Quality of Life Begins at Home

A Ten-Year Plan to Prevent and End Homelessness in South Dakota

South Dakota Housing for the Homeless Consortium
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Executive Summary

Quality of Life Begins at Home: A Ten-Year Plan to Prevent and End Homelessness in South Dakota

The South Dakota Housing for the Homeless Consortium (SDHHC) was formed in 2000, governed by a vision to empower homeless individuals and families to attain self-sufficiency. SDHHC, also referred to in this document as “the Consortium,” is comprised of services providers, government officials, nonprofit groups, and concerned individuals throughout South Dakota. The consortium structure allows South Dakota to receive continuum of care funding from the Department of Housing and Urban Development (HUD), which can be utilized to increase access to services and improve system efficiency, thereby decreasing negative impacts of homelessness.

SDHHC’s strategies to address homelessness are grounded in the following principles:
1) Homelessness is unacceptable and costly
2) Homelessness is preventable
3) Homelessness can be ended through effective education, coordination, and collaboration

In turn, these principles guide SDHHC’s three primary goals focusing on ending homelessness. The three goals are to:
1) Strengthen the capacity of public and private organizations by increasing awareness of collaborative opportunities, homelessness concerns, and successful interventions to prevent and end homelessness
2) Identify and implement system improvements to achieve positive, measureable results
3) Expand, develop, and coordinate the supply of affordable housing and supportive services to prevent and end homelessness and decrease days in shelter

SDHHC realizes that the success of its initiatives relies on a comprehensive service model which considers feedback from clients and current and prospective partners. In addition, the Consortium is committed to ensuring its efforts are culturally-competent and continuously involve groups such as Native American and other minority populations.

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Introduction
The South Dakota Housing for the Homeless Consortium (SDHHC), hereafter referred to in this document as “the Consortium,” was formed in 2000, governed by a vision to empower homeless individuals and families to attain self-sufficiency.\(^1\) The Consortium is comprised of services providers, government officials, nonprofit groups, and concerned individuals throughout South Dakota dedicated to ending homelessness. The consortium structure allows South Dakota to receive continuum of care funding from the Department of Housing and Urban Development, which can be utilized to increase access to services and improve system efficiency, thereby decreasing negative impacts of homelessness.\(^2\)

The National Alliance to End Homelessness (NAEH) also announced the creation of *A Plan, Not a Dream: How to End Homelessness in Ten Years* in 2000.\(^3\) This report drew on research and innovative programs from around the country to outline a new approach to address the problem of homelessness. Under the leadership of the U.S. Interagency Council on Homelessness (USICH), multiple cities and counties have developed and implemented plans to end homelessness. These plans employ a variety of strategies aimed at providing housing and services to decrease homelessness duration and prevent homelessness from occurring in the first place. The suggested strategies have been validated through extensive analysis and have a focus on measurable outcomes.\(^4\)

The Plan detailed in the following document describes the Consortium’s vision and values; provides situational context, including characteristics of the service environment and homeless demographics; and specifies goals, objectives, and action steps intended to help prevent and end homelessness in South Dakota. This final product is the result of dedicated collaboration which occurred over the course of several years. SDHHC’s intent is to ensure both the document and the strategies described herein have the requisite versatility and adaptability to guarantee continued relevance and utility of Plan contents.

An earlier draft of the Plan, reflecting work completed by the Consortium since late 2013, was initially discussed at a Consortium meeting in Pierre on March 25, 2015. A revised version reflecting feedback received during and after the March 25 meeting was submitted for public comment at the following locations and dates:

- Vermillion on July 7, 2015
- Sioux Falls on July 8, 2015
- Mitchell on July 21, 2015
- Pierre Community Action Program training on July 22, 2015
- Aberdeen on August 6, 2015

**SDHHC’s Vision**

- South Dakota - where no one experiences homelessness.
- South Dakota - where everyone has a safe, stable place to call home.

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\(^1\) You can find more information about the consortium, as well as selected South Dakota homeless data and resources on SDHHC at [http://www.housingforthehomeless.org/](http://www.housingforthehomeless.org/).

\(^2\) U.S. Department of Housing and Urban Development, “Continuum of Care (CoC) Program” (accessed March 10, 2015); available from: [https://www.hudexchange.info/coc](https://www.hudexchange.info/coc).

\(^3\) National Alliance to End Homelessness, “A Plan: Not a Dream How to End Homelessness in Ten Years” (accessed March 10, 2015); available from: [http://fb.3cdn.net/naeh/b970364c18809d1e0c_aum6bnzb4.pdf](http://fb.3cdn.net/naeh/b970364c18809d1e0c_aum6bnzb4.pdf).

SDHHC’s Values

- Homelessness is unacceptable.
- There are no “homeless people,” but rather people who have lost their homes and deserve to be treated with dignity and respect.
- Homelessness can be prevented.
- Homelessness is expensive – it’s better to invest in proactive solutions.
- Homelessness is resolved through education, coordination, and collaboration.

SDHHC’s Homeless Definition

SDHHC defines homeless individuals and families as those who lack a stable, safe, and permanent nighttime residence suitable for human habitation. This definition differs somewhat from the homeless definition found in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 in that the Consortium’s definition explicitly underscores the importance of safety and habitability in addressing housing needs. SDHHC’s rationale for doing so was to ensure it concisely formalized the general safety needs of individuals and proactively emphasized the needs of vulnerable populations such as women and children fleeing domestic violence.

Homelessness often has a public connotation and corresponding imagery that is considerably different from the lived experiences of homeless individuals. For example, many picture individuals or families living on the street when asked to imagine homelessness. Conversely, the Consortium considers the following circumstances to be some examples of what homeless and/or at-risk individuals may experience:

- facing impending eviction from a private dwelling unit and the person lacks the resources and support networks needed to find subsequent housing
- facing discharge within a week from an institution, such as correctional institutions or foster care, in which the person has been a resident for 30 or more consecutive days and for whom no subsequent residence has been identified and s/he lacks the resources and support networks needed to obtain housing.
- sharing the housing of other persons due to loss of housing, economic hardship, personal safety, or a similar reason
- staying in motels, hotels, or campgrounds because the person lacks adequate alternative housing
- staying in emergency or transitional shelters
- sleeping in a public or private place not designed for or ordinarily used as a regular sleeping place for people
- staying in vehicles, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings

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7 Additional information about sexual assault resources and contact information can be found on the South Dakota Network Against Family Violence and Sexual Assault’s website: http://sdnafvs.org/about.php and the South Dakota Coalition Ending Domestic & Sexual Violence’s website: http://sdcedsv.org/.
Impacts of Homelessness

PERSONAL

Research has identified homeless populations as being more than twice as likely to be disabled;9 a greater risk for health conditions such as tuberculosis10 and hepatitis C;11 and “at much greater risk of physical and mental illness, substance abuse, assault, and, in the case of children, frequent and prolonged absences from school.”12 Possible intergenerational impacts of homelessness are further illustrated by research indicating that “children without stable homes are more than twice as likely to repeat a school grade, be expelled or suspended, or drop out of high school,”13 which can decrease their likelihood of securing employment. Moreover, research demonstrates correlation between “early adversity and toxic stress” and later “impairments in learning, behavior, and both physical and mental well-being”14 as well as other “acute and chronic health problems.”15

Homeless individuals may also experience difficulties applying for jobs and processing claims for government benefits, with agencies like the Social Security Administration and Department of Veterans Affairs (VA), due to the lack of a stable physical address16 and/or telephone. Thus, another potential source of income is eliminated. Furthermore, the absence of a safe and secure home typically means that homeless people lack storage for documents like accurate personal medical records to document medical conditions requiring treatment, and they may also lack current personal identification, which is also needed for benefits screening.

ECONOMIC

Research on the economic costs of homelessness commonly seeks to ascertain the expenses for services utilized by chronically homeless people. These data are then compared to estimates of the cost of permanently housing homeless individuals and families.17 These studies commonly cite permanent housing costs that are less than the costs of services that homeless individuals may otherwise utilize, such as “health, corrections, and shelter services.”18 However, some caution that such inquiries tend to focus on homeless individuals with mental illness, a subpopulation that comprises “approximately 25 percent of the chronic homeless population, 20 percent of the single adult homeless, and six percent of the parents in homeless families.”19 In addition, researchers indicate that such studies may involve “selection bias” whereby participants are assigned to treatment groups

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9 U.S. Department of Housing and Urban Development. (2010). The 2010 Annual Homeless Assessment Report to Congress, page 17 (accessed July 29, 2015); available from: https://www.hudexchange.info/resources/documents/2010HomelessAssessmentReport.pdf. The Annual Homeless Assessment Report (AHAR) clarifies that “According to HUD’s HMIS Data and Technical Standards (69 FR 45888, July 30, 2004), a disabling condition includes a diagnosable substance abuse disorder. However, the U.S. Census Bureau does not include substance abuse disorders as a form of disability, and thus the broader definition used by HUD is likely to result in larger estimates of homeless persons with disabilities compared to the U.S. poverty and general population.”


14 Ibid.


16 Ibid., footnote 12. Schwartz notes that “The mere lack of a mailing address makes it immeasurably more difficult to apply for jobs or public assistance, or to enroll children in school (Bingham, Green, & White 1987; Cunningham 2009; Hoch 1998; Urban Institute 1999).”


19 Ibid, page 104.
based upon characteristics that suggest to screeners that the participant has a greater probability of realizing a successful housing outcome.\textsuperscript{20}

\textbf{SOCIAL}

Focus on the economic costs of homelessness is not surprising; however, there are also social costs to consider. For example, some assert that “housing is so fundamental to realizing the worth of liberty and the pursuit of happiness that it must be regarded as a right guaranteed to all citizens.”\textsuperscript{21} Additional costs “include dehumanization, diminished capacity to actualize basic societal rights and privileges, and susceptibility to victimization, including violence.”\textsuperscript{22} Moreover, some assert that these costs could also be estimated to help account for their possible associated economic impacts.\textsuperscript{23}

\textbf{South Dakota Characteristics Possibly Impacting Homelessness}

\textbf{CLIMATE & TOPOGRAPHY}

South Dakota’s climate is commonly described as “continental,” characterized by extreme heat and possible tornadoes during the summer and extreme cold and blizzards, at times with heavy snowfall, during the winter. South Dakota can also be divided into a more arable region with extensive agriculture east of the Missouri River and more arid regions west of the Missouri River characterized by livestock grazing.\textsuperscript{24} A map of South Dakota, including topographical features, can be found in Appendix A.

The state’s climate and topography can impact the needs of those who are homeless and at risk of homelessness and result in unique challenges for service providers. Moreover, harsh weather can influence the number of homeless persons who choose to live in “doubled-up” arrangements instead of on the streets or in shelters, which can compromise the accuracy of measures such as the homeless point-in-time (PIT) counts conducted in January.

\textbf{CULTURE}

Examinations of South Dakota’s culture reveal several themes that could inform responses to homelessness and their likelihood of success. For example, the Bush Foundation states that meetings with South Dakotans revealed that they sought to be involved in local decision making processes and are confident that local communities possess the characteristics that allow them to advance ideas and solve problems.\textsuperscript{25} In addition, participants expressed pride in South Dakota and appreciation for “our community and way of life,” including having “neighbors who know me,” “helping each other in times of need,” and “camaraderie in rural areas.”\textsuperscript{26} Recent research focusing on Rapid City echoes many of the themes expressed in the Bush Foundation’s report; for instance, the study notes that “familiarity with other community members” is a pronounced element of rural

\textsuperscript{21} Ibid.
\textsuperscript{23} Ibid.
\textsuperscript{24} National Climatic Data Center. “Climate of South Dakota” (accessed March 15, 2015); available from: http://www.ncdc.noaa.gov/climatenormals/clim60/states/Clim_SD_01.pdf.
\textsuperscript{26} Ibid., page 7.
life. Furthermore, Rapid City residents may apply a “self-ascribed” rural label to their hometown, wholly independent of Rapid City’s quantitative designation as an urban area by sources such as U.S. Census classifications.

Others examine whether some of these rural qualities, such as trust and solidarity, could stifle rural development opportunities. Prior research adds that growth can be hindered by restrictions on “economic exchange and innovation” and that “closed communities unconstrained by strong societal rules are also notorious for corruption and clientelism.”

RURALITY

While South Dakota ranks 17th in the nation in terms of total area (reported as 77,115.68 square miles in the 2010 Census), its comparatively sparse population, estimated to be 853,175 in 2014, rendered it the 46th-most populous state in the nation in 2010. In addition, South Dakota is characterized by pronounced rurality. For example, when the U.S. Department of Housing and Urban Development’s (HUD) definition of “rural area” is utilized to classify South Dakota places and counties using 2010 U.S. Census totals, 359 of 390 places (90.51 percent) and 57 of 66 counties (86.36 percent) are considered rural.

Research suggests that the rural homeless are more likely to be residing in vehicles, housed in “doubled-up” situations with friends and/or family, or living in inadequate housing. In addition, rural areas commonly lack the resources found in urban areas, such as shelters or soup kitchens; however, rural residents may have larger networks of family and friends than their urban counterparts.

28 Ibid.
29 Ibid., page 4.
33 The U.S. Department of Housing and Urban Development’s definition of “rural area” found on “Rural Housing and Economic Development (RHED)” (accessed March 25, 2015) available from: http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/economicdevelopment/programs/rhed was used. HUD defines “rural” as “a place having fewer than 2,500 inhabitants, “a county or parish with an urban population of 20,000 inhabitants or less,” and “any place with a population not in excess of 20,000 inhabitants and not located in a Metropolitan Statistical Area.” South Dakota’s Metropolitan Statistical Areas (MSAs) can be found on the U.S. Census Bureau’s map (accessed May 12, 2015); available from: http://www2.census.gov/geography/maps/ec/2012/state/EC2012_04000000US46M.pdf.
POPULATION DISTRIBUTION

Sioux Falls, the county seat of Minnehaha County in eastern South Dakota, is the state’s largest city with a population estimated to be 164,676 in 2013. Rapid City, the county seat of Pennington County in western South Dakota, is the second-largest city in the state, with an estimated population of 70,812 in 2013. Table 1 below lists the population of South Dakota’s ten most populous towns and cities (based upon their 2013 population estimates) and the population and housing unit densities from the 2010 Census. These locations are shown on the map found in Appendix A, and a separate map depicting South Dakota counties can be found in Appendix B.

<table>
<thead>
<tr>
<th>Location</th>
<th>County</th>
<th>2013 Total Population Estimate</th>
<th>2010 Population Density (per sq. mile)</th>
<th>2010 Housing Units (per sq. mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sioux Falls</td>
<td>Sioux Falls city</td>
<td>164,676</td>
<td>2,109.1</td>
<td>908.4</td>
</tr>
<tr>
<td></td>
<td>Lincoln County (part)</td>
<td></td>
<td>1,781.7</td>
<td>734.8</td>
</tr>
<tr>
<td></td>
<td>Minnehaha County (part)</td>
<td></td>
<td>2,172.5</td>
<td>942.1</td>
</tr>
<tr>
<td>Rapid City</td>
<td>Pennington</td>
<td>70,812</td>
<td>1,226.5</td>
<td>546.0</td>
</tr>
<tr>
<td>Aberdeen</td>
<td>Brown</td>
<td>27,333</td>
<td>1,682.8</td>
<td>784.2</td>
</tr>
<tr>
<td>Brookings</td>
<td>Brookings</td>
<td>22,943</td>
<td>1,704.8</td>
<td>673.6</td>
</tr>
<tr>
<td>Watertown</td>
<td>Codington</td>
<td>21,995</td>
<td>1,231.3</td>
<td>576.0</td>
</tr>
<tr>
<td>Mitchell</td>
<td>Davison</td>
<td>15,539</td>
<td>1,369.6</td>
<td>639.3</td>
</tr>
<tr>
<td>Yankton</td>
<td>Yankton</td>
<td>14,591</td>
<td>1,760.6</td>
<td>775.3</td>
</tr>
<tr>
<td>Pierre</td>
<td>Hughes</td>
<td>13,984</td>
<td>1,045.0</td>
<td>471.6</td>
</tr>
<tr>
<td>Huron</td>
<td>Beadle</td>
<td>13,097</td>
<td>1,328.7</td>
<td>635.6</td>
</tr>
<tr>
<td>Spearfish</td>
<td>Lawrence</td>
<td>11,107</td>
<td>642.4</td>
<td>308.8</td>
</tr>
</tbody>
</table>

*The U.S. Census Bureau reports Sioux Falls’ 2010 population & housing unit densities as the “city” and Lincoln and Minnehaha County “parts.”

POVERTY

The U.S. Census Bureau’s Five-Year American Community Survey (ACS) Estimates (2009-2013) report that 14.1 percent of South Dakotans lived below the poverty level (compared to 15.4 percent nationwide). Individual counties’ five-year poverty rate estimates for “all people” range from 4.4 percent in Union County to 53.2 percent in Shannon County. In addition, in 2012, four South Dakota counties had poverty rates which placed them in the top 10 in the nation; these counties were Ziebach, Todd, Shannon, and Corson, which ranked first, second, third, and ninth, respectively. All four of those counties contain Native American reservations.

NATIVE AMERICAN CONTEXT

The federal government recognizes the following nine Native American tribes in South Dakota: Cheyenne River Sioux, Crow Creek Sioux, Flandreau Santee Sioux, Lower Brule Sioux, Oglala Sioux, Rosebud Sioux, Sisseton-Wahpeton Oyate, Standing Rock Sioux, and Yankton Sioux. Table 2 on the following page details each tribe’s

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**Note:** Citations for the data and sources used in this section are provided at the end of the text.
primary reservation and the South Dakota county/county where each reservation is located. In addition, the reservations and counties are shown on the maps found in Appendices A and B, respectively.

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Indian Reservation</th>
<th>South Dakota County/Counties Having Reservation</th>
<th>South Dakota County/Counties Having Off-Reservation Trust Land</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheyenne River Sioux</td>
<td>Cheyenne River</td>
<td>Dewey &amp; Ziebach</td>
<td>Dewey, Haakon, Meade &amp; Stanley</td>
</tr>
<tr>
<td>Crow Creek Sioux</td>
<td>Crow Creek</td>
<td>Buffalo, Hughes &amp; Hyde</td>
<td></td>
</tr>
<tr>
<td>Flandreau Santee Sioux</td>
<td>Flandreau</td>
<td>Moody</td>
<td></td>
</tr>
<tr>
<td>Lower Brule Sioux</td>
<td>Lower Brule</td>
<td>Lyman &amp; Stanley</td>
<td></td>
</tr>
<tr>
<td>Oglala Sioux</td>
<td>Pine Ridge</td>
<td>Shannon &amp; Jackson</td>
<td></td>
</tr>
<tr>
<td>Rosebud Sioux</td>
<td>Rosebud</td>
<td>Gregory, Lyman, Mellette, Todd &amp; Tripp</td>
<td></td>
</tr>
<tr>
<td>Sisseton-Wahpeton Oyate</td>
<td>Lake Traverse</td>
<td>Codington, Day, Grant, Marshall &amp; Roberts</td>
<td></td>
</tr>
<tr>
<td>Standing Rock Sioux</td>
<td>Standing Rock</td>
<td>Corson</td>
<td></td>
</tr>
<tr>
<td>Yankton Sioux</td>
<td>Yankton</td>
<td>Charles Mix</td>
<td></td>
</tr>
</tbody>
</table>

Off-reservation trust lands were identified using the “Census Tract Relationship Files” accessible here: [http://www2.census.gov/geo/docs/maps-data/data/rel/centract_aia.txt](http://www2.census.gov/geo/docs/maps-data/data/rel/centract_aia.txt). “County FP” (County FIPS Code) codes from that file were classified using the “2010 FIPS Codes for Counties and County Equivalent Entities” accessible here: [http://www2.census.gov/geo/docs/reference/codes/files/st46_sd_cou.txt](http://www2.census.gov/geo/docs/reference/codes/files/st46_sd_cou.txt).

Shannon County voters approved changing Shannon County’s name to “Oglala Lakota County” in November 2014. The change took effect May 1, 2015.

#### Land Trust Complications

Poverty and elevated unemployment levels are not the only factors limiting effective Native American housing strategies. Native Americans and prospective lenders must also contend with complicated land classifications, such as “trust,” “tribally-owned,” and “allotted lands” and varying forms of ownership, which can result in “checkerboarding.” The Housing Assistance Council (HAC) indicates that “trust and tribally owned lands are often the most complex arrangements.” HAC explains further that property held in trust “is owned by either an individual Native American or a tribe, and the title is held in trust by the federal government;” they add that trust land can be located both within reservations boundaries and off of reservations. Conversely, the tribe, rather than the federal government, holds the title to tribally-owned land. HAC notes that the sale of tribally owned land to non-tribal members would result in “fragmentation” of land ownership; therefore, tribes typically do not approve such sales. Consequently, mortgages for homes on tribal land are scarce, “because lenders (which are not tribal members) cannot foreclose on such land and resell it.”

Given these land trust issues, the Consortium must strive to maximize awareness and usage of alternative lending and support available on reservations, such as individual development accounts (IDAs), Native American Community Development Financial Institutions Assistance (NACA), and the Native American Direct Loan (NADL) Program to ensure SDHHC maximizes Native American financial stability and increase the probability of housing stability.

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51 Ibid.
52 Ibid.
53 Ibid.
54 Ibid.
55 Ibid.
56 For more details about programs like IDAs and NACA, please visit South Dakota Native Homeownership Coalition. “Funding & Financing” (accessed April 2, 2015); available from: [http://sdnativehomeownershipcoalition.org/resources-information/funding-financing/](http://sdnativehomeownershipcoalition.org/resources-information/funding-financing/).
South Dakota Data Sources, Limitations & Future Possibilities

DATA SOURCES

Anecdotal Evidence

Description
Anecdotal evidence is defined as “a brief and typically personal account that may not represent true events.”57 Some examples of anecdotal evidence include stories about homeless individuals and families served by an agency or accounts of homeless and at-risk individuals shared with other service providers. Scholars note that anecdotal evidence can be profoundly compelling in influencing decision making.58 However, anecdotal evidence is subject to limitations, which are discussed below. Despite these limitations, anecdotal evidence can be valuable in informing subsequent research and policy, provided it is supported by more objective measures.59

Limitations
Critics assert that anecdotal evidence is typically limited in scope and may not be representative of the population or sample being studied.60 In addition, anecdotal evidence may be subject to observers’ selection biases as they recall supportive evidence and omit contradictory evidence.61 Lastly, anecdotal evidence is subjective based upon the observation and selection of one individual or sometimes a small group.62

Homeless Management Information System (HMIS)

Description
HMIS is a software application designed to record and store individual client-level information on the characteristics and service needs of homeless persons. HMIS is an online system utilized by service providers to coordinate care, manage operations, and increase service efficiency.63 One study indicates that Congress required HUD to act as the lead agency in developing HMIS in 1999.64 The study later adds that Congress reiterated the importance of national HMIS development in 2006,65 and it summarizes the development of non-federal HMIS systems that were employed in New York City and Philadelphia in 1986 and 1993, respectively.66

Limitations
The accuracy and comprehensiveness of HMIS data are influenced by the number of service providers utilizing the system for records management and the adoption of consistent intake protocols by service providers. Data may be missing if providers opt not to participate in the system. Moreover, even when providers participate, if they do not fully and accurately capture the clients’ records, the system data will remain incomplete, which could hinder any strategic planning based on that data.

58 Ibid., pg. 198.
60 Ibid., pg. 193.
61 Ibid., pg. 194.
62 Ibid.
65 Ibid., page 172.
66 Ibid., page 172-173.
Housing Inventory

Description
The Housing Inventory Count (HIC) is a point-in-time inventory of provider programs within a Continuum of Care (CoC) that provide beds and units dedicated to serve persons who are homeless, categorized by five program types: emergency shelter, transitional housing, rapid re-housing, safe haven, and permanent supportive housing.67 State-level HIC data are available online on the HUD Exchange.68

Limitations
The accuracy of housing inventory data is influenced by the quality of the data reported by service providers. For example, comprehensive data may not be reported by some providers. In addition, the inventory reflects single point-in-time counts, so it may not capture historical changes in housing inventory, such as the addition or removal of homeless beds.

Point-in-Time (PIT) Count

Description
The Point-in-Time count is a count of sheltered and unsheltered homeless persons on a single day in January. HUD requires that Continua of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Each count is planned, coordinated, and carried out locally.69 A more detailed description of South Dakota’s PIT data can be found in the “Selected South Dakota Homeless Characteristics” section on page 12 of this Plan. Recent PIT data are available on the SDHHC website.70

Limitations
Multiple sources have discussed possible limitations with PIT data. For example, homeless coalitions in New Mexico71 and South Carolina72 admit that PIT counts underestimate the number of homeless people. This can be particularly true in cases of inclement weather, which forces the homeless indoors into locations where they may not be counted. In addition, the New Mexico report confirms that PIT counts do not include those in doubled-up situations or staying in motels, and a PIT count provides a dataset limited to a single time, not the total number of individuals who were homeless over the course of the year.73 The South Carolina report adds that it can be more difficult to locate homeless individuals in rural areas, which can result in further underestimation.74 The experience and commitment of PIT administrators and survey personnel also impacts the quality of the PIT count. Lastly, the self-reported nature of the PIT survey data could result in respondents underreporting behavior or conditions considered socially undesirable, such as substance abuse or mental illness.75 The limitations discussed above are consistent with those experienced in South Dakota.

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69 Ibid., footnote 67.
73 Ibid., footnote 71.
74 Ibid., footnote 72, pages 25-26.
75 Ibid., page 26.
U.S. Census Bureau’s American Community Survey (ACS)

Description
The U.S. Census Bureau began utilizing the ACS as the “long form” method to gather detailed census data following the 2000 Census. The current version of the ACS includes questions on both population and housing characteristics, and a sample of the most recent version of the ACS is available on the U.S. Census Bureau’s website. Data gleaned from the ACS is utilized by entities such as federal, state, and local agencies to inform governmental initiatives; nongovernmental agencies; businesses; the media; and members of the public. It is important to note that the ACS represents data from a sample of the United States’ population (approximately 295,000 of the 180 million addresses in the United States are mailed ACS questionnaires monthly).

Limitations
The U.S. Census Bureau emphasizes that ACS data are estimates subject to margins of error (MOE). In addition, they offer specific guidance and cautions regarding data comparisons by year. The Census Bureau utilizes “coverage rates” as a marker for possible coverage error, indicating that “low coverage rates are an indication of greater potential for coverage error in the estimates.” The most recent reported coverage rates illustrate that South Dakota had a coverage rate of 91.7 percent in 2014.

In addition, researchers caution that some ACS data are not directly comparable to the decennial census. Relatedly, the availability of data estimates varies by a location’s population. For instance, areas with fewer than 20,000 only have five-year estimates of aggregated data available; three-year estimates are available for areas with populations greater than 20,000 people; and one-year estimates are available for areas having a population of greater than 65,000 people. Lastly, organizations such as the National Congress of American Indians (NCAI) assert that “there is evidence of a substantial undercount of the AI/AN [American Indian/Alaska Native] alone population at the national level and in many reservation areas.”

FUTURE POSSIBILITIES
Access to accurate, representative datasets in databases such as HMIS allows for the collection of information such as unduplicated homeless counts, common homeless demographics, and client outcomes. The U.S. Government Accountability Office (GAO) indicates that resources like HMIS, which can facilitate interagency coordination, can potentially “minimize fragmentation of federal programs and help address gaps in supportive

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77 Ibid.
79 Ibid., footnote 76, pages 4-5.
80 Ibid., page 8.
82 Ibid.
86 Ibid., footnote 83, page 4.
services while linking housing and supportive services.” In addition, HMIS can help stakeholders “produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.” Some examples of recent research utilizing HMIS include:

- a report exploring homelessness recurrence in Georgia
- a study assessing the prevalence and risk of homelessness among U.S. veterans
- a thesis seeking improved understanding of Birmingham, Alabama’s homeless population and responses to homelessness
- an article summarizing the risk of homelessness among families and children

Research on technology usage among homeless service providers, which focused predominantly on HMIS, asserts that implementation of systems like HMIS can be complicated by personal and organizational characteristics. Thus, the Consortium must consider organizational environments and values when advocating strategies such as HMIS utilization and tailors its resources and approaches to effectively meet agency needs.

Selected South Dakota Homeless Characteristics

HOMELESS POINT-IN-TIME (PIT) DATA

Currently, the Consortium receives January PIT data annually from reporting counties throughout South Dakota and posts the results on its website. In prior years, the Consortium also conducted a separate PIT count in September; however, the last September PIT occurred in 2013. During the 2015 PIT count, 37 of South Dakota’s 66 counties (56.06 percent) reported PIT data to the Consortium. This compares to 50 of 66 counties (75.76 percent) who reported PIT data in 2014.

A comparison of some general data from the January 2014 and January 2015 PIT totals reveals the following:

- The total homeless count increased from 885 in 2014 to 1,036 in 2015
- The total veteran count increased from 132 in 2014 to 177 in 2015

Table 3, on the following page, contains more detailed PIT data. Again, it is important to note that PIT responses are mostly self-reported data, so there may be instances where respondents could accidentally, or even deliberately, misrepresent their circumstances, particularly when such circumstances may be deemed socially undesirable. In addition, acquiring reliable PIT data is dependent upon survey administrators utilizing consistent survey and reporting practices statewide.

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89 Ibid.
<table>
<thead>
<tr>
<th>Classification</th>
<th>Specific Category</th>
<th>2014</th>
<th>Sheltered</th>
<th>Unsheltered</th>
<th>2015</th>
<th>Sheltered</th>
<th>Unsheltered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adults (over 24)</td>
<td>514</td>
<td>45</td>
<td></td>
<td>535</td>
<td>96</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adults (18 to 24)</td>
<td>77</td>
<td>2</td>
<td></td>
<td>114</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children (under 18)</td>
<td>239</td>
<td>8</td>
<td></td>
<td>251</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Female (including children)</td>
<td>348</td>
<td>12</td>
<td></td>
<td>335</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male (including children)</td>
<td>482</td>
<td>43</td>
<td></td>
<td>565</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Household Information</td>
<td>Households without children</td>
<td>434</td>
<td>39</td>
<td></td>
<td>490</td>
<td>117</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Households with children</td>
<td>117</td>
<td>4</td>
<td></td>
<td>122</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Households with only children</td>
<td>7</td>
<td>0</td>
<td></td>
<td>8</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>American Indian</td>
<td>373</td>
<td>37</td>
<td></td>
<td>439</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>337</td>
<td>17</td>
<td></td>
<td>358</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>63</td>
<td>0</td>
<td></td>
<td>82</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>2</td>
<td>0</td>
<td></td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian</td>
<td>0</td>
<td>0</td>
<td></td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multiple Races</td>
<td>1</td>
<td>0</td>
<td></td>
<td>15</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Veteran Information</td>
<td>Females (Veterans only)</td>
<td>4</td>
<td>0</td>
<td></td>
<td>9</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Males (Veterans only)</td>
<td>124</td>
<td>4</td>
<td></td>
<td>161</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Veteran Household without children</td>
<td>123</td>
<td>4</td>
<td>163</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Veteran Household with children</td>
<td>5</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>68</td>
<td>0</td>
<td></td>
<td>110</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Indian</td>
<td>51</td>
<td>4</td>
<td></td>
<td>40</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>6</td>
<td>0</td>
<td></td>
<td>17</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multiple Races</td>
<td>3</td>
<td>0</td>
<td></td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Chronic Homeless Information</td>
<td>Households without Children</td>
<td>68</td>
<td>13</td>
<td>59</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Households with Children</td>
<td>8</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Persons in All Households</td>
<td>92</td>
<td>13</td>
<td>67</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subpopulation Data</td>
<td>Adults with a Substance Abuse Disorder</td>
<td>108</td>
<td>11</td>
<td>124</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Victims of Domestic Violence</td>
<td>82</td>
<td>1</td>
<td>65</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adults with Serious Mental Illness</td>
<td>60</td>
<td>4</td>
<td>54</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adults with HIV/AIDS</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 1 below illustrates that a majority of 2015 PIT respondents (68 percent) have been homeless either once or twice in the past three years. This could suggest that these individuals are experiencing relatively short-term difficulties that lead to their homelessness, and with effective intervention, the Consortium can minimize prolonged duration of their homelessness. However, it is also possible that these respondents are simply more likely to discuss their situations and complete a survey with service providers than long-term homeless people and are thereby overrepresented in the results.

The top five reasons given by respondents for being homeless during the 2015 PIT count include alcohol/drug abuse, being unable to pay rent/utilities, an argument with family, lost job, and unemployment. Figure 2 below depicts the percentage of respondents indicating those reasons for 2014 and 2015.
Figure 3 below illustrates the top five services that 2015 PIT respondents stated they need but are not currently receiving compared to the same responses in 2014. It should also be noted that seven percent of respondents in 2015, and six percent in 2014, indicated “I Don’t Need Services.”

Factors Contributing to Homelessness in South Dakota

GENERAL HOUSING BARRIERS AND CONTRIBUTING FACTORS

Figure 4, on the following page, details factors that PIT respondents identify as preventing them from acquiring permanent housing. Not surprisingly, a majority of respondents in both 2014 and 2015 indicated lack of full-time employment prevented them from accessing permanent housing. However, Figure 5, also on the following page, suggests there could be reasons for optimism, as 2015 PIT data indicate that five percent of respondents have a college degree, and 20 percent have “some college.” SDHHC may have opportunities to maximize awareness of programs to assist individuals who have not graduated high school in acquiring their GED; higher education participation and completion for those who have attended at least some college, via mechanisms such as financial aid awareness and career counseling; and employment outreach for college graduates, to ensure they are aware of employment opportunities they may be qualified for.

Conversely, individuals who have attended college may also have student loan debt, the payments for which would represent further financial strain. Thus, it is vital that these individuals receive assistance on alternate repayment plans.96 In addition, collaboration among service providers; correctional employees; law enforcement; landlords; and alternative housing providers, such as the faith community, can help address barriers like criminal history and past rental issues.

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Thus far, the discussion in this section has focused on PIT data trends; however, important situational differences likely exist among homeless and at-risk individuals. Therefore, it is imperative that SDHHC gather representative data concerning clients’ needs and coordinate in providing the necessary services.

**LOCAL HOUSING FACTORS**

The National Low Income Housing Coalition (NLIHC) utilized five year (2009-2013) ACS data to report in its March 2015 South Dakota Housing Profile that 32 percent of households in South Dakota are renters.\(^7\) NLIHC classifies renter households spending more than 30 percent of their income on housing costs and

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utilities as “cost burdened;” those spending more than half of their income are considered “severely cost burdened.”  

Often, this leaves such households very precariously housed or at severe risk of becoming homeless. HUD adds that cost-burdened households “may have difficulty affording necessities such as food, clothing, transportation, and medical care.”

### Housing Cost Burden

HUD also considers those who pay more than 30 percent of their income on housing “cost burdened.” HUD estimates that 12 million renters and homeowners nationwide “pay more than 50 percent of their annual incomes for housing.”

The Black Hills Knowledge Network (BHKN) reports that 2009-2013 ACS county-level estimates indicate that the share of South Dakota households paying 30 percent or more of their income for housing range from 12.7 percent in Lyman County to 32.7 percent in Clay County.

### Housing Inventory

NLIHC reported in its March 2015 South Dakota Housing Profile that there is a shortage of 10,226 affordable and available housing units for extremely low income renters. The South Dakota Multi Housing Association’s (SDMHA) January 2015 Rental Vacancy Survey indicated there was a vacancy rate of 4.68 percent for “all units” among their respondents.

HUD’s South Dakota Field Office reported the wait list information, with the exception of Sioux Falls, detailed in Table 4 below in April 2015. HUD added that insufficient housing inventories at fair market rents can prevent families with HUD vouchers from securing housing.

**Table 4: South Dakota Public Housing Authority (PHA) HUD Wait Lists (as of April 2015)**

<table>
<thead>
<tr>
<th>Public Housing Authority (PHA)</th>
<th>Individuals on Wait List</th>
<th>Approximate Wait List Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>638</td>
<td>4-6 months</td>
</tr>
<tr>
<td>Brookings</td>
<td>86</td>
<td>90 days</td>
</tr>
<tr>
<td>Canton</td>
<td>81</td>
<td>10 months</td>
</tr>
<tr>
<td>Huron</td>
<td>65</td>
<td>6 months – 1 year</td>
</tr>
<tr>
<td>Lawrence, Butte &amp; Meade Counties</td>
<td>160</td>
<td>4 months</td>
</tr>
<tr>
<td>Lennox</td>
<td>45</td>
<td>1 year</td>
</tr>
<tr>
<td>Madison</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Milbank</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Mitchell</td>
<td>80</td>
<td>1 year</td>
</tr>
<tr>
<td>Mobridge</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Pierre</td>
<td>180</td>
<td>10 months</td>
</tr>
<tr>
<td>Pennington County</td>
<td>4,898</td>
<td>3 years</td>
</tr>
<tr>
<td>Sioux Falls</td>
<td>3,417</td>
<td>4 years</td>
</tr>
<tr>
<td>Vermillion</td>
<td>115</td>
<td>9 months – 1 year</td>
</tr>
<tr>
<td>Watertown</td>
<td>40</td>
<td>8-10 months</td>
</tr>
<tr>
<td>Yankton</td>
<td>88</td>
<td>9 months</td>
</tr>
</tbody>
</table>

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100 Ibid.

101 Ibid.

102 Black Hills Knowledge Network. “Housing Cost Burden” (accessed April 8, 2015); available from: [http://southdakotadashboard.org/housing/housing-cost-burden#0-6908-g](http://southdakotadashboard.org/housing/housing-cost-burden#0-6908-g). This site reports all 66 counties’ housing cost burdens.

103 Ibid., footnote 98. NLIHC also specifies that $18,000 is the maximum state level income for an extremely low income (ELI) household on the “2015 State Housing Profiles.”

104 April 10, 2015 email correspondence with Denise Hanzlik, SDMHA Executive Director. Ms. Hanzlik also stated that the January survey represented responses from 10,176 of 15,866 units (64.14 percent). Detailed responses were coded by zip code and included the following locations: 57005 (Brandon, SD), 57032 (Harrisburg, SD), seven Sioux Falls zip codes (57103, 57104, 57105, 57106, 57107, 57108, and 57110), and “outlying areas (within 20 miles)” of Sioux Falls, SD. “All units” includes “conventional units,” “tax credit units,” and “HUD units.”

105 May 15, 2015 email correspondence with Stacey Tieszen, Minnehaha County’s Homeless Advisory Board Coordinator.

106 April 15, 2015 email correspondence with Roger Jacobs, HUD’s South Dakota Field Office Director.

107 Ibid.

LOCAL INCOME FACTORS

Multiple factors can influence the ability of homeless and at-risk individuals to afford adequate housing, ensure they remain stably housed, or improve their housing status from precariously-housed to stably-housed. Sustainable housing solutions require that factors such as regressive tax policy, insufficient income, and low unemployment be considered and addressed to further limit adverse housing impacts.

Share of Family Income Paid In State & Local Taxes

The Institute on Taxation & Economic Policy (ITEP) publishes an annual report detailing individual states’ tax system equity, and South Dakota consistently ranks among the top five states having the most regressive state and local tax systems. Agencies like the IRS caution that a regressive tax can appear “an equitable form of taxation because everyone, regardless of income level, pays the same fixed amount.” However, “such a tax causes lower-income groups to pay a greater proportion of their income than higher-income groups pay.”

Factors which cause South Dakota’s relatively high ITEP regressivity ranking include: the lack of personal and corporate income taxes, having state and local sales taxes which include groceries, and a failure “to provide tax credits to non-elderly taxpayers to offset sales, excise, and property taxes.” In addition, ITEP notes that South Dakota “eliminated [the tax] refund for low-income taxpayers to offset [the] impact of sales tax on food.” Table 5 below summarizes the tax shares of South Dakota family income for non-elderly taxpayers for selected income ranges reported by ITEP in 2015.

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Percentage of Income (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest 20% (Less than $21,000)</td>
<td>11.3</td>
</tr>
<tr>
<td>Second 20% ($21,000-$39,000)</td>
<td>9.1</td>
</tr>
<tr>
<td>Middle 20% ($39,000-$61,000)</td>
<td>7.7</td>
</tr>
<tr>
<td>Fourth 20% ($61,000-$94,000)</td>
<td>6.9</td>
</tr>
<tr>
<td>Next 15% ($94,000-$168,000)</td>
<td>5.5</td>
</tr>
<tr>
<td>Next 4% ($168,000-$468,000)</td>
<td>3.8</td>
</tr>
<tr>
<td>Top 1% ($468,000+)</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Insufficient Income

NLIHC utilized 2013 ACS data to report in February 2015 that South Dakota has 108,791 total rental households, of which 23,066 (21.20 percent) have income at or below 30 percent of Area Median Income (AMI). However, 13,947 of those 23,066 households, (60.47 percent) were “severely burdened.” NLIHC indicates that $13.41 per hour is South Dakota’s “hourly Housing Wage,” or the hourly wage a person must earn to be able to afford fair market rent (FMR) for a two-bedroom apartment without paying 30 percent of income on housing (assuming a 40-hour work week for 52 weeks per year). NLIHC reported in 2014 that the estimated mean wage for a South Dakota renter is $10.11, indicating

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110 Ibid.
112 Ibid.
113 Ibid., page 111.
115 Ibid. “Severely burdened” is defined as “households spending more than 50 percent of income on housing costs, including utilities.”
“a renter must work 52 hours per week, 52 weeks per year” in order to afford a two-bedroom apartment at fair market rent.\textsuperscript{117}

Low Unemployment
The South Dakota Department of Labor and Regulation reported that the statewide not seasonally adjusted unemployment rate for September 2015 was 3.0 percent.\textsuperscript{118} Local non-seasonally adjusted unemployment rates were also reported for September 2015 by county, micropolitan statistical area, and metropolitan statistical areas. These values ranged from 2.1 percent, in Aurora County to 11.8 percent in Oglala Lakota (formerly Shannon\textsuperscript{119}) County.\textsuperscript{120}

The National Coalition for the Homeless (NCH) notes that focus on “a growing economy and low unemployment” can obscure declining wages, job instability, and underemployment.\textsuperscript{121} In addition, homeless services must address barriers described by the NCH which include “lack of education or competitive work skills, lack of transportation, lack of day care, and disabling conditions.”\textsuperscript{122}

Conclusion
Addressing the tax and wage situations described above will require a combination of political resolve and commitment to social equity that will take time to develop. In the meantime, alternative strategies can be employed to decrease the detrimental impacts of the current situation. These efforts may include initiatives such as enhanced outreach to low income employees to educate them about federal tax offsets like the Earned Income (EITC) and Child Tax (CTC) Credits,\textsuperscript{123,124,125} continuing education/retraining opportunities at local higher education institutions, and improved networking among service providers to educate one another about regional and statewide employment opportunities for those they serve, both of which could help increase individuals’ income and employment prospects. In addition, SDHHC can maximize awareness of programs like the South Dakota Workforce Initiatives (SD WINS)\textsuperscript{126} and SSI/SSDI Outreach, Access, and Recovery (SOAR).\textsuperscript{127} It is essential that any strategies that are utilized incorporate evidence-based feedback mechanisms to allow them to responsively adapt to changing client and workforce needs.


\textsuperscript{118} South Dakota Department of Labor and Regulation. Labor Market Information Center “Labor Force Statistics” (accessed September 29, 2015); available from: http://apps.sd.gov/lfd54micinfo/labor/LFLISTPUBM.ASP.

\textsuperscript{119} Shannon County voters approved changing Shannon County’s name to “Oglala Lakota County” in November 2014. The change took effect May 1, 2015. More details can be found at Argus Leader. (2015). “Oglala Lakota County name to be official May 1” (accessed April 1, 2015); available from: http://www.argusleader.com/story/news/politics/2015/04/01/oglala-lakota-county-name-official-may/70771520/.

\textsuperscript{120} Ibid., footnote 118.


\textsuperscript{122} Ibid., page 3.


\textsuperscript{125} The Center on Budget and Policy Priorities indicates in their “South Dakota Fact Sheet: Tax Credits Promote Work and Fight Poverty” (accessed September 29, 2015); available from: http://apps.cbpp.org/3-5-14tax/?state=SD, that 67,000 South Dakotans received the EITC in 2012 (page 1); 45,000 South Dakota households received the low-income portion of the CTC in 2012 (page 1); an average of 14,000 South Dakotans (including 7,000 children) were lifted out of poverty annually by the EITC and CTC from 2011-2013 (page 1); “the EITC put about $139 million into South Dakota’s economy in 2012” (page 1); “8,000 South Dakota veteran and military families received the EITC or the low-income part of the CTC” in 2012 (page 2); and “nearly 37,000 families outside of metropolitan areas in South Dakota received the EITC or the low-income part of the CTC” in 2013 (page 2). The South Dakota Fact Sheet also mentions that EITC and CTC changes that were enacted in 2009 (those that “ensure that low-income working families receive the CTC, boost the EITC for families with more than two children, and reduce the ‘marriage penalty’” for certain dual-income families) will expire at the end of 2017 if lawmakers fail to extend them (page 1). CBPP indicates that “59,000 children in 27,000 South Dakota families will lose some or all of their working-family tax credits.” “12,000 children, and 24,000 South Dakotans overall, will be pushed into – or deeper into – poverty” (page 1); 3,000 “South Dakota veteran and military families will lose some or all of their credits” and “20,000 South Dakota rural families will lose some or all of their credits” if the 2009 EITC and CTC provisions are not extended (page 2).

\textsuperscript{126} SD WINS South Dakota Workforce Initiatives (accessed April 24, 2015); available from: http://www.southdakotawins.com/.

LOCAL SERVICE PROVISION FACTORS

Disjointed/Siloed Services
Disjointed service provision can not only disrupt programmatic goals and personal relationships between clients and providers, it can also result in lack of evidence of program outcomes.\(^\text{128}\) Lack of data related to program outcomes limits agencies’ ability to secure continued funding. Researchers also warn that disjointed service environments can result in providers working “at cross-purposes,”\(^\text{129}\) which increases costs. Moreover, “siloed” program structures can decrease service efficiency and increase program costs through duplication and lack of coordination, which also hampers strategic planning.\(^\text{130}\)

Lack of Services in Communities
Federal government research provides multiple examples of difficulties that rural areas face in attracting workers including “geographic isolation;” “transportation limitations;” “need to support informal caregivers,” such as family, friends, and neighbors; “overall challenges in recruiting and retaining direct service workers,” and a “higher proportion of older persons in the total population in rural than urban areas” in need of services.\(^\text{131}\) Moreover, rural areas struggle with recruiting and retaining healthcare personnel, due largely to rural residents lacking health insurance, which disincentivizes medical providers practicing in rural areas.\(^\text{132}\)

Additional resources note that rural residents may also experience travel barriers due to factors such as lack of public transportation.\(^\text{133,134}\) A recent study of rural childcare indicated that South Dakotans seeking childcare indicated a lack of “nontraditional hour care” in which providers offered daycare on “evenings, nights, and weekends” and “providers who can provide transportation to and from school.”\(^\text{135}\)

Potential Resources

FEDERAL FUNDING

Community Development Block Grants (CDBG)
Community Development Block Grants (CDBGs) are federal funds intended to help communities “address a wide range of unique community development needs.”\(^\text{136}\) HUD has utilized CDBGs since 1974 and indicates that they have provided CDBG formula grants to 1,209 state and local government units nationwide.\(^\text{137}\) CDBGs in South Dakota have been managed by the Governor’s Office of Economic Development (GOED) since 1987.\(^\text{138}\) Prior to 1987, South Dakota’s CDBGs


\(^{132}\) Ibid., page 2.


\(^{137}\) Ibid.

were managed by the Department of Environment and Natural Resources (DENR) and focused on water and wastewater projects.\textsuperscript{139} GOED has expanded CDBGs’ foci to fund projects such as fire halls, senior centers, and community centers.\textsuperscript{140} Further details, including allocation practices and mandatory program objectives, can be found on the GOED’s website.\textsuperscript{141}

**Community Services Block Grants (CSBG)**

Community Services Block Grants (CSBGs) are federal funds to “alleviate the causes and conditions of poverty in communities.”\textsuperscript{142} CSBGs are available to several entities including “states,” “federally and state-recognized Indian Tribes and tribal organizations,” “Community Action Agencies,” and “Other organizations specifically designated by the states.”\textsuperscript{143} CSBGs support poverty alleviation; initiatives to “address the needs of low-income individuals including the homeless, migrants, and the elderly;” and provision of “services and activities addressing employment, education, better use of available income, housing nutrition, emergency services and/or health.”\textsuperscript{144} Discretionary grants are available at the state and local level or “for associations with demonstrated expertise in addressing the needs of low-income families, such as Community Action Agencies (CAAs).”\textsuperscript{145} CSBG-funded goals for low-income individuals include “increased self-sufficiency,” “improved living conditions,” “ownership of and pride in their communities,” and “strong family support systems.”\textsuperscript{146}

**Continuum of Care (CoC)**

South Dakota operates within a statewide continuum of care structure whereby the South Dakota Housing Development Authority (SDHDA) administers federal funding to eligible local applicants, including nonprofits, local governments, and public housing agencies. Then, these recipients provide services necessary to help individuals and families experiencing homelessness move into transitional and permanent housing.\textsuperscript{147} The continuum includes programs that provide emergency and transitional services and permanent supportive housing to eligible recipients.\textsuperscript{148}

**Emergency Solutions Grant (ESG)**

The Emergency Solutions Grant, formerly known as the Emergency Shelter Grant, program is a federal block grant authorized by Subtitle B of the McKinney-Vento Homeless Assistance Act and administered by HUD. HEARTH revised and renamed the Emergency Shelter Grant as the Emergency Solutions Grant Program. The new ESG expands the eligible activities for emergency shelter and homelessness prevention activities to include short-term and medium-term rental assistance and services to stabilize and rapidly re-house individuals and households who are homeless or at risk of becoming homeless.\textsuperscript{149}

**Home Investment Partnerships Program (HOME)**

The primary purpose of the HOME Program is to expand the supply of decent, safe, sanitary, and affordable housing for very low-income and low-income households. The HOME Program provides funds to developers and/or owners for acquisition, new construction, and rehabilitation of affordable housing. In addition, HOME funds can be utilized for tenant-based rental assistance.\textsuperscript{150} HUD provides annual funding to participating jurisdictions, like the South Dakota

\textsuperscript{140} Ibid.
\textsuperscript{141} South Dakota’s Governor’s Office of Economic Development. “Community Development Block Grants” (accessed April 21, 2015); available from: http://www.sreadytowork.com/Financing-Incentives/CDBG.aspx.
\textsuperscript{143} Ibid.
\textsuperscript{144} Ibid.
\textsuperscript{145} Ibid.
\textsuperscript{146} Ibid.
\textsuperscript{147} Additional continuum of care information can be found at U.S. Department of Housing and Urban Development “Continuum of Care (CoC) Program Eligibility Requirements” (accessed April 6, 2015); available from: https://www.hudexchange.info/coc/coc-program-eligibility-requirements/.
\textsuperscript{149} South Dakota Housing for the Homeless Coalition. “Emergency Solutions Grant Program” (accessed April 6, 2015); available from: http://www.housingforthehomeless.org/primary-content/emergency-solution-grant-program.html.
Housing Development Authority (SDHDA), to develop their own programs in partnership with local governments, nonprofits, and the private sector.\(^\text{151}\)

**Security Deposit Assistance**

SDHDA sets aside $125,000 of its annual HOME allocation for the Security Deposit Assistance Program (SDAP). The Security Deposit Assistance program provides funding to eligible applicants for use in emergency situations to prevent homelessness or to assist persons in transitional housing to secure permanent rental housing. Funds may also be used to assist low-income families in securing a more affordable rental housing unit.\(^\text{152}\)

**HUD/Veterans Affairs Supportive Housing (HUD-VASH)**

HUD-VASH combines Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). The VA provides services for participating veterans at VA medical centers (VAMCs) and community-based outpatient clinics (CBOCs).\(^\text{153}\) The VA states that the “VA determines clinical eligibility for the program,” and “the PHA determines if the Veteran participant meets HUD’s regulations for this program.”\(^\text{154}\) The VA adds that “the PHA will determine eligibility based on income limits” and “will determine if any member of the household is required to maintain Lifetime Sexual Offender Registry status – those who do are not eligible to participate in this program.”\(^\text{155}\)

**Low-Income Housing Tax Credit (LIHTC)**

The Housing Tax Credit Program was designed as an incentive for construction and rehabilitation of housing for low-income households. Developers of housing tax credit projects typically raise equity capital for their projects by syndicating the tax credits to investors who are willing to invest in the project. The investors’ return is the annual tax credit and other economic benefits generated by the project. The U.S. Department of Treasury annually allocates LIHTC funding to South Dakota. SDHDA serves as the credit-issuing agency, which is responsible for administration of the tax credits to qualifying housing developers.\(^\text{156}\)

**VA Grant and Per Diem (GPD) Program**

The Grant and Per Diem Program is offered annually, provided funding is available, by VA Health Care for Homeless Veterans (HCHV) Programs to fund community agencies providing services to homeless Veterans.\(^\text{157}\) The purpose is to promote the development and provision of supportive housing and/or supportive services to help homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.\(^\text{158}\)

Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, services targeted towards specialized populations including homeless women Veterans, etc.) are eligible for these funds.\(^\text{159}\)

**VA Supportive Services for Veteran Families (SSVF) Program**

The SSVF program utilizes community-based grants to provide supportive services to very low-income Veteran families in or transitioning to permanent housing.\(^\text{160}\) Funds are granted to private non-profit organizations and consumer

\(^{151}\) South Dakota Housing for the Homeless Coalition. “HOME Program” (accessed April 6, 2015); available from: [http://www.housingforthehomeless.org/primary-content/home-program.html](http://www.housingforthehomeless.org/primary-content/home-program.html).


\(^{155}\) Ibid.

\(^{156}\) South Dakota Housing for the Homeless Coalition. “Housing Tax Credit Program” (accessed April 6, 2015); available from: [http://www.housingforthehomeless.org/primary-content/housing-tax-credit-program.html](http://www.housingforthehomeless.org/primary-content/housing-tax-credit-program.html).


\(^{158}\) Ibid.

\(^{159}\) Ibid.

cooperatives who will assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability.\footnote{161}{U.S. Department of Veterans Affairs. \textit{Office of Homeless Services Fact Sheet} “Supportive Services for Veteran Families (SSVF) Program” (accessed July 10, 2015); available from: \url{http://www.va.gov/HOMEiLESS/docs/SSVF/Fact_sheet_SSVF_112011.docx}.}

The VA strives to improve very low-income Veteran families’ housing stability.\footnote{162}{Ibid.} Grantees (private non-profit organizations and consumer cooperatives) will provide eligible Veteran families with outreach, case management, and assistance in obtaining VA and other benefits, which may include the following services: healthcare, daily living, personal financial planning, transportation, fiduciary and payee, legal, child care, and housing counseling.\footnote{163}{Ibid.}

In addition, grantees may also provide time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed child care providers) if these payments help Veterans’ families stay in or acquire permanent housing on a sustainable basis.\footnote{164}{Ibid.}

Other Federal Funds

\textbf{Section 184 Indian Home Loan Guaranty}

HUD defines Section 184 as “a home mortgage specifically designed for American Indian and Alaska Native families, Alaska Villages, Tribes, or Tribally Designated Housing Entities.”\footnote{165}{U.S. Department of Housing and Urban Development. “Section 184 Indian Home Loan Guarantee Program” (accessed April 10, 2015); available from: \url{http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/homeownership/184}.} HUD adds that loans can be utilized “both on and off native lands, for new construction, rehabilitation, purchase of an existing home, or refinance.”\footnote{166}{Ibid.} HUD data indicate that 482 Section 184 loans (of 25,748 Section 184 loans nationwide) have been guaranteed in South Dakota as of September 1, 2014.\footnote{167}{Ibid.}

\textbf{Section 202 Supportive Housing for the Elderly Program}

HUD indicates the Section 202 program “helps expand the supply of affordable housing with supportive services for the elderly.”\footnote{168}{Ibid.} HUD adds that Section 202 “provides very low-income elderly with options that allow them to live independently but in an environment that provides support activities such as cleaning, cooking, transportation, etc.”\footnote{169}{Ibid.}

\textbf{Section 811 Supportive Housing for Persons with Disabilities}

HUD describes Section 811 as a program that “allows persons with disabilities to live as independently as possible in the community by subsidizing rental housing opportunities which provide access to appropriate supportive services.”\footnote{170}{Ibid.}

\section*{STATE FUNDING}

\textbf{Housing Opportunity Fund (HOF)}

The South Dakota Housing Opportunity Fund (HOF) is designed to promote economic development in South Dakota by expanding the supply of decent, safe, sanitary and affordable housing targeted to low and moderate income families and individuals in South Dakota. HOF was created via Senate Bill 235,\footnote{171}{South Dakota Legislature. (2013) \textit{SB}235 (accessed April 24, 2015); available from: \url{http://legis.sd.gov/docs/legsession/2013/Bills/SB235ENR.pdf}.} the “Building South Dakota Fund,” during the 2013 legislative session.\footnote{172}{South Dakota Housing Development Authority. “Housing Opportunity Fund” (accessed April 6, 2015); available from: \url{http://www.sdhda.org/housing-development/housing-opportunity-fund.html}.} HOF is being administered by the South Dakota Housing Development Authority (SDHDA) and the SDHDA Board of Commissioners (SDHDA Board) in accordance with SDCL 11-13.\footnote{173}{South Dakota Legislative Research Council. “Chapter 11-13 South Dakota Housing Opportunity Fund” (accessed April 6, 2015); available from: \url{http://legis.sd.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=11-13}.} HOF funds may be used for new construction or the purchase and rehabilitation of rental or homeownership housing, housing preservation, including...
home repair grants and grants to make homes more accessible to individuals with disabilities, homelessness prevention activities, and community land trusts. Any for-profit entity, nonprofit entity, tribal government, housing authority, political subdivision of this state or agency of such subdivision, or agency of this state is eligible to apply for funding.\footnote{South Dakota Housing Development Authority. “Housing Opportunity Fund” (accessed April 6, 2015); available from: http://www.sdhda.org/housing-development/housing-opportunity-fund.html.}

**LOCAL FUNDING**

South Dakota Codified Law (SDCL) §28-13-1 assigns every county the responsibility to:

> “relieve and support all poor and indigent persons who have established residency therein, as that term is defined in §28-13-2 to §28-13-16.2, inclusive, and who have made application to the county, whenever they shall stand in need. Each board of county commissioners may raise money by taxation for the support and employment of the poor. If a person is receiving benefits from the Department of Social Services, the board of county commissioners may determine if he is eligible for county relief.” \footnote{South Dakota Codified Law §28-13 and subsections are available from: http://legis.sd.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=28-13 (accessed April 22, 2015).}

SDCL Chapters 10-12, which concern taxation and accompanying limitations, also influence local funding amounts.\footnote{South Dakota Codified Law Chapters 10-12 are available from: http://legis.sd.gov/Statutes/DisplayStatute.aspx?Type=Statute&Statute=10 (accessed April 23, 2015).} Lastly SDCL 7-8-20 details the “general powers of county commissioners,” with subsection 7 indicating that county commissioners have power “to superintend the fiscal concerns of the county and secure their management in the best possible manner.”\footnote{South Dakota Codified Law §7-8-20 and subsections are available from: http://legis.sd.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=7-8-20 (accessed April 23, 2015).}

Specialized grant funds may also be available in select locations. The South Dakota Community Foundation offers more detailed information regarding options to explore on its website,\footnote{South Dakota Community Foundation (accessed April 23, 2015); available from: http://sdcommunityfoundation.org/.} including a directory of Community Savings Accounts.\footnote{South Dakota Community Foundation For Communities “Find A Fund” (accessed September 30, 2015); available from: http://sdcommunityfoundation.org/for-communities/.}

**HOMELESSNESS TYPOLOGIES AND INTERVENTIONS**

We realize that it is impossible to fully describe homelessness and associated resources and needs in tabular form; however, Tables 7 (page 26) and 8 (page 27) can serve as general guides for discussions regarding topics such as homelessness resources or factors that may influence the likelihood of successful homelessness interventions. Neither table is intended to serve as a comprehensive data source.

Table 7 details homelessness types, duration of homelessness, subgroups, intervention foci, and prospective service providers. Table 8 depicts types of homeless populations, possible service needs, and prospective service providers/community resources. You may notice a fair degree of similarity between Tables 7 and 8. The Consortium chose to develop these tables to allow a more detailed representation of the situational versus generational homeless types and durations in Table 7 and the various homeless populations described in Table 8. These tables demonstrate that homeless and at-risk persons often have varied experiences and difficulties, and preventing and ending homelessness will require adaptation and coordination among entities such as those listed as prospective service providers in both tables.

**Consortium Goals & Strategies**

SDHHC recognizes that effectively addressing the needs of homeless and at-risk people requires an appreciation for the interrelated nature of housing risk and protective factors. The Consortium’s principles and strategies are dependent on gathering accurate, valid data; increasing awareness of collaborative opportunities and the needs of at-risk and homeless individuals; and augmenting available resources, developing innovative strategies to meet needs as they arise, and coordinating service provision to increase efficiency and effectiveness and reduce redundancy.


\footnote{South Dakota Community Foundation (accessed April 23, 2015); available from: http://sdcommunityfoundation.org/.}
The Consortium also understands the importance of addressing the unique situational circumstances of special populations including veterans, Native Americans, individuals with a criminal record (including sex offenders), and youth “aging out” of foster care and other youth services. SDHHC will specify possible strategies to address the needs of these special populations in the action steps found in the following pages. However, the Consortium emphasizes that the proposed strategies rely on informed service providers and partners to ensure they can adapt to effectively meet the current and future needs of those served.

The Consortium has identified three themes underpinning its strategies. These themes include:

- Assessment & capacity development
- Homeless system improvements
- Prevention & intervention

Each theme has an associated goal, and these associations are detailed in Table 6 below. Action steps for each goal are described in greater detail on Tables 9-11 on pages 28-30. Tables 9-11 are only an overview of the goals and strategies we will need to employ. SDHHC expects that local communities will likely develop more detailed procedures associated with each goal using Tables 9-11 as guides. Similarly, Tables 9-11 include a column to identify possible “Responsible Party/Parties” using generic descriptors, such as “service providers.” This was done to help condense the tables’ size. More specific examples of the types of service providers can be found in Tables 7 and 8 on pages 26-27.

Acronyms are used throughout Tables 9-11, with some of the more common being:

- CPS = Child Protection Services
- DOC = Department of Corrections
- DSS = Department of Social Services
- DV = domestic violence
- LGBTQ = Lesbian, Gay, Bisexual, Transgender, and Questioning
- MH = mental health
- PAC = Policy & Advisory Committee
- PHA = Public Housing Agency
- SDHDA = South Dakota Housing Development Authority
- SDICH = South Dakota Interagency Council on Homelessness

Table 6: Consortium Strategy Themes & Associated Goals

<table>
<thead>
<tr>
<th>Theme</th>
<th>Associated Goal</th>
<th>Summary Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment &amp; capacity development</td>
<td>GOAL ONE: Strengthen the capacity of public and private organizations by increasing awareness of collaborative opportunities, homelessness concerns, and successful interventions to prevent and end homelessness</td>
<td>Table 9 (page 28)</td>
</tr>
<tr>
<td>Homeless system improvements</td>
<td>GOAL TWO: Identify and implement system improvements to achieve positive, measurable results</td>
<td>Table 10 (page 29)</td>
</tr>
<tr>
<td>Prevention &amp; intervention</td>
<td>GOAL THREE: Expand, develop, and coordinate the supply of affordable housing and supportive services to prevent and end homelessness and decrease days in shelter</td>
<td>Table 11 (page 30)</td>
</tr>
</tbody>
</table>

Please note that pages 28-30 with Tables 9-11 are formatted as 11” x 17” paper to allow us to fit each table on a single page. Therefore, they will exceed the margins if you attempt to print those pages on 8.5” x 11” paper.

Governor Mike Rounds’ Executive Order 2003-07 established South Dakota’s ICH (SDICH) in 2003. Section 1 of Executive Order 2003-07 specified that the SDICH would consist of the following individuals (or their designee): Governor, Secretaries of Health, Human Services, Social Services, Corrections, Education, Labor, Tribal Relations, the Adjutant General of Military & Veteran’s Affairs, Tribal Relations, the Executive Director of SDHDA, and heads of other state departments or agencies as the governor may designate.
### Table 7: Homelessness Typologies, Common Difficulties, Prospective Interventions, and Prospective Service Providers

<table>
<thead>
<tr>
<th>Homelessness Type</th>
<th>Duration</th>
<th>Subgroup</th>
<th>Intervention Focus/Foci</th>
<th>Some Prospective Service Provider(s)</th>
</tr>
</thead>
</table>
|                   |          | Domestic violence (DV) survivors | • Access to secure housing  
• Ensuring survivor’s [and dependent(s)] safety  
• Financial stability  
• Screening for benefits eligibility | • DV shelters  
• Faith-based service providers  
• Financial institutions  
• Law enforcement  
• Legal services  
• Prospective funders  
• State & county agencies (e.g., CPS) |
|                   |          | Individuals with health issues (including mental health) | • Access to necessary medical services & medications  
• Access to secure housing  
• Financial stability  
• Screening for benefits eligibility | • Community health centers  
• Faith-based service providers  
• Financial institutions  
• Hospitals and clinics  
• Legal services  
• Pharmacists  
• Prospective funders |
| Situational       | Temporary Crisis | Individuals with job loss/loss of financial resources | • Access to secure housing  
• Financial stability  
• Job training, recertification, etc.  
• Screening for benefits eligibility | • Department of Labor  
• Faith-based service providers  
• Financial Institutions  
• Higher education institutions  
• Landlords  
• Legal services  
• Prospective funders |
|                   |          | Individuals lacking transportation, daycare, etc. | • Access to secure housing  
• Childcare  
• Financial resources  
• Job training, recertification, etc.  
• Screening for benefits eligibility  
• Transportation | • Daycare providers  
• Faith-based service providers  
• Financial institutions  
• Mass transit  
• Prospective funders  
• School counselors  
• State & county agencies |
|                   | Long-Term/Chronic | Mental health issues | • Access to necessary medical services & medications  
• Access to secure housing  
• Financial stability  
• Screening for benefits eligibility | • Department of Labor  
• Higher education institutions  
• Homeless shelters  
• HUD  
• Landlords  
• Legal Services  
• Local businesses  
• National & local foundations  
• Prospective funders  
• State & county agencies  
• Substance abuse prevention providers |
| Varied            | (May be Temporary or Chronic) | Individuals with a criminal history | • Access to secure housing  
• Addiction treatment  
• Financial stability  
• Job search skills and attire (resume writing, etc.)  
• Job training, recertification, etc.  
• Screening for benefits eligibility | • Department of Labor  
• Faith-based service providers  
• Higher education institutions  
• Homeless shelters  
• HUD  
• Law enforcement & Corrections  
• Legal services  
• Local businesses  
• National & local foundations  
• Prospective funders  
• State & county agencies  
• Substance abuse prevention providers |
|                   |          | Lifestyle choices | • Access to secure housing  
• Addiction treatment  
• Job training, recertification, etc.  
• Screening for benefits eligibility | • Faith-based service providers  
• Homeless shelters  
• Legal services  
• Prospective funders  
• State & county agencies  
• Substance abuse prevention providers |
| Generational      | Pervasive | Chronically homeless parents with children | • Access to secure housing suitable for children  
• Addiction treatment  
• Job training, recertification, etc.  
• Screening for benefits eligibility | • Faith-based service providers  
• Homeless shelters  
• Legal services  
• Mental health services  
• Prospective funders  
• State & county agencies  
• Substance abuse prevention providers |
|                   |          | Intensive Service Utilizers | • Access to secure housing  
• Addiction treatment  
• Childcare  
• Financial resources  
• Job training, recertification, etc.  
• Screening for benefits eligibility  
• Transportation | • Faith-based service providers  
• Homeless shelters  
• Legal services  
• Mental health services  
• Prospective funders  
• State & county agencies  
• Substance abuse prevention providers |
<table>
<thead>
<tr>
<th>Homeless Population</th>
<th>Possible Needs</th>
<th>Some Prospective Service Provider(s)/Community Resource(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Homeless</td>
<td>• Access to secure housing</td>
<td>• Department of Labor</td>
</tr>
<tr>
<td></td>
<td>• Addiction treatment</td>
<td>• Faith-based service providers</td>
</tr>
<tr>
<td></td>
<td>• Financial stability</td>
<td>• Higher education institutions</td>
</tr>
<tr>
<td></td>
<td>• Job search skills and attire (resume writing, interviewing, etc.)</td>
<td>• Homeless shelters</td>
</tr>
<tr>
<td></td>
<td>• Job training, recertification, etc.</td>
<td>• HUD</td>
</tr>
<tr>
<td></td>
<td>• Screening for benefits eligibility</td>
<td>• Law enforcement &amp; Corrections</td>
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<tr>
<td>Domestic Violence (DV) Survivors</td>
<td>• Access to secure housing</td>
<td>• DV shelters</td>
</tr>
<tr>
<td></td>
<td>• Ensuring survivor's (and dependent) safety</td>
<td>• Faith-based service providers</td>
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<tr>
<td></td>
<td>• Financial stability</td>
<td>• Financial institutions</td>
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<tr>
<td></td>
<td>• Screening for benefits eligibility</td>
<td>• Landlords</td>
</tr>
<tr>
<td>Families</td>
<td>• Access to secure housing suitable for children</td>
<td>• Legal services</td>
</tr>
<tr>
<td></td>
<td>• Addiction treatment</td>
<td>• Local businesses</td>
</tr>
<tr>
<td></td>
<td>• Affordable childcare</td>
<td>• National &amp; local foundations</td>
</tr>
<tr>
<td></td>
<td>• Job search skills and attire (resume writing, interviewing, etc.)</td>
<td>• State &amp; county agencies</td>
</tr>
<tr>
<td></td>
<td>• Job training, recertification, etc.</td>
<td>• Substance abuse prevention providers</td>
</tr>
<tr>
<td></td>
<td>• Screening for benefits eligibility</td>
<td></td>
</tr>
<tr>
<td>Individuals with a criminal history</td>
<td>• Access to secure housing</td>
<td>• Department of Labor</td>
</tr>
<tr>
<td></td>
<td>• Addiction treatment</td>
<td>• Faith-based service providers</td>
</tr>
<tr>
<td></td>
<td>• Financial stability</td>
<td>• Higher education institutions</td>
</tr>
<tr>
<td></td>
<td>• Job search skills and attire (resume writing, interviewing, etc.)</td>
<td>• Homeless shelters</td>
</tr>
<tr>
<td></td>
<td>• Job training, recertification, etc.</td>
<td>• HUD</td>
</tr>
<tr>
<td></td>
<td>• Screening for benefits eligibility</td>
<td>• Law enforcement &amp; Corrections</td>
</tr>
<tr>
<td>Mentally Ill</td>
<td>• Access to secure housing</td>
<td>• Legal services</td>
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<tr>
<td></td>
<td>• Access to necessary medical services &amp; medications</td>
<td>• Local businesses</td>
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<tr>
<td></td>
<td>• Financial stability</td>
<td>• National &amp; local foundations</td>
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<tr>
<td></td>
<td>• Screening for benefits eligibility</td>
<td>• State &amp; county agencies</td>
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<tr>
<td></td>
<td></td>
<td>• Substance abuse prevention providers</td>
</tr>
<tr>
<td>Individuals with Prolonged Health Conditions</td>
<td>• Access to reliable health screening/diagnoses</td>
<td>• Community health centers</td>
</tr>
<tr>
<td></td>
<td>• Access to secure housing</td>
<td>• Faith-based service providers</td>
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<tr>
<td></td>
<td>• Addiction treatment</td>
<td>• Homeless shelters</td>
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<tr>
<td></td>
<td>• Financial stability</td>
<td>• Hospitals and clinics</td>
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<tr>
<td></td>
<td>• Screening for benefits eligibility</td>
<td>• Landlords</td>
</tr>
<tr>
<td></td>
<td>• Treatment for conditions such as post-traumatic stress (PTSD) or traumatic</td>
<td>• Law enforcement &amp; Corrections</td>
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<tr>
<td></td>
<td>brain injury (TBI)</td>
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<tr>
<td>Individuals with Addictions/Substance Use</td>
<td>• Access to necessary medical services &amp; medications</td>
<td>• Legal services</td>
</tr>
<tr>
<td>Issues</td>
<td>• Access to secure housing</td>
<td>• Local businesses</td>
</tr>
<tr>
<td></td>
<td>• Addiction treatment</td>
<td>• National &amp; local foundations</td>
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<tr>
<td></td>
<td>• Financial stability</td>
<td>• Pharmacist</td>
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<tr>
<td></td>
<td>• Screening for benefits eligibility</td>
<td>• Substance abuse prevention providers</td>
</tr>
<tr>
<td></td>
<td>• Job search skills and attire (resume writing, interviewing, etc.)</td>
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<tr>
<td></td>
<td>• Job training, recertification, etc.</td>
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<tr>
<td></td>
<td>• Screening for benefits eligibility</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Youth</td>
<td>• Access to necessary medical services &amp; medications</td>
<td>• Community health centers</td>
</tr>
<tr>
<td></td>
<td>• Access to secure housing</td>
<td>• Department of Labor</td>
</tr>
<tr>
<td></td>
<td>• Education access (including GED)</td>
<td>• Homeless shelters</td>
</tr>
<tr>
<td></td>
<td>• Financial stability</td>
<td>• Hospitals and clinics</td>
</tr>
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<td></td>
<td>• Screening for benefits eligibility</td>
<td>• Landlords</td>
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<tr>
<td></td>
<td>• Transportation</td>
<td>• Law Enforcement &amp; Corrections</td>
</tr>
<tr>
<td>Veterans</td>
<td>• Access to secure housing</td>
<td>• Legal services</td>
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<tr>
<td></td>
<td>• Addiction treatment</td>
<td>• National &amp; local foundations</td>
</tr>
<tr>
<td></td>
<td>• Financial stability</td>
<td>• Substance abuse prevention providers</td>
</tr>
<tr>
<td></td>
<td>• Job search skills and attire (resume writing, interviewing, etc.)</td>
<td>• VA, County Veterans Service Officers, Vet Centers &amp; Veterans Orgs.</td>
</tr>
<tr>
<td></td>
<td>• Job training, recertification, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Screening for benefits eligibility</td>
<td></td>
</tr>
<tr>
<td>Goal</td>
<td>Action Steps</td>
<td>Primary Substeps</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td>GOAL ONE: Strengthen the capacity of public and private organizations by increasing awareness of collaborative opportunities, homelessness concerns, and successful interventions to prevent and end homelessness</td>
<td>Meet with Native American officials, on and off reservations; domestic violence (DV); veteran; criminal justice; and youth service providers to establish sustainable relationships intended to address needs of homeless and at-risk individuals, both in areas they serve and statewide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact the South Dakota Department of Tribal Relations to discuss Native American needs, service availability, and local individuals SDHHC should involve in strategic planning efforts</td>
<td>Contact local tribal officials for advice regarding other individuals to involve in strategic planning efforts, including providers whose interactions with homeless and at-risk may only be sporadic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meet with tribal officials, service providers, and other members of tribal communities to discuss unique service needs; data, service, and program deficiencies; and strategies to maximize awareness and utilization of programs that could reduce homelessness and doubled-up living arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coordinate with tribal officials to schedule strategic planning sessions to discuss topics such as homeless data collection, service prioritization, increased awareness and utilization of existing services, and possible innovations to address land trust issues and foreclosure risk mitigation that limit mortgage lending and other investments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact DV groups and providers, such as the South Dakota Coalition Ending Domestic &amp; Sexual Violence, the South Dakota Department of Social Services, and DV shelters, to discuss DV survivors’ needs, service availability, and other individuals SDHHC should involve in strategic planning efforts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meet with DV providers to discuss unique service needs, service and program deficiencies; and strategies to maximize awareness and utilization of programs that could reduce homelessness and doubled-up living arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact criminal justice groups and providers such as law enforcement, corrections, and probation and parole to discuss justice-involved individuals’ needs, service availability, and other individuals SDHHC should involve in strategic planning efforts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meet with criminal justice officials to discuss unique service needs; service and program deficiencies; and strategies to maximize awareness and utilization of programs that could reduce homelessness and doubled-up living arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coordinate with criminal justice officials to schedule strategic planning sessions to discuss topics such as homeless data collection, discharge protocols, service prioritization, and increasing awareness and utilization of existing services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coordinate with criminal justice officials to discuss unique service needs; data, service, and program deficiencies; and strategies to maximize awareness and utilization of programs that could reduce homelessness and doubled-up living arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact veterans groups and providers such as the VA, county veterans service officers, and veterans service organizations to discuss veterans’ needs, service availability, and other individuals SDHHC should involve in strategic planning efforts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meet with veteran service providers to discuss unique service needs; service and program deficiencies; and strategies to maximize awareness and utilization of programs that could reduce homelessness and doubled-up living arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coordinate with veteran service officials to schedule strategic planning sessions to discuss topics such as homeless data collection, service prioritization, and increasing awareness and utilization of existing services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact youth service providers such as CHNP Protection Services (EPS), school officials, and shelters to discuss youth needs, service availability, and other individuals SDHHC should involve in strategic planning efforts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meet with youth service providers to discuss unique service needs; service and program deficiencies; and strategies to maximize awareness and utilization of programs that could reduce homelessness and doubled-up living arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coordinate with youth service officials to schedule strategic planning sessions to discuss topics such as homeless data collection, service prioritization, LGBTQ service provision, and increasing awareness and utilization of existing services</td>
</tr>
<tr>
<td></td>
<td>Engage and educate stakeholders to promote system improvement</td>
<td>Assess existing data sources, such as the point-in-time (PIT) count, HMIS, and service providers’ records to identify valid, representative datasets and identify needed data acquisition improvements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact policymakers and members of the public about issues surrounding homelessness, including topics such as the cost of homelessness, barriers to receiving services, and effective strategies to eliminate homelessness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop a “Homeless 101” training to educate policymakers and members of the public about issues surrounding homelessness, including topics such as the cost of homelessness, barriers to receiving services, and effective strategies to eliminate homelessness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Form a panel of experts including policymakers, homeless individuals, and researchers to discuss curriculum components that feel are essential and would be compelling to our prospective audience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advocate private sector engagement by involving groups such as property managers, developers, and landlords in strategic planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Explore re-establishing South Dakota’s Interagency Council on Homelessness (SDICH) with policymakers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Investigate SDICH’s membership agencies’ internal protocols to ascertain whether they streamline homeless service acquisition, service referral, and eventual acquisition of secure housing by those who are homeless and at-risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collect data related to outcomes for homeless and at-risk individuals agencies serve</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify trends and outcomes that can help inform future strategic planning</td>
</tr>
</tbody>
</table>
GOAL TWO: Identify and implement system improvements to achieve positive, measurable results

**SDHAC**

1. **Compile a comprehensive list of service providers administering programs/support to homeless and at-risk individuals**
   - Identify possible programmatic gaps and/or gaps in coverage
   - Complete data regarding waitlists for mental health (MH) services
   - Examine correctional, foster care, hospital, and MH discharge protocols to ensure individuals are not being discharged to homelessness

2. **Adopt and effectively implement comprehensive data collection systems**
   - Compile a statewide list of service providers utilizing Homeless Management Information System (HMIS) to discuss system difficulties currently experienced by users to improve system improvement
   - Isolate factors contributing to gaps in data such as providers lacking awareness of the count and inventory, the importance of each, and/or opting not to participate

3. **Critically examine service providers’ policies and protocols that govern interactions with homeless and at-risk individuals**
   - Sponsor research on topics that promote increased effectiveness and efficiency, including research on targeting and service prioritization, homeless prevention, and serving special populations
   - Create incentives and forums for organizations to discuss and learn how to improve discharge planning and homeless crisis response programs
   - Establish protocols to monitor and improve levels of coordination among service providers to help inform system improvements

4. **Strategically invest in systems to help expand the supply of affordable housing, service-enriched housing, and permanent supportive housing**
   - Examine joint local resources/inventories to help address gaps in services
   - Estimate the funding required to expand 211 service so that includes a more comprehensive listing of local resources
   - Draft, review, and revise coordination protocols

5. **Encourage communities to support and implement policy changes to prevent homelessness and rapidly return those who are currently homeless to safety and secure housing**
   - Provide greater detail on social impact bonds.
   - Support coordinated assessment pilot program in Minnehaha County to help explore eventual statewide implementation

**Action Steps**

1. **Identify possible programmatic gaps and/or gaps in coverage**
2. **Compile a comprehensive list of service providers administering programs/support to homeless and at-risk individuals**
3. **Adopt and effectively implement comprehensive data collection systems**
4. **Critically examine service providers’ policies and protocols that govern interactions with homeless and at-risk individuals**
5. **Strategically invest in systems to help expand the supply of affordable housing, service-enriched housing, and permanent supportive housing**
6. **Encourage communities to support and implement policy changes to prevent homelessness and rapidly return those who are currently homeless to safety and secure housing**

**Primary Substeps**

1. **Gaps in data**
2. **Service providers**
3. **Policies and protocols**
4. **Data collection systems**
5. **Housing and support**
6. **Prevent homelessness**

**Secondary Substeps**

1. **Programmatic gaps**
2. **Service prioritization**
3. **Efficiency**
4. **Data analysis**
5. **Policy changes**
6. **Homelessness prevention**

**Responsible Party/Parties**

1. **SDHDA/PAC**
2. **PHAs**
3. **SDICH**
4. **University**
5. **Service Providers**
6. **SDHDA/PAC**

**Deadline**

1. **March 31, 2015**
2. **April 2, 2015**
3. **November 1, 2015**
4. **November 1, 2015**
5. **November 1, 2015**
6. **November 1, 2015**
<table>
<thead>
<tr>
<th>Goal</th>
<th>Action Steps</th>
<th>Primary Substeps</th>
<th>Secondary Substeps</th>
<th>Responsible Party/Parties</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce financial vulnerability for homeless and at-risk individuals and lenders and property managers using strategies such as job training/education (workforce development)</td>
<td>Identify common sources of financial vulnerability for homeless and at-risk, such as unemployment and underemployment</td>
<td>Collaborate with other service providers to develop and employ strategies to reduce financial vulnerability and expand opportunity (e.g., maximizing low-income broadband access)</td>
<td>SDHDA/PAC Service Providers</td>
<td>PHAs</td>
<td>SDHDA/PAC PHAs</td>
</tr>
<tr>
<td>Identify common sources of financial vulnerability for lenders, such as arrears</td>
<td>Collaborate with lenders to develop and employ strategies to reduce financial vulnerability</td>
<td>SDHDA/PAC Lenders</td>
<td>PHAs</td>
<td>SDHDA/PAC PHAs</td>
<td>SDHDA/PAC PHAs</td>
</tr>
<tr>
<td>Identify common sources of financial vulnerability for property managers, such as damaged property or tenants’ failures to pay rent</td>
<td>Collaborate with property managers to develop and employ strategies to reduce financial vulnerability</td>
<td>SDHDA/PAC PHAs</td>
<td>Property Managers</td>
<td>SDHDA/PAC PHAs</td>
<td>SDHDA/PAC Property Managers</td>
</tr>
<tr>
<td>Expand transportation options and explore alternatives</td>
<td>Research and identify areas lacking transportation options</td>
<td>Investgate supplemental funding mechanism to improve public and/or shared transportation resources</td>
<td>SDHDA/PAC PHAs</td>
<td>SDIHT</td>
<td>SDIHT</td>
</tr>
<tr>
<td>Rehouse and more people into permanent housing as efficiently as possible</td>
<td>Refocus existing homeless (federal, state, and local) dollars on education and issues awareness homeless prevention and rapid re-housing</td>
<td>Enhance homeless and at-risk individuals’ self-sufficiency by assessing their needs, risk of homelessness, and access to appropriate housing and supportive services</td>
<td>SDHDA/PAC PHAs</td>
<td>PHAs</td>
<td>SDHDA/PAC PHAs</td>
</tr>
<tr>
<td>Enhance access to existing homeless resources network for those at-risk of homelessness using an integrated service delivery approach</td>
<td>Coordinate with local shelters to increase collaboration and utilization of practices like case management and enhanced monitoring to ensure reduced lengths of stay and service usage by same individuals</td>
<td>SDHDA/PAC PHAs</td>
<td>PHAs</td>
<td>SDHDA/PAC PHAs</td>
<td>SDHDA/PAC PHAs Service Providers</td>
</tr>
<tr>
<td>Educate prospective partners about the economic and social costs of homelessness and how prevention and risk mitigation is more cost effective</td>
<td>Meet with policymakers and members of the public to discuss what data and topics are most convincing to stimulate investment in homeless prevention</td>
<td>SDHDA/PAC Policymakers</td>
<td>Public Stakeholders</td>
<td>SDIHT</td>
<td>SDIHT</td>
</tr>
<tr>
<td>Recruit key partners to invest in current prevention and risk mitigation initiatives and pilot programs</td>
<td>Approach legislators and policymakers, ideally as a coalition with new partners, to educate them about issues and discuss possible resolutions</td>
<td>SDHDA/PAC Policymakers</td>
<td>SDIHT</td>
<td>SDHDA/PAC Policymakers</td>
<td>SDIHT</td>
</tr>
<tr>
<td>Ensure statewide coverage for maximum number of programs for which funding exists</td>
<td>Create a statewide campaign to find sustainable matching funds.</td>
<td>SDHDA/PAC Policymakers</td>
<td>Public Stakeholders</td>
<td>SDHDA/PAC Policymakers</td>
<td>SDIHT</td>
</tr>
<tr>
<td>Identify reasons why non-participating counties are not utilizing programs</td>
<td>Increase outreach regarding available programs to improve awareness of program availability and eligibility requirements.</td>
<td>SDHDA/PAC PHAs</td>
<td>SDIHT</td>
<td>Service Providers</td>
<td>SDHDA/PAC PHAs</td>
</tr>
<tr>
<td>Seek sustainable state and private matching funds for all federal homeless funds</td>
<td>Commit resources to continue funding the Housing Opportunity Fund (HOF)</td>
<td>SDHDA/PAC PHAs</td>
<td>Service Providers</td>
<td>SDHDA/PAC PHAs</td>
<td>SDIHT</td>
</tr>
<tr>
<td>Assist counties’ current level of local utilization of existing homeless and at-risk programs</td>
<td>SDHDA/PAC Policymakers</td>
<td>SDIHT</td>
<td>Policy</td>
<td>SDHDA/PAC Policymakers</td>
<td>Service Providers</td>
</tr>
<tr>
<td>Ensure individuals in participating counties are being screened for the maximum number of programs they may be eligible for to increase coverage</td>
<td>Encourage non-profit agencies or units of local government in non-participating counties to apply for homeless funding</td>
<td>SDHDA/PAC PHAs</td>
<td>SDIHT</td>
<td>Service Providers</td>
<td>SDHDA/PAC PHAs</td>
</tr>
<tr>
<td>Expand and preserve the supply of housing choices and opportunities across the continuum, including appropriate service models.</td>
<td>Ensure that individuals in participating counties are being screened for the maximum number of programs they may be eligible for to increase coverage</td>
<td>SDHDA/PAC PHAs</td>
<td>Service Providers</td>
<td>SDHDA/PAC PHAs</td>
<td>Service Providers</td>
</tr>
<tr>
<td>Utilize local housing inventories to identify resource deficiencies</td>
<td>Utilize alternative data sources in areas lacking accurate housing inventories to identify resource deficiencies</td>
<td>SDHDA/PAC PHAs</td>
<td>Service Providers</td>
<td>SDHDA/PAC PHAs</td>
<td>Service Providers</td>
</tr>
<tr>
<td>Develop strategic plan to identify homeless and at-risk needs and best practices to address those needs</td>
<td>SDHDA/PAC SDIHT</td>
<td>SDHDA/PAC SDIHT</td>
<td>Service Providers</td>
<td>SDHDA/PAC SDIHT</td>
<td>Service Providers</td>
</tr>
<tr>
<td>Engage policymakers, developers, property managers, landlords, and other interested parties in exploring how to provide more affordable housing</td>
<td>SDHDA/PAC PHAs</td>
<td>PHAs</td>
<td>Service Providers</td>
<td>SDHDA/PAC PHAs</td>
<td>Property Managers</td>
</tr>
<tr>
<td>Propose initiatives to address needs, possible funding mechanisms, necessary legislative and/or policy changes, and implementation timelines (some examples are given in column to the right)</td>
<td>Offer training for service providers to help encourage lenders and property managers to increase housing options to homeless and at-risk individuals and increase probabilities of favorable outcomes for homeless and at-risk individuals</td>
<td>SDHDA/PAC PHAs</td>
<td>PHAs</td>
<td>SDHDA/PAC PHAs</td>
<td>PHAs</td>
</tr>
<tr>
<td>Incorporate programs like “Ready to Rent”14 to educate tenants about tenancy obligations and assure landlords that homeless and at-risk “graduates” of the program will be responsible tenants</td>
<td>SDHDA/PAC Landlords</td>
<td>Property Managers</td>
<td>SDHDA/PAC Landlords</td>
<td>Property Managers</td>
<td>SDHDA/PAC Landlords</td>
</tr>
<tr>
<td>Increase inventory of permanent housing units for homeless and at-risk tenants</td>
<td>SDHDA/PAC PHAs</td>
<td>SDIHT</td>
<td>PHAs</td>
<td>SDHDA/PAC PHAs</td>
<td>Property Developers</td>
</tr>
<tr>
<td>Maximize participation in Rental Rehab program</td>
<td>SDHDA/PAC PHAs</td>
<td>SDIHT</td>
<td>SDHDA/PAC PHAs</td>
<td>SDIHT</td>
<td>SDHDA/PAC PHAs</td>
</tr>
<tr>
<td>Identify properties in need of rehabilitation</td>
<td>Discuss opportunities to improve properties with landlords, including funding availability</td>
<td>SDHDA/PAC PHAs</td>
<td>SDIHT</td>
<td>SDHDA/PAC PHAs</td>
<td>SDIHT</td>
</tr>
<tr>
<td>Discuss possible policy changes at legislative, county, and municipality levels</td>
<td>Propose more comprehensive legislation and policies governing safe and sanitary housing standards</td>
<td>SDHDA/PAC PHAs</td>
<td>SDIHT</td>
<td>SDHDA/PAC PHAs</td>
<td>SDIHT</td>
</tr>
</tbody>
</table>


188 These funds would be devoted to meeting the needs of groups and populations identified as “high priority” by the Consortium and its partners, such as homeless and at-risk individuals ineligible for federal assistance (e.g., veterans with dishonorable discharges or sex offenders) as well as development and expansion of education and outreach programs such as Homeless 101 Training.

189 Details about “Ready to Rent” can be found on “Ready to Rent” (accessed April 2, 2015); available from: http://www.readytorent.org/index.html
Appendices

APPENDIX A: SOUTH DAKOTA FEDERAL LANDS AND INDIAN RESERVATIONS MAP

APPENDIX B: SOUTH DAKOTA COUNTIES MAP

APPENDIX C: TABLE 12 DETAILING COMPLETED SDHDA HOUSING NEEDS STUDIES


189 U.S. Census Bureau. “SOUTH DAKOTA - Counties” (accessed May 12, 2015); available from: http://www2.census.gov/geo/maps/general_ref/stco_outline/cen2k_pgsz/stco_SD.pdf. This map does not reflect Shannon County’s name change to Oglala Lakota County, which was effective May 1, 2015.
FEDERAL LANDS AND INDIAN RESERVATIONS

- Bureau of Indian Affairs
- Bureau of Land Management / Wilderness
- Bureau of Reclamation
- Department of Defense (includes Army Corps of Engineers lakes)
- Fish and Wildlife Service / Wilderness
- Forest Service / Wilderness
- National Park Service / Wilderness

Some small sites are not shown, especially in urban areas.

Abbreviations

IR Indian Reservation
NF National Forest
NG National Grassland
NM National Monument
NP National Park
NWR National Wildlife Refuge

Albers equal area projection

U.S. Department of the Interior
U.S. Geological Survey

The National Atlas of the United States of America®
Appendix C

In support of Governor Daugaard’s South Dakota Workforce Initiatives (SDWINS), South Dakota Housing Development Authority created the Housing Needs Study Program. This program is a cost-sharing incentive program to help rural communities in South Dakota conduct a Housing Needs Study to aide community decision makers and the public in developing a meaningful sense of the housing market in their community as well as an understanding of key housing issues. Communities with populations of 10,000 or less are eligible to participate in the program. A more detailed Housing Needs Study Program Summary and Application can be found here: [http://www.sdhda.org/housing-development/housing-needs-study-program.html](http://www.sdhda.org/housing-development/housing-needs-study-program.html).

Table 12 below includes hyperlinks to each location’s housing needs study in the location column which allow readers to access each report by clicking on the relevant location. In addition, Table 12 details the date that each survey was completed.

### Table 12: Locations with Completed Housing Needs Studies

<table>
<thead>
<tr>
<th>Location</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beadle County (Iroquois, Cavour, and Yale)</td>
<td>December 2014</td>
</tr>
<tr>
<td>Belle Fourche</td>
<td>June 2013</td>
</tr>
<tr>
<td>Beresford</td>
<td>October 2013</td>
</tr>
<tr>
<td>Britton</td>
<td>September 2013</td>
</tr>
<tr>
<td>Canistota</td>
<td>May 2015</td>
</tr>
<tr>
<td>Canton</td>
<td>February 2014</td>
</tr>
<tr>
<td>Campbell County</td>
<td>February 2013</td>
</tr>
<tr>
<td>Centerville</td>
<td>September 2013</td>
</tr>
<tr>
<td>Day County (Andover, Grenville, Pierpont, and Roslyn)</td>
<td>February 2015</td>
</tr>
<tr>
<td>Day County (Bristol, Waubay, Butler, and Lily)</td>
<td>February 2015</td>
</tr>
<tr>
<td>Elk Point</td>
<td>May 2015</td>
</tr>
<tr>
<td>Faulkton</td>
<td>June 2013</td>
</tr>
<tr>
<td>Flandreau</td>
<td>August 2014</td>
</tr>
<tr>
<td>Fort Pierre</td>
<td>December 2012</td>
</tr>
<tr>
<td>Gettysburg</td>
<td>June 2013</td>
</tr>
<tr>
<td>Harrisburg</td>
<td>August 2014</td>
</tr>
<tr>
<td>Hartford</td>
<td>April 2013</td>
</tr>
<tr>
<td>Kennebec</td>
<td>October 2015</td>
</tr>
<tr>
<td>Lemmon</td>
<td>March 2013</td>
</tr>
<tr>
<td>Lennox</td>
<td>February 2015</td>
</tr>
<tr>
<td>Martin/Greater Martin</td>
<td>June 2013</td>
</tr>
<tr>
<td>Milbank</td>
<td>May 2015</td>
</tr>
<tr>
<td>Miller</td>
<td>March 2013</td>
</tr>
<tr>
<td>Mobridge</td>
<td>August 2013</td>
</tr>
<tr>
<td>Murdo</td>
<td>August 2013</td>
</tr>
<tr>
<td>North Sioux City</td>
<td>July 2015</td>
</tr>
<tr>
<td>Philip</td>
<td>April 2014</td>
</tr>
<tr>
<td>Redfield</td>
<td>December 2014</td>
</tr>
<tr>
<td>Spink County (Doland, Frankfort, Tulare, and Hitchcock)</td>
<td>December 2014</td>
</tr>
<tr>
<td>Sturgis</td>
<td>April 2014</td>
</tr>
<tr>
<td>Viborg</td>
<td>January 2014</td>
</tr>
<tr>
<td>Webster</td>
<td>February 2015</td>
</tr>
<tr>
<td>Worthing</td>
<td>September 2014</td>
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</tbody>
</table>