
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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South Dakota Housing for the Homeless Consortium – 10-Year Plan to End Homelessness Committee

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.

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/>.

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>.

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://b3cdn.net/naeh/b970364c18809d1e0c_aum6bnzb4.pdf.

⁴ U.S. Interagency Council on Homelessness. (2015). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness as Amended in 2015* (accessed August 4, 2015); available from: http://usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.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.⁵ 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.⁶ 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.⁷

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:⁸

- 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

⁵ Portions of this definition are borrowed from Oregon Ending Homelessness Advisory Council. (2008). *A Home for Hope: A 10-Year Plan to End Homelessness in Oregon*, page 8 (accessed March 10, 2015); available from: <http://www.oregon.gov/ohcs/pdfs/report-ehac-10-year-action-plan.pdf>.

⁶ The HEARTH Act’s definition is located in Section 1003. “Definition of Homelessness” from U.S. Government Printing Office. (2009). S. 896, pages 33-34 (accessed March 27, 2015); available from: https://www.hudexchange.info/resources/documents/S896_HEARTHAct.pdf. The implications of the HEARTH Act on McKinney-Vento are described in U.S. Department of Housing and Urban Development (HUD), “The McKinney-Vento Homeless Assistance Act: As amended by S.896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009,” pages 1 and 2 (accessed March 27, 2015); available from: <https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf>.

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://sdnafvsa.com/about.php> and the South Dakota Coalition Ending Domestic & Sexual Violence’s website: <http://sdcedsv.org/>.

⁸ Examples were drawn from Oregon Ending Homelessness Advisory Council. (2008). *A Home for Hope: A 10-Year Plan to End Homelessness in Oregon*, page 8 (accessed March 10, 2015); available from: <http://www.oregon.gov/ohcs/pdfs/report-ehac-10-year-action-plan.pdf>.

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

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.”

¹⁰ Millet, Juan-Pablo, Antonio Moreno, Laia Fina, Lucía del Baño, Angels Orcau, Patricia García de Olalla, and Joan A. Caylà. (2013). *European Spine Journal*, “Factors the Influence Current Tuberculosis Epidemiology,” page 542 (accessed July 29, 2015); available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3691414/pdf/586_2012_Article_2334.pdf.

¹¹ McHutchison, John G. and Bruce R. Bacon. (2005). *The American Journal of Managed Care*, “Chronic Hepatitis C: An Age Wave of Disease Burden,” page 286 (accessed July 29, 2015); available from: https://ajmc.s3.amazonaws.com/media/pdf/A118_AgeWaveS286to295.pdf.

¹² Schwartz, Alex F. (2010). *Housing Policy in the United States, 2nd Edition*, page 3 (accessed July 29, 2015); available from: http://samples.sainsburysebooks.co.uk/9781135280093_sample_625226.pdf.

¹³ McCoy-Roth, Marci, Bonnie B. Mackintosh, and David Murphey. (2012). *Early Childhood Highlights*, “When the Bough Breaks: The Effects of Homelessness on Young Children,” page 2 (accessed November 12, 2015); available from: <http://www.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf>.

¹⁴ Ibid.

¹⁵ Park, Jung Min, Angela R. Fertig, and Paul D. Allison. (2011). *American Journal of Public Health*, page 255 (accessed August 12, 2015); available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222504/pdf/S255.pdf>.

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).”

¹⁷ Culhane, Dennis P. (2008). *Departmental Papers (SPP)*, “The Cost of Homelessness: A Perspective from the United States,” page 101 (accessed March 27, 2015); available from: http://repository.upenn.edu/cgi/viewcontent.cgi?article=1156&context=spp_papers.

¹⁸ Ibid, page 102.

¹⁹ Ibid, page 104.

based upon characteristics that suggest to screeners that the participant has a greater probability of realizing a successful housing outcome.²⁰

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.”²¹ Additional costs “include dehumanization, diminished capacity to actualize basic societal rights and privileges, and susceptibility to victimization, including violence.”²² Moreover, some assert that these costs could also be estimated to help account for their possible associated economic impacts.²³

South Dakota Characteristics Possibly Impacting Homelessness

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.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.

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.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.”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

²⁰ Rosenheck, Robert, Wesley Kaspro, Linda Frisman, and Wen Liu-Mares. (2003). *Archives of General Psychiatry*, “Cost-effectiveness of Supported Housing for Homeless Persons with Mental Illness,” page 949 (accessed April 3, 2015); available from: <http://archpsyc.jamanetwork.com/article.aspx?articleid=207801&resultClick=3>.

²¹ Ibid.

²² Culhane, Dennis P. (2008). *Departmental Papers (SPP)*, “The Cost of Homelessness: A Perspective from the United States,” page 109 (accessed March 27, 2015); available from: http://repository.upenn.edu/cgi/viewcontent.cgi?article=1156&context=spp_papers.

²³ Ibid.

²⁴ National Climatic Data Center. “Climate of South Dakota” (accessed March 11, 2015); available from: http://www.ncdc.noaa.gov/climate_normals/clim60/states/Clim_SD_01.pdf.

²⁵ The Bush Foundation. (2011). *Prospects & Possibilities for South Dakota*, page 5 (accessed April 7, 2015); available from: https://www.bushfoundation.org/sites/default/files/public/Foundation/Files/sd_pp_report_final.pdf.

²⁶ Ibid., page 7.

life.²⁷ Furthermore, Rapid City residents may apply a “self-ascribed” rural label to their hometown,²⁸ wholly independent of Rapid City’s quantitative designation as an urban area by sources such as U.S. Census classifications.²⁹

Others examine whether some of these rural qualities, such as trust and solidarity, could stifle rural development opportunities.³⁰ 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.”³¹

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),³² its comparatively sparse population, estimated to be 853,175 in 2014,³³ rendered it the 46th-most populous state in the nation in 2010.³⁴ In addition, South Dakota is characterized by pronounced rurality.³⁵ 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,³⁶ 359 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.³⁷ 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.³⁸

²⁷ Tysdal, Callie. (2013). *Honors Projects*, “Rural Renaissance: The Redevelopment of Rapid City, South Dakota,” page 6 (accessed April 7, 2015); available from: http://digitalcommons.macalester.edu/cgi/viewcontent.cgi?article=1034&context=geography_honors.

²⁸ Ibid.

²⁹ Ibid., page 4.

³⁰ Junker, Daren, Meredith Redlin, David Olson, and Gary Aguiar. (2012). *The Online Journal of Rural Research and Policy*, “Absence of Age-Income Correlation in Ten Rural South Dakota Counties: Real Capital Outflow or Self-selection Bias,” page 3 (accessed April 7, 2015); available from: <http://newprairiepress.org/cgi/viewcontent.cgi?article=1058&context=ojrrp>.

³¹ Farole, Thomas, Andrés Rodríguez-Pose, and Michael Storper. (2010). *Progress in Human Geography*, “Human Geography and the Institutions that Underlie Economic Growth,” page 69 (accessed April 7, 2015); available from: http://scholar.google.com/scholar_url?url=http%3A%2Fwww.researchgate.net%2Fprofile%2FMichael_Storper%2Fpublication%2F46443743_Cohesion_policy_in_the_European_Union_Growth_geography_institutions%2Flinks%2F00b49524981b49c0b0000000.pdf&hl=en&sa=T&oi=gga&ct=gga&cd=0&ei=ykIkVeqaBoiB0QHI44HgBQ&scisig=AAGBfm1J-pNGa4oquHPF1xeCk7eGutkaiQ&noss=1&ws=1920x1024.

³² U.S. Census Bureau. *United States Summary: 2010*, page 41 (accessed March 11, 2015); available from: <http://www.census.gov/prod/cen2010/cph-2-1.pdf>.

³³ U.S. Census Bureau. *State & County Quickfacts*, “South Dakota” (accessed March 11, 2015); available from: <http://quickfacts.census.gov/qfd/states/46000.html>.

³⁴ U.S. Census Bureau. *Statistical Abstract of the United States: 2012*, “Table 14. State Population—Rank, Percent Change, and Population Density: 1980 to 2010,” page 19 (accessed November 12, 2015); available from: <http://www2.census.gov/library/publications/2011/compendia/statab/131ed/2012-statab.pdf>.

³⁵ 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/geo/maps/econ/ec2012/state/EC2012_0400000US46M.pdf.

³⁶ U.S. Census Bureau. “2010 Census Summary File 1” (accessed March 30, 2015: available from: http://factfinder.census.gov/bkmk/table/1.0/en/DEC/10_SF1/P1/0400000US46_05000|0400000US46_16000.

³⁷ Stack, Anne. (2007). Council for Affordable and Rural Housing (CARH), *CARH News*, “Homelessness in Rural America”; page 16; a PDF copy provided by CARH upon request.

³⁸ Ibid.

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 2013.³⁹ 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 2013.⁴⁰ Table 1 below lists the population of South Dakota’s ten most populous towns and cities (based upon their 2013 population estimates)⁴¹ and the population and housing unit densities from the 2010 Census.⁴² 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.

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

^aThe 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).⁴³ 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.⁴⁴ 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.⁴⁵ All four of those counties contain Native American reservations.⁴⁶

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.⁴⁷ Table 2 on the following page details each tribe’s

³⁹ U.S. Census Bureau. *Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013* (accessed April 7, 2015); available from: <http://factfinder.census.gov/bkmk/table/1.0/en/PEP/2013/PEPANNRES/0400000US46.16200>.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² U.S. Census Bureau. *Population, Housing Units, Area, and Density: 2010 – State –Place and (in selected states) County Subdivision* (accessed April 7, 2015); available from: http://factfinder.census.gov/bkmk/table/1.0/en/DEC/10_SF1/GCTPH1.ST10/0400000US46.

⁴³ U.S. Census Bureau. *State & County Quickfacts*, “South Dakota” (accessed March 12, 2015); available from: <http://quickfacts.census.gov/qfd/states/46000.html>.

⁴⁴ U.S. Census Bureau. “DP03: Selected Economic Characteristics, 2009-2013 American Community Survey 5-Year Estimates” accessed March 12, 2015; available from: http://factfinder.census.gov/bkmk/table/1.0/en/ACS/13_5YR/DP03/0400000US46|0400000US46.05000.

⁴⁵ Lengerich, Ryan. (2012). *Rapid City Journal*, “Nation’s Top Three Poorest Counties in Western South Dakota” (accessed March 11, 2015); available from: http://rapidcityjournal.com/news/nation-s-top-three-poorest-counties-in-western-south-dakota/article_2d5bb0bc-44bf-11e1-bbc9-0019bb2963f4.html.

⁴⁶ South Dakota State University. “Tribes” (accessed March 12, 2015); available from: <http://www.sdstate.edu/sdsuextension/nap/tribes/>.

⁴⁷ U.S. Government Printing Office. (2014). “Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs,” pages 4749-4752 (accessed March 30, 2015); available from: <http://www.bia.gov/cs/groups/public/documents/text/idc006989.pdf>.

primary reservation and the South Dakota county/counties where each reservation is located.⁴⁸ In addition, the reservations and counties are shown on the maps found in Appendices A and B, respectively.

Table 2: South Dakota Native American Tribes, Reservations, and County/Counties Where Reservations Located

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

^a Off-reservation trust lands were identified using the “Census Tract Relationship Files” accessible here: http://www2.census.gov/geo/docs/maps-data/data/rel/ctract_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.

^b Shannon County voters approved changing Shannon County’s name to “Oglala Lakota County” in November 2014. The change took effect May 1, 2015.⁴⁹

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.”⁵⁰ The Housing Assistance Council (HAC) indicates that “trust and tribally owned lands are often the most complex arrangements.”⁵¹ 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.⁵² Conversely, the tribe, rather than the federal government, holds the title to tribally-owned land.⁵³ 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.⁵⁴ Consequently, mortgages for homes on tribal land are scarce, “because lenders (which are not tribal members) cannot foreclose on such land and resell it.”⁵⁵

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.⁵⁶

⁴⁸ South Dakota State University. “Tribes” (accessed March 12, 2015); available from: <http://www.sdstate.edu/sdsuextension/nap/tribes/>.

⁴⁹ *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/oglaala-lakota-county-name-official-may/70771520/>.

⁵⁰ Housing Assistance Council. (2013). *Housing on Native American Lands*, page 7 (accessed March 9, 2015); available from: http://www.ruralhome.org/storage/documents/rpts_pubs/ts10_native_land.pdf. HAC also summarizes “checkerboarding” as a “patchwork pattern created when land is held in a variety of ownership types...” on page 7 of *Housing on Native American Lands*.

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/>.

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 to not 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.

⁵⁷ Weathington, Bart L., Christopher J.L. Cunningham, and David J. Pittenger. (2010). *Research Methods for the Behavioral & Social Sciences*, page 225 (accessed April 6, 2015); available from: <https://books.google.com/books?id=28I09vYxeKMC&pg=PA198&dq=anecdotal+evidence&hl=en&sa=X&ei=eaYiVbb2N87isASM34GgBQ&ved=0CCEQ6AEwATgK#v=onepage&q=anecdotal%20evidence&f=false>.

⁵⁸ *Ibid.*, pg. 198.

⁵⁹ Simonson, Alex and Bernd Schmitt. (1997). *Marketing Aesthetics: The Strategic Management of Brands, Identity, and Image*, (New York: Simon & Schuster) page 194.

⁶⁰ *Ibid.*, page 193.

⁶¹ *Ibid.*, pg. 194.

⁶² *Ibid.*

⁶³ South Dakota Housing for the Homeless Coalition. “Homeless Management Information System” (accessed April 6, 2015); available from: <http://www.housingforthehomeless.org/primary-content/homeless-management-information-system.html>.

⁶⁴ Poulin, Stephen R., Stephen Metraux, and Dennis P. Culhane. (2008). “Chapter Ten: The History and Future of Homeless Management Information Systems” from *Homelessness in America, Volume 3, Solutions to Homelessness* ed. Robert Hartmann McNamara, page 171 (accessed April 14, 2015); available from: http://works.bepress.com/cgi/viewcontent.cgi?article=1101&context=dennis_culhane.

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.

⁶⁷ U.S. Department of Housing and Urban Development. "PIT and HIC Guides, Tools, and Webinars" (accessed April 6, 2015); available from: <https://www.hudexchange.info/hdx/guides/pit-hic/>.

⁶⁸ U.S. Department of Housing and Urban Development. "CoC Housing Inventory Count Reports" (accessed April 9, 2015); available from: <https://www.hudexchange.info/manage-a-program/coc-housing-inventory-count-reports/>.

⁶⁹ *Ibid.*, footnote 67.

⁷⁰ South Dakota Housing for the Homeless Consortium. "Homeless Counts" (accessed April 9, 2015); available from: <http://www.housingforthehomeless.org/homeless-counts.html>.

⁷¹ New Mexico Coalition to End Homelessness. (2013). *2013 Point in Time Count Results*, page 2 (accessed April 6, 2015); available from: <http://nmceh.org/pages/reports/ABQ%20PIT%20Count%20Report%20-%20Final%20March%202013.pdf>.

⁷² South Carolina Coalition for the Homeless. *2014 Point in Time Count Results*, page 25 (accessed April 6, 2015); available from: <http://www.schomeless.org/wp-content/uploads/2014/07/SCCH-2014-PIT-Report.pdf>.

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.⁷⁶ The current version of the ACS includes questions on both population and housing characteristics,⁷⁷ and a sample of the most recent version of the ACS is available on the U.S. Census Bureau's website.⁷⁸ 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.⁷⁹ 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).⁸⁰

Limitations

The U.S. Census Bureau emphasizes that ACS data are estimates subject to margins of error (MOE).⁸¹ In addition, they offer specific guidance and cautions regarding data comparisons by year.⁸² 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.”⁸³ The most recent reported coverage rates illustrate that South Dakota had a coverage rate of 91.7 percent in 2014.⁸⁴

In addition, researchers caution that some ACS data are not directly comparable to the decennial census.⁸⁵ 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.⁸⁶ 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.”⁸⁷

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

⁷⁶ U.S. Department of Commerce. (2013). *American Community Survey Information Guide*, page 2 (accessed April 22, 2015); available from: https://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf.

⁷⁷ Ibid.

⁷⁸ U.S. Census Bureau. “The American Community Survey” (accessed April 22, 2015); available from: <http://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2015/quest15.pdf>.

⁷⁹ Ibid., footnote 76, pages 4-5.

⁸⁰ Ibid., page 8.

⁸¹ U.S. Census Bureau. *American Community Survey “Comparing ACS Data”* (accessed April 22, 2015); available from: http://www.census.gov/acs/www/guidance_for_data_users/comparing_data/.

⁸² Ibid.

⁸³ U.S. Census Bureau. (2008). *A Compass for Understanding and Using American Community Survey Data: What Users of Data for Rural Areas Need to Know*, page A-25 (accessed April 22, 2015); available from: <http://www.census.gov/content/dam/Census/library/publications/2009/acs/ACSRuralAreaHandbook.pdf>.

⁸⁴ U.S. Census Bureau. *American Community Survey “Coverage Rates – Data”* (accessed April 22, 2015); available from: http://www.census.gov/acs/www/methodology/coverage_rates_data/index.php.

⁸⁵ Hayslett, Michele and Lynda Kellam. (2010). *IASSIST Quarterly “The American Community Survey: Benefits and Challenges,”* page 33 (accessed April 22, 2015); available from: http://www.iassistdata.org/downloads/iquol334_341hayslett.pdf.

⁸⁶ Ibid., footnote 83, page 4.

⁸⁷ National Congress of American Indians. *American Community Survey Data on the American Indian/Alaska Native Population: A Look Behind the Numbers*, page 18 (accessed April 22, 2015); available from: http://www.ncai.org/policy-research-center/initiatives/ACS_data_on_the_AIAN_Population_paper_by_Norm_DeWeaver.pdf

services while linking housing and supportive services.”⁸⁸ 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.”⁸⁹ Some examples of recent research utilizing HMIS include:

- a report exploring homelessness recurrence in Georgia⁹⁰
- a study assessing the prevalence and risk of homelessness among U.S. veterans⁹¹
- a thesis seeking improved understanding of Birmingham, Alabama’s homeless population and responses to homelessness⁹²
- an article summarizing the risk of homelessness among families and children⁹³

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.⁹⁴ 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.⁹⁵ 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.

⁸⁸ U.S. Government Accountability Office. (2011). *Report to Congressional Addressees “Opportunities to Reduce Potential Duplication in Government Programs, Save Tax Dollars, and Enhance Revenue,”* page 131 (accessed April 10, 2015); available from: <http://www.gao.gov/assets/320/315920.pdf>.

⁸⁹ Ibid.

⁹⁰ Rodriguez, Jason. (2013). *Homelessness Recurrence in Georgia* (accessed April 10, 2015); available from:

<http://www.dca.state.ga.us/housing/specialneeds/programs/downloads/HomelessnessRecurrenceInGeorgia.pdf>.

⁹¹ Fargo, Jamison, Stephen Metraux, Thomas Byrne, Ellen Munley, Ann Elizabeth Montgomery, Harlan Jones, George Sheldon, Vincent Kane, and Dennis Culhane. (2012). *Preventing Chronic Disease: Public Health Research, Practice, and Policy* “Prevalence and Risk of Homelessness Among US Veterans” (accessed April 10, 2015); available from: http://www.cdc.gov/pcd/issues/2012/11_0112.htm.

⁹² Smith, Adrian Kendall. (2011). “Homelessness in Birmingham, Alabama: An Analysis Using the Local Homeless Management Information System and Surveys of Local Supportive Housing Programs” (accessed April 10, 2015); available from: <http://www.mhsl.uab.edu/dt/2011m/smith.pdf>.

⁹³ Shinn, Mary Beth, Debra R. Rog, and Dennis P. Culhane. (2005). *Departmental Papers (SPP)* “Family Homelessness: Background Research Findings and Policy Options” (accessed April 14, 2015); available from: http://repository.upenn.edu/spp_papers/83/.

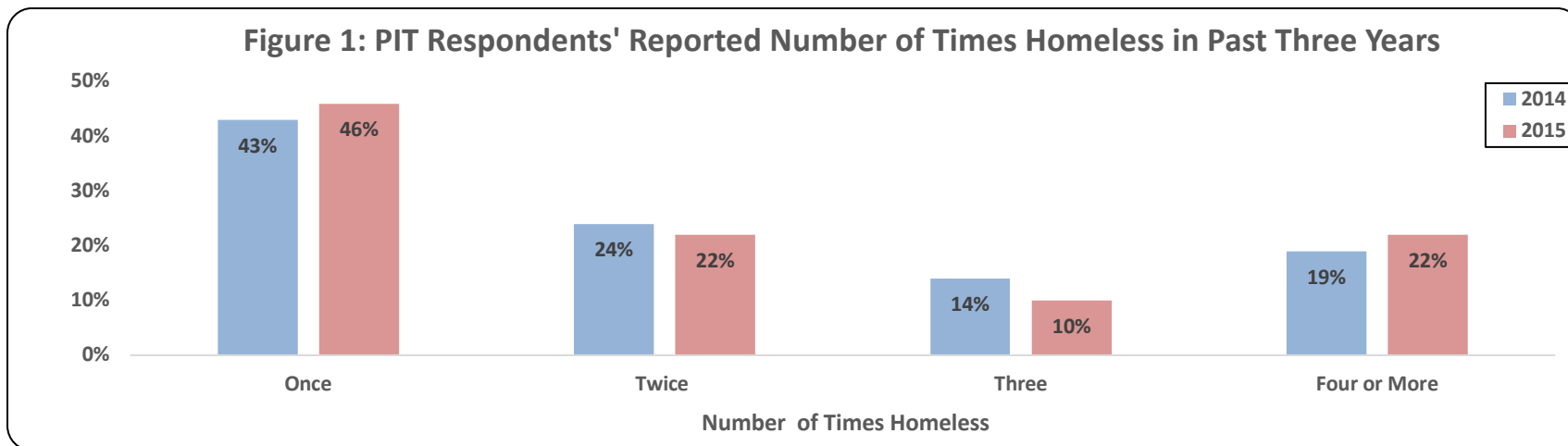
⁹⁴ Cronley, Courtney. (2011). *Cityscape: A Journal of Policy Development and Research* “A Cross-Level Analysis of the Relationship Between Organizational Culture and Technology Use Among Homeless-Services Providers,” page 23 (accessed April 10, 2015); available from: http://www.huduser.org/portal/periodicals/cityscpe/vol13num1/Cityscape_March2011_cross_level_analysis.pdf.

⁹⁵ South Dakota Housing for the Homeless Consortium. “Homeless Counts” (accessed April 9, 2015); available from: <http://www.housingforthehomeless.org/homeless-counts.html>.

Table 3: January 2014 and January 2015 Homeless PIT Data Summary

Classification		2014		2015	
General Category	Specific Category	Sheltered	Unsheltered	Sheltered	Unsheltered
Age	Adults (over 24)	514	45	535	96
	Adults (18 to 24)	77	2	114	25
	Children (under 18)	239	8	251	15
Gender	Female (including children)	348	12	335	97
	Male (including children)	482	43	565	39
Household Information	Households without children	434	39	490	117
	Households with children	117	4	122	3
	Households with only children	7	0	8	7
Race	American Indian	373	37	439	85
	White	337	17	358	45
	Black	63	0	82	5
	Asian	2	0	3	0
	Native Hawaiian	0	0	3	0
	Multiple Races	1	0	15	1
Veteran Information	Females (Veterans only)	4	0	9	1
	Males (Veterans only)	124	4	161	6
	Veteran Household without children	123	4	163	7
	Veteran Household with children	5	0	7	0
	White	68	0	110	3
	American Indian	51	4	40	4
	Black	6	0	17	0
	Multiple Races	3	0	3	0
Chronic Homeless Information	Households without Children	68	13	59	26
	Households with Children	8	0	3	1
	Total Persons in All Households	92	13	67	28
Subpopulation Data	Adults with a Substance Abuse Disorder	108	11	124	14
	Victims of Domestic Violence	82	1	65	5
	Adults with Serious Mental Illness	60	4	54	9
	Adults with HIV/AIDS	6	1	2	0

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.

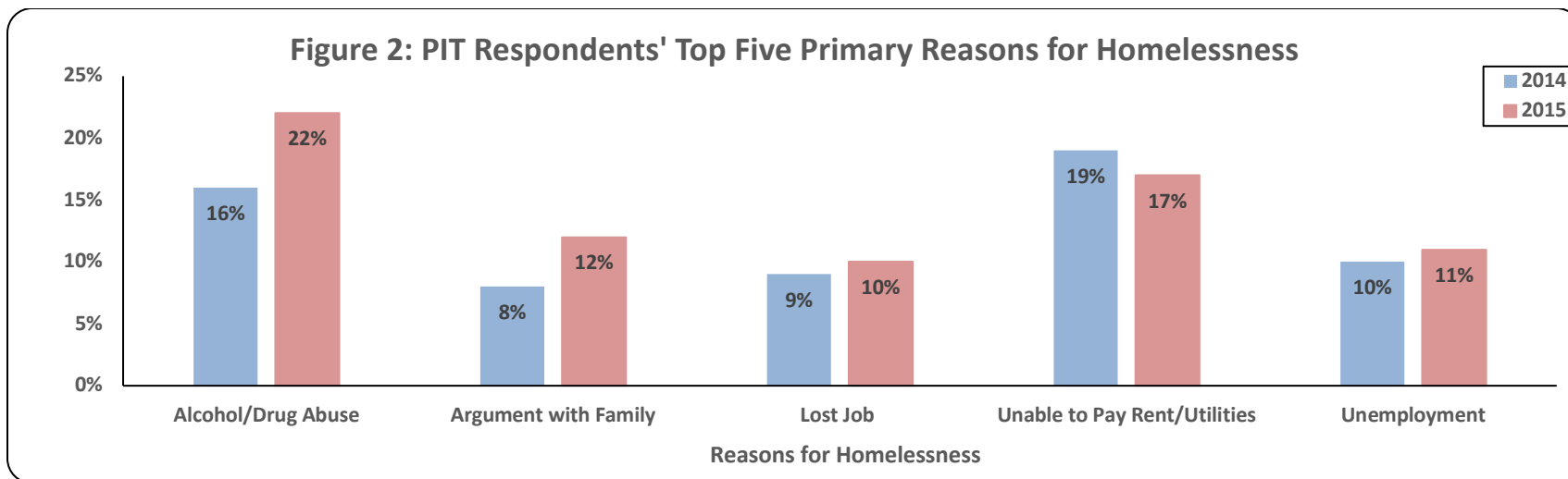
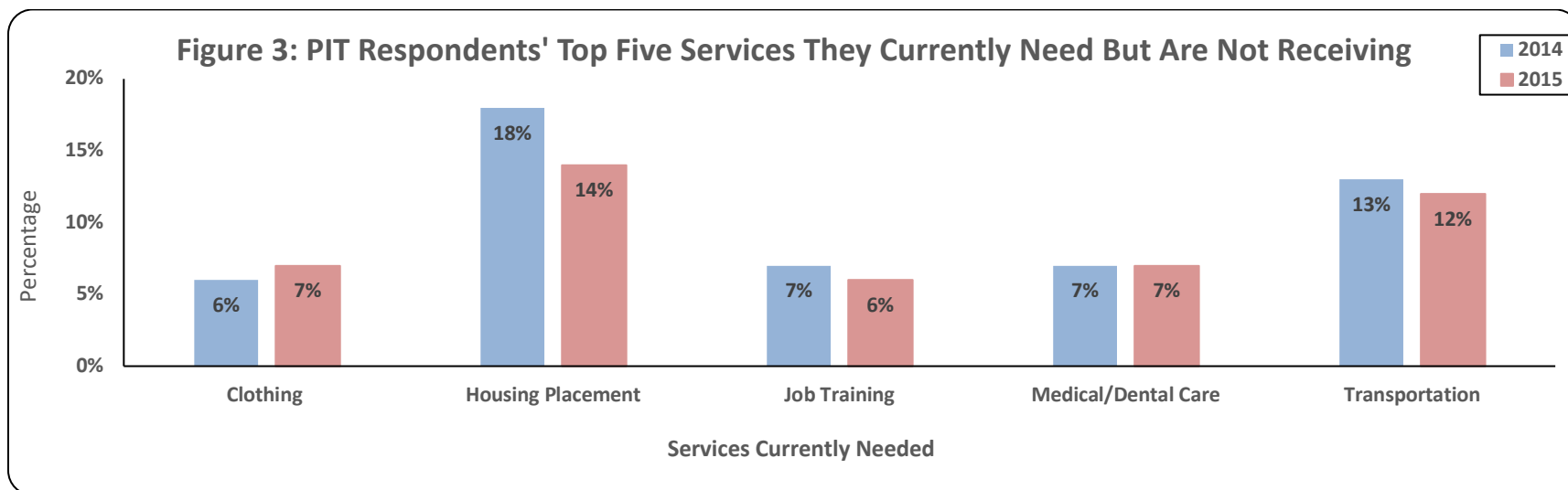


Figure 3 below illustrates the top five services that 2015 PIT respondents stated they need but are not currently receiving compared to the same responses in 2014. It should also be noted that seven percent of respondents in 2015, and six percent in 2014, indicated “I Don’t Need Services.”



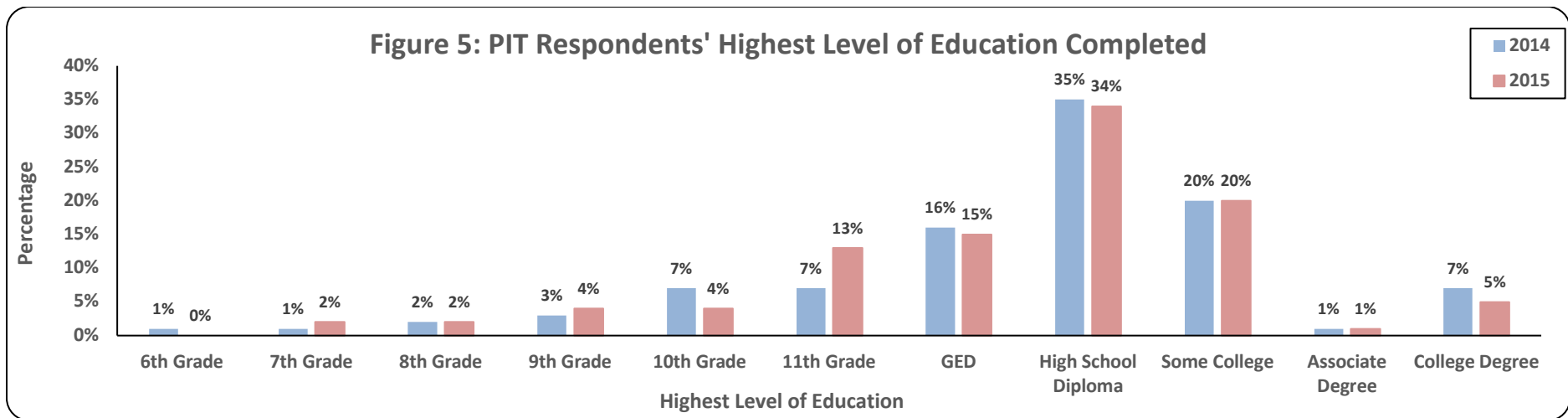
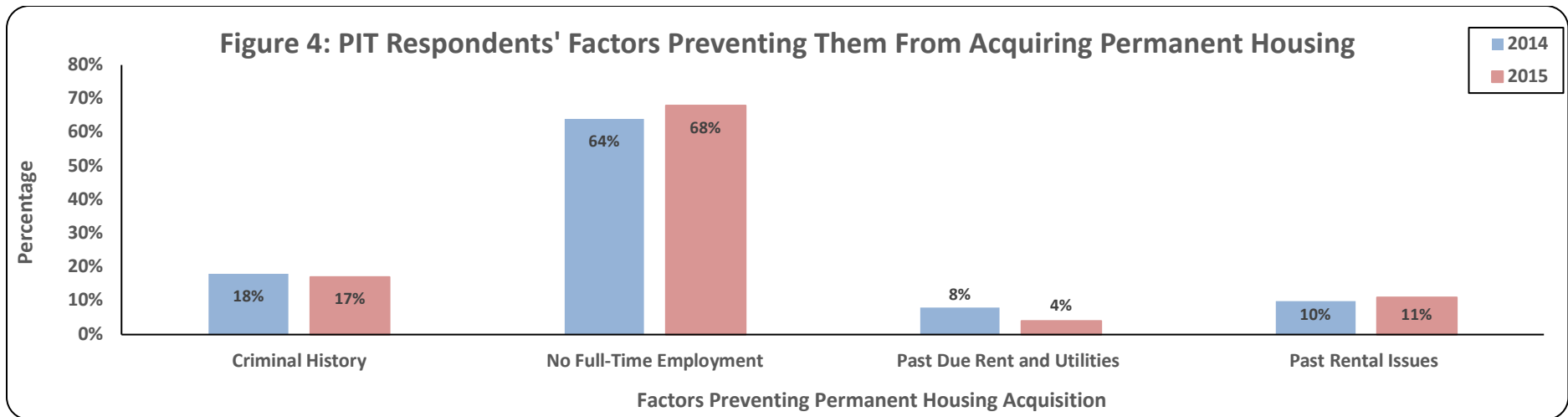
Factors Contributing to Homelessness in South Dakota

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.

⁹⁶ The U.S. Department of Education’s “Federal Student Aid” website (accessed May 13, 2015); available from: <https://studentaid.ed.gov/sa/repay-loans/understand/plans> can provide resources for borrowers.



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.⁹⁷ NLIHC classifies renter households spending more than 30 percent of their income on housing costs and

⁹⁷ National Low Income Housing Coalition. (2015). *Out of Reach 2015*, page 200 (accessed May 27, 2015); available from: http://nlihc.org/sites/default/files/oor/OOR_2015_FULL.pdf.

utilities as “cost burdened;” those spending more than half of their income are considered “severely cost burdened.”⁹⁸ 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.”⁹⁹

Housing Cost Burden

HUD also considers those who pay more than 30 percent of their income on housing “cost burdened.”¹⁰⁰ HUD estimates that 12 million renters and homeowners nationwide “pay more than 50 percent of their annual incomes for housing.”¹⁰¹ The Black Hills Knowledge Network (BHKCN) 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.¹⁰²

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.¹⁰³ 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.¹⁰⁴

HUD’s South Dakota Field Office reported the wait list information, with the exception of Sioux Falls,¹⁰⁵ detailed in Table 4 below in April 2015.¹⁰⁶ HUD added that insufficient housing inventories at fair market rents can prevent families with HUD vouchers from securing housing.¹⁰⁷

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

⁹⁸ National Low Income Housing Coalition. (2015). “2015 State Housing Profiles” (accessed March 11, 2015); available from: <http://nlihc.org/sites/default/files/2015-SHP-SD.pdf>.

⁹⁹ U.S. Department of Housing and Urban Development. “Affordable Housing” (accessed April 8, 2015); available from: http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing.

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>. 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.

¹⁰⁸ A listing of South Dakota’s PHAs is available from: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/pha/contacts/sd.

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."¹⁰⁹ However, "such a tax causes lower-income groups to pay a greater proportion of their income than higher-income groups pay."¹¹⁰

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."¹¹¹ In addition, ITEP notes that South Dakota "eliminated [the tax] refund for low-income taxpayers to offset [the] impact of sales tax on food."¹¹² 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.

Income Range	Percentage of Income (%)
Lowest 20% (Less than \$21,000)	11.3
Second 20% (\$21,000-\$39,000)	9.1
Middle 20% (\$39,000-\$61,000)	7.7
Fourth 20% (\$61,000-\$94,000)	6.9
Next 15% (\$94,000-\$168,000)	5.5
Next 4% (\$168,000-\$468,000)	3.8
Top 1% (\$468,000+)	1.8

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).¹¹⁴ However, 13,947 of those 23,066 households, (60.47 percent) were "severely burdened."¹¹⁵ 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).¹¹⁶ NLIHC reported in 2014 that the estimated mean wage for a South Dakota renter is \$10.11, indicating

¹⁰⁹ U.S. Internal Revenue Service. *The Whys of Taxes* "Theme 3: Fairness in Taxes, Lesson 2: Regressive Taxes" (accessed May 12, 2015); available from: http://apps.irs.gov/app/understandingTaxes/teacher/whys_thm03_les02.jsp.

¹¹⁰ Ibid.

¹¹¹ Institute on Taxation & Economic Policy. (2015). *Who Pays? A Distributional Analysis of the Tax Systems in All 50 States, 5th Edition*, page 112 (accessed April 14, 2015); available from: <http://www.itep.org/pdf/whopaysreport.pdf>.

¹¹² Ibid.

¹¹³ Ibid., page 111.

¹¹⁴ National Low Income Housing Coalition. (2015). "Congressional District Housing Profile" (accessed March 11, 2015); available from: <http://nlihc.org/sites/default/files/2015-CDP-SD.pdf>.

¹¹⁵ Ibid. "Severely burdened" is defined as "households spending more than 50 percent of income on housing costs, including utilities."

¹¹⁶ National Low Income Housing Coalition. (2015). *Out of Reach 2015*, page 200 (accessed May 27, 2015); available from: http://nlihc.org/sites/default/files/or/OOR_2015_FULL.pdf.

“a renter must work 52 hours per week, 52 weeks per year” in order to afford a two-bedroom apartment at fair market rent.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.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 Shannon¹¹⁹) County.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.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.”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,^{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)¹²⁶ and SSI/SSDI Outreach, Access, and Recovery (SOAR).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.

¹¹⁷ National Low Income Housing Coalition. (2014). “South Dakota,” page 1 (accessed April 8, 2015); available from: <http://nlihc.org/sites/default/files/oor/2014-OOR-SD.pdf>.

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/ld54lmicinfo/labor/LFLISTPUBM.ASP>.

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/ogla-lakota-county-name-official-may/70771520/>.

¹²⁰ *Ibid.*, footnote 118.

¹²¹ National Coalition for the Homeless. (2007). “Employment and Homelessness,” page 1 (accessed May 12, 2015); available from: <http://www.nationalhomeless.org/publications/facts/Employment.pdf>.

¹²² *Ibid.*, page 3.

¹²³ Tax Credits for Working Families. “Earned Income Tax Credit,” (accessed May 15, 2015); available from: <http://www.taxcreditsforworkingfamilies.org/earned-income-tax-credit/>.

¹²⁴ Tax Credits for Working Families. “Child Tax Credit,” (accessed May 15, 2015); available from: <http://www.taxcreditsforworkingfamilies.org/child-tax-credit/>.

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).

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

¹²⁷ SOAR (SSI/SSDI Outreach, Access, and Recovery) Works (accessed April 24, 2015); available from: <http://soarworks.prainc.com/states/south-dakota>. “SSI” refers to “Supplemental Security Income,” and “SSDI” refers to “Social Security Disability Insurance.” More information about SSI and SSDI can be found at: <http://www.ssa.gov/planners/disability/>.

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.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,"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.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.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.¹³²

Additional resources note that rural residents may also experience travel barriers due to factors such as lack of public transportation.^{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."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."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.¹³⁷ CDBGs in South Dakota have been managed by the Governor's Office of Economic Development (GOED) since 1987.¹³⁸ Prior to 1987, South Dakota's CDBGs

¹²⁸ Spiers, Fiona. (1999) *Housing and Social Exclusion*, page 112 (accessed April 8, 2015); available from:

<https://books.google.com/books?id=KTW9sIFBzj8C&lpg=PA112&ots=D3KQs3Uzmh&vq=social%20service%20provision%20discontinuity&dq=social%20service%20provision%20discontinuity&pg=PA112#v=snippet&q=social%20service%20provision%20discontinuity&f=false>.

¹²⁹ Ballard, Chuck, Rena Burns, Jeff Butcher, Allen Dreibelbis, Don Edwards, Michael Fernandes, Jerome Graham, Julie Monahan, Celeste Robinson, Reuven (Ruby) Stephansky, and Vanessa Velasco. (2012) *Enabling Smarter Government with Analytics to Streamline Social Services*, page 9 (accessed April 21, 2015); available from: https://books.google.com/books?id=ka7EAgAAQBAJ&printsec=frontcover&source=gbp_ge_summary_r&cad=0#v=onepage&q=cross%20purposes&f=false.

¹³⁰ Shank, Nancy C., Michelle L. Hayes, Brian Sokol, and Christina Vetrano. (2008) *Publications of the University of Nebraska Public Policy Center* "Human Services Data Standards: Current Progress and Future Vision in Crisis Response," page 352 (accessed April 24, 2015); available from: http://digitalcommons.unl.edu/publicpolicypublications/42/?utm_source=digitalcommons.unl.edu%2Fpublicpolicypublications%2F42&utm_medium=PDF&utm_campaign=PDFCoverPages.

¹³¹ Brown, D. Kip, Sarah Lash, Bernadette Wright, and Ashley Tomisek. (2011) *National Direct Service Workforce Resource Center* "Strengthening the Direct Service Workforce in Rural Areas," pages 1-2 (accessed April 8, 2015); available from: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/workforce/downloads/rural-area-issue-brief.pdf>.

¹³² *Ibid.*, page 2.

¹³³ U.S. Department of Veterans Affairs. *Office of Rural Health (ORH)* "About Rural Veterans" (accessed April 8, 2015); available from: <http://www.ruralhealth.va.gov/about/rural-veterans.asp>.

¹³⁴ Mattson, Jeremy. (2010) *Small Urban & Rural Transit Center Upper Great Plains Transportation Institute* "Transportation, Distance, and Health Care Utilization for Older Adults in Rural and Small Urban Areas," pages 47-49 (accessed April 8, 2015); available from: <http://www.ugpti.org/pubs/pdf/DP236.pdf>.

¹³⁵ Smith, Linda K. (2010) *National Association of Childcare Resource & Referral Agencies* "Child Care in Rural Areas: Top Challenges," page 23 (accessed April 8, 2015); available from: http://www.naccrra.org/sites/default/files/default_site_pages/2012/rural_top_concerns_070910.pdf.

¹³⁶ U.S. Department of Housing and Urban Development. "Community Development Block Grant Program – CDBG" (accessed April 21, 2015); available from: http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/programs.

¹³⁷ *Ibid.*

¹³⁸ South Dakota Governor's Office of Economic Development. "Community Development Block Grant (CDBG) Program Turns 40" (accessed April 21, 2015); available from: <http://www.sdreadytowork.com/News-Media/Press-Releases/CDBG-Program-Turns-40.aspx>.

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

Community Services Block Grants (CSBG)

Community Services Block Grants (CSBGs) are federal funds to "alleviate the causes and conditions of poverty in communities."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."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."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)."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."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.¹⁴⁷ The continuum includes programs that provide emergency and transitional services and permanent supportive housing to eligible recipients.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.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.¹⁵⁰ HUD provides annual funding to participating jurisdictions, like the South Dakota

¹³⁹ South Dakota Governor's Office of Economic Development. "Community Development Block Grant (CDBG) Program Turns 40" (accessed April 21, 2015); available from: <http://www.sdreadytowork.com/News-Media/Press-Releases/CDBG-Program-Turns-40.aspx>.

¹⁴⁰ Ibid.

¹⁴¹ South Dakota's Governor's Office of Economic Development. "Community Development Block Grants" (accessed April 21, 2015); available from: <http://www.sdreadytowork.com/Financing-Incentives/CDBG.aspx>.

¹⁴² U.S. Department of Health and Human Services. "About Community Services Block Grants" (accessed May 12, 2015); available from: <http://www.acf.hhs.gov/programs/ocs/programs/csb/about>.

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

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/>.

¹⁴⁸ South Dakota Housing for the Homeless Coalition. "Continuum of Care" (accessed April 6, 2015); available from: <http://www.housingforthehomeless.org/primary-content/continuum-of-care.html>.

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>.

¹⁵⁰ Sioux Falls Housing & Redevelopment Commission. "Home Tenant Based Rental Assistance" (accessed July 10, 2015); available from: <http://siouxfallshousing.org/index.php?page=rentalassistance>.

Housing Development Authority (SDHDA), to develop their own programs in partnership with local governments, nonprofits, and the private sector.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.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).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.”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.”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.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.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.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.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.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>.

¹⁵² South Dakota Housing for the Homeless Coalition. “Security Deposit Assistance Program” (accessed April 6, 2015); available from: <http://www.housingforthehomeless.org/primary-content/security-deposit-assistance-program.html>.

¹⁵³ U.S. Department of Housing and Urban Development. “HUD-VASH Vouchers” (accessed April 8, 2015); available from: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash.

¹⁵⁴ U.S. Department of Veterans Affairs. *Homeless Veterans* “HUD-VASH Eligibility Criteria” (accessed May 12, 2015); available from: http://www.va.gov/homeless/hud-vash_eligibility.asp.

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>.

¹⁵⁷ U.S. Department of Veterans Affairs. *Homeless Veterans* “Grant and Per Diem Program” (accessed July 10, 2015); available from: <http://www.va.gov/HOMELESS/GPD.asp>.

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

¹⁶⁰ U.S. Department of Veterans Affairs. *Office of Homeless Services Fact Sheet* “Supportive Services for Veteran Families (SSVF) Program” (accessed July 10, 2015); available from: http://www.va.gov/HOMELESS/docs/SSVF/Fact_sheet_SSVF_112011.docx.

cooperatives who will assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability.¹⁶¹

The VA strives to improve very low-income Veteran families' housing stability.¹⁶² 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.¹⁶³

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.¹⁶⁴

Other Federal Funds

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."¹⁶⁵ HUD adds that loans can be utilized "both on and off native lands, for new construction, rehabilitation, purchase of an existing home, or refinance."¹⁶⁶ 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, 2014.¹⁶⁷

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."¹⁶⁸ 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."¹⁶⁹

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."¹⁷⁰

STATE FUNDING

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 235,¹⁷¹ the "Building South Dakota Fund," during the 2013 legislative session.¹⁷² HOF is being administered by the South Dakota Housing Development Authority (SDHDA) and the SDHDA Board of Commissioners (SDHDA Board) in accordance with SDCL 11-13.¹⁷³ HOF funds may be used for new construction or the purchase and rehabilitation of rental or homeownership housing, housing preservation, including

¹⁶¹ U.S. Department of Veterans Affairs. *Office of Homeless Services Fact Sheet* "Supportive Services for Veteran Families (SSVF) Program" (accessed July 10, 2015); available from: http://www.va.gov/HOMELESS/docs/SSVF/Fact_sheet_SSVF_112011.docx.

¹⁶² Ibid.

¹⁶³ Ibid.

¹⁶⁴ Ibid.

¹⁶⁵ U.S. Department of Housing and Urban Development. "Section 184 Indian Home Loan Guarantee Program" (accessed April 10, 2015); available from: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/ih/homeownership/184.

¹⁶⁶ Ibid.

¹⁶⁷ U.S. Department of Housing and Urban Development. "Loans Guaranteed with Section 184" (accessed April 10, 2015); available from: http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_8761.pdf.

¹⁶⁸ U.S. Department of Housing and Urban Development. "Section 202 Supportive Housing for the Elderly Program" (accessed August 5, 2015); available from: http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/eld202.

¹⁶⁹ Ibid.

¹⁷⁰ U.S. Department of Housing and Urban Development. "Section 811 Supportive Housing for Persons with Disabilities" (accessed August 5, 2015); available from: http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/disab811.

¹⁷¹ South Dakota Legislature. (2013) SB235 (accessed April 24, 2015); available from: <http://legis.sd.gov/docs/legsession/2013/Bills/SB235ENR.pdf>.

¹⁷² South Dakota Housing Development Authority. "Housing Opportunity Fund" (accessed April 6, 2015); available from: <http://www.sdhda.org/housing-development/housing-opportunity-fund.html>.

¹⁷³ South Dakota Legislative Research Council. "Chapter 11-13 South Dakota Housing Opportunity Fund" (accessed April 6, 2015); available from: http://legis.sd.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=11-13.

home repair grants and grants to make homes more accessible to individual 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.¹⁷⁴

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.”¹⁷⁵

SDCL Chapters 10-12, which concern taxation and accompanying limitations, also influence local funding amounts.¹⁷⁶ 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.”¹⁷⁷

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,¹⁷⁸ including a directory of Community Savings Accounts.¹⁷⁹

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.

¹⁷⁴ South Dakota Housing Development Authority. “Housing Opportunity Fund” (accessed April 6, 2015); available from: <http://www.sdhda.org/housing-development/housing-opportunity-fund.html>.

¹⁷⁵ 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).

¹⁷⁶ 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).

¹⁷⁷ 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).

¹⁷⁸ South Dakota Community Foundation (accessed April 23, 2015); available from: <http://sdcommunityfoundation.org/>.

¹⁷⁹ South Dakota Community Foundation *For Communities* “Find A Fund” (accessed September 30, 2015); available from: <http://sdcommunityfoundation.org/for-communities/>.

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 Homelessness¹⁸⁰

Table 6: Consortium Strategy Themes & Associated Goals		
Theme	Associated Goal	Summary Location
Assessment & capacity development	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	Table 9 (page 28)
Homeless system improvements	GOAL TWO: Identify and implement system improvements to achieve positive, measureable results	Table 10 (page 29)
Prevention & intervention	GOAL THREE: Expand, develop, and coordinate the supply of affordable housing and supportive services to prevent and end homelessness and decrease days in shelter	Table 11 (page 30)

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.

¹⁸⁰ 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

Homelessness Type	Duration	Subgroup	Intervention Focus/Foci	Some Prospective Service Provider(s)
Situational	Temporary Crisis	Domestic violence (DV) survivors	<ul style="list-style-type: none"> • Access to secure housing • Ensuring survivor's [and dependent(s)] safety • Financial stability • Screening for benefits eligibility 	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Access to necessary medical services & medications • Access to secure housing • Financial stability • Screening for benefits eligibility 	<ul style="list-style-type: none"> • Community health centers • Faith-based service providers • Financial institutions • Hospitals and clinics • Legal services • Pharmacists • Prospective funders
		Individuals with job loss/loss of financial resources	<ul style="list-style-type: none"> • Access to secure housing • Financial stability • Job training, recertification, etc. • Screening for benefits eligibility 	<ul style="list-style-type: none"> • Department of Labor • Faith-based service providers • Financial Institutions • Higher education institutions • Landlords • Legal services • Prospective funders
		Individuals lacking transportation, daycare, etc.	<ul style="list-style-type: none"> • Access to secure housing • Childcare • Financial resources • Job training, recertification, etc. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Access to necessary medical services & medications • Access to secure housing • Financial stability • Screening for benefits eligibility 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Access to secure housing • Addiction treatment • Financial stability • Job search skills and attire (resume writing, etc.) • Job training, recertification, etc. • Screening for benefits eligibility 	<ul style="list-style-type: none"> • 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
Generational	Pervasive	Lifestyle choices	<ul style="list-style-type: none"> • Access to secure housing • Addiction treatment • Job training, recertification, etc. • Screening for benefits eligibility 	<ul style="list-style-type: none"> • Faith-based service providers • Homeless shelters • Legal services • Prospective funders • State & county agencies • Substance abuse prevention providers
		Chronically homeless parents with children	<ul style="list-style-type: none"> • Access to secure housing suitable for children • Addiction treatment • Job training, recertification, etc. • Screening for benefits eligibility 	<ul style="list-style-type: none"> • Faith-based service providers • Homeless shelters • Legal services • Mental health services • Prospective funders • State & county agencies • Substance abuse prevention providers
		Intensive Service Utilizers	<ul style="list-style-type: none"> • Access to secure housing • Addiction treatment • Childcare • Financial resources • Job training, recertification, etc. 	<ul style="list-style-type: none"> • 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 8: Special Homeless Populations, Service Needs, and Prospective Service Providers

Homeless Population	Possible Needs	Some Prospective Service Provider(s)/Community Resource(s)
Chronic Homeless	<ul style="list-style-type: none"> • Access to secure housing • Addiction treatment • Financial stability • Job search skills and attire (resume writing, interviewing, etc.) • Job training, recertification, etc. • Screening for benefits eligibility 	<ul style="list-style-type: none"> • Department of Labor • Faith-based service providers • Higher education institutions • Homeless shelters • HUD • Legal services • Local businesses • National & local foundations • State & county agencies • Substance abuse prevention providers
Domestic Violence (DV) Survivors	<ul style="list-style-type: none"> • Access to secure housing • Ensuring survivor’s (and dependent) safety • Financial stability • Screening for benefits eligibility 	<ul style="list-style-type: none"> • DV shelters • Faith-based service providers • Financial Institutions • Law enforcement • Legal Services • State & county agencies (e.g., CPS)
Families	<ul style="list-style-type: none"> • Access to secure housing suitable for children • Addiction treatment • Affordable childcare • Job search skills and attire (resume writing, interviewing, etc.) • Job training, recertification, etc. • Screening for benefits eligibility 	<ul style="list-style-type: none"> • Department of Labor • Childcare providers • Faith-based service providers • Higher education institutions • Homeless shelters • HUD • Landlords • Legal services • Local businesses • National & local foundations • State & county agencies • Substance abuse prevention providers
Individuals with a criminal history	<ul style="list-style-type: none"> • Access to secure housing • Addiction treatment • Financial stability • Job search skills and attire (resume writing, interviewing, etc.) • Job training, recertification, etc. • Screening for benefits eligibility 	<ul style="list-style-type: none"> • Department of Labor • Faith-based service providers • Higher education institutions • Homeless shelters • HUD • Law enforcement & Corrections • Legal services • Local businesses • National & local foundations • State & county agencies • Substance abuse prevention providers
Mentally Ill	<ul style="list-style-type: none"> • Access to secure housing • Access to necessary medical services & medications • Financial stability • Screening for benefits eligibility 	<ul style="list-style-type: none"> • Department of Labor • Faith-based service providers • Higher education institutions • Homeless shelters • HUD • Landlords • Law enforcement & Corrections • Legal services • Local businesses • National & local foundations • Substance abuse prevention providers • State & county agencies
Individuals with Prolonged Health Conditions	<ul style="list-style-type: none"> • Access to reliable health screening/diagnoses • Access to secure housing • Addiction treatment • Financial stability • Screening for benefits eligibility • Treatment for conditions such as post-traumatic stress (PTSD) or traumatic brain injury (TBI) 	<ul style="list-style-type: none"> • Community health centers • Faith-based service providers • Homeless shelters • Hospitals and clinics • Landlords & developers • Law enforcement & Corrections • Legal services • Local businesses • National & local foundations • Pharmacists • Substance abuse prevention providers
Individuals with Addictions/Substance Use Issues	<ul style="list-style-type: none"> • Access to necessary medical services & medications • Access to secure housing • Financial stability • Screening for benefits eligibility 	<ul style="list-style-type: none"> • Community health centers • Homeless shelters • Hospitals and clinics • Landlords & developers • Law Enforcement & Corrections • Legal services • Local businesses • National & local foundations • Pharmacists • Substance abuse prevention providers
Unaccompanied Youth	<ul style="list-style-type: none"> • Access to necessary medical services & medications • Access to secure housing • Education access (including GED) • Financial stability • Job search skills and attire (resume writing, interviewing, etc.) • Screening for benefits eligibility • Transportation 	<ul style="list-style-type: none"> • Community health centers • Department of Labor • Homeless shelters • Hospitals and clinics • HUD • Law Enforcement & Juvenile Justice • Legal Services • National & local foundations • Substance abuse prevention providers
Veterans	<ul style="list-style-type: none"> • Access to secure housing • Addiction treatment • Financial stability • Job training, recertification, etc. • Job search skills and attire (resume writing, interviewing, etc.) • Screening for benefits eligibility 	<ul style="list-style-type: none"> • Community health centers • Department of Labor • Hospitals and clinics (including VA facilities, when veterans are eligible) • HUD • Law Enforcement & juvenile justice • Legal services • National & local foundations • Substance abuse prevention providers • VA, County Veterans Service Officers, Vet Centers & Veterans Orgs.

<p>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</p>	<p>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</p>	<p>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</p>	<p>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</p>
			<p>Coordinate with tribal officials to schedule strategic planning sessions to discuss topics such as data collection, service prioritization, increasing awareness and utilization of existing services, and strategies to address land trust issues and foreclosure risk mitigation that limit mortgage lending</p>
		<p>Contact DV groups and providers, such as the South Dakota Coalition Ending Domestic & 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</p>	<p>Contact DV providers for advice regarding other individuals to involve in strategic planning efforts including providers whose interactions with homeless and at-risk may only be sporadic</p>
			<p>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</p>
			<p>Coordinate with DV officials to schedule strategic planning sessions to discuss topics such as data collection, service prioritization, and increasing awareness and utilization of existing services</p>
		<p>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</p>	<p>Contact criminal justice 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</p>
			<p>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</p>
			<p>Coordinate with criminal justice officials to schedule strategic planning sessions to discuss topics such as data collection, discharge protocols, service prioritization, and increasing awareness and utilization of existing services</p>
		<p>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</p>	<p>Contact veteran service 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</p>
			<p>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</p>
		<p>Coordinate with veteran service officials to schedule strategic planning sessions to discuss topics such as data collection, service prioritization, and increasing awareness and utilization of existing services</p>	
	<p>Contact youth service providers such as Child Protection Services (CPS), school officials, and shelters to discuss youth needs, service availability, and other individuals SDHHC should involve in strategic planning efforts</p>	<p>Contact youth service providers for advice regarding other individuals to involve in strategic planning efforts including providers whose interactions with homeless and at-risk may only be sporadic</p>	
		<p>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</p>	
		<p>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</p>	
	<p>Engage and educate stakeholders to promote system improvement</p>	<p>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</p>	<p>Compile a list of sites administering PIT and utilizing HMIS to identify data deficiencies</p>
			<p>Work to increase levels of consistent PIT participation</p>
			<p>Develop strategies to resolve circumstances, such as doubled-up living arrangements, that contribute to the PIT, but likely represent at-risk individuals</p>
		<p>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</p>	<p>Form a panel comprised of service providers, policymakers, homeless individuals, and community members to identify curriculum components they feel are essential and would be compelling to our public</p>
			<p>Secure funding to assist with outreach and curriculum regarding the training</p>
			<p>Finalize the curriculum and develop marketing materials</p>
<p>Advocate private sector engagement by involving groups such as property managers, developers, and landlords in strategic planning</p>	<p>Ensure that the training team attempts to capture data related to participants’ program needs and program awareness of homeless issues to increase likelihood of continual program improvement</p>		
	<p>Explore how SDHHC can reframe the issue by focusing on private sector risk mitigation and explore potential opportunities for homeless and at-risk individuals to secure housing</p>		
<p>Explore re-establishing South Dakota’s Interagency Council on Homelessness</p>	<p>Investigate SDICH’s member 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</p>	<p>Research possible funding sources that may fund risk mitigation efforts</p>	
		<p>Propose policy revisions, particularly for processes found to contribute to homelessness and strategies to improve program outcomes</p>	

GOAL TWO: Identify and implement system improvements to achieve positive, measureable results	<p>programs/support to homeless and at-risk individuals</p>	<p>Compile a statewide list of service providers utilizing Homeless Management Information System (HMIS)</p>	<p>Examine data elements to identify possible duplication, re</p>
	<p>Adopt and effectively implement comprehensive data collection systems</p>	<p>Discuss system difficulties current HMIS users are experiencing to inform system improvement</p>	<p>Pursue system adaptations to improve system performance</p>
		<p>Discuss reasons why those not utilizing HMIS choose not to in order to guide possible system enhancements that could address their concerns</p>	<p>Advocate consistent data collection standards for groups t violence shelters, thereby permitting more accurate trend</p>
		<p>Assess quality of annual PIT count and housing inventory to identify gaps in the data</p>	<p>Isolate factors contributing to gaps in data such as provide the importance of each, and/or opting not to participate</p>
			<p>Formulate strategies to address factors contributing to the existence or importance of the PIT count and housing inve providers to describe how they have used such informatio</p>
	<p>Adopt and effectively implement comprehensive data collection systems</p>	<p>Explore the possibility of utilizing statewide coordinated assessment/centralized intake to improve system efficiency</p>	<p>Create planning document detailing data that could and/o assessment and how coordinated assessment can improve</p>
			<p>Support coordinated assessment pilot program in Minneha expansion¹⁸²</p>
			<p>Identify community partners and stakeholders that can ser assessment usage, including health, human services, and c</p>
			<p>Develop strategies to effectively capture outcome measur</p>
			<p>Establish protocols to address poor performance for outco</p>
			<p>Identify “high priority” deficiencies and focus efforts on ex tactics</p>
		<p>Utilize completed SDHDA Housing Needs Assessments and encourage further participation in the program¹⁸³</p>	<p>Investigate reasons why counties have not completed hou impediments, when possible. For example, if counties lack mechanisms¹⁸⁴</p>
			<p>Educate county officials on how housing needs assessment effectiveness</p>
	<p>Critically examine service providers’ policies and protocols that govern interactions with homeless and at-risk individuals</p>	<p>Sponsor research on topics that promote increased effectiveness and efficiency, including research on targeting and service prioritization, homeless prevention, and serving special populations</p>	
		<p>Create incentives and forums for organizations to discuss and learn how to improve discharge planning and homeless crisis response programs</p>	
		<p>Propose system improvements to address redundancy and ineffective service provision and maximize effectiveness of existing initiatives</p>	
		<p>Enact policy changes where possible and propose necessary legislative changes when required</p>	
<p>Create venues for homeless and formerly homeless people to participate in planning and decision-making processes</p>		<p>These venues could include focus groups, blogs, and anony libraries, jails, hospitals/clinics, shelters, and soup kitchens</p>	
<p>Enhance coordination and information sharing among service providers (including rent/mortgage and utility assistance) to maximize effectiveness of existing prevention funding</p>	<p>Estimate the funding required to expand 211 service so that includes a more comprehensive listing of local resources</p>	<p>Pursue necessary grant funding and/or state resources to o</p>	
	<p>Establish protocols to monitor and improve levels of coordination among service providers to help inform system improvements</p>	<p>Draft, review, and revise coordination protocols</p>	
<p>Educate the public, partner with local government leaders to renew their commitment to ending homelessness, and promote volunteerism to fuel the work that needs to be done</p>	<p>Solidify existing partnerships with government leaders and seek advice on how to expand outreach with their colleagues</p>	<p>Incorporate leaders’ advice into outreach strategies and re</p>	
	<p>Inquire about forms of data/reports leaders find compelling</p>	<p>Draft reports that include compelling accounts for leaders</p>	
<p>Promote best practices and build capacity of agencies to institute them in their area</p>	<p>Conduct stakeholder research to determine preferred format (website, report, etc.)</p>	<p>Draft reports in preferred format and revise based on feed</p>	
<p>Strategically invest in strategies to help expand the supply of affordable housing, service-enriched housing, and permanent supportive housing</p>	<p>Assess local housing resources/inventories to help address gaps in services</p>	<p>Engage in strategic planning with relevant partners to deve deficiencies</p>	
<p>Encourage communities to support and implement policy changes to prevent homelessness and rapidly return those who currently homeless to safe and secure housing</p>	<p>Capture and examine local data related to available services, gaps in service, and available resources</p>	<p>Institute data-informed initiatives to address service and r</p>	

GOAL THREE: Expand, develop, and coordinate the supply of affordable housing and supportive services to prevent and end homelessness and decrease days in shelter	individuals and lenders and property managers using strategies such as job training/education (workforce development)	Identify common sources of financial vulnerability for lenders, such as arrears	Collaborate with lenders to develop	
		Identify common sources of financial vulnerability for property managers, such as damaged property or tenants' failures to pay rent	Collaborate with property manager vulnerability	
	Expand transportation options and explore alternatives	Research and identify areas lacking transportation options	Investigate supplemental funding m transportation resources	
	Rehouse and move people into permanent housing as efficiently as possible	Refocus existing homeless (federal, state, and local) dollars on education and issues awareness homeless prevention and rapid re-housing		
		Enhance access to existing homeless resources network for those at-risk of homelessness using an integrated service delivery approach	Enhance homeless and at-risk indiv homelessness, and access to appro Coordinate with local shelters to inc management and enhanced monito by same individuals	
	Seek sustainable state and private matching funds for all federal homeless funds	Educate prospective partners about the economic and social costs of homelessness and how prevention and risk mitigation is more cost effective	Meet with policymakers and memb most convincing to stimulate invest	
		Recruit key partners to invest in current prevention and risk mitigation initiatives and pilot programs	Approach legislators and policymak them about issues and discuss poss Create a statewide campaign to fin	
		Ensure statewide coverage for maximum number of programs for which funding exists		Commit resources to continue fund
				Assess counties' current level of loc
				Identify reasons why non-participat
				Increase outreach regarding availab availability and eligibility requireme and coverage
				Encourage non-profit agencies or u apply for homeless funding Ensure that individuals in participat number of programs they may be e
	Expand and preserve the supply of housing choices and opportunities across the continuum, including appropriate service models	Utilize local housing inventories to identify resource deficiencies	Utilize alternative data sources in a resource deficiencies	
	Engage policymakers, developers, property managers, landlords, and other interested parties in exploring how to provide more affordable housing	Develop strategic plan to identify homeless and at-risk needs and best practices to address those needs		
		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)	Offer training for service providers s increase housing options to homele favorable outcomes for homeless a Incorporate programs like "Ready to and assure landlords that homeless responsible tenants Increase inventory of permanent ho	
		Pursue funding and legislative and/or policy changes to stimulate affordable housing development		
	Maximize participation in Rental Rehab program	Identify properties in need of rehabilitation		
Discuss opportunities to improve properties with landlords, including funding availability				
Discuss possible policy changes at legislative, county, and municipality levels	Propose more comprehensive legislation and policies governing safe and sanitary housing standards			

¹⁸⁵ Isaac Shapiro's report entitled "FCC Broadband Initiative Could Reduce Barriers to Low-Income Americans' Advancement and Promote Opportunity" provides a summary of how enhanced broadband access can increase opportunity

Appendices

APPENDIX A: SOUTH DAKOTA FEDERAL LANDS AND INDIAN RESERVATIONS MAP¹⁸⁸

APPENDIX B: SOUTH DAKOTA COUNTIES MAP¹⁸⁹

APPENDIX C: TABLE 12 DETAILING COMPLETED SDHDA HOUSING NEEDS STUDIES

¹⁸⁸ U.S. Department of the Interior. "South Dakota" (accessed April 10, 2015); available from: http://nationalmap.gov/small_scale/printable/images/pdf/fedlands/SD.pdf.

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.

Appendix C

In support of Governor Dugaard'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.¹⁹⁰ 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>.

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

¹⁹⁰ South Dakota Housing Development Authority. "Housing Needs Study Program" (accessed May 14, 2015); available from: <http://www.sdhda.org/housing-development/housing-needs-study-program.html>.