

APPENDIX A

HOUSING COORDINATING TEAM

	Gerry Watne HCT Chair Multi-Family Program MT Board of Housing Helena, MT	
Mary Lou Affleck MT Partnership Office Fannie Mae Billings, MT	Michelle Barstad MT Facility Finance Authority Executive Director Helena, MT	Bruce Brensdal MT Board of Housing Exe. Director Housing Division. Administrator MDOC Helena, MT
Charlie Brown Single Family Program MT Board of Housing Helena, MT	Lucy Brown Public Housing Authority of Billings Billings, MT	Gus Byrom CDBG Program Manager Community Development Div. MDOC Helena, MT
Deborah Chorlton Rural Development Housing Director U.S. Dept of Agriculture Bozeman, MT	Dave Cole Community Development. Division Administrator MDOC Helena, MT	Cindy Donnell Rural Development U.S. Dept of Agriculture Helena, MT
Leslie Edgcomb CP Coordinator Housing Division MDOC Helena, MT	Julie Flynn HOME Program Manager Housing Division. MDOC Helena, MT	Tom Friesen MT Field Office Director U.S. Dept of Housing & Urban Dev. Helena, MT
Larry Gallagher MT Field Office U.S. Dept of Housing & Urban Dev. Helena, MT	Hank Hudson Human & Community Services Division Administrator MDPHHS Helena, MT	Jeannie Huntley Housing Div. / MT Board of Housing Promotion Manager MT Board of Housing Helena, MT
Chris Imhoff CDBG Program Community Development Div. MDOC Helena, MT	Janet Kenny CDBG Program Community Development Div. MDOC Helena, MT	Frank Kromkowski CDBG Program Community Development Div. MDOC Helena, MT
Gene Leuwer Rocky Mountain Development Council Helena, MT	Bob Morgan Single Family Program Manager MT Board of Housing Helena, MT	Michael O'Neil MT Home Choice Coalition State Director AWARE Inc. Program Officer Helena, MT
Dave Parker Project Based Section 8 Manager Housing Division MDOC Helena, MT	Sheila Rice Neighborhood Housing Services / Montana Homeownership Network Executive Director Great Falls, MT	Mat Rude Multi-Family Program Manager MT Board of Housing Helena, MT
Maureen Rude MT Partnership Office Fannie Mae Helena, MT	Judy Schneider HRDC VII Billings, MT	George Warn (retired) Housing Assistance Bureau Chief Housing Division MDOC Helena, MT

CONSOLIDATED PLAN STEERING COMMITTEE

<p>Marcia Armstrong Addictive & Mental Disorders Division MDPHHS Helena, MT</p>	<p>Bruce Brensdal MT Board of Housing Exe. Dir. Housing Division Administrator MDOC Helena, MT</p>	<p>Jerilee Brooks MT Partnership Office Fannie Mae Helena, MT</p>
<p>Gus Byrom CDBG Program Manager MT Dept of Commerce Helena, MT</p>	<p>Dave Cole Community Development Division Administrator MDOC Helena, MT</p>	<p>Leslie Edgcomb CP Coordinator Housing Division MDOC Helena, MT</p>
<p>Julie Flynn HOME Program Manager Housing Division MDOC Helena, MT</p>	<p>Bob Morgan Single Family Program Manager MT Board of Housing Helena, MT</p>	<p>Michael O'Neil MT Home Choice Coalition State Director AWARE Inc. Program Officer Helena, MT</p>
<p>Mat Rude Multi-Family Program Manager MT Board of Housing Helena, MT</p>	<p>Maureen Rude MT Partnership Office Fannie Mae Helena, MT</p>	<p>Karyl Tobel CDBG-Economic Development Program Manager Business Resources Division MDOC Helena, MT</p>
<p>George Warn Housing Assistance Bureau Chief (retired) Housing Division MDOC Helena, MT</p>	<p>Gerry Watne Multi-Family Program MT Board of Housing Helena, MT</p>	

MONTANA COUNCIL ON HOMELESSNESS

Agency or Entity	Representative
Addictive and Mental Disorders	Ed Amberg, Administrator Montana State Hospital Addictive & Mental Disorders Division MT Dept of Public Health & Human Services Warm Springs, MT
American Indian Advocacy & Legal Counsel	Sherry Scheel Matteucci Matteucci Law Firm Billings, MT
Continuum of Care	Bob Buzzas, Consultant CIVIC Consulting Bozeman, MT
Department of Commerce	Mark Simonich, Director MT Dept of Commerce Helena, MT 59601
Department of Corrections	Mike Ferriter, Administrator Adult Community Corrections Division MT Dept of Corrections Helena, MT
Department of Housing & Urban Development	<i>Ex Officio:</i> Tom Friesen, Director Helena Field Office - HUD Helena, MT
Department of Labor & Industry	Gordon Higgins Job Service Programs Bureau Chief Workforce Services Division MT Dept of Labor & Industry Helena, MT
Department of Public Health & Human Services	Hank Hudson, Division Administrator Human and Community Services Division MT Dept of Public Health & Human Services Helena, MT
Governor's Office	Bob Andersen, Lead Budget Analyst Office of Budget & Program Planning Helena, MT
Health Care for the Homeless	Lori Hartford Health Care for the Homeless Billings, MT
Homeless or Previously Homeless Person	Eric Sells C/O Stepping Stones Missoula, MT
Homeless Service Provider	Joe Bischof, Director Poverello Center Missoula, MT
Montana Board of Crime Control	Roland Mena, Executive Director Board of Crime Control MT Dept of Justice Helena, MT
Montana Wyoming Tribal Leaders Council	Gordon Belcourt, Executive Director MT/WY Tribal Leaders Council Billings, MT
Office of Public Instruction	Terry Teichrow, Director Homeless Youth Grant MT Office of Public Instruction Helena, MT
Social Security Administration	Donald P. Ketchum, Executive Officer Social Security Administration Denver, CO
Veterans' Affairs	Joe Foster, Administrator Veterans' Affairs Division MT Dept of Military Affairs Helena, Montana

WATER, WASTEWATER AND SOLID WASTE AGENCIES COORDINATION TEAM

In 1982, representatives from state, federal, and non-profit organizations that finance, regulate, or provide technical assistance for community water and wastewater systems decided to gather on a regular basis to coordinate and enhance their individual efforts. This informal group came to be called the “Water, Wastewater and Solid Waste Agencies Coordination Team” (W₂ASACT). W₂ASACT currently meets bimonthly.

Although this entity does not show up on the organizational table of any state agency, it does have a close relationship with the MDOC Community Development Division. The original impetus for establishing the W₂ASACT group came from division staff and division staff chaired the meetings for several years; the Chair is now rotated among participating agencies. W₂ASACT has become the principal means of out reach to communities and for coordination with other agencies regarding the division’s infrastructure programs.

The more active participants in W₂ASACT include:

- Federal Agencies and Programs
 - Economic Development Administration
 - Environmental Protection Agency
 - U. S. Department of Agriculture, Rural Development
- State Agencies and Programs
 - Montana Department of Commerce
 - Coal Board
 - Community Development Block Grant Program
 - Treasure State Endowment Program
 - Montana Board of Investments INTERCAP Program
 - Department of Environmental Quality
 - Drinking Water and Water Pollution Control State Revolving Loan Fund Programs (SRF)
 - Various other regulatory and technical assistance programs
 - Department of Natural Resources and Conservation
 - Renewable Resources Grant and Loan Program
- Non-Profit Organizations
 - Midwest Assistance Program
 - Montana Rural Water Systems, Inc.

APPENDIX B - CITIZEN PARTICIPATION PLAN

INTRODUCTION

The U.S. Department of Housing and Urban Development (HUD) consolidated several formula grant programs in 1994. The programs include the Community Development Block Grant (CDBG), Home Investment Partnerships (HOME), Emergency Shelter Grant (ESG), and Housing Opportunities for People With AIDS (HOPWA) programs. Although all four programs are currently utilized in the state, Montana's Consolidated Plan only covers the CDBG, HOME, and ESG programs.

While not directly covered by the Consolidated Plan, the state is the recipient of a competitive HOPWA grant, covering Montana and North and South Dakota, funded through a grant administered by the Montana Department of Public Health and Human Services (MDPHHS). The funds are part of competitively awarded grants for housing, services, and technical assistance, primarily for programs in rural areas that do not qualify for federal block grant funding.

The Consolidated Plan brings together the planning, application, reporting, and citizen participation components for the three formula grant programs. The purpose of this narrative is to present the Citizen Participation Plan prepared by the Montana Department of Commerce (MDOC), Housing Division, a fundamental piece of the consolidated planning process.

The objective of the plan is to ensure that the citizens of Montana, particularly persons of low- and moderate-income, low-income households living in slum and blight areas, units of local government, public housing agencies, and other interested parties, are provided the encouragement and opportunity to participate in planning and preparing the five-year Consolidated Plan and annual action plans, including amendments to the plan, and annual performance reports. In doing so, this narrative lays out the general guidelines around which the Consolidated Plan was developed, sets dates and milestones along which the process proceeds, and outlines methods for citizens to guide and assist the state in formulating the Plan.

THE CONSOLIDATED PLAN

The Consolidated Plan combines the planning, application, public involvement, and reporting requirements of the formula grant programs into one complete process. It promotes unifying opportunities for units of local government, the state, and others, thus laying the foundation for development of cohesive, attractive, safe, and economically vibrant communities. The consolidated planning process encourages all citizens, especially low-income residents, to take part in shaping their own future.

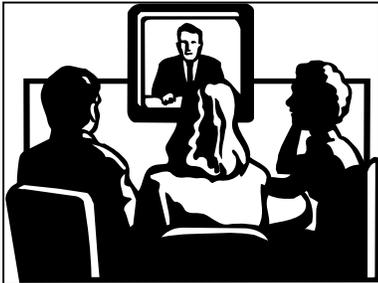
The Consolidated Plan provides the following information to citizens, public agencies, and other interested parties:

- The amount of assistance the state expects to receive;
- The range of activities that may be undertaken; and
- The general program activities that will be planned in addressing the priority needs outlined in the plan.

The plan also presents details on analysis and evaluation of priority needs statewide, as well as policies related to the provision of affordable housing and community development. The plan offers certifications that statutory guidelines have been followed.

THE PLANNING PROCESS

The Consolidated Plan is developed through public input solicited at meetings throughout the state. Some meetings occur before development of the draft report, thereby collecting distinct issue input and aiding policy formation. Others are held after releasing the draft report, allowing interested parties an opportunity to review how the strategy has been designed and presented. These meetings are scheduled at times and locations that encourage broad citizen participation. To encourage participation by as many groups and individuals as possible, meetings are held in the evening or during the lunch hour. The scheduling caters to citizens and organizations whose primary job may not be directly related to creating such a plan. Evening and lunch-time public participation meetings are intended to solicit the input of low- and moderate-income residents who may be unable to attend daytime meetings due to work conflicts. METNet



videoconference meetings are held during normal business hours. The METNet meetings are open to the public and offers additional opportunities for participation in the development of the Consolidated Plan to units of local government and other organizational representatives. When possible, meetings are also held in conjunction with other scheduled meetings, workshops, or conferences being held by the MDOC and other organizations to encourage broader participation.

All citizens are encouraged to participate, including minorities and non-English speaking persons, as well as persons with disabilities. Upon request, the state will make all necessary accommodations to further the participation of these individuals. All public meetings are held in facilities that are accessible to persons with disabilities. HUD's formula programs, alone and with other HUD-funded programs, have three basic goals pertinent to the Consolidated Plan:

- To provide decent housing;
- To provide a suitable living environment; and
- To expand economic opportunities.

Providing decent housing may involve: Increasing the availability of permanent affordable housing for low-income households (without discrimination); assisting

homeless people in obtaining appropriate housing; maintaining the affordable housing stock; and increasing supportive housing to assist persons with special needs.

Providing a suitable living environment means: improving the safety and livability of neighborhoods; deconcentrating housing opportunities and revitalizing neighborhoods; restoring and preserving natural and physical features with historic, architectural, and aesthetic value; and conserving energy resources.

To expand economic opportunities, the comprehensive approach emphasizes: creating accessible jobs; providing access to credit for community development; and assisting low-income persons to achieve self-sufficiency in federally assisted and public housing.

Within our society, the complexity of development problems has risen significantly. Assessing and solving the difficulties has outgrown what narrow, functional programs offer. Montana's priority need problems demand links between human, economic, physical, environmental, and design concerns to build communities of opportunity. In order to gain this comprehension of development complexities, the consolidated planning process must collect the knowledge that exists in the community from citizens, local governments, private business, community-based organizations, and universities.

PUBLIC INPUT TO THE PLAN

Several opportunities for citizen input were provided during the development of the draft five-year Consolidated Plan for April 2005 through March 2010 and the draft Annual Action Plan for April 1, 2005 through March 31, 2006. Notices were sent to local governments, public agencies, member organizations, and citizens throughout Montana encouraging participation in the consolidated planning process. Public input meetings are held for the express purpose of receiving comments on housing and community development needs before the release of the Consolidated Plan. At a minimum, notification of the meetings consisted of:

- Posting dates, times and locations on the *Discovering Montana* Calendar of Events at: <http://app.discoveringmontana.com/webapps/cal/event>;
- Posting dates, times and locations of the public meetings on the MDOC Housing Consolidated Plan website at: http://housing.state.mt.us/Hous_CP_Apps.asp;
- Publishing display ads in newspapers in and around location towns; and
- Sending personal invitation letters to public officials and other interested parties in and around location towns, using the Consolidated Plan mailing list.

Staff from the Community Development Division and the Housing Division may also provide an opportunity for citizen participation at yearly conventions for the Montana Association of Counties and the League of Cities and Towns, time and budgets permitting. Staff also attends other conferences and meetings that are held throughout the state that provide a forum for additional public input on the Consolidated Plan.

The need for updated or additional information is assessed to determine if further analysis is needed. If warranted, the new or updated information is incorporated into current resource documents for use by applicants to the CDBG, HOME, and ESG programs.

The Annual Performance Report, for the program year covering April 1 through March 31, is released to the public for review and comment. This report evaluates program activities performed during the program year. The public is given an opportunity to examine the contents of the report for a minimum of 15 days.

PUBLIC COMMENT ON THE DRAFT PLAN

After the drafts of the five-year Consolidated Plan for the period ending March 2010 and the Annual Action Plan for the year ending March 31, 2006 were released in the fall, the documents were available for public review and comment for a minimum of 30 days. The public was notified through public notices printed in newspapers of general circulation. The newspaper notices summarized the contents and purpose of the plan and how to obtain copies of Consolidated Plan documents. The phone number, including the TDD number, address, and web address for the Housing Division, MDOC, was included to assist those persons otherwise unable to locate complete copies of the draft five-year Consolidated Plan and Annual Action Plan. An Executive Summary, including information on how to obtain the full documents, was sent to individuals, organizations, and agencies on the Consolidated Plan mailing list. The Internet is used for ready access to the Consolidated Plan documents.



Four public review meetings on the draft five-year Consolidated Plan for the year ending March 2010, and draft Annual Action Plan for the year ending March 31, 2006 were held. Technical assistance is available to groups representing persons of very low- and low- income who request such assistance in developing proposals for funding assistance under programs covered by the Consolidated Plan. The level and type of assistance that is appropriate is determined by MDOC based on ability to provide or arrange for such assistance, the cost of providing assistance, and other relevant factors.

RELEASE OF THE CONSOLIDATED PLAN

Citizens, public agencies, and other interested parties are notified of the availability of the five-year Consolidated Plan and Annual Action Plan as adopted, amendments to the Plan, and the Annual Performance Report. Citizens are given the opportunity to examine the contents of the five-year plan and Annual Action Plan for a minimum of 30 days and 15 days for the Annual Performance Report.

When practicable, written complaints regarding the Consolidated Plan, Plan amendments, and Annual Performance Report will be responded to within 15 working days. A suitable response to those received by December 15, 2004 was made by December 31. For those who wish to lodge a complaint about any of the documents, a letter is to be submitted to Leslie Edgcomb, Consolidated Plan Coordinator, Montana Department of Commerce, P.O. Box 200545, Helena, Montana 59620-0545.

OTHER CITIZEN PARTICIPATION

Citizen participation responsibilities are also placed on program applicants and recipients at the local level. Applicants must provide citizens, especially low and moderate-income residents, adequate notice and opportunity for meaningful involvement in the planning and development of applications. All hearings must be held at times and locations convenient to potential beneficiaries and in facilities that are physically accessible for persons with disabilities.



CDBG Program Requirements

Unless re-applying for the same CDBG project submitted unsuccessfully in the previous year, the applicant must hold a minimum of two public hearings; one before preparing the application and one before passage of a resolution by the governing body authorizing the submission of the application. The first public hearing should be held not more than twelve months before the date of application. The second public hearing should be held not more than three months before the date of application. A record of the required hearings must be submitted with the application for CDBG funds, along with copies of the public notices for the hearings or affidavits of publication for the notices. A verbatim record is not necessary; a list of the names of persons who attended and a summary of comments by local officials and citizens is sufficient.

Applicants reapplying for the same project submitted unsuccessfully in the previous year must hold at least one public hearing before passage of a resolution by the governing body authorizing the submission of the application. The public hearing should be held not more than three months before the date of application.

The purpose of the first hearing is to give citizens an opportunity to identify and discuss their community's overall community development and housing needs and priorities, including the needs of low-and moderate-income persons, and to propose possible projects before the local government makes a decision regarding what project it will seek CDBG assistance for. The first hearing should also cover the estimated amount of state CDBG funds available and provide a description of the activities eligible for CDBG assistance.

The purpose of the second hearing is to give citizens and other potential beneficiaries (especially low-and moderate-income persons) or residents of the proposed project

area adequate opportunity to consider the potential impacts and benefits of the community's proposed project and to comment on it before it is submitted.

HOME Program Requirements

HOME Program applicants must provide citizens adequate notice and opportunity for involvement in the planning and development of HOME applications. Applicants must:

- Hold a minimum of one public hearing or meeting before submission of the application. The purpose of the public hearing or meeting is to solicit public comment on community housing needs and priorities and to discuss the HOME program as a potential source of funding. A public hearing gives citizens and potential beneficiaries of the proposed project adequate opportunity to review and comment on the community's HOME application before it is submitted. The applicant should give due consideration to all comments before the determination of a proposed project. The public hearing must be held within two months of the deadline date of application.
- Submit a record of any public hearings or meetings and copies of the public notices for the hearings or affidavits of publication for the notices, held in relation to the application for HOME funds. A verbatim record is not necessary; the names of persons who attended and a summary of comments by local officials and citizens are sufficient.

ESG Program Requirements

The ESG Program does not require prior citizen participation.

AMENDING THE CONSOLIDATED PLAN

Possible amendments include changes in use of funds from one eligible activity to another, changes in the method of distribution of such funds, new activities, or alteration of the existing activities or budget. MDOC will make a determination as to whether the change is substantial enough to necessitate issuing an amendment to the plan. If so, the MDOC will conduct a public review process with a minimum of one public review meeting and following the guidelines set forth above, present the amendment to the public for their review and comment. Other specific issues related to individual program guidelines are to be presented in the respective program application guidelines.

APPENDIX C - SUMMARY OF PUBLIC COMMENTS

PUBLIC INPUT MEETINGS

In the spring, an informational letter was sent to people on the Consolidated Plan mailing list inviting individuals, agencies, and organizations to participate in the preparation of the Montana Five-Year Consolidated Plan and Annual Action Plan for the year beginning April 1, 2005. Display advertisements were placed in newspapers in the host communities and surrounding communities asking for public comment, giving dates and locations of upcoming public input meetings. Display advertisements for each of the individual the meetings were placed in the local newspapers, and personal invitation letters were sent to local officials, public agencies, and interested citizens in each area. The meeting notices were also posted on the *Discovering Montana* E-Calendar at:

<http://app.discoveringmontana.com/webapps/cal/event>

Glasgow, Anaconda, and Shelby

During March and April 200, three on-site community input meetings were held:

- Glasgow, located in northeastern Montana, on March 30;
- Anaconda, in southwestern Montana, on April 6; and
- Shelby, in northern Montana, on April 14.

The Anaconda and Shelby meetings were held during the lunch hour (11:30 am to 1:00 pm), with a free lunch provided. The Glasgow meeting was held in the evening (with dessert and coffee), following the workshop for infrastructure planning, financing, and management, co-sponsored by the Montana Departments of Commerce, Environmental Quality, and Natural Resources and Conservation, and USDA Rural Development/Rural Utility Service.

Turnout at the public meetings was about what was expected, with five people attending in Glasgow, six in Anaconda, and eight in Shelby.

Additionally, a METNet interactive videoconference was broadcast simultaneously in ten cities around the state on April 22, with better than expected attendance.

METNet Videoconference Public Input Meeting April 22, 2004, 2:00 to 4:00 pm		
Location		# Attendees
Helena	Department of Public Health & Human Services	11
Bozeman	Montana State University	2
Butte	Montana Tech of the University of Montana	2
Dillon	Western Montana College of the University of Montana	2
Havre	Montana State University–Northern	4
Kalispell	Flathead Valley Community College	4
Miles City	Miles Community College	7
Billings	Montana State University–Billings	19
Great Falls	MSU College of Technology	3
Missoula	University of Montana	10

Representatives from HOME, CDBG, Section 8, and the Montana Board of Housing were present at all the meetings to answer questions and respond to public comments.

PUBLIC REVIEW MEETINGS

The draft Annual Action Plan and Five-Year Consolidated Plan were released to the public in October 2004. A public comment period was open through December 15, 2005. Notifications were sent to the 800-plus individuals and organizations on the Consolidated Plan mailing list. Display advertisements were placed in key newspapers announcing: the comment period, the website address for the documents, where to obtain hard copies of the document, where to send written comments, and the date and locations of the local, on-site meetings and the METNet videoconference. The meeting notices were also posted on the *Discovering Montana* E-Calendar at:

<http://app.discoveringmontana.com/webapps/cal/event>

Additionally, display advertisements for each of the individual the meetings were placed in the local newspapers, and personal invitation letters were sent to local officials, public agencies, and interested citizens in each area.

Miles City, Lewistown, and Missoula

Three community public review meetings were held: Miles City, in eastern Montana on October 13; Lewistown, in the geographic center of the state, on October 19; and Missoula, in western Montana, on October 21. The meetings were held in conjunction with the joint application housing application workshops sponsored by the MDOC's CDBG and HOME Program, the Montana Board of Housing, and U.S. Department of Agriculture Rural Development (USDA-RD). A free buffet lunch was available and attendance was outstanding, with 15 attendees each in Miles City and Lewistown, and 26 in Missoula.

In addition, an interactive videoconference meeting was broadcast simultaneously in eight cities around the state in November 2004.

METNet Videoconference Public Review Meeting November 18, 2004, 3:00 – 5:00 pm		
Location		# Attendees
Helena	Department of Public Health & Human Services	7
Bozeman	Montana State University	3
Butte	Montana Tech of the University of Montana	1
Havre	Montana State University–Northern	2
Kalispell	Flathead Valley Community College	5
Billings	Montana State University–Billings	3
Great Falls	MSU College of Technology	2

Representatives from HOME, CDBG, Section 8, and the Montana Board of Housing were present at all the meetings to answer questions and respond to public comments.

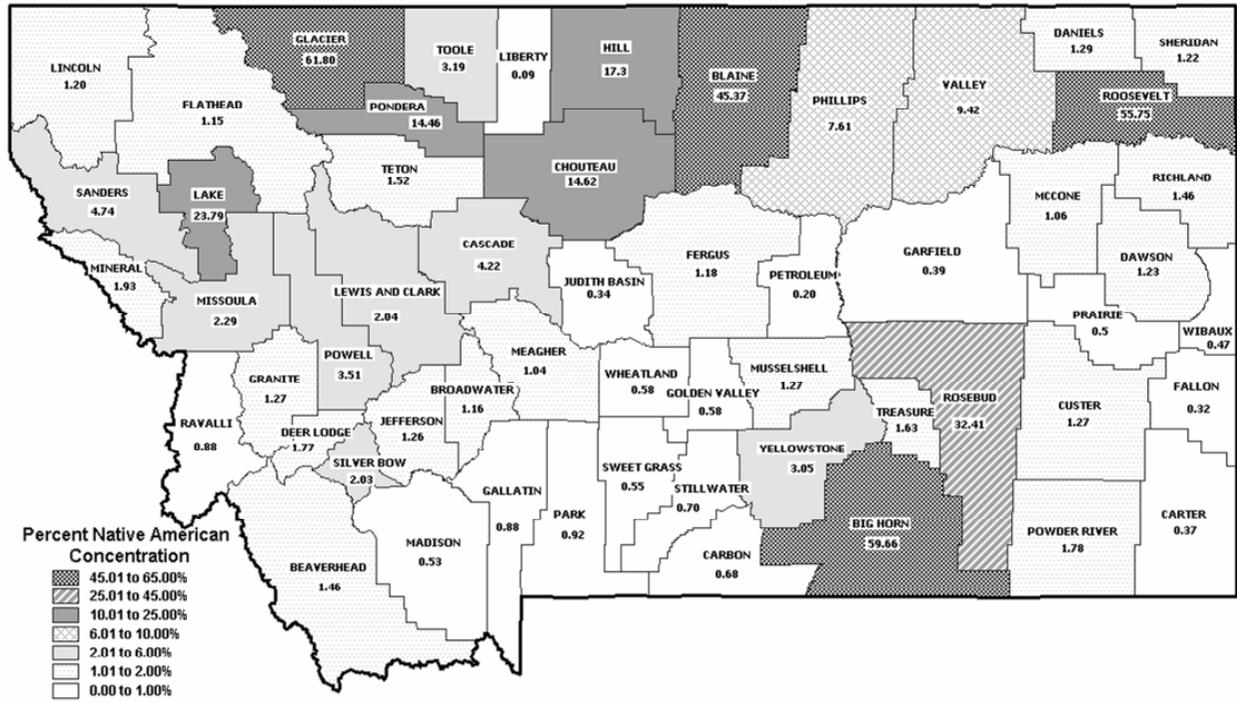
PUBLIC COMMENTS

Comments received at the meetings generally related to the requirements of the individuals programs. Questions were either answered on the spot by representatives from the individual programs, or were referred to the appropriate program for later follow-up.

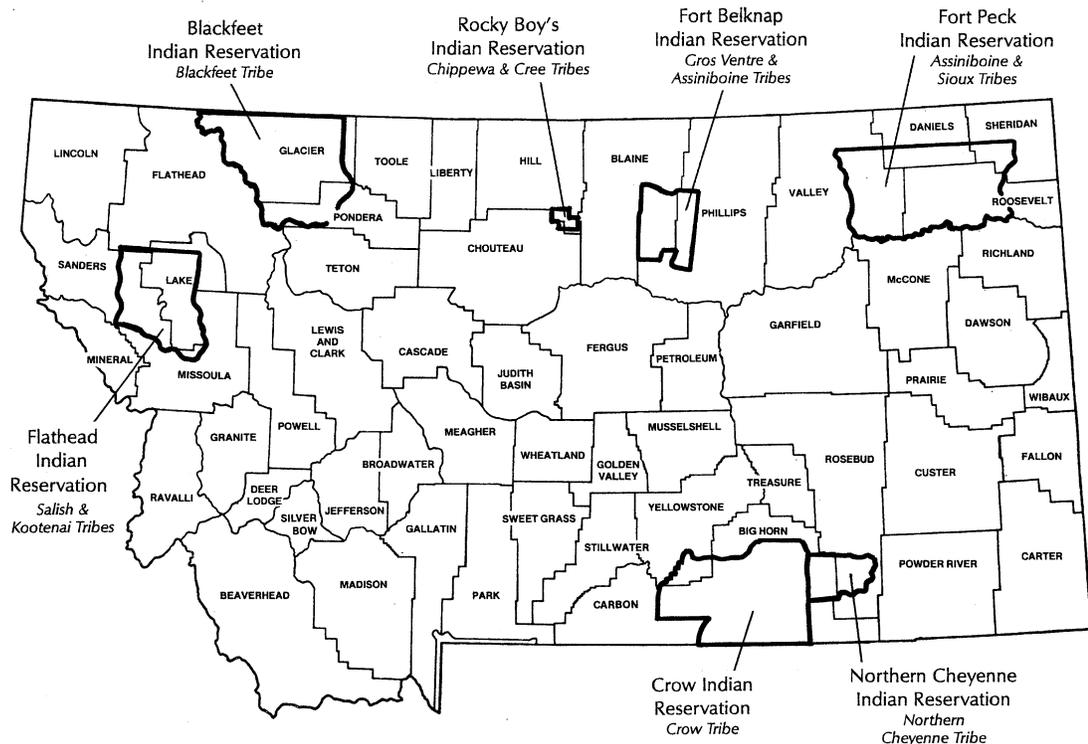
Copies of audio tapes, transcripts and/or notes of the public input and review meetings are on file with the Montana Department of Commerce, Housing Division, 301 South Park Avenue, P.O. Box 200545, Helena, Montana 59620.

APPENDIX D – MAPS

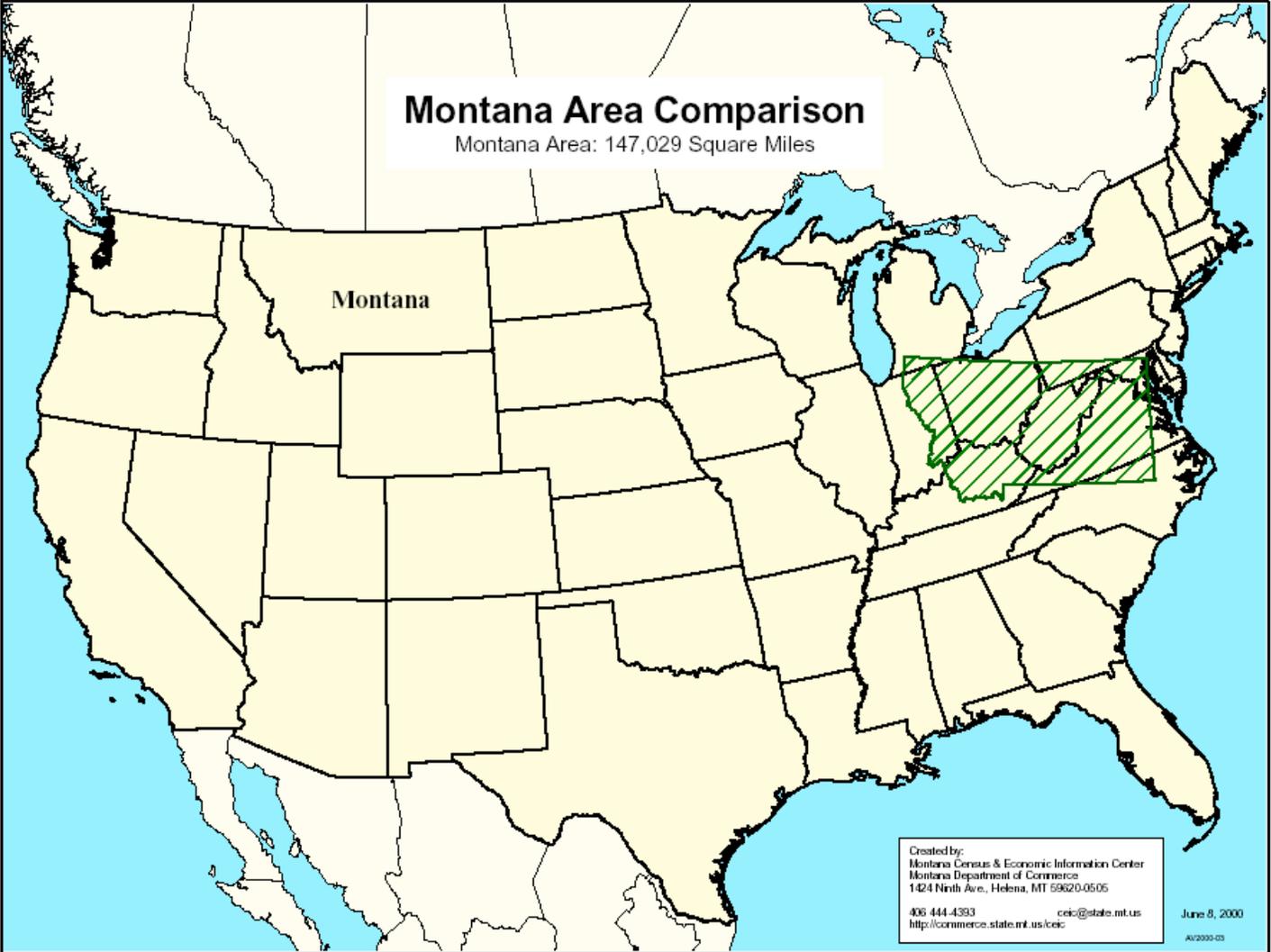
NATIVE AMERICAN CONCENTRATION BY COUNTY 2000 Census



MONTANA'S INDIAN RESERVATIONS



MONTANA AREA COMPARISON

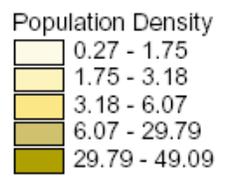
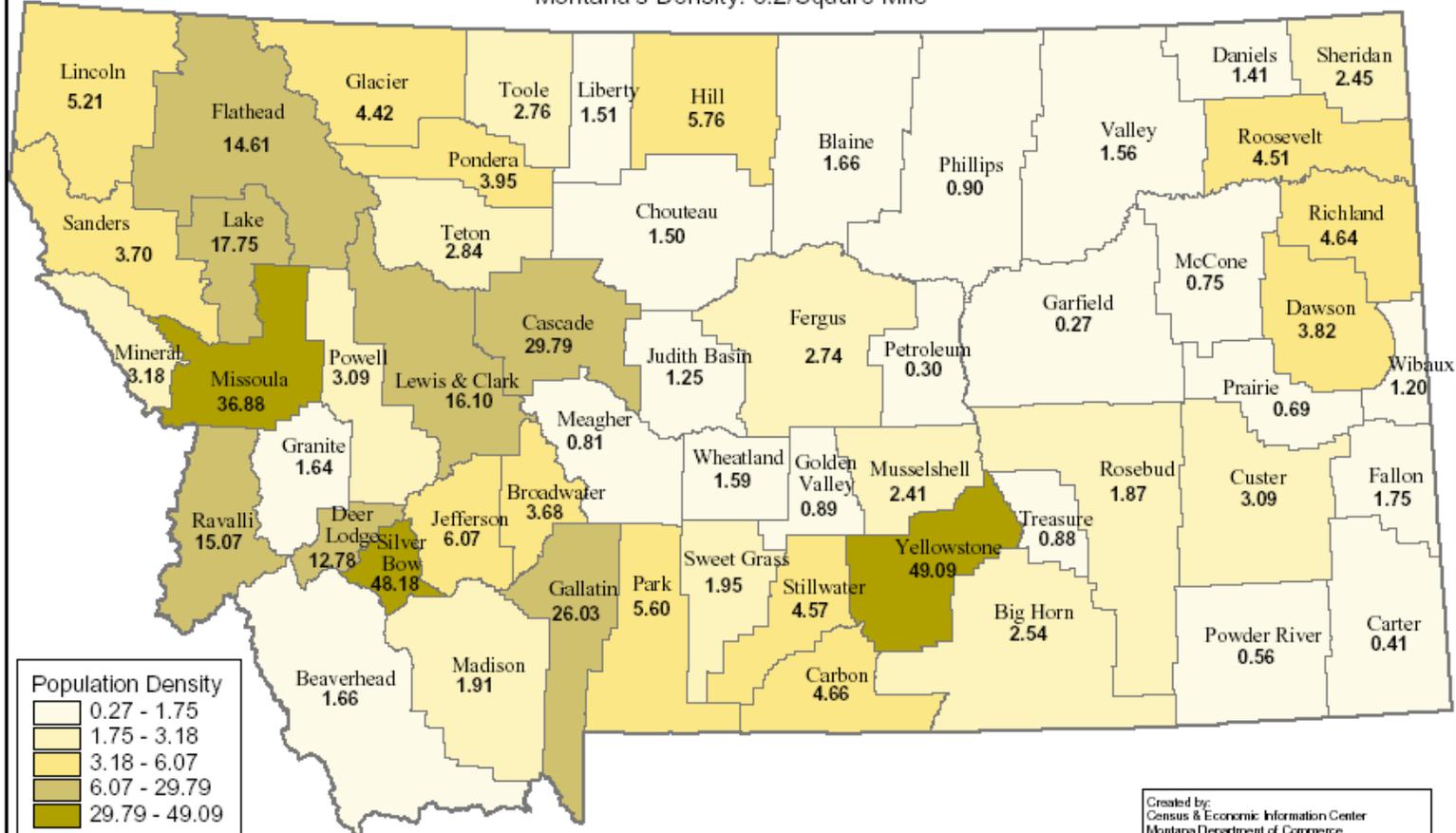


MONTANA COUNTY POPULATION DENSITY

Montana County Population

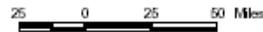
Population Density 2000

Montana's Density: 6.2/Square Mile



Source: U.S. Bureau of the Census, Public Law 94-171 data. March 2001.

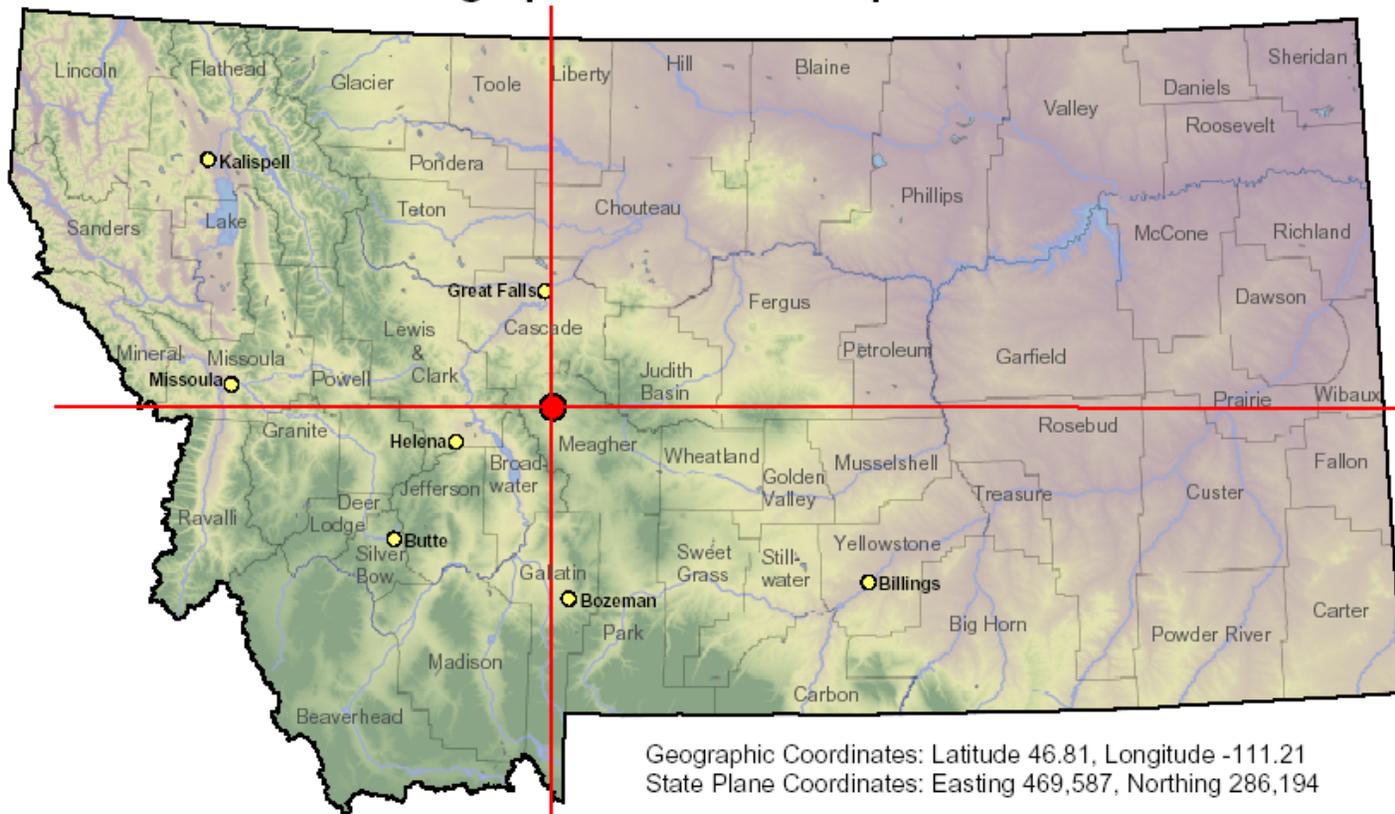
March 21, 2001



Created by:
 Census & Economic Information Center
 Montana Department of Commerce
 1424 Ninth Ave., Helena, MT 59620-0505
 406 444-2896 ceic@state.mt.us
<http://ceic.commerce.state.mt.us>
 census_2000.apr

GEOGRAPHIC CENTER OF POPULATION

CENSUS 2000: MONTANA Geographic Center of Population



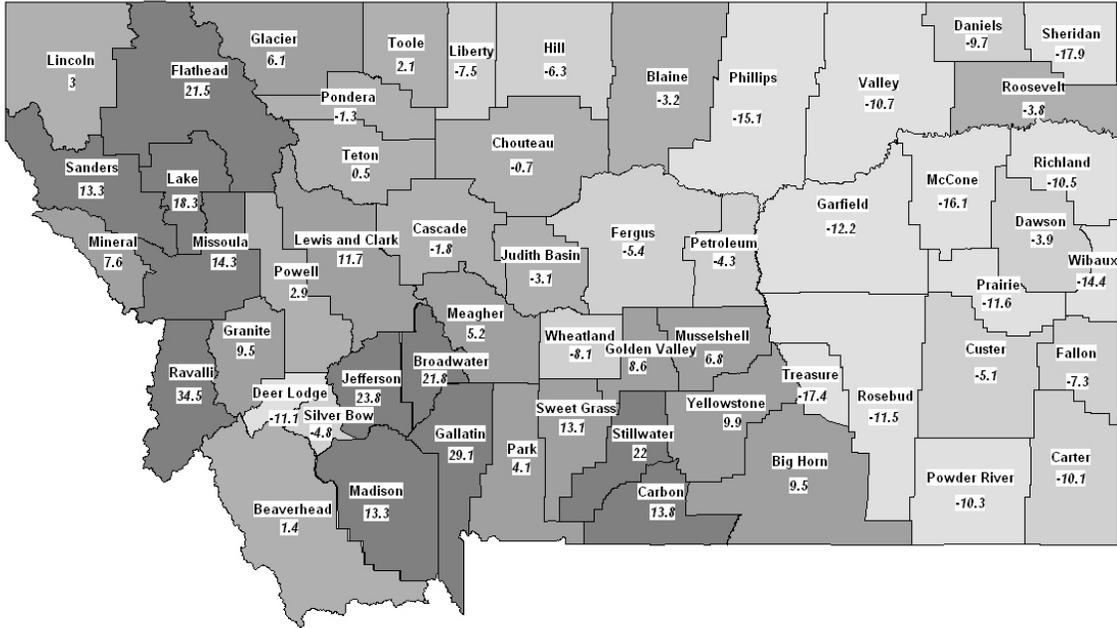
Created by:
Census & Economic Information Center
Montana Department of Commerce
301 S. Park Ave, Helena MT 59620-0905
406-841-2740 ceic@state.mt.us
<http://ceic.commerce.state.mt.us>

November 2004

PopCenter.mxd

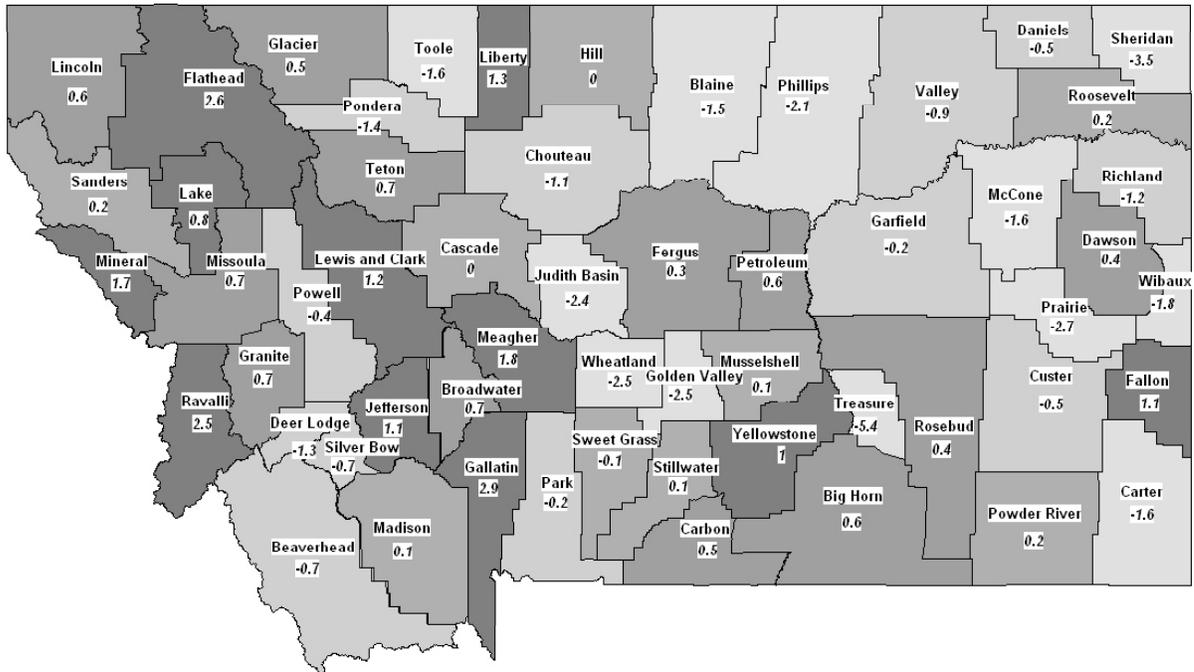
Source: U.S. Census Bureau, Census 2000, Centers of Population by State for Census 2000.

TEN-YEAR COUNTY GROWTH RATE: PERCENT CHANGE 1993 - 2003



Center for Applied Economic Research
Data from U.S. Census Bureau

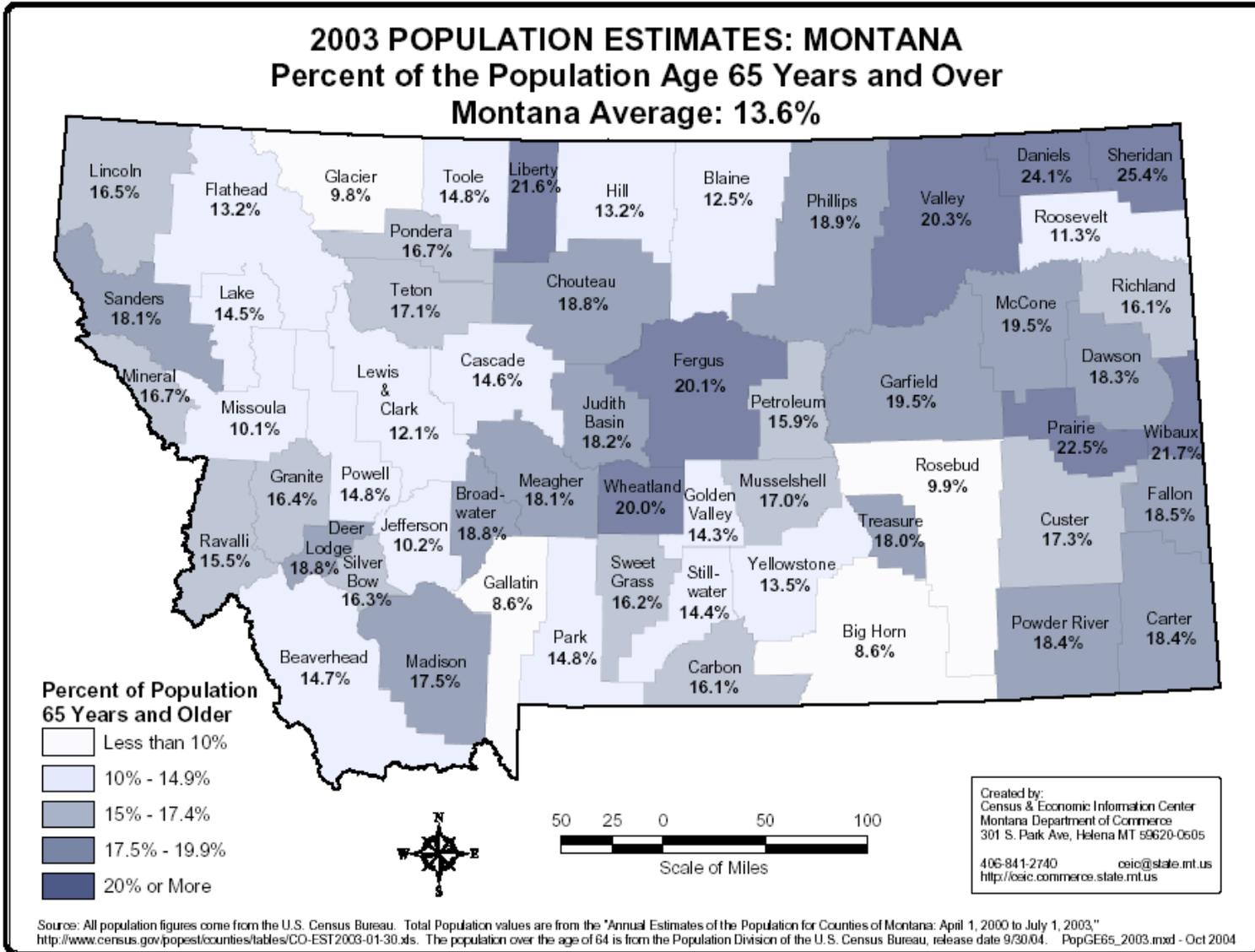
ONE-YEAR COUNTY GROWTH RATE: PERCENT CHANGE 2002 - 2003



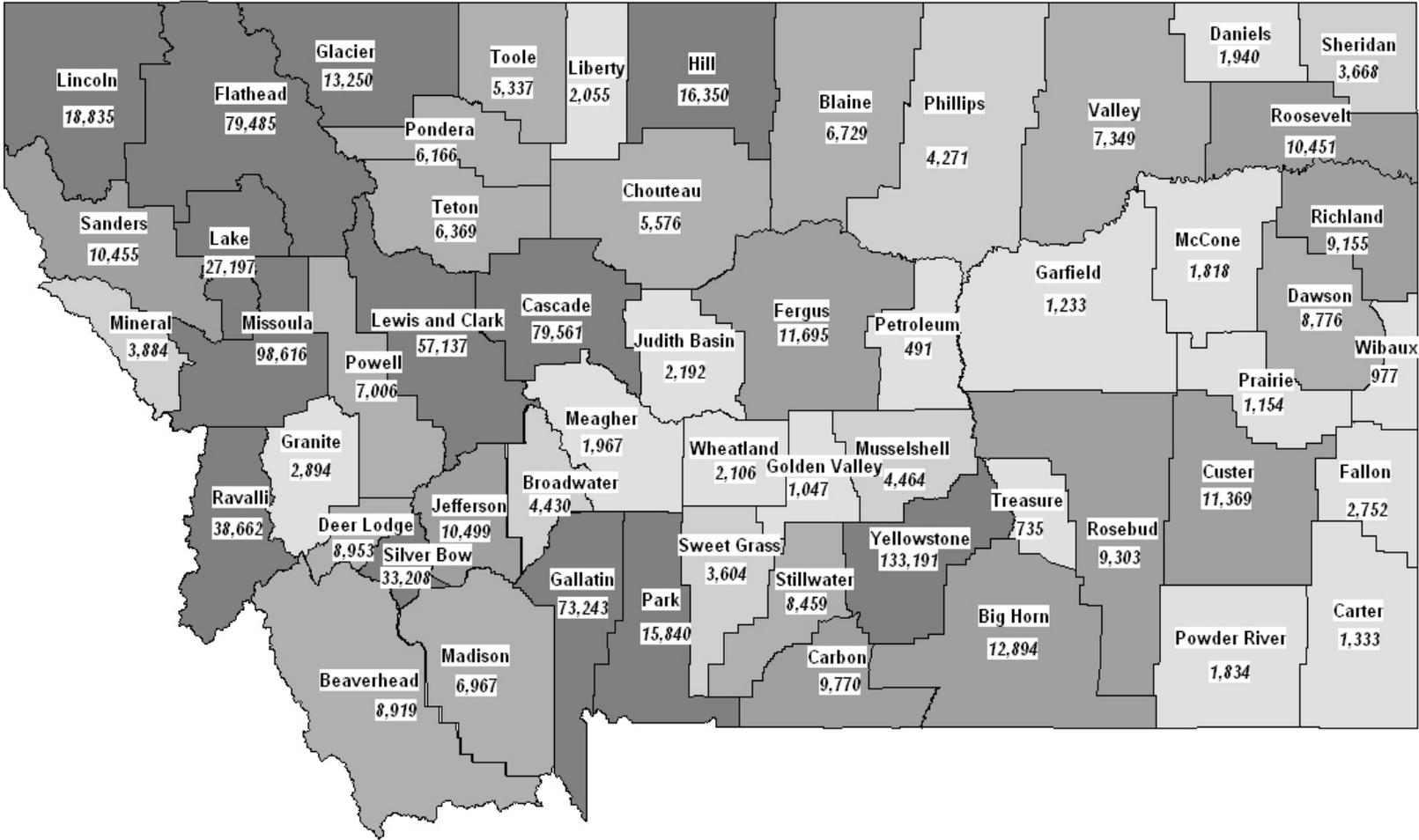
Center for Applied Economic Research
Data from U.S. Census Bureau

PERCENT OF POPULATION AGE 65 YEARS AND OVER

2003 POPULATION ESTIMATES: MONTANA
 Percent of the Population Age 65 Years and Over
 Montana Average: 13.6%

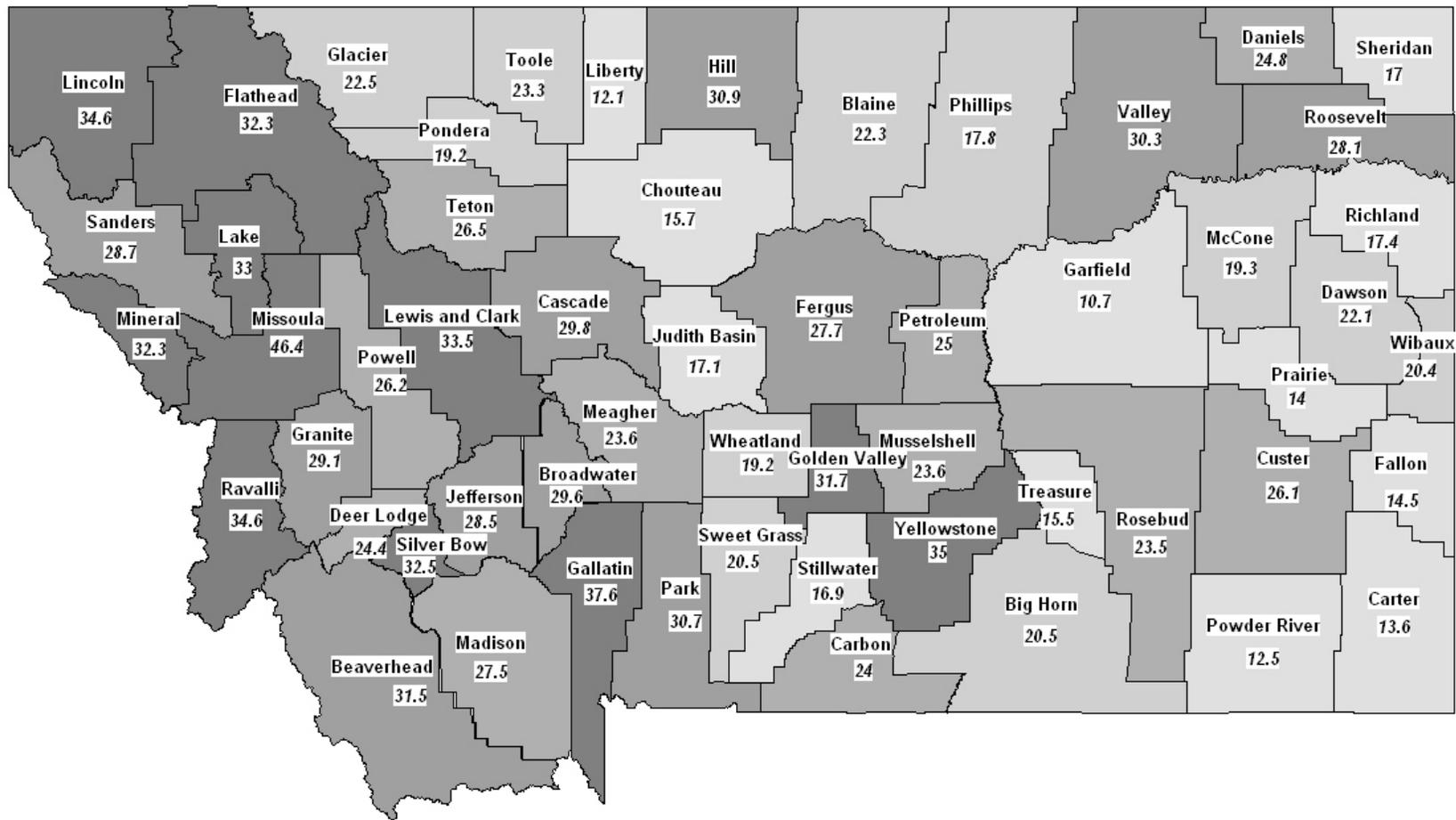


2003 POPULATION ESTIMATES BY COUNTY

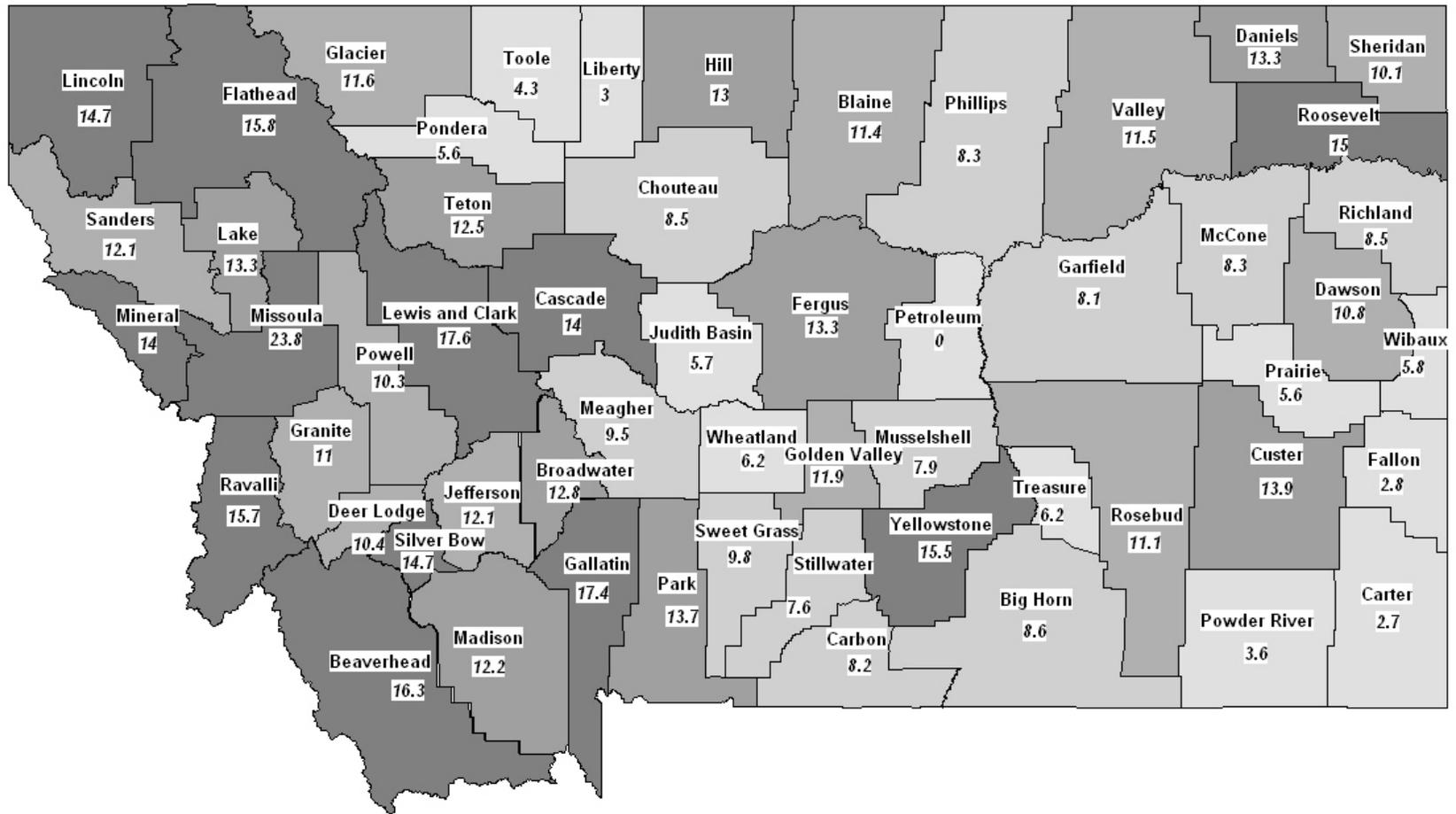


*Center for Applied Economic Research
Data from U.S. Census Bureau*

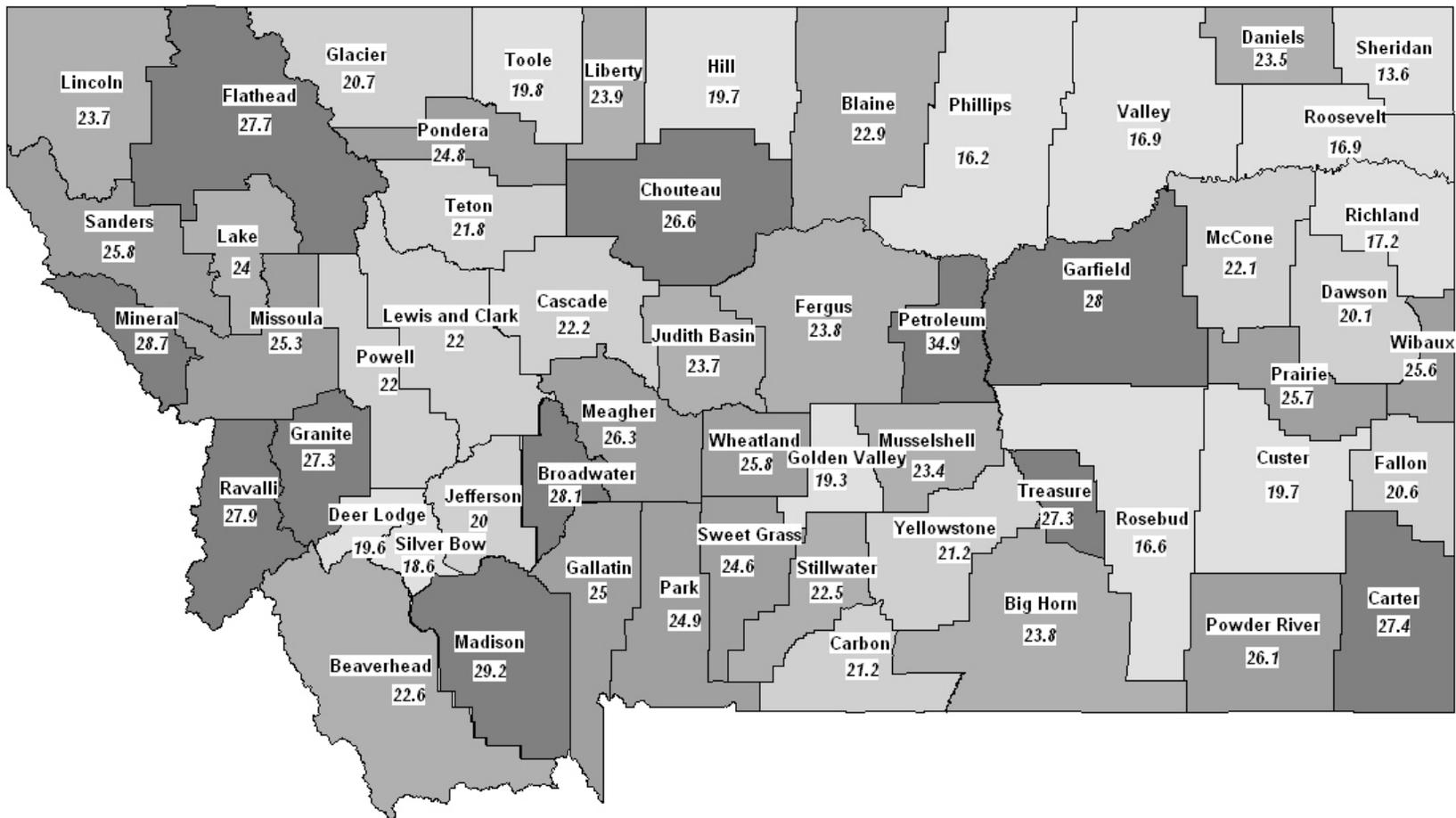
PERCENT OF RENTER HOUSEHOLDS WITH A COST BURDEN BY COUNTY
 Census 2000



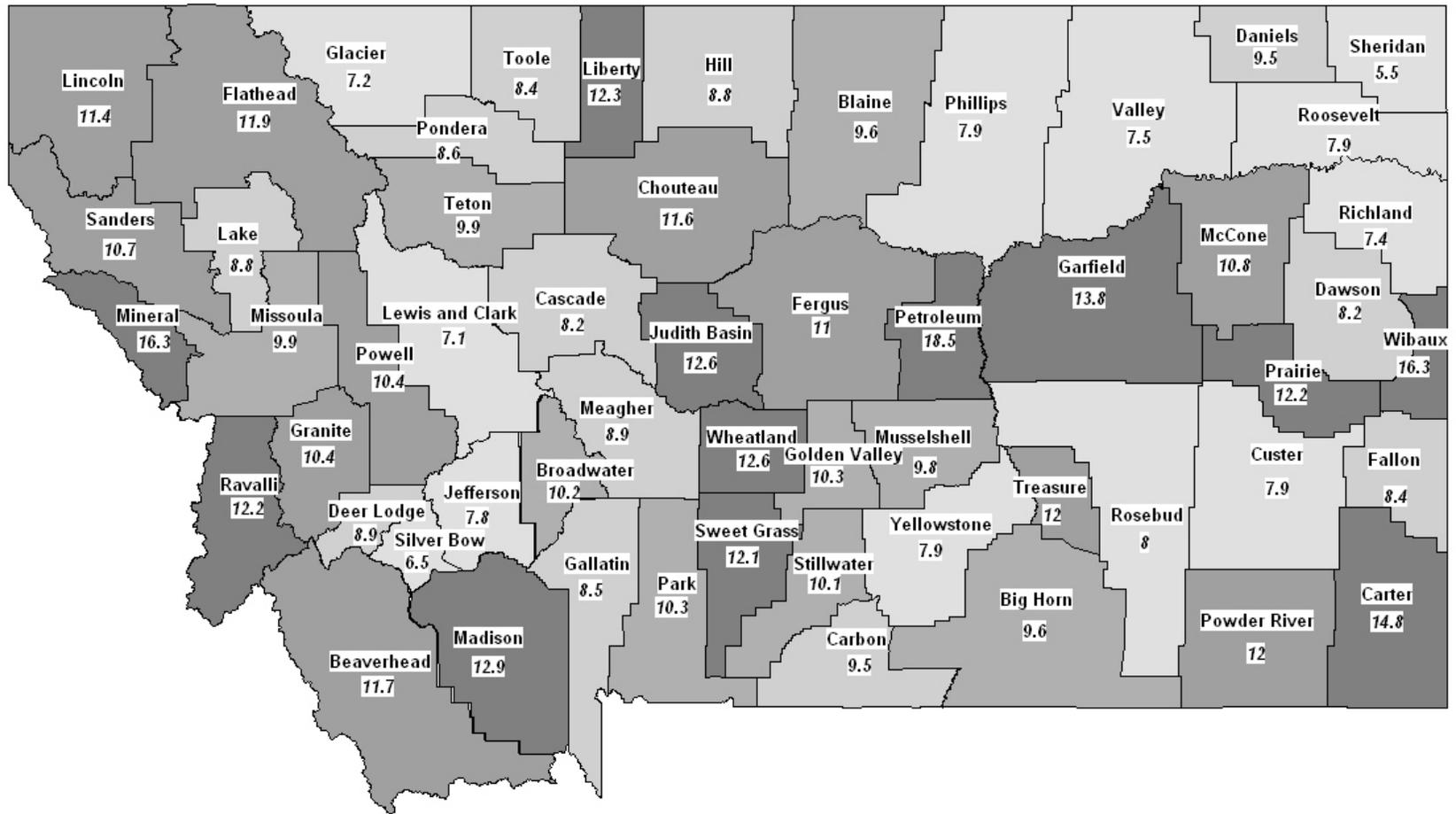
PERCENT OF RENTER HOUSEHOLDS WITH A SEVERE COST BURDEN BY COUNTY
 Census 2000



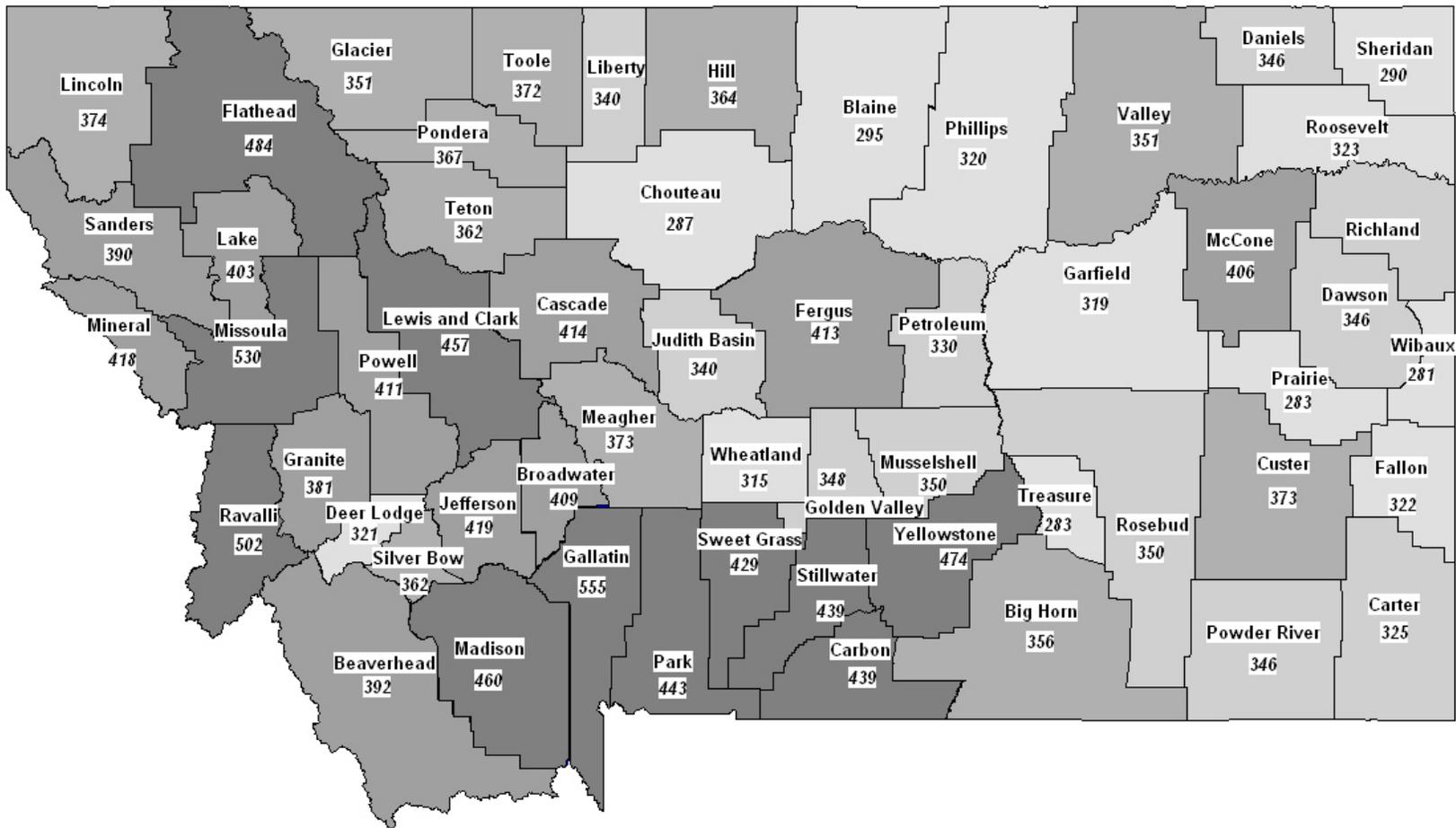
PERCENT OF OWNER HOUSEHOLDS WITH A COST BURDEN BY COUNTY
Census 2000



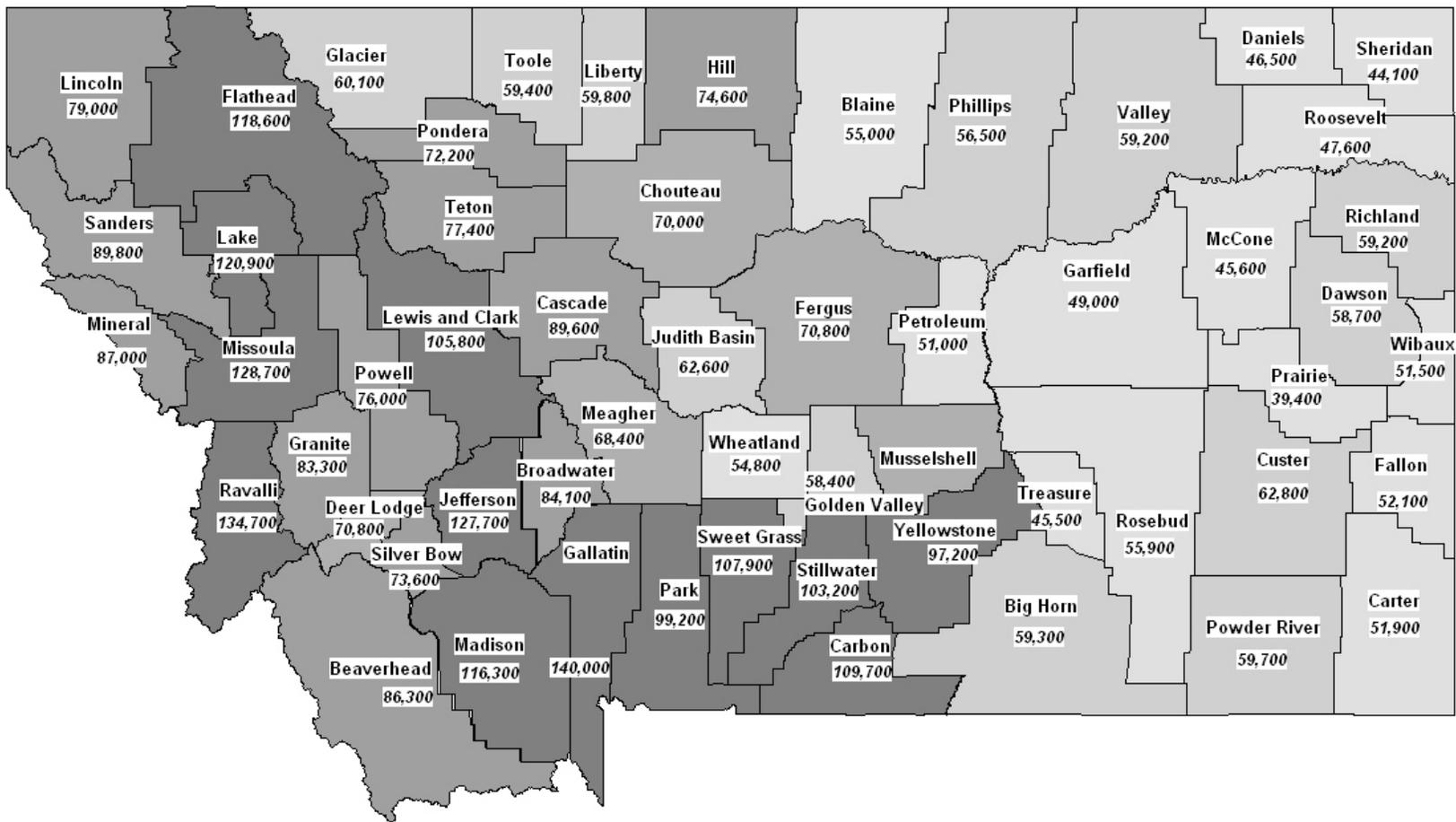
PERCENT OF OWNER HOUSEHOLDS WITH A SEVERE COST BURDEN BY COUNTY
 Census 2000



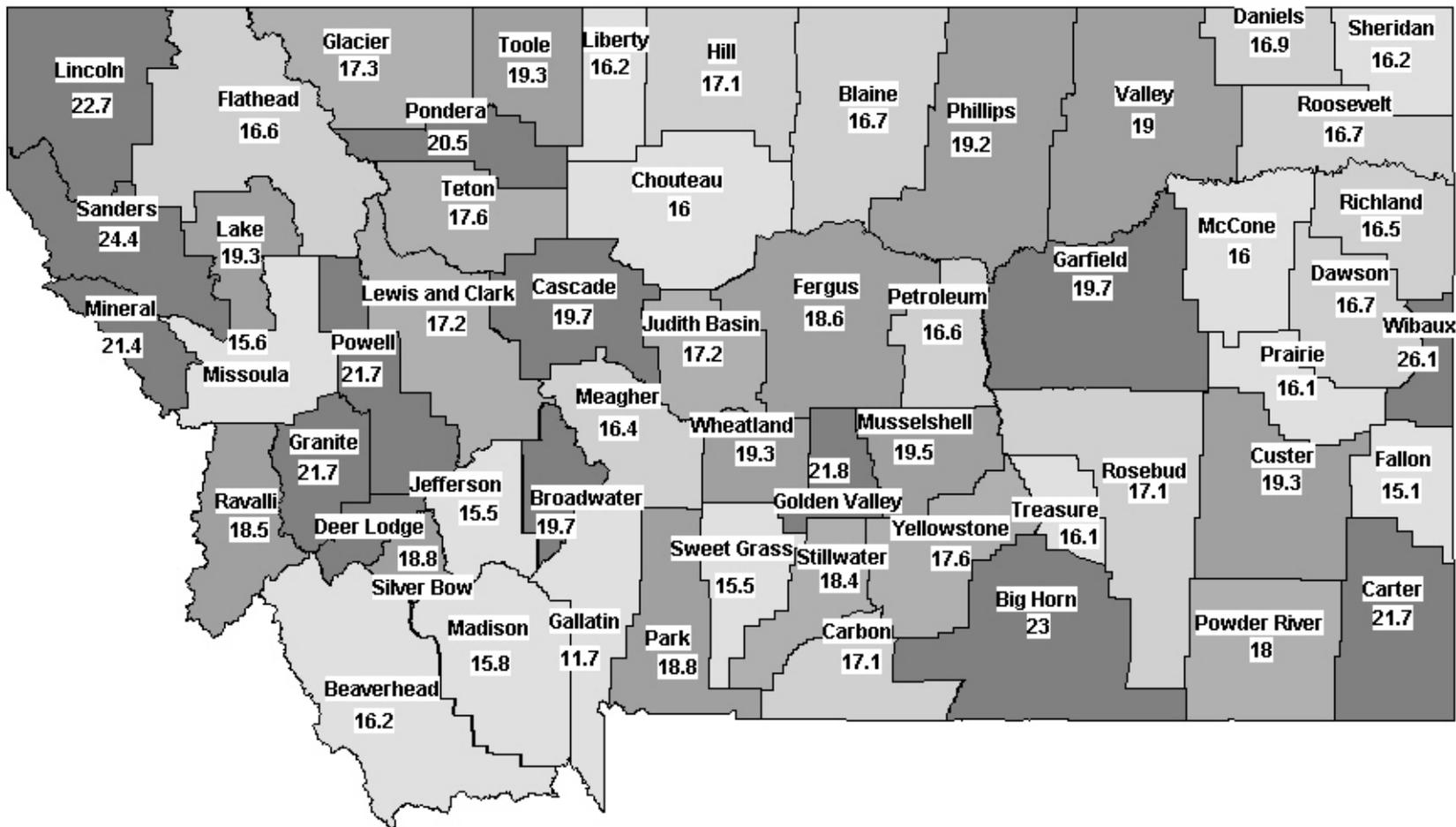
MEDIAN GROSS RENT BY COUNTY Census 2000



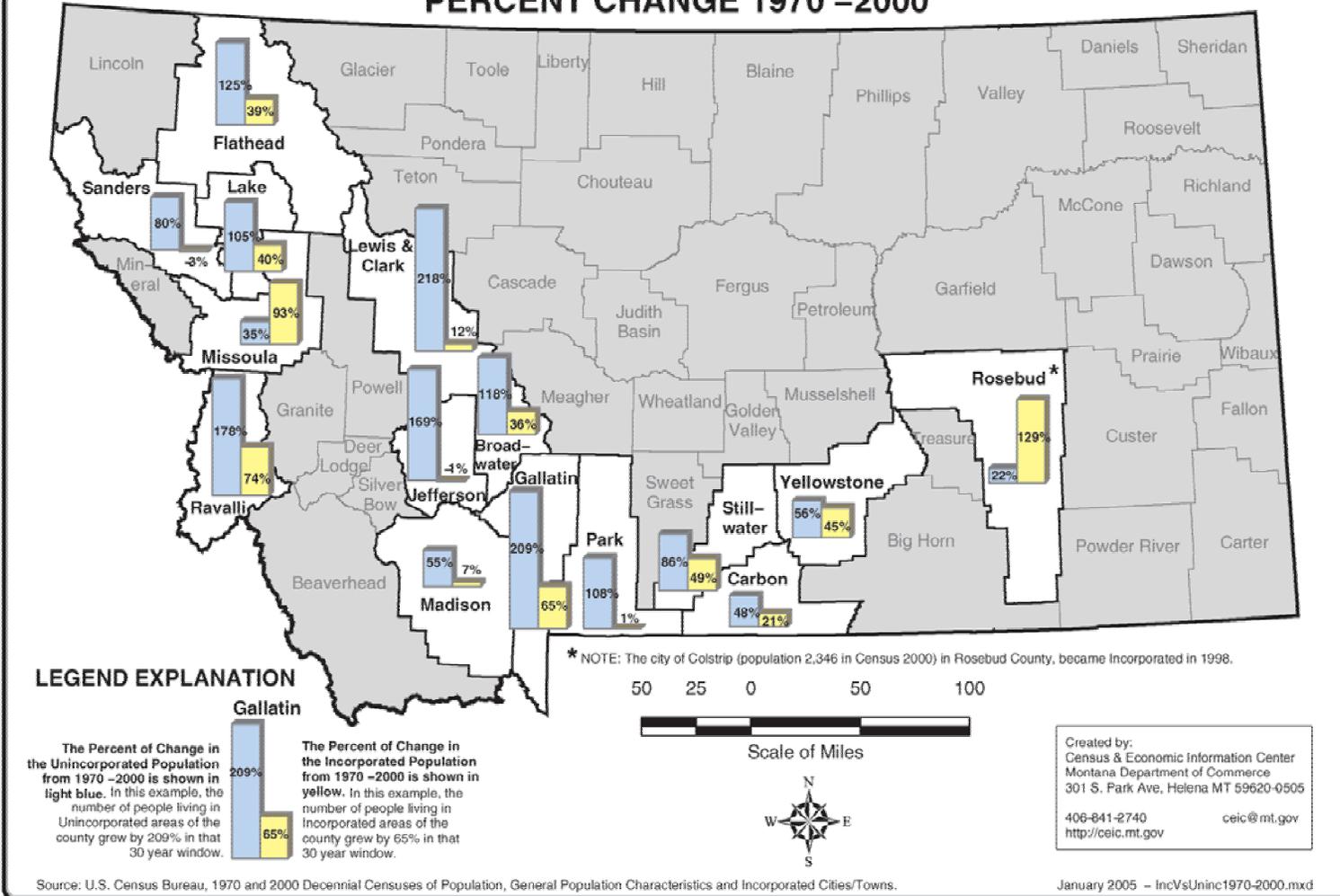
MEDIAN HOME VALUE BY COUNTY Census 2000



PERCENT OF POPULATION AGE 5 AND OVER WITH A DISABILITY BY COUNTY
CENSUS 2000

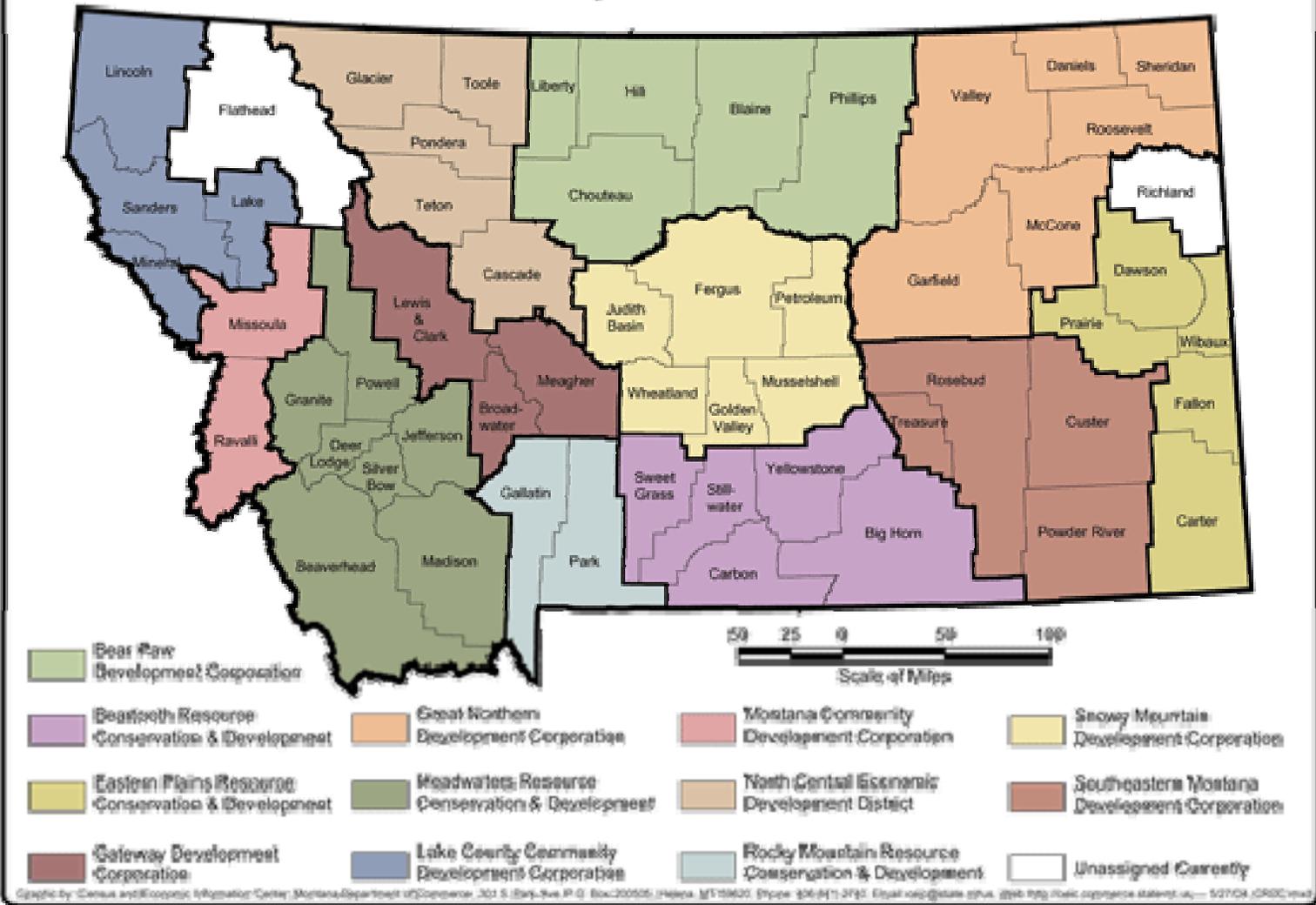


MONTANA COUNTIES WITH HIGH POPULATION GROWTH INCORPORATED VERSUS UNINCORPORATED AREAS PERCENT CHANGE 1970 -2000



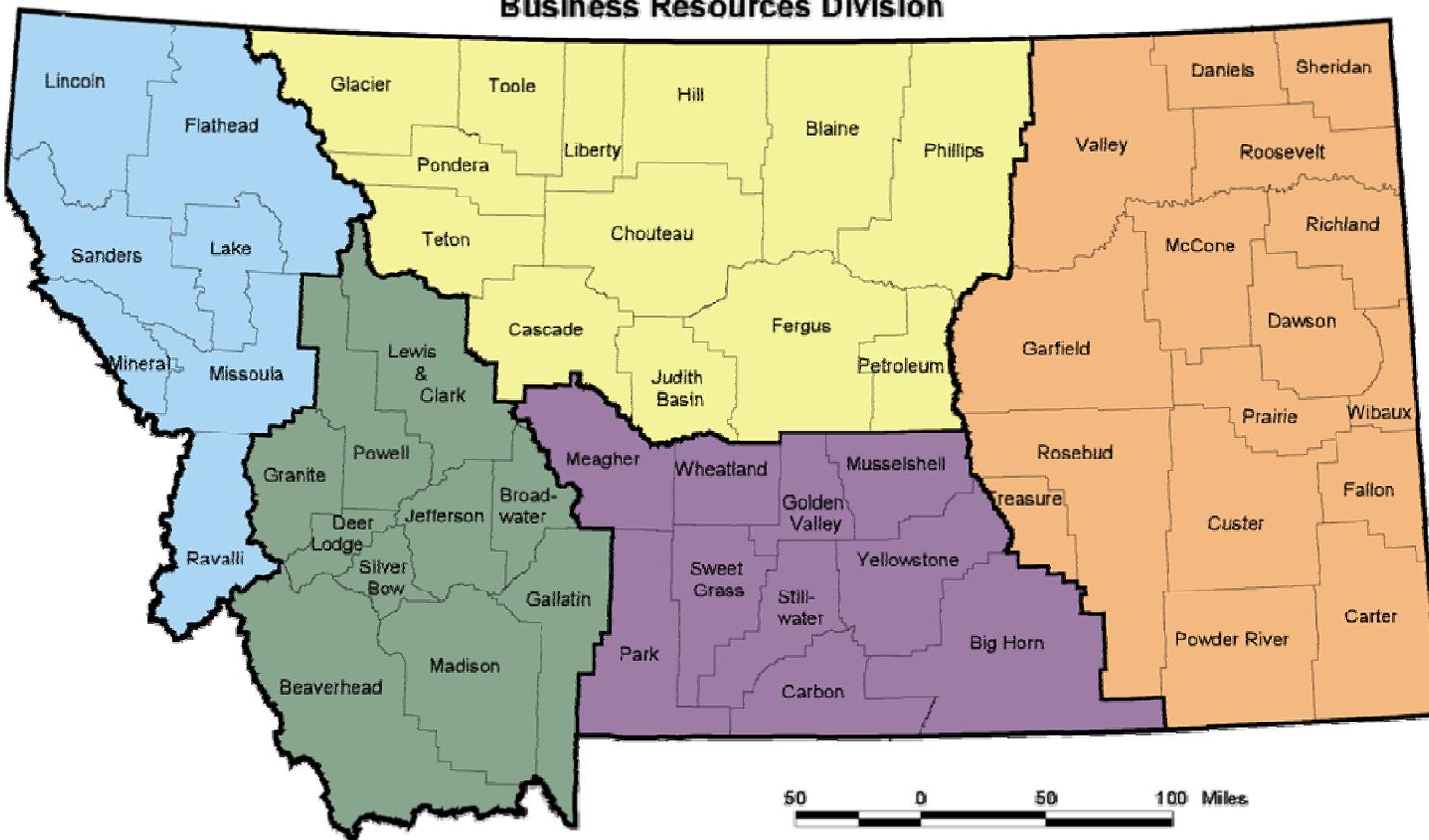
CERTIFIED REGIONAL DEVELOPMENT CORPORATION REGIONS

Montana Department of Commerce



REGIONAL DEVELOPMENT AREAS

Montana Department of Commerce Business Resources Division



Regional Development Offices

Western RDO
Phone: 257-2259
Fax: 758-2805

Southwestern RDO
Terry Dimock
Phone: 841-2737
Fax: 841-2731

North Central RDO
Randy Hanson
Phone: 262-9579
Fax: 262-9581

South Central RDO
Al Jones
Phone: 655-1696
Fax: 655-0899

Eastern RDO
Tod Kasten
Phone: 485-3374
Fax: 485-3376

Created by:
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Montana Department of Commerce
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<http://pecic.commerce.state.mt.us>

October 8, 2002

ido.apj

APPENDIX E

MONTANA CONTINUUM OF CARE APPLICATION – EXHIBIT I

2004 Application Summary

This is the first page of your application. Place it in the front of your application.

CoC Contact Person and Organization: Robert Buzzas
 Address: 321 E. Main, St., Suite 316
Bozeman, MT 59715
 Phone Number: 406-586-1572 E-mail Address: civicconsulting@msn.com

Continuum of Care Geography – BY DISTRICTS

DISTRICT 1, 2 & 3	
Carter County	309011
Custer County	309017
Daniels County	309019
Dawson County	309021
Fallon County	309025
Garfield County	309033
McCone County	309055
Phillips County	309071
Powder River County	309075
Prairie County	309079
Richland County	309083
Roosevelt County	309085
Rosebud County	309087
Sheridan County	309091
Treasure County	309103
Valley County	309105
Wibaux County	309109
DISTRICT 4	
Blaine County	309005
Chouteau County	309015
Hill County	309041
Liberty County	309051
DISTRICT 5	
Great Falls	300342
Cascade County	309013
Glacier County	309035
Pondera County	309073
Teton County	309099
Toole County	309101
DISTRICT 6	
Fergus County	309027
Golden Valley County	309037
Judith Basin County	309045
Musselshell County	309065
Petroleum County	309069
Wheatland County	309107

DISTRICT 7	
Billings	300066
Big Horn	309003
Carbon	309009
Yellowstone	309111
Stillwater County	309095
Sweet Grass County	309097
DISTRICT 8	
Broadwater County	309007
Lewis and Clark County	309049
Jefferson County	309043
DISTRICT 9	
Gallatin County	309031
Meagher County	309059
Park County	309067
DISTRICT 10	
Flathead County	309029
Lake County	309047
Lincoln County	309053
Sanders County	309089
DISTRICT 11	
Missoula	300540
Mineral County	309061
Missoula County	309063
Ravalli County	309081
DISTRICT 12	
Beaverhead County	309001
Deer Lodge County	309023
Granite County	309039
Madison County	309057
Powell County	309077
Silver Bow County	309093

Form HUD-40076 COC-A

Exhibit 1: Continuum of Care Planning Process Organizations

Form HUD 40076 CoC-B page 1

Exhibit 1: Continuum of Care Narrative and Form HUD-40076 CoC-B Instructions

Continuum of Care Narrative

Your response should consist of narrative text and a completed form HUD-40076 CoC-B

1. Your Continuum of Care's accomplishments.

Our #1 Priority last year was to "create an effective structure and establish the leadership necessary to improve the coordination of homeless services statewide." The Coalition strategy for achieving this was to recommend, through the Montana Policy Academy, the creation of an interagency council on homelessness. That was done in May of this year when the Governor, through executive action, created the Montana Council on Homeless and appointed 16 members, including department directors, division administrators and bureau chiefs critical to improving the leadership and coordination of homeless services statewide. The Council will become the principle planning body and is uniquely suited to marshalling resources and programs to make the single biggest stride toward eradicating Chronic Homelessness by 2012 that we have achieved yet.

We have also made significant progress in improving case management while also bring new resources to bear through several efforts. Chief among them is a collaboration with the Social Security Administration in a pilot project designed to improve Montana SSI/Medicaid approval rate. We have also initiated pilot projects meant to increase the coordination between local service providers and the State Mental Hospital, State Prison and the State Mental Health Services.

Perhaps most significantly, however, is a major paradigm shift of our Coalition members and others toward the "housing first" concept thanks, in large part, to a workshop the Coalition sponsored with Tanya Tull of Housing First.

In short, we have moved beyond planning into more implementation activities and are beginning to change the way services are provided and policy is made.

2. Your community's *planning process* for developing a Continuum of Care strategy.

a. *Identify the lead entity (i.e., convener or organization managing the overall process) for the CoC planning process.*

The lead entity is the Montana Continuum of Care Coalition (Coalition) which is a 7 year old statewide collaboration of individuals and organizations representing a wide variety of communities and homeless services. The Coalition has no "official" designation, is not a 501c3 organization nor is it housed within any government entity. It has been, however, the state's only homeless planning entity and has successfully brought together many key players to achieve a long list of accomplishments. It was started by a collaboration between the Montana Department of Public Health and Human Services (DPHHS) and the MT Human Resource Development Councils Association (community action agencies). DPHHS continues to provide staffing through a contract for services and the HRDC Association continues to help underwrite the costs of the annual statewide homeless survey, but governance issues and other decisions are left completely to the Coalition membership.

An Executive Committee of 10 members from 7 communities provides the core leadership to oversee and assess the need for change, the development of committees, and to give directions to the consultant/staff.

Membership on the Executive Committee is open to anyone interested in serving. Other committees this year included: Process Committee, Strategy Committee, Renewal Reviews Committee, Policy Academy, HMIS Development Committee and a MT Council on Homeless Committee.

b. Describe your community’s CoC planning process, demonstrating that one well-coordinated process is in place with no overlapping or duplicative efforts.

The Montana Continuum of Care Coalition has been the only planning body in the state addressing homelessness but is happy to report that will now change with the establishment of the Montana Council on Homelessness by the Governor in May of this year. The Coalition is committed to having one single, integrated and inclusive planning body and looks forward to working with the Council and deferring planning and leadership to MCH as the principal homeless planning body starting this fall. Of the 16 appointees to the MCH, 5 active Coalition members are included to help ensure close coordination and integration between these two organizations. While the precise role of the Coalition will be revised this coming year to best complement the efforts of the Council, it is envisioned that it will become a partner in planning and just one of many organizations being coordinated by the Council in implementing a far broader agenda of action items. The following description, therefore, describes the planning process for this past year.

The Coalition reviews its mission and strategy, structure, process, and progress annually at an August Planning Retreat (moved to September 9-10 this year). At least five other meetings throughout the year are needed to continue ongoing planning efforts, develop projects, organize the homeless survey and housing activity survey, refine the coalition’s process, ensure project ranking occurs and facilitate the submission of a consolidated CoC application.

District	Population	%	Size (Sq. Mi.)	Density (people per sq mi)
1,2,3	81,262	9%	48,499	1.7
4	31,810	4%	12,599	2.5
5	111,740	12%	11,627	9.6
6	22,513	2%	12,371	1.8
7	163,379	18%	13,393	12.2
8	88,063	10%	6,395	13.8
9	85,457	9%	7,840	10.9
10	130,042	14%	13,375	9.7
11	135,756	15%	6,242	21.7
12	70,086	8%	14,701	4.8
Connecticut			5,554	592
New Hampshire			8,215	1,065
Rhode Island			1,214	906.3
Vermont			9,615	62.7
Massachusetts			9,241	770.7
West Virginia			12,232	75.6

Coalition membership or participation is completely open and operates on the principles of **shared-leadership and decision-by-consensus**. Membership averages 50-55 individuals representing every district as well as the 10 largest cities (largest 90,000 and smallest 9600) with about half of those being consistently active throughout the year and from year-to-year. While the Executive provides some core leadership and planning, everything is subject to review and change during the statewide Coalition meetings. Agendas always include time for open discussion and draft agendas are sent prior to each meeting requesting changes or additions.

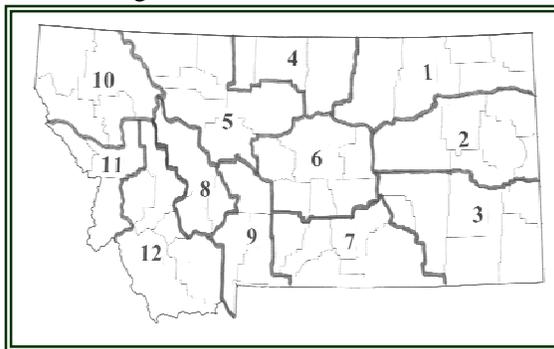
Linkages and coordination with other statewide groups, such as the NAHRO MT Association (housing), the Montana Home Choice Coalition (housing for seriously disabled), the Human Resource Development Council Association, Mental Health Network, Montana Veterans Association and others, is accomplished through cross membership in the Coalition and these other organizations.

Collaboration with state agencies, such as the Addictive and Mental Disorders Division of Dept. of Health, State Veterans Affairs, state Housing programs and Consolidated Plan and the State PATH Coordinator, are all achieved through having representatives from these offices in the Coalition.

Given that most of Montana is very rural and sparsely populated (half of the 56 counties still meet the Frontier designation of fewer than 7 people per square mile), we use districts as the organizational

structure to ensure both geographical participation in the continuum and the delivery of services throughout the state. These are the same districts used by the Human Resource Development Councils since 1964. The following map shows the districts and the table above illustrates the extent to which Montana is challenged to provide services by vast geography and sparse population. Note the comparison of size and population size to the sample states showing districts larger than some states yet only a fraction of the population.

Within these districts are a total of 10 community based or regional continuum of care networks that send representatives to the statewide Coalition meetings. The seven largest cities and towns in the state marked on the map (as dots) provide the major hubs of service that extend to outlying rural areas and encompass approximately two-thirds of the entire state's population.



d. List the names and types of organizations involved in your Continuum of Care.

The list below contains 54 individuals and their organizations that participated in the last year's coalition. Seven (7) represent key programs in state agencies, 3 from local governments, 39 from community and statewide nonprofit organizations or advocacy groups, 5 from Public Housing Authorities and even two from the Social Security Administration (representatives from the HUD state office, including Tom Friesen and Lyle Konkol also participate only in the summer and fall to preclude involvement with any application activity, but are not listed here).

a. List the dates and main topics of your CoC planning meetings held since June 2003, which demonstrate that these meetings (both plenary and committee) are: (1) regularly scheduled; (2) held year round; and (3) not solely focused on developing an application in response to the NOFA.

- July 14-15 HMIS Planning Meeting, D.C., **COMMITTEE**
Two members of the Coalition attended the HMIS, HUD Conference in Lansdowne Virginia and agree to participate in early AHAR reporting to Congress.

- August 25-26 CoC Annual Planning Meeting, Big Sky, **PLENARY**
Annual strategic planning session covering priority setting, process review etc. Learning more about Housing First was prioritized by raising the funds necessary to conduct a statewide workshop.

- September 17 Montana Hunger & Homeless Conference Workshops, Helena, **COMMITTEE**
CoC members sponsored and conducted workshops on Mainstream Resources, Strengthening Case Management, Accessing Mainstream Resources. Philip Mangano came to Montana to attend the conference, meet with the Governor to promote formation of an interagency council on homelessness and conduct a workshop on eradicating CH by 2010.

- September 29 Policy Academy Meeting, Helena, **COMMITTEE**
To continue efforts to implement the Action Plan, especially the interagency council.

- October 21 SSI-Presumptive Eligibility Planning Meeting, Helena, **COMMITTEE**

Sponsored meeting with state program managers to promote the application to SSA for a Presumptive Eligibility Waiver as prioritized in the Policy Academy action steps. The waiver request was not made as state program staff said it wasn't necessary.

- November 21 Statewide CoC Mtng & Housing First Workshop, Missoula, **PLENARY**
Tanya Tull of Beyond Housing, Los Angeles, conducts a one-day workshop on implementing "housing first" strategies. The workshop was intended for Coalition members but open to the public drawing more than 75 people from across the state.
- December 17 Policy Academy Meeting, Helena, **COMMITTEE**
To continue implementing the Action Items, particularly the interagency council.
- January 12 HMIS Grant Implementation Meeting, Helena, **COMMITTEE**
To begin implementing the HMIS grant by bringing together a group of end-users to discuss both system and end-user needs.
- February 12 Foster Care Association Meeting, Helena, **COMMITTEE**
To discuss shared interests and the growing need to address the homelessness that occasionally results when youth age out of foster care. The association agrees to urge its local members to participate in local continuums and to help gather data and coordinate after care planning for aged-out youth.
- February 23 HUD TA Workshop w/ Bozeman Continuum
Coalition request for HUD TA assistance to help build stronger local continuums results in two communities workshops with HUD TA consultant John Epler of Seattle.
- February 24 CoC Statewide Meeting, Helena, **PLENARY**
The primary agenda was "Exploring New Directions for the Montana Continuum of Care," led by HUD TA consultant John Epler. Other planning included a review of the existing ranking process and strategy to increase use of mainstream resources.
- February 25 HUD TA Workshop w/ Billings Continuum
Coalition request for HUD TA assistance to help build stronger local continuums results in two communities workshops with HUD TA consultant John Epler of Seattle.
- March 10 Policy Academy Meeting, Helena, **COMMITTEE**
To meet with staff hired for the impending Montana Council on Homeless and plan for the implementation of the Council.
- March 23 CoC Statewide Meeting, Helena, **PLENARY**
Two committees (a. Strategy for Accessing Mainstream and Eradicating Chronic Homelessness and b. Process for scoring and ranking projects) convened in the morning to review debriefings from HUD and discuss any needed changes. The Statewide Coalition met in the afternoon and discussed committee recommendations, including revisions to our ranking process and strategies for increasing use of resources and addressing discharge planning from state prison and state mental hospitals. All recommendations were accepted by unanimous consent.
- March 26 SSA Pilot Project Planning Meeting, Helena, **COMMITTEE**
After failing to submit a Presumptive Eligibility waiver, a plan to achieve a higher SSI application approval rate was fostered between the Coalition and the Regional Office of

the Social Security Administration. This was the second meeting and actual planning session that resulted in four training sessions and a “red flagged” pilot program to closely scrutinize SSI applications for four months.

- April 23 HMIS Planning Meeting, Helena, **COMMITTEE**
A meeting with the state’s Domestic Abuse Shelter association executive director and other DV shelter directors was held with the Coalition, Dept of Health and Human Services and the HMIS manager, Northrup Grumman, to discuss issues specific to domestic abuse shelters.
- April 26 CoC Statewide Meeting, Application Workshop, Butte, **PLENARY**
Principal agenda items included final review of the new scoring and ranking process, including the recruitment of a third-part Review Panel. Also reviewed HUD debriefing information and other materials for all interested project applicants in order to produce higher quality project applications.
- April 29 HMIS Conference Call, **COMMITTEE**
To continue planning implementation of the HMIS.
- May 7 HMIS Planning Meeting, Helena, **COMMITTEE**
To continue planning implementation of the HMIS.
- June 6 Montana Council on Homeless Inaugural Meeting, Helena, **COMMITTEE**
The first meeting of the Council included the Governor, directors of two departments and others newly appointed to the Council. Discussions focused on how the group wanted to proceed in coming up with an action plan.
- July 8 Statewide CoC Meeting, Bozeman, **PLENARY**
The scoring results from the Review Panel were presented, discussed and accepted as submitted. The discussion included issues concerning funding of supportive services only projects, renewal projects and the future congested “pipeline” of renewal projects. Agenda for the annual planning meeting was also developed.

d. List, using HUD 40076, names and organizations involved in your CoC planning process.

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation r regularly attends o occasionally attends Ex Exec Comm. PC Process Committee SC Strategy Committee ReC Renewal Review S&H Survey & H'sing Activity Comm PP Pilot Project member PA Policy Academy MCHMT Council on Homeless HMIS HMIS dev. Comm.
Montana CoC Coalition – STATEWIDE			
All of the following are members. Coalition meets 5 times a yr			
State agencies: <ul style="list-style-type: none"> • Jim Nolan, Dept of Public Health and Human Services • Leslie Edgcomb, MT Con Plan Coordinator, Dept of Commerce • Joe Foster, Dept of Military Affairs, Veteran Affairs • Marcia Armstrong, Addictive & Mental Disorders Div. MT Dept of Public Health and Human Services • Chuck Michaud, Dept of Public Health and Human Services, Addictive Mental Disorders • Michelle Thibodeau, Disability Determination Services, DPHHS • Christina Hine-Rebar, Child & Family Services, DPHHS 	<ul style="list-style-type: none"> • Statewide 	<ul style="list-style-type: none"> • Vets • SA/SMI • SA • SA/SMI • Y 	<i>(see legend above)</i> <ul style="list-style-type: none"> • o, Ex, HMIS, PA • r, PA • o, MCH, PA • o, PP • o, PP • – PP • o
Local government agencies: <ul style="list-style-type: none"> • Kristina Swanson, Missoula County, Office of Grants and Planning • Melanie Lattin, City of Great Falls, Community Development • Belinda Waters, City of Helena, Planning Dept. 	<ul style="list-style-type: none"> • 309063 • 300342 • 309049 		<ul style="list-style-type: none"> • r, Ex, PP chair, HMIS • S&H • O
Nonprofit Agencies: <ul style="list-style-type: none"> • Leslie Colbrese, Dist 1,2,3 HRDC • Vic Miller, Dist 4 Human Resource Development Council • Les Stevenson, Opportunities, Inc., Great Falls; • Ray Jergeson, Opportunities, Inc. Great Falls • Jeanette Park, Dist. 6, HRDC, Lewistown • Judy Schneider, Dist. 7, HRDC, Billings • Dana Burkett, Dist. 9 HRDC, Bozeman • Elissa Mitchell, Dist 12, Human Resources Council, Butte • Gabe Skibsrud, NW Human Resources, Kalispell • Joe Bischof, Poverello Center, Missoula • Julie Emmett, Poverello Center • Bonnie Parrett, Veterans Admin. Medical Center, Helena (all of Montana) 	<ul style="list-style-type: none"> • Dist 1, 2, 3 • Dist 4 • Dist 5 • Dist 5 • Dist 6 • Dist 7 • Dist 9 • Dist 12 • Dist 10 • Dist 11 • Dist 11 • Statewide 	<ul style="list-style-type: none"> • DV, Y • VETS 	<ul style="list-style-type: none"> • o, S&H • r, Ex, S&H • r, S&H • o, HMIS • S&H • r, Ex, S&H, SC, HMIS • o, S&H • r, Ex • o • r, Ex, PA, MCH, PP • HMIS • r, S&H
<ul style="list-style-type: none"> • Linda Blankenship, Gateway Recovery Home, Grt Falls • Tracy Houck, Gateway Recovery Home • Janet Henderson. Gateway Recovery Home, • Stacey Umhey, SAFE, Hamilton. • Julie McGill, SAFE, Hamilton, • Chris Krager, Samaritan House, Kalispell 	<ul style="list-style-type: none"> • Dist 5 • Dist 5 • Dist 5 • 309081 • 309029 • 309029 	<ul style="list-style-type: none"> • SMI/SA • SMI/SA • SMI/SA • DV • DV 	<ul style="list-style-type: none"> • o • r, SC • o • r, Ex, SC, HMIS • o • r, Ex, PC, HMIS

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation r regularly attends o occasionally attends Ex Exec Comm. PC Process Committee SC Strategy Committee ReC Renewal Review S&H Survey & H'sing Activity Comm PP Pilot Project member PA Policy Academy MCHMT Council on Homeless HMIS HMIS dev. Comm.
<ul style="list-style-type: none"> Janet Cahill, The Abbie House, Kalispell, 309029 Tootie Welker, Coalition for Families, Thompson Falls Merle Ann Loman, SAFE, Hamilton, 309081 Gypsy Ray, Mountain Home, Missoula, 309063 Cindy Weese, YWCA, Missoula, 309063 Eryn Sale, YWCA, Missoula, 309063 Sue Rajacich, Turning Point/Share House, Missoula Lindsay Pietig, Salvation Army, Missoula, 309063. Maria Nyberg, Alan Miller, Dwayne Miller, God's Love, Helena, 309049 Theresa McCarthy, Dist 12 HRDC, Butte Henry Graciano, Salvation Army, Missoula Pat Seiler, Florence Crittenton Home, Helena Jenni Wendt, Florence Crittenton Home, Helena Susan Anderson, Dawson Co. Domestic Violence Program Michael O'Neil, AWARE & Home Choice Coalition, Helena Nancy O'Connel, NW MT Veterans Stand Down Allen Erickson, NT MT Veterans Stand Down Patty Kent, Western MT Mental Health Center Susan Gobbs, People's Law Center Shelly Ecord, Golden Triangle Mental Health Center Lori Hartford, Health Care for the Homeless 	<ul style="list-style-type: none"> Dist 10 & 11 309089 309081 Statewide Dist 11. Dist 11 Dist 11 Dist 11 Statewide Dist 12 309011 Statewide Statewide Dist 1, 2, 3 Statewide 309029, 309047, 309053 “ “ “ Dist 11 ,12, 9 Statewide Dist 8 Statewide 	<ul style="list-style-type: none"> DV DV DV Y Y Y DV VETS VETS SMI SMI SMI 	<ul style="list-style-type: none"> o r, S&H, SC o r, Ex, ReC r, SC, HMIS, ReC r, SC r, r r, Ex, PC, HMIS Ex, SC, HMIS o r r o r, PA, SC, PP r r o o r, PP r, SC
Banks: (see local CoC groups)			
Public Housing Authorities: <ul style="list-style-type: none"> Peter Hance, Dir, Public Housing Authority, Missoula. 309063 Revonda Stordahl, Public Housing Authority, Butte. 309093 Matt Schrowe, Helena PHA, 309049 Lucy Brown, Public Housing Authority, Billings. 30911 Corliss Iron, Crow Tribal Housing Authority 	<ul style="list-style-type: none"> Dist 11 Dist 12 Dist 8 Dist 12 309003 	<ul style="list-style-type: none"> SMI SMI/SA SMI SMI/SA 	<ul style="list-style-type: none"> r, Ex, PC, r, S&H. ReC r, HMIS o o

MISSOULA (DISTRICT 11) 300540, 309061, 309063, 309081	Geographic Area (see codes in 1 st column)	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
State agencies: Jennifer Carter, Missoula Office of Public Assistance, MT Dept of Public Health and Human Services	Dist 11* (see codes in 1 st column)		Attend monthly ARHC meetings; participate in local survey & projects

MISSOULA (DISTRICT 11) 300540, 309061, 309063, 309081	Geographic Area (see codes in 1 st column)	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
Sue Brown, Barbara Arnold, Work Opportunity Resource Center, Job Service, Montana Dept. of Labor & Industry	Dist 11		Attend monthly ARHC meetings; participate in local survey & projects
Local government agencies: Pam Schlegel, Missoula City/County Health Dept.	Dist 11	SMI/SA	Attend monthly ARHC meetings; participate in local survey & projects
Kristina Swanson, Cindy Wulfekuhle, Leslie McClintock, Jenifer Blumberg, Missoula City/County Office of Planning & Grants	Dist 11		Facilitate and staff local continuum (ARHC)
Public Housing Authorities (PHAs): Peter Hance, Michael Anne Lepole, Andrea Davis, Missoula Housing Authority	Dist 11 Dist 11		Attend monthly ARHC meetings; participate in local survey & projects
Nonprofit organizations (includes Faith-Based organizations): Heidi Davis, AWARE Youth Homes	Dist 11	Y	Attend monthly ARHC meetings; participate in local survey & projects Member
Jim McGrath, Garden City Harvest	Dist 11		Attend monthly ARHC meetings; participate in local survey & projects
Eileen Sansom, Bernie O'Connor, Missoula Aging Services	Dist 11		Attend monthly ARHC meetings; participate in local survey & projects
Steve Woodward, Missoula AIDS Council	Dist 11	HIV/AIDS	Attend monthly ARHC meetings; participate in local survey & projects
Kim Ball, Missoula Youth Homes	Dist 11	Y	Ex Officio Member
Judy Smith, WORD -Women's Opportunity and Resource Development	Dist 11		Ex Officio Member
Ren Essene, homeWORD	Dist 11		Ex Officio Member
Joe Loos, Casey Family Programs	Dist 11	Y, DV	Attend monthly ARHC meetings; participate in local survey & projects
Businesses/Business Associations: Judy Wing, The United Way	Dist 11		Ex Officio Member
Jim Morton, Kate Jerrim, Human Resource Council	Dist 11		Attend monthly ARHC meetings; participate in local survey & projects
Larry DeGarmo, Joseph Residence	Dist 11		Attend monthly ARHC meetings; participate in local survey & projects
Rob Wales, Missoula Food Bank	Dist 11		Attend monthly ARHC meetings; participate in local survey & projects
Gypsy Ray, Mountain Home	Dist 11	Y	Attend monthly ARHC meetings; participate in local survey & projects

MISSOULA (DISTRICT 11) 300540, 309061, 309063, 309081	Geographic Area (see codes in 1 st column)	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
Joe Bischoff, Julie Emmett, Poverello Center	Dist 11		Attend monthly ARHC meetings; participate in local survey & projects
Henry Graciani, Lindsay Pietig, Salvation Army	Dist 11		Attend monthly ARHC meetings; participate in local survey & projects
Sue Rajacich, SHARE House	Dist 11	SMI/SA	Attend monthly ARHC meetings; participate in local survey & projects
Greg Burnham, Veterans Center	Dist 11	VETS	Ex Officio Member
Patty Kent, Gene Durand, Western MT Mental Health Center	Dist 11	SMI/SA	Attend monthly ARHC meetings; participate in local survey & projects
Cindy Weese, Eryn Sale, YWCA	Dist 11	.....	Attend monthly ARHC meetings; participate in local survey & projects
Kristi Gough, WORD Family Basics	Dist 11	.....	Attend monthly ARHC meetings; participate in local survey & projects

HELENA (DISTRICT 8) 3090007, 309049, 309043	Geographic Area (see codes in 1 st column)	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
State agencies: Dave Morey, Office of Public Instruction	Dist 8 (see codes in 1 st column)	.....	Member, regular
Local government agencies: Sharon Haugen, Lewis & Clark County Beau Snell, Montana Youth Homes Ed Robinson, Helena Bus	Dist 8 Dist 8 Dist 8	..... Y Y	Chair, regular Member, regular Member, regular
Public Housing Authorities (PHAs): Colleen McCarthy, Helena Housing Auth. Sharon Southern, Helena Housing Auth.	Dist 8 Dist 8	..... .....	Vice Chair, reg Member, reg
Nonprofit organizations (includes Faith-Based organizations):			
Sue Bauer, Rocky Mountain Development Council	Dist 8	DV	Member, regular
Maria Nyberg	Dist 8	SMI, SA	Member, regular
Michelle Shoquist, Rural Development	Dist 8	.....	Member, regular
Becki Brandborg, Budgeting Class	Dist 8	.....	Member, regular
Michael O'Neil, AWARE, Inc.	Dist 8	SMI	Member, regular
Pam Carlson, Career Training Institute (CTI)	Dist 8	.....	Member, regular
Leslie Allen, CTI	Dist 8	.....	Member, regular
Deb Bushnell, CTI	Dist 8	.....	Member, regular
Dianne Zhinden, Consumer Credit Council	Dist 8	.....	Member, regular
Jennifer Wendt, Florence Crittenton Home	Dist 8	Y	Member, regular
Holly Kaleczyc, Friendship Center	Dist 8	DV	Member, regular
Darren Nealis, Golden Triangle Mental Health Cnt	Dist 8	SMI, SA	Member, regular
Moe Wosepka, Good Samaritan	Dist 8	.....	Member, regular

HELENA (DISTRICT 8)	Geographic Area (see codes in 1 st column)	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
3090007, 309049, 309043			
Janet Coughlin, Headstart	Dist 8	Y	Member, regular
Ann Waickman, Helena Food Share	Dist 8	.....	Member, regular
Debby Flanassas, Lewis & Clark Human Svcs	Dist 8	.....	Member, regular
Steve Staneart, Salvation Army	Dist 8	.....	Member, regular
Tim McCauley, United Way	Dist 8	.....	Member, regular
Bonnie Parrett, Veterans Administration	Dist 8	VETS	Member, regular
Rick Salyer, Veterans Advocate	Dist 8	VETS (homeless)	Member, regular
Judy Erickson	Dist 8	Homeless	Member, regular
Business:			
Connie Christofferson, Valley Bank	Dist 8	.....	Member, regular
Donna Holt	Dist 8	.....	Member, regular
Maureen Rude, Fannie Mae	Dist 8	.....	Member, regular

Kalispell (DISTRICT 10)	Geographic Area (see codes in 1 st column)	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
309029, 309047, 309053			
State Agencies:			
Flathead Office of Pubic Assistance, Montana Dept. of Public Health & Human Services (Judy Yeats & John Garner)	Dist 10 (see codes in 1 st column)		Regularly attend CoC, votes, mtngs, needs assessment, homeless survey
Montana State Vocational Rehabilitation Dept. (Vona Sundberg)	Dist 10	SA	Attends regularly, votes on projects, local needs assessment, survey
Job Service, Montana Dept. of Labor & Industry, (Tom Marx & Pat Hula), Montana's Employment and Training Programs, WoRC and JTPA (Judi Filler, Jeannie McFarland)	Dist 10		Attends regularly, votes on projects, local needs assessment, survey
Local Government Agencies:			
Kalispell Police Dept. (Frank Garner), Flathead County Sheriffs Dept., (Jim Dupont)	Dist 10		Attends occasionally, local needs,
Flathead County/City Health Dept. (Wendy Doley)	Dist 10	SA, HIV/AIDS	
Flathead County and City of Kalispell Planning and Development, (Susan Moyer)	Dist 10		Attends regularly, votes on projects, local needs assessment, survey
Public Housing Authorities (PHAs)			
City of Whitefish Housing Assistance, (Sue Ann Grogan)	Dist 10		Attends regularly, votes on projects, local needs assessment, survey
Nonprofit Organizations:			
Nurturing Center Child Care Resource & Referral Center, (Susan Christofferson)	Dist 10	Y	Attends regularly, votes on projects, local needs assessment, survey
Montana Peaks, (Mary Danford)	Dist 10	Y	Attends occasionally, participates in needs assessment

Kalispell (DISTRICT 10) 309029, 309047, 309053	Geographic Area (see codes in 1 st column)	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
Northwest Montana Head Start, (Cheryl French)	Dist 10	Y	Attends regularly, votes on projects, local needs assessment, survey
Summit Independent Living, (Randy Modrell)	Dist 10	SMI, SA	Attends regularly, votes on projects, local needs assessment, survey
Special Friends Advocacy, (Gay Modrell)	Dist 10	HIV/AIDS	Attends regularly, votes on projects, local needs assessment, survey
Counsel on Aging, (Jim Atkinson)	Dist 10	G	Attends occasionally, participates in needs assessment
Flathead Food Bank, (Katharine Thompson)	Dist 10		Attends regularly, votes on projects, local needs assessment, survey
Violence Free Crisis, Abbey House, (Janet Cahill)	Dist 10	DV	Attends regularly, votes on projects, local needs assessment, survey
Montana Mental Health/Lamplighter Day Treatment Program, (Kelly Seaman & Cheryl Agen)	Dist 10	SMI/SA	Attends regularly, votes on projects, local needs assessment, survey
Northwest Montana Human Resource Counsel, (Doug Rauthe & Jim Lackey)	Dist 10		Attends regularly, votes on projects, local needs assessment, survey
Salvation Army, (Monty Jones)	Dist 10		Attends regularly, votes on projects, local needs assessment, survey
Eagle Transit, (Deanna Thielman)	Dist 10		Attends occasionally, participates in needs assessment
Literacy Volunteers, (Lucy Smith)	Dist 10		Attends occasionally, participates in needs assessment
Flathead Valley Chemical Dependency	Dist 10	SA	Attends regularly, votes on projects, local needs assessment, survey
Businesses/Business Associations:			
Glacier National Bank, (Steve VanHelden)	Dist 10		Attends occasionally, participates in needs assessment
J & C & C & S, CPA Firm	Dist 10		Attends occasionally, participates in needs assessment
Homeless/former homeless persons:			
Emmett Gibson	Dist 10	VETS	Attends regularly, votes on projects, local needs assessment, survey

Kalispell (DISTRICT 10) 309029, 309047, 309053	Geographic Area (see codes in 1 st column)	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
Linda Wilson	Dist 10		Attends regularly, votes on projects, local needs assessment, survey
Funders: The United Way, (Sherry Stevens-Wolf)	Dist 10		Attends regularly, votes on projects, Coordinates the local resource inventory, participates in needs assessment & survey

	Geographic Area	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
Havre, District IV			
State agencies:			
Local government agencies:			
Mayor Bob Rice- City of Havre	309041		Committee Member
Kathy Bessette- Hill County Commissioner	309041	Y	Committee Member
Pete Paulsen-Family Services	309041		Committee Member
Katie Heath- Public Assistance	309041		Committee Member
Public Housing Authorities (PHAs):			
Nonprofit organizations (includes Faith-Based organizations):			
Vic Miller- Director, District IV HRDC	309041 309005 309051		Committee Member
Diane Savasten-Housing	309041 309005 309051		Committee Member
Roxanne Ross- Domestic Abuse Program	309041 309005	DV	Committee Member
Salvation Army-Ralph Guthrie	309051		
Golden Triangle Mental Health-Joe Uhl	309041	Y	Committee Member
American Red Cross-Vicki Schend	309041	SMI	Committee Member
North Havre Community Services-Max Connor	309041		Committee Member
Havre Ministerial Association-Sister Judith Maender	309041		Committee Member
Feed My Sheep Soup Kitchen-Marvin Gunnarson	309041		Committee Member
Businesses/Business Associations:			
Homeless/Formerly homeless persons:			
Luci Shortman	309041		Committee Member
Other e.g.: Law Enforcement Hospital/Medical, Funders			

BILLINGS (DISTRICT 7)	Geographic Area	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
State agencies:			
Kathleen Miller, Job Service	30066, 30911, 309003, 30909, 30905	.....	Chair, Steering comm. Attends all monthly mtngs, planning mtngs
Patty West, Office of Public Assistance	309097	.....	Steering comm., attends most monthly mtngs
Jay Kirk, Mental Health	30911	SMI	Steering comm., attends all planning mtngs.
Local government agencies:			
Susan Runkle, Billings Public Schools	300066	Y	Steering comm., attends most monthly mtngs
Public Housing Authorities (PHAs):			
Vicki Davis, Housing Authority of Billings	300066	.....	St
Nonprofit organizations (includes Faith-Based organizations):			
Tammy Rasmussen, Dist 7 HRDC	300066, 309111, 309003, 309009, 309095, 309097	.....	Steering comm. Member, attends all monthly planning mtngs
Lori Hartford, Health Care for the Homeless	309111	.....	Steering comm. Member, attends all monthly planning mtngs
Janet Ludwig, Montana Legal Services	309111	.....	Steering comm. Member, attends all monthly planning mtngs
Jennifer Johnstone Smith, YWCA	300066	DV	Steering comm. Member, attends all monthly planning mtngs
Foundations:			
Harry Merchant, St. Vincent DePaul Foundation	309111	.....	Treasurer, Steering committee, attends all monthly and planning mtngs
Linda Robbins, Family Service Foundation	309111	.....	Secretary, Steering committee member, attends all monthly planning meetings.
Other:			
Sharon Ellis, Community at large	300066	SMI	Steering committee member, attends some monthly planning meetings.

Exhibit 1: Continuum of Care Goals and System Under Development

Chronic Homelessness Strategy/Goals

3. Your community's CoC goals and system under development.

(1) Past Performance

a. specific actions.

The 2003-04 MT CoC Plan (Sept.'03 thru Aug.'04) included 12 goals and 30 action steps designed to address the Chronic Homeless Action Plan jointly developed and adopted by the MT CoC Coalition and the MT Chronic Homeless Policy Academy Team. We have successfully implemented 21 action steps in every goal area, continue to make progress in 7 others, and dropped 2 only after considerable effort.

Specific actions included:

1. Established on May 7, 2004, by Executive Order of the Governor, the Montana Council on Homelessness (Council). The Council met in May with the Governor and is preparing to engage in a series of planning sessions to map out its goals and action steps.
2. Inventoried all state discharge policies, including state prison, youth corrections facility, state mental hospital, foster care program, nursing care center and the state chemical dependency center. As a result, the MT CoC Coalition is initiating two pilot programs specific to the State Prison and the State Mental Hospital for creating better community mobilization of housing and other services for discharges.
3. In collaboration with the Regional Social Security Administration office in Denver, the Coalition developed a pilot project designed to increase SSI acceptance rates by "red flagging" disability determination applications for four months for special scrutiny and developed joint training for community mental health center case managers and supervisors to improve the quality of SSI applications. Workshops were held in Great Falls and Helena in April (30 attendees each), and at the State Mental Hospital for social work staff in May. Another training is planned in July and next steps include a training for hospital psychologists conducting diagnoses and follow-up training in Helena in October.
4. Signed a Memorandum of Understanding with the Montana State Mental Hospital to cooperatively work together to prevent the discharge of any patients into homelessness (the hospital initiates discharge planning within 10 days of admitting a patient and makes every effort to include a contact from a community mental health center in preparing an After Care Plan for each patient).
5. Efforts promoting VA grants to CoC participants resulted in Montana going from no funding to the award of 5 different grants to CoC participants for per diem and service center grants that will provide 73 new transitional housing beds and fund contacts with 725 homeless veterans in two communities including a grant for acquisition and renovation of a service site and an outreach van.
6. Raised funds from Fannie Mae, MT. Board of Housing, MT Department of Health and the State Community Action Partners Association to sponsor a statewide "Housing First" Workshop conducted by Tanya Tull of Beyond Shelter, Inc., Los Angeles, CA.
7. Conducted a statewide workshop on Cultural Sensitivity in Case Management designed to help case managers deal more effectively with CH individuals.
8. Conducted a statewide "pre-release" workshop on HUD's "First Step" Case Management software and currently distributing disks and other materials statewide.
9. The MT VA Affairs office developed a model for community "Stand Downs" and is providing some financial and other support to promote more Stand Downs throughout the state. Two Stand Downs are occurring this year in Billings, September 11 and in Libby, October 2 (in 2003, Libby was the site of the nation's largest veterans Stand Down).
10. Reached an agreement with the MT Dept of Health to administer the HMIS and currently in the final implementation phase.

11. Revamped the statewide homeless survey to better capture chronic homeless numbers. Changed the survey date from spring to fall to better accommodate other workloads (but will now probably change to January due to NOFA requirements).

b. Impact on the number of chronic homeless,

While some of the actions above are easily quantified, it is important to note that other immeasurable actions are considered to be our most important accomplishments. Chief among them is the creation of the Montana Council on Homelessness, very likely the single most critical step toward eradicating chronic homelessness by 2010. While no quantifiable impact is available, the state level leadership from policy makers and agency directors that has heretofore been scarce is now building.

The pilot project (#3 above) developed jointly between the Coalition and the Regional Social Security Administration's office in Denver is targeted to increase the State's SSI acceptance rate from 32% to 80% which will result in the number of CH individuals receiving immediate Medicaid and SSI benefits increasing from about 30 to 80.

The VA grants (#5 above) are providing 63 new TH beds in two communities with high homelessness. A conservative estimate of a 2 month average stay means 378 total individuals will be housed and about 25% or about 95 will be CH. We anticipate that about 25% or 24 individuals will be referred successfully to substance abuse or mental health treatment. The service centers will contact about 8700 homeless veterans a year of which about 2,175 are estimated to CH and that 10% or 217 will be successfully referred to treatment or other services leading to stability and permanent housing. In short, we hope these grants will lead to 240 CH individuals moving out of homelessness.

The upcoming fall homeless and facilities survey (which was changed this year from a spring survey) is designed to provide us with some measurable data for whether such Coalition efforts as the workshops (#7 & #8) are effectively increasing outreach and improving case management, particularly to the CH. Until then, however, APR comparisons can at least provide some anecdotal impacts. Most obvious is the sheer increase in the number of clients. In 2003, 10 renewal projects exited 348 clients compared to 1167 for 13 renewal projects this year. While the percent change in enrollment in various mainstream programs improved only slightly, the dramatic increase in the number of clients means case managers were exiting more clients in mainstream services than before (SSI, 64-241, TANF 51-165, Employment Income 159-852, Medicaid 113-284, Food Stamps 233-819). While we cannot distinguish CH from other homeless in these numbers, we are confident that the SSI and Medicaid numbers reflect significant increases in the CH population.

The impacts from the "Stand Downs" (#9) which are planned for September and October are expected to reach well over 2,000 veterans in Billings and Libby. While we cannot estimate or quantify the impact at this time, both Stand Downs have enrollment or intake and referral services to many programs. Anecdotal evidence and stories indicate that a number of veterans find their road out of homelessness through processes that start with the Stand Downs (we are trying to capture better data starting this fall).

While we failed to increase our PSH vouchers by 31 units, as planned, CoC partner Home Choice Coalition and CoC member Michael O'Neil was successful in moving projects that have or will (in the next couple of months) create 38 new units in 5 communities of permanent housing for seriously disabled individuals with long term histories of institutionalization. While not specifically set aside for homeless, some of the residents were homeless at the time of entering the State Mental Hospital and others are at high-risk of homelessness without these units.

c. remaining obstacles

The largest obstacle continues to be the need for state policy leadership and state agency commitment that will bring more resources and coordination to bear on the problem. We now have the structure created through the Montana Council on Homelessness and have benefited particularly from the Governor's commitment and the Director of the Dept. of Health and Human Services which are leading to even broader engagement. This is a significant achievement. One potential obstacle now, however, is that the current Administration is "lame duck" and will leave office after the upcoming November election. Inevitably, this will bring new leadership, department directors and, to some extent, shakeups in current management positions. The Coalition intends to address this potential obstacle by working closely with the new Council to ensure momentum gained over the past year is not lost.

The shortage of beds/slots for both substance abuse treatment and mental health treatment and the availability of permanent housing when it is needed also continue to be major obstacles. While we are making inroads through programs such as S+C, we are fearful of losing ground in the Section 8 Voucher program. This problem is being presented to the Montana Council on Homelessness as one of its' most serious challenges in the hope that state housing resources will be made available for the CH population.

(2) Current Chronic Homelessness Strategy

The number one priority jointly developed by the recent Montana Chronic Homeless Policy Academy team and the MT CoC Coalition, continues to be "*#1. To establish both the leadership and statewide structure necessary to provide the coordinated effort necessary to end chronic homelessness by 2010,*"

The next three priorities are:

2. To improve effective case management.
3. To access new resources that can make a difference
4. To create new outreach efforts to hard-to-reach C.H.

Our strategy for addressing these priorities include the following:

Creating the Montana Council on Homeless is the primary means for creating both the leadership, statewide structure and coordinated effort called for in our #1 strategy and priority. Foremost among the attributes of the Council are that it includes high ranking state officials and policy makers as well as service providers who are new and critical participants in the homeless planning effort. With their involvement, we will be much more effective in coordinating the delivery of services, programs and case management, prioritizing outreach through all programs under state purview and marshalling more and new resources.

The Coalition supports the Council becoming the primary homeless planning body and we are committed to not having two separate or disconnected planning efforts. The Council will be the critical vehicle for moving forward in all of our strategy areas.

Because the Council and the emerging leadership are still in the nascent stages, we will continue to focus much of our resources and attention to the successful "activation" of the Council. To fully engage all members, particularly the newer ones, and for the Council to become an effective leader of change, however, it is necessary for the Council to undertake yet another homeless planning process. The Coalition's role will be to support and working through the Council to produce a new plan.

At the first Council meeting in May, Coalition members suggested that the Council adopt both short term and long term goals so that action steps already developed by the Policy Academy Team could continue to be implemented (and not lost) while longer term goals could still be adopted during the Council planning sessions beginning this July or August.

In the meantime, the Coalition has prioritized 7 short term goals with 20 action items that either complement some of the Council's short term goals, boost the Council's planning process or continue to achieve results in already initiated efforts. Some critical goals have been deferred to the Council.

Establishing the HMIS system and tracking institutional discharges to provide reliable data, tracking systems and outcome measuring capabilities will continue to be a major task for the Coalition in collaboration with the system manager, the MT Dept. of Health and Human Services (DPHHS). While DPHHS is responsible for providing the system, the Coalition is primarily responsible for recruiting participation. This data will drive the development of actions under all of our strategies, including increased leadership and coordination of resources, more effective case management and outreach efforts, and the mobilization of new state resources (we hope).

We are also adding a pilot project that will include information not provided in HMIS to try and account for and track the admittance and discharge of CH from 4 major hospitals, 4 city or county jails, the Montana State Hospital and the Montana State Prison. Our statewide homeless survey indicated that 11% of the CH spent the previous evening in one of these institutions. While other action items directly curtail these incidences, this pilot project will help us design further actions by providing better data on frequency and better understanding of the conditions.

Preventing Institutional Discharge into Homelessness. While not directly a result of a specific priority or strategy, we are addressing the prevention of institutional discharge into homelessness. This effort does, however, directly contribute to the strategies of building greater leadership and coordination as well as improving case management. For example, discussions leading to a memorandum of understanding with the director of the State Hospital was one factor in his increased commitment to homelessness as a state administrator as well as his participation with local program case managers to find additional ways to decrease the incidence of homeless (however small) from discharges. Goals and Actions are provided in the following Strategy/Goals table.

Increasing & Improving CH Outreach. *Our statewide homeless survey indicated 97 sheltered and 117 unsheltered CH.* The Coalition will be proposing that measures to increase and improve outreach to CH become a major goal of the Montana Council on Homeless. To further this strategy, the Coalition will document and model two pilot projects in two communities providing "one-stop" and "co-location" of services. While there are other similar community programs doing the same thing, two specific initiatives have been selected to demonstrate to the Council the need for state policy level support for even broader efforts. Goals and Actions are provided in the following Strategy/Goals table.

Increase Use of Mainstream Resources. As a means of continuing to improve case management and better utilize mainstream resources, (priorities 2 & 3), the coalition intends to undertake efforts to prioritize increased enrollments in SSI, Food Stamps and VA benefits. Our statewide homeless survey indicates that only 18% of the CH are enrolled in SSI and only 14.5% in food stamps. Similarly, APR 2003-2004 comparisons show enrollments have increased only 2% for SSI and 3.3% for food stamps. Similarly, our survey indicates that 10% of CH need assistance with making Veterans claims and only 3.5% are receiving any Veterans benefits. Goals and Actions are provided in the following Strategy/Goals table.

Mobilizing new resources will also be achieved thru a proposal being developed for an innovative use of a state-bridge fund that will make S+C vouchers more available across the state in less served rural areas or for harder to serve clients. The Coalition will also be asking the Council to adopt the need for more PSH as a high priority and to consider a Coalition proposal to set aside or prioritize a portion of the Montana Board of Housing funds for the creation of new PSH. The Coalition is also working with Fannie Mae to co-develop a project or series of activities intended to utilize the \$100 Million Tax Credit

Partnership Fund to spur supportive housing development. Goals and Actions are provided in the following Strategy/Goals table.

Increasing Role of Municipalities. Last, but not least, a new strategy for the Coalition is increasing the commitment of local governments, particularly mayors, council members and chief executives in playing a greater partnership role in addressing chronic homelessness. *This strategy was adopted in response to our homeless survey indicating that 70% of the CH have been in the community for 2 years or more.* Our CH population is not a highly transient population, rather they are residents of our communities. The activities will include distributing information packets detailing homeless data and efforts in their own community and modeling innovative ways other local governments are partnering with state, federal and nonprofits to eradicate homelessness. A model resolution is also being promoted that includes a pledge to join with other municipalities across the country to eradicate CH by 2010 and agreeing to direct their relevant municipal services, e.g. police, housing or community development and planning departments to participate in their local continuums to develop outreach, referral and PSH programs.

(3) Future Goals.

Goal: End Chronic Homelessness (“What” are you trying to accomplish)	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
Ex: Count unsheltered homeless to establish baseline	Annual street counts of unsheltered homeless persons	Emergency Shelter Commission	January 2005
Goal 1: Increase State Level Commitment & Leadership <i>“Fully activate the MT Council on Homeless and produce a new Plan to Eradicate CH by 2010”</i>	#1. Participate fully in activating the MT Council on Homeless and developing and implementing a plan to eradicate CH by 2010	Joe Bischof,/CoC Lori Hartford/CoC Bob Buzzas/CoC Terry Teichrow/CoC	Throughout the 2004-05 planning meetings.
Goal 2: Establish reliable counting, tracking and outcomes measurement system. <i>“Fully implement HMIS and supplemental information tracking sources”</i>	#1. Revamp Annual Homeless Count to be conducted every January #2. Implement HMIS to achieve A) 100% of CoC grantees and B) 50% participation of all shelters, TH and PSH organizations in the state. #3. Implement information tracking of CH persons in 4 major hospitals, 4 jails, the state hospital and prison.	Bob Buzzas / CoC Kane Quennemmon/Dept of Health Jenni Sullivan/Contractor Bob Buzzas/CoC Bob Buzzas/ CoC	Jan 2005 A) November, 2004 B) July, 2005 Begin Jan, '05 Report, Dec, '05

Goal: End Chronic Homelessness (“What” are you trying to accomplish)	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
Goal 3: Prevent Homelessness from Institutional Discharges	<p>#1: Request that the new Governor’s Montana Council on Homelessness assess discharge practices and recommend steps to ensure no state discharges enter homelessness.</p> <p>#2. Implement the pilot “Local Discharge Notification Initiative” between the MT State Prison and the Missoula Poverello Center and model to other communities.</p> <p>#3. In collaboration with MT State Hospital and two Community Mental Health Centers, implement two pilot “Coordinated Community Release Initiatives” to secure housing and document need.</p> <p>#5. Document and model the Helena Bridges program providing transition of foster care youth into self-sufficient housing.</p> <p>#7. Document and model Missoula’s Mental Health Court docket which substitutes case management for incarceration for certain defendants with mental illness.</p>	<p>Joe Bischof / CoC</p> <p>Joe Bischof / Poverello Center, Missoula</p> <p>Shelly Ecord / Golden Triangle Mental Health Center</p> <p>Maria Nyberg / God’s Love</p> <p>Kristina Swanson / Missoula Planning & Grants Office</p>	<p>Fall meeting, 2004</p> <p>Start June, ‘04 Report May, ‘05 Model Aug, ‘05</p> <p>Start Jan, 05 Recommendations: Oct, ‘05</p> <p>March, 2005</p> <p>March, 2005</p>
Goal 4: Improve and Increase Outreach efforts.	<p>#1. Propose that the MCH request all state human resource programs to prioritize need of C.H. in outreach activities.</p> <p>#2. Document and model Missoula and Billings “One-stop” and “Co-location” services for implementation in other communities.</p>	<p>Eric Sales / Msla PATH Case Worker, MCH member</p> <p>Kristina Swanson / Missoula Planning & Grants Office & Judy Schneider / Billings HRDC</p>	<p>Fall Planning Meeting</p> <p>March, 2004</p>

Goal: End Chronic Homelessness (“What” are you trying to accomplish)	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr will be accomplished)
<p>Goal 5: Increase the rate of enrollment into Mainstream Programs.</p> <ul style="list-style-type: none"> • Increase SSI enrollment by 25% • Increase Food Stamps enrollment by 25% • Increase VA Benefits enrollment by 25% 	<p># 1. Continue to implement Partnership Training with Regional SSA to increase approval rate of SSI/Medicaid applications</p> <p># 2. Work w/ Council and Dept of Health to create “Mainstream Enrollment” training by the state’s Professional Development Center. Prioritize training for local public assistance offices and enrollment of Food Stamps, referral for SSI and Veterans benefits, particularly for CH.</p> <p>#3. Increase number of Stand Downs by 2 for a total of 4 communities each year to include with immediate enrollment services.</p>	<p>Marcia Armstrong / MT PATH Coordinator</p> <p>Bob Buzzas / CoC</p> <p>Joe Foster / MT Dept of Veterans Affairs</p>	<p>Training: Oct. ‘05 Assessment: Dec. ‘05 Recommendations: 1/06</p> <p>Training: Apr ‘05 Assess: Mar ‘06</p> <p>June, ‘05</p>
<p>Goal 6: Increase Permanent Housing</p> <p><i>Add 25 new permanent housing units with supportive services.</i></p>	<p>#1. Explore securing 20-30 permanent housing vouchers thru innovative “State Bridge Pool” available statewide for rural use or hard to serve clients.</p> <p>#2. Request set-aside or priority funding for CH housing through the MT Board of Housing.</p> <p>#3. Work with Fannie Mae to access \$100m fund for supportive housing.</p> <p>#4. Follow-up 2003 Housing First Workshop with supplemental training. (e.g. w/Ann Denton)</p>	<p>Michael O’Neil / MT Home Choice Coalition</p> <p>Michael O’Neil / Home Choice Coalition</p> <p>Maureen Rude / Montana Fannie Mae Director</p> <p>Marcia Armstrong / MT Path Coordinator</p>	<p>March, 2005</p> <p>February ‘04</p> <p>Outreach - Feb ‘05 Project – Nov ‘05</p> <p>March ‘05</p>

b. Other Homeless Goals Chart

(1). Provide a summary of accomplishments over the past year in addressing your community's other homeless goals.

Leadership and Coordination of Services: Just as our biggest accomplishment in addressing CH was the Governor's order establishing the MT Council on Homelessness (May, 2004), so it is also for addressing all forms of homelessness. When the CoC and Policy Academy first drafted the request to the Governor to form an interagency council on homelessness, we knew it would not be supported if narrowly focused on CH only, nor would it be a judicious use of the council's potential for coordinating and marshalling resources across state government. So, while we are urging the Council to prioritize the eradication of CH by 2010, the council is charged with addressing all homelessness.

While it took some time to get the Council formally established, a consultant/staff person was hired in the interim who produced a comprehensive report on the state's homelessness which has helped to convey the growing need and desperation throughout state government.

The council is a direct result of a request from the Policy Academy (which was formed as a CoC initiative) which itself has produced significant momentum and leadership. Members of the Policy Academy included a legislator, a budget officer in the Governor's office, the director of the state agency overseeing social services, the chief of mental services for the state, a former homeless person, and many others. In short, the Policy Academy was critical in turning the tide in Montana's effort to address homelessness.

Coordinated Case Management and Accessing Mainstream Resources: Three statewide workshops were conducted by the CoC during the bi-annual Hunger and Homeless Conference. One workshop detailed of state of homelessness in Montana using the annual statewide survey of homelessness and other data from providers. The second workshop focused on increasing the coordination amongst managers from different provider organizations and their efforts to enroll homeless in mainstream resources. This workshop included a 'pre-release' introduction of the "First Step" program complete with an on-line demonstration of the program's access to eligibility information, contact directories and frequently asked questions.

The third workshop addressed the difficult issues confronted by "frontline" managers in dealing with the homeless. This workshop included guidance on how to handle difficult (belligerent or uncooperative) residents of shelters and TH residents, increasing sensitivity to the difficulties persons with mental illness often have in communicating and raising the awareness of cultural and social issues.

Increase Permanent Housing Stock. A significant "paradigm shift" was reached in the CoC this past year. After reading and hearing much about the "housing first" approach, the Continuum raised enough money to bring Tanya Tull of "Beyond Housing" (CA) to Montana for a statewide conference. At subsequent CoC meetings, participants have affirmed that while there is still a critical niche for transitional housing, particularly among specific target populations, our priority in the future needs to be on providing immediate access to permanent housing. Our growing emphasis and focus on this is reflected in our goals and actions for the coming year (below).

While the CoC failed to realize 31 new permanent housing vouchers as planned, 139 new units of affordable housing were created and another 104 existing units were preserved in 10 communities though \$18m in low-income housing grants from the Montana Home Investment Partnerships Program (HOME). These grants leveraged over \$18m in additional investment.

Building effective local continuums. The Coalition brought TA consultant John Epler (Seattle) to the state in February to work with two communities in building stronger local continuums as well as to meet with

the statewide continuum to discuss how we can continue to improve our efforts. The two local workshops in Bozeman and Billings were significant in generating more local interest and participation in each continuum. Newspapers in both cities ran major articles either just prior to his visit (due to pre-visit CoC outreach and materials provided to the press) or reporting on the meeting itself.

HMIS. The decision by the MT Dept. of Health & Human Services to sponsor the HMIS system is probably one of our most important successes. Had DPHHS decided—in the face of considerable obstacles set up by state policies that discourage state management of data systems—not to house and manage HMIS, we would have been left with no other identifiable options. We are now working to finalize the adaptation and are currently recruiting participants into the system.

New resources. After a couple of years promoting VA resources, particularly the per diem grants, 4 CoC participants received 5 per diem and service center grants that will provide 63 new transitional housing beds and fund contacts with 8700 homeless veterans a year.

(2) In addition to the goals for ending chronic homelessness, please describe any other goals and specific action steps that your community has developed to address homelessness. Specify the entity that has lead responsibility for carrying out each step and specific target date for completion. Please use the following format.

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
<p>Goal 1: Fully Activate & Implement the MT Council on Homeless</p>	<ol style="list-style-type: none"> 1. Share CoC Plan with Council 2. CoC / Council members participate in planning committees, make presentations and recommendations 	<p>Bob Buzzas, CoC</p> <p>Joe Bischof, Poverello Lori Hartford, Healthcare for the Homeless Bob Buzzas, CoC Terry Teichrow, Office of Public Instruction</p>	<p>September, '04</p> <p>Fall meeting, '04 And throughout the planning process.</p>
<p>Goal 2: Increase availability of Permanent Housing</p>	<ol style="list-style-type: none"> 1. Continue Housing First training (e.g. Ann Denton training) 2. Develop Fannie Mae-Enterprise Corp project 3. Seek scoring emphasis for PH by MT Board of Housing 4. Seek alternative PH funding, including Board of Housing Bond Fund, State Sect 8 Set Aside, Dept of Health housing funding, and other. 	<p>Marcia Armstrong, MT DPHHS (health dept), PATH Coordinator Maureen Rude, Fannie Mae</p> <p>Michael O'Neil, MT Home Choice Coalition</p> <p>Michael O'Neil, MT Home Choice Coalition</p>	<p>March, '05</p> <p>Outreach- Feb '05 Project- Nov '05 Feb '05</p> <p>March 05</p>

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
Goal 3: Increase effectiveness of Case Management and enrollment of clients into Mainstream Resources	1. Local Goal Setting Sessions in 3 communities. Case Mgrs meet with Mainstream Program Managers to identify actions & measurable goals for increasing enrollments.	Bob Buzzas, CoC	Dec '04
	2. Request MT Professional Development Center to develop curriculum and conduct training to increase case mgr. effectiveness.	Joe Bischof, Poverello Center	Nov '04
	3. Continue to distribute "First Step" tool.	Bob Buzzas, CoC	Jan '05
Goal 4: Increase level of commitment by local government	1. Prepare community-specific information packets and Model Resolution and distribute to mayors and managers	Kristina Swanson, Missoula Office of Planning & Grants	Feb '05
	2. Make presentation to MT League of Cities & Towns Conference	Peter Hance, Missoula Housing Authority	Oct '04
	3. Arrange meetings with mayors and managers in 7 communities to promote local passage of Resolution and increased municipal commitment to homeless efforts.	Bob Buzzas, CoC	March '05
Goals 5: HMIS	1. Continue to coordinate end users in the beta testing of HMIS system	Kane Quennemmon, DPHHS	Dec '05
	2. Continue to recruit participants	Bob Buzzas, CoC	Phase 1 Oct'04 Phase 2 March '05 Phase 3 June '05
	3. Begin designing assessment tools using HMIS and incorporating into the CoC and Council planning.	To be announced	March '05

Discharge Planning Policy Narrative

The Montana Council on Homeless. The Coalition considers the creation of the Montana Council on Homeless (May, 2004) to be a significant achievement that will have major influence on future discharge planning. Among the Governor's appointees are key state policy and administrative leaders, including those from the institutions in question. The first planning session is scheduled for September 15 and work groups are being formed including one on Discharge Planning which will very like include members of the Coalition.

Discharge Policies Inventoried. While waiting for the executive order to be issued, a Council staffer, at the Coalition's request, inventoried the discharge policies of the Department of Corrections, Pine Hill Youth Correctional Facility, Foster Care, State Mental Hospital, Montana Mental Health Nursing Care Center, and the Montana Chemical Dependency Center. The inventory and staff memo has provided the basis for some initial assessment and led to some interim action steps by the Coalition.

Interviews and discussions with both discharging institutions and local service providers, however, reflect varying interpretations of the extent to which institutional discharges are a problem. One of the critical challenges in the very near future (next few months) will be to assemble the available data (and identify the gaps in information) to determine the extent to which homeless discharge does occur, under what conditions and what can be done to help.

To begin this process, the Coalition has implemented three initiatives:

- A pilot project between the Poverello Center (Missoula) and the State Prison will provide one of the first community organization-prison working relationships designed to increase collaboration and the opportunity to identify additional steps that can be taken.
- A Memorandum of Understanding between the Coalition and the State Hospital commits both parties to working collaboratively to prevent homeless discharges and to bring more community resources, particularly housing, to bear.
- A demonstration between the State Mental Hospital and 2 community mental health centers (Helena and one other) is being developed for a January launch that will increase the level of attention given to discharges in the communities to better understand what occurs and to ensure that suitable housing, transitional supportive services and case management and more are brought to bear on a dischargee.

Current State Hospital Discharge Policy states that 1) each patient will have an initial discharge plan no later than 10 days following admission and the plan development will include family as well as related community agencies, 2) each plan will identify a community mental health contact person and a state hospital discharge coordinator. In addition, each patient will have an Aftercare Plan also developed with the participation of a community mental health care person.

Form HUD 40076 CoC-D

Exhibit 1: Continuum of Care – Unexecuted Grants Chart

There are no unexecuted grants.

Form HUD 40076 CoC-E

Exhibit 1: Continuum of Care Service Activity Chart

Using the format below, describe the fundamental service components of your Continuum of Care system currently in place, and any additional services being planned. Describe how homeless persons access or receive assistance under each component other than *Outreach*. (Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)

Fundamental Components in CoC System -- Service Activity Chart

Component: Prevention

Services in place:

Basic Needs

Emergency financial assistance is available through county welfare offices in varying degrees throughout the state's 56 counties for food, medical care and transportation.

Food banks are active participants in the local continuums and provide free groceries that often times free up cash resources for rent, transportation and other essential needs. The providers are community food banks.

Food stamps are also accessed to do the same. The providers are the 12 local Public Assistance Offices and their outlying satellite offices.

Affordable Housing programs including HOPWA, Shelter Plus Care, Section 8, CDBG, HOME, Montana Preservation Project and federal and state tax credits are used by the ten HRDCs (which operate over 15 housing projects in the state), Public Housing Authorities, and several other nonprofit housing organizations (e.g. WORD in Missoula, Neighborhood Housing Services in Great Falls) to continue to build the state's affordable housing stock as well as to preserve existing affordable units. Montana now also has a Housing Trust Fund.

Emergency assistance is offered by the Salvation Army, St. Vincent's DePauls and other faith-based or churches throughout the state. The diversity and levels of services are too numerous to document here, but include everything from a cot in the basement of the church to family counseling and child care provided by the Salvation Army.

Eviction Prevention

Credit Counseling. Credit counseling to assist clients in negotiating delinquency rents or mortgage payments and reaching agreements with landlords to avoid evictions is available through HUD approved credit counseling programs throughout the state. The primary providers of this service are the Human Resource Development Councils, WoRD, Neighborhood Housing Services and the Public Housing Authorities.

Emergency Rent Assistance. In cases of impending eviction, the ten HRDCs use Emergency Services Grant (ESG) for emergency rent

Emergency Utility Assistance. The state's ten HRDCs also administer Montana Energy Share (a consumer and utility company funded heating assistance program), Low Income Energy Assistance (LIEAP) and Weatherization for emergency utility assistance throughout the state.

Domestic Abuse Prevention

Most communities are now providing parenting and conflict management classes, domestic intervention and partner counseling services as part of affordable housing programs that are designed to build skills in adults that strengthen marriages and partnerships. The primary providers of this service are churches or collaborations between churches and HRDCs and domestic abuse organizations that vary from community to community.

Job Training and Employment Security

HRDCs, Workforce Investment Act Workforce Centers and other job training providers are coordinating under WIA One-Stop to provide training, education and employment programs that target individuals most at-risk of homelessness,

Services planned:

Uniform State Discharge Policy

The Montana Department of Health has already initiated a study of all discharge practices of state correctional facilities, hospitals, foster care programs and other facilities as the first step in creating a new policy that will prevent a discharged person from becoming homeless. As part of the Policy Academy Action Plan, we anticipate having a new policy recommended to the Governor for executive action by late winter or early spring.

Individual Development Accounts and Earned Income Tax Credits

Montana continues to be one of only a few states not taking advantage of federal assistance to implement Individual Development Accounts that can build valuable assets for at-risk individuals and families while participating in other job training, affordable housing and other related programs used to prevent homelessness and support transitional housing programs. Montana also has a fairly low rate of low-income tax payers utilizing the Earned Income Tax Credit that can save some families \$2,000 or so. The state's HRDCs are beginning to initiate activities in both of these areas and the Coalition has offered to help.

Greater integration of intensive case management.

This is gaining prominence not only among the local and state continuum of care network, but has also been featured or adopted as a goal within state's mental health services and in the state's job training offices. This effort will be bolstered in the coming year by the Policy Academy's commitment to develop curriculum "cultural sensitivity" (issues unique to various homeless subpopulations) and "accessing mainstream resources" that can be incorporated into annual training sessions conducted by mental health and job training offices as well as through the state's Profession Development Center (which provides training to all kinds of state employees).

How homeless persons access/receive assistance:

Prevention services are accessed through a myriad of access points and programs, but usually starts with an individual or family "walking-in" or otherwise enrolling for an assistance program and being referred by that program or case manager to other services. For example, a Head Start family might be referred to a homeownership or credit counseling program or a family in distress will be referred by a church social worker/volunteer to an HRDC case manager who will work to enroll the family in everything from job training, food stamps, child care, rental assistance, credit counseling and even home ownership programs. Following are just a few examples of how access is streamlined, coordinated or otherwise promoted:

- Each community has in place Memoranda of Understanding (MOUs) that include providers in the mental health and substance abuse treatment fields (as well as other providers) that are key to identifying high-risk individuals for homelessness and coordinating all of the available resources in a community to provide the housing, job training, mental health treatment and life skills necessary to prevent homelessness. The MOU highlight the commitment to coordinate with other providers in their area and to participate in meetings meant to keep everyone aware of new or changing programs, key individuals etc..
- The Montana PATH and CHIPs programs provide mental health outreach workers that go into the streets, schools, HRDCs, Head Start centers, mental health centers, and other institutions to identify

homeless as well as individuals and families at risk of becoming homeless and to refer them for appropriate services.

- In general, Intensive Case Management is considered to be the critical service to preventing homelessness in the first place and preventing recidivism. As such, HRDCs, Regional Mental Health Centers, County Drug and Alcohol Services, County Public Assistance Offices and other agencies too numerous to mention, all provide case management of clients most at-risk.

Component: Outreach

The outreach experience in a state like Montana would question the validity and value of distinguishing outreach efforts between persons on the street and in shelters. This is primarily due to the fact that even the most difficult to reach “street” subpopulation—the chronically homeless—are “users” of programs and shelters at various times and, therefore, are often times most effectively “outreached” when accessing those services. The following, however, acknowledges that there are specific efforts made to contact those on the streets.

(1) Outreach activities to persons living on the streets:

Self-referral outreach. These outreach activities are meant to make services known to the homeless and to encourage them to directly access services on their own either immediately or at a later time. In most cases, this simply entails a homeless person answering yes to an outreach worker’s question of, “do you want help?” To reach that point, however, we employ several approaches, including:

- 1) Posters and brochures distributed and posted at well-known congregation sites;
- 2) Mobile services that take food, clothing and some basic first aid to congregation sites. In at least one city, the mobile service includes a case manager who can assess and refer clients immediately for other assistance. The other mobile services can provide information and assist in referrals.
- 3) Education and information by homeless advocates (paid and volunteer) who are themselves homeless and working to help other homeless persons.

Our data indicates, however, that self-referrals account for only a very small fraction of all “street” clients assisted and are most effective in more urban settings. “Persons living on the streets,” in remote rural areas of Montana are more likely to mean living in cars, abandoned homes, transients riding the rails, etc. The greatest opportunities for outreach in these cases, according to our survey data and experience, is through food banks, law enforcement and churches. To best utilize these outreach points, our local continuum of care networks make special efforts to recruit their active participation of these entities. They also regularly refresh their local referral lists and make them aware of the Statewide Homeless Resource Directory assembled by the Coalition and hosted on the Montana Department of Public Health and Human Services website (as well as the HUD state office’s website).

Here are examples of other specific activities targeting the “street” homeless:

- Veterans Standdowns are now conducted in four communities each year and have proven highly effective at drawing all homeless—not just veterans. The first Standdown was started in 1999 by Coalition participant and former homeless veteran, Rick Salyer. The Standdown uses an informal but highly effective communication network to bring homeless vets in from places as remote as wilderness area camps. Standdowns are usually held on weekends and offer a festival setting including music and entertainment as a way of providing a safe gathering place for homeless vets and making available free

medical and dental checkups, limited medical treatment, food, clothing, backpacks, sleeping bags and referrals for further other services. These are available in differing degrees at the different Standdowns.

- PATH Outreach workers provide outreach case managers to the Seriously Mentally Ill and Substance Abusers in 7 hub communities. Their primary responsibility is to identify homeless individuals with serious mental illness. They visit homeless congregation sites (street canvassing), shelters, mental health clinics, food banks as well as routine visits with other service providers (e.g. HRDCs, food banks, churches etc.) to review cases and follow-up on referrals.

(2) Outreach activities to other homeless persons

Of all the questions in the CoC NOFA's over the years, this is one that causes us particular heartburn because of the complex network called upon to outreach the homeless. To list all of the participants and give them their due is simply too long and, in fact, would require community-by-community treatments. In an effort to be concise yet informative, we provide the following:

Montana's outreach *modus operandi* is predicated upon the lesson learned from formerly homeless people, that is--there are certain points and times along a homeless person's experience where they are "capable" or "willing" to accept help and change. Therefore, we use a multi-layered and redundant network of outreach in order to increase the likelihood that the opportunity will be there for someone when it is most needed.

Here are the principal outreach points of contact with the homeless (both on the street and otherwise) in Montana. It is not all inclusive:

- Emergency shelters (23)
- Food Banks (40)
- Domestic abuse shelters (36)
- Transitional & S+C Housing Programs (31)
- PATH Outreach Offices (7)
- Community Mental Health Centers (4)
- Community Healthcare for the Homeless Clinics (4)
- HRDC offices (10 agencies w/ numerous satellite offices)
- Salvation Army
- St. Vincent DePaul
- Law enforcement officers (191 city, co and tribal agencies)
- Veteran clinics (9) and Hospital (1)
- County health and welfare offices
- Park & campground attendants
- Railroad employees
- Motel/hotel managers
- Thrift Shops
- Churches
- Veteran Centers

In order for these entities to capture that opportunity to change a homeless person's life, it is essential that they be able to quickly and effectively refer them to the most appropriate person (if not themselves) for intake and assessment and services. Thus, local continuums of care work to maintain well-coordinated and informed local networks where everyone has up-to-date referral contact information and everyone understands the available resources in the system.

There are also activities designed to increase these opportunities, including the Standdowns and PATH outreach efforts described above. In addition, here are a few samples of other outreach activities undertaken by these entities:

Domestic Violence. Montana's 36 domestic abuse shelters and safe houses engage in extensive outreach, including public speaking at civic organizations, posting flyers in the public restrooms for women (particularly bars), Public Service Announcements, distribution of brochures, coordination with local law enforcement who are required to give domestic abuse victims (and suspected victims) the phone number of local shelters along with a notice of victims rights. Almost all of the 32 shelter and safe houses also

participate in local networking groups, e.g. Healthy Families, that meet on a monthly or bimonthly bases to ensure coordinated outreach and referral.

Youth. Targeted outreach to youth is being accomplished through the Foster Care Program, homeless coordinators employed by three largest school districts and by youth home facilities in Billings, Bozeman, Helena and Missoula. Their outreach activities include the identification and referral of youth cycling out of foster care because of age, the use of street contacts or advocates (street canvassing), referral arrangements with local law enforcement and court systems, and shelters. The ten HRDCs, which serve as the primary centralized referral and coordinating agency for social services in most communities, also provide a major outreach component through contact with families and individuals in Head Start, Youth Employment and Training programs (principally Workforce Investment Act), emergency hotel/motel vouchers, food bank programs and more.

Outreach planned:

- Increasing activities and coordination with the AIDS Councils in Missoula and Billings (HOPWA recipients) and the AIDS Council of Southeastern Montana.
- Ongoing maintenance and update of the **Statewide Resource Directory of Homeless Services** will continue. This directory is available on line through the state HUD homepage and the MT Department of Health and Human Services home page. The directory is promoted through the annual conferences for domestic abuse shelters, the bi-annual Hunger and Homeless Conference and the NAHRO conference for housing programs.
- **Implementation of the Montana Council on Homeless.** The council, created by the Governor in May of this year, will assume the role of the principal planning body, including the increased coordination of services and improved case management of homeless through any of its relevant state agencies and programs as well as through recipients of state contracts or grant.

Component: Supportive Services

Because many of the services used by homeless clients are services also available to the general public, we have attempted to limit the following response on those services that are most important or frequently used in serving the homeless.

Case management, life skills, education, employment assistance, child care and transportation are primarily provided through one of the ten HRDC (community action agencies) district offices or satellites located throughout the state. Just a few of the programs they administer and which provide these services include:

- Workforce Investment Act (youth and adult programs)
- Runaway and Homeless Youth Grants
- Community Services Block Grants
- WoRC program
- Section 8 and other Housing programs (that include credit counseling, life skills training and more)
- Family Self-Sufficiency Program
- Head Start
- Child Care programs
- Microbusiness Loan programs
- Rural Business Enterprise Grants

Each HRDC provides intensive case management that works with homeless clients to prepare plans for transitioning to permanency and ensures that clients access not only HRDC programs, but also other resources such as food stamps, mental health and substance abuse care, TANF, SSI, Medicaid, CHIPS and state health care insurance programs, and so much more.

However many of these same services are also provided either directly by each of the 31 transitional living or permanent housing projects and 36 domestic abuse shelters in the state or they collaborate with other agencies to provide them on a referral basis.

Case management is also being provided for youth through the Montana Office of Public Instruction and homeless coordinator offices located in three schools districts. These offices use federal Education for Homeless Children and Youth funds to meet educational and other needs.

Starting this year, the ten HRDCs will administer a Runaway and Homeless Youth grant which will primarily provide a broad range of supportive services and housing assistance to approximately 30 homeless youth a year. Tumbleweed of Billings is already providing similar housing, case management and supportive services for youth.

In addition to HRDC Workforce Investment Act programs, the Montana Job Service and the Job Training Partnership operate One-Stop Centers throughout the state that can serve the homeless in seeking job training skills. These services are best utilized with the help of a case manager from one of the homeless provider programs.

Transportation services are provided through a variety of means. Emergency Shelter Grants are used by some HRDCs to purchase bus tickets or assist with emergency gas assistance. The Veterans Administration operate a bus shuttle from points around the state to both the Hospital in Helena and the Nursing home/clinic in Miles City. Several churches and faith-based programs (e.g. Salvation Army) can also assist with car repairs, fuel and other transportation needs on a limited basis.

Mental health, alcohol and drug abuse treatment are principally provided through 4 Community Mental Health Centers that cover the state. Twelve additional licensed mental health centers also provide these services mostly to children and youth, including homeless. In addition, four Healthcare for the Homeless Clinics in Billings, Helena, Missoula and Butte provide or refer homeless patients for mental health and substance abuse treatment, but mostly provide primary health and dental care (the latter mostly through volunteers services).

Mental health, alcohol and drug abuse treatment primary health and dental care are provided by the four Healthcare for the Homeless clinics in Billings, Helena, Missoula and Butte. Case managers are also employed at each clinic except in Helena. Various local hospitals also report occasional charitable service to indigents and homeless.

Services planned:

No substantially new or different supportive services are planned at this time. The greatest need for increased supportive services is clearly in the area of mental health and substance abuse treatment and the Montana Policy Academy highlighted this area of need to the new MT Council on Homeless as a priority item.

How homeless persons access/receive assistance:

Access to supportive services can happen through “direct referral” (or a walk-in) by homeless persons themselves but it is far more likely to happen through case management referral. Nonetheless, we promote the former through such activities as distributing posters and pamphlets at “congregating” sites,

mobile outreach vans and Stand Downs as previously described under outreach.

For the majority of homeless persons then, they will receive access and assistance through a myriad of case management referral possibilities. There is no one referral process that can be explained as each depends upon the location, the homeless person's or family's needs, the availability of particular services and other conditions. The first—and sometimes the most important—contact with the homeless person usually occurs through an emergency shelter, food bank, domestic abuse shelter, PATH Outreach Office, Salvation Army, church, law enforcement officer, hotel/motel clerk, thrift store volunteers or hospital admissions staff. While some of these entities provide case management and are capable of conducting full intake and assessments, others do not. For example, the deputy sheriff who finds a stranded homeless family in a camping spot, the emergency room admissions nurse in the hospital and the volunteer at the local food bank need to be educated about their local network and have the information to make the best referral. The “no wrong door” entry system works only when these “first points of contact” understand the system and know who to call next.

Once they have entered the system (through intake and assessment) and have a case manager—whether it is through an HRDC, shelter or transitional program, mental health center or other—the opportunity to enroll in supportive services and mainstream resources is dramatically increased. With temporary but stable housing or shelter, the case manager can begin networking to refer the homeless person for mental healthy or substance abuse treatment (although there is often times a waiting list), enroll them in job training programs, begin teaching life skills, and ensure that are receiving other benefits such as SSI, food stamps, Medicaid etc.

Form HUD 40076 CoC-F

Exhibit 1: Continuum of Care Housing Activity Chart

Fundamental Components in CoC System- Housing Inventory Chart											
<i>EMERGENCY SHELTER</i>											
Provider Name	Facility Name	HMIS	Geo Code	Target Population 2004 Year-Round Units/Bed					2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Year Round	Seasonal	Overflow / Voucher
Current Inventory											
Dist 1,2,3, New Life Mission, Inc.	New Life Mission	N	309021	M				14	14		
Dist. 4, HRDC	The Haven	P-10/04	30941	M		1	12	6	18		
Dist 5, Great Falls Rescue Mission	G.F. Rescue Mission	P-3/05	300342	M			24	26	50		
Dist 5, YWCA	Mercy Home	P-3/05	309013	YF			25		25		
Dist 5, Golden Triangle Mental Health	Golden Triangle Mental Health Center	P-3/05	309013	SMF				2	2		
Dist 5, For the Children	AGAPE Center	N	309013	YM				9	9		
District 6, Human Resource Development Council	Central MT Ministerial Association	P-7/05	309027	SMF				1	1		
Dist 7, Mt. Rescue Mission, Inc.	Mt. Rescue Mission	P-7/05	300066	SMF				54	54		
Dist 7, Mt. Rescue Mission, Inc.	Women & Family Shelter	P-7/05	309111	FC		35	73	17	90		
Dist 7, YWCA	Gateway House	P-7/05	300066	DV			4	81	85		
Dist 7, Tumbleweed	Tumbleweed Runaway & Homeless Youth	P-3/05	309111	M				12	12		
Dist 7, Crow Tribe	Big Horn Co. Emergency Family Shelter	P-7/05	309003	SMF			2	10	12		
Dist 8, God's Love Inc.	God's Love Emergency Shelter	P-10/04	309049	SMF			9	35	44		
Dist. 8, Montana Youth Homes	Montana Youth Group Home	N	309049	YM				11	11		
Dist. 8, Rocky Mountain Development Council	Friendship Center	P-7/05	309049	FC	DV		15		15		

Dist 10, Samaritan House Inc.	Samaritan House	P-10/04	309029	M		5	15	28	43		
Dist. 10, Sanders County Coalition for Families	Thompson Falls Women's Shelter	P-10/04	309089	M	DV	3	2	6	8		
Dist. 10, Violence Free Crisis	The Abby Shelter	P-3/05	309029	FC	DV		12	6	22		
Dist. 10, Lincoln County Help Line	Sweet Haven	P-7/05	309053	FC	DV		15	12	27		
Dist., 10, Safe Harbor, Inc	Safe Harbor	P-7/05	309047	SF	DV		13	4	17		
Dist. 11, Poverello Inc.	Poverello Center	P-10/04	300540	SMF			0	67	67		25
Dist 11, YWCA	YWCA Domestic Violence Shelter	P-10/04	309063	SF	DV	7	24	1	25		
Dist 11, S.A.F.E	S.A.F.E. Shelter	P-10/04	309081	M	DV	4	7	2	9		
Dist 11, Salvation Army	Gateway Center	P-7/05	309063	FC		7	14		14		2
Dist 12, Butte Christian Community Center	Safe Space	P-7/05	309093	M	DV	2	2	14	16		
Dist 12, Butte Rescue Mission	Butte Rescue Mission	P-7/05	309093	M		3	3	32	35		
SUBTOTAL						67	275	450	725	0	27
Under Development											
none	None										
SUBTOTAL						0	0	0	0	0	0
TRANSITIONAL HOUSING											
Provider Name	Facility Name	HMIS	Geo Code	Target Population 2004 Year-Round Units/Bed					2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal	Overflow/Voucher
Current Inventory											
Dist. 1,2,3, Mathew's House Inc.,	Matthews House	N	309021	M		1	8		8		
Dist. 4, HRDC	McLaughlin Transitional Housing Project	P-10/04	309041	FC		4	20		20		
Dist 5, Gateway Recovery Inc.	Gateway Recovery Home	P-10/04	309013	SF			15		15		

Dist 5, Great Falls Rescue Mission	GF Rescue Mission	P-3/05	300342	M				16	16		
Dist 6, Emanuel Baptist Church	Gilead House	N	309027	M				1	1		
Dist 7, MT Rescue Mission	MT Rescue Mission	P-7/05	309111	M				20	20		
Dist 7, MT Rescue Mission	Women & Family Shelter	P-7/05	309111	M			12	8	20		
Dist 8, God's Love Inc.	God's Love Family Transitional Center	P-10/04	309049	M			9	2	11		
Dist 8, Rocky Mtn Development Council	Friendship Center	P-3/05	309049	FC			7		7		
Dist 8, Montana Youth Homes	Montana Youth Homes	N	309049	YMF				16	16		
Dist 8, Boyd Andrews	Boyd Andrews House	N	309049	SMF				7	7		
Dist 8, Florence Crittenton	Montana Florence Crittenton Home	P-3/05	309049	YF			8	8	16		
Dist 8, Golden Triangle Community Mental Health Center	Hannaford House	P-7/05	309049	SMF				8	8		
Dist 9 Dist IX HRDC	The Carriage House	P-3/05	309031	FC			4		4		
Dist 9, AWARE	AWARE	P-7/05	309031	SMF				8	8		
Dist 9, The Network	The Network	P-7/05	309031	M	DV		12		12		
Dist 10, NW Montana Human Resources	Courtyard Apartments	P-10/04	309029	FC		32	25	8	33		
Dist 10, Samaritan House	Samaritan House Transitional Housing	P-10/04	309029	FC		18		18	18		
Dist 10, Sanders Co. Coalition for Families	Lavonne Kennedy THP	P-10/04	309089	FC	DV	5	5	1	6		
Dist 11, Poverello Inc.	Joseph Residence	P-10/04	309063	FC		9	27		27		
Dist 11, YWCA	YWCA Transitional Housing	P-10/04	309063	FC		11	22		22		

Dist 11, Mountain Home Inc.	Mountain Home	P-10/04	309063	M		4	8		8		
Dist 11, Turning Point	Share House	P-10/04	309063	SMF					16	16	
Dist 11, Turning Point	Carole Graham Home	P-10/04	309063	FC		6	12		12		
Dist 11, MT Rescue Mission	Missoula 3:16	P-7/05	309063	SM					6	6	
Dist 11, S.A.F.E.	SAFE Trans. Hsing	P-10/04	309081	M	DV	9	19	1	20		
Dist 12, Human Resource Council Dist XII	Homeward Bound	P-10/04	30903	M		4	12	24	28		
				SUBTOTAL		103	230	177	407	0	0

Under Development

Samaritan House Inc, Dist 10	Samaritan House Transitional Housing	P-3/05		SM	Vet				18	18	0	0
Missoula Housing Authority, Dist 11	Veterans Service Center	P-3/05		SM	Vet				17	18	0	0
Poverello Center, Dist 11	Poverello Center	P/3/05		SM	Vet				38	38	0	0
				SUBTOTAL					73	73	0	0

PERMANENT SUPPORTIVE HOUSING

Provider Name	Facility Name	HMIS	Geo Codes	Target Population 2004 Year-Round Units/Bed					2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal	Overflow/Voucher

Current Inventory

Dist 5, Golden Triangle Mental Health	Golden Triangle Mental Health Center	P-10/04	309013	SMF					24	24		
Dist 7, Billings Public Housing Authority	PHA S+C Program	P-10/04	309111	SMF					15	15		
Dist 8, Helena Public Housing Authority	Helena S+C Program	P-10/04	309049	SMF					20	20		
Dist 11, Missoula Public Housing Authority	Missoula Public Housing Authority S+C Program	P-10/04	309063	SMF		10	20	61	81			

Dist 12, Public Housing Authority of Butte	S+C Permanent Supportive Housing	P-10/04	309093	M		3	4	8	12		
SUBTOTAL						13	24	128	152	0	0
Underdevelopment											
Dist 11, Missoula Public Housing Authority	Public Housing Authority, SRO	P-7/05	309063	O		0	0	15	15	0	0
SUBTOTAL						0	0	15	15	0	0

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Exhibit 1: Continuum of Care Housing Gaps Analysis Chart

Continuum of Care: Housing Gaps Analysis Chart

		Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
Individuals				
Example	Emergency Shelter	100	40	26
Beds	Emergency Shelter	450	0	87
	Transitional Housing	177	73	314
	Permanent Supportive Housing	128	15	598
	Total	755	88	1,087
Persons in Families With Children				
Beds	Emergency Shelter	275	0	89
	Transitional Housing	230	0	574
	Permanent Supportive Housing	24	0	550
	Total	529	0	1,213

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Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals	295 (N)	233 (N)	869 (N)	1,397 (N)
2. Homeless Families with Children	48 (N)	42 (N)	417 (N)	507 (N)
2a. Persons in Homeless Families with Children	133 (N)	118 (N)	1,166 (N)	1,417 (N)
Total (lines 1 + 2a)	428 (N)	351 (N)	2,035 (N)	2,814 (N)
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	171 (N)		117 (N)	288
2. Severely Mentally Ill	106 (N)		<i>Optional for</i>	
3. Chronic Substance Abuse	127 (N)		<i>Unsheltered</i>	
4. Veterans	67 (N)			
5. Persons with HIV/AIDS	47 [46 HOPWA] (N)			
6. Victims of Domestic Violence	129 (N)			
7. Youth (Under 18 years of age)	147 (N)			

Exhibit 1: Continuum of Care Information Collection Methods Instructions

Methods used to Collect Information for the Fundamental Components of the CoC System Housing Activity Chart, Housing Gaps Analysis and Homeless Population/Subpopulations Charts

1. Housing Activity Chart.

(a) Describe your community's methods for conducting an annual update.

The inventorying of ES, TH and PSH units and beds is one of three data sources coordinated and conducted simultaneously (the other two are statewide survey of homeless and a subpopulations served survey). Simultaneous homeless counts and inventories have been conducted annually since 1998, but it was decided in August of 2003 to skip a year in order to change all three data collections from April to September (which now, of course, it will be postponed to January). All three data sources were last collected on April 30th 2003. Because data is collected statewide, we are forced to provide some flexibility in scheduling the single point-in-time to meet local needs yet still achieve a statewide count. For example, not all food banks are open on the same day of each week. Therefore, after consulting with survey professionals, we allowed each district to pick one day from April 28, 29 or 30th and developed several ways for preventing and culling duplicate counts.

The Housing Activity data source is a “facility specific questionnaire,” that is distributed (the method) to Survey and Inventory Coordinators (Coalition volunteers) in each district who, in turn, distribute them to the individual facilities. In some districts, this is done in local continuum meetings where the protocols and last year’s data are reviewed. In other districts, they are distributed by mail or fax. All surveys are returned to the district coordinator, packaged together and forwarded to the Coalition coordinator for final data compilation.

After much deliberation, however, we decided an “*interim update*” in Housing Activity for 2004 was needed to acquire new information about “family units” and seasonal or overflow beds as well as to identify any new beds/units or changes in the status of existing beds/units. An “Update Questionnaire” was sent to Survey and Inventory Coordinators in each district in June and the new information as well as some minor corrections and adjustments were then made to last year’s Housing Activity chart to produce an “interim” 2004 Housing Activity data base.

Emergency Shelter and Transitional Housing are defined by the Coalition as follows:

Emergency Shelter: Short term congregate beds that meet the minimum need in crisis situations and for homeless persons living on the streets. While most Montana shelters limit stays to 60 days, our definition would include shelter up to 6 months solely due to the fact that CDBG pays for emergency hotel vouchers for up to 6 months.

Transitional Housing: The Coalition has identified five distinct criteria for defining transitional housing:

1. 6-24 month residence
2. Distinct units
3. Accessed through referral
4. Commitment by the resident to engage in supportive services
5. Residents set goals for becoming stable members of the community.

(b) The planned September date for conducting the next combined Homeless Survey/Housing Activity Inventory/Subpopulations Served Survey will now be postponed from September 30th to the last week in January. A network of district coordinators is in place and the forms and protocols for each data source are also already prepared. One month before the targeted survey date (to be selected at our Sept 9-10 Planning Session), the packets will be distributed to the 10 District Coordinators who will,

in turn, distribute the Housing Activity Inventory to each of 49 organizations providing shelter and/or housing.

2. Housing Gaps Analysis Chart.

Briefly describe the basis for the community's determination as to the amount of unmet need.

Last year's method was slightly modified to provide a more systematic basis for determining unmet need. For Emergency Shelter beds, both individual and family, the gap is now calculated by multiplying "total need" (i.e. total number of homeless counted in the survey minus inventory of existing beds) by 10% to produce "unmet need." In other words, our goal is to fill only 10% of the simple "total need." While somewhat arbitrary, many factors went into arriving at this percentage, including the level of confidence in the actual data (most feel the total need was unrealistically high), the high level of transience in shelter usage and the fact that there is a low frequency of 'filled' rates," in many of the larger city shelters. This percentage also reflects the Coalition's priority is not on shelters.

Determining the "unmet need" or gap for transitional beds was a little more complicated. The Coalition's priority over the past year has clearly moved towards "housing first," but it also recognizes there are still subpopulations that need transitional housing. Those groups were identified as homeless due to 1) serious mental illness, 2) substance abuse, 3) dual diagnoses, 4) domestic violence—but only half of the total count—and, 5) homeless teen mothers or pregnant teens. These subpopulations were added together to produce "total need." Only half of total domestic violence count was used as the best estimate of those who actually needed TH as opposed to PH. The inventoried number of beds for individuals and family beds, including beds under development, were then subtracted from this "total need" to produce "unmet need."

These same "total need" numbers were used to determine the gap in PSH by subtracting the number of inventoried beds for both individual and families from "total need" to produce the "unmet need."

3. Part 1 and 2 Homeless Population and Subpopulations Chart.

(a) Describe your community's methods for completing Part 1 and 2. for the 2004 CoC competition.

The Statewide Homeless Survey provides "unsheltered" data and the Subpopulations Served Survey is the source for "sheltered" data and were both conducted at the same time as the Housing Inventory—April 30, 2003. "Unsheltered" Chronic Homeless were determined by identifying "individuals" responding in the survey that they needed mental health assistance (#8) and were homeless due to mental health reasons or other serious disability (#9). This subset was then crossmatched with responses on the duration and frequency of homelessness (#14) to identify those who were homeless for more than a year or 4 times in the past 3 years. This subset was further reduced to identify only those who indicated on the survey (#15) that they spent the previous night either on the streets, at a camp or in a car. This data is completely reliant upon responses from the homeless persons themselves and the level of confidence is still to be determined, yet is our most direct and consistent source of data.

There are two potential sources for "Sheltered" Chronic Homeless data. The first uses the same final "subset" above and extracted from the Homeless Survey but then identifies which respondents said they stayed the previous evening in a shelter, motel, jail, hospital or with friends. This number was 171. The second source comes from the Subpopulations Served Survey conducted in facilities which asks shelter and housing facilities to identify how many CH homeless residents that had on the night of the survey. That number was 91, but respondents often indicated they didn't have the needed information to identify CH. For consistency, we used the homeless survey data of 171 sheltered.

All three of our data sources are "point-in-time" enumerations. The lead agency sponsoring all three surveys is the MT Continuum of Care Coalition (contact person: Robert Buzzas, 321 E. Main, Suite 316, Bozeman, MT 406-586-1572). Cosponsors include the Montana Department of Health and Human

Services and the Montana HRDC Directors Association. The process for collecting data is as follows: The Coalition sends a package containing the three surveys (Housing Inventory, Homeless Survey and Subpopulations Served Survey) with forms and protocols for each data source to coordinators in each of the ten districts who then distributes the appropriate survey packets to the appropriate parties. The Homeless Survey packets are sent to the volunteers and organizations that have been recruited in each district to conduct the survey (or canvass) of the homeless. Each district coordinator collects the completed surveys and sends them directly to a data manager (Dodge Data Systems, Helena, MT) who enters the data and prepares a statistical report. The Statewide Homeless Survey consists of 19 questions and over 90 data elements. It was conducted on one day/one night (April 28, 29, or 30th depending on the district) through 3 methods; a) canvassing streets, under bridges, in parks, campgrounds and other known sites of congregation, b) at shelters and TH facilities and, c) at other “points of service,” such as food pantries, thrift stores, churches etc. The survey was modeled after models in the HUD Survey Handbook and continues to be reviewed and revised on an annual basis. District Coordinators and other local Continuum members recruit well over 300 volunteers and some paid surveyors to reach statewide coverage in all major communities with populations over 20,000 and to include as many more remote and rural “points of service” as possible. The MT Department of Health and Human Services helps by making \$1,000 available to each district to underwrite costs.

The Subpopulations Served Survey is also forwarded by the district coordinators to the appropriate shelter and housing facilities who fill it out on the same day/night chosen by the district as the “point-in-time” survey date. This data is returned to either to the coordinator or directly to the Coalition Coordinator who assembles the data into a report. This survey consists of two forms that identify, for both individuals and families, which of their residents were from the 8 different subpopulations, including Chronic Homeless. As previously stated, many facilities said they did not collect sufficient information to identify the CH, but many have started collecting this information since our last survey.

- (b) The Coalition plans on continuing to conduct the Subpopulations Served Survey that provides the “sheltered” data on an annual basis during the last week in January. The exact date will be selected at our annual planning meeting on September 9-10. It will follow the same method and process as before.
- (c) The Coalition plans on continuing to conduct the Statewide Homeless Survey that provides “unsheltered” data on an annual basis during the last week in January. The exact date will be selected at our annual planning meeting on September 9-10. The survey will follow the same method, process and protocols as our last survey.
- (d) The 2004 CH numbers changed following a quality control review of the previous data. A special computer run was made for the CH subset to obtain additional information. From this, we identified additional CH who had stayed the previous evening in motels, with friends, jails or in transitional housing and adjustments were made to the “sheltered” numbers. We were also able to clearly identify “unsheltered” by cross tabbing the CH subset to only those who stayed the previous night on the streets, or in a camp or car. This review provided us with more consistent numbers and a better protocol for identifying CH in the next survey.

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Continuum of Care: Exhibit 1 Homeless Management Information System (HMIS)

Describe in a brief narrative.

Montana elected to modify a system currently in use known as CDS (Central Database System). CDS was developed by the Montana Department of Health and Human Services (DPHHS) to meet the U.S. Dept of HHS's ROMA data management needs. This option was also the recommendation of a HUD HMIS TA consultant who inspected several systems in the state and worked with a group considering the purchase of new software. The CDS is being adapted for HMIS under a contract with Northrup Grumman (NG) who is also the contract operator of the CDS system. .

DPHHS and the CoC began working with NG within two weeks of receiving the grant notification to start the process. Northrup Grumman/DPHHS/CoC sponsored a series of meetings designed to recruit potential users, identify user needs and develop the NG Scope of Work to be approved by DPHHS before the actual technical modifications could begin. During this time, NG made an in-depth study and evaluation of the federal requirements for HMIS, met with HUD technical advisors and homeless providers and made their own independent conclusion that indeed, the best option for a Montana HMIS was to replicate the essential CDS modules and modify them to include additional functionality required of a HMIS. During this period, other state procurement approval specific to software and data management was also secured.

Following is an abbreviated schedule of activities to date:

- HMIS Grant Notification Received December 22, 2003
- HMIS User Groups Meet with Contractor
 - Helena January 12, 2004
 - Great Falls March 29, 2004
 - Missoula March 30, 2004
 - Billings March 31, 2004
 - Helena (Domestic Violence Shelters) April 23, 2004
- N.G. Statement of Work Approved July 10, 2004

Northrup Grumman is now engaged in the replication and modifying of the CDS system and is working with the CoC's to achieve an earlier implementation date than proposed in the original application. The following milestone dates highlight the remaining plan for implementation:

- Joint Application Design (JAD) Group Session August 8, 2004
- Prototype Delivery October 8, 2004
- Phase 1 Group Begin Implementing October 15, 2004
(Beta Test Users Group)
28% ES, 20% TH, 60% PSH beds
- Conduct final systems test January 11, 2005
- Delivery and Sign Off on System February 10, 2005
- Phase 2 Group Implementation Begins March 1, 2005
48% ES, 71% TH, 99% PSH
- Phase 3 Group Implementation Begins June 1, 2005
92% ES & 90% TH, 100% PSH
- System fully implemented September 1, 2005

Recruitment

We have currently recruited 8 of 25 emergency shelters, 13 of 27 transitional housing facilities and 5 of 5 PHS programs to begin participating in the first data entry starting October 15, 2004. We will survey these users in January, 2005 about their use and experience and conduct a focus group to reassess our current strategy and guide our recruitment efforts for Phase 2 & 3 participants.

Up to this point, our strategy has been driven by early outreach with end users, particularly those receiving no McKinney-Vento funding or with little or no involvement in the Continuum. While most parties indicated they are at least open to trying HMIS, they consistently identified three factors that will affect their final decision to fully adopt and participate in the HMIS. They are:

(a) User friendly

It is imperative that an HMIS be very easy to use by volunteers or staff who typically (especially in shelters) have little computer literacy or experience. We were consistently warned that a very low level of frustration would be tolerated and the system would have to be easy to learn and use.

(b) Affordability (cost & time)

Most shelters indicated that they operate with donated (even discarded) computer hardware and cannot afford to buy new equipment. But cost is even more of a concern in terms of staff time. While the opportunity is great for HMIS to provide a more efficient replacement to paper-based systems, we will need to overcome considerable resistance to learning a new system or replicating their own systems. We also learned that donated computers might not be the lure or incentive we first thought for the same reason. While this is not as big a factor with TH programs, most of them already have systems in place and are not eager to take on new ones.

(c) Useful

Above all else, most potential participants indicated that if the system is actually useful to them, they will participate. In some cases, HMIS does more than they need, but does not do other things they need. While we know the system due for delivery in February, 2005 will not do everything users have requested, additional services can be added in the future, if needed.

Therefore, our strategy is to:

1. Take the time to engage end users in the design and testing of the HMIS
2. To the extent affordable, build a system that gives users what they want/need.
3. Start with a core group of participants willing to help develop and promote the system
4. Consider both hardware and internet access grants
5. Design easy-to-use training resources and provide technical support
6. Promote the potential for HMIS to provide information that will help us all to more effectively address the homeless crisis.

Each strategy can be summarized as follows:

1. We are actively implementing this strategy through Joint Application Development sessions involving end users and through extensive testing by providers of a prototype system.
2. We are already aware of some features wanted by shelters (e.g. ability to make bed assignments) that are not affordable, at least in the beginning. NG, however, has made and continues to make considerable effort to ask users "what does an HMIS system need to do for you?" We are currently engaging a users group in the final development phase.
3. The initial user group continues to be a part of the JAD and consists, among others, of 10 individuals, 4 of which work for combined ES-TH organizations, 3 from ES (including 2 from Rescue Missions which will be among the most challenging to recruit), 2 from TH programs and 1 from PSH. This group includes key individuals that others will look to when considering their own participation.
4. Funds were included in our grant request for making limited hardware or internet donations and we are currently trying to determine how to best use these incentives.

5. N.G. and DPHHS developed training and technical assistance systems for the CDS system and will capitalize on the lessons learned in the experience to do the same for HMIS.
6. We anticipate this will be the most important factor in recruiting participation from those organizations who are independent from any government support. While it is too early to tell just how far HMIS can go to “be all thing to all people,” one early indication comes from the state’s domestic violence association. After a meeting arranged just to deal with DV shelter issues, two DV activists thought the HMIS would better serve their members than their current system and indicated they would seriously consider HMIS.

a. Please check one of the following which best reflects the status of your CoC in having a Continuum-wide HMIS (see Section O of the “Questions and Answers” supplement to the application before completing):

SPECIAL NOTE TO (b):

The following options do not provide a suitable answer for our current state of implementation. While we are beyond “*has decided to implement and is selecting needed software and hardware,*” we cannot claim to have “*implemented a Continuum-wide HMIS.*” In fact, we are in the process of implementing and are on schedule for entering client data the latter half of this year. Our selection of “has implemented” was guided by the answer Mike Roanhouse gave to an identical question during the second webcast.

- The CoC has not yet considered implementing an HMIS.
- The CoC has been meeting and is considering implementing an HMIS.
- The CoC has decided to implement an HMIS and is selecting needed software and hardware.
- The CoC has implemented a Continuum-wide HMIS.
- The CoC has implemented, but is seeking to update or change its current HMIS.
- The CoC has implemented, but is seeking to expand the coverage of its current HMIS system.

b. If your CoC has already implemented or is seeking to update or expand its HMIS system, identify in the table below how many of the Current Inventory in 2004 beds are listed on your Housing Gaps Analysis Chart.

While we are not “currently” entering data, our planned “Inventory in 2004” begins with entering data on October 15 for 8 of 25 shelters, 13 of 27 TH facilities and 5 of 5 PSH projects. the following number of beds:

Current Inventory in 2004		
Beds/Percentage Providing Client Data into HMIS		
	Individuals	Families
	<u>Individuals</u>	<u>Families</u>
Emergency Shelter	146 beds/33%	59 beds/22%
Transitional Housing	70 beds/39%	164 beds/77%
Permanent Supportive Housing	81 beds/61%	10 beds/24%

Exhibit 1: Continuum of Care: Project Priorities Chart

(1) Applicant	(2) Project Sponsor and Project Name	(3) Numeric Priority	(4) **Requested Project Amount	(5) Term of Project In YRS	(6) Program and Component/Type*				
					SHP	SHP	S+C	S+C	SRO
					new	Renew	new	renew	new
Missoula Housing Authority	(no sponsor) MHA 26 New S+C Vouchers	1	\$ 743,040	5			TRA		
Missoula County	Western Montana Mental Health Center / Turning Point Addiction Services SHARE HOUSE Transitional Housing	2	\$ 393,330	2		TH			
Missoula County	YWCA of Missoula / March Against Homelessness Transitional Housing	3	\$ 35,240	1		TH			
Missoula County	YWCA of Missoula / Ada Feldman Transitional Housing	4	\$ 65,761	1		TH			
The Samaritan Housing, Inc.	(no sponsor) The Samaritan House Case Management Project	5	\$ 63,000	1		TH			
Florence Crittenton Home	(no sponsor) Pathways to Success	6	\$ 373,639	3	TH				
Sanders County Coalition for Families	(no sponsor) LaVonne Kennedy Transitional Housing Program	7	\$ 56,964	1		TH			
District IV HRDC	(no sponsor) McLaughlin Transitional Housing Project	8	\$ 16,800	1		TH			
District VII HRDC	(no sponsor) Community Partnership for the Homeless	9	\$ 63,000	1		SSO			
Northwest Montana Veterans Stand Down	(no sponsor) Veterans Service Center	10	\$ 105,800	3	SSO				
Missoula Housing Authority	(no sponsor) Missoula Housing Authority 20 Shelter Plus Care Vouchers Renewal	Na	\$ 110,400	1				TRA	
Missoula Housing Authority	(no sponsor) Missoula Housing Authority Shelter Plus Care 50 Voucher Renewal	Na	\$ 263,400	1				TRA	
Helena Housing Authority	Golden Triangle Mental Health Helena Housing Authority / (MT01C900005)	Na	\$ 70,896	1				SRA	
Helena Housing Authority	Golden Triangle Mental Health Helena Housing Authority / (MT01C900008)	Na	\$ 70,896	1				SRA	
**Total Requested Amount:			\$2,432,166						

Required Narrative Response

a. Describe the methods you use to determine whether projects up for renewal are: (1) performing satisfactorily and (2) effectively addressing the needs for which they were designed.

The primary methods we use to ensure all renewal projects were performing well and fulfilling the intended need include:

1. All grantees are asked to report on the status of their projects during at least three of the five statewide meetings conducted throughout the year and all Coalition participants, drawing upon their own grant administration experiences, ask questions about each others' project performance and make suggestions for improvement.
2. APR data for all grantees is compiled, summarized and distributed to the Renewal Peer Review Committee (RPRC) which assesses the information and reports to all Coalition participants at the annual planning meeting (September 9-10 this year). In their report, the committee tries to identify any potential underperformers, makes suggestions and highlights successful projects. The report is also used as a primer for group discussion of how we will address the impending funding "pipeline" becoming full, the inevitability that not all renewal projects will be fundable and how priority needs will be defined for funding future projects. We are also still in the planning stages of deciding how this report will be used by the third-party Review Panel in their final ranking decisions.
3. In addition to completing a HUD Exhibit application, each project must also submit a Coalition designed "Pre-Application" that includes information about their own strategy and community's planning process, how the project fills a priority need and about their capacity. The Pre-Application also contains a section just for Renewal Applications that requires information from the APRs regarding project status, enrollment in mainstream programs (income at entry and exit) and progress toward their stated goals and objectives.
4. The third-party Review Panel consisting of 12 individuals use the Pre-Application renewal project information along with the Exhibit in their scoring of renewal projects. In addition, about half of the panel members have substantial grant review experience and performed their own assessment of cost-effectiveness based upon costs per individual or unit. Renewal applications came under particular scrutiny this year by the Review Panel and supportive-services-only projects are becoming increasingly challenged to demonstrate cost-effectiveness.

b. Describe how each new project proposed for funding will fill a gap.

#1 Missoula Housing Authority, "MHA 26 New S+C Voucher – New TRA."

The first ranked project fills our state continuums highest priority for establishing more permanent supportive housing by increasing 26 S+C vouchers for the hard-to-house homeless persons with disabilities. The Coalition's currently identified gap in permanent supportive housing targets a need for 286 more individual beds and 135 more family beds. The Missoula Housing Authority project will provide 23 single bedroom and 3, two-bedroom units to the seriously mentally ill, chronic alcohol and/or drug users and those with AIDS or related diseases. Missoula has approximately 24% of the state's homeless population but consistently serves homeless coming from across the state. The 26 new vouchers are driven by the success of the existing service-based programs and the accompanying increase in demand for permanent housing. With a current long waiting list for S+C vouchers, this grant will help to meet a pressing and immediate need.

#6. Florence Crittenton Home and Services; "Pathways to Success"

"Pathways to Success" will provide a transitional living program for pregnant and parenting young women and their babies, ages 14-18, who are homeless. The facility will provide up to 24 months of transitional housing and comprehensive supportive services for 8 residents at one time, in 2 apartments,

followed by 6 months of permanent housing aftercare services. There is only one other facility providing similar services in the entire state. This project fills a priority need in our gap of 291 transitional housing beds for families. Our most recent point-in-time survey found 9 females in need of pre-natal care, and yet between both Mountain Home (Missoula) and Florence Crittenton Home (Helena), there were no openings. This need was also been recently confirmed by the statewide HRDC Association which, at the end of the first year administering a Runaway and Homeless Youth grant, has a waiting list surpassing all projections and was unable to serve at least a couple of young pregnant homeless teens in the first half of 2004.

10. Northwest MT Veterans Stand Down, "Veterans Service Center"

As a supportive service only project, this application was heavily scrutinized but unanimously accepted for funding because of the increased outreach to Chronic Homeless individuals it will provide. While housing continues to receive a higher priority within the continuum, the need for increasing outreach to CH is also growing in priority. This applicant and project is particularly well suited to deliver on increased outreach as it sponsored the largest veterans Stand Down in the entire nation in 2003. This project itself is designed to provide additional supportive services to homeless veterans in the Northwest quarter of the state, including food, clothing, toiletries, household goods, medical equipment, and transportation assistance. Center staff engage in outreach activities with this hard to reach population and conduct thorough assessments, and offer advocacy and referral services, employment counseling, case management and follow up.

c. Demonstrate how the project selection and priority placement processes were conducted.

It is important to note here the enormous role played by the State of Montana Department of Public Health and Human Services and Jim Nolan of the Intergovernmental Human Services Bureau. Mr. Nolan was one of the original catalysts for forming the Coalition and continues to provide the Coalition with staffing through a part-time contract for services out of his office. His early involvement set the critical tone that helped the Coalition evolve into a truly collaborative statewide venture.

The Coalition has developed a strong tradition of inclusiveness and fairness. Participants sign a Memorandum of Understanding stating they will leave behind any local or organizational affiliation they have at the door and accept responsibility for addressing all homelessness across the entire state as a Coalition member. Our meetings are open to anyone at all times and we welcome anyone interested. All decisions except the final project ranking (which are now scored by a third-party review panel and accepted by the Coalition in a formal vote) are made by the group and by consensus. More than 80% of Coalition participants are from nonprofit organizations which also account for about 80% of the project applications.

(1) specify project solicitation efforts

Outreach and project solicitation are conducted at three levels; networking, press releases and direct outreach.

An extensive **local continuum network** has reached a level of critical mass to provide our most effective means of grassroots outreach into communities. Local continuums and the Coalition each produce various **press releases** or generate other news stories that continue to generate awareness of available CoC funding. **Direct outreach** is also used solicit projects in certain areas where need has been prioritized (such as S+C in Great Falls and PSH throughout the state) or with organizations predominantly serving the chronically homeless.

(2) identify the objective rating measures applied to the projects and the participants on the review panel or committee and, (3) explain the voting system used.

The Coalition's Process Committee met in March and after reviewing the HUD national and state debriefings, recommended that the Coalition replace its' past practice of Peer Review (scoring and ranking by all Coalition participants) by establishing a third-party Review Panel to do the project scoring and rankings.

A Review Panel consisting of 12 individuals was recruited in May with 5 members being completely outside of the Coalition, 3 being occasional Coalition participants representing organizations with no interest of ever submitting a project application and 4 being past CoC grant recipients (but who do not have projects up for renewal). This mix provided for some experienced members in the first transition year. The members were:

1. Marcia Armstrong, MT DPHHS, Addictive & Mental Disorders Div.
2. Bruce Brensda, Administrator, Montana Housing Division
3. Barbara Smith, Montana Faith Health Cooperative
4. Sherry Downing , MT DPHHS/Montana Council on Homeless staff person
5. Terry Teichrow, Homeless Children Coordinator, Office of Public Instruction
6. Jim Morton, Vice Pres. MT HRDC Directors Association
7. Maria Nyberg, God's Love, Helena
8. Dana Burkett, Housing Services, District IX HRDC, Bozeman
9. John Gardner, Director, Flathead County Office of Public Assistance, Kalispell
10. Gypsy Ray, Executive Director, Mountain Home, Missoula
11. Laurie Hartford, Manager, Healthcare for the Homeless, Billings
12. Theresa McCarthy, Director, Homeward Bound, Butte

All interested applicants were invited to attend a workshop in March to review the process and how to prepare a successful application. They were then required to submit both a Coalition designed Pre-Application and their HUD Exhibit by a deadline of June 11th. All applications were then copied into notebooks that also contained score sheets and scoring guidelines and sent to the Review Panel on June 16th. After sending a briefing package explaining the Continuum of Care process and scoring guidelines, an orientation briefing was offered to all Review Panel members. Panel members had until July 5th to return their score sheets which were then assembled in anonymous grid charts, totaled and presented to the Coalition at its' statewide meeting on July 8th.

The Scoring Guidelines closely followed the same one used in past years and included the following categories: Goals & Outcomes-20 points, Need-20 points, Planning and Strategy-10 points, Leverage & Use of Outside or Mainstream Resources-10 points. A cross-reference key was provided to identify where all relevant sources of information could be found in both applications for each scoring category.

The Coalition voted unanimously to accept the Review Panels scoring exactly as presented.

(4) explain any written complaints concerning the process

There were no written (or verbal or other) complaints concerning the process.

Exhibit 1: Continuum of Care Supplemental Resources**Enrollment and Participation in Mainstream Programs**

(1) Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

SSI SSDI TANF Medicaid Food Stamps
 SCHIP WIA Veterans Health Care

(2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

- A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
- The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
- CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
- A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
- The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
- CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
- A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
- A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
- Other (Please describe in 1-2 sentences.)

Form HUD 40076 CoC-L

Exhibit 1. CoC Project Performance - Housing and Services

1. Permanent Housing. HUD will be assessing the percentage of all participants who remain in permanent SHP or S+C housing for over six months. (SHP projects include both SHP-PH and SHP-Safe Haven permanent housing renewals.) Based on responses to APR Question 12(a) and information available on persons who did not leave (e.g., information to respond to APR Question 12(b)) from each of the above permanent housing projects included on your Priority Chart, complete the following:
 - a. What is the number of participants who **exited** the permanent housing project(s) during the operating year (from APR Question 12(a))? 25.
 - b. What is the number of participants who did **not leave** the project(s) during the operating year? 104.
 - c. Of those who **exited**, how many stayed longer than **6 months** in the permanent housing (from APR Question 12(a))? 25.
 - d. Of those who did **not leave**, how many stayed longer than **6 months** in the permanent housing? 84.
 - e. Of the total number of participants in the permanent housing project(s) (both those who left and those who stayed), what percentage stayed longer than 6 months (both those who left and those who stayed)? (c+d divided by a+b x 100 = e) 84.5 %.
2. Transitional Housing. Based on responses to APR Question 14 from each of the above projects included on your Priority Chart complete the following:
 - a. What is the total number of participants who left transitional housing project(s) during the operating year? (Include all persons who left, including those who left to an unknown destination.) 1188.
 - b. What is the number of participants who left and **moved to permanent housing**? 925.
 - c. Of the number of participants who left transitional housing, what percentage moved to permanent housing? (b divided by a x 100 = c) 77.9%

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B. Supportive Services

Continuum of Care Participation in Mainstream Programs and Employment Chart.

Number of Adults Who Left	Income Source	Number of Exiting Adults	% with Income at Exit
1167	a. SSI	238	20.4%
1167	b. SSDI	141	12.1%
1167	c. Social Security	62	5.3%
1167	d. General Public Assistance	120	10.3%
1167	e. TANF	165	14.1%
1167	f. SCHIP	0	0.0%
1167	g. Veterans Benefits	144	12.3%
1167	h. Employment Income	852	73.0%
1167	i. Unemployment Benefits	50	4.3%
1167	j. Veterans Health Care	0	0.0%
1167	k. Medicaid	284	24.3%
1167	l. Food Stamps	819	70.2%
1167	m. Other: MediCare	60	5.1%
1167	n. Other: Unspecified	12	1.0%
1167	o. Other: Child Support	295	25.3%
1167	p. No Financial Resources	123	10.3%

Form HUD 40076 CoC-M page 2

Exhibit 1: Continuum of Care Use of Other Resources Chart

Mainstream Resources	Use of Resource in CoC System for <u>homeless</u> persons (e.g., rehab of rental units, job training, etc.)	Specific Project Name	\$ Amount or number of units/beds provided within last <u>2 years</u> specifically for the <u>homeless</u>
CDBG	Domestic Violence Shelter Facility Remodel, Missoula	YWCA	\$ 38,500
	Emergency Shelter Vouchers, Missoula	Salvation Army	\$ 24,000
	Life Skills	B. Hamilton Project Mountain Home	\$ 18,304
HOME	Missoula Public Housing Authority, rehab into 14 SRO units	Missoula S+C/SRO	\$ 500,000
	Rental assistance, 10 homeless persons w/serious disabilities.	Flathead Lake CHDO	\$ 64,724
Housing Choice Vouchers (only if "priority" is given to homeless)	Rental Assistance	4 projects	11 units
Public Housing (only if units are dedicated to homeless)	Rental assistance for transitional housing clients moving into permanent housing.	9 PHAs utilize the Low Rent Public Housing Funds for this purpose	45 units
Mental Health Block Grant	The PATH program is dedicated for outreach to the homeless with mental illness.	4 Community Mental Health Centers	\$400,000
Substance Abuse Block Grant	Supportive Housing	Multiple projects. Group homes with homeless referrals	\$240,000 – 2002
Social Services Block Grant			
Welfare-to-Work			0
State-Funded Programs	Homeless Domestic Violence victim support. Children and Family Services, MT Dept of Health and Human Services	Granted to 36 DV shelters statewide	\$ 300,000
City/County Funded Programs	Emergency shelter and transitional housing staff and operations	Joseph Residence	\$ 77,000
	Case Management, rental assistance, support services	Poverello Center	\$ 147,600
	DV Shelter: staffing costs (County JV grant)	Social Security in Transition	\$ 18,000
	DV Shelter: client support (County BNA grant)	YWCA	\$ 5,000
	Transitional housing for teen mothers: basic needs (City funds)	YWCA	\$ 10,000
	Yellowstone County Health Department- Care for the Homeless (this is a federal grant to the county that they share with 4 sites around the state)	B. Hamilton Project Mountain Home Health Care for the Homeless	\$ 1,325,742
Private	DV Shelter: shelter costs (Individual/Business donations)	YWCA	\$ 55,500
	Fundraising	B. Hamilton Project Festival of Trees Mountain Home	\$ 24,000

Mainstream Resources	Use of Resource in CoC System for <u>homeless</u> persons (e.g., rehab of rental units, job training, etc.)	Specific Project Name	\$ Amount or number of units/beds provided within last <u>2 years</u> specifically for the <u>homeless</u>
Foundations (Identify by name)			
	Remodeling	Poverello Center	\$ 44,000
MJ Murdock Foundation	Facility addition	B. Hamilton Project Mountain Home	\$ 49,000
ELCA	Client services	Poverello Center	\$ 5,000
Dioceses of Helena Faith/Health Grant	Food/direct services	Poverello Center	\$ 1,500
Montana Foundation	Nursing services	Poverello Center	\$ 11,115
Verizon Foundation	Food	Poverello Center	\$ 500
Gallagher Foundation	Client services	YWCA	\$ 10,000
Brondum Foundation	Shelter remodel	YWCA	\$ 5,000
March of Dimes	Facility addition	B. Hamilton Project Mountain Home	\$ 5,000
Silver Foundation	Shelter remodel	YWCA	\$ 2,000
	Facility addition	B. Hamilton Project Mountain Home	\$ 1,500
Plum Creek Foundation	Drug testing equipment	B. Hamilton Project Mountain Home	\$ 2,450
	Facility addition	B. Hamilton Project Mountain Home	\$ 10,000
	General operating	B. Hamilton Project Mountain Home	\$ 2,500

Form HUD 40076 CoC-N

**Exhibit 1: Continuum of Care - Response to HUD Policy Priority For
Removal of Regulatory Barriers To Affordable Housing** *(up to 2 points)*

Form HUD 40076 CoC-O

Exhibit 1: Continuum of Care Supplemental Resources Project Leveraging Chart

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
1	Missoula S+C 26 New Vouchers	Homeless Outreach, Intensive Case Management, Psychosocial Rehabilitation, Crisis Response	Western Montana Mental Health Center (WMMHC)	\$533,520
1	Missoula S+C 26 New Vouchers	Temporary Shelter and Meals	The Poverello Center	\$ 340,000
1	Missoula S+C 26 New Vouchers	Case Management, mental health therapy, medication assistance, medical services, group support	Partnership Health	\$ 73,840
			SUBTOTAL:	\$947,360
2	SHARE House	Volunteer Medical Director	Private Physician	\$300,000
2	SHARE House	Emergency Room Screening	St. Patrick Hospital	\$22,800
2	SHARE House	Medical/Dental Care & Medication	Partnership Health Center	\$160,000
2	SHARE House	Inpatient Substance Abuse Treatment	Montana Chemical Dependency Program	\$218,000
2	SHARE House	Outpatient Substance Abuse Treatment	Western Montana Mental Health Center - Turning Point	\$150,000
2	SHARE House	Outpatient Mental Health Treatment	River House - Western Montana Mental Health Center	\$346,300
2	SHARE House	Food Stamps	Office of Public Assistance	\$26,000
2	SHARE House	Food Donation / Emergency Shelter	Poverello Center	\$12,000
2	SHARE House	Food Donations	Missoula Food Bank	\$7,014
2	SHARE House	Employment Assistance / Evaluation / Vocational Training	Vocational Rehabilitation	\$90,000
2	SHARE House	Legal Services	Montana Legal Services	\$12,000
2	SHARE House	Food Vouchers	Missoula County Health Dep't— Nutrition Services	\$6,000
			SUBTOTAL:	\$1,350,114

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
	March Against Homelessness	Group Facilitator	Volunteer	\$560
3	March Against Homelessness	Rental Assistance	Salvation Army	\$300
3	March Against Homelessness	Clothing, furniture, household items	Secret Seconds	\$1,146
3	March Against Homelessness	Therapy/ Group supervision	YWCA Pathways	\$7,540
3	March Against Homelessness	Children's programming	YWCA Children's program	\$1,749
3	March Against Homelessness	Legal Services	Monte Jewell, JD	\$10,909
3	March Against Homelessness	Food	Missoula Food Bank	\$150
3	March Against Homelessness	Financial Assistance	Office of Public Assistance	\$12,000
3	March Against Homelessness	Childcare	Volunteer	\$231
			SUBTOTAL:	\$34,585
4	Ada Feldman	Housing	YWCA of Missoula	\$44,640
4	Ada Feldman	Group Facilitator	Volunteer	\$560
4	Ada Feldman	Rental Assistance	Salvation Army	\$800
4	Ada Feldman	Clothing, furniture, household items	Secret Seconds	\$3,056
4	Ada Feldman	Therapy/ Group supervision	YWCA Pathways	\$15,600
4	Ada Feldman	Children's programming	YWCA Children's Program	\$4,830
4	Ada Feldman	Legal Services	Monte Jewell, JD	\$29,090
4	Ada Feldman	Food	Missoula Food Bank	\$ 400
4	Ada Feldman	Financial Assistance	Office of Public Assistance	\$32,000
4	Ada Feldman	Childcare	Volunteer	\$619
			SUBTOTAL:	\$131,959
5	The Samaritan House	Pregnancy Counseling	Hope Pregnancy Center	\$864
5	The Samaritan House	Blankets for homeless children	The Linus Project	\$1,680
5	The Samaritan House	Gifts and specialties for residents	Toys for Tots	\$1,200
5	The Samaritan House	Emergency assistance for families	Trinity Lutheran Church	\$1,200
5	The Samaritan House	Cleaning and Maintenance Volunteers	Coalition of Leah	\$2,160
5	The Samaritan House	Vehicle Maintenance Help	Flathead Job Service Volunteers	\$800

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
5	The Samaritan House	Food, Clothing and Household items for homeless veterans	Northwest Montana Veterans Stand Down and Food Pantry	\$18,000
			SUBTOTAL:	\$ 25,904
6	Pathways to Success	Facility/Housing rent	FCHS Foundation	\$56,250
6	Pathways to Success	Utilities, Maintenance, taxes and insurance	FCHS Foundation	\$41,400
6	Pathways to Success	Furnishings for 16 apartments in community at \$1,000 per apartment	General Donations FCHS and FCHS Foundation	\$16,000
6	Pathways to Success	Furnishings for on site apartments	General Donations, FCHS Foundation	\$4,000
6	Pathways to Success	Volunteer mentors 3 hours per week @ \$10/hr x 16 girls x 3 years	From the Community Not yet recruited	\$74,880
6	Pathways to Success	Volunteers 5 hours per month x \$10 for 3 years	Board Members	\$39,600
6	Pathways to Success	Volunteers – daycare	Community members (\$19, 968) and other community programs such as RSVP (\$3,808 x 3 years)	\$31,392
6	Pathways to Success	Adoption Education	Catholic Social Services	\$2,000
6	Pathways to Success	Job training	CTI	\$24,000
6	Pathways to Success	Educational Support GED Prep and public schooling 16 girls @ ANB amount per year of \$5,371	Helena School District Project for Alternative Learning	\$85,936
6	Pathways to Success	Chemical Dependency Treatment	Benefits Health	\$48,672
6	Pathways to Success	Health Education	Planned Parenthood	\$39,000
6	Pathways to Success	Nutritional Education monthly at \$20/per girl	Montana State University Extension Office	\$2,880
6	Pathways to Success	Psychiatry	Golden Triangle Community Mental Health Center	\$47,520
6	Pathways to Success	Psychotherapy	Golden Triangle Community Mental Health Center	\$146,880

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
6	Pathways to Success	Community Apartment Set up Value of volunteer contribution \$10.00 per hour. \$10 x 30hrs.= \$300 x 16 apartments = \$4,800	Volunteers from community	\$4,800
6	Pathways to Success	Public Housing	Helena Housing Authority	Undetermined Value
6	Pathways to Success	Clothing	Donations, Good Samaritan	\$28,800
6	Pathways to Success	Intern	University of Montana, Walla Walla (\$1,800 x 3years)	\$5,400
6	Pathways to Success	Day Care provider 1 FTE @ \$9.00 x .21 fringe x 3	FCHS	\$67,954
6	Pathways to Success	Parenting classes once a week @ \$25 per girl	FCHS	\$3,900
6	Pathways to Success	Staff Time .1 FTE Director of Development for fundraising @ 16.30+ 21% fringe	FCHS	\$12,307
6	Pathways to Success	.33 FTE Director of Operations for supervision of case manager	FCHS	\$51,510
6	Pathways to Success	.25 FTE Maintenance Staff	FCHS	\$6,695
6	Pathways to Success	Under served meal program	USDA \$1.43 for breakfast and \$2.21 for lunch for 4 girls, for 3 years	\$8,760
			SUBTOTAL:	\$708,170
7	LaVonne Kennedy	Support Group facilitation for Women & Children	SCCFF Staff	\$4,330
7	LaVonne Kennedy	Parent Education	SCCFF Contracted Facilitators	\$15,000
7	LaVonne Kennedy	Mental Health Services	Sanders County Community Mental Health Center	\$13,102
7	LaVonne Kennedy	Chemical Dependency Counseling	Flathead Valley Chemical Dependency Clinic	\$7,031
7	LaVonne Kennedy	Job Training	Working Innovations	\$6,000

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
7	LaVonne Kennedy	Financial Assistance/ Food Stamps	DPHHS, Office of Public Assistance	\$44,460
7	LaVonne Kennedy	Legal Assistance	SCCFF Legal Dept.	\$14,292
			SUBTOTAL:	\$104,215
8	McLaughlin Transitional Housing Project	Energy Assistance	Energy Program	\$12,156
8	Same	Child Care	Child Care Link Resource and Referral	\$149,760
8	Same	Job Training, Supportive Services	Employment and Training	\$12,000
8	Same	Golden Triangle Mental Health	Mental Health Services	\$14,400
8	Same	Toole, Liberty and Choteau (TLC)	Substance Abuse Services	\$10,000
8	Same	District IV HRDC	Rent Subsidy	\$16,800
8	Same	TANF	Grant	\$22,896
8	Same	WIC	Food Vouchers	\$5,760
8	Same	North Havre Community Center	Food Baskets	\$2,500
			SUBTOTAL:	\$246,272
9	Community Partnership for the Homeless	Mental Health Services for the Homeless	Deering Clinic/Family Practice Center – County Health Dept	\$190,000
9	Community Partnership for the Homeless	Mental Health PATH Program	Mental Health of Billings – State of Montana	\$80,000
9	Community Partnership for the Homeless	The Hub - drop in facility for the Homeless	Mental Health of Billings	\$60,000
9	Community Partnership for the Homeless	Emergency Assistance - Emergency services for the homeless	St. Vincent de Paul Society	\$10,500
9	Community Partnership for the Homeless	Emergency Assistance to the homeless	Family Service, Inc	\$121,350
9	Community Partnership for the Homeless	LIEAP – Low Income Energy Assistance Program	District 7 HRDC	\$31,500
9	Community Partnership for the Homeless	Daycare Assistance	District 7 HRDC	\$40,480

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
9	Community Partnership for the Homeless	Essential Services	District 7 HRDC	\$16,626
9	Community Partnership for the Homeless	First Month's Rent	District 7 HRDC	\$16,626
9	Community Partnership For the Homeless	General Assistance	District 7 HRDC	\$75,000
			SUBTOTAL:	\$567,082
10	Veterans Service Center	Staff Salaries and Benefits for 3 FTE	NW MT Veterans Stand Down	\$33,600
10	Veterans Service Center	Application Assistance 4 hrs wk x 150 x \$6	Volunteers NW MT Veterans Stand Down	\$3,600
10	Veterans Service Center	Food, Clothing, & Toiletries 540 households x \$300	NW MT Veterans Stand Down	\$162,000***
10	Veterans Service Center	Emergency Shelter	Samaritan House	\$5,346
10	Veterans Service Center	Employment Counseling 6hrs mo x 36 x \$10	Veterans Representative Montana Job Service, Kalispell	\$2,160
10	Veterans Service Center	Sorting and Stocking Gifts in-kind Donations 16hrs mo. x 36 x \$6	Lamplighters	\$3,456
10	Veterans Service Center	PTSD Counseling 12hrs mo. x 36 x \$13.22	Keith Heavy Runner Blackfeet Warrior Society	\$5,711
10	Veterans Service Center	Health Services	Veterans Outpatient Clinic, Kalispell, MT	As Needed
10	Veterans Service Center	Health Services	Fort Harrison VA Hospital, Helena, MT	As Needed
			SUBTOTAL:	\$215,873
Food, clothing, toiletries ***includes in-kind donations				
Non ranked S+C Renewal A	Missoula S+C 20 Renewal Vouchers	Homeless Outreach, Intensive Case Management, Psychosocial Rehabilitation, Crisis Response	Western Montana Mental Health Center (WMMHC)	\$82,080
Non ranked S+C Renewal A	Missoula S+C 20 Renewal Vouchers	Temporary Shelters and Meals	The Poverello Center	\$ 40,000

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
Non ranked S+C Renewal A	Missoula S+C 20 Renewal Vouchers	Residential Support Living, job training and placement	Opportunity Resources, Inc.	\$ 13,544
Non ranked S+C Renewal A	Missoula S+C 20 Renewal Vouchers	Case Management, mental health therapy, medication assistance, medical services, group support	Partnership Health	\$ 11,360
Non ranked S+C Renewal A	Missoula S+C 20 Renewal Vouchers	Family advocacy, homelessness prevention, Housing Counseling	Women's Opportunity Resource Development (WORD)	\$ 4,000
Non ranked S+C Renewal A	Missoula S+C 20 Renewal Vouchers	Job Training and Placement	Missoula Job Service WORC Program	\$2,596
Non ranked S+C Renewal A	Missoula S+C 20 Renewal Vouchers	Interim Assistance Program	Dist. XI Human Resource Council	\$2,250
Non ranked S+C Renewal A	Missoula S+C 20 Renewal Vouchers	Case Management and Medicaid Services	Community Medical Center	\$ 2,391
Non ranked S+C Renewal A	Missoula S+C 20 Renewal Vouchers	Emergency Food	The Food Bank	\$ 400
			SUBTOTAL:	\$ 158,621
Non ranked S+C Renewal B	Missoula S+C 50 Renewal Vouchers	Homeless Outreach, Intensive Case Management, Psychosocial Rehabilitation, Crisis Response	Western Montana Mental Health Center (WMMHC)	\$205,200
Non ranked S+C Renewal B	Missoula S+C 50 Renewal Vouchers	Residential Support Living, job training and placement	Opportunity Resources, Inc.	\$33,860
Non ranked S+C Renewal B	Missoula S+C 50 Renewal Vouchers	Temporary Shelters and Meals	The Poverello Center	\$125,000
Non ranked S+C Renewal B	Missoula S+C 50 Renewal Vouchers	Case Management, mental health therapy, medication assistance, medical services, group support	Partnership Health	\$28,400
Non ranked S+C Renewal B	Missoula S+C 50 Renewal Vouchers	Family advocacy, homelessness prevention, Housing Counseling	Women's Opportunity Resource Development (WORD)	\$10,000
Non ranked S+C Renewal B	Missoula S+C 50 Renewal Vouchers	Job Training and Placement	Missoula Job Service WORC Program	\$6,490

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
Non ranked S+C Renewal B	Missoula S+C 50 Renewal Vouchers	Case Management and Medicaid Services	Community Medical Center	\$5,979
Non ranked S+C Renewal B	Missoula S+C 50 Renewal Vouchers	Energy Assistance (LIEP)	Dist. XI Human Resource Council	\$ 3,862
Non ranked S+C Renewal B	Missoula S+C 50 Renewal Vouchers	Emergency Food	The Food Bank	\$1,000
			SUBTOTAL:	\$419,791
Non ranked S+C Renewal C	Helena Shelter Care Plus	Case Management	Golden Triangle Community Mental Health Program	\$70,917
Non ranked S+C Renewal C	Helena Shelter Care Plus	Life Skills (outside of case management)	Golden Triangle Community Mental Health Program	\$ 2,740
Non ranked S+C Renewal C	Helena Shelter Care Plus	Mental Health Services	Golden Triangle Community Mental Health Program	\$26,291
Non ranked S+C Renewal C	Helena Shelter Care Plus	Other Health Care Services	Golden Triangle Community Mental Health Program	\$ 3,871
Non ranked S+C Renewal C	Helena Shelter Care Plus	Education	Golden Triangle Community Mental Health Program	\$23,935
Non ranked S+C Renewal C	Helena Shelter Care Plus	Employment assistance	Golden Triangle Community Mental Health Program	\$ 1,006
Non ranked S+C Renewal C	Helena Shelter Care Plus	Other	Golden Triangle Community Mental Health Program	\$46,041
			SUBTOTAL:	\$174,802
Non ranked S+C Renewal D	Helena Shelter Care Plus	Case Management	Golden Triangle Community Mental Health Program	\$79,995
Non ranked S+C Renewal D	Helena Shelter Care Plus	Life Skills (outside of case management)	Golden Triangle Community Mental Health Program	\$ 4,009
Non ranked S+C Renewal D	Helena Shelter Care Plus	Mental Health Services	Golden Triangle Community Mental Health Program	\$14,432
Non ranked S+C Renewal D	Helena Shelter Care Plus	Other Health Care Services	Golden Triangle Community Mental Health Program	\$3,175
Non ranked S+C Renewal D	Helena Shelter Care Plus	Education	Golden Triangle Community Mental Health Program	\$22,020

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	Value of Written Commitment
Non ranked S+C Renewal D	Helena Shelter Care Plus	Employment assistance	Golden Triangle Community Mental Health Program	\$778
Non ranked S+C Renewal D	Helena Shelter Care Plus	Other	Golden Triangle Community Mental Health Program	\$330
			SUBTOTAL:	\$124,739
			GRAND TOTAL:	<u>\$ 5,209,487</u>

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