

# South Dakota Housing for the Homeless Consortium

Quarterly Meeting, December 4, 2018  
Pierre, SD

[www.housingforthehomeless.org](http://www.housingforthehomeless.org)

# SDHHC Meeting Agenda

10 AM - Welcome, Introductions, & Membership

10:30 AM - Point-In-Time Count – Training

11:45 AM - Lunch Break

12:45 PM - Coordinated Entry System

1:15 PM - 2018 CoC HMIS NOFA Competition

1:30 PM - Data Quality & LSA

2:00 PM - SDHHC Committee Reports

2:30 PM – Sept. thru Nov. SDHHC Activities

2:40 PM - Town Hall

3:00 PM - Adjourn

# WELCOME SDHHC

- Introductions individuals and groups attending
  - Description of roles for SDHHC members
    - Membership message: inclusion
- Members represent SD and folks with experience of homelessness
  - Meeting Power Point  
<http://www.housingforthehomeless.org/primary-content/south-dakota-housing-for-the-homeless-coalition-meetings.html>

# 2019 Point-In-Time (PIT) Count

- Count Date: Tuesday, January 22, 2019
- Alternate Date: Tuesday, January 29, 2019





**Emergency Shelter Programs- Current Inventory**

(Beds and Units available for occupancy on or before January 22, 2019)

If you have Emergency Shelter beds that are under development, please complete page 5.

**Your Agency Is.....**

- Emergency Shelter (Staying less than 6 months)
- Hotel/Motel Vouchers (Include only vouchers paid for by charitable organizations – if paid by individual, do NOT include)
- Emergency Shelter for Homeless Youth Only
- HHS-funded Runaway and Homeless Youth Basic Center Programs (HHS-RHY)
- Seasonal Emergency Shelter (only available when it is cold outside)
- VA-Funded Emergency Shelter for Homeless Veterans (HCHV/EH and HCHV/RT)

Are These Beds:  Facility Based Beds       Voucher Beds       Other Beds

**Facility Based:** Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.

**Voucher Beds:** Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.

**Other Beds:** Beds located in a church or other facility not dedicated for use by persons who are homeless.

**With Children - (Beds and units intended for households with (at least) one adult and one child (under 18))**

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**Without Children – (Beds and units that are intended for households with adults only (18 and older))**

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**Veteran Beds – (Beds that are dedicated to house homeless veterans and their families ONLY)**

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**Homeless Youth Beds: (do not include ward of state, tribe, or foster care beds)**

**TOTAL BEDS FOR Youth under 18 ONLY**

**TOTAL BEDS FOR YOUTH 18 to 24 ONLY**

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_ Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_ Total Units (Bedrooms): \_\_\_\_\_

**Overflow Beds – (Identify only the total number of overflow beds available or used on the night of the count) \_\_\_\_\_**

**Seasonal Beds – (Identify only the total number of seasonal beds available on the night of the count): \_\_\_\_\_**

(If you have seasonal beds, what are the start date and end date when they are available:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**How many people were in the above beds on the night of the count? \_\_\_\_\_**

(For everyone listed, you must have a completed homeless survey)

**All Housing Inventory Charts and Surveys must be submitted no later than January 25, 2019.**

**Rapid Re-housing Programs (RRH), Permanent Supportive Housing Programs (PSH),  
Other Permanent Housing (OPH)**

(Beds and Units available for occupancy on or before January 22, 2019)  
If you have Permanent Housing beds that are under development, complete page 5.

Your Agency Is.....

- ESG-Funded Rapid Re-Housing Programs
- CoC-Funded Rapid Re-Housing Projects
- HOF-Funded Rapid Re-Housing Projects
- Other-Funded Rapid Re-Housing Projects
- VA-Funded Rapid Re-Housing Programs (SSVF)
- VA-HUD-funded Veteran's Homelessness Prevention Demonstration (VHPD)
- VA-HUD/VASH (agencies should count all VASH vouchers, regardless of how many are utilized the night of the count)
- VA-Grants and Per Diem Program-TIP-OPH
- VA-Health Care for Homeless Veterans (HCHV)
- HUD-HOPWA Permanent Housing Placement
- CoC-Funded PSH  SRO  SHP

Agencies should count all beds AND units (bedrooms) based on the actual number of current program participants who are:  
1) actively enrolled in the project on the night of the count; 2) No longer homeless and are in permanent housing on the night of the count; and 3) Currently receiving rental assistance from the above programs.

**With Children** – *(Beds and units intended for households with (at least) one adult and one child (under 18))*

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_  
Total Units (Bedrooms): \_\_\_\_\_

**Without Children** – *(Beds and units that are intended for households with adults only (under 18))*

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_  
Total Units (Bedrooms): \_\_\_\_\_

**Veteran Beds** – *(Beds that are dedicated to house homeless veterans and their families ONLY)*

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_  
Total Units (Bedrooms): \_\_\_\_\_

**Chronic Homeless Beds** - *(Beds that are dedicated to house chronically homeless individuals or families ONLY)*

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_  
Total Units: \_\_\_\_\_

**How many people were in the above beds on the night of the count?** \_\_\_\_\_

(You do NOT need to complete a homeless survey for everyone listed. HUD does NOT need this number for the Point-In-Time Count, but still requires this information for the Housing Inventory Chart)

**All Housing Inventory Charts and Surveys must be submitted no later than January 25, 2019.**

### Transitional Housing Programs

(Beds and Units available for occupancy on or before January 22, 2019)

If you have transitional housing beds that are under development, complete page 5.

Your Agency Is.....

- Transitional Housing (staying 6 months to 24 months)
- HHS Funded: TLP-Transitional Housing for Runaway and Homeless Youth (RHY)
- HHS Funded: MGH-Transitional Housing for Pregnant & Parenting Youth (RHY)
- Veteran's Affairs Grant and Per Diem Program-Bridge Housing
- Veteran's Affairs Grant and Per Diem Program-Service Intensive Transitional Housing
- Veteran's Affairs Grant and Per Diem Program-Hospital to Housing
- Veteran's Affairs Grant and Per Diem Program-Clinical Treatment

**With Children** – (Beds and units intended for households with at least one adult and one child (under 18))

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**Without Children** – (Beds and units that are intended for households with adults only (18 and older))

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**Veteran Beds** – (Beds that are dedicated to house homeless veterans and their families ONLY)

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**Homeless Youth Beds:** (do not include ward of state or foster care beds)

**Total Beds for Youth under 18 ONLY**

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**TOTAL BEDS FOR YOUTH 18 to 24 ONLY**

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**Total Parenting Youth Beds (PARENT 18-24)**

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_ Total Units (Bedrooms): \_\_\_\_\_

**How many people were in the above beds on the night of the count?** \_\_\_\_\_

(For everyone listed, you must have an attached homeless survey or homeless count form to accompany that number)

**All Housing Inventory Charts and Surveys must be submitted no later than January 25, 2019**

## UNDER DEVELOPMENT

### ***If you do NOT have any beds/units under development – DO NOT COMPLETE***

(Beds and units that were fully funded, but are NOT available for occupancy as of January 23, 2018.)

**Select One:**

Emergency Shelter       Transitional Housing       Permanent Supportive Housing       Rapid Rehousing

**With Children** – *(Beds and units intended for households with at least one adult and one child (under age 18))*

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**Without Children** – *(Beds and units that are intended for households with adults only (18 and older))*

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**Veteran Beds** – *(Beds that are dedicated to house homeless veterans and their families ONLY)*

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**Chronic Homeless Beds** - *(Beds that are dedicated to house chronically homeless individuals or families ONLY)*

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units: \_\_\_\_\_

**Homeless Youth Beds:** *(do not include ward of state or foster care beds)*

**TOTAL BEDS FOR Youth under 18 ONLY**

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**TOTAL BEDS FOR YOUTH 18 to 24 ONLY**

Total Beds: \_\_\_\_\_ Total HMIS Beds: \_\_\_\_\_

Total Units (Bedrooms): \_\_\_\_\_

**How many people were in the above beds on the night of the count?** \_\_\_\_\_

(For everyone listed, you must have an attached homeless survey or homeless count form to accompany that number)

**All Housing Inventory Charts and Surveys must be submitted no later than January 25, 2019.**

# 2019 HIC Changes

- No longer need to distinguish between new and current inventory
- HMIS project ID added to HIC
- Veteran Administration transitional housing changes
- Simplified target population
- Notice: CPD-18-080 - HIC guidance

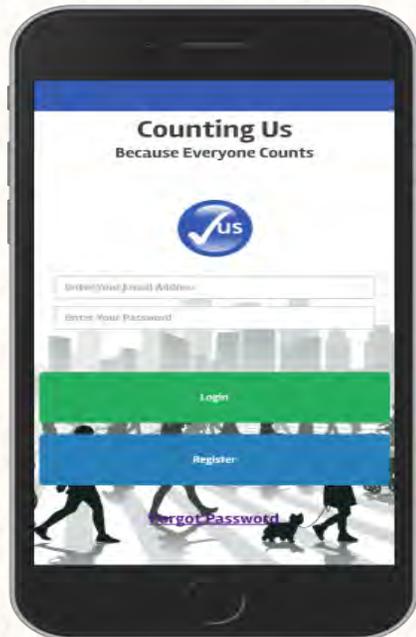
**Step 1: Download the Counting Us mobile app** from [Google Play](#) or the [App Store](#).

Search for the term “Counting Us” or use the QR code to the right to find the app.



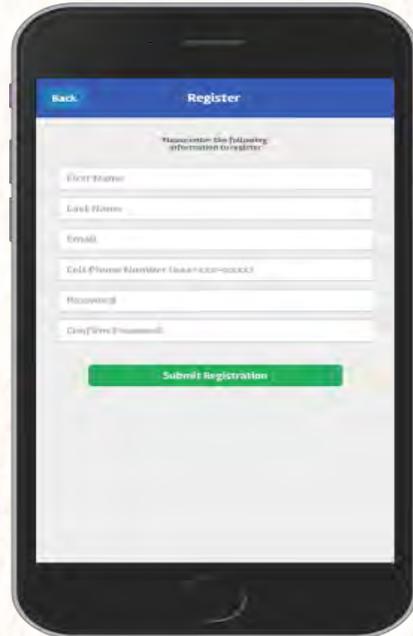
**Step 2: Tap Register**

This will bring you to the registration form



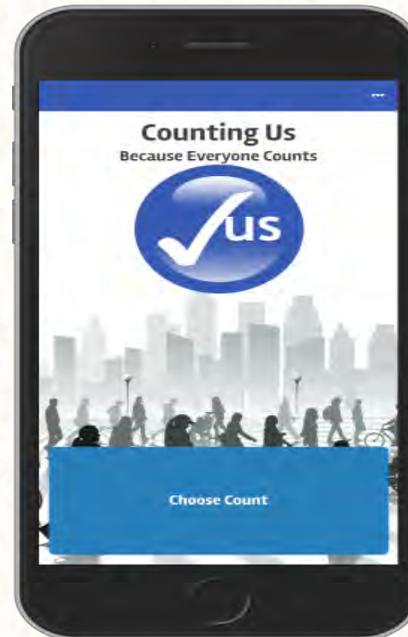
**Step 3: Register**

Enter your info and tap “Submit Registration”



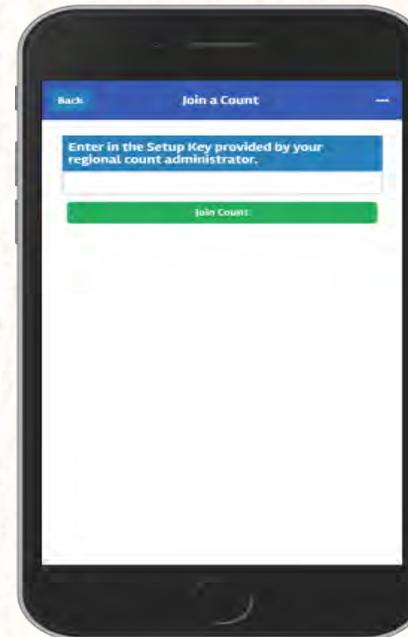
**Step 4: Enter your info**

Tap “Log In” & then tap “Choose Count”



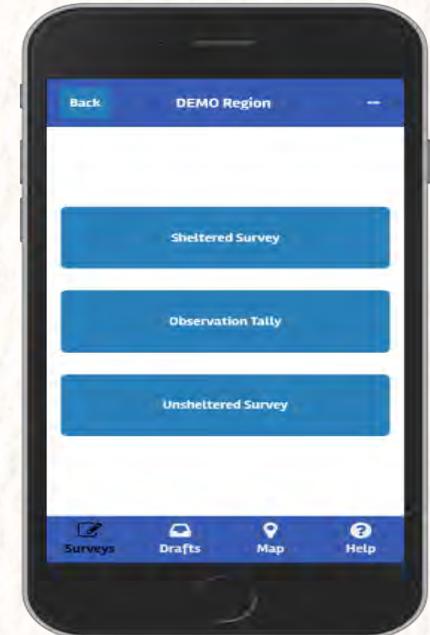
**Step 5: Join a Count**

Enter the Setup Key of SD2019 and tap “Join Count”



**Step 6: Select the applicable survey**

Surveys available are based on your count



# South Dakota 2019 Point-in-Time Count

Two options for accessing the Counting.US application:

- Down load mobile application, prior slide
- Desk top version: [/https://counting.us](https://counting.us)

# 2019 Point-In-Time Count App

Preparation is very important!

- Plan to use SIMTECH Application (paper is last resort)
- Download mobile application or access via desk top
- Please check organizations and projects for cities & regions

\*Note 2019 designation for projects in app & note Do Not Use designation for certain projects\*

# 2019 Point-In-Time Count App Training

- Mobile application will work without Cellular or WIFI
  - App must be downloaded and “ready” to enter surveys prior to loss of internet
  - Surveys must be saved as drafts
  - Submitting drafts must occur once internet access resumes

# Counting Us

Because Everyone Counts



Get Started!

Change Count

This Count is In Test Mode

Sheltered Homeless PIT Survey

Unsheltered Homeless Interview

Unsheltered Homeless Observation Tally

# Process of Matching PIT & HIC Survey Types

- Sheltered Survey – Produces drop down choice for organization and project, Emergency Shelters or Transitional Housing Projects
- Unsheltered Interview – Folks sleeping on the streets, cars, places not mean for human habitation
- Unsheltered Observation Tally - Extremely rare, used when it is not possible or safe to administer survey



Next Step

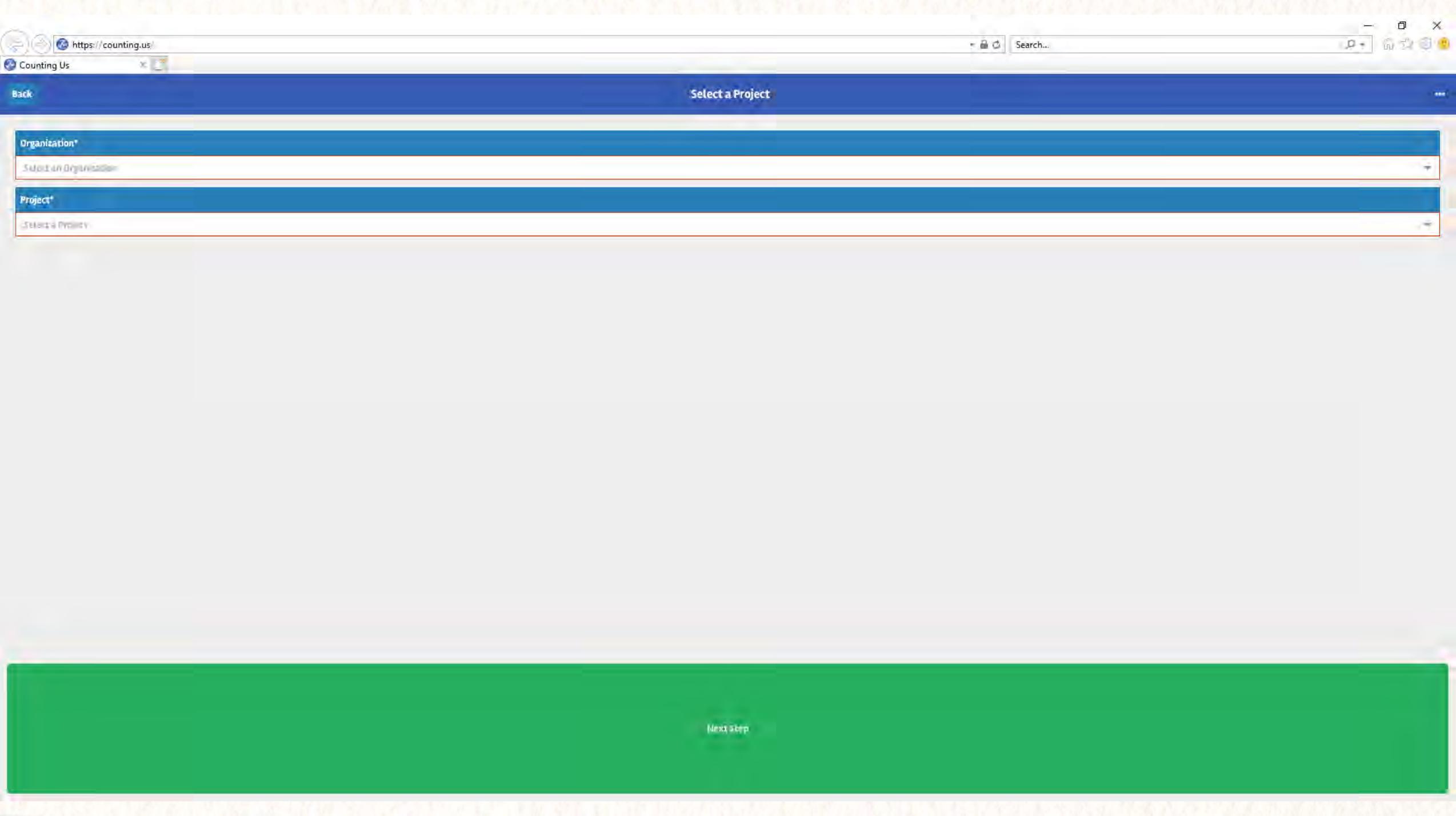
Back Enter A Location

Street Address:

City:

State:

Submit



https://counting.us/



Search...



Back

Select a Project

Organization\*

Select an Organization



Project\*

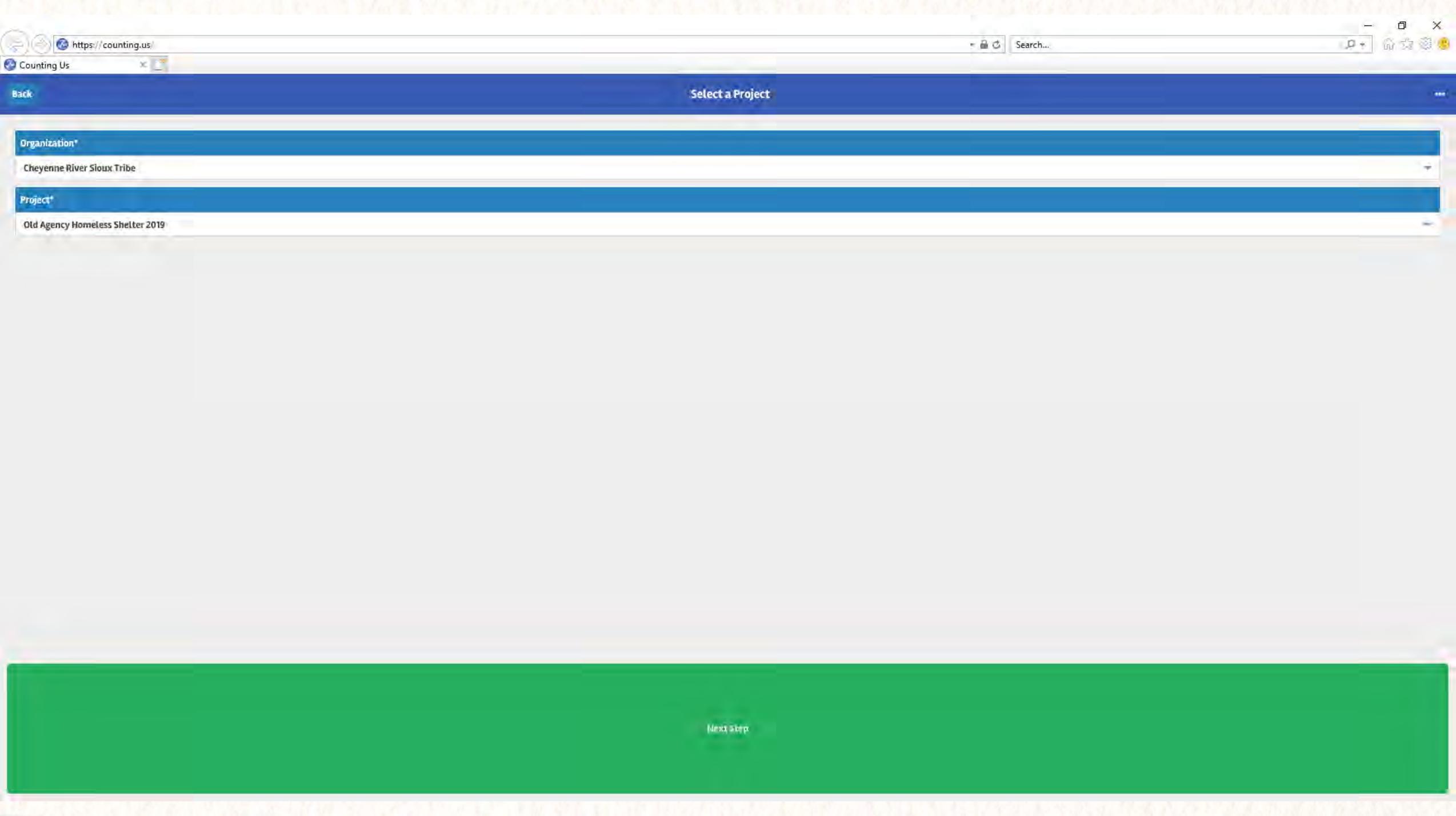
Select a Project



Next step

- Organization\*
- Behavioral Managment Systems
  - Bishop Dudley Hospitality House
  - Call to Freedom
  - Cheyenne River Sioux Tribe
  - Cheyenne River Sioux Tribe
  - Cornerstone
  - Hotels/Motels/Inns
  - House of Hope
  - ICAP

Next step



https://counting.us/

Search...

Counting Us

Back

Select a Project

Organization\*

Cheyenne River Sioux Tribe

Project\*

Old Agency Homeless Shelter 2019

Next step

Back Sheltered Homeless PIT Survey

What is your first name?

What is your last name?

What are your initials?

What is the age range?\*

What is your date of birth?

What is your age?

What is your gender?

Are you Hispanic/Latino?

What is your race? (select all that apply)

White	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>
Native Hawaiian/Pacific Islander	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>

Back Sheltered Homeless PIT Survey

Homeless History

Is this the first time you've been homeless?

Yes

How many months have you been homeless this time?

How many separate times have you stayed in shelters or on the streets in the past 3 years?

How many months did you stay in shelters or on the streets during the past 3 years?

How long in months have you been in this community?

Disability and Veteran Status

Do you have any substance abuse issues?

Is this a long-term disability that impairs your ability to hold a job or live independently?

Do you have a chronic health condition?

Is this a long-term disability that impairs your ability to hold a job or live independently?

Do you have a mental health problem?

Is this a long-term disability that impairs your ability to hold a job or live independently?

Do you have a physical disability?

Is this a long-term disability that impairs your ability to hold a job or live independently?

Do you have a mental health problem?

Is this a long-term disability that impairs your ability to hold a job or live independently?

Do you have a physical disability?

Is this a long-term disability that impairs your ability to hold a job or live independently?

Do you have a developmental disability?

Do you have AIDS or an HIV related illness?

Do you receive disability benefits?

Are you a veteran? (served in the US Armed Forces OR been called into active duty as a member of the National Guard or as a Reservist)

Are you currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault or stalking?

Notes

Submit Survey

Save Draft

**HOMELESS SURVEY**

January 22, 2019

**Staff/Volunteers: Please Complete this Section before Submitting the Survey**

Name of Surveyor: \_\_\_\_\_  
Location of the Survey Street Address \_\_\_\_\_  
City \_\_\_\_\_

**Ask First: "HAS SOMEONE ALREADY ASKED YOU THESE QUESTIONS TODAY?" (If yes, STOP the survey)  
If living/currently staying with family, friends, acquaintances, or in own apartment STOP the survey not literally homeless.**

**\*\*SURVEYS ARE TO BE COMPLETED ONLY BY STAFF/VOLUNTEERS\*\***

**Where do you plan on sleeping tonight? (Check Only ONE Box)**

- Emergency Shelter: Name of Shelter \_\_\_\_\_ (required)
- Transitional Housing: Name of Transitional Housing Program: \_\_\_\_\_ (required)
- Hotel/Motel Emergency Shelter: Name of Hotel: \_\_\_\_\_ Who is Paying: \_\_\_\_\_ (required)  
(Check ONLY if they are receiving motel payment from a charitable agency or government. If they are paying for the room themselves, STOP survey not homeless.)

**Unsheltered:** Outside, Vehicle, Abandoned Building (A place not meant for human habitation)

**Survey Type:**  Individual  Household (If family, make sure household surveys remain together)  
# of individuals in household: \_\_\_\_\_

**First Name\*:** \_\_\_\_\_ **Last Name\*:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **or**  
**Estimate Age:** \_\_\_\_\_ *\*If hesitant initials may be used*

**GENDER:**  Male  Female  Trans Male (F2M)  Trans Female (M2F)  
 Gender Non-Conforming (i.e. not exclusively M or F)  Don't Know  Refused

Are you Hispanic/Latino?  Yes  No  Don't know  Refused

**RACE:**  White  American Indian or Alaska Native  Black or African-American  Asian  American Indian or Alaska Native  Native Hawaiian or Pacific Islander  Other, if other race, please indicate \_\_\_\_\_

Is this the first time you have been homeless?  Yes  No

How long have you been homeless? (Choose only one)  
 30 days or less  1 to 5 months  6 to 9 months  10 to 12 months  
 1 to 2 years  3 to 5 years  6 – 10 years  More than 10 years

How many separate times have you stayed in shelters or on the streets in the last three (3) years? (Choose only one)  
 Once  Twice  Three  Four or more times

For how long in months have you been in this community? \_\_\_\_\_

Do you or your partner have any substance abuse issues?  
 No Yes  Self  Partner  Don't know  Refused

If yes, is this a long-term disability for yourself or your partner that impairs your ability to hold a job or live independently?  
 No Yes  Self  Partner

Do you or your partner have a chronic health condition?  
 No Yes  Self  Partner  Don't know  Refused

If yes, is this a long-term disability for yourself or your partner that impairs your ability to hold a job or live independently?  
 No Yes  Self  Partner

Do you or your partner have a mental health issue? No Yes Self Partner Don't know Refused  
If yes, is this a long-term disability that impairs your ability to hold a job or live independently? No Yes Self  
Partner

Do you or your partner have a physical disability? No Yes Self Partner Don't know Refused  
If yes, is this a long-term disability that impairs your ability to hold a job or live independently? No Yes Self  
Partner

Do you or your partner have a developmental disability? No Yes Self Partner Don't know Refused  
If yes, is this a long-term disability that impairs your ability to hold a job or live independently? No Yes Self  
Partner

Do you or your partner have an AIDS or HIV related illness? No Yes Self Partner Don't know Refused

Do you or your partner receive disability related benefits? No Yes Self Partner Don't know Refused

Have you or your partner ever served on active duty with the Armed Forces of the United States or been a member of the National Guard and been placed on active duty with the Armed Forces of the United States?

No Yes Self Partner Don't know Refused

(If yes, volunteers please complete Veterans supplemental questionnaire with respondent and or partner)

Are you or your partner currently experiencing homelessness because you are fleeing domestic violence, dating violence, sexual assault or stalking? No Yes Self Partner Don't know Refused

**HOUSEHOLD TYPE: (check only 1 of the 3 options)**

Persons in households with at least 1 adult (18 and older) and 1 child (under 18)

**PARTNER:** Initials:\_\_\_\_\_ Gender:\_\_\_\_\_ Age:\_\_\_\_\_ Race:\_\_\_\_\_ Hispanic/Latino Non-Hispanic

**CHILDREN:** How many children under 18 live in your household and are with you tonight? \_\_\_\_\_

Gender:\_\_\_\_\_ Age:\_\_\_\_\_ Race:\_\_\_\_\_ Hispanic/Latino Non-Hispanic

Persons in households composed of only children (all household members under 18)

**PARTNER:** Initials:\_\_\_\_\_ Gender:\_\_\_\_\_ Age:\_\_\_\_\_ Race:\_\_\_\_\_ Hispanic/Latino Non-Hispanic

**Including yourself,** how many children under 18 live in your household and are with you tonight? \_\_\_\_\_

Gender:\_\_\_\_\_ Age:\_\_\_\_\_ Race:\_\_\_\_\_ Hispanic/Latino Non-Hispanic

Persons in households without children (no household members under 18 years of age)

**Including yourself,** how many adults over 18 live in your household and are with you tonight? \_\_\_\_\_

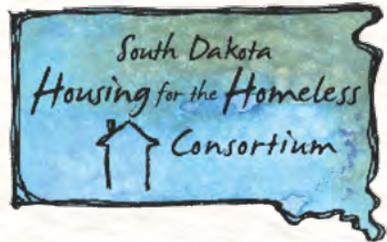
**PARTNER:** Initials:\_\_\_\_\_ Gender:\_\_\_\_\_ Age:\_\_\_\_\_ Race:\_\_\_\_\_ Hispanic/Latino Non-Hispanic

**Notes: (Volunteers please list any important information not previously collected here)**



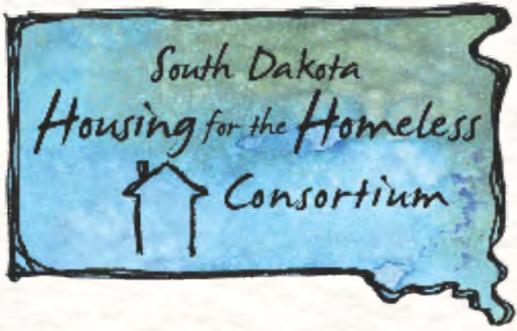
# South Dakota Housing for the Homeless Consortium

## Lunch Break



# SDHHC Afternoon Agenda

- Coordinated Entry System Report
- Data Quality – LSA
- Quarterly Activity Report
- SDHHC Committee Reports
- Town Hall – Community/Agency Reports
- Adjourn



# SDCES Next Steps

- Side Door Closure process
  - Marketing Continues
- Procedure/Process development
  - Manual updates
  - Review process
    - Training
- HUD Technical Assistance – Community Practices

# SDCES Regional Coordinator Reports

Region 1 - Andrea Denke (Rapid City)

Region 2 - Davis Schofield (Pierre)

Region 3 - Darci Bultje (Wagner)

Region 4 - Stephanie Monroe (Sioux Falls)

# SDCES Online Information

- <http://www.housingforthehomeless.org/services/coordinated-entry-system.html>
- CES Design Workshop Power Point
- SD Data/Systems Map
- CES Policy and Procedures Manual
- CES Grievance Process
- CES Flyer
- CES Annual Training

# SDCES Statistics

## August – December 2018

### Total

- Enrolled total: 239
- Exited: 157
- Current: 082

### Households

- Enrolled total: 113
- Exited: 066
- Current: 047

# SDCES Statistics

## August – December 2018

• SDCES Total Referrals:	59	• County Referral Total:	59
–ICAP:	44	–Brookings:	01
–Pathways Shelter for the Homeless:	06	–Lake:	01
–ROCS:	01	–Minnehaha:	48
–Sioux Falls Housing:	04	–Yankton:	09
–Southeastern Behavioral Healthcare:	03		

# SDCES Demographic Total August – December 2018

## Race

American Indian (44%) White (42%) Black (5%) Multi-Racial (7%)

## Gender

Female (57%)

Male (43%)

## Age

0-17 (45%) 18-45 (41%) 46-62 (11%) >63 (3%)

# SDCES Demographic Head of Household August – December 2018

## Race

American Indian (40%) White (45%) Black (8%) Multi-Racial (4%)

## Gender

Female (69%)

Male (31%)

## Age

18-45 (73%) 46-62 (22%) >63 (5%)

# SDCES DATA Quality Report Totals

## August – December 2018

• Total Number Served:	241	
• *Missing Data; Disabling Condition:	046	(19%)
• Adults:	132	
• Children:	109	
• Number of Leavers:	157	
• Head of Household:	116	
• Youth:	018	
• Chronically Homeless:	018	
• Veteran:	001	

# South Dakota Housing for the Homeless Consortium



# Importance of Data Quality

Serves in decision making

Increases positive outcomes

Ensures compliance

# SDHMIS Data Goals

- 0% errors and missing data
- Increase understanding
- Thoughtful data input
- Trouble shooting skills development
- Data in decision making for projects and system
- Tells story of homelessness with data
- Increase HMIS participation to above 85% of beds for all types
- Identify gaps in services and housing
- Estimate unmet need

# The Longitudinal System Analysis (LSA)

Each Year HUD submits Annual Homelessness Assessment Report (AHAR) to Congress:

- National Level Report about Homelessness
- Demographics include; age, race, gender, veteran status
- Length of time homeless and patterns of system use
- Information on specific populations
- Housing outcomes for system exiters

# The Longitudinal System Analysis (LSA)

Each Year HUD submits an Annual Homelessness Assessment Report (AHAR)

- National Level Report about Homelessness
- Demographics including; age, race, gender, veteran status
- Length of time homeless and patterns of system use
- Information on specific populations
- Housing outcomes for system exiters

# The Longitudinal System Analysis (LSA)

## Former AHAR

- Both upload & manual data entry
- Project Types; ES, TH, PSH
- Submitted via hudhdx
- Data review completed prior to entering in hdx
- Detailed data on household system use not evident
- Required 50% beds in HMIS for data use

## New LSA

- Only uploaded data used
- Projects; ES, TH, PSH, SH, RRH
- Submitted via hudhdx2
- Data review after upload of HMIS ZIP file
- Includes detailed household system use data
- Usability principally decided by data quality

# HMIS NOFA Opportunity

- HMIS Capacity Building Project NOFA
- Application Due Jan. 31, 2019
- Provide Feedback by Friday, December 21, 2018
- Eligible Activities
  - Upgrade, customize, or configure the functionality of HMIS
  - Improve HMIS data quality
  - Increase staff skills through trainings related to HMIS governance, data quality improvements, and data analysis
  - Consolidate HMIS software and databases with other CoC

# SDHHC Committee Reports

- PAC
- Youth
- Veteran
- HMIS
- CES
- Point-in-Time
- Native American



# SDHHC Recent Activities

## September 2018

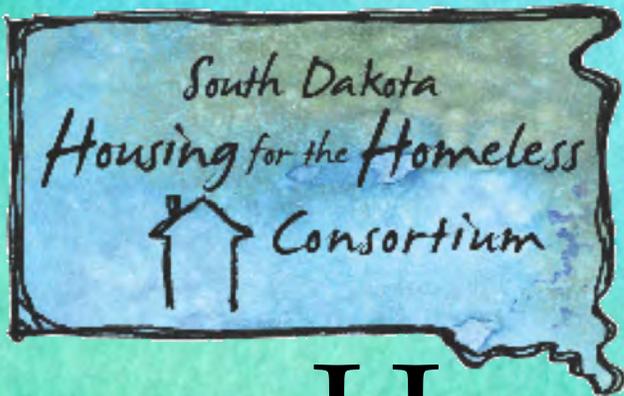
- CoC Funding Application submitted to HUD
- SDHHC Quarterly Meeting
- CES Case Conferencing in 4 Regions Begins
- Project Connect Completed at Pierre
- SDHMIS Partnership Agreement updated - PAC

# SDHHC October 2018 Activities

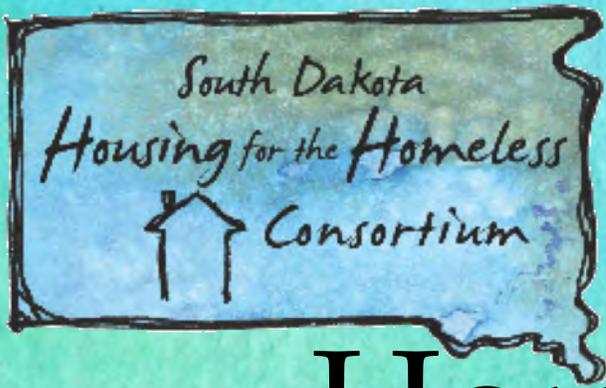
- PIT/HIC committee convened for 2019 Count planning
- HIC inventory entered HMIS to prep for LSA
- Youth Advisory Board organization & recruitment drafts
- 2 Day Housing Workshops completed Sioux Falls and Rapid City
- Quarterly APR submitted by ESG & CoC grantees
- South Dakota Housing Development Authority Conference
- SDHHC CoC Governance Charter updated - PAC

# SDHHC November 2018 Activities

- SDHHC approved HUD TA YAB & gaps assessment for youth
- SDHHC to join HUD Coordinated Entry System TA Communities of Practice
- Priority and Ranking Policy for CoC funding review and update – PAC
- SIMTECH training PIT count leadership

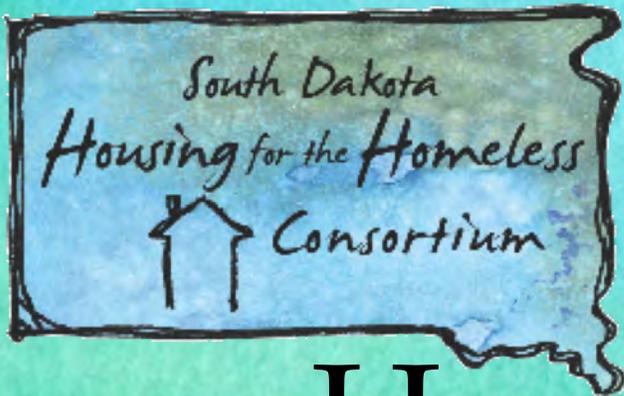


South Dakota  
Housing for the Homeless  
Consortium  
2019 Homeless Summit  
June 18-19, 2019  
Oacoma, SD



# South Dakota Housing for the Homeless Consortium

## Town Hall - Discussion



# South Dakota Housing for the Homeless Consortium

Next Meeting, Tuesday

03/05/2018

10 am Central time