

# 20020 Application Summary

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

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

Address: \_\_\_\_\_ P.O. Box 1237 \_\_\_\_\_

\_\_\_\_\_ Pierre, SD 57501 \_\_\_\_\_

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

## Continuum of Care Geography

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

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

# Exhibit 1: South Dakota Continuum of Care

---

## Continuum of Care Narrative

### 1. Continuum of Care's accomplishments.

In the past 12 months, the South Dakota Homeless Consortium (SDHC) held a brainstorming session to identify the needs and gaps within the delivery system in South Dakota and set up committees to work with each category of need, developed a methodology by which the homeless population can be counted, and did outreach to the community of Aberdeen encouraging them to develop a local coalition. In addition, the outreach committee developed a strategy by which awareness of the homeless situation in South Dakota could be heightened by the general population. The most successful of this committee's efforts was to display a South Dakota Homeless Consortium Christmas tree in the Capitol rotunda during the holiday season. Thousands of visitors viewed the tree along with hundreds of others that were displayed and became aware of the needs of homeless children in our state.

Another important accomplishment was the reinstatement of the Black Hills Region Homeless Coalition and the formal collaboration of the communities and counties within the Black Hills area in the effort to fund and hire a director for the Coalition. Although the SDHC's contribution to get this initiative off the ground was to bring a consultant into the community to facilitate a community building discussion, much credit must be given to the SDHC members within the area who brought in local players and reinvigorated the community into reactivating its coalition.

Another important accomplishment of the Consortium was to complete a successful application for Continuum of Care funding under the 2001 grant which allowed the state of South Dakota to access its full pro rata need amount for the first time.

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

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

The South Dakota Housing Development Authority (SDHDA) provides staff and administrative support to the Consortium and serves as a liaison between the Consortium and the lending community, real estate professionals, managers and owners of existing housing, policy makers, and the general public. SDHDA, the state's lead housing agency, has agreed to take on the responsibility to coordinate, plan, and facilitate meetings for the Consortium to ensure consistency and cohesiveness to the process. Because of its 29 year

commitment to decent, safe, and affordable housing, SDHDA made the commitment to work with the Consortium to bring state agencies and other partners to the table to strengthen the organization’s base and to ensure that necessary services will be available to help families into self-sufficiency.

- b. **Planning structure process** – The South Dakota Homeless Consortium has rapidly developed a strong base in forming the statewide organization and is actively seeking to expand its range of participants to reach a diversity of representation, both geographically and organizationally. The organization continues to be challenged to find a process that can address the diverse needs of this largely rural state while addressing the more urban aspects of homelessness in its two metropolitan cities. While coordinating the process is challenging over a statewide geographic area, by rotating the location of the meetings and holding meetings over the DDN, we feel that we have developed a process that provides equal representation and fair distribution of the funds awarded to the state.

In an effort to achieve this goal, we have implemented a Planning and Advisory Committee (PAC) that advises the Consortium in the direction it feels the organization should move and develops the criteria used to assess and prioritize the proposals. The committee will ultimately be comprised of 15 members who will serve staggered terms and will be selected by the Consortium. In an effort to include all areas of the state, the membership of this committee includes representatives of the two community/regional homeless coalitions and at least two representatives from each of the three regions of the state. An attempt was made to get representation from a broad range of backgrounds, as well. Organizations currently involved in the Planning and Advisory Committee include:

Organization	Region	Organization	Region
Sioux Empire Homeless Coalition	East	Native American Rep.	Statewide
Black Hills Region Homeless Coalition	West	Three Rivers Mental Health and Chemical Dependency Center	West
Western South Dakota Community Action	West	SD Div. of Mental Health	Statewide
Inter-Lakes Community Action	East	SD Department of Social Services	Statewide
Consumer	East	SD Dept. of Education & Cultural Affairs	Statewide
Domestic Violence Rep.	Central	South Dakota Housing Development Authority	Statewide
Pierre Area Referral	Central		

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

involved with the process and the Interagency Workgroup, as described in Section 3a, completes its work.

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

Due to the broad geographic area covered by the Consortium, localities and regions are encouraged to develop Regional Collaborative Groups to carry out local planning and implementation, as well as meet regularly to ensure broad representation. These groups extend the Consortium's reach and provide a bridge between the Consortium and local providers. It also provides a forum at the local level to combat homelessness. Since the Regional Collaboratives continue to be under development, the Sioux Empire Homeless Coalition, the Black Hills Region Coalition, the South Dakota Network Against Family Violence & Sexual Abuse (SD Network), and the South Dakota Coalition Against Domestic Violence and Sexual Abuse (SD Coalition), two Community Action Agencies, the mental health catchment's offices, and the One Stop Career Centers are all serving as the linking organizations to the local communities and their goals and priorities have been considered in preparing this plan. In addition, due to the vast distances from one community to the next in rural areas of South Dakota, experience has shown that the Digital Dakota Network<sup>1</sup> has been key to the success of the statewide organization, as participants are able to link into the statewide meetings without having to travel large distances to either regional or statewide meetings.

c. **Dates and main topics of your CoC planning meetings held since June 2001**

Entity	Date	Topic
Statewide Consortium	7/24/01	Goals/Planning, Committee Reports
	8/21-22/01	Discuss Needs/Resources, Develop Subcommittees, Review Goals
	9/18/01	Committee Reports/Overview of RC Meeting
	11/7/01	Survey Draft, Committee Updates, Homeless Awareness Week,
	12/3/01	Discussion of potential applications, Talking Pts, Survey Discussion
	1/9/02	Progress Update, Review Goals/Actions, Outreach to Aberdeen
	2/12/02	Progress Updates, gap survey discussion
	4/9/02	SuperNOFA Update, discussion of survey results, Discussion about Regions
	5/21/02	Presentation of Exhibit Two's, HMIS Discussion
	8/20/02	Proposed Agenda: Goals/Planning/HMIS
	9/10/02	Proposed Agenda: Outreach, 2003 Survey
	10/8/02	Proposed Agenda: Planning for 2003 Application
	11/19/02	Proposed Agenda: Public Meeting, Education
Planning & Advisory Com.	11/2/01	Planning
	2/12/02	Selection Criteria
	4/5/02	Regions/CoC Timeline
	5/21/02	CoC Selections/Prioritization
	8/20/02	Develop new project selection and ranking procedures

<sup>1</sup> The South Dakota Digital Network (DDN) is a video telecommunications pipeline that provides face to face meetings over hundreds and thousands of miles in the state. There currently are 246 fully interactive Videoconference Studios available which include K-12 Schools, Technical Institutes, State Universities and non-educational sites.

	Future as Needed	
Transitional Housing Committee	10/24/01 2/4/02	Develop Gaps and Resources Reevaluate Gaps and Resources
Information Committee	11/26/01 1/10/02 2/12/02	Discussion of Gaps Survey/Conference Call Discuss revisions to Gaps Survey for recommendation to SDHC Review Gaps Survey results with Consortium
Homeless Awareness Committee	8/21/01	Discussion of homeless awareness/Christmas tree in the Capitol
Permanent Housing Committee	9/6/01 10/30/01 12/7/01 12/18/01	Review of committee assignments Discussed Needs and Priorities/conference call Discussed sending out letters to PHA's for a permanent housing project Sent out letters for funding opportunities
Sioux Empire Homeless Coalition	6/21/01 7/19/01 8/16/01 9/20/01 1/17/02 2/21/02 3/21/02 4/18/02 5/16/02 6/20/02	These meetings are held to address local homeless issues in the Sioux Falls area. The COC is discussed at almost all of the meetings.
Black Hills Region Homeless Coalition	10/23/01 11/13/01 11/20/01 12/11/01 1/08/02 2/19/02 3/12/02 4/2/02 4/14/02 5/14/02	These meetings are held to address local continuum of care issues in the Rapid City area.
South Dakota Network Against Family Violence and Sexual Assault	July 2001 11/7/01 1/30/02 4/15/02 6/26/02	Annual meeting, strategic planning for long and short term goals for Network Regular Meeting in conjunction with the Housing Authority Conference Met with the South Dakota Coalition for Children, discussed legislative updates with the Network membership Met in conjunction with a Sexual Assault two day conference. Will meet in conjunction with a cultural diversity workshop.
South Dakota Coalition Against Domestic Violence and Sexual Assault	6/6/01 6/7/01 9/5/01 9/6/01 12/5/01 12/6/01 3/6/02 3/7/02	These two day meetings are held four times a year.
New Hope Center	4/24/01 6/26/01 7/31/01 8/23/01 9/19/01 10/09/01 10/30/01 11/3/01 11/7/01 11/20/01	Public Informational Meeting Board of Directors Meeting Board of Directors Meeting Board of Directors Meeting Board of Directors Meeting Board of Directors Meeting Board of Directors Meeting Executive Committee Executive Committee Board of Directors Meeting

	12/13/01	Board of Directors Meeting
	1/6/02	Executive Committee
	1/11/02	Board of Directors Meeting
	1/13/02	Executive Committee
	1/18/02	Executive Committee
	1/20/02	Executive Committee
	1/27/02	Executive Committee
	2/6/02	Executive Committee
	2/7/02	Board of Directors Meeting
	2/13/02	Executive Committee
	2/20/02	Executive Committee
	2/27/02	Executive Committee
	3/6/02	Executive Committee
	3/13/02	Executive Committee
	3/20/02	Executive Committee
	3/27/02	Executive Committee
	4/3/02	Executive Committee
	4/4/02	Finance Committee
	4/10/02	Executive Committee
	4/11/02	Board of Directors Meeting
	4/17/02	Executive Committee
	5/1/02	Executive Committee
	5/3/02	Executive Committee
	5/9/02	Executive Committee
	5/10/02	Board of Directors Meeting
	5/15/02	Executive Committee
	5/17/02	Service Agency Meeting
	6/5/02	Executive Committee
	6/12/02	Executive Committee
	6/13/02	Annual Board of Directors Meeting

d. *List of Participants:*

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (G, SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation ( <u>activity and frequency</u> ) in Planning Process
<b>Example: Nonprofit Org.: ABC, Inc.</b>	City of Ajax	HIV/AIDS	<b>Com. Chair, CoC mtg. attendee; attends all planning meetings, etc.</b>
<b>State agencies:</b>			
SD Housing Development Authority (Vona Johnson)	Statewide		Lead Entity; PAC Member; attends all COC meetings; data collection and research
SD Division of Mental Health (Heather Nelson)	Statewide	SMI	PAC Member, attends COC meetings frequently; data collection
Department of Education and Cultural Affairs (Terri Cordrey)	Statewide	Y	PAC Member, Attends COC meetings frequently; data collection and research
Department of Social Services (Jordan Kitts)	Statewide		PAC Member, attends COC meetings frequently; data collection
Brookings Career Learning Center (Jacqueline Nelson)	Brookings		Data collection
Aberdeen One-Stop Career Center (Sandy Dosch)	Aberdeen		Data collection
Huron One-Stop Career Center (Robin Wallum)	Huron		Data collection
NE Area One-Stop Career Center (Sue Bogen)	Statewide		Data collection
Madison One-Stop Career Center (Jim Baltzer)	Madison		Data collection
Yankton One-Stop Career Center (Fred Binder)	Yankton		Data collection
Minnehaha One-Stop Career Center (Natalie Rae)	Sioux Falls		Data collection
Rapid City One-Stop Career Center (Dennis Coull)	Rapid City		Data collection
Custer One-Stop Career Center (Duke Goodell)	Custer		Data collection
Northern Hills One-Stop Career Center (Don Aaker)	Spearfish		Data collection
Mobridge One-Stop Career Center (Marge Mertz)	Mobridge		Data collection
Department of Health (June Snyder)	Statewide	HIV/AIDS	Attends COC meetings occasionally; data collection
Department of Human Services (Lynn Amdahl)	Statewide		Data collection
Custer Youth Correctional Center (Cheri Johnson)	Statewide	Y	Data collection
Division of Alcohol and Drug (Gib Sudbeck)	Statewide	SA	
Department of Labor (Bill Molseed)	Statewide		Attends COC meetings occasionally; data collection
<b>Local government agencies:</b>			
RC Community Development (Bonnie Hughes)	Rapid City		Attends COC meetings occasionally; attends local planning meetings
SF Community Development (Randy)	Sioux Falls		Attends COC meetings occasionally;

Bartunek)			attends local planning meetings
Pennington County Commissioner (Delores Coffing)	Rapid City		Attends local planning meetings
Minnehaha County Extension Office (Steve Munk)	Sioux Falls		Attends local planning meetings occasionally
Minnehaha County Commissioner (Carol Twedt)	Sioux Falls		Attends local planning meetings occasionally
Pennington County Sheriff's Office (Bill Armstrong)	Pennington County		Attends local planning meetings occasionally
Rapid City Police Department (Doug Thrash)	Rapid City		Attends local planning meetings occasionally
Rapid City Area School (Elaine Delores)	Rapid City		Attends local planning meetings occasionally
Rapid City Mayor (Jerry Munson)	Rapid City		Attends local planning meetings occasionally
Sioux Falls School Board (David Terrell)	Sioux Falls	Y	Attends COC meetings occasionally and local planning meetings occasionally
Minnehaha County Welfare (Hugh Grogan)	Minnehaha County		Attends COC meetings and local planning meetings occasionally
Pennington County States Attorney (Glenn Brenner)	Pennington County		Attends local planning meetings occasionally
<b>Public Housing Authorities (PHAs):</b>			
Sioux Fall Housing (Shireen Ranschau)	Sioux Falls		Attends all COC meetings; attends local planning meetings; data collection
Clark Housing Authority (Jeanne Lyke)	Clark		Data collection
Parker Housing Authority (M. Ardell Lankhorst)	Parker		Data collection
Webster Housing Authority (Pat Reiner)	Webster		Data collection
Redfield Housing Authority (Lorah Houser Jankord)	Redfield		Data collection
DeSmet Housing Authority (Roger Osthus)	DeSmet		Data collections
Murdo Housing Authority (Jane McKillip)	Murdo		Data collection
Burke Housing Authority (Donna Hutchinson)	Burke		Data collection
Pennington County Housing (Doug Wells)	Pennington County		Attends local planning meetings occasionally; data collection
Huron Housing and Redevelopment Authority (Barb Cook)	Huron		Data collection
<b>Nonprofit organizations: (includes Faith-Based organizations):</b>			
Sioux Empire Homeless Coalition (Melanie Bliss)	Sioux Falls		PAC Member, attends all COC meetings, attends all local planning meetings, data collection
Timothy's House of Hope (Terry Thoms)	Sioux Falls	SMI, SA, VETS	Attends COC meetings; attends local planning meetings; data collection
Women Escaping a Violent Environment (Donna Talley)	Custer	DV	Attends COC meetings occasionally; attends SDCADV&SA meetings regularly; data collection
Regional west Center for Behavioral Health (Mike Richards)	Western SD		Attends local planning meetings occasionally; data collection
Missouri Shores Domestic Violence Center (Emily Paulsen)	Pierre	DV	PAC Member, attends COC and local planning meetings frequently; data collection
New Hope Center (Bonnie London)	Pierre	SMI, SA, VETS,	Attends COC meetings frequently; data

		DV, Y	collection
City/County Alcohol and Drug (Doug Austin)	Rapid City	SA	Data Collection
Cornerstone Rescue Mission (Dave Hessman)	Rapid City	SMI, SA, VET, Y	PAC member; attends all COC and local planning meetings; data collection
Native American Heritage Association (Tim Curns)	Rapid City	SA, VETS, DV, Y	Attends local planning meetings frequently; data collection
Road Home (Robin Zimmer)	Sioux Falls	VET, SMI, SA, Y	Attends COC and local planning meetings frequently
Black Hills Area Food Bank	Rapid City		Attends local planning meetings occasionally; data collection
Big Brothers/Big Sisters of the Black Hills (Rob Timm)	Rapid City	Y	Data collection
St. Francis House	Sioux Falls	SMI, SA, VETS, DV, Y	Attends COC and local planning meetings frequently; Emergency Shelter Committee Chairman; data collection
Children's Inn	Sioux Falls	Y, DV	Attends local planning meetings frequently; data collection
Working Against Violence (Chris Smith)	Rapid City	DV	Attends COC and local planning meetings in frequently; data collection
Western Resources for Independent Living	Rapid City		Attends local planning meetings occasionally; data collection
Vet Center (Gary Johnson)	Rapid City	VETS	Attends local planning meeting occasionally; data collection
Inter-Lakes Community Action Inc. (Steve Stunes)	Eastern SD		PAC member; attends all COC and local planning meetings; data collection and research
United Downtown (Kari Clale)	Rapid City		Attends local planning meetings occasionally; data collection
Goodwill Industries (Betty Durfee)	Sioux Falls, Southeastern SD		Attends COC and local planning meeting frequently; data collection
Safe Harbor (Monica Hall)	Aberdeen	DV	Attends COC and local planning meetings occasionally; data collection
Butte Co. Domestic Abusive Services (Barbara Michaud)	Belle Fourche	DV	Attends local planning meetings occasionally; data collection
Brookings Domestic Abuse Shelter (Pam Beck)	Brookings	DV	Data collection
Missouri Valley Crisis Center (Louise Urban)	Chamberlain	DV	Data collection
Gregory County Shelter (Sylvia Mikkelsen)	Gregory	DV	Data collection
Mitchell Area Safehouse (Gladys Hall)	Mitchell	DV	Attends COC and local planning meeting occasionally; data collection
Family Crisis Center (Betty Johnson)	Redfield	DV	Attends local planning meeting occasionally; data collection
YMCA Family Violence Center (Jan Manolis)	Huron	DV	Attends local planning meetings occasionally; data collection
Domestic Crisis Outreach Office (Autumn Fertig)	Lead	DV	Attends local planning meetings occasionally; data collection
House of Hope (Teri McCracken)	Madison	DV	Attends local planning meetings occasionally; data collection
Watchful Home (Marilyn Gangore)	Mission	DV	Attends local planning meetings occasionally; data collection
Rape and Domestic Abuse Program (Deb Aden)	Sioux Falls	DV	Attends local planning meetings occasionally; data collection
Winner Resource Center for Families (Holly Cahoy)	Winner	DV	Attends local planning meetings occasionally; data collection
Lutheran Social Services (Connie Byren-Olson)	Sioux Falls	DV	Attends local planning meetings occasionally; data collection

USF Center for Women (Tami Haug-Davis)	Sioux Falls	DV	Attends local planning meetings occasionally; data collection
Pierre Area Referral Services (Catherine Mercer)	Pierre	DV	PAC member; Attends COC and local planning meetings frequently; data collection
Sacred Heart Women's Shelter (Carmen O'Leary)	Eagle Butte	DV	Data collection
Faith Outreach Services (Shirley Erhard)	Lemmon	DV	Data collection
Wholeness Center (Vicki Hodge)	Flandreau	DV	Data collection
Project Safe (Lisa Thompson)	Ft. Thompson	DV	Data collection
Cangleska, Inc (Karen Artichoker)	Kyle	DV	Data collection
Women's Lodge (Anna Wahcahunka)	Lake Andes	DV	Data collection
Family Circle Crisis Center (Lori Ziegler)	Lower Brule	DV	Data collection
P.A.V.E.S (Shirley Big Eagle)	Parmelee/Martin	DV	Data collection
White Buffalo Calf Woman Society (Tillie Black Bear)	Mission	DV	Data collection
Little Sister's Place (Gail White Pipe)	Mission	DV	Data collection
Bridges Against Domestic Violence (Mary Kelly)	Mobridge	DV	Data collection
Standing Strong Woman House (Laurette Pourier)	Rapid City	DV	Data collection
Sacred Circle (Resource Center) (Brenda Hill)	Rapid City	DV	Data collection
Mita Maske Ti Ki (Rita White Bear)	Sioux Falls	DV	Data collection
Women's Circle (Sybil Lightfield)	Sioux Falls	DV	Data collection
Artemis House (Paula Goddard)	Spearfish	DV	Data collection
Crisis Intervention Services (Teresa LaRue)	Sturgis	DV	Data collection
Vermillion Coalition (RoAnn Redlin)	Vermillion	DV	Data collection
Women's Resource Center (Jo Wayrenen)	Watertown	DV	Data collection
SDCADVSA Staff (Verlaine Gullickson)	Pierre	DV	Attends COC meetings occasionally; data collection
SDNAFVASA (Krista Heeren-Graber)	Sioux Falls	DV	Attends COC and local planning meetings frequently; data collection
Sioux Falls City Council (Tam Baker)	Sioux Falls		Attends local planning meeting occasionally
Sioux Empire Character Counts (Sue Ann Lang)	Sioux Falls		Attends local planning meetings occasionally
First Baptist Church (Re. Susan Omanson)	Sioux Falls		Attends local planning meetings occasionally
American Indian Services (Art War Bonnet)	Sioux Falls		Attends local planning meetings occasionally
Adult Services and Aging-DSS (Penny McCullough)	Sioux Falls		Attends local planning meetings occasionally
Augustana/USF Joint Social Work Program (Andy Eastwood)	Sioux Falls		Attends local planning meetings occasionally
Bread for the World/Children's Agenda (Cathy Brechtelsbauer)	Sioux Falls		Attends local planning meetings occasionally
Bright Start (Karen Dover)	Sioux Falls		Attends local planning meetings occasionally
Catholic Family Services (Boyd Bristow)	Sioux Falls		Attends local planning meetings occasionally
Community Outreach (Jerry Bohnhoff)	Sioux Falls		Attends local planning meetings occasionally
Evangelical Lutheran Good Samaritan Society (Greg Wilcox)	Sioux Falls		Attends local planning meetings occasionally

Family Visitation Center (Meghan Clark)	Sioux Falls		Attends local planning meetings occasionally
Food Pantry (Darrel Walters)	Sioux Falls		Attends local planning meetings occasionally
Glory House (Carol Woltjer)	Sioux Falls		Attends local planning meetings occasionally
Good Shepherd (Julie Billion)	Sioux Falls		Attends local planning meetings occasionally
Habitat for Humanity (Judee Howard)	Sioux Falls		Attends local planning meetings occasionally
Habitat for Humanity of Greater SF (Bill Cooper)	Sioux Falls		Attends local planning meetings occasionally
HELP!line Center (Amy Nelson)	Sioux Falls		Attends COC and local planning meetings occasionally; data collection
Housing Resource Center-LSS (Jerri Allum)	Sioux Falls		Attends local planning meetings occasionally
LSS-Summit Oaks Center	Sioux Falls	Y	Attends COC and local planning meeting frequently; data collection;
Multi-Cultural Center (Qadir Aware)	Sioux Falls		Attends local planning meetings occasionally
Native American Rep for the Homeless (Neil Poor Bear)	Sioux Falls		Attends local planning meetings occasionally
Prairie Freedom Center (Helen Hartman)	Sioux Falls		Attends local planning meetings occasionally
Salvation Army (Major Jim Hoskin)	Sioux Falls		Attends local planning meetings occasionally
Sioux Falls Area Literacy Council (Nancy Hanson)	Sioux Falls		Attends local planning meetings occasionally
Behavioral Management Systems (Stacey Fielder)	Pennington County	SMI	Data collection
New Dawn Enterprises (Eldon Gjeids)	Statewide	SA, SMI, VETS	Data collection
CADC (Kim Reid)	Statewide		Data collection
Friendship House (W.J. Byant)	Statewide	SA, SMI, Y, DV	Data collection
Heartland House (Susan Brucklacher)	Sioux Falls	DV, Y	Attends COC meetings occasionally, data collection
Dakota Mental Health Center (Rochelle Voight)	Mitchell	SMI	Data collection
Community Counseling Services (Belinda Nelson)	Beadle County	SMI	Data collection
Behavior Management Systems Mainstream (Margaret Skillman)	Rapid City	SMI	Data collection
Three Rivers Mental Health (Joe Schulenburg)	Lemmon	SMI	PAC member; attends COC and local planning meetings frequently; data collection and research
Lewis and Clark Behavioral Health Services (Thomas Stange)	Vermillion, Yankton, Scotland	SMI, SA, VETS, DV, Y	Data collection
Community Counseling Services (Duane Majeres)	Beadle County	SA, SMI, HIV/AIDS, VETS	Data collection
Southern Plains Behavioral Health Services (Jim Nardini)	Tripp, Todd, Mellette Counties	SA, SMI, DV, Y	Data collection
Our Home Inc (Blaise Tomczak)	Statewide		Data collection
CSD (Betty Ann Rave)	Sioux Falls	SA, DV	Data collection
Services (Kelly Johnson)	Madison	SA	Data collection
Southeast High Alternative School (Becki Stoddard)	Vermillion	Y	Data collections
Northern Hills Alcohol and Drug Services (Mary Wood-Fossen)	Western South Dakota	SA	Data collection
NADRIC (Jim Fox)	Brown, Spink,	SA, DV	Data collection

	Day, Marshall Counties		
Rapid City Regional West (Mike Richards)	Rapid City	SMI, VETS	Data collection
Winner Alcohol and Drug (Sharon Bucholtz)	Southern Counties	SA, VETS, Y	Data collection
South Dakota Peace and Justice Center (Jeanne Koster)	Sioux Falls		Attends local planning meetings occasionally
Turning Point - Bowden Youth Center (Pat Stewart)	Sioux Falls	Y	Attends local planning meetings occasionally; data collection
Veteran's Center (Phil Ringstrom)	Sioux Falls		Attends local planning meetings occasionally; data collection
Veteran's Administration Medical Center (Carolyn Mittendorf)	Sioux Falls		Attends COC and local planning meetings occasionally; data collection
SD Family Economic Self-Sufficiency Project (Carol Robertson)	Pierre		Attends COC and local planning meetings occasionally
VOA-Turning Point (Karen Fogas)	Sioux Falls		Attends COC and local planning meetings frequently; data collection
<b>Businesses / Business Associations:</b>			
Pot of Gold (Kristi Schultz)	Rapid City		Attends local planning meetings occasionally
Pioneer Credit And Debt (Angela Carrico)	Rapid City		Attends local planning meetings occasionally
First PREMIER Bank (Jim Kuehn)	Sioux Falls		Attends local planning meeting occasionally
Costello Co (Kay Sickler)	Statewide		Attends local planning meetings occasionally
Black Hills Special Services Coop (Bill Podhradsky)	Statewide		Attends COC and local planning meetings frequently; data collection
Southeast Technical Institute (DiAnn Kothe)	Sioux Falls		Attends local planning meetings occasionally
United Way (Laura Bowman, Aaron Schultz)	Sioux Falls		Attends local planning meetings occasionally
Augustana College Nursing Program (Diane Josephson)	Sioux falls		Attends local planning meetings occasionally
<b>Homeless / Formerly homeless persons:</b>			
Gale Muller	Brookings		PAC member; attends COC and local planning meetings frequently
Jean Williamson	Sioux Falls		Attends COC and local planning meetings frequently
<b>Other: e.g.: Law Enforcement:</b>			
<b>Hospital/Medical:</b>			
<b>Funders:</b>			
Community Volunteer (Sam Coffman)	Sioux Falls		Attends local planning meetings occasionally
Community Activist (Myrna Roubideaux)	Sioux Falls		Attends local planning meetings occasionally
Bureau of Indian Affairs (Cora Jones)	Aberdeen		PAC member, new member, will attend COC meetings regularly
US Dept of HUD (Sheryl Miller)	Sioux Falls		Attends COC meetings frequently; data collection and research
Senator Tim Johnson (Jessica Fauteck)	Sioux Falls		Attends local planning meetings occasionally
Senator Tom Daschle (Steve Erpenbach)	Sioux Falls		Attends local planning meetings occasionally
Representative from John Thune's office	Sioux Falls		Attends local planning meetings occasionally
Sturgis High School Academy (Kellie Thomas)	Sturgis	Y	Data collection

Rapid City Academy	Rapid City	Y	Data collection
USD Student Counseling Centre	Vermillion	Y	Data collection
Worthmore Treatment Center (Julie Pfeifer)	Statewide	SA, Y, VETS	Data collection
Black Hills Recovery Center (Kathy White)	Western South Dakota	SA	Data collection
Keystone Treatment Center (Bob Brown)	Eastern South Dakota	SA	Data collection
Aspire High Alternative School (Quinton Pease)	Southeastern South Dakota	Y	Data collection

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

**3. Continuum of Care goals and system under development.**

**a. Strategy for ending chronic homelessness in South Dakota.**

The first step in developing the strategy to end chronic homelessness in South Dakota is to define the problem and determine the causes of chronic homelessness in the state. Nationally, several books and studies have identified extreme poverty, rents rising faster than income, de-institutionalization of the mentally ill, insufficient supply of affordable housing, and poor links between existing government resources and the homeless and near homeless as the major causes of homelessness. We need to determine if the causes in South Dakota are consistent with these and how they differ here, if, in fact, they do.

A second necessary step is to use this information to get all the pertinent players to recognize that there is a problem and educate themselves on what role they can play in the collaborative effort to stop the cycle of homelessness. To be successful in this effort, policy makers, service providers, and community leaders must work together to develop a new framework for serving the chronically poor, those with severe disabilities, and those who are constantly on the verge of homelessness. The “old” system, in which services to the homeless were delivered sporadically by numerous providers, must be replaced with a system that provides an organized, systematic spectrum of services aimed at addressing all the homeless person’s needs.

The formation of the South Dakota Homeless Consortium has clearly been a significant step toward the goal of ending homelessness. Although the consortium has had a number of successes so far as including key players, much has yet to be done to achieve true statewide coverage for all services in all communities. The consortium has also made progress in the area of identifying the gaps in our current system and defining what needs to be done to fill those gaps, but a systematic approach to addressing the needs with a higher level of interagency cooperation and participation has yet to be designed. For this reason, in an effort to achieve better integration of state agency systems (including the implementation of a Homeless Management Information System) a Workgroup including agency directors or their designees will be developed including employees of various key state agencies, particularly, the South Dakota Housing Development Authority, the Department of Human Services, the Department of Social Services, Department of Labor, the Department of Corrections, and the Office of Indian Affairs. These agency directors will need to be committed to ending homelessness by designating staff that have the authority to make decisions, craft policy, and direct resources to the project. This workgroup will develop an Interagency Action Plan with the input of the SDHC Planning and Advisory Committee (PAC). At least one member of each agency will become a permanent member of the Homeless Consortium and progress toward the Action Plan will be monitored quarterly and reported back to the Workgroup. Vital to this process will be the input from constituent groups and providers from a broad geographic and interest area.

Lack of knowledge of existing programs and lack of coordination is the main obstacle to meeting our goal. An education component needs to be developed so that all service providers, community leaders, and governmental agencies understand the full scope of the issues rather than just their current perspective. They need to have a clear understanding of how their piece of the puzzle works and how to link with other resources to make self-sufficiency a reality for the individual. This will also help with the evaluation component of the plan, as the more people who are aware of the holistic system, the more people who will be able to identify problems and help to either redirect the individual or the agency as necessary.

**b. Goals and action steps for strategy to end chronic homelessness.**

<b>Goal: End Chronic Homelessness (“What” are you trying to accomplish)</b>	<b>Action Steps (“How” are you to go about accomplishing it)</b>	<b>Responsible Person/Organization (“Who” is responsible for accomplishing it)</b>	<b>Target Dates (mo/yr it will be accomplished)</b>
Goal 1: Define the problem	<ul style="list-style-type: none"> <li>a. determine the causes of homelessness</li> <li>b. revise the data survey to include causes</li> <li>c. hold a public forum</li> <li>d. hold focus group discussions that include homeless persons</li> </ul>	SDHC as a group  SDHC Information Com./Lisa Bondy SDHC/Vona Johnson SDHC, BHRHC, & SFHC/ Vona Johnson, Melanie Bliss, Dave Hessman	Sept. 2002  October 2002 January 2003
Goal 2: Develop Statewide Interagency Action Plan	<ul style="list-style-type: none"> <li>a. Discuss the development of an Interagency Homeless Workgroup with the Governor</li> <li>b. Establish SDHDA, DHS, DOL, DOC, SS, &amp; the Office of IA Workgroup</li> <li>c. Develop Statewide Interagency Action Plan that is consistent with delivery system</li> <li>d. Monitor progress quarterly at SDHC meetings</li> </ul>	SDHDA/Dar Baum  SDHDA/Vona Johnson  Interagency Workgroup & Planning and Advisory Committee (PAC)  SDHC /Vona Johnson	August 2002  September 2002  January 2003  July 2003 and quarterly thereafter
Goal 3: Provide Education to local providers	<ul style="list-style-type: none"> <li>a. Disseminate Action Plan to providers throughout the state</li> <li>b. Schedule public forums throughout the state to discuss the plan and take comments for improvement</li> </ul>	Interagency Workgroup/SDHC  SDHC	April 2003  December 2003

**c. Other goals and actions**

<b>Goal: Other Homelessness</b>	<b>Action Steps</b>	<b>Responsible Person/Organization</b>	<b>Target Dates</b>
Goal 1: Facilitate Coordination among concerned organizations and individuals	<ul style="list-style-type: none"> <li>a. Continue to identify and collaborate with entities that should be included in the CoC</li> <li>b. Conduct regularly planned Local/Regional meetings</li> <li>c. Do outreach to at least two areas of state where increased participation is needed</li> <li>d. Increase participation of Native American population on and off Indian reservations</li> </ul>	SDHC members  Regional/Local coordinator  SDHC members/Vona Johnson  SDHC members	March 2003  Quarterly beginning by Sept. 2002 December 2002  Sept. 2002

	e. Develop and sign a Memorandum of Understanding to be signed by all participant of the Consortium	Vona Johnson	November 2002 and ongoing as new members join
Goal 2: Facilitate statewide discussion and awareness of homelessness in the state	a. Keep Homeless Consortium web page up to date to keep people informed of events and activities	SDHDA/Greg Jasmer	July 2002 and monthly thereafter
	b. Publicize at least one meeting annually to invite non-members to participate in Consortium	SDHC/Vona Johnson	November 2002
	c. Participate in Annual Homeless Awareness Week. Get homeless and former homeless people involved in event.	SDHC/Local groups	November 2002
	d. Display Christmas Tree decorated with ornaments made by homeless children at State Capitol during holidays	SDHC/Lisa Bondy	November 2002
	e. Develop traveling picture display to show "The Faces of Homelessness in South Dakota."	SDHC/Outreach Committee members	January 2003
	f. Develop Public Service Announcements with "famous" South Dakotans as spokespersons.	SDHC/Outreach Committee members	March 2003
	g. Get personal interest success stories to the media on regular basis	SDHC members/ Outreach Committee members – rotate on regional basis	Beginning July 2002 and monthly thereafter
Goal 3: Assess the Gaps and Assets to ensure statewide needs are met	a. Analyze processes to ensure that Mainstream Resources are effectively being utilized.	SDHC/Workgroup	December 2002
	b. Implement a statewide HMIS	SDHC/Vona Johnson	October 2003
	c. Continue to analyze situation to ensure that we are addressing greatest needs	SDHC/PAC	February 2003
	d. Develop strategy to seek additional resources	SDHC	February 2003
	e. Update Written Agreements between providers and public agencies annually	SDHC	September 2002 & annually thereafter

d. Fundamental services

**Fundamental Components in CoC System (Service Activity)**

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) and Community Action Agencies (CAAs) for rental/mortgage and other assistance.
- The Department of Labor and the Department of Social Services partner in many locations in a **One-Stop Service Center**. Clients can assess assistance programs by visiting just one location. Other service providers often have their representatives co-located in these centers.
- **Statewide toll-free Veterans hotline** (1-800-827-1000) is operated by the Veterans Administration. This hotline provides a central point where veterans can call regarding potential crises including those that may put their housing at risk.

***Domestic Violence***

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

***Emergency Shelter***

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

***Energy Assistance***

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

***Mental Health***

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

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

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

#### ***Rental/Mortgage Assistance***

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

#### ***Youth Services***

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

#### **Services planned:**

- Increased coordination among shelters and mainstream providers to enhance supportive

services to prevent people from becoming homeless. This will be a collaborative effort of the members of the South Dakota Homeless Consortium and the agencies providing services to persons who are at risk of becoming homeless.

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

- The **Division of Mental Health** funded community mental health centers are the key intake points for CARE and ACT programs, as well as PATH services. Individuals are referred to the community mental health centers by local social service agencies, families, primary care physicians, the Human Services Center (the state psychiatric inpatient facility), law enforcement, domestic violence abuse centers, homeless shelters, churches, etc.
- The various **hotlines** (Domestic Abuse, Veterans, Low Income Energy Assistance, Food Stamps, Child Care Assistance, Housing, Suicide, AIDS, Birthright and Crisis Care) are advertised across the state and are marketed to social service agencies, churches, missions, food pantries, and other places where homeless and low income persons come in contact. Once a person has contacted the hotline, they are referred to the most appropriate service and program along the continuum.
- The 37 **Public Housing Authorities** throughout the state refer people in danger of becoming homeless to community resources in an effort to help them maintain their housing.
- **SD Dept. of Labor and Dept. of Social Services** have offices in every county in the state. Following federal Welfare Reform legislation, the DOL or the Community Service Workers often became the first point of contact for individuals seeking assistance. Staff has knowledge and information regarding all the services involved in the continuum of care for the homeless. **Information** is shared with clients and **referrals** are made to the agencies where assistance can be obtained.
- Information regarding accessing the **SD Food Stamp Program** is available to homeless through a number of resources. Many of the providers and caseworkers that work with people who are at risk of becoming homeless refer participants to the Social Services offices as a matter of course. Brochures describing the benefits of the program are made available at all the missions, shelters, food pantries, etc. statewide. Since the Food Stamp Program is such a long standing program and food is a primary need, the Social Services Offices are many times one of the first points of contact for someone who is homeless or at risk of becoming homeless. Staff will use whatever means are appropriate and necessary to get people to Social Services to access this service.
- **Community Action Agencies have outreach workers**, community service workers, and volunteer community action teams covering the entire state. **Information about and referral to resources** for the homeless is a major part of their service delivery system.
- Prevention of **Domestic Abuse** is best accomplished by public education, teaching people about domestic violence and sexual assault and what services are available to people who need help out of at risk situations. Shelter staffs frequently speak to service clubs, community groups, youth and children. Public interest stories in newspapers are another effective way to educate the public of domestic violence and sexual assault.

Component: *Outreach*

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

**Outreach in place:** In South Dakota, outreach is provided by emergency shelters, mental health centers, crisis hot lines, meals programs, organizations serving Native Americans, churches, community health nurses, community action agencies, county welfare offices, law enforcement officers, and the courts. Each of these agencies will refer individuals and families on to other service providers if they see that additional services are needed.

#### ***Domestic Violence***

- The statewide **domestic violence hotline** (1-800-4330-SAFE) and the national domestic violence hotline are listed under Crisis Intervention in regional phone books and make referrals to the appropriate shelters in South Dakota. Individuals in jeopardy of becoming homeless are referred to **Domestic Violence Shelters** by local partnering agencies; law enforcement personnel; brochures at agency offices; emergency phone numbers on pay phones; local public awareness campaigns; posters; newspaper articles/ads and other media (radio and TV).

#### ***General***

- **County Welfare offices** are often the first point of contact as they provide services to indigent individuals and families. They assess recipients of their services to determine if additional services are needed and make necessary referrals.
- The nine **meal programs** in the state provide outreach to people who are new to the community or who revolve back into the program to ensure that people are linked to the services they need. They make contacts with county welfare offices, churches, county health nurses and other providers to ensure that people needing assistance are made aware of the program.

#### ***HIV/AIDS***

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

#### ***Seriously mentally ill:***

- **Homeless Outreach Workers** with the Department of Mental Health respond to referrals and go out into the communities to find and engage homeless individuals and families in services and shelter. The Homeless Outreach Workers focus on persons with mental illness who are homeless or at risk of becoming homeless and specifically focus on targeting chronically homeless people.
- **CARE, ACT, and PATH** services are provided in the community, in people's homes, workplace, or on the street, through 11 non-profit community mental health centers.
- **Assertive Community Treatment Teams** conduct outreach to extremely high need

homeless and chronically homeless individuals and creatively engage individuals with services and housing assistance. They seek out the homeless by searching the streets, drop-in centers, meals programs and other places that homeless people go.

#### ***Substance Abuse***

- There are 13 core service agencies within the state that cover 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 work more directly with the chronic homeless. The majority of their clients come to them from detox after having been picked up by the local law enforcement.

#### ***Veterans***

- The Rapid City and Sioux Falls **Vets Centers** do outreach throughout their service areas and link homeless veterans to the appropriate service providers if they are the first point of contact. The Readjustment Counseling Services, aka Vets Center, in Sioux Falls does outreach to the Kateri Center, a homeless drop in center located near the Banquet in Sioux Falls. They are also in regular contact with the St. Francis House, the Union Gospel Mission and Timothy's House of Hope to link up with any homeless veterans that might access those shelters that could benefit from the services the Vet Center provides.
- In South Dakota, VA operates major medical centers in the Black Hills (Fort Meade and Hot Springs) and Sioux Falls. South Dakota's **VA facilities** admitted 5,748 inpatients in 2000. During the same time period, there were 321,535 outpatient visits. To provide more accessible care for veterans, VA opened community-based outpatient clinics in Rapid City, Pierre, Sioux City, Aberdeen and Eagle Butte. Primary care is also delivered through rural outreach clinics in Winner and Rosebud. Additional sites are planned for Isabel and Faith. Specialty outreach programs are located on the Standing Rock Indian Reservation at McLaughlin. Veterans outreach centers are located in Rapid City, Martin and Sioux Falls. Veterans Service Officers in each county work with military veterans to match them to services available and facilitate their entry into the appropriate services.
- The largest outreach effort for veterans is the annual **Stand Down**, scheduled for September 6 and 7, 2002, in Sioux Falls. Outreach for this effort is in the form of public service announcements; newspaper advertising; and flyers that are distributed to grocery stores, bars, and other local businesses. This has grown into a large local event that heightens the awareness of local homeless issues and brings a variety of homeless and other veterans together with providers to increase the knowledge of the programs available.

#### ***Youth***

- The **Bowden Center**, a drop in center for youth in Sioux Falls, provides a place for young people to go for services and shelter. They have a team that goes into the community to search for young homeless people who need assistance. They seek homeless youth in places like the roller skating park, the bike trails, the Banquet (the meals program in Sioux Falls), and the mall, where young people typically hang out. The Team Members wear readily identifiable clothing for safety sake. From the contacts made on the street, team members refer the kids to emergency housing, and other services that may be necessary such as nursing care, pregnancy testing, education and or job services. The youth may stay at the

emergency services bed for up to two weeks will staff work to link them to the necessary services including emergency or transitional shelter (preferably not those targeted to adults).

**Outreach planned:**

- The Division of Mental Health, through its PATH program, has and will continue to seek ways to improve identification and outreach to homeless individuals with SPMI and those with SPMI and substance abuse issues.
- The Vet Centers and other providers will continue to host the Stand Down for Veterans in the state.
- The Bowden Center plans to increase its services to include laundry, phone, and showers. It is expected that these services will increase the desirability of the shelter for the kids it is intended to serve.

**Component: Assessment**

An accurate determination of what services homeless persons and families need is fundamental to the success of this process. Once the individual or family is engaged, caseworkers work to link them to their most immediate needs first and continue working with them until all needs have been met.

**Services in place:** Each initial point of contact has their own assessment process. While some have become coordinated and share intake information, others are less sophisticated and simply pass the person or persons on to one of the more highly developed facilities to complete the assessment. Generally, the type of information gathered includes, name, social security number, date of birth, historical information, observation of behaviors, race, gender, family make-up (if appropriate), circumstances and length of the homelessness, emergency contact information, where they are currently sheltered, needs and goals, expectations for help, etc. Some of this information will be on file as result of an earlier contact and it will be necessary to only update the information. It is critical for providers to work together to insure continuity of services.

Once the crisis has been assessed, provisions for immediate basic needs such as shelter, clothing, food, and safety are made. Depending upon the information obtained in the initial assessment, the individual or family may be referred to other organizations for more comprehensive assessments or evaluations. Some referrals may include: the community based mental health center; a substance abuse treatment or detox center; homeless health care clinic for evaluation, assessment, TB screening, and treatment; and/or legal aid for assistance or advice. At the most appropriate service provider, a case manager is assigned to help the individual develop a plan for self-sufficiency. To accomplish this, many providers strive to help the client establish goals and objectives for education and employment; addiction and recovery; mental health treatment; financial, saving, and debt reconciliation; housing; and participation in activities that would assist to develop personal, social, and community skills through volunteerism; as appropriate.

**Services planned:** Expand this collaborative effort to the more rural areas of the state and to some of the providers in some communities that are not currently hooked up to the system. The development of the Workgroup at the state agency level will help make the system more effective, as will education of the various providers regarding what to look for and where to make referrals if problems in certain areas are discovered or suspected during a contact with the individual. The lack of knowledge of existing services, both mainstream and those provided by nonprofits, appears to be one of the largest gaps in our system today. Proper case management

education and training will be the key to resolving this issue, as will the proposed Memorandum of Understanding that is expected to result for the Workgroup that will be formed in the near future.

**How homeless persons access/receive assistance:** Homeless individuals and families typically will access the system at a rescue mission or emergency shelter, at the local Social Services Office or County Welfare Office, the local County Health Nurse office or Human Services Office, a Salvation Army store, a hospital or the state psychiatric hospital, one of the Veteran's Centers, a domestic abuse center, a drug and alcohol treatment center, a mental health drop in center, the local law enforcement officials, a banquet or food pantry, a facility designed to help Native Americans such as the Native American Heritage Association or the Indian Health Services, or one of the Homeless Outreach Programs designed specifically for that purpose. Once in the system, the point of contact then refers the individual or family on to other points as determined needed by the initial assessment.

**Component: Supportive Services**

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

**Services in place:**

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

***Life Skills*** – Life skills are taught by a variety of agencies within the continuum of care. Most of the transitional and permanent housing facilities provide life skills training to their residents within the home situation; the Adjustment Training Centers and Mental Health Centers also

provide it to their clients, often within the client's home setting; and the Career Learning Centers provide some life skills training on job related issues such as interviewing, how to dress, timeliness, how to handle day care concerns, health concerns and job retainage issues to their clients.

**Alcohol and Drug Abuse Treatment** - There are 58 accredited Alcohol and Drug Treatment Facilities listed in the state Resource List for Children, Youth, and Families, located in 29 different communities. Services available include detoxification, inpatient and outpatient treatment, and follow-along. Funding is available for low-income persons to receive treatment services at reduced expense, through various federal/state programs. **Early Intervention and Outpatient Services** are provided in nonresidential facilities that provide direct supportive client contact, indirect or collateral client contact, community information and liaison services, and formally planned counseling services. **Detoxification services** are short-term residential programs providing for the supervised withdrawal from alcohol or drugs. The programs provide temporary care, information, motivational counseling, evaluation, and referral and provide for entry into more long-term services. **Inpatient treatment services** are medically monitored intensive inpatient programs that provide structured and intensive treatment for alcohol and drug abuse to individuals who require close supervision due to the severity of their chemical addiction. **Day treatment programs** are nonresidential programs that provide clients with a minimum of 20 hours of regularly scheduled treatment per week in a clearly defined, structured intensive treatment program. Clients enrolled in the program are provided housing within a supportive environment that is peer based. **Case management services** are provided by the Division of Alcohol and Drug Abuse for all adults and juveniles placed in Inpatient treatment, Day treatment, and Long term residential treatment for the chronic recidivistic clients funded with public sector dollars. **Prevention programs** promote the personal and social growth of individuals in order to avoid drug and alcohol related problems. **Gambling treatment services** include assessment, individual counseling, group counseling, intensive outpatient treatment, day treatment, and inpatient treatment. **Corrections Substance Abuse Programs** provide a continuum of chemical dependency services to adult and juvenile offenders which offer them the knowledge and tools to live chemical and crime free lifestyles.

**Mental Health Treatment - Crisis assessment and intervention** is available to clients, including those who are homeless, 24 hours per day, seven days per week, at the eleven community mental health centers throughout the state. Each facility has a catchment area to ensure the people from every county are served. **Liaison services** are available to facilitate movement from in-patient psychiatric hospitalization, residential programs, local hospitals, correctional facilities, and in-patient drug and alcohol programs back into community settings. Services include development of community resources, coordination with other support networks and contacts with the individual's family to assure that changing needs are recognized and appropriately met. **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 performs **basic living activities**.

Development of **psychosocial skills**, provided by ACT, CARE, and PATH providers include development of social skills, building relationships with landlords, neighbors, and others, and development of assertiveness skills, and self-esteem, as necessary.

**Indigent medication program** to provide 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 through either 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, and mental health care, transportation, etc.

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

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

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

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

***Employment Assistance*** - Goodwill Industries has a Work Adjustment Training Program available to individuals with a diagnosed disability and a Managed Work Site Program for individuals on the TANF program in South Dakota. These individualized programs provide a

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

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

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

***Transportation*** – There are currently 21 public transportation systems in the state: Aberdeen Rideline serving the Aberdeen area; Spink County Transit; People's Transit in the Huron area; Sanborn County Rural Transit; Community Transit in the northeast part of the state; Watertown Transit serving the Watertown area; Inter Lakes Community Action serving the east central part of the state; Brookings Transit serving the Brookings area; East Dakota in the Madison area; Rosebud Transit serving Mellette and Todd County areas; River Cities Transit in Pierre/Ft. Pierre; Palace Transit in the Mitchell area; ROCS serving the south eastern part of the state; Yankton Transit; SE Transit in Vermillion; Arrow Transit serving Lemmon, Bison, and Faith; Prairie Hills Transit serving the Northern Black Hills area; Rapid Transit in Rapid City; Estelline Community Transit serving communities near Estelline; and Clark Transit. Others are pending in the far southeast tip of the state, Brandon, Dell Rapids, Onida, and Mound City. Of the eight remaining transit systems, many will give rides if asked. To assist people in accessing these systems, organizations such as Community Action Agencies issue vouchers for individuals to access local transit systems for such activities as job search, taking children to child care, travel to and from work, etc. Local referral assistance agencies, such as the Pierre Area Referral Service, also have limited funds for similar situations.

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

The Sioux Falls Homeless Coalition also administers the Wheels to Work Program that is funded by Minnehaha County. Under this program, \$12,000 per year is allotted to obtain quality used and donated used cars for reliable transportation. The cars go to working single mothers with small children.

**Other –**

**Health Care:** Individuals can access health care through their local Community Health Services and Public Health Alliances Offices, which provide professional nursing and nutrition services and coordinate health-related services to individuals, families, and communities in 85 locations across the state. Services include education and referral, immunizations; communicable disease testing, counseling and education; developmental screenings; management of 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. **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, the Pierre Police Department carries PARS vouchers and is the contact agency for emergency assistance. The Banquet in Sioux Falls served nearly \$106,000 meals last year and will serve more this year as they have added a breakfast to their plan. Of these, 20 percent are served to homeless individuals with 22,000 children being served.

**Clothing:** There are 14 organizations such as Goodwill, Salvation Army, and others that are listed in the Resource List for Children, Youth, and Families that distribute clothing. In the Pierre area, both Hospice & Value Village (organizations that take clothing donations and sell them to raise funds) work closely with Pierre Area Referral Services to meet the needs of the homeless population in Central South Dakota. There are similar arrangements available in most larger

cities in the state. Other programs, such as the National Guard Wives program, also furnish clothing as needed. Work required clothing (e.g. work boots, uniforms, and so on) may be purchased through local referral services, One-Stop Centers or other providers.

**Native American:** The United Sioux Tribes serve all South Dakota Indians on and off the reservation as well as other recognized tribes through a wide usage of existing programs, develop and implement new programs, and actively promotes the Native American into the State's economic resources. Currently the services provided are the Work Force Investment Act and Employment Assistance Programs. They are in the process of initiating new programs in the areas of Substance Abuse, Transitional Housing, youth programs and will make every effort to formulate activities and events not only to benefit Native American people, but the general public as well.

**Services planned:** The Cornerstone Rescue Mission, an established homeless shelter in Rapid City plans to expand its services to include a **Job Opportunities Program (JOP)** that will provide on the job work experience in carpentry; landscaping; building maintenance; retail sales and service; janitorial and housekeeping service; and basic computer skills. Participants may choose to improve their job skills by enrolling in the Career Learning Center Programs or the local technical institute's commercial driver's license program. Expenses not covered by existing mainstream programs may be paid for by JOP. The mission is applying under this CoC grant for funding for this program.

Expanding the knowledge and skill base of **CARE, ACT, and PATH** providers to ensure that appropriate and effective services are available to individuals with dual disorders of mental illness and substance abuse. The Division of Mental Health recently hosted a Technical Assistance for "Implementing Interventions for Individuals with Co-Occurring Mental Health and Substance Use Disorders. This program will be evaluated and additional sessions will be developed if deemed beneficial.

Increase in funding for **mental health services for children** in the custody of the Department of Social Services.

**Goodwill Industries**, through its **Vocational Success Program for the Homeless** funded under last year's CoC Grant, is in the process of implementing a program that will assist chronically un- and underemployed 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 will last up to a maximum of 12 weeks per individual, followed by up to 90 days of continued guidance in job retention success. Goodwill will complete education for participants by obtaining referrals to other agencies for permanent housing, etc.

**HELP!Line** plans to provide individualized education to homeless parents on an on-call basis to help the parent understand issues related to acquiring good **childcare**. This service will be an expansion to the brochure that is already made available and will walk the parent through the process rather than doing it for them or just handing them a listing of available resources. This will provide the homeless family with comfort in knowing that they have made good, safe choices as to where their children will be cared for while they are seeking work, services, or housing and while they are working once they find employment.

The Sioux Falls Red Cross is expanding its services as the result of receiving funding under the HOPWA program to include rental assistance on a statewide basis to persons with **HIV/AIDS**. This will include 17 short term (21 weeks or less) and 17 long term (for up to 3 years) vouchers. They will also expand their case management services under this grant.

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

**How homeless persons access/receive assistance:**

Homeless persons with **mental health and substance abuse** issues can access those related services through the Division of Mental Health or through a local community mental health center and through the Division of Alcohol and Drug Abuse. As is the case with all **supportive services**, the key factor in a homeless person's access to services is the quality of the outreach and intake service that person receives. The key person in that equation is the outreach specialist/caseworker. When someone applies for services, the caseworker goes through an analysis of the person's needs and resources, and then decides to whom to refer the applicant for assistance. The person then travels from the intake source to the referred party, who may be in the same organization as the intake source, or may be housed in a completely different location/organization. In rural areas with limited or no access to public transit, transportation may be a barrier to accessing the services, although the many public transit systems in the state should be able to help with this if they are asked to provide assistance. Many agencies and service providers have assistance available in the form of vouchers and/or volunteer drivers who can provide a limited number of rides.

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

Homeless people can call 1-866-854-5465 (toll free) to get more information on the **Rx Access** program or they can contact the local Department of Social Services offices and ask for an Adult Services and Aging representative.

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

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

There exists a natural concern, especially in a state as sparsely populated as South Dakota, that homeless persons could "fall through the cracks" and not be able to gain access to needed services. It is true that there is not an overabundance of service provision sites in some of the

more rural areas of the state, but it must be realized that services ARE available in most locations within the state. Again, **transportation** tends to be one of the biggest challenges in those areas. Agencies and service providers have proven themselves to be quite creative and innovative in devising methods to meet those challenges. For example, caseworkers schedule office hours at remote sites or schedule visits at homes or other convenient locations. While this may serve to increase costs to the service providers, it is often the only realistic manner in which to provide services to those persons in need. Such adaptability is a trademark of agencies and service providers in South Dakota and other rural states, who have learned over the years what works best and what is necessary to provide services effectively. Coordination of services is not a unique concept in South Dakota; it is a way of life.

**f. Fundamental housing components**

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

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

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

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

<b>Fundamental Components in CoC System (Housing Activity)</b>			
Component: <i>Emergency Shelter</i>			
Provider Name	Facility Name	Bed Capacity	
		Individuals	Persons in Families with Children
Safe Harbor	Aberdeen - Safe Harbor	21	21
Brooking Domestic Abuse Shelter	Brookings Domestic Abuse Shelter	13	11
Women Escaping a Violent Environment	Custer - Women Escaping a Violent Environment	16	16
Wholeness Center	Flandreau - Wholeness Center	8	9
Project Safe	Fort Thompson - Project Safe	10	10
YWCA Family Violence Program	Huron - YWCA Family Violence Program	10	9
Domestic Crisis Outreach Office	Lead - Domestic Crisis Outreach Office	3	3
Communities Against Violence and Abuse	Lemmon - Communities Against Violence and Abuse	14	14
Madison House of Hope	Madison House of Hope	7	9
Mitchell Area Safehouse	Mitchell Area Safehouse	20	20
Bridges Against Domestic Violence	Mobridge - Bridges Against Domestic Violence	12	13
Cangleska, Inc.	Ohitika Najin Win Oti	0	11
Missouri Shores Domestic Violence Center	Pierre - Missouri Shores Domestic Violence Center	10	10
Cornerstone Rescue Mission	Rapid City - Cornerstone Rescue Mission	87	16
Working Against Violence, Inc.	Rapid City - Working Against Violence	26	26
Artemis House	Spearfish - Artemis House	23	23
Children's Inn	Sioux Falls - Children's Inn	30	30
St. Francis House	Sioux Falls - St. Francis House	28	28
Volunteers of America	Sioux Falls - Turning Point	32	0
Union Gospel Mission	Sioux Falls - Union	0	

	Gospel Mission		
Women's Circle	Sisseton - Women's Circle	9	9
Crisis Intervention Shelter Services	Sturgis - Crisis Intervention Shelter Services	16	16
Women's Resource Center	Watertown - Women's Resource Center	18	18
Yankton Homeless Shelter Board	Yankton Homeless Shelter	9	9
Yankton Women's Shelter	Yankton Women's Shelter	12	12
Subtotal		434	343

**Housing planned:** **Union Gospel Mission** in Sioux Falls is planning to expand from 48 beds to 150 beds in the next few years.

**Corner Stone Rescue Mission** in Rapid City currently provides 62 beds for men, 24 for women, and 6 family rooms. They plan to expand to provide separate services for women and women with children in the next few years.

**Children's Inn in Sioux Falls** is also planning to expand.

**How homeless persons access/receive assistance:** Since the majority of the shelters in the continuum are domestic violence shelters, most homeless people access the shelters by referral from friends, local law enforcement, service organizations, churches, and through the crisis hotlines. There are two emergency shelter organizations in the state, the South Dakota Network Against Family Violence and Sexual Assault and the South Dakota Coalition Against Domestic Violence and Sexual Assault.

For other populations, access to other emergency shelters is less systematic. Access is through street outreach, walk-ins, and referrals from social workers, case managers, meals programs, salvation army or good will agencies, the health care system public housing authorities, or the police. There is a need for targeted outreach to veterans, people with mental illness, and people with substance abuse issues. South Dakota's new alliance with North Dakota and Montana is hoping to address this need for outreach to people with HIV/AIDS.

Working together, service providers ensure that access to homeless services and shelter is responsive to consumer need. Most have only minimal application processes and can accept clients the same day or refer clients to other services. Most will arrange for transportation if none is otherwise available. Shelters work together, either because of space limitations or because the shelter is not equipped or funded to serve only a particular population. They have developed a network to contact other shelters to find alternative space and arrange for transportation for the consumer, where necessary. If shelter is otherwise not available, County Welfare offices will often put a family up for one or two nights in a hotel while they help a family find shelter.

Component: **Transitional Housing**

Provider Name	Facility Name	Individuals	Persons in Families with Children
CADC	CADC	31	0
Glory House	Glory House	39	0
Timothy's House of Hope	Timothy's House of Hope	8	0
Women Escaping a Violent Environment	Custer - Women Escaping a Violent Environment	14	14

Community Counseling Services - Huron	Huron - Bradfield-Leary Center	16	0
YWCA Family Violence Program	Huron - YWCA Family Violence Program	3	3
Capital Area Counseling – Pierre	Pierre	8	0
Native American Heritage Foundation	Rapid City	0	63
Behavior Management Systems	Rapid City - Full Circle	15	4
Carroll Institute	Sioux Falls – Arch	15	0
Berakah House	Sioux Falls – Berakah House	8	0
Sioux Falls Veterans Administration Medical Center	Sioux Falls - Compensated Work Therapy Program (CWT)	4	0
American Indian Services & Minnehaha County Welfare	Sioux Falls - Dakota House	0	8
Inter-Lakes Community Action	Sioux Falls - Heartland House	0	43
American Indian Services & Minnehaha County Welfare	Sioux Falls - Lakota House	0	3
Turning Point	Sioux Falls - Runaway/ Homeless Youth Program	8	0
Volunteers of America	Sioux Falls - Turning Point	0	8
Volunteers of America	Sioux Falls – Transitional Living Program		9
Human Service Agency - Watertown	Watertown	13	0
Southeastern Behavioral HealthCare	Wayne Dahl Transition House	12	0
Yankton Women's Shelter	Yankton Women's Shelter	4	4
Subtotal		198	159

**Housing planned:**

**Behavioral Management Systems** in Rapid City plans to expand its housing options to pregnant youth with substance abuse issues in the next few years. This will allow additional young women to be served and, by freeing up existing units, allow them to serve additional Severe and Persistently Mentally Ill clients.

**Heartland House** in Sioux Falls is currently in the process of raising funds to expand its services to additional families. They are pursuing CoC funding under this grant to assist in the financing of the expansion of this crucial housing program in Sioux Falls. There currently is also discussion about adding this type of program to other communities in the state.

**Road Home** a newly proposed transitional facility for single men and women is applying for CoC funding under this grant to provide supportive services with housing to the currently underserved homeless single population in Sioux Falls.

The **New Hope Center** in Pierre is planning to construct a 40 bed facility for homeless individuals and families.

The **Vet Center** in Sioux Falls is planning to establish a transitional house for veterans and non-veterans with programming delivered by community and veteran agencies.

**How homeless persons access/receive assistance:** Homeless persons access referral to transitional housing programs through the Human Services Center, community mental health centers, shelters, the local Public Housing Authorities, drug and alcohol treatment facilities, law enforcement, courts, social service agencies, PATH Outreach Workers, churches, and other referral sources.

Component: *Permanent Supportive Housing*

<b>Provider Name</b>	<b>Facility Name</b>	<b>Individuals</b>	<b>Persons in Families with Children</b>
Community Counseling Services - Huron	Huron - Bradfield-Leary Center	8	
Capital Area Counseling – Pierre	Pierre - Betty's Place	12	
Behavior Management Systems – Rapid City	Rapid City	12	
Timothy's House of Hope	Sioux Falls	12	
Sioux Falls HRC and SE Behavioral Health Care	Sioux Falls - Shelter Plus Care (TBRA)	19	
Sioux Falls HRC and ICAP	Sioux Falls Tenant Based Rental Assistance (TBRA)	0	20
Subtotal		63	20

**Housing planned:** SDHDA will continue to preserve and develop affordable housing to ensure an adequate supply of affordable housing. In addition:

- The Sioux Falls Housing and Redevelopment Commission and other **Public Housing Authorities** will be discussing programs that may be utilized to provide tenant based rental assistance to families in crisis/homeless on a statewide basis.
- The Sioux Falls Housing and Redevelopment Commission is applying with Sioux Falls Department of Community Development for fiscal year 2003 HOME funds to continue to provide **tenant based rental assistance with supportive services** to homeless families.
- The **Sioux Falls Housing and Redevelopment Commission** is proposing to renew its existing 19 units of Shelter Plus Care and add 25 units of Shelter Plus Care to the resources available to families in Sioux Falls.
- 20 additional **permanent supportive housing** units for people with severe mental illness will be developed to allow chronically mentally ill individuals the opportunity to live outside the state Human Services Center permanently as the result of an award under the 2001 CoC Grant.
- SDHDA will provide outreach to service providers to make them aware of its new **Rental Locator** service. This is an internet listing of affordable units statewide, listed by region and community with a description of the property and contact information. All shelters, welfare offices, community health nurses, and other points of contacts will be notified of the availability of this service.
- SDHDA will also make the various **toll free numbers** that are available to homeless people known to the public so that they are readily available when people need to access them.
- SDHDA will continue to encourage owners of existing **Section 8 project based** developments to stay in the program.
- **The Local Public Housing Authorities** will continue to apply for additional funding when necessary to meet the needs for housing in their communities.
- There are currently two HOME projects in the planning stages that will provide **permanent supportive housing to people with disabilities**.
- **Supportive services** available to the chronic and episodic homeless population that will provide the necessary life skills training, money management education, and basic supports that assist these families to reenter the rental housing market and maintain their rental status in decent, safe housing.

**How homeless persons access/receive assistance:** Homeless persons access the permanent housing available through referrals from case managers working with the various service providers (see outreach, transitional housing, and supportive services sections). It is hoped that through this process, homeless people will get referrals from any initial point of contact, such as law enforcement, health officials, food pantries, goodwill agencies, welfare offices, and churches. In addition:

- Homeless persons access referral to **permanent supportive housing** programs through transitional housing programs, the Human Services Center, community mental health centers, shelters, drug and alcohol treatment facilities, law enforcement, courts, social service agencies, PATH Outreach Workers, churches, and other referral sources.
- The 36 **domestic violence shelters** and four **traditional homeless** shelters refer families directly to permanent housing when additional supportive services are not needed.
- Homeless people access information about **permanent housing** from the CAP agencies, other service providers, and local Public Housing Authorities.

**4. Homeless Management Information System (HMIS).** *(Your response to this item will not count towards your 25 page limitation.)*

a. **Describe in a brief narrative your Continuum of Care (CoC) strategy to implement an HMIS and the progress you have made to date in obtaining the participation of homeless assistance providers.** Several members of the South Dakota Homeless Consortium attended a HUD sponsored HMIS training and recommended that Consortium pursue the implementation of a system this year rather than waiting until next year to allow time to make adjustments and still be in compliance by HUD’s deadline of 2004. We are truly at the beginning stages of implementation of a system, and are in the process of gathering as much information as possible to insure we start with an adequate system from the beginning. Due to the broad geographic area to be covered by the statewide consortium and the need to expand as new providers are added, it has been determined that a web based system would be most practical for our purposes. We have requested training that would be specific to our needs here in South Dakota from HUD and are waiting for a response to that request. We have researched the Service-Point option that can be accessed through the web, but are still researching issues such as how to network with other state agencies such as Social Services, Labor, Education, Corrections, and Human Services because many of them have their own similar systems. There is much concern about the confidentiality of the individual’s information and how that can be maintained on such a large system. To date, the providers that have been in discussions about the system are excited about the prospects. There is some concern about how to entice others to participate and this has not yet been fully explored. It appears that there will not be difficulty in reaching the 50% of the beds coverage as required by HUD, but we will want a much larger success rate than that for the program to be considered effective.

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

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

c. **If your CoC has already implemented or is seeking to update or expand its HMIS system,** identify in the table below how many of the Current Inventory Beds listed on your Gaps Analysis chart are included in the CoC’s HMIS:

	<b>Current Inventory Beds in HMIS</b>	
	<b>Individuals</b>	<b>Families</b>
Emergency Shelter	_____	_____
Transitional Housing	_____	_____
Permanent Supportive Housing	_____	_____

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

**5. Gaps Analysis**

- a. *Continuum of Care: Gaps Analysis chart. See Below.*
- b. Using the format below, ~~describe~~ identify the data source (e.g., City Shelter Survey), the methods (e.g., mail survey) and counts used as the basis for filling out the columns in the gaps analysis chart. Indicate the specific **point in time** date of data collection (e.g., March 30, 2001) for both “street” (all places not meant for human habitation) and shelter/transitional/supportive housing counts. If street or shelter counts have been taken, **insert total number of persons** identified in the appropriate box.

<b>Data Source</b>	<b>Method</b>	<b>Date of Data Collection</b>	<b>Street Count (number)</b>	<b>Shelter Count (number)</b>
South Dakota Homeless Consortium Point in Time	Mail Survey	January 25, 2002		1,437
Sioux Empire Homeless Coalition Point in Time	Mail Survey/Drive by Survey	August 28, 2001	99	502
Black Hills Regional Homeless Coalition Point in Time	Telephone Survey/Drive By Survey	October 30, 2001	7	445*

\*This number does not include the 491 people residing in motels in Rapid City that do not qualify as suitable housing.

~~c. Describe in a narrative the community’s process and rationale for completing the relative priority column in the Gaps Analysis Chart.~~ Describe the data sources and methods identified in 5(b) by explaining:

- (1) **Process and methods:** The South Dakota Homeless Consortium did a point in time survey of the shelters and providers throughout the state on January 25, 2002. A street count was not taken at this time as it was determined that the number of homeless who lived on the street during the coldest month of the year would be negligible. The Sioux Empire Homeless Coalition and the Black Hills Regional Homeless Coalition’s summer counts are also considered as a point of comparison, although the SDHC count was the basis for this grant. For the SDHC Survey, a Key Contact was established in each of the primary points of contact including: Veteran’s, Domestic Abuse, Salvation Army, Dept. of Labor, Mental Health, Health, Youth, and Public Housing Authorities. These Key Contacts were responsible for distributing the survey to all of the agencies within their area of expertise and then collecting them and returning them to SDHDA for compilation. It was determined that the respondents were more likely to reply to a contact they were familiar with than to an unknown agency. Those respondents that provided shelter were asked to identify the number and population served. Those respondents that did not provide shelter, but were aware they were serving unsheltered people on that day, were asked to provide information on those individuals and families. We received over 200 responses this year which is twice as many as was received last year.
- (2) **how your community estimated the number of homeless people living on the streets or other places not meant for human habitation:** We estimated the number of homeless people living on the streets by using the numbers counted in the Sioux Falls and Rapid City drive by surveys. Note that the Rapid City numbers considerably lower as the cold of winter had already set in by late October in 2001.
- (3) **Plans for conducting regular point-in-time counts of the homeless (i.e., street, shelter, transitional housing, and permanent supportive housing) using the resources available in your community.** Explain the frequency of the counts you plan to conduct and the methods you plan to use: We plan to conduct an annual point in time survey. This effort will be coordinated with the Department of Education and Cultural Affairs survey as well as the Sioux Empire and Black Hills Regional counts so that we can have a statewide point in time count that will incorporate the local street counts. The methods used will be a combination of a mail survey and a drive by survey. It is hoped that in time the mail survey will be replaced by information

gathered through a statewide HMIS system. It is anticipated that this process will improve the information provided within the State's Consolidated Plan.

## 6. Priorities.

- a. *Continuum of Care: Project Priorities* chart - See below.
- b. **Method of evaluating Renewals:** The performance and effectiveness of the projects that are up for renewal is first analyzed by the individual applicant agency. The agency considered several factors: 1) The Annual Performance Reports (APR) that were submitted to HUD, 2) Was the project implemented in a timely manner?, 3) Is the project operating at capacity or near capacity?, 4) Are the goals of the project being met? 5) Are project participants able to access Mainstream Resources?, 6) Does the gaps analysis of the community show a continued need for this program and/or is there a waiting list of homeless persons wanting to participate in the project?, 7) Are there adequate matching funds and/or leveraging funds available for continuation of the project? After the applicant agency determined the project is effective, performs well and continues to meet a community need, the renewal project was reviewed by a local review committee of the Sioux Falls Homeless Coalition. This committee also looked at performance, effectiveness and community need. The local committee made a recommendation as to the project priority in the Continuum of Care. The last step was a review of the renewal projects by the South Dakota Homeless Consortium. Again the performance, effectiveness and need were considered. The Planning and Advisory Committee (PAC) made the final determination as to whether the renewal projects should be priority projects for the Continuum of Care application.
- c. **Describe how each project proposed for funding will fill a gap in your community's Continuum of Care system. If it is a renewal project, describe what gap will be created if the project is not renewed.**

The five projects prioritized in this application are critical in beginning to fill the identified gaps in this continuum of care application. Each of the applications helps to fulfill a portion of the goal that was identified by the South Dakota Homeless Consortium.

As evidenced in the Gaps and Priorities chart, statewide gaps indicate a great need for transitional housing for families with children; permanent supportive housing for individuals with disabilities, particularly those with severe and persistent mental illness; case management; substance abuse treatment for individuals; job training and housing placement for all sub-populations. The survey also indicates a need for life skills training for both individuals and families.

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

- **Priority 1: The Shelter Plus Care Project in Sioux Falls** will provide an expansion 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. The project will provide rental assistance for 22 individuals or couples in a one bedroom unit, two families needing a two bedroom unit and one family needing a three bedroom unit, for a total of 25 newly assisted households. All participants will receive supportive services and case management from the Southeastern Behavioral Healthcare to allow them to stabilize their lives and live in the permanent housing.

This project addresses the priorities of permanent supportive housing, services to the seriously mentally ill population, and case management.

- *Priority 2: **Heartland House*** will provide additional transitional housing for families who need intensive supportive services so that they might move into permanent housing solutions. It is an expansion of an existing program that has been very successful and fills a definite need in the Sioux Falls community. This project addresses the priorities of transitional housing for individuals and families, case management, and life skills training.
- *Priority 3: **Job Opportunities Program*** is a job training program that will provide necessary skills and training to people residing in the transitional housing facility in Rapid City. The Cornerstone Rescue Mission application will assist residents with the basic skills that they need so that they can get suitable employment through an on-the-job training program. This project addresses the need for job training and case management.
- *Priority 4. Priority 5.* A Statewide **HMIS** system will track homeless individuals and families across South Dakota to enable them to get the appropriate services and help get an unduplicated point-in-time count of the homeless in the state. This program will help the providers to link together and provide a more cohesive package to homeless individuals and families and will help assess the progress of the Statewide Continuum.
- *Priority 5. **The Shelter Plus Care Project in Sioux Falls*** will provide a continuation of an existing program that currently serves 19 households. This tenant based rental assistance program will serve homeless persons with serious mental illness, some of whom may also have chronic substance abuse problems. All participants will receive supportive services and case management from the Southeastern Behavioral Healthcare to help them to stabilize their lives and live in the permanent housing. This project addresses the priorities of permanent supportive housing, services to the seriously mentally ill population, and case management.

**d. Project selection and priority placement**

Projects were solicited in a number of ways. First, a South Dakota Homeless Consortium meeting was held in conjunction with the Statewide Housing Conference held in Pierre on November 7, 2001, in an effort to bring the awareness of the organization to more housing professionals in the state. Approximately 3,500 invitations were sent to prospective attendees for the housing conference. Twenty-eight people attended the session at the housing conference. In addition, the press release related to the success of the South Dakota Homeless Consortium's first year was printed in newspapers statewide and invited interested parties to contact the Consortium if they were interested in participating in the process or submitting an application for funding.

A solicitation for applications was also made at each Consortium meeting and an application submission date of May 8 was established for a one page summary of each proposal and each applicant made an oral presentation at the May 21 Consortium meeting allowing all members to have the opportunity to express comments for or against each proposal.

Each application was then rated by the Planning and Advisory Committee (which also met on May 21) against the HUD submission criteria to determine if it meet threshold requirements. The applications were then evaluated against the gaps analysis information to determine which met the most prevalent need, taking into consideration the prioritization of the local organization to which the applicant belonged. If there was no local competition, then the proposal would compete statewide only. The applications were prioritized using a majority voting system, with any members with an identity of interest abstaining from the vote. Although there was a question about whether those with an interest in a project should be involved in the discussion at all, there was a consensus that the need for the expertise held by those on the advisory committee outweighed any concern that they might sway the voting members. It was agreed that the groups

need to the homeless population with as much geographic distribution as possible would ensure the success of the statewide consortium. The intent of the organization is to monitor this process to insure that fairness and impartiality will be maintained as the organization grows.

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

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

No written complaints concerning the process have been received to date; however, a number of issues arose that indicated that additional modifications to the selection process will need to be made prior to future application cycles to ensure more consistencies between applications and criteria considered and to make the presentation process more equitable. ~~Describe the relationship between the Project Priorities and relative priorities on the Gaps Analysis chart.~~

## 7. Supplemental Resources.

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

As with the earlier described programs that target homeless persons specifically, there are many points of entry into the mainstream programs that are available to homeless persons. The primary goal is to assist homeless persons and families to obtain the supportive services and appropriate housing that will allow them to end the cycle of homelessness forever. The Mainstream Resources listed below are key factors in success of this goal. The first point of contact for most people will be either the Social Services office, the One Stop Career Centers, or the Career Learning Centers who then will refer the individual or family on to the other providers as necessary. Because so many of these offices are located within the Local Service Center with in the County Courthouse in most County Seats, the provider can walk the participant to the appropriate office for additional services rather than just making a referral when it is determined that they may qualify for services they are not already receiving.

Homeless people generally approach the Social Services offices for economic assistance as a result of outreach to the clinics, homeless shelters, libraries, and schools. If they apply and qualify for **Food Stamps**, they will also be considered for Temporary Assistance to Needy Families (**TANF**), State Children's Health Insurance Program (**SCHIP**), and are automatically are enrolled into the **Medicaid** Program. While Food Stamps and TANF require a face to face interview for enrollment, requests for Medicaid and SCHIP can be faxed in for faster turn around. There are 42 Social Services Field Offices where clients can access child protection services, child support enforcement, economic assistance, and adult services; in counties where this isn't a permanent office, social workers staff temporary outreach offices. In Sioux Falls and Rapid City, the Social Services Offices are located in the same offices with the Labor Offices. In other communities, their offices are in close proximity to one another. Persons entering the service continuum at any point are assessed to determine need for mainstream programs and are assisted in applying for those programs determined as necessary.

Homeless persons can identify themselves as such on the application for Social Services benefits and, therefore, can qualify as a non-monthly reporters for a 3 month period. This allows them to receive the benefits without having to report back to the agency every month. It also allows the case worker the opportunity to make referrals to other agencies that may have appropriate benefits.

There are 19 One Stop Career Centers throughout South Dakota. Since they offer unemployment insurance, **Temporary Assistance to Needy Families (TANF)**, and **Workforce Investment Act (WIA)** services, some homeless people may come to them for those services and will be identified through the intake process. Most homeless people will qualify for the more intensive services available through the Career Learning Centers, where they would receive one on one counseling and a higher degree of help in preparing for and seeking employment. In both programs, the goal is no longer to just get the individual a job, but to find them a position that fits the persons interests and skills and one where the person has a higher potential of retaining the position for the long term and where their earning potential increases over a reasonable period of time. Case managers work with the individual to ensure that they don't have issues that prevent them from remaining on the job and provide support to them for a period of time after the job starts to head off issues when the come up after employment. Again, caseworkers will assist people

in applying for other appropriate resources and will accompany them to the proper office to access the resources if needed.

Individuals who have a disability or are over age 65 and who have limited resources are eligible for **Social Security Income (SSI)**. Although one can apply for assistance under this program through the Social Security web site ([www.ssa.gov](http://www.ssa.gov)) or through one of the State offices in Huron, Pierre, Rosebud, Chamberlain, or Winner, most will do so through referrals of other agencies such as the Social Services Office, the One Stop Career Center, the Career Learning Centers, the Bureau of Indian Affairs office, etc. Case managers are familiar with the eligibility requirements for this income resource and will check to be sure that potentially eligible persons are receiving their benefits. If they are not, they will assist with the application process and help them through the process of obtaining and maintaining this benefit.

To serve veterans in South Dakota, the **Veteran's Administration** operates major medical centers in the Black Hills (Fort Meade and Hot Springs) and Sioux Falls. South Dakota's VA facilities admitted 5,748 inpatients in 2000. During the same time period, there were 321,535 outpatient visits. To provide more accessible care for veterans, VA opened community-based outpatient clinics in Rapid City, Pierre, Sioux City, Aberdeen and Eagle Butte. Primary care is also delivered through rural outreach clinics in Winner and Rosebud. Additional sites are planned for Isabel and Faith. Specialty outreach programs are located on the Standing Rock Indian Reservation at McLaughlin. Veterans outreach centers are located in Rapid City, Martin and Sioux Falls. As case managers do their intake, they will refer veterans to the VA center for services if they find that the applicant is not already receiving these benefits. .

VA spent more than \$245 million in South Dakota in 2000 to serve more than 77,000 veterans who live in the state. Last year, 36,351 veterans received health care from VA facilities in South Dakota and 11,940 veterans and survivors collected disability compensation or pension payments. More than 1,550 received GI Bill payments for their education, 7,265 owned homes purchased through VA home loan guarantees and 595 were interred at Black Hills, Ft. Meade and Hot Springs national cemeteries.

The advent of the Internet has significantly changed the process for applying for services in South Dakota. The state administered programs all have a description of their programs and services listed on the state website at [www.state.sd.us](http://www.state.sd.us) and most all of the federal programs can be found on the Internet as well. The biggest difference for getting people linked to the service is that a caseworker no longer has to just make a referral hoping that the consumer will follow up if they are not able to walk the client to the referral. Instead, the provider can help the consumer either file the application form electronically or can download the form, help the consumer fill it out and then mail or fax it in for the consumer on the spot. This allows for a much faster response time and insures that the consumer gets the application to the appropriate office.

Another benefit of the Internet is that there are programs available such as [www.benefitscheckup.org](http://www.benefitscheckup.org) that allows consumers to key in their relevant family and income data and get a report on what programs are available for which they may qualify. This specific program is geared for the elderly population, but others may access a similar program at [www.govbenefits.com](http://www.govbenefits.com). Programs like these will help both agencies and individuals to be better informed of the resources available and will be particularly helpful

to those people who may be comfortable “surfing the net,” but not necessarily comfortable calling or visiting a provider until they are sure they qualify for the benefit.

c. Use of Mainstream Resources

Mainstream Resources	Use of Resource in CoC System (e.g., rehab of rental units, job training, etc.), for homeless persons	Specific Project Name	\$ Amount or number of units/beds provided within last 2 years specifically for the homeless
<b>CDBG</b>	The City of Sioux Falls and Rapid City Community Development departments utilize CDBG funds for homebuyer assistance, housing rehabilitation, and land acquisition or site improvements for affordable housing. They are also utilized for public facilities and public services. Some of these projects provide direct assist to the homeless.	<b>Rapid City:</b> Salvation Army \$50,000 Black Hills Legal Services \$30,000 Working Against Violence \$12,000 Black Hills Region Homeless Coalition \$15,000 <b>Sioux Falls:</b> Heartland House \$10,000 Rape and Domestic Abuse Center \$10,000 Sioux Empire Homeless Coalition \$10,000 St. Francis House \$5,000 Glory House \$41,400	
<b>HOME</b>	<b>The City of Sioux Falls Community Development</b> utilizes HOME funds for housing related activities. These include homebuyer down payment assistance, affordable housing development and rehabilitation and programs that directly impact the homeless. <b>SDHDA</b> administers HOME funds to jurisdictions that do not receive funding elsewhere. The funds are primarily used for down payment assistance for first time homebuyers, and gap financing for the preservation and development of affordable housing. Two projects have recently been funded through SDHDA that will serve the disabled populations in Huron and Watertown. Although not specifically targeted to homeless persons, they are available for homeless persons to access and are expected to serve a number of homeless persons*. Two additional projects that are being evaluated will specifically address the homeless population in their communities.	<b>Sioux Falls:</b> Lakota House \$170,836 TBRA \$125,736 Security Deposit/Rental Assistance \$69,648	
<b>Housing Choice Vouchers</b> (only if "priority" is given to homeless)	Most of the Public Housing Authorities give preferences to people who are homeless, but do not set-aside specific funds for that purpose.		
<b>Public Housing</b> (only if units are dedicated to	Again, much of the public housing in the state is available to people who are homeless and, in fact, homeless people will get priority		A total of approximately \$21 million is

homeless)	for such units, but the units are not dedicated to the homeless.		provided to the state for public housing annually. It is estimated that approximately 10% of this amount goes to serve the homeless (\$2.1 million).
<b>Mental Health Block Grant</b>	The South Dakota Division of Mental Health is charged with establishing a system of public mental health services, and receives a portion of it's funding from the Center for Mental Health Services (CMHS) Block Grant. Current system efforts are focused on the appropriateness and array of services. The comprehensive service model of Assertive Community Treatment (ACT) is intended to simplify access to services and eliminate the fragmentation of service delivery. Individuals with severe and persistent mental illness are served through Continuous Assistance, Rehabilitation, and Education (CARE) and ACT programs. CARE services are based on the ACT model. Comprehensive children's mental health services are delivered using a home-based, family-focused service approach, know as the Children's Severe Emotional Disturbance (SED) Program. The Division of Mental Health provides funding to 11 community mental health centers across the state, which provide the above services to all counties in the state. Along with the CMHS Block Grant, the Division of Mental Health receives funding through CMHS for PATH services. 10 of the 11 community mental health centers provide a wide array of housing and mental health services to individual diagnosed with severe and persistent mental illness and/or dually diagnosed individuals with severe and persistent mental illness and substance abuse disorders who are homeless or at risk of becoming homeless and children diagnosed with serious emotional disturbances and their families who are homeless or at risk of becoming homeless. Homeless people can access those related services through the Division of Mental Health or through a local community mental health center.	Projects for the Assistance and Transition from Homelessness	\$288,000 annually for direct services.
<b>Substance Abuse Block</b>	The South Dakota Division of Alcohol and Drug Abuse (DADA) utilizes the Substance	Substance Abuse Treatment Program	\$963,554 of the \$7,137,444 total

<b>Grant</b>	Abuse Prevention and Treatment (SAPT) monies throughout South Dakota to provide a treatment system which includes alcohol and drug assessment services, individual and group counseling services, detoxification services, inpatient treatment services, partial hospitalization services, low-intensity residential treatment services, and a program for dually diagnosed individuals with severe mental illness and substance abuse disorders. Many of the individuals served by these programs are either homeless or have been homeless at some point in time. The Community Mobilization Project (CMP) blends resources of federal, state, and local government together with those of community leadership, volunteers, private and public service providers, families, schools, and all citizens to focus on reducing the incidence of drug and alcohol abuse in the state. The CMP projects, along with the DADA are aware of homeless services available throughout the state. Homeless people can access these services through the Division of Alcohol and Drug Abuse.		was expended for people who identified themselves as homeless.
<b>Social Services Block Grant</b>	The Social Services Block Grant Program in South Dakota is used for Child Protective Services and programs such as respite care for the elderly.		N/A
<b>Welfare-to-Work</b>	South Dakota does not receive a Welfare-to-Work grant.		N/A
<b>State-Funded Programs</b>	The State of South Dakota funds the Domestic and Sexual Abuse program which provides funding to approximately 30 domestic violence shelters across the state.	Domestic and Sexual Abuse Program	\$250,000 annually
<b>City/County Funded Programs</b>	Some counties in South Dakota provide funding for rent, utilities, food, gasoline, and transportation to indigent families. Minnehaha County provides transitional housing, assistance for permanent housing, emergency shelter, and supportive services to the homeless within the county.  A number of local police departments provide outreach, transportation, and referrals to several homeless populations.	The County Welfare Homeless Programs	In, 2001, \$652,233 was spent statewide with \$492,646 of that coming from Minnehaha county. The previous year the total spent in the state was \$682,338.
<b>Private</b>	Many churches throughout South Dakota provide funding and donations to the area food shelters and referral services. Many of the meals programs in South Dakota are	The Banquet in Sioux Falls	Served 105,961 meals in 2001 were served totaling over

	made possible by donations by individuals, churches, and businesses in the communities that purchase, prepare, and serve the food. A number of communities also have drives for school supplies for disadvantaged children. Many financial institutions in the state are willing to support the nonprofit agencies that provide services to the homeless in order to obtain their CRA credits.	The Pierre Banquet  School Supplies distributed by the Banquet in Sioux Falls	\$150,000 in donations; with over 21,000 of them going to homeless people totaling \$30,000. With approximately 20% of the 300 people served weekly, \$8,640 of the overall donations (\$43,200) go to the benefit of homeless families and individuals. \$70,000 in supplies resulting in \$8,750 in supplies going to homeless children.
<b>Foundations</b> (Identify by name)	There are a number of foundations that provide funding that may be available to serve the homeless population in South Dakota.  Sheldon Reese Foundation Sioux Falls Community Foundation – developing an endowment  Members can search the South Dakota Grant Directory for a listing of other resources.	Heartland House Heartland House Endowment Fund (\$3 match for every \$1 raised – will ultimately have \$266,667)	\$10,000 \$200,000

\*Due to the very rural nature of South Dakota, it is not practical to develop housing specifically for homeless populations that cannot serve people at risk of becoming homeless or people who are at risk of becoming homeless. For this reason, many projects serve the homeless population, but are not designated specifically for that population.

**8. Bonus for Empowerment Zones (EZ) and Enterprise Communities (EC). Not Applicable.**

## Instructions for Continuum of Care: Gaps Analysis

### Continuum of Care: Gaps Analysis

	Estimated Need	Current Inventory	Unmet need/ Gap
--	----------------	-------------------	-----------------

#### Individuals

Example	Emergency Shelter	115	89	26
<b>Beds</b>	Emergency Shelter	490	434	56
	Transitional Housing	257	198	59
	Permanent Supportive Housing	121	63	58
	<b>Total</b>	<b>868</b>	<b>695</b>	<b>173</b>
<b>Supportive Services Slots (This section is OPTIONAL)</b>	Job Training	392	203	189
	Case Management	704	366	338
	Substance Abuse Treatment	374	169	205
	Mental Health Care	336	214	122
	Housing Placement	230	116	114
	Life Skills Training	426	227	199
	Other: Meals		54	
	Other: Legal Services		5	
<b>Sub-populations</b>	Chronic Substance Abuse	331	222	109
	Seriously Mentally Ill	228	137	91
	Dually-Diagnosed	198	145	53
	Veterans	118	84	34
	Persons with HIV/AIDS	16	2	14
	Victims of Domestic Violence	253	156	97
	Youth	179	78	101
Other: Job Referrals	51	33	18	

#### Persons in Families With Children

<b>Beds</b>	Emergency Shelter	378	343	35
	Transitional Housing	434	159	275
	Permanent Supportive Housing	58	20	38
	<b>Total</b>	<b>870</b>	<b>522</b>	<b>348</b>
<b>Supportive Services Slots (This section is OPTIONAL)</b>	Job Training	88	11	77
	Case Management	377	206	171
	Child Care	40	15	25
	Substance Abuse Treatment	81	25	56
	Mental Health Care	178	57	121
	Housing Placement	216	95	121
	Life Skills Training	189	83	106
	Other : Meals		72	
	Other			
<b>Sub-populations</b>	Chronic Substance Abuse	96	32	64
	Seriously Mentally Ill	69	24	45
	Dually-Diagnosed	69	16	53
	Veterans	27	14	13
	Persons with HIV/AIDS	16	1	15
	Victims of Domestic Violence	242	69	173
Other	179	60	119	

## Continuum of Care: Project Priorities

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

Applicant	Project Sponsor and Project Name	Numeric Priority	*Requested Project Amount	Term of Project	Program (Check only one)				
					SHP new	SHP renew	S+C new	S+C renew	SRO new
Example: ABC Nonprofit	ABC Nonprofit/ Sarah's House	1	\$1,026,000	3 (yrs)	X				
Example: XYZ County	AJAY Nonprofit/ BeeJee's Place	2	\$500,000	2 (yrs)	X				
Sioux Falls Housing and Redevelopment Commission (SFHRC)	SFHRC/Shelter Plus Care	1	\$784,200	5 (yrs)			X		
Inter-Lakes Community Action, Inc.	Inter-Lakes Community Action/Heartland House	2	\$1,167,836	3 (yrs)	X				
Cornerstone Rescue Mission	Cornerstone Rescue Mission/ Job Opportunities Program (JOP)	3	\$337,440	3 (yrs)	X				
HMIS	South Dakota Housing Development Authority/Statewide HMIS	4	\$79,600	3 (yrs)	X				
Sioux Falls Housing and Redevelopment Commission (SFHRC)	SFHRC/Shelter Plus Care	5	\$114,000	(yr)				X	
		6							
		7							
		8							
		9							
		10							
		11							
		12							
<b>Total Requested Amount:</b>			\$2,483,076						

## Continuum of Care: Project Leveraging

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

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
3	<b>Example: Sarah's House</b>	<b>Child Care</b>	<b>Spotsville Co. Department of Social Services</b>	<b>\$10,000</b>
1	Shelter Plus Care – New	Supportive Services	South Eastern Behavioral Health Care	\$788,567
2	Heartland House	Supportive Services	Department of Social Services	\$509,760
2	Heartland House	Donated Child Care Services	Gloria Dei Church	\$4,650
2	Heartland House	Expanded Food and Nutrition Education Program/Supportive Services	Minnehaha County Extension	\$19,440
3	Job Opportunities Program	Supportive Services	Department of Social Services	\$127,440
3	Job Opportunities Program	Transitional Housing, food, and transportation	Native American Heritage Association	\$108,000
3	Job Opportunities Program	Employment Assistance & Enhancement, Lodging, Self Sufficiency Account	Western South Dakota Community Action Agency	\$60,000
3	Job Opportunities Program	Client Counseling	Behavior Management Systems	\$46,800
3	Job Opportunities Program	Administrative Support, & Clinical and Therapeutic Services	VA Black Hills Health Care System	\$33,675
3	Job Opportunities Program	Wages	J. Scull Construction Service Inc.	\$30,699
3	Job Opportunities Program	Supportive Services	Love INC of the black hills, inc.	\$27,000
3	Job Opportunities Program	Job Training	Career Learning Center of the Black Hills	\$6,200
3	Job Opportunities Program	Wages	Tyler Knue Homes Inc.	\$30,699
4	Statewide HMIS	Operating Expenses	South Dakota Housing Development Authority	\$20,000
5	Shelter Plus Care Renewal	Supportive Services	South Eastern Behavioral Health Care	\$115,000
<b>TOTAL</b>				\$1,927,930

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