that continued contact with one worker for brokerages, referrals, assessments, and advocacy strengthens an individual’s commitment to change behaviors/situations that may have led to homelessness.

Homeless family services have greatly expanded: Dakota House, St. Francis duplex, and the new and existing Heartland House units all work intensively with families. The Minnehaha County Department of Human Services has a homeless outreach worker helping families that access county welfare programs to link into these programs and other services needed. In addition, case managers and other service workers at mental health centers, crisis hot lines, meals programs, organizations serving Native Americans and other minority populations, churches, community health nurses, community action agencies, county welfare offices, law enforcement officers, and the courts all direct people that access their programs and services to housing and services that are needed to further assist the homeless family.

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 can provide services to indigent individuals and families, particularly in the rural communities. They make an assessment of the services the applicants are receiving 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 persons diagnosed as being HIV Positive in this 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 the Ryan White Title II and Title III CARE Programs

and a variety of mainstream resources. If housing is an issue, the case manager will refer them to the public housing authority, the local shelters, the Tri-State HELP (HOPWA) program, or the Berakhah House (Supportive housing for persons with AIDS).

- The Department of Health in conjunction with the **Community Health office** in Sioux Falls administer the Ryan White Title II and III Programs for HIV/AIDS infected individuals that give drug reimbursement, medication assistance, and case management services to people living with AIDS. They coordinate efforts with, **Sioux Falls Housing and Redevelopment Commission (SFHRC)**, the state administrator of the Tri-State HELP program. Sioux Falls Housing & Redevelopment Commission works closely with the Ryan White caseworkers to assist persons with HIV/AIDS with accessing housing assistance and supportive services available through Tri-State HELP.

Seriously mentally ill:

- **Homeless Outreach Workers** with the community mental health centers 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. They seek these individuals out by looking for them on the streets, along river banks, in drop in centers, at vet's centers, at detox and jail facilities, and at meals programs.
- **CARE, SED, IMPACT, 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. Other community resources contact or make referrals to the community mental health center for individuals identified as homeless or at imminent risk of becoming homeless and services can then be provided by the community mental health center.
- **PATH** services are provided in the community through outreach to identify individuals with severe or persistent mental illness who are homeless or at risk of becoming homeless. These services are provided through the community mental health centers.

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 **Minnehaha County Drug and Alcohol in Sioux Falls** work more directly with the chronic homeless. The majority of their clients come to their detox programs 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, a.k.a. Vets Center, in Sioux Falls does outreach to the Kateri Center, a homeless drop in center for men located in the Good Shepherd Center/Banquet Building 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 and 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. To provide more accessible care for veterans, VA offers **community-based outpatient** clinics in Rapid City, Pierre, Sioux Falls, Aberdeen and Eagle Butte, Winner, Rosebud, and 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 10 & 11, 2004, 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, local Veteran's organizations, 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. A staff team 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 local "loop" where teens drive their cars, and the mall, where young people typically hang out. The Team Members wear readily identifiable clothing for safety's sake. From the contacts made on the street, team members refer youth to emergency housing, and other services that may be necessary such as medical care, pregnancy testing, education and or job services. The youth may use emergency services for up to two weeks while staff works to link them to necessary services. The Bowden Center recently increased its services to include laundry, phone, and showers which have greatly enhanced the desirability of the shelter for the kids it is intended to serve.

Service Providers: Department of Social Services; Department of Human Services ; Department of Labor; Department of Military and Veteran's Affairs; Department of Health; Safe Harbor; Brookings Domestic Abuse Shelter; Women Escaping a Violent Environment; Wholeness Center; Project Safe; YWCA Family Violence Program; NACB Women's Lodge; Northern Hills Crisis Outreach Office; Communities Against Violence and Abuse; Madison House of Hope; Hand County Sheriff's Office; Mitchell Area Safehouse; Bridges Against Domestic Violence; Missouri Shores Domestic Violence Shelter; Cangleska Inc.; Cornerstone Rescue Mission; Working Against Violence Inc.; Family Crisis Center; Spotted Tail Crisis Center; Artemis House; Children's Inn; St. Francis House; Salvation Army; Volunteers of America, the Dakota; Union Gospel Mission; Women's Circle; Crisis Intervention Shelter Services; Women's Resource Center; Yankton Homeless Shelter; Yankton's Women and Children Center; Yankton Sioux Tribe; Lutheran Social Services; Goodwill Industries; American Indian Services; Inter-Lakes Community Action Agency; Northeastern Mental Health Center; East

Central Mental Health Center and CD Center; Community Counseling Services; Three Rivers Mental Health and CD Center (Lemmon); Dakota Counseling Institute (Mitchell); Capital Area Counseling Services; Behavior Management Systems; Southeastern Behavioral HealthCare; Human Service Agency; Southern Plains Behavioral Health Services; Lewis & Clark Behavioral Health Services; Minnehaha County Department of Human Services; St. Francis House Duplex; Dakota House; Avera St. Lukes; Capital Area Counseling; City/County Alcohol and Drug; Community Alcohol and Drug; Community Counseling; East Central MH/CD; Lewis and Clark; Northern Hills Alcohol and Drug; Southern Hills Alcohol and Drug; Winner Alcohol and Drug; Sioux Falls Housing and Redevelopment Commission; Bowden Center; Sioux River Valley Community Health Center; Family Institute of the MidWest; Salvation Army/Brown County; Golden Age Center; Salvation Army/Genesis; Salvation Army Lunch Program; The Community Banquet; Cornerstone Rescue Mission; The Banquet; Watertown Area Banquet and Yankton Area Banquet

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 stability in housing. 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 to provide access to all the tools needed for self sufficiency: job and life skills training, daycare, health and dental care, mental health treatment 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. Although 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, not all receive the level of case management they need to be successful. 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 maintaining 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 receive many of the same services, but with lesser emphasis on the medical aspects of the service. All services emphasize the participants' movement toward self-sufficiency and permanent housing.

The Heartland House Transitional Housing Program, both Phase I and II, have the most intensive level of case management within the statewide continuum. Participants are required to work with a case manager to develop a plan to get them to self sufficiency including strategies to pay off existing debt, sign up for all relevant main stream resources, obtain employment, seek permanent housing, and eventually work to the point where they no longer need the case management or many of the mainstream resources

they initially sign up for. There are strict rules in the program and the opportunity to learn many life skills and parenting skills that will improve their quality of life. Although not all who enter the program succeed with all their plans, most do, and even those who aren't "successful" often have improved their situation enough to prevent them from becoming homeless again.

Inter-Lakes Community Action Program provides case management for homeless families who receive housing assistance through the HOME Tenant Based Rental Assistance Program administered by the Sioux Falls Housing & Redevelopment Commission. Case management includes payee services, accessing community resources, parenting skills, money management, substance abuse issues, obtaining and maintaining employment and tenant education.

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; as does Habitat for Humanity. The Adjustment Training Centers, Mental Health Centers, Centers for Independent Living also provide life skills training 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 39 accredited Alcohol and Drug Treatment Facilities listed on the Division of Alcohol and Drug Abuse web site, located in 26 different communities. Services available include detoxification, day treatment, early intervention, intensive outpatient, low intensity residential, intensive inpatient treatment, and outpatient services. 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 in a peer based supportive environment. **Case management services** are provided by the Division of Alcohol and Drug Abuse for adults and juveniles placed in Inpatient treatment, Day treatment, and Long term residential treatment for 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 eleven community mental health centers throughout the state. Each facility has a catchment area to ensure that people from every county are served. Liaison services are available to facilitate movement back into community settings from in-patient psychiatric hospitalization, residential programs, local hospitals, correctional facilities, and in-patient drug and alcohol programs. Services include development of community resources, coordination with other support networks and contacts with the individual families 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 IMPACT, CARE, and PATH providers include development of social skills, building relationships with landlords, neighbors, and others, and development of assertiveness skills, and self-esteem. The Indigent medication program provides funding for medications for individuals who have no financial means to purchase their own psychotropic medications.

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. HOPWA program provides funding for rental assistance on a statewide basis to persons with **HIV/AIDS** through the Sioux Falls Housing and Redevelopment Commission. The program allows 15 short term (21 weeks or less) and 20 long-term (for up to 3 years) vouchers.

Education – There are 168 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. The SD Department of Education Homeless Coordinator corresponds with all district liaisons via a list-serv newsletter and provides assistance and training to the liaisons.

Sioux Falls and Rapid City provide homeless education programs that each serve approximately 400 students every school year to children who meet the Department of Education's definition of homeless which includes those doubled up and those living in hotel or motels. 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 SD Department of Education Homeless Coordinator collaborates with other programs administered by the Department. Those include Birth to 3, Headstart, Even Start, Public Pre-schools, and Migrant Education. The Coordinator also makes public speaking engagements on the topic of homeless children and youth.

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. This allows 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, Dakotas administers an Even Start Program in Sioux Falls 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 Dakota House.

Employment Assistance - Goodwill Industries has a Work Adjustment Training Program available in Sioux Falls for individuals with a diagnosed disability and a Managed Work Site Program for individuals on the TANF program in South Dakota. These individualized programs provide paid job training and employment placement within Goodwill Industries or the larger community. All services are provided in a safe environment with abundant supervision for education to achieve success in competitive employment. Goodwill Industries job training has a long history of advocating for overall positive changes for people with disabilities. Goodwill's staff of 40 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, 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 helps to ensure success of participants by helping them obtain permanent housing while they are in the program. 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, and 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; continuous funding cycle to help child care programs meet health & safety 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, Dakotas provides 5,000 hours of crisis childcare which is privately funded for people facing homelessness, medical, legal, or unemployment crisis.

Transportation – There are currently 33 public transportation systems in the state: Sioux Falls Transit; 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; Vermillion Public Transit; 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; Sully County Transit; Bennett County Senior Citizens; Bon Homme County; Community Connection in Winner; Eastern Pennington County; Haakon County; Mobridge Senior Citizens; South East Council of Governments; Southern Hills; and Standing Rock Public Transit. Most require advance notice for scheduling purposes. There are other private transit systems that are willing give rides to the public if asked in advance to do so. 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 each year are available for use. 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 Wheels to Work program has spun off as its own 501(c) (3). Under this program, quality used and donated used cars for reliable transportation is obtained. The cars go primarily to working single parents with small children, with funding from private

benefactors and fees from recipients.

Other –

Health Care: Individuals can access health care through 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. **Medical Assistance** is available to help pay for medical services such as visits to the doctor, hospital, dentist, or chiropractor for individuals and families that income qualify and meet specified circumstances. Individuals interested in accessing this assistance may find out more about the program at the South Dakota Department of Social Services website, or by calling or stopping by their local Social Services office. **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

Clothing: There are 14 organizations such as Goodwill, Salvation Army, St. Vincent de Paul, 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 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, and also 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.

Service Providers: Department of Social Services (statewide); Department of Human Services (statewide); Department of Labor (statewide); Department of Military and Veteran's Affairs (statewide); Safe Harbor (Aberdeen); Brookings Domestic Abuse Shelter (Brookings); Women Escaping a Violent Environment (Custer); Wholeness Center (Flandreau); Project Safe (Fort Thompson); YWCA Family Violence Program (Huron); NACB Women's Lodge (Lake Andes); Northern Hills Crisis Outreach Office (Lead); Communities Against Violence and Abuse (Lemmon); Madison House of Hope (Madison); Hand County Sheriff's Office (Miller); Mitchell Area Safehouse (Mitchell); Bridges Against Domestic Violence (Mobridge); Missouri Shores Domestic Violence Shelter (Pierre); Cangleska Inc. (Pine Ridge); Cornerstone Rescue Mission (Rapid City); Working Against Violence Inc. (Rapid City); Family Crisis Center (Redfield); Spotted Tail Crisis Center (Rosebud); Artemis House (Spearfish); Children's Inn (Sioux Falls); St. Francis House (Sioux Falls); Salvation Army (Sioux Falls); Volunteers of America, Dakotas (Sioux Falls); Union Gospel Mission (Sioux Falls); Women's Circle (Sisseton); Crisis Intervention Shelter Services (Sturgis); Women's Resource Center (Watertown); Yankton Homeless Shelter (Yankton); Yankton's Women and Children Center (Yankton); Yankton Sioux Tribe (Yankton); Lutheran Social Services; Goodwill Industries; American Indian Services; Inter-Lakes Community Action Program (Madison); Northeastern Mental Health Center (Aberdeen); East Central Mental Health Center and CD Center (Brookings); Community Counseling Services (Huron and Madison); Three Rivers Mental Health and CD Center (Lemmon); Dakota Counseling Institute (Mitchell); Capital Area Counseling Services (Pierre); Behavior Management Systems (Rapid City); Southeastern Behavioral HealthCare (Sioux Falls); Human Service Agency (Watertown); Southern Plains Behavioral Health Services (Winner); Lewis & Clark Behavioral Health Services (Yankton); Heartland House I & II

Form HUD 40076 CoC-F

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart

Emergency Shelter													
Provider Name	Facility Name	HMIS			Geo. Code	Target Pop		2005 Year-Round Units/Beds				2005 Other Beds	
		Part. Code	#Yr. Round Beds			A	B	Family Units	Family Beds	Individual Beds	Total Year-Round Beds	Seasonal	Overflow/ Voucher
Current Inventory			Ind	Fam									
Safe Harbor	Aberdeen – Safe Harbor	N			469013	FC	DV	5	19		19		
Brookings Domestic Abuse Shelter	Brookings Domestic Abuse Shelter	N			469011	FC	DV	4	18		18		
Women Escaping a Violent Environment	Custer – Women Escaping A Violent Environment	N			469033	FC	DV	6	25		25		
Wholeness Center	Flandreau – Wholeness Center	N			469101	FC	DV	3	15	4	19		
Project Safe	Fort Thompson – Project Safe	N			469017	FC	DV	3	10		10		
YWCA Family Violence Program	Huron – YWCA Family Violence Program	N			469005	FC	DV	2	7	2	9		
NACB Women’s Lodge	Lake Andes – NACB Women’s Lodge	N			469023	FC	DV	4	13		13		
Northern Hills Crisis Outreach Office	Lead – Northern Hills Crisis Outreach Office	N			469081	FC	DV	2	3		3		
Communities Against Violence and Abuse	Lemmon – Communities Against Violence and Abuse	N			469105	FC	DV	5	16		16		
Madison House of Hope	Madison House of Hope	N			469079	FC	DV	3	9		9		
Hand County Sheriff’s Office	Miller – Crisis Beds	Z			469059	SM	VET			2	2		
Mitchell Area Safehouse	Mitchell Area Safehouse	N			469035	FC	DV	6	20		20		
Bridges Against Domestic Violence	Mobridge – Bridges Against Domestic Violence	N			469021	FC	DV	2	10	3	13		
Missouri Shores Domestic Violence Center	Pierre – Missouri Shores Domestic Violence Center	N			469065	FC	DV	9	33		33		
Cangleska, Inc.	Pine Ridge – Ohitika Najin Win Oti	N			469113	FC	DV	6	9		9		
Cornerstone Rescue Mission	Rapid City – Cornerstone Rescue Mission	N			461392	SM		5	20	87	107		20
Working Against Violence, Inc.	Rapid City – Working Against Violence, Inc.	N			469103	FC	DV	13	37		37		
Family Crisis Center	Redfield – Family Crisis Center	N			469115	FC	DV	1	4		4		
Spotted Tail Crisis Center	Rosebud – Spotted Tail Crisis Center	N			469121	FC	DV	3	6	10	16		
Artemis House	Spearfish – Artemis House	N			469081	FC	DV	5	23		23		
Children’s Inn	Sioux Falls – Children’s Inn	N			469099	DC	DV	14	26		26		
St. Francis House	Sioux Falls – St. Francis House	N			461518	SM		2	6	28	34		
Salvation Army	Sioux Falls, Salvation Army	N			469099	SMF				35	35		

Volunteers of America, Dakotas	Sioux Falls, Volunteers of America, Dakotas	N			469099	YMF				32	32		
Union Gospel Mission	Sioux Falls, Union Gospel Mission	Z			461518	M				50	50		
Women's Circle	Sisseton – Women's Circle	N			469109	FC	DV	3	11		11		
Crisis Intervention Shelter Services	Sturgis – Crisis Intervention Shelter Services	N			469093	FC	DV	6	13		13		
Women's Resource Center	Watertown – Women's Resource Center	N			469029	FC	DV	5	21		21		
Yankton Homeless Shelter Board	Yankton Homeless Shelter	N			469135	SM				3	3		
Yankton Women and Children's Center	Yankton Women and Children's Center	N			469135	FC	DV	4	11		11		
Yankton Sioux Tribe	Yankton – YST Homeless Shelter	N			469023	SMF				16	16		
TOTALS:			0	0		TOTALS:			121	385	272	657	20
Under Development		Anticipated Occupancy Date		GEO Code	A	B	Family Units	Family Beds	Individual Beds	Total Year-Round Beds	Seasonal	Overflow/Voucher	
Children's Inn	Sioux Falls – Children's Inn			469099	FC	DV	11	18		18			
TOTALS:							11	18		18			
Unmet Need							TOTALS:	5	107	136			
1. Total Year Round Individual ES Beds					657	4. Total Year Round Family ES Beds					385		
2. Individual ES Beds in HMIS					0	5. Family ES Beds in HMIS					0		
3. HMIS Coverage Individual ES Beds					0%	6. HMIS Coverage Family ES Beds					0%		
(Divide line 2 by line 1 and multiply by 100. Round to whole number)						(Divide line 5 by line 4 and multiply by 100. Round to whole number)							

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart

Transitional Housing											
Provider Name	Facility Name	HMIS			Geo. Code	Target Pop		2005 Year-Round Units/Beds			
		Part. Code	#Yr. Round Units			A	B	Family Units	Family Beds	Individual Beds	Total Year-Round Beds
Current Inventory			Ind	Fam							
Community Counseling Services – Huron	Huron – Bradfield-Leary Center	N			469005	SMF				16	16
YWCA Family Violence Programs	Huron – YWCA Family Violence Program	N			469005	FC	DV	1	9		9
Community Alcohol and Drug Center	Mitchell – CADC	N			469035	SMF				31	31
Capital Area Counseling	Pierre – Bridgeway	N			469065	SMF				8	8
Stepping Stones Independent Living Program	Rapid City – Stepping Stones Independent Living Program	N			469103	YMF				15	15
Behavior Management Systems	Rapid City – Residential Units (Mainstream and Elk Street)	N			461392	SMF				32	32
Behavior Management Systems	Rapid City – Full Circle	N			469103	SF				15	15
Cornerstone Rescue Mission	Rapid City Cornerstone Group Home	N			469103	FC		5	22	16	38
Glory House	Sioux Falls – Glory House	N			461518	SM				56	56
Timothy’s House of Hope	Sioux Falls – Timothy’s House of Hope	N			461518	SM				27	27
Carroll Institute	Sioux Falls – The Arch	N			469099	SMF				32	32
Berakhah House	Sioux Falls – Berakhah House	N			469099	SMF	AIDS			8	8
St. Francis House	Sioux Falls – St. Francis House	N			461518	SM				7	7
Sioux Falls Veterans Administration Medical Center	Sioux Falls – Compensated Work Therapy Program (CWT)	N			461518	SM	VET			4	4
American Indian Services & Minnehaha County Welfare	Sioux Falls – Dakota House	N			461518	FC		8	18		18
American Indian Services & Minnehaha County Welfare	Sioux Falls – Lakota House	N			461518	FC		3	9		9
Inter-Lakes Community Action	Sioux Falls – Heartland House I	N			469099	FC		15	43		43
Inter-Lakes Community Action	Sioux Falls – Heartland House II	N			469099	FC		20	87		87
Volunteers of America, Dakotas	Sioux Falls – Heisler Adolescent Treatment Center	N			469099	YMF				26	26

Volunteers of America, Dakotas	Sioux Falls – Independent Living Preparation Program	N			461518	YM				5	5	
Volunteers of America, Dakotas	Sioux Falls – Transitional Housing Program	N			461518	YMF				5	5	
Volunteers of America, Dakotas	Sioux Falls – New Start Residential Treatment Program	N			461518	YF				34	34	
Volunteers of America, Dakotas	Sioux Falls – New Start Residential Treatment Program	N			461518	SF				8	8	
Volunteers of America, Dakotas	Sioux Falls – West farm	N			469099	YM				40	40	
Southeastern Behavioral HealthCare	Sioux Falls – Wayne Dahl Transition House	N			461518	SMF				12	12	
Human Service Agency	Watertown – Transitional House/Serenity Hills	N			469029	SMF				14	14	
Yankton Homeless Shelter Board	Yankton Homeless Shelter	N			469029	FC		1	6		6	
Yankton Women and Children’s Center	Yankton Women and Children’s Center	N			469135	FC	DV	1	3		3	
		TOTALS:	0	0				TOTALS:	54	197	411	608
Under Development			Anticipated Occupancy Date									
Salvation Army	Sioux Falls – Transitional Housing Residential Units (THRU)				469099	SM		6	6		6	
								TOTALS:	6	6		6
Unmet Need								TOTALS:	0		18	
1. Total Year Round Individual TH Beds						608	4. Total Year Round Family TH Beds				197	
2. Individual TH Beds in HMIS						0	5. Family TH Beds in HMIS				0	
3. HMIS Coverage Individual TH Beds						0%	6. HMIS Coverage Family TH Beds				0%	
(Divide line 2 by line 1 and multiply by 100. Round to whole number)							(Divide line 5 by line 4 and multiply by 100. Round to whole number)					

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart

<i>Permanent Supportive Housing</i>											
Provider Name	Facility Name	HMIS			Geo Code	Target Pop		2005 Year-Round Units/Beds			
		Part. Code	# Yr. Round Units			A	B	Family Units	Family Beds	Individual /CH Beds	Total Year-Round Beds
Current Inventory			Ind	Fam							
Community Counseling Services	Huron – Bradfield-Leary Center	N			469005	SMF				16	16
Capital Area Counseling	Pierre – Betty’s House	N			469065	SMF				12	12
Timothy’s House of Hope	Sioux Falls – Timothy’s House of Hope	N			469099	SM				12	12
Sioux Falls HRC and SE Behavioral Health Care	Sioux Falls – Shelter Plus Care (TBRA)	N			469099	SMF				44/3	44
Southern Plains Behavioral Health	Winner – Presidential Squares	N			469123	SMF				8	
Sioux Falls HRC and ICAP	Sioux Falls Tenant Based Rental Assistance	N			461518	FC			25		25
Sioux Falls – Tri State HELP	Statewide HOPWA Program	N			461518	M	AIDS		2	18	20
Lewis and Clark	Yankton – Lewis and Clark Behavioral Health Care	N			469135	SMF				20	20
TOTALS:						TOTALS:		27	0	130/3	149
Under Development		Anticipated Occupancy Date									
Southeastern Behavioral Healthcare	Sioux Falls – My Home	1/1/2007			469103	SMF				24	24
TOTALS:						TOTALS:				24	24
Unmet Need						TOTALS:		50	180	180/CH	24
1. Total Year Round Individual PSH Beds						130	4. Total Year Round Family PSH Beds				149
2. Individual PSH Beds in HMIS						0	5. Family PSH Beds in HMIS				0
3. HMIS Coverage Individual PSH Beds						0%	6. HMIS Coverage Family PSH Beds				0%
(Divide line 2 by line 1 and multiply by 100. Round to whole number)						(Divide line 5 by line 4 and multiply by 100. Round to whole number)					

Exhibit 1: Continuum of Care Participation in Energy Star Chart

HUD promotes energy efficient housing. CoCs that have applicants applying for new construction or rehabilitation funding or who maintain housing or community facilities or provide services in those facilities are also encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. Please check all that apply:

Are you aware of the Energy Star Initiative? Yes No

Have you notified CoC members of this initiative? Yes No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: 100%

Form HUD 40076 CoC-H

Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals	295 (N)	429 (N)	22 (N)	746
2. Homeless Families with Children	53 (N)	34 (N)	5 (N)	92
2a. Persons in Homeless Families with Children	164 (N)	99 (N)	20 (N)	283
Total (lines 1 + 2a only)	459 (N)	528 (N)	42 (N)	1,029
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	67 (S)		42 (S)	109
2. Severely Mentally Ill	103 (S)		*	103
3. Chronic Substance Abuse	282 (S)		*	282
4. Veterans	109 (S)		*	109
5. Persons with HIV/AIDS	0 (S)		*	0
6. Victims of Domestic Violence	156 (S)		*	156
7. Youth (Under 18 years of age)	270 (S)		*	270

Form HUD 40076 CoC-H

Form HUD 40076 CoC-I

Exhibit 1: Continuum of Care Information Collection Methods Instructions

Methods used to Collect Information for the Fundamental Components of the CoC System Housing Activity Chart and Homeless Population/Subpopulations Charts

1. Housing Activity Chart.

(a) Describe your methods for conducting an annual update of the emergency, transitional housing and permanent supportive current housing inventory in place and under development contained in the 2005 CoC competition.

To update the emergency, transitional housing and permanent supportive housing inventory in place and under development, the South Dakota Housing Development Authority, together with the Community Planning departments in both Rapid City and Sioux Falls, as part of their regular business, track housing related activity within their regions on an ongoing basis. This information is compiled, together with information submitted with Emergency Shelter Grants applications, Continuum of Care Grant applications, and Community Development Block Grant reports, annually. Any new information is added to the listing available from the 2004 CoC grant and is then reconciled to information available from the responses to the point in time survey of the shelters and providers throughout the state. On January 25, 2005, surveys were mailed to shelters and providers including: Veterans Centers, Community Action Agencies, Domestic Abuse Shelters, Emergency Shelters, Salvation Army, Goodwill Industries, Dept. of Labor, Mental Health, Health, Youth, and Public Housing Authorities. Those respondents that provided shelter were asked to identify the number of beds and units they have available. Follow-up to agencies that did not reply or whose answers were unclear was made by SDHDA staff to ensure the best overall numbers. The PAC and other HHC members were instrumental in reviewing the information to ensure that all existing and proposed projects under development were included in the listing. Definitions used are as follows. Beds/units are categorized according to these definitions. Some units were shifted from permanent housing for families to transitional housing based on clarifications in the current SuperNOFA. Also, a better distinction between beds and units for families account for the differences from the 2003 count to the 2004 count.

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

2. Unmet Housing Needs.

(a) Briefly describe the basis for your CoC's determination as to the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless

The surveys completed in the January 25, 2005, point in time count were the basis for determining the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless. Each shelter provider was asked to detail the number of beds available and the number that they could have used had the beds been available. An evaluation was made to determine if there are extenuating circumstances that might skew the numbers. Also, each community was evaluated to see if some of the existing housing is truly effective in its current use or if it would be appropriate to change the use or level of services in some facilities to be more effective. This was also factored in the decision as to how many units are needed. Because of the vast geography covered by this statewide consortium; it is not possible to simply subtract the number of beds available from the number of homeless persons identified in the count. Further, the number of beds needed change on a seasonal basis.

Although not considered homeless by federal definition, it is important to note that an additional 552 households/individuals were counted that are either living doubled up with family or friends or living in hotels on a long term basis due to the lack of suitable, affordable housing alternatives statewide. Further, homeless liaisons in the Rapid City and Sioux Falls school systems indicated that there are approximately 900 children considered homeless by the Department of Education's standards in those two communities alone. Although cultural differences make it challenging to count the exact number, anecdotal information suggest that approximately 60% to 70% of the total population on the Indian reservations are living doubled up due to lack of suitable housing.

3. Part 1 and 2 Homeless Population and Subpopulations Chart.

(a) Describe your CoC's methods (e.g., on-line HMIS data, mail survey, response rate) for data collection used to complete the "sheltered" portion of Part 1 and 2 based upon a one day, point-in-time study in the last week of January 2005.

The statewide point in time count was conducted on January 25, 2005. Volunteers were recruited to go out into the streets and shelters to interview homeless individuals. The individuals identified as homeless were asked how long they have been homeless, what services are they currently receiving and needing, where they were planning to sleep that night. The state was broken down into three geographical areas according to counties where services were provided. Goodwill Industries in Sioux Falls took the lead roll in conducting the surveys in the eastern part of the state including Sioux Falls. The Rapid City Homeless Coalition conducted the surveys in the Rapid City area. For those areas where it was not practical to develop survey teams, the surveys were sent to agencies that provide homeless services in the community to conduct those surveys. Responses to the survey questions were very good overall with the exception of some extremely rural areas and the Indian reservations. Those homeless individuals that chose not to be surveyed, but were clearly identified as homeless were included in the count. As an incentive to participate, gift bags were given to each homeless person that agreed to be interviewed. This gift also served as a thank you and a means to prevent double counting.

(b) Describe your CoC's methods for data collection used to complete the "unsheltered" portion of Part 1 and 2 based on the one day, point-in-time count.

Because HUD has stated that the January point-in-time count needs only to be done every other year, HHC will conduct a point-in-time count and interview the population yearly; once in the winter (January) and once in the summer/fall months. This process will provide valuable information regarding the homeless situation in changing weather. Volunteers walked the streets and also rode along with local law enforcement to interview what unsheltered individuals that were found sleeping in the street, cars or make-shift camps. HHC will also continue to send out the Shelter Bed Provider surveys to update the Fundamental Components charts until we have our new HMIS system fully operational. At that time, much of the information needed will be retrieved from the HMIS system. Those providers not participating in HMIS will be surveyed individually by mail. Form HUD 40076 CoC-I

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

This section should be completed in conjunction with the lead agency/organization responsible for HMIS implementation. Note: all information requested in questions 1 through 3 should apply only to the Continuum of Care as defined in Exhibit One, even if you're CoC is part of a multi-CoC implementation.

For questions 1, 2 and 3, please provide information related to the CoC as defined in Exhibit One only, even if the CoC is part of a multi-CoC HMIS implementation

1. HMIS implementation:
 - a. Phases of HMIS Implementation

Planning Start Date (mm/yyyy): June 2005

If not yet planning, please select a reason:

- New CoC in 2005
- Lack of funding for planning
- Other HHC just received HMIS funding in the 2005 COC grant

Data Collection Start Date: January 2006

Date the CoC achieved or anticipates achieving 75% bed coverage in:

	Date Achieved (mm/yyyy)	Date Anticipated (mm/yyyy)
Emergency Shelter		January 2006
Transitional Housing		January 2006
Permanent Supportive Housing (McKinney-Vento funded units)		January 2006
	Number of Programs	Percent of Total Programs
Street outreach programs participating in HMIS	0	%
Other non-housing programs participating in HMIS		%

Form HUD 40076 CoC-J

Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

(b) Describe in a brief narrative the progress of the HMIS implementation since July 2004, including the engagement and participation of special populations such as domestic violence providers.

The Data Information Committee interviewed four vendors and has selected Simplicity Software web-based system to best serve our statewide HMIS needs. The initial contracts have been signed with this provider and implementation of the pilot program is scheduled to begin in August 2005. We will be starting our pilot program with two emergency shelter, two transitional housing programs and one Shelter + Care project. We anticipate that the remaining projects will start inputting information in January 2006. We have received initial onsite training and held several planning sessions to determine how best to network with other state agencies such as Social

Services, Labor, Education, Corrections, and Human Services. Each of these agencies are members of the Interagency Council on Homelessness and have signed a MOU stating that they will participate with the HMIS system when implemented. Most of these agencies currently have their own similar systems, but have agreed to convert to the HMIS system if they are able to maintain confidentiality and meet the guidelines for the federal programs they administer and are able to do so without incurring significant financial burden.

Participation from the DV shelters is still undecided. Most of the shelters have stated that they will only participate with HMIS thru aggregated data from the VOCA program. We are planning in our pilot project to include one DV shelter in hopes that others will come on board in January. We are awaiting direction from HUD on this issue. Since they have granted a waiver of implementation until confidentiality issues are resolved.

(c) Describe any challenges and/or barriers the CoC have experienced implementing the HMIS since July 2004.

Concerns from the Domestic Violence Shelters have played a large role in preventing 100% participation of HUD funded programs. Some of the Domestic Violence Shelters have stated that they will only provide the basic information that they already submit to the Department of Social Services (VOCA) to meet the HMIS requirement. It is our concern that information is not complete enough to state that they are actually participating in the system. Out of the 23 shelters that currently receive ESG funds, 13 of these shelters have stated that this is the only way they will participate. Again, we are awaiting direction from HUD on how to proceed with this issue.

2. Describe in a brief narrative current and/or future strategies to implement the HMIS Data & Technical Standards (participation, data elements, privacy, and security) and the CoC's strategy to monitor and enforce compliance.

We are currently developing a policies and procedures manual. Within these policies there will be reporting requirements for each project submitting information. We will also do annual on site visits to ensure compliance. HMIS will allow us to monitor daily the use of the system to make sure all providers are in compliance. Those that are not in compliance will receive letters requiring them to input their information by a specific date. Those agencies receiving HUD funding that are consistently non-compliant will be reported to the HUD Regional Office in Denver.

3. Counting Procedures

- a. Describe in a brief narrative the CoC's methodology to generate an unduplicated count of homeless persons (e.g. in emergency shelters, transitional housing programs and living on the street). If the CoC is currently unable to generate an unduplicated count across all programs within the CoC, describe the strategy for achieving an unduplicated count in the future.

Currently an unduplicated count is generated by performing a street and shelter/provider survey throughout the state on one day. Volunteers are assigned coverage areas within a two to three hour time frame to make sure that the homeless are not counted twice.

When HMIS is fully implemented and through our compliance requirements noted above, we will be able to produce a report at any given time to get an unduplicated count of the homeless in the state. Unique Identifiers will be given to each person that enters the system so that the system will be able to check for duplication. It is expected that fall participation will take until 2007. Until that time, those shelters that do not participate will continue to be surveyed.

- b. List the total number of duplicated and unduplicated client records entered during 2004 by all providers within the CoC

Total Duplicated Client Records Entered in 2004: _____0_____

Total Unduplicated Client Records Entered in 2004: _____0_____

For questions 4 and 5, please provide information on the HMIS implementation as a whole. If your CoC is part of a multi-CoC implementation, the lead organization may be from outside of the CoC defined in Exhibit One.

4. HMIS Lead Organization Information:

Organization Name: _____ South Dakota Housing Development Authority _____

Contact Person: _____ Lisa Bondy _____

Phone: _____ (605) 773-3445 _____

Email: _____ lisab@sdhda.org _____

5. List the HUD-defined CoC name and number for each CoC in the HMIS implementation. If the CoC is part of a multi-CoC implementation, this information should be provided by the HMIS lead organization. (HUD-defined CoC names and numbers are available at www.hud.gov/_____).

HUD-Defined CoC Name	CoC Number	HUD-Defined CoC Name	CoC Number
South Dakota Statewide CoC	SD500		

Form HUD 40076 CoC-J page 2

Exhibit 1: Continuum of Care – Project Priorities Chart

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) **Requeste d Project Amount	(6) Term of Project	(7) Program and Component Type*				
						SHPSHP new	SHPSHP renew	S+C new	S+C renew	SRO new
Development for the Disabled Inc.	Southeastern Behavioral Health	My Home	1	\$300,308	3(yrs)	PH				
Cornerstone Rescue Mission	Cornerstone Rescue Mission	Cornerstone Transitional Living Program	2	\$642,720	3(yrs)	TH				
Goodwill Industries Inc.	Goodwill Industries Inc.	Vocational Success Program	3	\$53,432	1 (yr)		SSO			
Sioux Falls Housing and Redevelopment Commission	Sioux Falls Housing and Redevelopment Commission	SF Housing Shelter + Care Program	4	\$108,330	1 (yr)				TRA	
			5							
			6							
			7							
			8							
			9							
			10							
			11							
			12							
**Total Requested Amount:				\$1,104,790						

Form HUD 40076 CoC-K page 1

Exhibit 1: Continuum of Care Pro Rata Need (PRN) Reallocation Chart and Instructions (only for eligible Hold Harmless Continuums) N/A

Reduced or Eliminated Grant in the 2005 Competition

A	B	C	D	E	F
Expiring Grants	Prog. Code	Component	Annual Renewal Amount	Reduced Amount	Retained Amount from Existing Grant
Ex: MA01B300002	SHP	TH	\$100,000	\$60,000	\$40,000
Ex: MA01B400003	SHP	SSO	\$80,000	\$80,000	\$0
TOTAL:			\$180,000	\$140,000	\$40,000

Newly Created Permanent Housing Projects in the 2005 Competition

G	H	I	J
2005 Project Priority Number	Prog. Code	Component	Transferred Amounts
Ex: #5	SHP	PH	\$90,000
Ex: #12	S+C	TRA	\$50,000
TOTAL:			\$140,000

Advisory Warning: According to the CoC competitive process, a CoC that scores below the funding line will not have the new projects on this chart funded. As such the reallocated funds that had been used for renewals would no longer be available to the Continuum.

Continuum of Care Priorities Narrative Instructions

Having assessed the need in your community and having compared it to your existing Continuum of Care system, please provide the following:

- a. The sources you use to determine whether projects up for renewal are performing satisfactorily and effectively addressing the need(s) for which they were designed
(Check all that apply):
 Audit APR Site Visit Monitoring Visit Client Satisfaction
- b. *Describe* how each **new** project proposed for funding will fill a gap in your community's Continuum of Care system.

The two new projects prioritized in this application are essential in filling the identified gaps in this Statewide Continuum of Care. Each application helps to fulfill a portion of the goals identified by the Housing for the Homeless Consortium: more permanent supportive housing in Sioux Falls and much needed transitional housing program in Rapid City for homeless families. Also, the My Home application from the Sioux Falls area met the goals and priorities established within the Sioux Empire Homeless Coalition and was rated and ranked locally prior to being submitted to the statewide organization. Black Hills Regional Homeless Coalition provided support for the Cornerstone Rescue Mission Transitional Housing Program application. All the applications selected were evaluated to meet HUD's threshold criteria, to address both state and local needs, and to reach the goal of geographic disbursement of funds throughout the state.

As evidenced in the Point-in-Time Count conducted on January 25th, out of the 444 surveyed, 264 stated that they need permanent supportive housing, particularly those with substance abuse issues and those that have severe and persistent mental illness. The Rapid City program to provide transitional housing for homeless women and children has been an identified need for some time. Until just a few months ago, before the new women's emergency sheltered opened, homeless individuals and families with children were housed at the same location as the homeless individuals. Also the new women's shelter provides safety an immediate safe place for women and families, this project will allow single families to have a longer transition period and more individualized supportive services to be able to live independently with their children. Cornerstone Rescue Mission has mirrored this project around the very successful Heartland House project in Sioux Falls.

The projects selected and priorities they address are listed below. 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 supportive housing. The need to geographically distribute the funds across the statewide continuum.

- *Priority 1:* The **My Home** permanent supportive housing project in Sioux Falls will provide intensive supportive services to people with severe mental disabilities, the majority of whom are chronically homeless, in the Sioux Falls area. The project will provide 24 newly constructed apartment units that will take two years to construct and will be fully operational in year three. Each apartment will provide a private bedroom, bath, microwave, and small refrigerator. 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 addresses the high priorities of permanent supportive housing with services to the seriously mentally ill and the chronic homeless populations. Although this is a three year project, the

funding for construction during the first two years will be made available from sources other than the HUD Continuum of Care Grant (HOME, Housing Tax Credits, and Federal Home Loan Bank). It is imperative to the success of this vitally necessary program to receive the COC funding for supportive services, as there are no other resources for these services available at this time and the investors for the Housing Tax Credits will not commit to the program until this piece of the project is in place. Therefore, although this is a three year project, all of the resources from the COC grant will be needed in year three rather than spreading the resources out over the three year period:

- **Priority 2: Cornerstone Rescue Mission Transitional Housing Program** will provide transitional housing for up to 24 months with intensive supportive services for homeless families with children in Rapid City. This 24 unit apartment complex helps participants establish a plan to attain self sufficiency, helping families then identify and use the supportive services Cornerstone Rescue Mission, Western Resources, Behavioral Management Systems and other service providers' supply in the Rapid City area. It will assist families to receive financial assistance, job training, and establish good credit and to work their way off the program. This project mirrors the highly successful program, Heartland House I & II in Sioux Falls. This project fills a need for transitional housing for families, including much needed supportive services and case management within the City of Rapid City.
 - **Priority 3: The Vocational Success Program (Renewal)**, by Goodwill Industries continues to be a highly successful jobs training program that provides necessary skills and training to people who 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 continues to fill the gap between existing programs and continues to assist these people with the basic skills they need so that they can get suitable employment. This project addresses the high priority need for job training. The PAC recognized the need to redirect services only projects away from CoC funding and is requesting only one year of funding for this program so that Goodwill has time to secure alternative funding for this project.
 - **Priority 4. 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 permanent housing. This project addresses the priorities of permanent supportive housing, services to the seriously mentally ill population, and case management.
- c. *Demonstrate* how the project selection and priority placement processes for all projects were conducted **fairly and impartially**. In doing so:

(1) *Specify* your open solicitation efforts for projects;

Projects are solicited through the HHC and the various related agencies. Individuals are made aware of the process and timeline through notification via email to the 334 members of the HHC and then further distributed to the members of each linking organization (membership is encouraged on an ongoing basis through press releases, newsletters etc.). Applicants were required to submit a substantially complete Exhibit 2, 3, or 4 applications by April 22nd. The applications were then prioritized locally where Sioux Falls used a formal ranking process to prioritize the applications based on the needs of their community. Although other communities only had one application so ranking was not necessary, local support was required. The order of local preference was submitted to the statewide HHC. A summary of all applicants was made

available to the entire Consortium and every applicant made a presentation to the full membership on May 10th. The purpose of this process is three-fold: one to give everyone the opportunity to comment and ask questions about the projects, two to ensure that none are duplicative of existing programs in the service area, and three to provide education about existing and proposed programs so that others can duplicate successful models in other areas of the state. Projects not selected include one that was deemed not to meet threshold and one that was rated locally so as to be below the priority needs points. The Consortium has agreed to help both of the projects locate other resources.

(2) *Identify* the objective rating measures applied to the projects;

Each application was rated by the Selection Committee comprised of Policy and Advisory Committee members who did not have projects under consideration as well as a member from each local coalition's selection committee. The Selection Committee met on May 11th and evaluated the proposals against the HUD threshold submission criteria. The applications were then evaluated against the previously identified needs for the state to determine which met the most prevalent need, taking into consideration the prioritization of the local organization to which the applicant belonged as well as consideration on how each proposal would impact the Consortium's overall application for points. If there was no local competition, then the proposal competed statewide only.

The selection committee retains the right to reprioritize the local order of applications based on the quality of the proposal submitted if it determined that the applicant did not or could not meet threshold requirements once the actual Exhibit 2, 3, or 4 was completed. The prioritized applications were then invited to draft their Exhibit 2, 3, or 4 for a review committee consisting of former successful Continuum of Care applicants, whom gathered to analyze the submissions and offer suggestions to the applicants. The review committee, most of which were PAC members, met on May 17th allowing time for each applicant to make necessary changes prior to resubmitting for final consideration.

(3) *Demonstrate* that participants on the review panel or committee are unbiased;

The Policy and Advisory Committee and the Selection Committee are both comprised of a diverse group of members to ensure a broad basis of expertise and that no one community, region, or area of interest is over represented.

(4) *Explain* the voting system/decision making process used;

The applications were prioritized using a majority voting system. 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, past performance of the agency, geographic distribution, and the timeliness of the submission.

(5) If your CoC receives the hold harmless pro rata need amount and has used the reallocation process to free up PRN to create new projects, please explain the open decision making process used to reduce and/or eliminate projects;

N/A

(6) If written complaints concerning the process were received during the last 12 months, please briefly describe them and how they were resolved;

No written complaints concerning the process have been received to date.

Form HUD 40076 CoC-K

Exhibit 1: Continuum of Care Supplemental Resources

Enrollment and Participation in Mainstream Programs

(1) Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

- SSI SSDI TANF Medicaid Food Stamps
 SCHIP WIA Veterans Health Care

(2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

- A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
- The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
- CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
- A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
- The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
- CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
- A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
- A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
- Other (Please describe in 1-2 sentences.) Ongoing advocacy with mainstream resource providers to improve access to mainstream resources is accomplished through regular meetings with the Interagency Council on Homelessness and the HHC at the local, regional, and state levels.

Form HUD 40076 CoC-L

Exhibit 1: CoC Project Performance - Housing and Services

A. Housing

1. Permanent Housing. HUD will be assessing the percentage of all participants who remain in permanent SHP or S+C housing for over six months. (SHP projects include both SHP-PH and SHP-Safe Haven permanent housing renewals.) Based on responses to APR Question 12(a) and information available on persons who did not leave (e.g., information to respond to APR Question 12(b)) from each of the above permanent housing projects included on your Priority Chart, complete the following:

Check here if there are no applicable permanent housing renewal projects.

Check here to indicate that all permanent housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

a. What is the number of participants who **exited** the permanent housing project(s) during the operating year (from APR Question 12(a))? 4.

b. What is the number of participants who did **not leave** the project(s) during the operating year? 19.

c. Of those who **exited**, how many stayed longer than **6 months** in the permanent housing (from APR Question 12(a))? 4.

d. Of those who did **not leave**, how many stayed longer than **6 months** in the permanent housing? 13.

e. Of the total number of participants in the permanent housing project(s) (both those who left and those who stayed), what percentage stayed longer than 6 months (both those who left and those who stayed)? (c+d divided by a+b x 100 = e) Example: (11 + 10) divided by (20 + 20) x 100 = 52.5% 74.4%.

Round all percentages to the first decimal place.

2. Transitional Housing. HUD will be assessing the percentage of all TH clients who move to a permanent housing situation. (SHP-TH, SHP-Safe Haven that is *not* identified as permanent housing and SHP-Innovative renewal projects should all be included as transitional housing.) Based on responses to APR Question 14 from each of the above projects included on your Priority Chart complete the following:

Check here if there are no applicable transitional housing renewal projects.

Check here to indicate that all transitional housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

a. What is the total number of participants who left transitional housing project(s) during the operating year? (Include all persons who left, including those who left to an unknown destination.)

b. What is the number of participants who left transitional housing project(s) and **moved to permanent housing**?

c. Of the number of participants who left transitional housing, what percentage moved to permanent housing? (b divided by a x 100 = c) %.

Form HUD 40076 CoC-M page 1

Exhibit 1. CoC Project Performance - Housing and Services Continued

B. Supportive Services

Mainstream Programs and Employment Chart. HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services and who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Based on responses to APR Question 11 for each of the renewal projects included on your Priority Chart complete the following:

Check here if there are no applicable renewal projects.

Check here to indicate that all non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

1 Number of Adults Who Left (Use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 ÷ Col 1 x 100)
50	a. SSI	2	4%
50	b. SSDI	4	8%
50	c. Social Security	0	0%
50	d. General Public Assistance	3	6%
50	e. TANF	0	0%
50	f. SCHIP	0	0%
50	g. Veterans Benefits	1	2%
50	h. Employment Income	28	56%
50	i. Unemployment Benefits	0	0%
50	j. Veterans Health Care	0	0%
50	k. Medicaid	3	6%
50	l. Food Stamps	7	14%
50	m. Other (please specify)	0	0%
50	n. No Financial Resources	19	38%

(The reason for the 38% in the “No Financial Resources” is that their benefits had not be awarded to them at the time of their exit from the program. These agencies will follow these individuals to make sure that they did receive their benefits.)

Form HUD 40076 CoC-M

Exhibit 1: Continuum of Care Supplemental Resources Project Leveraging Chart

HUD homeless program funding is limited and, therefore, can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. Therefore, HUD is interested in applicants using supplemental resources, including HUD CDBG and other Federal and state mainstream programs, to address homeless needs.

Please complete the following Project Leveraging Chart (*HUD 40076 CoC –N*).

Continuum of Care: Project Leveraging

(Complete only one chart for the entire Continuum of Care and insert in Exhibit 1.)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
1	My Home	Outreach, Case Management and Supportive Services	Southeastern Behavioral HealthCare	\$788,469
1	My Home	Construction Financing	HOME Program	\$638,433
1	My Home	Construction Financing	HTC Program	\$1,025,976
2	Cornerstone Rescue Mission Transitional Housing Program	Supportive Services	Western South Dakota Community Action	\$585,762
2	Cornerstone Rescue Mission Transitional Housing Program	Supportive Services	Department of Social Services	\$585,675
2	Cornerstone Rescue Mission Transitional Housing Program	Supportive Services	Behavioral Management Systems	\$76,450
2	Cornerstone Rescue Mission Transitional Housing Program	Housing and Credit Counseling Services	Consumer Credit Counseling of the Black Hills	\$76,560
3	Goodwill Industries Vocational Success Program	Supportive Services	Goodwill Industries	\$12,722
3	Goodwill Industries Vocational Success Program	Supportive Services	Department of Social Services	\$14,751
4	Sioux Falls Housing and Redevelopment Commission Shelter Plus Care	Outreach, Case Management, Supportive Services	Southeastern Behavioral HealthCare	\$119,472
TOTAL				\$3,924,270

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

HUD 40076 CoC-N

Questionnaire for HUD’s Initiative on Removal of Regulatory Barriers Based on the City of Rapid City

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

<p>1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a “housing element? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a “housing element,” please enter no. If no, skip to question # 4.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped “as of right” in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>4. Does your jurisdiction’s zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graded regulatory</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

<p>requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: “<i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i>” (www.huduser.org/publications/destech/smartcodes.html)</p>		
<p>9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p> <p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>10. Does your jurisdiction’s zoning ordinance or land use regulations permit manufactured (HUD-Code) housing “as of right” in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction’s “HUD Consolidated Plan?” If yes, attach a brief list of these major regulatory reforms.</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>14. Does your jurisdiction give “as-of-right” density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)		
15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Total Points:	8	8