

Final 5/16/2005

# *Blueprint*

## Ten-Year Plan To End Homelessness In Sioux Falls

Report by the Blue Ribbon Task Force  
Respectfully Submitted by  
Tam Baker, Chair/Facilitator of  
The Task Force

Spokesperson for Task Force-Dale Froehlich

## EXECUTIVE SUMMARY

Mayor Dave Munson appointed a Blue Ribbon Task Force in March 2004 for the purpose of developing a plan and action steps intended to address and eliminate the phenomenon of homelessness in the Sioux Empire region.

This Task Force has met periodically all year long and now submits the attached recommendations and plans for implementation by the city, by all sister governments, and by all organizations and agencies involved in dealing with homelessness.

## **HIGHLIGHTS of PLAN**

- 1) Create a **Homeless Advisory Board (HAB)** to expand and enhance the present role of the Homeless Coalition, conducting annual planning and reports while forcing coordination and consolidation of programs.
- 2) Develop a **Common Access Protocol** for all stakeholders involved in the local homelessness environment
- 3) Support the creation of a **Homeless Intervention Team (HI-Team)** as an immediate, mobile service component, offering seamless assistance to any homeless person.
- 4) Involve local and regional educational/public health facility in a United Way sponsored **Grant for a Research Analyst** to conduct a formal effort to study, plan, allocate resources, and alleviate the "root causes" of homelessness on a long range basis.
- 5) Develop a focus to develop the **strategic funding** of additional, necessary capital and human resources to address homelessness (e.g. with targeted grant applications)
- 6) Encourage key stakeholders to host a **Health & Social Services Providers Summit** on the topic of regional "homelessness".
- 7) Promote the development of a **Joint City-County Health and Human Services** facility and related programs/operations.
- 8) Conduct periodic, ongoing **Local Surveys** of our homeless population.
- 9) **Inventory existing Agencies & Resources** available to the Homeless.
- 10) Prepare a written "**Local Guide to Homelessness**" with answers to Frequently Asked Questions (FAQs)

- 11) Support and participate in the **Statewide Homeless Information System (HMIS)**.
- 12) We support the **creation and operation of the 211 expanded database** for social services availability in the region.
- 13) Establish desired and preferred "**Performance Outcomes**" and "**Best Practices**" for the local administration of homeless service providers.
- 14) Initiate the protocol of "**Individualized Care Plans**" for homeless individuals.
- 15) Consider funding and operation of a limited size **Long Term Care Facility**, with special focus on the needs of and conditions leading to homelessness (**Permanent, supportive housing = 80-110 beds**). Specifically such a facility may be companion to **Intermediate and Long-Term Detox facilities**.
- 16) Develop an "**Employment Component**" for the transitional Homeless population, which might include such features as a "sweat equity" program, a "labor ready" program, job training, and standards for living wages.
- 17) Develop and expand the "**Case Management Component**" for each homeless family or individual, conducted as needed a "**housing barrier assessment**"
- 18) Establish specific **Annual Goals and Objectives** for internal and external funding sources dedicated toward relief of homelessness.
- 19) **Expand Shelter & Transitional Housing Units** (low cost, subsidized rental units) for the temporarily homeless. (**Need = 50 beds or housing units immediately and minimum of 10/year for next 10 years**).
- 20) **Raise the Public Awareness and Involvement** in dealing with the increasing phenomenon of homelessness in our community.

Respectfully Submitted  
Blue Ribbon Task Force  
January, 2005

HAB → (planning/goal setting)

UW supported  
Staff position

Direct Human Support

1. Homeless intervention team
2. Individualized Care plans
3. Employment Component
4. Case Management Component

Planning & Coordination

1. Common Access Protocol
2. Strategic funding plan
3. Inventory existing resources
4. Prepare local guide to homelessness

Data/Research & Public Information

1. Providers Summit on Homeless
2. Develop survey process
3. State wide homeless information system development
4. Web site development
5. Raise public awareness

Facility support

1. Joint health & Human Service facility
2. Long term facility need
3. Expand transitional housing

# BLUEPRINT TO ELIMINATE HOMELESSNESS:

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## BLUEPRINT TO ELIMINATE HOMELESSNESS:

January 20, 2005

Mission/Vision: To devise a Ten-Year Plan to End Homelessness in Sioux Falls.

- **To identify causes of homelessness (including demographic data)**

The Mayor's letter of appointment addresses all "homelessness". The national evidence indicates that 80% of the national homeless population are "transitional", while the remaining homeless are "chronic". The chronic homeless are either homeless on a long-term basis or regularly homeless on an episodic basis. Chronic homeless (20% of the population) may consume as much as 80% of the ongoing, available public resources; and therefore warrant the priority attention. Our report attempts to address "all homelessness" in our community with a special focus on dealing with the chronic homeless.

- **Find solutions that fit the Sioux Falls community**

For those who are homeless (without shelter), the solution is to get them appropriate **shelter or a "home"**. For those who have shelter, the solution is to provide a "systematic" approach, which accomplishes the maximum benefit of the following objectives:

- a) Shelter **most suitable** to each person's individual or family circumstances
- b) Shelter **most economical** for the community & user  
(I.e., best "bang for the buck"\_)
- c) Shelter providing the **best opportunity** for the user to move ultimately into a position **of self-reliance**

This Blueprint will detail the joint cooperation of the local governments (cities and counties, the Sioux Empire United Way, various churches and civic organizations, and all of the existing resources established or intended to address local homelessness. As a "Goal", we believe the Blueprint should, in final form,

- Allow for maximum, best use of existing public/private resources (coordination among 55+ local, state, and federal organizations, agencies or governments; and in cooperation with various private or religiously affiliated non-profits and/or advocacy-support groups)
- Provide strategy(ies) to encourage homeless to return to status of residency (i.e., they rent or own decent housing on permanent basis)

**Blue Ribbon Taskforce:** (Appointed by Mayor Dave Munson in March 2004)

**Taskforce Leaders/Coordinators/Facilitators:** Melanie Bliss and Tam Baker  
(Blueprint Planning Steering Committee)

**Participants:**

Doug Barthel	Patti Lyon
Randy Bartunek	Dick Molseed
Michelle Boyd	Val Putnam
Robert Carlson	Dan Scott
Dan Costello	Kip Scott
Steve Crim	Larry Toll
Dale Froehlich	Tom Van Wyhe
Dick Gregerson	Ted Weinberg (resigned October 2004)

Target Completion Deadline: originally October 31, 2004 (Revised: January, 2005)

**Meeting Dates/Times:**

1) April 13, 2004	4:00 p.m.	City Hall	(Mayor Munson)
2) April 27, 2004	3:30 p.m.	City Hall	
3) May 11, 2004	3:30 p.m.	City Hall	(Shireen Ranschau)
4) June 29, 2004	3:30 p.m.	City Hall	(Hugh Grogan)
5) July 13, 2004	3:30 p.m.	City Hall	
6) Aug. 27, 2004	(Submission of written "Idea Papers")		
7) Sept. 28, 2004	3:30 p.m.	City Hall	
8) Oct. 18, 2004	11:30 a.m.	McKenna-Orthopedic Inst.	
9) Nov 01, 2004	11:30 a.m.	McKenna-Orthopedic Inst.	
10) Nov 15, 2004	11:30 a.m.	McKenna-Orthopedic Inst.	
11) Nov 22, 2004	11:30 a.m.	McKenna-Orthopedic Inst.	
12) Jan 10, 2005	11:30 a.m.	McKenna-Orthopedic Inst.	

**NARRATIVE:**

The Blue Ribbon Task Force agrees that the circumstances of local and regional homelessness are multi-faceted. Accordingly, our approach in seeking solutions must likewise be multi-faceted. We believe that action steps can be identified and work accomplished in phases, some of which may be overlapping, completed by different interested or involved parties.

There are numerous local agencies, churches, governments, and other business resources, each of which has an ongoing interest in addressing the phenomenon of "homelessness". We present this Ten-Year Plan as a guide for the community, for government, for churches, for various non-profit agencies and for all stakeholders. We urge everyone in our community to use this document for planning, priority setting, and for development of services and for interventions to end homelessness.

How do people become "homeless" in the first place? Most citizens readily understand that homelessness can occur in a variety of circumstances:

- lack of affordable housing
- loss of a job
- high medical bills
- domestic violence or abuse
- eviction from a rental unit
- building condemnation
- natural disaster, such as fire or flood
- divorce or breakup of a relationship
- substance abuse problems
- poverty
- low wage jobs
- by personal choice or preference
- mental illness or retardation

People from all walks of life can become homeless. Many homeless people do work but lack the skills or education necessary to keep them away from the edge of poverty. Others have debilitating conditions or behavior patterns, which bring them repeatedly back to a condition of need and dependency.

First, our Blue Ribbon Task Force agrees, we need to break this social phenomenon into "chewable" bites and then find workable solutions for each aspect. We are looking for long-term answers, which minimize or eliminate homeless to the largest extent possible. Attached to this Ten-Year Plan is a "**Snapshot**" (See Appendix A) of some facts and figures related to the homeless population and related costs, both nationally and locally. Another attachment (See Appendix B) sets forth a "**Index of Resources**" showing over fifty programs, organizations, and agencies, which are "involved", within our community, in addressing the phenomenon of homelessness.

By definition, for purposes of this Plan, a "Homeless Person" is considered to be anyone who has no "home" (shelter or residence) of his or her own for a period of three days or more in a row (72 hours). Our Task Force agreed to abide by the definitions of the Federal Government (HUD: Department of Housing & Urban Development in defining homeless people. A person can be in a public facility and still be considered homeless. If a person "doubles up" with family or friends (shares an apartment or residence), the government and this Task Force does not consider such a person homeless. A person who is homeless twelve months or more is considered to be a "chronic homeless" person.

Members of the local Homeless Coalition have assisted in counting the homeless within our immediate vicinity. (See Appendix A, pages 8-17) When a quick census of the homeless population was made both in September 2003 and September 2004, over 500 people were defined as "homeless". **In fact by HUD definitions, each year indicates a number closer to 300 "adult" homeless and 80-100 "youth" homeless.**

The following important information was also learned:

- On average two-thirds of the homeless adults are male; one third are female.
- Most homeless are young, 87% under the age of 49; about 30% are children (some 135-180 youth each year, counting those "doubled up").
- Slightly over half of the homeless are white, Caucasian; about 35% are Native Americans and the remaining 10%-14% is of varied race and ethnicity.
- In our community, about 50-60 homeless people (15% of the total homeless HUD qualified population) are typically "on the streets", in their vehicles, or in a makeshift camp of some sort overnight (at least during the month of September each year). These might include adults and/or children.\*
- About 250 people will be accommodated in short-term shelters, halfway houses, transitional housing, sleeping rooms or publicly-provided hotel or motel rooms.
- About 40 people, who meet the definition of HUD "homeless" are typically found in the Jail, in Detox, or in one of several Treatment Facilities.
- The homeless people themselves identify multiple "needs", several of which simultaneously can be considered "causes" or "contributing factors" toward homelessness:

• Affordable Housing Issues	30%
• Employment Issues (Jobs)	29%
• Substance Abuse/Addiction (Domestic Abuse)	22%
• Physical Disability, Illness, or Mental Health	22%

- National data indicates that of the Homeless Population, over 80% will enter and exit "homelessness" quickly; about 10% of the population will enter and exit repeatedly (high recidivism); and about 10% of the population will remain perpetually within the homeless system.
- These same tendencies occur in our community, as 87% of those who answered the Homeless Census, say they have been homeless less than three times in their life, and for those who report as homeless some 53% say they have been homeless less than 90 days. About 23% of our population (80 people) indicate that they have been homeless over a year. About 8% of our population, who answered the survey, report that they have been homeless episodically, more than five times in their lives.

*\* NOTE: About 50-60 (15%) of the local homeless people (adults and children) live outdoors, in vehicles or in temporary "camps" at least at the time of the annual survey. The remaining homeless may be found as follows:*

- |                        |         |
|------------------------|---------|
| • hotels/motels        | 8%-10%  |
| • local shelters       | 35%-40% |
| • transitional housing | 35%-40% |
| • other                | 10%-12% |

Understanding homelessness means understanding subsets of the homeless population. Different homeless groups result from different "causes" of homeless and manifest very different behaviors. Because of these differences, the community's strategy(ies) and resource allocations will vary. In all cases, a preferred "**Path to Success**" and "**Best Practices**" for use of existing and future resources can be determined. It is possible to describe and develop "**Performance Outcomes**" desired and expected for each of the following subsets of the homeless population:

- Chronic Homeless (Our Task Force adopts the HUD definition)  
Those who have been homeless or likely will be homeless for a period of twelve months or longer. This category also includes those who have been "episodically" homeless three or more times during their lifetime. These individuals and families constitute about 15% of the population; but by some reports consume well over half of the resources available to homelessness.
- Temporarily Homeless (Our Task Force adopts the HUD definition)  
Those who have been homeless locally more than 72 hours, but who can be given or can reach a status of having their own "home" (temporary or transitional). This category includes those who may have been homeless only once or twice temporarily during their lives. This large group, probably over 85% of the total homeless population, is seeking a path to self-sufficiency. Each individual or family involved most likely seeks a job or employment to create income. The stream of income, if properly managed, can provide a means of movement gradually from a condition of homelessness, to shelter, to transitional housing, to rent or tenant assistance, to mortgage assistance, to self-sufficiency in an apartment or home of their own on a long-term basis.

NOTE: Appendix C sets forth the definitions of "Homelessness" used by the local Homeless Coalition in conducting their annual survey. Neither HUD nor this Task Force defines those "doubled up with family and/or friends" as "homeless". (See Appendices)

So in an effort to break out "solvable" portions of homelessness, our Blue Ribbon Task Force has identified an "Action Plan" which involves unique aspects:

- Aspect One Administration & Resources
- Aspect Two Information & Demographics
- Aspect Three "Progressive" Program Approaches
  - a) For Chronic Homeless
  - b) For Temporarily Homeless

These Aspects are simply a way of bringing "focus" and "perspective" to homelessness. Obviously the social phenomenon of homelessness can be approached in a wide variety of methods and strategies. Each Aspect contains work and plans, which may be accomplished in harmony with the others and simultaneously. Each aspect involves a lot of intra-connectedness (public and private, secular and religious, for profit and not for profit) and may require related work by the same people using common resources. In most cases, our Task Force believes we can use existing programs, facilities and resources; in some instances (we specifically point them out) we feel it is important to plan for and dedicate additional programs, facilities, and resources from our community.

### **ACTION STEPS:**

#### **ASPECT ONE: (Administration & Resources)**

**1. Accountability.** The Blue Ribbon Task Force believes that a single entity, person, or process in our community should be charged with redress of homelessness for the sake of clarity and accountability. Several ideas, both from Task Force members and from others in our community, have been expressed as possible solutions:

- Develop a dedicated "Facility" with unique focus on homelessness
- Create a "Planning & Implementation Board". This PIB would be accountable for results, timelines, and public reporting; but would be independent of any financial or political investment in the process or outcome. The PIB would have authority to recommend programmatic and operational changes, would receive input from existing homeless service providers, and would assist in an advisory capacity to prioritize needs in the competition for available federal funds.
- Establish a "Clearing House" for service to Users & Agencies
- Create a "Mobile Service Center", supporting outreach to the Homeless with the ability of referral to appropriate agency(ies).
- Use the resources of existing agencies (e.g. the Banquet or the Mission)

After discussing and considering the best aspects of these various options, the members of the Task Force recommend:

- **Create a Homeless Advisory Board (HAB).** We believe that a Homeless Advisory Board should be created by inviting participation from the following select participants: (Since this is a Report to the Mayor, we believe the Mayor should invite these participants)
  - 1) **City** — Representative of the City Council to be recommended by the Mayor and approved by the City Council; and failing that process within the next 90 days, then otherwise appointed by the Mayor.
  - 2) **Minnehaha County** — Representative of the County Commission to be selected by the County Commission; and failing that, otherwise

appointed by the Commission Chair. (Assuming Minnehaha County agrees to participate in this Plan)

- 3) **Lincoln County** — Representative to be selected by the County Commission and failing that, otherwise appointed by the Commission Chair. (Assuming Lincoln County agrees to participate in this Plan)
- 4) **Homeless Coalition** — Representative to be selected by majority vote during a regularly scheduled meeting of the Homeless Coalition (this may or may not be the "Homeless Coalition Coordinator")
- 5) **Sioux Empire United Way** — Representative (Volunteer or Staff) to be selected by the SEUW Board of Directors.
- 6) **Citizen at Large** — To be selected by the Sioux Falls Ministerial Association.
- 7) **Citizen at Large** — A "consumer" (presently or previously a homeless person) To be selected by the first five members above.

(NOTE: If any of the above decline the invitation, then the Mayor shall be free to name another person, entity or organization to the HAB (for example, the SF Area Chamber of Commerce, or SF Housing Partnership)

The mission or vision of the HAB is expected to go beyond the current "coordination and facilitation" role, which is now accomplished by the Homeless Coalition among the many agencies and organizations ("homelessness service providers") dealing with the homeless population. Presently the Homeless Coalition is a strictly "volunteer" arrangement, with no real influence over the availability or uses of public funds, or over the day to day operations of the agencies themselves. On a regular basis for many years, the Coalition has hosted a "forum" for conversation and discussion among all non-profits and some churches, seeking to address cooperation and coordination among homelessness service providers. Although participation levels vary, the Sioux Empire Homeless Coalition is intended to bring all stakeholders to the table, identify gaps in service, provide a means of information sharing and coordination of service delivery. The Homeless Coalition Coordinator has been modestly funded by the County as an "Advocate" for the homeless.

The HAB is envisioned to go beyond the role of voluntary conversation and advocacy. The HAB reflects a mutual "buy-in" and partnership; a "joint cooperation and participation" between all seven groups identified above. One of the main functions and purposes of the HAB is to accomplish the contents of this Ten-Year Plan to End Homelessness. By carrying out this Plan, the HAB will assist both the governments and the service providers in addressing both the necessary "housing component" and the "services component". We do not intend for the HAB itself to become yet another layer of government, nor do we think it advisable for the HAB to be an actual service provider. Specifically, we believe the HAB should focus on accomplishing the following tasks:

- a) Intermediate and long-term planning regarding homelessness in our community, specifically **creating a list of "annual goals and objectives"** to be accomplished by our community through the work of the service providers and otherwise.

- b) **Measuring and monitoring actual data and results** of homelessness service providers, trying to identify and focus on "successful outcomes" and actual results desired;
- c) Establishing **Annual Priorities for State and Federal funding** addressing homelessness in our community; Specifically it is hoped that City, County, State, Federal and various Private Funding sources would solicit the consensus, endorsement, and approval of the HAB, prior to awarding funds intended to address homelessness circumstances. The HAB should itself not be the "funder" (I.e., the HAB would have no bank account of its own) but in working with the various funding sources, the HAB should have the power to recommend and guide this funding as needed for the good of the community.
- d) Facilitating and **encouraging common protocols and procedures** among the homelessness service providers;
- e) **Recommend programmatic and operational changes**, whenever needed to maximize consolidation and efficiency among homelessness service providers

Because the various homelessness service providers are constituted by a wide variety of legal entities, many with their own sources of funding and unique advisory Boards of Directors, it is recommended that the HAB should not have direct oversight or regulatory control of any such provider or agency. The HAB would offer "advisory" oversight to these providers, making "recommendations" for the purpose of unifying all programmatic and economic sources available. The HAB would function as an independent, strategic, and government administered "Advisory Manager"; bringing harmony and coordination to public funds expended on the circumstances of homelessness within our community. The agencies themselves, as homelessness service providers, would continue to provide the essential services and expertise needed to address homelessness. The providers would function as available "resource centers" for the work and priorities identified by the HAB.

Our Task Force does not envision a new bureaucracy; and foresees only very light administrative duties for the HAB. Essential operations might be accomplished as follows::

- a) The HAB would select its Chairperson from among its membership, determine its own methods and procedures for internal conduct, and hold meetings as deemed necessary and practical to accomplish its mission.
- b) All stakeholders would be invited and encouraged to participate in these HAB meetings. Besides allowing for participation among homeless people themselves, we believe the HAB offers the opportunity for all governments, all churches, all involved service providers, and interested citizens to come together more formally under the auspices of the HAB
- c) The HAB could collect essential data, measuring successful outcomes, and issue an "Annual Report" for the good of the community. Working with the service providers, the HAB could identify and inventory available resources, making sure that all stakeholders are cognizant of each other's strengths and offerings. Annual reports should be provided publicly to document their accomplishments toward stated goals. Reports should include at least the following:

- Changes in the number of people found on the streets in our community from year to year;
  - Increases in the number and percentage of chronically homeless people who have moved to permanent housing;
  - Reductions in costs to provide emergency health, mental health, and shelter services;
  - Reductions in number of days homeless, hospitalized, or incarcerated; and
  - Rates of recidivism in the homeless assistance system.
- d) The HAB would otherwise adopt whatever administrative rules and procedures might be necessary to accomplish its essential purposes. Our Task Force believes that the HAB will require the assistance of light, part-time staffing (e.g. to handle duties related to calling of HAB meetings, consolidating reports received from service providers, and accommodating a review process on local funding requests for homelessness. It is our conviction that these staff resources are already available at the City; and do not require any new hires.
- **Common "Access" Protocol.** The HAB would seek to address the circumstances of "Access" for homeless individuals. Presently, there are multiple agencies, many different people, and many different protocols among the service and site providers for homeless. Access is presently very disjointed, duplicative, and somewhat dysfunctional. We do wish to propose a "one-stop service" context. The HAB would attempt to write and promulgate a **common "Intake" or "Access" protocol** for all homeless service providers. Other communities have had good results by issuing a free photo identification card to each homeless person, allowing both the applicant and the agency easier access procedures. Information exchange is more easily accomplished and transferred among the several service providers. On a periodic basis the HAB would offer training and coordination to encourage maximum participation in this protocol.  
We would hope to achieve maximum consistency and mutual support for the homeless across the entire community (regardless of the agency or site involved). Serious thought needs to be given to consolidating services to the homeless among the many agencies. Presently some services are redundant among the several agencies. Finally, the HAB would be responsible for the development of common reporting systems (See Below).
  - **Homeless Intervention Team (HI-Team).** Following the example of "Loaned Executives" from the Sioux Empire United Way, we also believe that a Homeless Intervention Team could and should be created, under the direction of the HAB. The "HI Team" would be comprised of those "most skilled" individuals, who have an intimate knowledge of homelessness. Those governments, agencies, churches and other entities who participate in the HAB, could allocate, as needed, one or more "loaned executives" to

participate as a Team. We envision a team of 5-6 people, involving specialists in case management, housing, employment, mental health, money management, etc. The work of the HI Team would be accomplished by expertise of the service providers, but the HI Team would report to the HAB rather than to any specific service provider. The HI Team could function as a "**mobile service component**" going anywhere in the community on short notice to provide ongoing assistance to homeless individuals and agencies. Volunteers could rotate and serve on a part-time basis, while still maintaining some or all of their position and job functions at their current employer(s).

It has also been suggested that this work might also provide a good opportunity for cooperation between the business community, the governments, and the service providers; between the churches and the secular world. Selected leaders and volunteers could work to mentor certain homeless individuals, giving them encouragement and real life opportunities to garner employment backed up by reality-based role modeling intended to overcome the limits of life's original circumstances for the homeless. See the section below, which addresses the "employment component".

**2. Better Understanding of Homelessness "Root Causes"**. While we acknowledge that existing resources for redress of homelessness are limited, the Blue Ribbon Task Force believes that this community could engage "additional resources" on various fronts to deal with homelessness. Again, several good ideas have been expressed and the Task Force recommends that all of the following be considered:

- Engage the **higher education resources** within our area for the purpose of studying the phenomenon of homelessness at its root cause(s) and responding with recommendations for relevant, workable programming. Some of the suspected root causes would include such conditions as poverty, lack of education, mental health conditions, debilitating physical illnesses, or various forms of "active use" or addiction. These causes often manifest themselves in forms of chemical dependency, criminal behavior, social dysfunction, unemployment, and homelessness to the detriment of the individual and/or families involved. Further the academic community is uniquely positioned to become a special "advocate" on behalf of the homeless. (We think there is a parallel for homeless, not unlike the remedies established for domestic abuse such as Court-Appointed Special Advocates, CASA.)

NOTE: To be very precise on this point regarding further research, our Blue Ribbon Task Force would suggest that the HAB seek out a United Way Grant for the purpose of funding at least 1 FTE (Full Time Equivalent) research analyst. Certain local institutions would consider new funding for this type of United Way position. This analyst could work with local institutions of high education and all public health facilities to analyze root causes and available resources, directed toward alleviating homelessness. The focus of this grant could be to develop a comprehensive model within the next fiscal year showing an appropriate community plan, a coordinated sequence of funding and use of resources and necessary medical intervention for the long

term elimination of homelessness within the Sioux Empire region. The point of this research would be to identify targeted “tracking and monitoring” systems for future accountability and results desired in the alleviation of local homelessness. In effect, such a grant could expand and enhance this Blueprint and Ten-Year Plan into a live, working enhanced model for the benefit of our community.

- As outlined in Aspect Three (below), support, with **more funding and capital or human resources**, our agencies, programs and facility/sites to focus on and specialize in serving various homeless constituencies (E.g. single occupancy, families, addicted individuals, transients, etc.). Long term, if we can address and eliminate the conditions leading to homelessness, then we can decrease the number of "shelters", hopefully transitioning people into locally available and affordable housing. These efforts can still be coordinated and unified by a common access/intake protocol, reporting system, and integrated communications as outlined above. Presently, these are the local agencies, which provide homeless "shelters": (Stays limited to 30 days or less)
  - St. Francis House
  - Union Gospel/Mission
  - Children's Inn
  - Dakota House
  - Mita Maske Ti Ki
  - Minnehaha County (Hotel Assistance)

These are the local agencies, which provide "transitional housing" resources (typically time limited to not more than 24 months):

- Arch-Halfway House
- Dakota House
- Lakota House
- Volunteers of America-Independent Living Prep.
- Glory House
- Salvation Army
- Heartland House
- Hope Prison Ministries
- Southeastern Mental Health

Some of the foregoing agencies (e.g. Heartland House) do provide long-term and sometimes permanent solutions for both families and individuals experiencing homelessness. Also, there are many local agencies, which provide "treatment" options, some of which are important to homeless people. The treatment facilities, which have a primary direct relationship to the homeless population locally, would include:

- Detox (Minnehaha County)
- Summit Oaks (Lutheran Social Services)
- Turning Point (Volunteers of America)
- Behavioral Health Center (Avera/McKenna)
- Southeastern Behavioral HealthCare
- Carroll Institute
- Veterans Administration

Both City and County are already expending considerable amounts of money toward alleviating conditions, which lead to or contribute to homelessness. The County has an annual budget of over \$3 million for poor relief. The City expends over \$5.5 million for public health. County funds, when distributed, often result on County Poor Relief "liens" (for the loans given). However when the County citizen involved has no assets, liens are meaningless; the funds ultimately become grants of assistance. The City has potentially more available funds; but is likewise extremely concerned about the proper use and direction of those funds. Private resources are available as a result of federal tax incentives. Our Task Force seeks both the best, most effective use of existing funding resources; and the most strategic development of future funding resources. Some additional thoughts that we recommend include:

- Encourage appropriate homelessness service providers to start **writing targeted grant applications** for remedy of all or part of local homelessness.
- Encourage key stakeholders to host a health and social service **providers' summit on the topic of homelessness**, identifying its key components and resources available.
- Promote the **development of a joint City-County health and human services facility**, with appropriate shared funding, which would undoubtedly have a positive impact on the effort to confront and address homelessness within our community. Early preventive measures can lessen the potential for development of homelessness.
- Work to establish a **multi-cultural, diversity-based understanding** of and approach to homelessness.

#### **ASPECT TWO: (Surveys, Information & Demographics)**

Focus on identifying the causes; obtaining good data, showing trends and developments in homelessness.

**a. Survey.** Our community now conducts a periodic (typically annual) one-day survey or inventory of homeless individuals. This is a coordinated effort among the multiple agencies and seeks to identify the number of homeless, frequency and extent of homeless, as well as detail about some of the attributes or causes of homeless. This survey is encouraged by the City's Community Development Office to accurately identify local needs and priorities for the purpose of applying and qualifying for Community Development Block Grants and/or HUD funding. The weakness in the current survey is that it occurs only one-day at a time and is difficult to interpret for ongoing trend analysis. Coordination among the survey takers and agencies involved has minimized or eliminated the problem of "duplication" and/or repetitive inputs. But our Task Force believes the amount of information collected remains cursory at best.

The Blue Ribbon Task Force believes that our community should engage an ongoing rigorous, formal effort to survey and collect key significant data from the homeless themselves and from the various service providers. Some members of the Task Force felt that this survey should be completed before we finish the scope and outline of the community's Ten-Year Plan to Eliminate Homelessness. However, most people didn't feel that we could afford to wait. In any event, we now know we need to obtain and maintain accurate statistical data year after year. The community

should be in a position to analyze the data so that in the event of an "increase" in homeless, we could accurately determine whether it is due to increased numbers of people, increased reporting, increased number of participating agencies or duplication in the counts. Various reports might include such information as:

- Changes in the number of people on the streets from year to year
- Increase in the number or percentage of chronically homeless people who have moved into permanent housing
- Reductions in cost to provide emergency health, mental health and shelter services
- Reductions in the number of days homeless, hospitalized or incarcerated
- Recidivism in the homeless assistance system

- b. Inventory existing Agencies/Resources Available to Homelessness.** The community already has a "Pocket Reference List" of key agencies and resources printed and available to assist the Homeless. This pocket reference (a.k.a. the "**Helping Hand**") provides names, addresses, and phone numbers for existing agencies and resources available to assist the problems of homeless. We believe a more comprehensive **catalogue of community resources** should be compiled to also show all programs, detail all resources, and list all major players and contributors who are an ongoing part of the "solution" for homelessness. The Index of Resources for Homelessness listed in Appendix B is only a start to this process. The community should conduct a complete assessment of affordable housing needs; while identifying targeted resources with optimal use. This inventory should be updated annually and would serve as an ongoing means of measuring our partial progress toward eradication of the circumstances leading to homelessness.
- c. Prepare a written "Local Guide to Homelessness Answers".** This guide could contain "answers" to FAQ's (**Frequently Asked Questions**) and recommendations to new residents, or to new workers among homelessness service providers, who might seek to know all the interconnectedness of the current local, state and federal resources. Presently knowledge of homelessness in the Sioux Empire is obtained by working in the field and dealing directly with homeless individuals. Our front line police officers, jailers, social workers, and case managers could collectively prepare a succinct Guide which would transmit the knowledge that sometimes accrues to them over a period of months or years. In this way, all others could have a more immediate and comprehensive understanding of the actual circumstances of homelessness within our community.
- d. Statewide Homelessness Information System (HMIS).** The South Dakota Homeless Coalition (Dar Baum, Pierre) is encouraging all major South Dakota urban communities to participate in HMIS. We believe our community should utilize the Homeless Management Information System software. Statistics are typically gathered from emergency shelters across the state; and the purpose ultimately is to seek out and obtain additional public or private funding resources for homelessness. Our Blue Ribbon Task Force believes that Sioux Falls should participate in this effort, perhaps in a leadership capacity (if desired by others in the state). As soon as all other urban communities are "on board" with the HMIS commitment, we believe that Sioux Falls should commit to doing its pro rata share of the work involved.

e. **Create and Maintain a Unified Web Page of Homeless Information.** The Task Force well realizes that if a person is "homeless" then that person most likely will not own a computer or even have immediate access to a computer. It is however possible through the resources of the local library for a homeless person to access the Internet. Further, anyone by calling the HELPLINE (# 211) can take advantage of their vast resources, which as a clearinghouse of information offers ready knowledge and protocols addressing all sorts of homelessness issues. In effect the HELPLINE serves as a referral source, showing the inter-connectedness of the local homelessness service providers.

**NOTE:** Presently the HELPLINE organization is developing the necessary software so that each agency involved with "homelessness" can readily provide "updates" to its own information. Thus by referring to (#211 and that web site) each agency can learn immediately what other agencies are doing and have available.

Our Task Force supports and encourages this work by the HELPLINE in developing and providing a comprehensive Internet Access to all resources available to the homeless community. By use of a common web page, it is hoped that agencies would become more aware of services offered to the homeless. Presently some agencies are not fully aware of services offered by other agencies.

### **ASPECT THREE: (Progressive Program Options)**

The Blue Ribbon Task Force believes that it is possible for many homeless individuals and/or families to move from a state of "need" to a state of "self-reliance". Most people wish to avoid homelessness and are personally willing to work and manage their way clear of the condition of being in "need". On the other hand, for those people who are embroiled in a long-term, ongoing, "permanent" condition of homelessness (whether by choice or by circumstance), our Task Force believes that the community would be best served by establishing more coordination and planning among facilities with regard to the homeless person and better use and more managed care of existing resources.

There are multiple methodologies and philosophies available to confront homelessness. All of these approaches are worthwhile and each can be very effective; there is no single, sole answer for the complexity of homelessness. Some communities have focused on the components within the underlying social fabric. Other communities have focused on process and sequence, making sure that each stakeholder involved knows and understands the multiple ramifications of their role(s). These approaches are not mutually exclusive. Perhaps it could be summed up as follows:

- **Asset/Resources Approach.** Programs and Administrators ask themselves which assets work to alleviate homelessness. For example, in other communities programs have been developed, which concentrate on building and maintaining "affordable housing" and/or "alternative shelters". Developing community assets and key resources is critical. This has been described as a "Housing First" concept. Besides focusing on affordable housing, there is a real focus on meeting the needs of families and protecting any children involved. Employed individuals, outside of families, are a second tier of attention.

While we acknowledge that "housing" is the ultimate component, we believe that getting to and sustaining the "**housing**" component means we must also understand and facilitate the "**employment**" component (not every homeless person is "employable" but many are "employable" and are actually "employed", some receiving wages less than livable) and the "**case management**" component.

- **Systematic, "Process" Approach.** In another approach, some communities focus on the "process" and the "system" of homelessness. As noted above, the majority who enter the homeless assistance system receive help and exit the system relatively quickly. But no sooner do people successfully exit the system than others replace them. This is why the number of homeless people does not decrease. For the communities and the people involved, the process of homelessness can be a frustrating downward spiral, a real sinkhole consuming limited community assets and resources. So if we are going to end homelessness, we must cover two portals:
  - Entry — Try to limit conditions which create homelessness
  - Exit — When homelessness occurs, encourage a quick return to self-sufficiency.

Others plans and programs have described this combined effort as "Closing the Front Door". (Entry) and "Opening the Back Door" (Exit). People who become homeless are almost always the clients of public systems of care and assistance:

- the Mental Health System
- the Public Health System
- the Welfare System
- the Veterans System
- the Criminal Justice Systems (Jails, Penitentiaries and Detention Centers)
- the Child Protective Service Systems (including foster care)

People with complex problems may be given immediate remedial care; and then directed prematurely back to a status of temporary "independence" leading to long-term "dependence". These programs need to be monitored and encouraged by incentives to avoid the creation of conditions leading to homelessness. Investment in "prevention" holds the promise of saving money long-term on expensive systems of remedial care within the systems identified above. Public facilities must be encouraged to monitor, document, and eliminate poor discharge planning, inadequate after-care, etc.

It has been suggested that our community needs to be more "creative" (using a "medical methodology" focused on long-term curative protocols, rather than a "sociological methodology" focused on short-term alleviation of current conditions) in dealing with these "terminally ill" individuals, by providing proper and immediate medical care, better more effective detoxification services, dental care, psyche services, etc. Treatment and training for people with mental illness or limited mental abilities needs to be strengthened.

Alcohol abuse plays a mayor role in those persons identified as the chronic homeless. These persons consume an incredible amount of time and resources for all the agencies involved with their case management. A new detoxification unit is being built in the Minnehaha County Public Safety Building, to be administered by Avera/McKennon Healthcare System. This new approach to detox should result in a more efficient and coordinated treatment for chronic abusers. Once detox services have been delivered and effective, additional funds and programs are needed for long-term treatment programs. These services will have a positive affect, hopefully, of alleviating conditions leading to chronic homelessness.

Likewise, some communities have focused on a "Rapid Exit" , trying to get the homeless person an immediate ticket back to self-reliance. Time is critical; for the longer and more frequently a person remains as "homeless", then the more difficult is the process to recovery. This is particularly true when the homeless are found in a community where the climate is cold or there is real danger to human life in the form of the elements. In some cases, homelessness is treated like a "medical condition". So that for certain symptoms and conditions, known prescriptions and treatments are in order. In all cases, to the extent that public funds are involved, the taxpayers typically insist that resources be wisely spent and that homeless people be directed into a path of personal responsibility, which frequently involves efforts toward employment and perhaps a "voucher system". Not all causes and conditions of homelessness are instantly "visible" to people; nor is there a ready demarcation between successful and unsuccessful programs, policies, and procedures. We need to create a "full spectrum" homeless assistance system.

**Integrated, Strategic Approach.** Considering this rather broad and general review of the work accomplished in our communities, our Blue Ribbon Task Force would like to use the best aspects of all these approaches. We intend to present the following programs as a "Blueprint" or "Path" for progressive programs options with specific "**Performance Outcomes**", which enable anyone to move up in our community. We want to concentrate on proven "**Best Practices**". By committing to a focused regimen and using available community resources, supplemented by limited and strategic investments from various stakeholders in our community, many homeless individuals can permanently improve their lives and eventually a few such individuals could obtain the means necessary to have and to hold their own "home". While recognizing the worth of various methodologies and approaches noted above, our Task Force felt it would be best to seek and provide answers uniquely related to the sub-groups of the Homeless Population:

**A) Strategy for the Chronic Homeless.** (A special focus of our Task Force)

Both nationally and locally it would appear that the chronic homeless constitute about 10%-20% of the entire homeless population. In Sioux Falls, this would indicate a population of 75-85 individuals. A few might be families; but most would likely be single individuals, perhaps congregated in small groups. Most (75%-85%) are males.

Some are homeless by "choice" or by "personal habit or preference". Some of these individuals are in fact, living permanently "on the streets" (maybe 50%: perhaps 35-40 people, depending on the climate and the season). But also some of these individuals are regular, repeat participants or occupants of "shelters", "transitional housing", "treatment centers" or perhaps even the County Jail (maybe the other 50%, another 35-40 people). Some, but not all, of these chronic homeless may have a variety of physical and/or mental debilitating conditions, which may make it impossible or unlikely that the person could ever obtain or hold long-term gainful employment. They may have an addiction or chemical dependency problem, which resulted in prior criminal behavior. Likewise, the person may not be a good candidate for consideration as a prospect for long-term, permanent housing.

These chronic homeless may move in and out of the community support system (those agencies and facilities dedicated to serving the homeless populations) as many as 5-10-20 times during their lives. This may have occurred even though as individuals they are not that old chronologically. They may have occupied and consumed multiple levels of resources at various governmental, non-profit, or church-affiliated facilities here in our community. Nationally, it has been documented that the cost of providing someone "overnight" sleeping arrangements at the County Jail would range from \$14,500 to \$20,000 per year. Long term costs at any local treatment facility might be similarly expensive. Some hospitalizations and treatment protocols can cost literally thousands of dollars per day or per week. All the while that a chronic homeless person is occupying the jail or other treatment facility, that facility may be deemed "full" or "occupied" and thus prevented from dealing with a temporarily homeless person, who also has an immediate need.

Locally, these chronic homeless people are probably presently occupying some 50-75 beds in existing facilities. Some are in jail, some are in treatment facilities, some may be in temporary shelters.

The evidence before our Task Force shows that the cost per day of housing a Minnehaha County jail inmate is \$79/inmate. Jail records indicate a daily census of "homeless = 25 inmates per day, 360 days per year. Most of these homeless individuals have in fact committed some type of crime warranting incarceration (ranging from misdemeanors to felonies). An average of 1.18 of these 25 homeless people per day are being held in the Minnehaha County Jail because they are unable to reside at the Minnehaha County Detox facility due to behavioral problems or their unwillingness to remain at the Detox facility when residing there on a "non-voluntary" hold basis. In either location, the public most likely will be paying for this accommodation.

So if our community truly has 80 chronic homeless individuals and the cost of current jail, treatment facilities, and other long-term facilities per individual is on average \$15,000 per year, then it is possible to surmise that the community is now already spending \$750,000/per year on the local chronic homeless. It could be more.

After discussion and review, our Blue Ribbon Task Force feels that in the case of people legitimately deemed to be long-term, chronic homeless, perhaps our "Best Practice" would be to provide a "**Care Plan**". Instead of doling out continued layers of "social services", perhaps we would be better served to adopt a "medical" model (described above) giving that person decent shelter long term, with appropriate auxiliary services in a managed care setting. Accordingly, for chronic homeless, we recommend:

**1) Individualized Care Plans.** Just as soon as a person is properly identified as "chronic" homeless, our Mobile Service Center and the "HI-Team" could work to develop a "Individualized Care Plan ("ICP)". This work is already being done in part by professionals within the Southeastern Behavioral HealthCare agency. The ICP should identify the best facility for the individual for the foreseeable future; and perhaps for the balance of that person's life. Further the ICP could identify the best, most practical mode of treatment(s) and care necessary and appropriate to that person's state in life. If it were possible, the ICP could even identify an ultimate "exit strategy" from the current homeless condition, assuming the person was willing to make the effort(s) required. On the other hand, for chronic homeless inebriates, it might be equally reasonable to provide services similar to "end of life" hospice care.

**2) Dedicated Long Term Facility (80-110 Beds).** As mentioned above, right now it would appear that the community has some 80 individuals who would qualify as "chronic" homeless. Available evidence over the last few years shows a growth factor of 4.5% in the chronic homeless population. A reasonable 3%-5% growth projection, over the next ten years, would indicate that the community might see an additional 25-30 individuals in this category.

It may be more efficient to house these chronic homeless individuals in a setting other than in temporary shelters, treatment facilities, or the jail. It is projected that the community could dedicate a single existing facility for managed care of chronic homeless. If future growth projections are accurate, the community (probably the city) might expect to build and provide services to another 80-110 beds/units; this would alleviate the current burden on existing facilities. Ideally, the annual cost of operation for such a dedicated facility would be less than the current agency and facility cost of \$700,000 to \$750,000. Even if the cost is the same or slightly more, this "investment" in the worth and lives of these chronic homeless individuals might be justified due to the fact that this would relieve the burden already being shouldered in existing facilities. The existing facilities could then direct their attention to those populations they were originally intended to serve, rather than to the chronic homeless.

NOTE: If the City wishes to address chronic needs of those homeless who do not meet the HUD definition (12 months or longer), and chooses to look at people reported beyond even a 90 day period, then the apparent immediate need would be for 130 units (beds). While the ten year projection would indicate a need for some 200 units (beds). (See Appendix D, submitted by Randy Bartunek)

Our Task Force is not recommending a return to the County Poor Farm. Rather we would encourage and recommend a facility with unified small efficiency apartments, or SRO (Single Room Occupancy) Units. This facility should have "supportive services" and should make effective use of strategic "case management services" for each resident. Until the HAB is established and more accurate numbers are in fact proven, with chronic homeless individuals clearly identified, it is difficult to project a facility with an exact count. The foregoing numbers are based on our best evidence available today. We recommend continued due diligence on this point.

## **B) Strategy for the Temporarily Homeless.**

The numbers confirm, both nationally and locally, that over 80% of all homeless people are only homeless on a temporary basis. They enter into and exit the social services system rather rapidly; and in most cases the length of their period of homelessness is short and the frequency rare. Often times, particularly in the Midwest, and throughout the Native American culture, it is common for that person's family and immediate friends and associates to come forward with rather quick answers for temporary homelessness. Some youth and transient homeless occupy the status as a matter of personal preference or "choice". Temporary homelessness can be quite frequently caused by empty pocketbooks and broken relationships.

Our Blue Ribbon Task Force is interested in providing solutions for this group, which re-establish a stream of income (to alleviate poverty) and which stabilizes the mental, physical, and personal relationships which surround that individual in the form of a caring and supportive community. Regardless of the homeless person's exact status at the time, we believe that our community can establish a "path" to recovery, step by step. This path has numerous discernable guideposts and essential components:

### **1) The Employment Component:**

In all categories of homelessness, poverty has been shown to be a compelling factor. Recent estimates indicate that over 42% of homeless people with mental health and/or substance abuse issues rated "help with finding work" as their highest priority. In our own community, employment and affordable housing issues are the largest category (30+%) identified by the homeless themselves seeking an immediate answer to their needs. In order to address homelessness, our community may need to address various stages of poverty (including temporary, short-term, or chronic). We need to help people get, keep, and advance in jobs that pay a livable wage. If the homeless person or family can establish a "stream of income", this provides an ongoing source of opportunity, freedom, and choice. By alleviating poverty, or by providing an underlying mechanism for the homeless person to "earn" back the ability to make life-sustaining choices. Our community can work on several fronts here and direct homeless individuals as needed:

- a) A "Sweat Equity" Program. Rapid City provides a good example of what can be done. Homeless are immediately given the use of a bike so that they can get to work at various known, publicly assigned job positions (e.g. dishwashers, light maintenance work, chop wood; work is assigned as appropriate to the season) With good performance, eventually the person is qualified to rent and use any one of 15 available vehicles for coming and going to work. The intention is to encourage work, so that the homeless person can create a usable stream of income for eventual use toward food and shelter. Just as in the case of "Habitat for Humanity" (which builds actual houses) this program can create a form of wealth, which can be converted or applied to alleviate a lack of current shelter. In the Twin Cities, it has been pointed out that some the churches provide each homeless person or family with a "Sponsor" helping them to get to work and get settled in an employment routine.

- b) Labor Ready Programs. Our community has a variety of resources, which can be dedicated to finding light work (cleaning, baby-sitting, etc) at a compensable rate. Some agencies even individuals for repetitive, light manufacturing skills. To the extent that employment is offered, it can be considered an "indirect" answer for temporary homelessness.
- c) Minimum Wage in Formal Employment Settings. Longer term, the homeless person can secure formal employment. This can be offered and accepted on a part-time and/or temporary basis. Even unskilled labor earns minimum wage (or better).
- d) Job Training. Our community could offer select homeless members specialized job training, which would enable them to work their way out of current conditions. Even if that family or person spent an extra two weeks in shelter or transitional housing, the boost received from "job training and skills" received while there could make a lifetime of difference. This is similar to the Heartland House program called "Learn to Earn".

While we recognize that our assignment was not the elimination of poverty nor the creation of employment, our Blue Ribbon Task Force members can see the connectedness of these issues. We have identified a wide range of daily work opportunities, within our community, which could be promoted with reasonable oversight:

- firewood business (tree trimmers contracted by utility companies)
- construction and rehab work (local contractors)
- restaurant work (commercial kitchen training offered by VOA)
- neighborhood clean-up and revitalization
- Office Building Maintenance (some public and non-profit facilities)
- Park and Maintenance Right of Way Work (County Highway & Parks Department also City Parks Department)
- Snow Shoveling, Gardening, Lawn Mowing, and Lawn Raking

## 2. The Case Management Component.

Once employment generates a "stream of income" or usable resources to the individual or family, then there must be a correlated effort to help people (e.g. by "case management") preserve and maximize those valuable resources. Many homeless individuals or families can use an extra boost of special attention right at this time in their lives. By careful case management, each homeless family or individual can learn new ways to use limited existing resources. The "Rapid Exit" program of Hennepin County, Minnesota offers a clear example of successful case management. In that case targeted homeless people are offered, within one week of entering shelter, a "**housing barrier assessment**". Thereafter coordinators provide the following assistance:

- Direct financial assistance for application fees, deposits, and other household "start-up" costs.
- Direct financial assistance to resolve other barriers to housing, provided as part of a pilot project, including such activities as resolving outstanding debt.
- Legal assistance
- Case management to resolve personal, relationship issues
- Assistance securing furniture and food

- Assistance securing necessary prescription drugs and health care
- Provision of short-term or longer-term transitional housing
- Provision of follow up case management and referral services.

Some of the workable strategies used to assist the homeless have also included:

- Intervening to keep housing units costs affordable
- Advocacy to promote the "usability of Section 8 vouchers"
- Dedicating staff to find potential housing units; landlord relationships
- Paying double security deposits for those with poor rental history
- Co-signing on Leases
- Paying "holding fees" to keep apartments available

If our community would use existing programs and resources to address the special needs of the homeless, we might be able to teach the homeless useful skills in the form of "money management" or "responsibilities as a tenant". Recently the Interlakes Community Action Team announced, with the Mayor's blessing, a Tenant Education and Assistance program calculated to alleviate long-term creation or continuation of a homelessness condition (legal eviction).

Our Task Force supports the continued availability of bus and transit passes, as the program is now administered by the City.

### **3. Graduated Path Toward Housing Independence.**

Just as any institution of higher learning will counsel and direct its students on a path or curriculum calculated to result in a professional degree or career of choice, so too our community, should establish expect "Performance Outcomes" for the temporarily homeless. Acting by and through the HAB (Homeless Advisory Board), we should develop a strategic path which appropriately counsels and moves all homeless persons from short-term shelter, to longer term; from shelter to transitional housing; and from transitional housing to permanent housing (apartment and/or residence). This should be done within targeted time periods, the sooner the better.

In this case, there are numerous plans and programs available at the local, state, and federal levels for continued improvement:

- a) City — Community Development Block Grants
- b) County — Funded Shelters & Transitional Housing
- c) State — First Time Home Buyers and Mortgage Assistance Programs
- d) Federal — "Section 8" Housing Subsidies for Property Owners as well as "Community Resource" Credits for financial institutions.

We have two Housing Commissions (both for the City of Sioux Falls and for the State) who could collaborate on this project to make it attractive for the originally homeless person or family who is "transitioning" to a position of self —sustenance. It might be possible for our community to build market incentives encouraging both landlords and tenants to make a special focus on the "transitioning person". We believe that this community should work to coordinate and maximize all available HUD "Continuum of Care" grants and applications.

**4. More Housing Units ("Affordable/Available) for Temporarily Homeless (Estimate some 50 shelter beds immediately & 10/year for next 10 years).**

Presently it can be reasonably estimated that our community includes some 300 adult people who meet the definition of temporarily homeless, at any one given time. The identify of the individuals may continually evolve, but the count of those passing through our system remains fairly steady. If the community grows as expected over the next ten years by a factor of 3%-5% per year, then by the year 2012 we could see an additional 50-75 temporarily homeless. With present shelters and transitional housing, some 225 "beds" are provided locally to meet the needs of the temporarily homeless. And another 25-50 beds are available in public and private treatment facilities.

Our community thus may now be short some 50-75 beds and/or housing units (apartments or rental premises) to accommodate the needs of the temporarily homeless. In the next ten years, the community could reasonably expect the "demand" for beds to increase by a similar amount, 50-75 beds. So, if the community wants to meet the needs of the temporarily homeless with an adequate number of beds and shelter, it should have to build or secure 50 additional "beds" right away and 10 more "beds" per year for each of the next ten years. Our Blue Ribbon Task Force believes that there may be additional housing sets ("beds") coming on line in any event:

- Glory House (In cooperation with the Dept. of Corrections)
- The Arch/Carroll Institute (recently acquired an additional house)
- The Salvation Army (expanding current transitional housing)
- Southeastern Behavioral HealthCare (expanding permanent housing)
- Minnehaha County Detox Center (in transition)
- Salvation Army recently added 25-30 additional beds for select individuals

We do not expect to work for development of large numbers of additional shelter beds; we do expect to work for additional transitional housing units. To some extent, the needs identified here are directly dependent upon and related to the number of units made available by the alleviation of chronic homeless (see preceding section).

When it comes to transitional housing, we believe the situation could be eased somewhat by the maximum availability in our community of Section 8, federally subsidized housing. Today however these funds appear to be limited and may be less available in the future. Even if funds were expanded, it is important to recognize that there are already some 2000 people already "on the list" awaiting the availability of Section 8 subsidized housing. If a transitional person can move into permanent housing, then additional transitional housing is made available. In our community most such housing units are privately owned; and we believe that relationship constitutes a good public-private partnership for our community into the future.

In our community available lower cost housing is often replaced with commercial property or more expensive homes. Recently several low cost hotel properties have been eliminated. Affordable homes can be purchased using low cost government assisted loan programs. But the niche of concern is for the continued development of affordable housing units that can occupied and rented upon the wages typically paid to low income families and individuals. Most frequently rents must be subsidized in order for transitional housing to be truly "available".

We believe that our entire community needs to continue the effort to develop transitional housing, increasing the availability of low-cost or "affordable" housing, and rental assistance programs, for qualified individuals and families.

On the other hand, it is the hope of our Blue Ribbon Task Force, that the existing number of beds (shelter) will be adequate. It will only be adequate if collectively as a community, we can take those steps, which prevent the creation of homeless in the first place. And thereafter we must take steps to assure that each homeless person or family will move quickly through the sequence of available shelters, and transitional housing to a point of self-sufficiency. We recommend "service enriched" shelter and housing services for the homeless population.

Finally it should be said that our Blue Ribbon Task Force welcomes the current spirit of cooperation between governments, non-profits and various faith based affiliate organizations. We would only hope that throughout our community, people of all faiths and beliefs would join in an effort to confront homelessness and its affects.

### **CONCLUSION: DESIRED OUTCOME**

It is not likely that our national society, as a whole, will change dramatically in the foreseeable future. The conditions and circumstances in society, which help generate the phenomenon of homelessness will likely continue to prevail. Our hope is that within the area of Sioux Falls, the combined effort of government, churches, and non-profits will be able to "eliminate" homelessness by quickly moving each homeless person to a point of available shelter and/or housing, to continued assistance and education, and ultimately to a point of self-reliance. No person in Sioux Falls needs be "homeless" for more than a day. We have the resources available to meet the needs of the homeless on an immediate, case by case basis. Each resource must be strategically coordinated and fully utilized.

We believe that this community has the strength, the community spirit, the coordination, and the existing resources to deal with all homelessness (both chronic and temporary). We may not be able to vary the circumstances, which lead to the creation of homelessness; but we believe that we can provide strategic assistance to all people who find themselves in homelessness conditions. We can eliminate the "status" of temporary homelessness for each person and for every family that becomes a part of our community. The changes outlined in this Blueprint can be readily implemented over time on a strategic basis. If we can accomplish this, then truly within the next ten years we will have "eliminated homelessness" and we shall have dealt most humanely and practically with those who are chronic homeless. We will discourage, while still respecting any individual's private "choice" toward homelessness making sure that it is well informed and conscientious. Even for those who prefer to "not come inside", our community should offer a range of services assuring good health and proper care. Particularly where children are involved, we will take those steps needed to make sure that each youth receives an ample opportunity to move into adulthood with the self-sufficiency of home and hearth.

Respectfully Submitted  
Blue Ribbon Task Force

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- NOTE: The data reported on the local surveys is displayed as accurately as possible given the source documents. Our Task Force agreed to follow the HUD definition for homelessness; while the local surveys include individuals who would not meet the HUD criteria. (e.g. These local surveys include numbers of individuals who are "doubled up with their families or friends"; see Appendix B-5 below.) Sometimes the surveys report adults only, other times they reports adults and children. Sometimes the numbers in one portion of the report do not exactly match the numbers given in another portion of the report. The graphs and projections shown are intended to present the numbers in a "apples to apples" comparison, as clearly as possible..
- NOTE: For Federal funding purposes, HUD specifies a period of twelve months or longer for "chronic" homelessness. The Federal government/Department of Housing and Urban Development (HUD) does not define people "doubled up" as "homeless".
- Some local city and county officials question whether people housed in jail, in treatment facilities or in viable shelters still qualify within the vernacular of "homeless" once such a person has been placed on an ongoing basis within such facilities.

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# A Snapshot of Homelessness

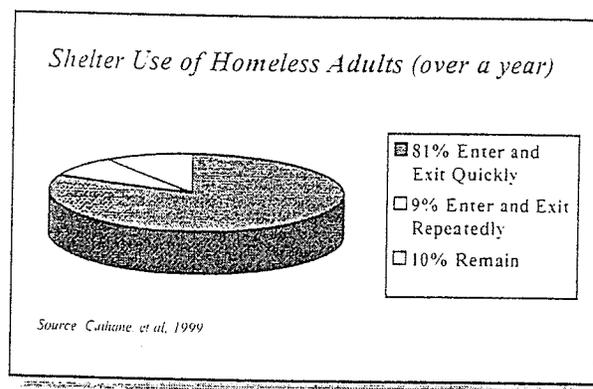
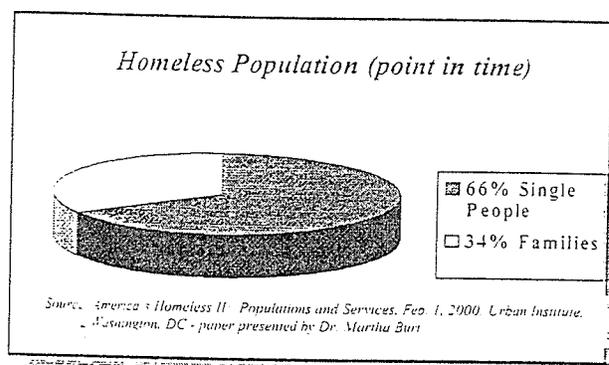
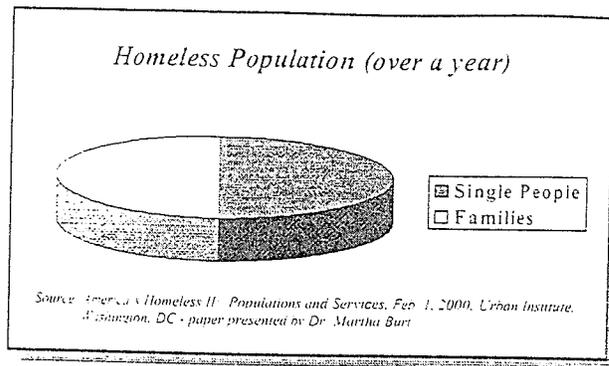
Between 700,000 and 800,000 people are homeless on any given night. Over the course of a year between 2.5 and 3.5 million people will experience homelessness in this country.<sup>1</sup> In order to end homelessness, it is necessary to understand the needs and characteristics of the sub-populations of this large group. The most significant sub-groups are people who experience homelessness as part of a family group, and those who are single adults.

## Families

Most families become homeless because they are having a housing crisis. Their primary, immediate need is for housing. Certainly they are likely to have other needs -- for services and to increase their incomes. However, these needs are best met, once the family is in permanent housing -- not while they are temporarily housed in shelter or transitional housing. Most homeless families get themselves back into housing as quickly as they can after they become homeless.

- About half of the individuals who experience homelessness over the course of a year live in family units.<sup>2</sup>
- About 38% of people who are homeless in the course of a year are children.<sup>3</sup>
- Most people in homeless families have personal problems to overcome, but these problems are not appreciably different from those of poor, housed families.<sup>4</sup>
- Services delivered in the homeless system seem to have little effect on eventual stability of these families in housing.<sup>5</sup>
- Homeless families report that their major needs are for help finding a job, help finding affordable housing, and financial help to pay for housing. The services they most often receive, however, are clothing, transportation assistance, and help in getting public benefits. Only 20% of families report that they received help finding housing.<sup>6</sup>

In cases in which a family is fleeing from a domestic violence situation or in which the head of household has been in residential treatment or detoxification for drug or alcohol abuse illness, a transitional period may be required prior to housing placement.



## Single Homeless People

About half of the people who experience homelessness over the course of a year are single adults. Most enter and exit the system fairly quickly. The remainder essentially live in the homeless assistance system, or in a combination of shelters, hospitals, the streets, and jails and prisons.

- 80% of single adult shelter users enter the homeless system only once or twice, stay just over a month, and do not return. 9% enter nearly five times a year and stay nearly two months each time. This group utilizes 18% of the system's resources. The remaining 10% enters the system just over twice a year and spends an average of 280 days per stay – virtually living in the system and utilizing nearly half its resources.

- The main types of help homeless single adults felt they needed were help finding a job, help finding affordable housing, and help paying for housing. The major types of assistance they received were clothing, transportation and help with public benefits. Only 7% reported receiving help finding housing.<sup>8</sup>

There are also single homeless people who are not adults – runaway and throwaway youth. This population is of indeterminate size, and is often not included in counts of homeless people. One study that interviewed youth found that 1.6 million had an episode of homelessness lasting at least one night over the course of a year.<sup>9</sup>

## The Cost of Homelessness

For mayors, city councils and even homeless providers it often seems that placing homeless people in shelters, while not the most desirable course, is at least the most inexpensive way of meeting basic needs. This is deceptive. The cost of homelessness can be quite high, particularly for those with chronic illnesses. Because they have no regular place to stay, people who are homeless use a variety of public systems in an inefficient and costly way. Preventing a homeless episode, or ensuring a speedy transition into stable permanent housing can result in a significant cost savings.

- *A recent study of supportive housing in Connecticut compared Medicaid costs for residents for six-month periods prior to and after their move into permanent supportive housing. Reimbursements for mental health and substance abuse treatments decreased by \$760 per service user while reimbursements for inpatient and nursing home services decreased by \$10,900.*<sup>10</sup>

Following are some of the ways in which homelessness can be costly.

### Hospitalization and Medical Treatment

People who are homeless are more likely to access costly health care services.

- *According to a report in the New England Journal of Medicine, homeless people spent an average of four days longer per hospital visit than did comparable non-homeless people. This extra cost, approximately \$2,414 per hospitalization, is attributable to homelessness.*<sup>11</sup>

- *A study of hospital admissions of homeless people in Hawaii revealed that 1,751 adults were responsible for 564 hospitalizations and \$4 million in admission cost. Their rate of psychiatric hospitalization was over 100 times their non-homeless cohort. The researchers conducting the study estimate that the excess cost for treating these homeless individuals was \$3.5 million or about \$2,000 per person.*<sup>12</sup>

Homelessness both causes and results from serious health care issues, including addictive disorders.<sup>13</sup> Treating homeless people for drug and alcohol related illnesses in less than optimal conditions is expensive. Substance abuse increases the risk of incarceration and HIV exposure, and it is itself a substantial cost to our medical system.

- *Physician and health care expert Michael Siegel found that the average cost to cure an alcohol related illness is approximately \$10,660. Another study found that the average cost to California Hospitals of treating a substance abuser is about \$8,360 for those in treatment, and \$14,740 for those who are not.*<sup>14</sup>

### Prisons and Jails

People who are homeless spend more time in jail or prison -- sometimes for crimes such as loitering -- which is tremendously costly.

- *According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers \$14,480 per year, primarily for overnight jail.*<sup>15</sup>
- *A typical cost of a prison bed in a state or federal prison is \$20,000 per year.*<sup>16</sup>

Emergency Shelter

Emergency shelter is a costly alternative to permanent housing. While it is sometimes necessary for short-term crises, it too often serves as long-term housing. The cost of an emergency shelter bed funded by HUD's Emergency Shelter Grants program is approximately \$8,067,<sup>17</sup> more than the average annual cost of a federal housing subsidy (Section 8 Housing Certificate).

Lost Opportunity

Perhaps the most difficult cost to quantify is the loss of future productivity. Decreased health and more time spent in jails or prisons, means that homeless people have more obstacles to contributing to society through their work and creativity. Homeless children also face barriers to education.

Dr. Yvonne Rafferty, of Pace University, wrote an article which compiled earlier research on the education of homeless children, including the following findings:

- *Fox, Barnett, Davies, and Bird 1990: 79% of 49 homeless children in NYC scored at or below the 10th percentile for children of the same age in the general population.*
- *1993: 13% of 157 homeless students in the sixth grade scored at or above grade level in reading ability, compared with 37% of all fifth graders taking the same test.*
- *Maza and Hall 1990: 43% of children of 163 homeless families were not attending school.*
- *Rafferty 1991: attendance rate for homeless students is 51%, vs. 84% for general population.*
- *NYC Public Schools 1991: 15% of 363 homeless students were long-term absentee vs. 3.5% general population.<sup>18</sup>*

Because many homeless children have such poor education experiences, their future productivity and career prospects may suffer. This makes the effects of homelessness much longer lasting than just the time spent in shelters.



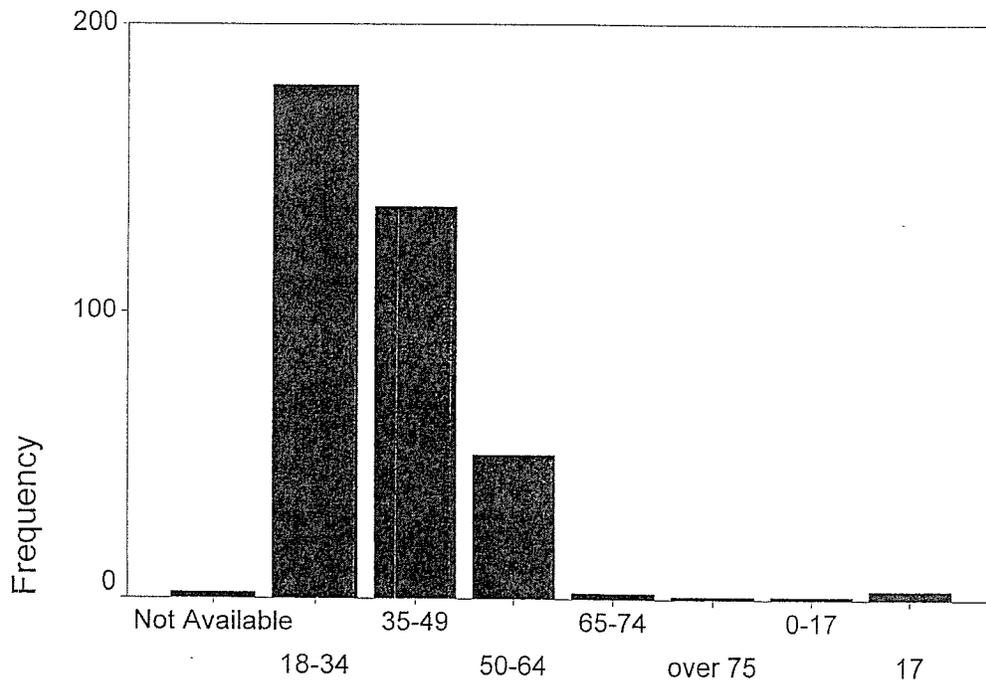
4

### Gender



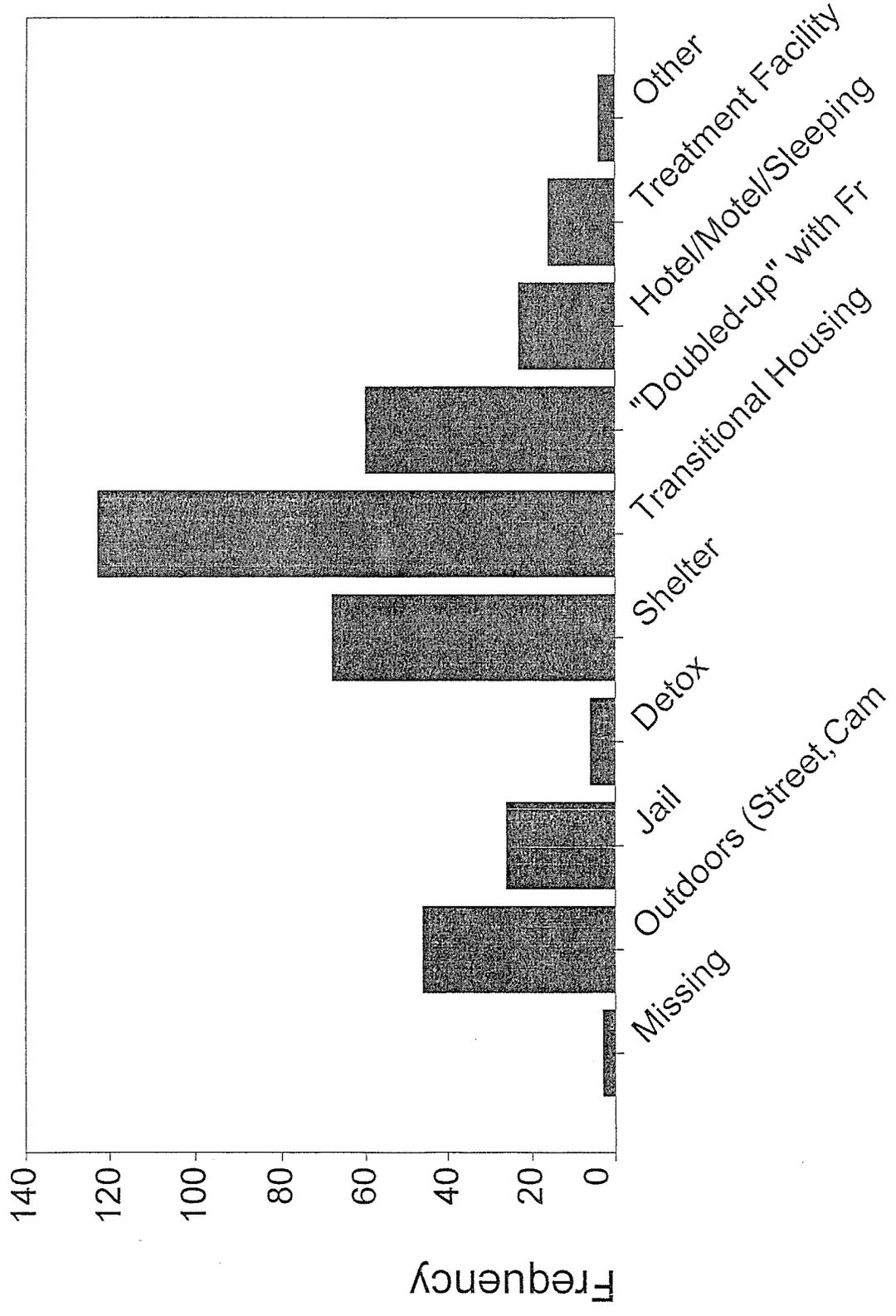
### Gender

### Age



### Age

# Where Sleeping Tonight



# Where Sleeping Tonight

# Homeless Families with Children

Families with One Child-87

Families with Two Children-54

Families with Three Children-27

Families with Four Children-7

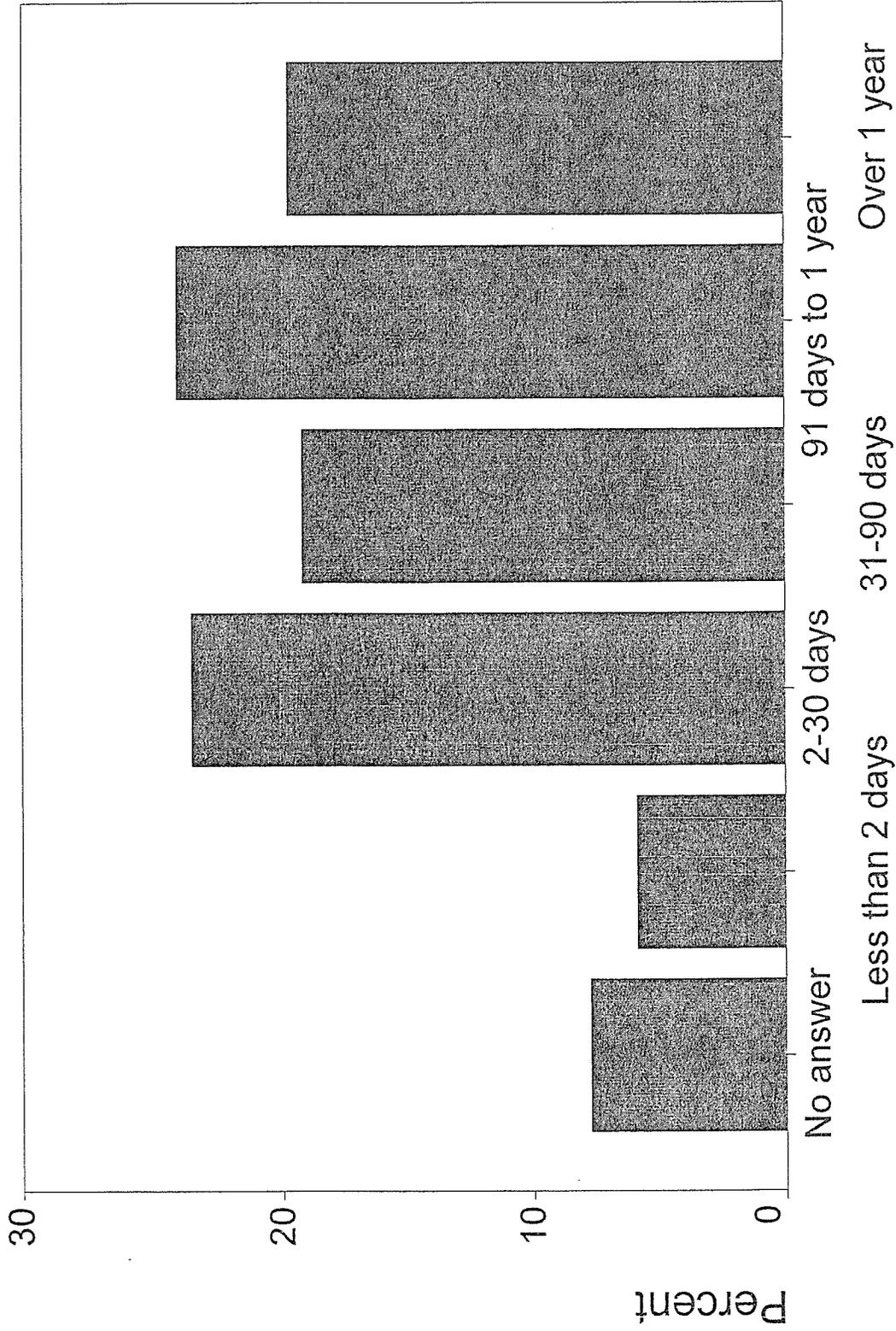
Families with Five Children-3

**Total Number of Homeless Children-  
178**

	Families	Children
Families with One Child	87.00	87
Families with Two Children	27.00	54
Families with Three Children	9.00	27
Families with Four Children*	1.75	7
Families with Five Children*	0.60	3
<b>Total:</b>	<b>125.35</b>	<b>178</b>

\* Note: Not all the children of these families were actually included in the head count.

# How long have you been homeless?



# How long have you been homeless?

### HOMELESS COUNT SURVEY 2003 AND 2004 (Page 2)

	2003	2004
<b>Do you have needs related :</b>		
Mental Health	91	94
Alcohol/Drug Abuse	151	134
Domestic Violence	27	43
Unable to Find Affordable Housing	162	154
Unable to Find Employment	105	130
Lack of Job Skills	69	83
Working, but Wages too low	99	76
Homeless Youth/Runaway Youth	4	21
Physical Illness-temporary	46	44
HIV/AIDS	0	3
Physical Disability	45	28
<b>How long have you been homeless?</b>		
Less than 2 days	15	22
2-30 days	76	88
31-90 days	91	72
91 days to 1 year	74	90
Over 1 year	83	74
<b>If over 1 year, how many years?</b>		
<b>How many times have you been homeless?</b>		
<b>What is your race? (Optional)</b>		
Caucasian	197	185
Native American	130	137
African American	21	15
Hispanic/Latino	9	19
Asian American	2	2
Other	8	11

## HOMELESS COUNT SURVEY 2003 AND 2004

	2003	2004
<b>TOTALS</b>	Adults 368 Children 136	Adults 375 Children 178
<b>Where will you sleep tonight?</b>	Total=504; for HUD=356	Total=553; for HUD=493
Outdoors	53	46
Jail	25	26
Detox	5	6
Shelter	115	68
Transitional Housing	111	123
"Doubled-up" with friends/family*	148	60
Hotel/Motel/Sleeping Room	21	23
Treatment Facility	7	16
Other	23	4
<b>What is your age? ++</b>		
18-34 ++	139	179
35-49 ++	160	137
50-64 ++	66	50
65-74 ++	4	2
over 75 ++	1	1
under 18 ++		1
<b>What is your gender?</b>		
Male ++	264	238
Female ++	104	137
<b>Number (and Ages) of dependent children in your care?</b>	136	178
<b>Are you a veteran?</b>		
Yes ++	55    14.6%	44    11.7%
No ++	321    85.4%	331    88.3%

376

375

\* NOTE: People who are "doubled up" with friends and/or family are not defined as "homeless" by HUD or by this Task Force.

++ NOTE: The number of people reported includes those "doubled up"...



SIOUX EMPIRE HOMELESS COALITION

Survey of "Homeless People" on September 24, 2003 & September 22, 2004:

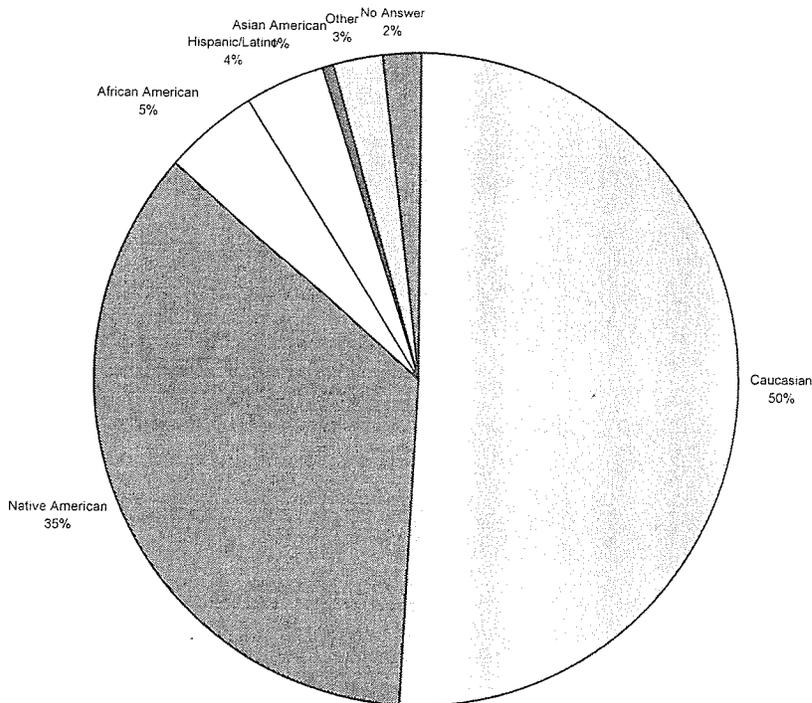
Race of Local Adult Homeless Population

Year 2003      Year 2004

197	185
130	137
21	15
9	19
2	2
8	11
9	6
376	375
100.0%	100.0%

Caucasian
Native American
African American
Hispanic/Latino
Asian American
Other
No Answer
TOTAL:

Average	Percentage
191	50.9%
134	35.6%
18	4.8%
14	3.7%
2	0.5%
10	2.5%
8	2.0%
376	100.0%



**SIOUX EMPIRE HOMELESS COALITION**

**Survey of "Homeless People" on September 24, 2003 & September 22, 2004:**

Year 2003

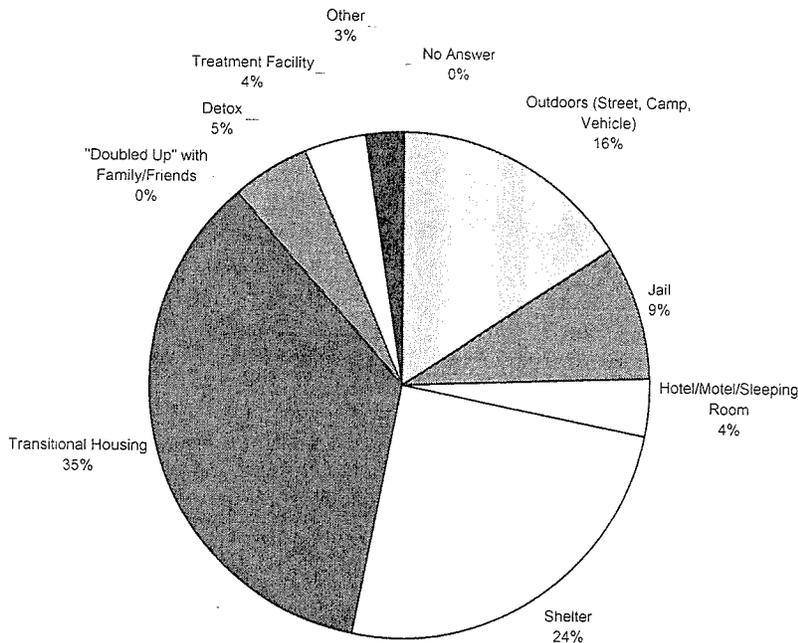
Adults	Vets	Children		Total	Percentage
29	17	7	Outdoors (Street, Camp, Vehicle)	53	14.6%
24	1	-	Jail	25	6.9%
13	2	6	Hotel/Motel/Sleeping Room	21	5.8%
65	12	38	Shelter	115	31.6%
83	2	26	Transitional Housing	111	30.5%
86	15	47	"Doubled Up" with Family/Friends*	148	
4	1	-	Detox	5	1.4%
3	4	-	Treatment Facility	7	1.9%
10	1	12	Other	23	6.3%
4	-	-	No Answer	4	1.1%
<b>235</b>	<b>40</b>	<b>89</b>	<b>TOTAL:</b>	<b>364</b>	<b>100.0%</b>

Percentage: 65% 11% 24%

**Where will you sleep tonight? (Adults Only = In this graph)**

Year 2003	Year 2004		Avg:	Percentage
All	All	Outdoors (Street, Camp, Vehicle)	46	15.8%
46	46	Jail	26	8.7%
25	26	Hotel/Motel/Sleeping Room	11	3.6%
15	6	Shelter	73	24.9%
77	68	Transitional Housing	104	35.7%
85	123	"Doubled Up" with Family/Friends		
101	60	Detox	14	4.8%
5	23	Treatment Facility	12	3.9%
7	16	Other	8	2.6%
11	4	No Answer		0.0%
<b>271</b>	<b>312</b>	<b>TOTAL:</b>	<b>292</b>	<b>100.0%</b>

\* NOTE: Those "doubled up with family are friends are not considered "homeless" by HUD or this Task Force.



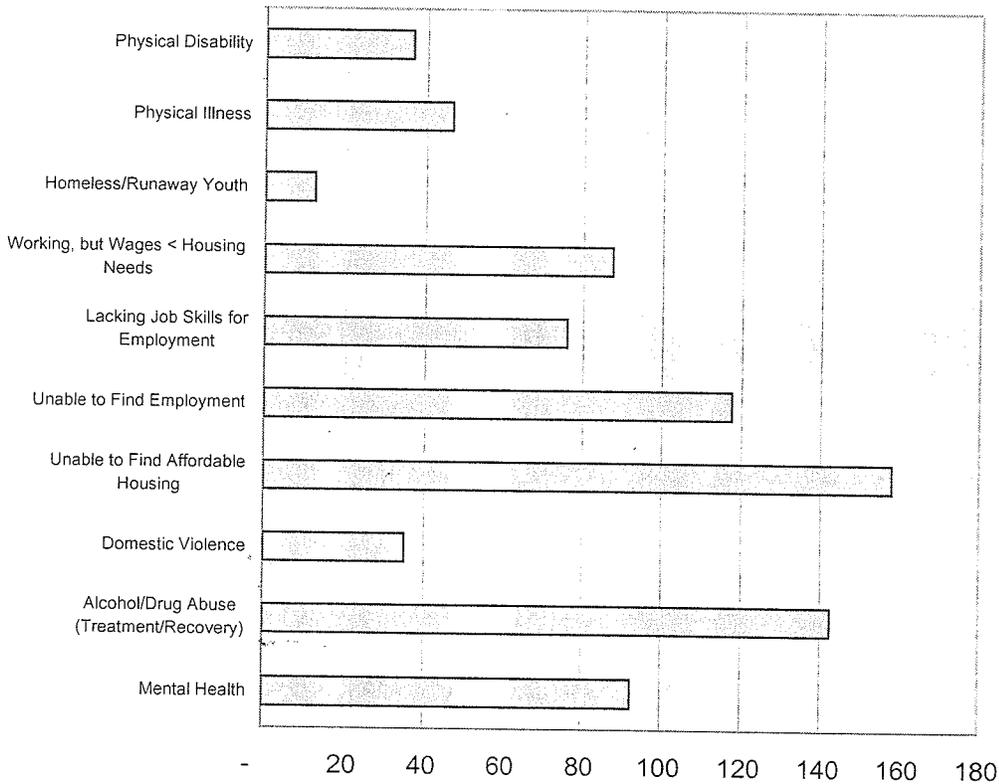
SIOUX EMPIRE HOMELESS COALITION

Survey of "Homeless People" on September 24, 2003 & September 22, 2004:

Homeless Identifying Needs Related To:

Year 2003	Year 2004		Total	Percentage
91	94	Mental Health	93	11.5%
151	134	Alcohol/Drug Abuse (Treatment/Recovery)	143	17.7%
27	43	Domestic Violence	35	4.4%
162	154	Unable to Find Affordable Housing	158	19.6%
105	130	Unable to Find Employment	118	14.6%
69	83	Lacking Job Skills for Employment	76	9.4%
99	76	Working, but Wages < Housing Needs	88	10.9%
4	21	Homeless/Runaway Youth	13	1.6%
46	47	Physical Illness	47	5.8%
45	28	Physical Disability	37	4.5%
799	810	TOTAL:	805	100.0%

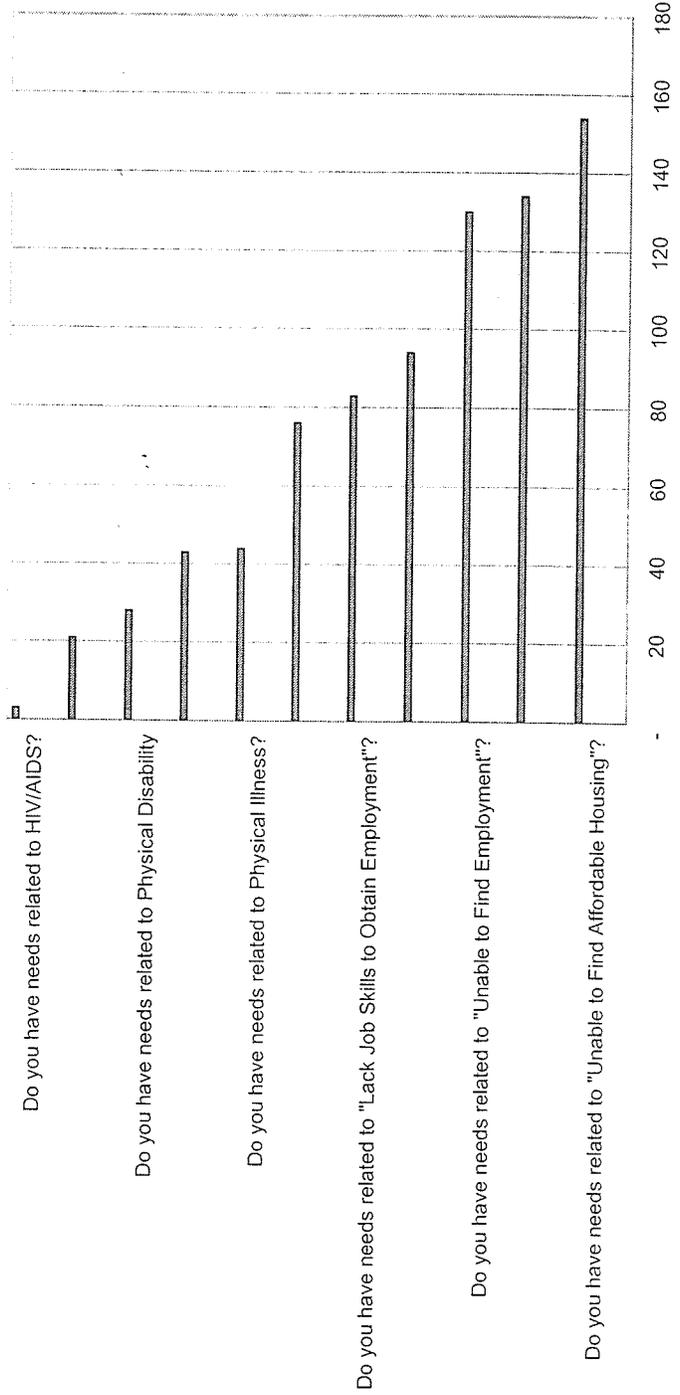
NOTE: 376 Adults surveyed; so multiple needs shown per person.



HOMELESS - Frequency

Year 2004 Survey

	Answered "YES"	Answered "NO"	
Do you have needs related to "Unable to Find Affordable Housing"?	154	221	58.9%
Do you have needs related to Alcohol/Drug Abuse(Recovery/Treatment)?	134	241	64.3%
Do you have needs related to "Unable to Find Employment"?	130	245	65.3%
Do you have needs related to Mental Health?	94	281	74.9%
Do you have needs related to "Lack Job Skills to Obtain Employment"?	83	292	77.9%
Do you have needs related to "Working, but Wages=Insufficient for Housing"?	76	299	79.7%
Do you have needs related to Physical Illness?	44	331	88.3%
Do you have needs related to Domestic Violence?	43	332	88.5%
Do you have needs related to Physical Disability	28	347	92.5%
Do you have needs related to "Homeless Youth/Runaway Youth"?	21	354	94.4%
Do you have needs related to HIV/AIDS?	3	372	99.2%
Are You a Veteran? (2004)	44	331	88.3%
Are You a Veteran? (2003)	55	321	85.4%



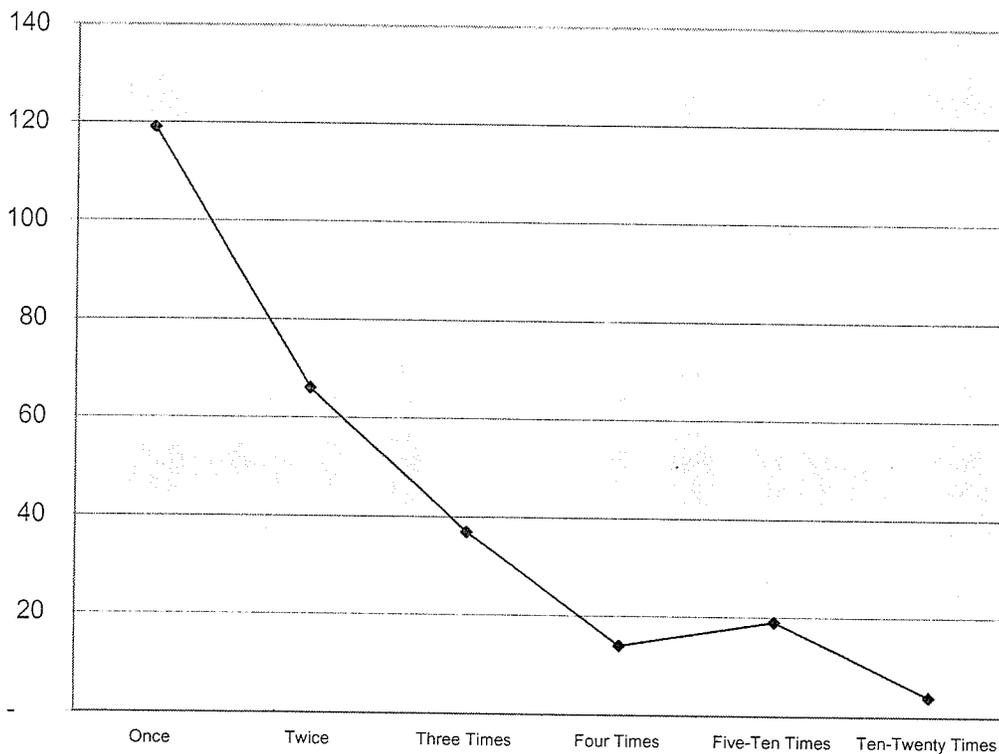
SIOUX EMPIRE HOMELESS COALITION

Survey of "Homeless People" on September 24, 2003 & September 22, 2004:

"Episodic" Homeless: How Many Times Have You Been Homeless?

Those Who

	Total	Percentage	Answered
Once	119	30.9%	46.67%
Twice	66	17.1%	25.88%
Three Times	37	9.6%	14.51%
Four Times	14	3.6%	5.49%
Five-Ten Times	19	4.9%	7.45%
Ten-Twenty Times	4	1.0%	
No Answer	126	32.7%	
		0.0%	
		0.0%	
		0.0%	
TOTAL:	385	100.0%	100.0%



SIOUX EMPIRE HOMELESS COALITION

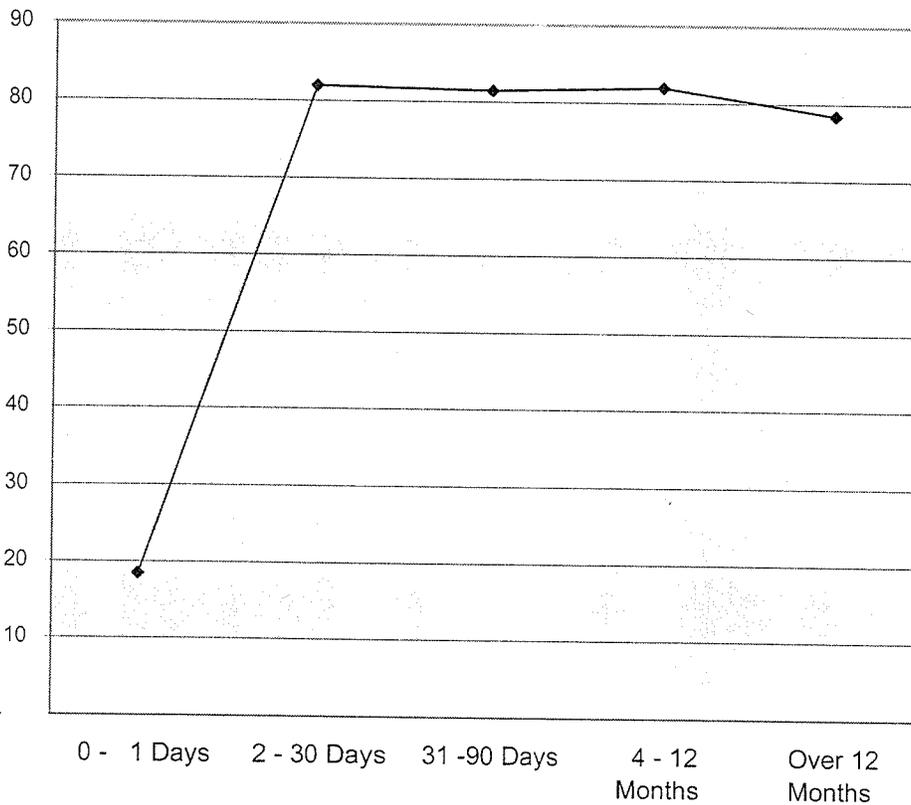
Survey of "Homeless People" on September 24, 2003 & September 22, 2004:

Length of Latest Homeless Experience?

Year 2003	Year 2004
15	22
76	88
91	72
74	90
83	74

0 - 1 Days
2 - 30 Days
31 -90 Days
4 - 12 Months
Over 12 Months
TOTAL:

Total	Percentage	Those Who Answered
19	5.4%	5.40%
82	23.9%	23.94%
82	23.8%	23.80%
82	23.9%	23.94%
79	22.9%	22.92%
	0.0%	
	0.0%	
	0.0%	
	0.0%	
	0.0%	
343	100.0%	100.0%



**SIoux EMPIRE HOMELESS COALITION**

**Projection of Future Numbers**  
(If Current Growth Trends Continue)

Current Population	Growth Factor: 3.00%										Gain Over Ten Years
	Sep 2003 Year 1	Sep 2004 Year 2	Sep 2005 Year 3	Sep 2006 Year 4	Sep 2007 Year 5	Sep 2008 Year 6	Sep 2009 Year 7	Sep 2010 Year 8	Sep 2011 Year 9	Sep 2012 Year 10	
Males	273.0	281.2	289.6	298.3	307.3	316.5	326.0	335.8	345.8	356.2	83
Females	103.0	106.1	109.3	112.6	115.9	119.4	123.0	126.7	130.5	134.4	31
Children	136.0	140.1	144.3	148.6	153.1	157.7	162.4	167.3	172.3	177.4	41
Total:	512.0	527.4	543.2	559.5	576.3	593.5	611.4	629.7	648.6	668.0	156
Homeless "On the Street"	53.0	54.6	56.2	57.9	59.7	61.4	63.3	65.2	67.1	69.2	16
Homeless "Hotels/Motels/Sleep Rooms"	21.0	21.6	22.3	22.9	23.6	24.3	25.1	25.8	26.6	27.4	6
Homeless "Shelters"	115.0	118.5	122.0	125.7	129.4	133.3	137.3	141.4	145.7	150.0	35
Homeless "Transitional Housing"	111.0	114.3	117.8	121.3	124.9	128.7	132.5	136.5	140.6	144.8	34
Homeless "Jail"	25.0	25.8	26.5	27.3	28.1	29.0	29.9	30.7	31.7	32.6	8
Homeless "Treatment Facilities"	16.0	16.5	17.0	17.5	18.0	18.5	19.1	19.7	20.3	20.9	5
Homeless "Other/Unknown"	23.0	23.7	24.4	25.1	25.9	26.7	27.5	28.3	29.1	30.0	7
<b>Total:</b>	<b>364.0</b>	<b>374.9</b>	<b>386.2</b>	<b>397.8</b>	<b>409.7</b>	<b>422.0</b>	<b>434.6</b>	<b>447.7</b>	<b>461.1</b>	<b>474.9</b>	<b>111</b>
Homeless "Doubled Up-Family/Friends"	148.0	152.4	157.0	161.7	166.6	171.6	176.7	182.0	187.5	193.1	45
<b>Grand Total:</b>	<b>512.0</b>	<b>527.4</b>	<b>543.2</b>	<b>559.5</b>	<b>576.3</b>	<b>593.5</b>	<b>611.4</b>	<b>629.7</b>	<b>648.6</b>	<b>668.0</b>	<b>156</b>

## SIOUX EMPIRE HOMELESS COALITION

Governments  
 Religious Affiliation  
 Non-Profit Agency  
 Hospitals or Universities

## Index of Area Organizations - Dealing with Homelessness

Organization Name	Description	Services Provided/Offering
1 American Indian Services	Non-Profit Agency	Social Services Provider & Transitional Housing
2 Augustana Health Action Model (Nurses)	Higher Educ. Institution	Medical Services (Free/Sliding Scale)
3 Avera Free Clinic	Hospital	Medical Services (Free/Sliding Scale)
4 Banquet	Non-Profit Agency	Food/Feeding Ministry
5 Bread for the World	Volunteers-Advocates	Advocacy Group
6 Caminando Juntos	Catholic Church - Sisters	Hispanic Ministries
7 Carroll Institute Arch/Detox	Non-Profit Agency	Detox-Transitional Housing-Substance Abuse Training
8 Center of Hope		Drop In Center for Homeless
9 Child Protection Services	State Government	Social Services Provider
10 Children's Inn	Non-Profit Agency	Shelter & Transitional Housing
11 Community Development	City Government	Funder
12 Community Outreach		Social Services Provider
13 Dakota House	County Government	Shelter & Transitional Housing
14 Department of Social Services	State Government	Social Services Provider
15 East River Legal Services	Federal Agency	Legal Services for Indigent & Low Income
16 Eighth Street Bridge Newsletter	Volunteers-Advocates	Advocacy Group
17 Food Pantry/Bank	Non-Profit Agency	Food/Feeding Ministry
18 Forward Skills-Penitentiary	State Government	Prisoner Re-entry
19 Furniture Mission	Non-Profit Agency	Furniture for Those Without Beds
20 Glory House	Non-Profit Agency	Transitional Housing
21 Goodwill Industries	Non-Profit Agency	Employment
22 Good Shepherd Center	Catholic Church - Agency	Drop In Center for Homeless
23 Habitat for Humanity	Non-Profit Agency	Homes (Permanent)
24 HelpLine	Non-Profit Agency	Social Services - Referral Only
25 Hope Prison Ministry	Non-Profit Agency	Transitional Housing & Prisoner Re-entry
26 HUD - Housing & Urban Development	Federal Government	Funder
27 Interlakes Community Action-Heartland House	Non-Profit Agency	Social Services Provider & Transitional Housing
28 Minnehaha County Jail	County Government	Shelter & Transitional Housing
29 Lakota House	Non-Profit Agency	Transitional Housing
30 Lutheran Social Services (Refugees/Immigrants)	Lutheran Church-Agency	Social Services Provider
31 Minnehaha County-Dept. of Human Services	County Government	Social Services Provider
32 Mifa Maske TI KI	Non-Profit Agency	Shelter & Transitional Housing
33 Multi-cultural Center	Non-Profit Agency	Social Services - Referral Only
34 One Stop Career Center	State Government	Employment
35 Prairie Freedom Center	Non-Profit Agency	Independent Living for Disabled
36 Saint Francis House	Catholic Church - Agency	Shelter
37 Saint Vincent DePaul Society	Catholic Church - Agency	Social Services Provider
38 Salvation Army	Non-Profit Agency	Social Services Provider & Transitional Housing & Shelter
39 Sioux Empire Homeless Coalition	Volunteers-Advocates	Advocacy Group
40 Sioux Falls Housing & Redevel. Commission	City Government	Homes (Permanent)
41 Sioux Falls School Dist. - McKinney Homeless	School District	Social Services Provider
42 Sioux Falls Transit	City Government	Employment
43 Sioux River Valley Community Health Center		Medical Services (Free/Sliding Scale)
44 Southeastern Behavioral Health Center	Non-Profit Agency	Mental Health Services & Homes (Permanent)
45 South Dakota Housing for Homeless Coalition	Volunteers-Advocates	Advocacy Group & Funder
46 South Dakota Urban Indian Health Services	State Government	Medical Services (Free/Sliding Scale)
47 Timothy's House of Hope	Non-Profit Agency	Homes (Permanent)
48 Tri-State Healthcare HOPWA		Homes (Permanent)
49 Union Gospel Mission	Church	Shelter
50 United Way	Non-Profit Agency	Funder
51 USF Social Work Program	Higher Educ. Institution	Education of Social Workers
52 Veteran's Administration	Federal Government	Substance Abuse Training
53 Veteran's Center	Federal Agency	Social Services Provider & Psych
54 Volunteers of America - Dakotas	Non-Profit Agency	Substance Abuse Training & Transitional Housing
55 Women of Hope		Support Group for Homeless

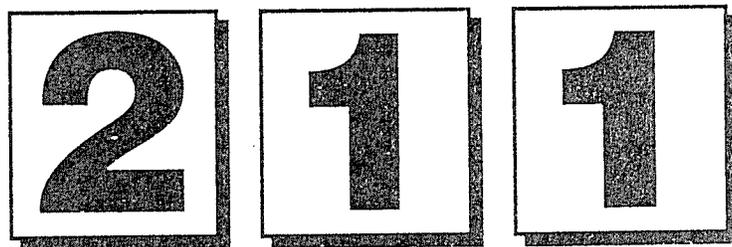


# The Helping Hand Resource Guide

*Compiled by the*

**Sioux Empire  
Homeless Coalition**

*and*



**Dial when you need HELP  
Dial when you want to HELP**



### General

211 HELP! Line ..... Dial 211 or 339-4357  
24-hour information and referral line.

American Indian Services  817 N. Elmwood  
334-4060

Carroll Institute - Detox  310 S. 1st Ave.  
332-9257

Center of Hope  3328 N. Cliff Ave.  
334-9789

Dept. of Social Services  811 E. 10th St.  
367-5500

Good Shepherd Center  300 N. Main Ave.  
332-3176

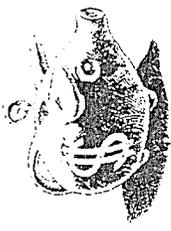
Vet Center  601 S. Cliff Ave., Suite C  
330-4552

SD Driver License Division  
362-3716  
Renewals or ID's: 415 N. Dakota Ave., 2nd floor

### Financial

Minnehaha County  413 N. Main Ave.  
367-4217

Dept. of Human Services  
Community Outreach  431 N. Cliff Ave.  
331-3935



### Inter-Lakes Community Action

334-2808 ..... 505 N. Western Ave.

### Salvation Army

338-6649 .....  800 N. Cliff Ave.

### St. Vincent DePaul Society

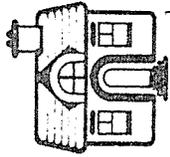
338-4111 ..... 431 N. Cliff Ave.

### Low Income Energy Assistance Program

(800) 233-8503

### Birthingright

977-4781 ..... 300 N. Main Ave.



### Shelters

St. Francis House 

334-3879 ..... 1301 E. Austin

Union Gospel Mission 

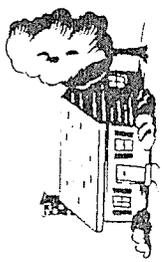
334-6732 ..... 828 N. Weber St.

Children's Inn 

338-4880 ..... 409 N. Western Ave.

Mita Maske Ti Ki

731-1950 ..... PO Box 2141



### Housing Resources

ADAM House 

357-9452 ..... 500 S. 1st Ave.

Arch Halfway House 

332-6730 ..... 333 S. Spring Ave.

Dakota House ..... 367-4217

Inter-lakes Community  
 Action-Heartland House  ..... 505 N. Western Ave.  
 334-2808

Sioux Falls Housing  ..... 630 S. Minnesota Ave.  
 332-0704

Timothy's House of Hope  
 362-9248 ..... 2725 S. Carolyn Ave.



**Food**

Banquet  ..... 300 N. Main Ave.  
 335-7066

Economic Assistance - Food Stamps  ..... 811 E. 10th St.  
 367-5500

Food Pantry (referral required)  ..... 417 N. Phillips Ave.  
 335-6921

Union Gospel Mission  ..... 828 N. Weber St.  
 334-6732

WIC (Women, Infants, and Children)  
 371-4100 (Eastside Office) 1914 S. Sycamore Ave.  
 367-5228 (Westside Office) ..... 923 S. Marion Road



**Clothing/  
 Household Items**

Furniture Mission (agency referral required)  
 977-6800

Goodwill  ..... 3401 S. Duluth Ave.  
 338-2431

Multi Cultural Center - Career Closet  ..... 515 N. Main Ave.  
 367-7400

Salvation Army  ..... 900 N. Cliff Ave.  
 338-6649

St. Vincent DePaul Thrift Store  ..... 431 N. Cliff Ave.  
 335-5823

Union Gospel Mission Thrift Store  ..... 703 E. 8th St.  
 334-6732

Volunteers of America -  
 7th St. ConsignMart  ..... 217 N. Nesmith  
 274-0667

**Health**

Avera McKennan Free Clinic  ..... 1513 E. 10th St.  
 322-6800

Avera McKennan Hospital  ..... 800 E. 21st St.  
 322-8000

Downtown Women's  
 Health Center  ..... 410 E. 8th St. =230  
 334-5099

Sioux River Valley  
 Community Health Center  ..... 132 N. Dakota Ave.  
 367-8793 (Medical)  
 367-8022 (Dental) ..... 132 N. Dakota Ave.

Sioux Valley Hospital  ..... 1100 S. Euclid Ave.  
 333-1000

SD Urban Indian Health  ..... 320 S. 3rd Ave., Ste. B  
 339-0120

Veterans Hospital  ..... 2501 W. 22nd St.  
 336-3230

**Child Care**

Child Care  
 HELP! Line  ..... 1000 N. West Ave., Ste. 310  
 211 or 339-1357

Child Care Assistance  ..... 811 E. 10th St.  
 367-7602



**Employment**

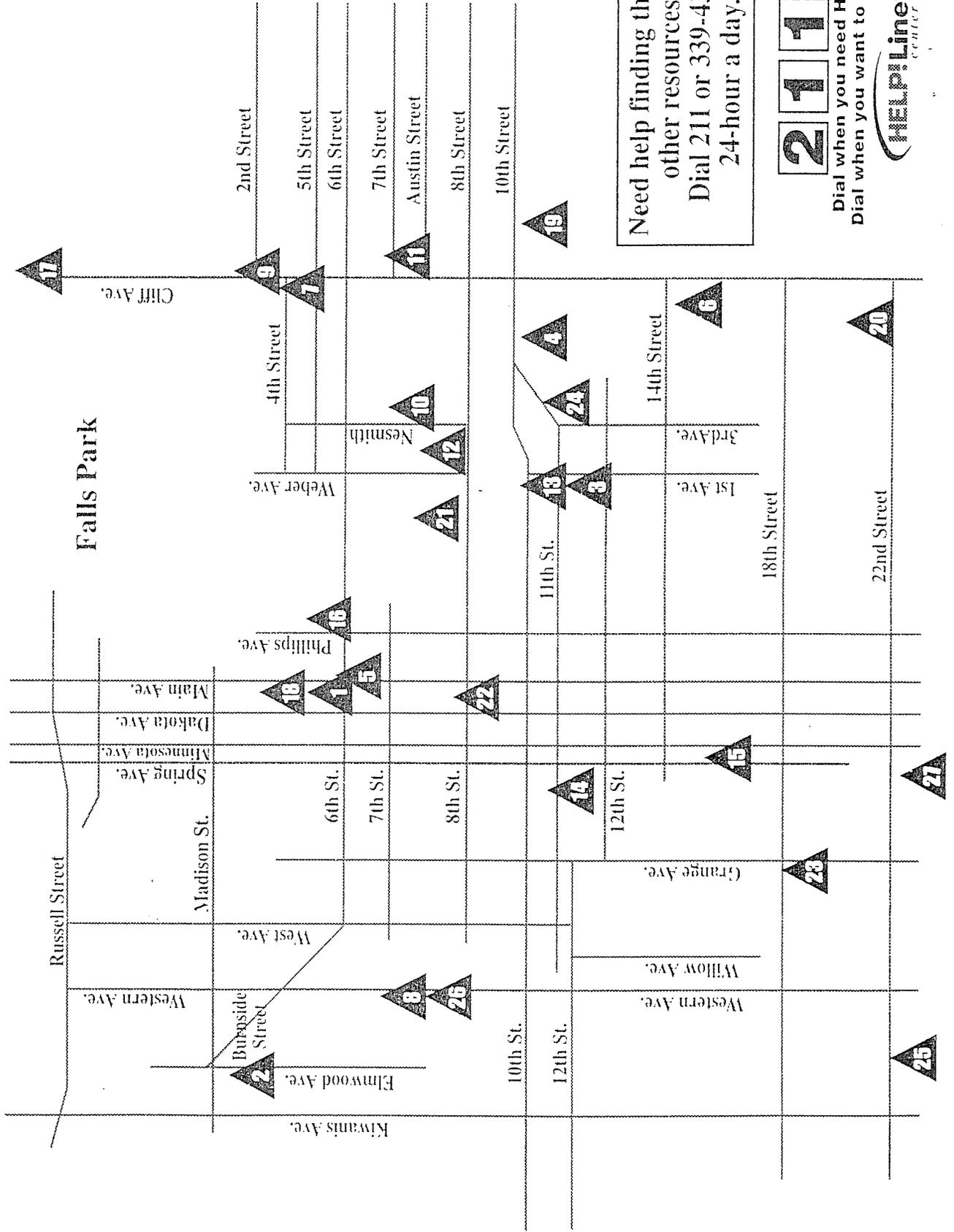
South Dakota  
 Career Center  ..... 811 E. 10th St.  
 367-5300

Goodwill Industries -  
 Vocational Success Program  ..... 3401 S. Norton Ave.  
 731-1932

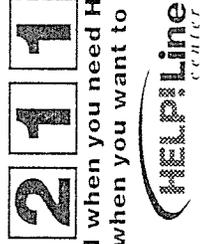
Volunteers of America -  
 Vocational Training  ..... 217 N. Nesmith  
 274-0668



*PLEASE NOTE: Many agencies require a referral from Minnehaha County Department of Human Services before they are able to provide help.*



Need help finding these or other resources?  
Dial 211 or 339-4357  
24-hour a day.



# HOUSING RESOURCES FOR SIOUX FALLS

## SHELTERS

**St. Francis House - 7 Day Shelter Program**, 1301 E. Austin, 334-3879

- Provides shelter, clothes, bus passes and food for as many as 30 men, 5 women, and two families on any given night.

**Union Gospel Mission**, 701 E. 8<sup>th</sup> Street, 334-6732

- Provides temporary lodging for homeless men, women and children. They have 70 beds for males and 20 beds for females/children.

**Children's Inn**, 409 N Western Avenue, 338-4880

- Domestic abuse shelter.

**Mita Maske Ti Ki**, PO Box 2141, 731-1950

- Domestic violence and sexual-assault center for American Indian women.

## HALFWAY HOUSES

**ADAM (Alcohol and Drug Addiction Ministry) House**, 500 S. 1<sup>st</sup> Avenue, 357-9452

- Provides transitional housing for men for 3 months to a year.

**Carroll Institute – Arch Halfway House**, 333 S. Spring Avenue, 332-6730

- The Arch Halfway House reintegrates chemically dependent men & women into the community as viable assets.

**Glory House**, 4000 S. West Avenue, 332-3273

- Transitional program provides assistance with employment, money management, sobriety, and other issues to assist the individual in maintaining a drug-free/crime-free lifestyle, either at the end of a period of alcohol/drug treatment or incarceration.

**St. Francis House - Hope Program**, 1301 E. Austin, 334-3879

- Hope program provides services for St. Francis House guests that were struggling to make a better life while facing the reality of chemical and gambling addictions. Participants are provided with up to six months to learn successful strategies for leading a life free of alcohol, drugs, and gambling.

## TRANSITIONAL HOUSING

**American Indian Services - Lakota House**, 700 E. 6<sup>th</sup> Street, 334-4060

- Transitional housing program for homeless families. The ultimate goal of the program is family self-sufficiency.

**Dakota House**, 708 N. Minnesota Avenue, #1, 367-7441

- Partnership between Minnehaha County Dept. of Human Services and American Indian Services. Offer emergency shelter and transitional housing for families with children who have the goal of self-sufficiency.

## HOUSING RESOURCES FOR SIOUX FALLS

**Inter-Lakes Community Action – Heartland House**, 604 W. Rice Street, Suite 104, 336-6583

- Transitional housing program for homeless families.

**Southeastern Behavioral Healthcare – Transition House**, 334 W. 8<sup>th</sup> Street, 336-0612

- Transitional living facility designed to serve the severely mentally ill population in Sioux Falls.

**Timothy’s House of Hope**, 2725 S. Carolyn Avenue, 362-9248

- Male group home that has clients going through recovery, divorce, or taking daily medication; 50% or more are veterans. Furnished, private bedrooms run \$350.00-400.00.

**Volunteer’s of America**, 906 N Phillips, 373-0370

- Transitional Independent Living Preparation Program provides young people with a safe, supportive environment while they learn skills necessary to succeed on their own.

### RESIDENTIAL PROGRAMS

**Volunteers of America – New Start**, 826 W 2<sup>nd</sup> St, 357-0982

- Residential treatment program for teens and adult who are pregnant or have children.

**Southeastern Behavioral HealthCare – Education & Integration Services**, 500 E 54<sup>th</sup> St N, 335-8956

- Provides a special education school and residential services to adults and children, including adults with developmental disabilities.

**Berakhah House**, 400 N Western Ave, 332-4017

- House for women and men with AIDS.

**DakotAbilities**, 3600 S Duluth Avenue, 334-4220

- Provides housing for adults with developmental disabilities.

**Sioux Vocational Services**, 4100 S Western Avenue, 336-7100

- Housing for adults with developmental disabilities.

**Communication Services for the Deaf**, 102 N Krohn Place, 367-5760

- Apartment complexes with assisted devices and services.

### OTHER HOUSING RESOURCES

**Family Connection Hospitality House**, 303 N Minnesota Ave, 357-0777

- Provide temporary shelter to families of those incarcerated to facilitate family visitation and strengthen the family bond.

HOUSING RESOURCES FOR SIOUX FALLS

**Habitat for Humanity**, 1800 W 12<sup>th</sup> St, 332-5962

- Builds affordable housing for ownership by low-income families.

**LSS Housing Resource Center**, 705 E. 41<sup>st</sup> Street, Suite 100, 330-9494 Ext. 3

- Offers education and information to families with a variety of housing related concerns. Offers Home Ownership Program, Tenant Landlord Program, and the Home Buyer Express program.

**SD Housing and Development Authority**, PO Box 1237, (605) 773-3181

- Provides multi and single family financing and development. Offers single family homeownership loans at low market values to qualified 1<sup>st</sup> time home buyers. Provides the houses for income qualified families and individuals that the Governor has the prison inmates construct. Also administers Homebuyer Education and other housing programs, homeless, down-payment assistance, and home improvement.

**Sioux Empire Housing Partnership, Inc.**, 200 N. Phillips Ave, Suite 304, 339-0942

- Formed for the purpose of expanding the inventory of affordable housing for families and persons with low to moderate incomes in Sioux Empire. Has information on day payment assistance from your employer, homebuyer education is also available.

**Sioux Falls Community Development**, 235 W. 10<sup>th</sup> Street, 367-7125

- Financial and technical assistance to low-income and moderate-income homeowners and owners of rental properties through housing rehabilitation loan programs to provide housing that is safe and affordable and which also preserves the existing housing stock.

**Sioux Falls Housing**, 630 S. Minnesota Avenue, 332-0704

- Various programs available to assist eligible households with their rent – either in a designated housing unit or in a unit of their choice.

RENTAL ASSISTANCE PROGRAMS

**Community Outreach, The**, 431 N. Cliff Avenue, 331-3935

- The Community Outreach is an ecumenical outreach and attempts to meet basic human needs of the less fortunate living in Sioux Falls.

**Inter-Lakes Community Action, Inc. – Information & Referral**, 505 N. Western Avenue, 334-2808

- Inter-Lakes will assist homeless families with rent deposit.

**Minnehaha County Department of Human Services**, 413 N. Main Avenue, 367-4217

- Provides assistance with rent and deposits.



## 2004 Homeless Count Guidelines and Definitions of Homelessness

### Definitions of Homelessness

An individual is considered homeless for the purposes of the Homeless Count as defined below:

1. An individual who lacks a fixed, regular, adequate residence or is staying in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings.
2. A person staying in an emergency shelter designed to provide temporary living accommodations (includes hotels, congregate shelters, etc.).
3. A person staying in transitional or supportive housing for people who originally came from the streets or emergency shelter.

(Note: When considering if a person in transitional housing should be counted please use the following criteria: If the individual were to leave the facility tonight, would they have a place to go that *does not* fall within criteria listed in this overall definition? For example: If Family A were to leave your facility tonight and they would have to stay with friends, at a shelter, or in their car, etc. then Family A is counted. If Family B were to leave your facility tonight and they have an apartment to move into *by themselves* then Family B would not be counted.)

4. An individual in any of the above places (#1-#3) but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
5. An individual who is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
6. An individual who is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and he/she lacks the resources and support networks needed to obtain housing.
7. An individual who is living with others, not by choice, but because they have no other place to live. (This is sometimes referred to as living "doubled-up".) (Not Counted for HUD purposes.)

Halfway Houses, Behavioral Health Sites, and Child Treatment Facilities (i.e. VOA, Children's Home, etc.) should please use the guidelines from #6 and #3 for transitional housing: ( i.e. If the individual or child would not have a permanent place to live upon leaving today then they are counted for this survey. If they would have a home to go to, they are not counted.) Minors who are wards of the state should *not* be counted.

**Comment from Randy Bartunek** (November 29, 2004)

**Estimated 10-year housing need for the Chronic Homeless**

Based on an analysis of the limited data that is available for Sioux Falls, that being the most recent homeless count (2004), the overall immediate need for housing units appears to be somewhere around 130 units. This number is based on the number of individuals that were reported as living outdoors, in jail, in hotels/motels/sleeping rooms, in detox, and at other locations. It also takes into account the number of people reported as being homeless for periods greater than 91 days (instead of 1-year as per the federal definition) and the number of people reported as having specific needs related to alcohol / drug abuse and mental illness. If we assume that the population and needs of Sioux Falls will continue to grow as they have in the past, we will then need to adjust that number to correspond to the growing need over the next ten years. Since 1997 the homeless population has increased by approximately 149 people which represents an increase of approximately 4 percent per year. Therefore, if the current need for permanent supportive housing is determined to be 130 units, the need in ten years will be approximately 200 units. Obviously, the majority of these individuals also may likely need to have supportive services to address problems related to mental health as well as alcohol and drug abuse. It is the opinion of the task force, that the majority of the permanent housing units that are developed for the chronic homeless should provide sleeping rooms of modest size with common kitchens and bathrooms. Ultimately, those individuals residing in those units should also be given responsibilities related to the upkeep of the facility such as, but not limited, to lawn mowing, raking, and cleaning. Those individuals who are able to get their lives stabilized after a period of time and are able to prove that they can live somewhat independently, should be given the opportunity and encouraged to move to an efficiency or a one-bedroom unit which can be provided by the private sector. Given that the statistics indicate that the chronic homeless consume about 80% of the ongoing, available resources, it is anticipated that with the addition of permanent supportive housing for the chronic homeless, not only it will free up beds in the existing shelters and jails, it will also free up other public resources that can be made available to help the temporarily homeless.