

***Black Hills Regional  
Homeless Coalition***

***Presents***

***The Journey***

***Home:***

***A Community  
Partnership to Prevent  
and End Involuntary  
Homelessness***

## **Contents**

- ***Vision, Mission and Guiding Principals***
- ***Objectives, Strategies and Action Steps***

## **Vision**

**The Black Hills Region Homeless Coalition envisions a society free of involuntary homelessness.**

## **Mission**

**To prevent and end involuntary homelessness by:**

**Ensuring that adequate services (housing, social support, education, employment) are available and accessible;**

**Reaching out and empowering homeless individuals to use available services to achieve self-sufficiency;**

**Increasing the community's understanding and awareness of homelessness at all levels;**

**Inspiring individuals, organizations, clubs, and groups to become actively involved in ending homelessness; and**

**Creating long-term changes in attitudes and the way homelessness is viewed and addressed in our community / region / state.**

## **Guiding Principals - All policy, program and funding decisions are based on these key axioms:**

- ✓ **Evidence-based and promising practices**
- ✓ **Outcome-driven results**
- ✓ **Galvanizing the community**
- ✓ **Consumer-centered services**
- ✓ **Cultural competence**
- ✓ **Resilience and recovery**

## Objectives, Strategies and Action Steps

### **BROAD GOALS:**

**HOUSING** – Creating an adequate supply of permanent, habitable, affordable housing

**INCOMES** – Ensuring that homeless people have incomes to pay for housing and that they achieve living wage jobs to escape the cycle of homelessness

**PREVENTION** – Establishing emergency prevention programs

# ENGAGEMENT

**Desired Outcome: More human and financial resources will be available and will be leveraged, leading to more effective efforts and lasting changes.**

## **Objective 1: Engage Community At Large to End and Prevent Involuntary Homelessness**

Educate citizens on the issue of homelessness to increase their level of compassion and decrease misperceptions they may have about people who are homeless. Reach out to all members of the community, asking them to become actively involved in preventing and ending homelessness by contributing ideas, time, talents, and/or resources. Ask citizens to resolve to be actively involved both now and in the future.

### **Strategy A: Educate the Public on Homelessness**

#### **Action Steps:**

1. Introduce the plan to end involuntary homelessness to the Mayor's Strengthening Families Initiative and become part of that effort.
2. Establish who will coordinate all efforts of the plan from the Homeless Coalition Board. (Possibly use interns, Americorp volunteers, RSVP volunteers and/or college students to complete specific tasks.)
3. Compile data related to homelessness nationally and locally (cost of one night – detox, prison (Barb), Barry Tice (tracking), Reg West, jail, emergency room, HSC).
4. Design and launch a public education campaign regarding homelessness.
5. Compose “talking points” for Homeless Coalition members to speak to organizations and clubs.
6. Sponsor a Poverty 101 informational event and planning session.
7. Regularly hold Poverty Simulations for various groups.

### **Strategy B: Solicit the Active Support of Specific Individuals / Groups**

#### **Action Steps:**

1. Solicit participation of newspapers and radio / television stations.
2. Inform and solicit support from decision makers (local, state, and national).
3. Inform and solicit support from the faith community, housing managers, business owners / operators, non-profit agencies, government organizations, schools, citizens.
4. Sponsor a planning day with Dr. Beegle attended by a cross section of community members.
5. Form Committees to Address Specific Action Steps.
6. Homeless Coalition members attend Downtown Business Association meetings regularly.

# IMPLEMENTATION

**Outcome: Persons who are homeless or at risk of becoming homeless will become active partners in addressing and solving the issues that led them to where they are. This will lead to a decrease in the time between initial contact and engagement in housing and supportive services.**

## **Objective 2: Engage and Partner with Persons Who Are Homeless or At-Risk of Becoming Homeless**

Once believed to be a nontraditional service, outreach to disengaged homeless people, often street and woods dwellers, is now considered the first and most important step in engaging and connecting / reconnecting individuals with needed mental health, substance abuse, healthcare, and social services and to housing (SAMHSA, 2006).

Reach out to find and establish trusting relationships with individuals and families who are homeless and/or at risk of becoming homeless. This means going to them where they are rather than waiting for them to walk in the door seeking assistance. Once contact has been initiated, use Motivational Interviewing skills to partner with them, and then provide assertive case management services to help them achieve their goals.

### **Strategy A: Develop Safe Havens where individuals / families can seek assistance.**

#### **Action Steps:**

1. Identify existing Safe Havens
2. Expand the capacity of existing programs (i.e., City/County Detox, BMS Mainstream).
3. Collaborate with the HOPE Center day program.

### **Strategy B: Strengthen and coordinate outreach and engagement efforts by eliminating duplication of effort, addressing gaps in services, and providing key services at a central location.**

#### **Action Steps:**

1. Determine overlaps and gaps in outreach services.
2. Develop and implement a plan to eliminate duplication of effort, coordinate care, track savings, and use savings to fill gaps in outreach services, including adding outreach capacity to address unmet need.
3. Enhance willingness and ability of providers such as mental health agencies, substance abuse treatment agencies, property managers, law enforcement, health care providers (including first responders), and public housing authorities to call on outreach teams to connect persons to identified Safe Havens to avoid crisis and connect people who are homeless or at risk of homelessness with appropriate services.
4. Strengthen the ability of community groups and individuals, such as churches, small businesses, neighborhood organizations, and community members to respond to individuals in need of outreach by providing seminars, trainings and resources.

5. Connect individuals and families who are generationally homeless to agencies that address their unique needs.
6. Expand availability, resources and use of drop-in centers, including phones, showers, laundry, clean clothes, storage area for personal belongings, a place to receive mail, Internet access, community voicemail, and linkage to a range of housing, health and behavioral health services and social services.
7. Promote the use of Systems of Care and Motivational Interviewing and the philosophy behind it by providing training to case managers and agency personnel.
8. Assess the capacity of existing programs to provide assertive case management (case management is crucial in being able to help people become aware of the patterns that have led to being homeless and address and correct these behaviors).
9. Build in a feedback mechanism to ensure respectful service and to identify remaining gaps in community services.
10. Seek additional funding.

**Strategy C: Phase down shelters and transitional housing and replace with service- enhanced short-term housing that links people with permanent housing.**

**Action Steps**

1. Develop short-term housing standards and processes, including staffing, services, supports, recommended lengths of stay, and interagency linkages that enable individuals and families to quickly and successfully move to permanent housing.
2. Review shelter and transitional housing resources, assess short-term housing needs and create a plan to gradually phase down shelter beds and to replace shelters and the various types of transitional housing, with service-enhanced short-term housing models designed to link individuals and families to permanent housing.
3. Hire and train case managers to help residents of short-term housing make plans for permanent housing and self-sufficiency and provide services or make referrals to mainstream services.
4. Connect short-term housing consumers to the network of permanent housing resources to increase their access to permanent, affordable housing.
5. Transition current shelters into assessment and referral sites within 5 years of implementing the plan.

# PREVENTION

**Outcome:** There will be a reduction in the number of people with identified risk factors for homelessness who actually become homeless (after they seek out or are referred for assistance).

## **Objective 3: Design and Implement an Integrated Prevention Plan**

Preventing homelessness is more cost-effective and humane than allowing people to become homeless in the first place; any community effort to end homelessness must include substantial prevention resources. We will prevent individuals and families from becoming homeless through data gathering and analysis, comprehensive discharge planning, supportive services, targeted resources, and advocacy.

### **Strategy A: Use local data to build the prevention plan**

#### **Action Steps:**

1. Define and prioritize groups of persons who are homeless or are at-risk of becoming homeless (i.e., youth 18-22, those with co-occurring disorders, veterans, single-parent homes, etc.).
2. Gather and analyze data on what factors lead each group to be homeless or at-risk of becoming homeless.
3. Summarize and publicize programs that provide training / programs that address these factors (financial management, tenant/landlord rights and responsibilities, job skills).
4. Design prevention efforts to meet the needs of each group utilizing promising or best practices.

### **Strategy B: Create diversion programs.**

#### **Action Steps:**

1. Meet with Judges, Court Services Officers, and Law Enforcement to assess what types of diversion programs are needed in our community (i.e., youth, DUI, etc.).
2. Identify existing diversion programs and meet Program Directors to learn what works and what does not work.
3. Identify agencies / persons who have the capability to create new diversion programs and fill gaps in existing programs.

### **Strategy C: Create and execute comprehensive discharge plans for people leaving Institutions**

#### **Action Steps:**

1. Identify entities discharging persons into the community.  
(Pennington County Jail, Human Services Center, RCRH Behavioral Health Unit, City/County Detox, Department of Social Services [foster care])
2. Organize meetings with these entities to learn what discharge process they currently use.
3. Develop a city/county plan that increases collaboration among facilities in discharge planning and prohibits publicly funded agencies and facilities from discharging any individual to the streets, to shelters, or to any other housing option that has not been independently confirmed.

4. Ask that caseworkers assigned to individuals leaving facilities make a discharge plan with each client, with emphasis on community-based mental health treatment (including Assertive Community Treatment (ACT) teams), access to medications, housing and social support services, such as a psychosocial clubhouse or drop-in center. This effort must focus on community transition plans for long-term patients.

#### **Strategy D: Begin an Eviction Prevention Program**

##### **Action Steps:**

1. Define the parameters of this program that would provide mediation, down payments, emergency rental and/or utility assistance, assurances to repair any damages that might occur and other financial assistance to avoid eviction. An example might be that the assistance could only be used one time per year, has to be paid back, etc.
2. Define an agency that will administer the funds.
3. Obtain funding.

#### **Strategy E: Pursue prevention activities within the public school system.**

##### **Action Steps:**

1. Educate students about homelessness through guest speakers and Poverty Simulations to eliminate misperceptions and encourage them to become involved in solutions.
2. Strengthen programs to train peer mentors to work with their peers who are at risk of dropout, suspension, or homelessness.
3. Develop and deliver educational programs about domestic violence that offer children and youth the tools they need to be safe, self-confident, and secure.
4. Engage faith-based and other voluntary organizations in efforts to create and sufficiently fund more high quality before and after-school activities for children and youth who are homeless or at-risk of homelessness.

# HOUSING

**Outcome: The availability of permanent housing that is affordable to individuals and families with extremely low incomes will expand. The number of people who are homeless will decrease, and the number of people who are at risk of becoming homeless who are able to maintain stable housing over time will increase.**

**Objective 4: Rapidly move people who are homeless into stable housing and increase the probability that they are able to maintain this housing.**

Housing is only one component of ending homelessness as individuals and families, especially those with mental illnesses and/or substance use disorders, need supportive services to help them obtain and remain in appropriate housing.

**Strategy A: Utilize a Housing First model to ensure that individuals and families are able to be in safe, secure housing. Once they have housing, provide the support services they need to help them maintain and even improve their housing status.**

**Action Steps:**

1. Support the Housing First program that is currently offered through the VOA.
2. Learn from the Re-Entry program and obtain resources to expand this program to all individuals leaving incarceration.
3. Obtain additional funding to expand these existing programs.

**Strategy B: Increase the supply of permanent and safe housing that is affordable to individuals and families at 0-60 % of area medium income.**

**Action Steps:**

1. Identify specific needs (i.e., housing for single persons, single father, single mother, multiple children, etc.).
2. Provide incentives to landlords to increase habitability and affordability of all housing including 3 + bedroom units. Research funding opportunities.
3. Develop a low-interest or interest-free loan program to help bring rental properties up to code.
4. Increase the number of units available for persons at or below 60 % of median income by providing incentives to developers (i.e., tax credits and projects that put aside 25% of units for rents at or below a percentage of area median income, in return receiving bonus points and state credits).
5. Address regulatory and policy barriers to affordable housing development, which will lead to an increase in housing units for renters at 0-60 % of area medium income (assuming some level of subsidies/rental assistance).

### **Strategy C: Increase access to permanent, affordable and safe housing.**

#### **Action Steps:**

1. Promote use of South Dakota Housing rental site (searchsd.org) through community agencies, news media, Chamber of Commerce, etc.
2. Provide incentives to landlords to work with supportive services to maintain renters in housing.
3. Provide incentives for property owners to maintain affordable rents including establishing a loss reserve to compensate them for any damage to their properties.
4. Find sustainable sources of funding for housing assistance.
5. Utilize the “Bank-On” program for housing ownership.

### **Strategy D: Educate funders, developers, and citizens.**

#### **Action Steps:**

1. Sponsor an annual Affordable Housing Development Forum for funders, developers, and consumers of services to provide information about incentive programs, address concerns, and share successful local models and models from other communities.
2. Strengthen relationships and communication among city and county housing, zoning, and homeless services officials and landlords and owner’s associations and other private landlords.
3. Listen and respond to the suggestions and concerns of landlords / property managers.
4. Develop Good Neighbor Agreements to promote communication, respect, and trust among neighbors, residents of permanent supportive housing, service providers, and funders.

### **Strategy E: Leverage resources to provide supportive services through community collaboration (money, supplies, donated goods, volunteers, in-kind contributions, etc.).**

#### **Action Steps:**

1. Assess exactly what is needed.
2. Assess what agencies are currently providing.
3. Hold planning meetings with agency decision makers and staff who provide services to formulate formal agreements to leverage resources.
4. Hold regular meetings to assess new needs, supplies, and emerging issues.

**Strategy F: Ensure that persons who are homeless are prepared to be good tenant / home owners.**

**Action Steps:**

1. Ensure that information resources are available: financial literacy, daily living skills, links to employment and health resources and assistance with landlords and are being provided at levels appropriate to persons who are at-risk, chronically, acutely or intermittently homeless.
2. Address barriers to accessing these services.
3. Provide support to encourage persons to take these courses (i.e., child care, transportation).
4. Work with local congregations, faith-based groups and other voluntary organizations to develop a volunteer network to help support newly-housed individuals and families, including volunteer recruitment and training, availability of expert advice, and access to crisis intervention resources.

**Strategy G: Build and staff supportive housing for individuals identified as ineligible for emergency and permanent housing due to addiction, criminal history, mental illness, poor credit, history of evictions and dual diagnosis.**

**Action Steps:**

1. Assess the need for this strategy.
2. Obtain funding and property.
3. Build the facility

# INCOMES

**Outcome: There will be an increase in the education level and employable skill level among people who are homeless, recently homeless, or at risk of homelessness leading to higher incomes.**

**Objective 5: Create education, job training, and competitive employment opportunities specific to the needs of individuals and families who are homeless, recently homeless, or at risk of homelessness.**

**Strategy A: Design and implement education, job readiness, and training programs.**

**Action Steps:**

1. Establish strategic alliances with the business and educational communities to design and provide education, job readiness, and training opportunities specifically for individuals and family members who are homeless, recently homeless, or at risk of homelessness.
2. Ask local business organizations, such as the Chamber of Commerce to create models for training, hiring, and supporting people who are homeless, recently homeless, or at risk of homelessness.
3. Ask local business and education representatives to collaborate to develop and deliver affordable, brief retraining courses designed to help people who are homeless and have a work history re-enter the competitive job market.
4. Promote Department of Labor vocational training for skilled jobs (i.e., electrical work, plumbing, welding, automotive repair, etc.) targeted for people who are homeless through a technical community college.
5. Work in concert with the Department of Labor and the business community to coordinate a comprehensive program providing: job readiness and needs assessment, counseling, job development and placement, comprehensive case management, and peer support services for unemployed or under-employed adults seeking permanent employment. This program could be designed to provide entry-level training (1-6 months of employment), and then provide additional education or job training over time (i.e., 7-12 month of employment – new skill development). The schedule will be different for each individual based on their unique needs and abilities.
6. Together with educational institutions, identify barriers and provide support to create a education program (e.g., GED) that offers individualized services to enable people who are homeless, at risk of homelessness, or recently homeless to enroll in or return to school, with a special emphasis on youth ages 16-21.
7. Work with the business community to create more training positions designed to allow employees to be upwardly mobile.
8. Target employment opportunities through the agencies that serve permanent supportive housing residents (e.g., service agencies, housing agencies).

9. Promote a Department of Labor incentive program for employers to hire those who have successfully completed training programs.
10. Collaborate with the HOPE Center day program to ensure that people have proper identification, a valid driver's license (a requirement for 70 per cent of the jobs available through the South Dakota Department of Labor), a permanent address and telephone number, computer access for on-line job applications, suitable work clothing, documented work history and credible references.

**Strategy B: Promote existing services that support employment (i.e., Career Learning Center, Department of Labor, CAP, Love Inc., Job Corp, etc.).**

**Action Steps:**

1. Promote programs that have subsidized day care openings for parents returning to work that also offers transportation picking up and dropping off children (Cornerstone Rescue Mission (i.e., Cornerstone Rescue Mission).
2. Work to expand public and other transportation to individuals returning to work and increase availability and affordability of public transportation on nights and weekends.
3. Provide professional or volunteer job coaches to offer on-the-job and follow-up support to individuals who are or have recently been homeless and need such services to maintain employment.

**Strategy C: Encourage existing agencies/services to develop specialized training and employment services for people who are or have recently been homeless and have disabilities.**

**Action Steps:**

1. Conduct a needs assessment and gaps analysis to determine the type of services that people who are homeless and have mental illnesses and/or substance use disorders need to gain and maintain employment and explore how to develop model programs.
2. Develop a targeted supported employment program for people who are or have recently been homeless and improve access to existing employment programs serving people who have disabilities.
3. Develop and operate social enterprises that provide employment for people with serious mental illnesses and/or substance use disorders who are or have recently been homeless, building on the success of currently operating social enterprises.

Social enterprises are mission driven to address social or environmental issues. The main aim is to generate profit to further their social or environmental goals. This can be accomplished in a variety of ways, such as using the profit from a business to support a social service assistance program and/or hiring disadvantaged people in the business, thereby providing a job, job training, and work experience.

**Strategy D: Utilize the Bank On program and the business community to help develop Micro Enterprises for individuals to either support themselves or add to their income.**

**Action Steps:**

1. Include questions in assessments to obtain information on talents, strengths and abilities that persons could use as the basis for a micro enterprise.
2. Develop training programs for self-employment.

## **SERVICES AND SUPPORTS**

**Outcome: Targeted services and support will be available to address each category of needs experienced by persons who are homeless or at risk of becoming homeless.**

**Objective 6: Enhance services and supports to help people achieve maximum independence and self sufficiency.**

**Strategy A: Expand the capacity of publically funded, private and non-profit community providers to serve people with mental illnesses and/or substance use disorders who are homeless or at risk of becoming homeless.**

**Action Steps:**

1. Cross-train outreach workers, case managers, advocates, primary health care workers, and mental health and substance abuse treatment providers to recognize the signs and symptoms of mental illnesses, substance use disorders, and co-occurring mental illnesses and substance use disorders and the co-occurring effects of these disorders.
2. Increase the availability of an integrated approach to appropriate assessment, treatment, and services for persons with co-occurring mental illnesses and substance use disorders.
3. Expand peer support, counseling, and mentoring capacity, including peer counselor certification.

**Strategy B: Participate in efforts to open the Mental Health / Substance Abuse Crisis Center - a “one-stop shop” for support, referral, and Assertive Case Management.**

**Action Steps:**

1. Plan and carry out an analysis of current clients and their service requests.
2. Provide staff at the Crisis Center from community services to expedite access to housing.

**Strategy C: Support and participate in day-program services provided by the First United Methodist Church HOPE Center, - employment-related assistance.**

**Action Steps:**

1. Meet with staff of the HOPE Center and assess what they need from the Homeless Coalition and member agencies / individuals to be successful in their goals.
2. Publicize these needs to the community.

## **Strategy D: Implement targeted services for those with special needs.**

### **Action Steps:**

1. Define areas of special needs (i.e., survivors of trauma [domestic violence, sexual assault, historical, and/or child abuse], youth aging out of foster care, immigrants and refugees, veterans, ex-offenders, underserved minorities, and gay, lesbian, bisexual and/or transgendered youth).
2. Train community providers in culturally competent service delivery.
3. Create and support a mentoring program for ex-offenders with volunteers and/or paraprofessionals to advocate on their behalf with employers, landlords and neighborhood groups to create a seamless discharge plan and to ease their transition to the community.
4. Provide case management to those who have had evictions, criminal history/arrests, and bad credit that are keeping them out of stable housing. Case managers will work closely with landlords and property managers, developing positive working relationships.

## **Strategy E: Promote an integrated, comprehensive system of care (no wrong door).**

### **Action Steps:**

1. Provide input to a standardized, comprehensive intake assessment of client needs that will be developed by the Mental Health / Substance Abuse Collaborative. Then, encourage all agencies to adopt the form as standard practice.
2. Work with the Social Security Administration (SSA) to develop and implement an outreach project designed to reach those individuals who are homeless who are eligible for but not receiving SSA benefits.
3. Train mainstream providers, including health care, behavioral health, law enforcement, jail, and school staff, to identify clients with risk factors for homelessness, provide prevention assistance as it falls within the scope of their roles, and refer individuals to appropriate community prevention resources.
4. Increase the ability of faith-based and other voluntary organizations to serve at-risk and recently homeless individuals through volunteer opportunities, including mentoring and ongoing support.
5. Increase communication and collaboration between agencies that will result in sharing information on existing funding, immediate referrals, program openings and housing support.
6. Identify all relevant agencies and invite them to participate in planning and to have in-service training on a regular basis – be part of a referral system.
7. Encourage all agencies to regularly update their 211 information.