

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: MO-500 - St. Louis County CoC

1A-2 Collaborative Applicant Name: Saint Louis County

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Never

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Advisor, Volunteer, Organizational employee
 Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Planning Committee	The Planning Committee is comprised of active CoC members from a variety of homeless providers. The Planning Committee formulates and recommends strategic goals and objectives for the CoC and monitors progress. This committee gathers data on the nature and extent of homelessness, monitors the development of the HMIS, analyzes gaps and trends, recommends priorities, monitors long-range plans, monitors housing production, and promotes a regional approach to addressing homelessness. This committee performs other duties as may be required or assigned.	Monthly	Kim Brown, Doorways; Tom Burnham, P&P Comm. Svcs; Leslie Mar'Na, Sal. Army; Andrea Holak, MISI; Judy Johnson, DMH; Katherine Hawkins, Employment Conn.; Pierre Hampton, Sal. Army; Jennifer Heggeman, LSEM; Pam Neal, StL DHS; Gloria Lee, Our Ladys Inn
1C-1.2	Ranking & Review Committee	The Project Ranking & Review Committee is comprised of active CoC members from a range of homeless providers. Ranking & Review Committee performs threshold reviews for all new projects for the homeless seeking support from the Department of Human Services, advising whether each project meets basic criteria (i.e. CoC Active Membership, application completeness, etc.). This committee also recommends priority rankings for eligible projects, using criteria established by the CoC. Ranking & Review committee reviews, assesses & provides suggestions for updates to ranking & review tools. The Committee accepts recommendations from the CoC regarding new projects seeking CoC funding. This committee performs other duties as may be required or assigned	Monthly	Tom Burnham, Peter & Paul Community Services; Leslie Mar'Na, Salvation Army; Deb Little, MISI; Kathy Anderson, Salvation Army

1C-1.3	PIT Count Committee	The Point-in-Time (PIT) Count Committee is comprised of active CoC members from a variety of homeless providers. PIT Count Committee organizes the annual sheltered and unsheltered PIT Count, coordinating & training providers & volunteers, identifying outreach locations such as soup kitchens, & reviewing & updating PIT tools. PIT Count Committee has begun research regarding best practices for PIT Count across the nation, as well as how to incorporate more stakeholders & volunteers. CoC PIT Count Committee has partnered with Washington University to undergo a research project that will identify best practices for PIT Counts & this committee will incorporate the results of that research project into the future PIT Count process.	Monthly	Pam Neal, StL County DHS HSD; Andrea Holak, MISI; Angela Hamilton, Room at the Inn; Pierre Hampton, Salvation Army; Katherine Hawkins, Employment Connections
1C-1.4	HMIS Committee	HMIS Committee is comprised of active CoC members from a variety of homeless providers. Committee functions as an oversight body ensuring the HMIS System is being administered & managed per the CoC's directives & strategies. This committee provides advice & counsel to HMIS staff, participates in decision-making & policy & procedure recommendations. The HMIS Committee, in conjunction with the CoC, also ensures the HMIS System is being managed and operated with respect and in support of the 10-Year Plan to End Homelessness. The HMIS Committee has recently set a new focus on data review & will create new policy suggestions regarding HMIS data monitoring. This committee also disseminates information about the commit	Monthly	Deb Little, MISI; Andrea Holak, MISI; Judy Johnson, Dept of Mental Health; Karen Wallensack, Catholic Charities; Melvin Foster, Catholic Charities
1C-1.5	KKiDS Committee	Keeping Kids in Designated Schools (KKiDS) Committee is comprised of active CoC members from a variety of homeless providers. KKiDS Committee formulates & recommends strategic goals & objectives for increasing individual's & families' awareness & understanding of eligibility for McKinney-Vento educational services, as well as identify issues related to school registration, attendance, transportation & protection under McKinney-Vento. This committee gathers data on the nature and extent of homelessness among households with children, analyzes gaps in service with education, recommends priorities, & promotes a regional approach to keeping kids in school. This committee performs other duties as may be required or assigned.	Monthly	St. Louis County CoC; St. Louis County Department of Human Services, Homeless Services Division Representative; Youth in Need; Epworth; Loaves & Fishes; Paraquad; St. Louis County School Districts; KKiDS

**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.
(limit 750 characters)**

CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing & ending homelessness in the geographic area when establishing CoC-wide committees, subcommittees & workgroups. CoC holds an open conversation regarding creation of committees & workgroups, with DHS introducing priorities in line with HUD's goals, requesting feedback & soliciting CoC-wide participation. CoC members are encouraged to connect with outside organizations & individuals & invite them to join the CoC & provide input. CoC utilizes a participatory process, acknowledging that more input from stakeholders is better than less. The goal of the CoC is to be as inclusive & diversified as possible.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

CoC utilizes a standardized rank & review form for applications, utilizing a 0-5 scale to assess the degree to which a project addresses & meets needs identified as HUD priorities, including: ending chronic homelessness, preventing & ending homelessness among Veterans, preventing & ending homelessness for families, youth & children. Rank & review form assesses capacity of applicant to administer grant funds & provide services. Rank & review form assesses sustainability of project without grant funds, alignment with HUD priorities, cooperation & participation of applicant staff in CoC meetings & strategy. Priority given to applications funding beds over supportive services, as well as PH over TH. R&R form & evidence of public notice attached.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

When reviewing & ranking projects, HMIS reporting compliance is considered, as well as project's average length of stay & participant link to mainstream benefits. HMIS is implementing a plan created through collaboration with CoC, to improve reporting measures & create reports that are more functional in review & ranking projects. CoC & HMIS hosted a series of meetings to determine how to better utilize HMIS for program review. Data elements to capture in order to identify outcomes were identified, with priority on entry & exit dates & barriers. Changes to timely data entry procedures were discussed, to ensure HMIS reports reflect an accurate picture of CoC activity at all times. Upon completion of HMIS reporting overhaul, providers will be trained on new use requirements & offered additional technical assistance. CoC will further incorporate HMIS data in review & ranking of projects to better analyze each project's effectiveness resulting in participants' return to permanent housing.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

St. Louis County CoC is an inclusive organization, open to proposals from entities that have not previously received funds in Homeless Assistance Grant competitions. When contacted by an entity that has not been part of the Homeless Assistance Grant competition, CoC meets to determine viability of the project, alignment with HUD priorities outlined in Opening Doors, extent that it meets needs of homeless in St. Louis County, and does not duplicate services in the CoC geographical area. The CoC provides comprehensive information regarding HUD training tools, priorities & regulations & the CoC's new project application and review process. Applications are reviewed utilizing CoC standardized ranking and review process & forms.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/29/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

There were no unapproved changes to St. Louis County CoC's GIW, and it has been approved by HUD.

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

N/A

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CoC ensures compliance with HUD rules, regulations and HMIS Data Standards by assigning to the HMIS Lead agency the responsibility of staying abreast of all changes to HUD Data and Security Standards, CoC HMIS requirements and HUD required reports to ensure the HMIS system software and reports are in compliance. The HMIS Lead agency keeps the CoC apprised of all required updates to HMIS through monthly CoC meetings and quarterly User Groups meetings which are held to keep Users engaged in HMIS operations. The CoC and HMIS Lead monitor Housing Programs on a monthly basis to check for data quality and compliance issues. The CoC holds ongoing Planning meetings to monitor and implement processes that help to increase efficiency and effectiveness in service delivery.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached. Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The CoC has had a Privacy and Security Plan since 2006. The plans were created based on the 2004 Data and Technical Standards. The Privacy plan includes requirements for each CHO to adopt the CoC Privacy Policy, post the policy on their agency website and designate an agency representative as a Chief Privacy Officer. The Security Plan mandates every HMIS User participate in Security and Privacy Training, outlines allowable uses of data and the parameters under which data can be disclosed. The Security Plan also makes recommendations about how CHOs should respond when faced with court orders, arrest warrants, search warrants and subpoenas. The plan will be revised and updated once additional guidance is provided by HUD. The CoC's Data Quality Plan was most recently updated in 2013 and These plans will be finalized, and approved after HUD issues further guidance.

- 2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).** Regional Online Service Information Exchange (ROSIE)
- 2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).** Municipal Information Systems, Inc.(MISI)
- 2A-6 Does the CoC plan to change the HMIS software within the next 18 months?** No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Regional (multiple CoCs)

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) MO-500 - St. Louis County CoC, MO-503 - St. Charles, Lincoln, Warren Counties CoC, MO-501 - St. Louis City CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$0
ESG	\$33,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$33,000

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$45,000
State	\$0
State and Local - Total Amount	\$45,000

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-3.6 Total Budget for Operating Year	\$78,000
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead. (limit 750 characters)

Municipal Information Systems, Inc. (MISI) was selected to be the Lead HMIS agency, by a vote of the CoC Committee. MISI is a non-profit agency and was selected as the HMIS Lead based on their extensive knowledge of HMIS requirements and their long history of being an active service provider in the COC. MISI possesses historical knowledge of and familiarity with the St. Louis County CoC and its programs. MISI has served as the Systems Administrator for the CoC HMIS for the past 19 years. Under MISI's direction, the CoC has been recognized as a HMIS Pioneer, has consistently provided multiple categories of useable data to the Annual Homeless Assessment Report every year since its inception and has provided data to the SNAPS office supporting the effectiveness of the Saint Louis County HPRP programs.

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	51-64%
* Rapid Re-Housing (RRH) beds	Housing type does not exist in CoC
* Permanent Supportive Housing (PSH) beds	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Monthly

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

The CoCs transitional housing coverage rate is below 64% because there are two providers in the community who are not participating in HMIS. The HMIS Lead agency plans to meet with both providers to determine the number of transitional beds that are specifically for homeless persons, the barriers that prevent the provider from participating in HMIS and specific actions that can be taken to alleviate the barriers. One of the providers not participating is the Veterans Administration Medical Center with 35 Domiciliary beds. The HMIS Lead has already established a working relationship with the Veterans Administration's Homeless Programs Supervisor in order to strengthen the collaboration between HUD programs and the VA. Since the VA is one of the federal partners encouraging its grantees to use HMIS, staff are optimistic about being able to gain the participation of the VA Medical Center which will bring the CoC's transitional bed coverage rate to the 65%-75% range.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

N/A. All bed coverage rates for housing types reported in FY2012 CoC Application were above 65%.

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	52
Transitional Housing	10
Safe Haven	0
Permanent Supportive Housing	20
Rapid Re-housing	0

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	4%
Date of birth	0%
Ethnicity	0%
Race	1%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	2%
Zip Code of last permanent address	0%
Housing status	0%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

100% of data for the federal reports is pulled from the HMIS system to include: APR, AHAR, ESG, PIT and SSVF.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)

The HMIS Lead agency audits data integrity daily and monitors data quality on a monthly basis. CHOs are required to submit monthly expenditure reports that include supporting documentation from HMIS to confirm client data has been entered into HMIS. The HMIS Lead works directly with CHO staff to correct data errors. Monthly reports are created for the Collaborative Applicant to show monthly utilization of all housing programs.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Quarterly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Monthly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

HMIS Policy & Procedures Manual includes information regarding accuracy of capturing participant entry & exit dates in HMIS on PAGE 67.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	100%	0%	100%	100%
Transitional Housing	100%	0%	100%	100%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

2012 sheltered PIT count was 438; 2013 sheltered PIT count was 359. There was a decrease of -79 from 2012 to 2013. This decrease can be attributed to the fact that during the 2012 PIT sheltered count, St. Louis County Lead Agency miscalculated the sheltered PIT count, possibly erroneously including participants in Shelter+Care beds in the total number of homeless persons counted. This error in calculation has been identified, CoC PIT staff has been informed, & Lead Agency has provided training to PIT count staff regarding the correct way to collect PIT data & calculate the number of homeless persons counted. 2013 PIT count was calculated correctly. Other reasons for the decrease are not known at this time.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2H-2 If other, provide a detailed description. (limit 750 characters)

N/A

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Survey: All providers were notified of PIT count in advance, provided survey forms & instructions, & offered additional training on using the survey tool and producing HMIS PIT reports. Staff completed surveys with clients on day of PIT count. All HMIS participating providers used the HMIS to produce a PIT report for submission to DHS. DHS contacted non-participating providers by phone to collect PIT data collected using the survey tool. DHS cross-checked forms submitted by non-participating agencies against data from HMIS participating agencies to track results of the PIT count & avoid duplication.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

N/A

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Non-HMIS: Providers were notified of PIT count in advance, provided survey forms, instructions & offered additional training. Staff utilized case management files to collect data for persons living in a sheltered program on the night of PIT. Data collected on 6 subpopulations: chronically homeless; severely mentally ill; chronic substance abuse; veterans; persons with HIV/AIDS; & victims of domestic violence. Client first name, last initial used as unique identifier. HMIS: Staff entered data into HMIS system & faxed forms to DHS. DHS cross-checked submitted PIT forms against PIT HMIS report to avoid duplication. DV & confidential providers not using HMIS were asked to fax completed forms to DHS. DV shelters use their own unique identifier.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

N/A

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Training: Providers were trained related to protocol & completion of survey forms to assist in completing the PIT count. HUD PIT resources were made available to providers. Additional on-site technical assistance was available from DHS upon request.

Follow-up: Providers were reminded about the PIT count via email, & their participation confirmed. DHS communicated with providers throughout the day of PIT count until all forms are received, to ensure accuracy & submission of data.

HMIS: Providers were trained to utilize unique identifiers for clients counted in the PIT. Providers entered PIT data into HMIS & submitted completed PIT forms to DHS. DHS cross-checked submitted PIT forms against PIT HMIS report to avoid duplication.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

2012 unsheltered PIT count was 105; 2013 unsheltered PIT count was 29. There was a decrease of -76 from 2012 to 2013. This decrease can be attributed to the fact that during the 2012 unsheltered PIT count, St. Louis County Lead Agency miscalculated the unsheltered PIT count, possibly erroneously including participants in Shelter+Care beds in the total number of homeless persons counted. This error in calculation has been identified, CoC PIT staff has been informed, & Lead Agency has provided training to PIT count staff regarding the correct way to collect PIT data & calculate the number of homeless persons counter. 2013 PIT count was calculated correctly. Other reasons for the decrease are not known at this time.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	X
Other:	

2L-2 If other, provide a detailed description. (limit 750 characters)

N/A

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Public Places Count: CoC conducted PIT count based on observations of unsheltered homeless persons in public places.
 Public Place Count w/Interview: Samples of unsheltered homeless persons encountered in public places were interviewed on the night of PIT count utilizing CoC PIT standardized form.
 Service-Based: People were interviewed at soup kitchens & drop-in centers, utilizing Coc PIT standardized form. Each individual was asked where they would be sleeping that night, in order to collect an unduplicated count.
 HMIS: Providers entered PIT data into HMIS & submitted completed PIT forms to DHS. DHS cross-checked submitted PIT forms against PIT HMIS report to avoid duplication. First name, last initial used as unique identifier.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

N/A

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

N/A

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

Training: DHS performed group training for volunteers, including PIT enumerators CoC members, focusing on HUD PIT resources & deduplication efforts.

Blitz: Done on the night of PIT sheltered count, when shelters were closed, in areas known for congregation of unsheltered persons. Teams assigned to specific locations with designated boundaries to ensure only one census group would survey a given area at any time.

Unique Identifier: First name, last initial used as unique identifier for persons interviewed

Survey Question: Questions included asking persons if they were already interviewed.

Enumerator Observation: Distinguishing characteristics including clothing & location of persons were recorded during observation to eliminate duplication.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		330	133	148
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	38	91	19	24
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		0	0	35
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		0%	0%	26%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	5

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)**

The CoC is committed to increasing the number of permanent supportive housing beds available for chronically homeless persons & meet the proposed numeric goals as indicated in the table above. As a result of the 2012 CoC application, St. Louis County CoC was not awarded renewal funds for 93 PSH beds. CoC plans to maintain the current number of PSH beds during 2014 & increase them for 2015. CoC Lead Agency will engage providers with a plan to increase PSH beds, beginning with a CoC vote to formally adopt Housing First as the model for PSH programs. DHS will offer technical assistance to providers to transform programs to Housing First models; DHS is encouraging providers to attend Housing First Conference in Chicago to understand benefits & practicality of Housing First. CoC will work to remove barriers to PSH, implementing inclusive policies from the top (Lead Agency) down. Providers will be informed of expectations in regards improving ease of housing access & held accountable for their effort & policy changes. CoC Outreach Committee will work with housing developers to prioritize chronically homeless as first served for housing vouchers; this will automatically increase PSH beds.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)**

The CoC Outreach Committee, CoC Planning Committee, Places for People, Department of Mental Health & Housing Resource Commission will work together & be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	274	274	210
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	252	252	188
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	92%	92%	90%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

CoC will improve housing stability of project participants with a multi-faceted approach. Enhanced communication between DHS & homeless providers will be implemented, specific to expectations related to HUD's entry/exit goals, & how to improve programs to achieve them. Frequency of remote & on-site program monitoring & technical assistance will increase to the goal of monthly, to ensure clients are receiving necessary intensive case management. Customized HMIS reports, Monthly Reimbursement Requests & Activity Reports, & APRs will be utilized to better review & analyze program data continually. Providers will be assessed by DHS on a frequent basis to determine if they are meeting their housing stability goals. Under-performing providers will be provided in-depth technical assistance in order to assist in achieving their housing stability goals. Providers that routinely meet housing stability goals will work with CoC to set new goals & increase capacity for successful stable households.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The Homeless Management Information System (HMIS) Committee will be responsible for implementing the goals of increasing the rate of housing stability in CoC-funded projects. HMIS Committee will focus on data quality of reports, ensuring that no null values are entered into ROSIE, and that providers and CoC are able to access up-to-date information at all times and accurately track & assess program outcomes. HMIS Committee will increase the accessibility and user-friendliness of HMIS data for all members of CoC, including non-HMIS contracted providers.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 99

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	1%	1%	2%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	1%	1%	2%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	34	34.34 %
Unemployment Insurance	3	3.03 %
SSI	31	31.31 %

SSDI	25	25.25	%
Veteran's disability	0		%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	13	13.13	%
General Assistance	0		%
Retirement (Social Security)	12	12.12	%
Veteran's pension	0		%
Pension from former job	0		%
Child support	10	10.10	%
Alimony (Spousal support)	0		%
Other Source	0		%
No sources	35	35.35	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

The two year plan to increase income from non-employment sources is comprised of increased partnerships, coordination, & integration with mainstream benefits programs. CoC & St. Louis County have begun discussions for a long-term commitment to collaboration between mainstream benefits departments within St. Louis County & CoC in order to increase client non-employment income. St. Louis County & CoC support this coordinated effort, as it is recognized that this model of collaboration works, as proven by successful CoCs across the nation. CoC will increase client knowledge & accessibility of benefits by integrating mainstream benefits representatives into the homeless provider network. During initial contact, project participants will be screened for mainstream benefits eligibility. CoC will streamline the application process by simplifying &/or combining mainstream benefits applications, as well as training clients on the use of technology, specifically, computers for expedited applying.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

CoC's plan to increase the percentage of participants that increase their incomes through employment from entry date to program exit is tri-fold. DHS created a Regional Planner position to further develop the overall structure & strategy of the CoC, including forming an Outreach Committee. This committee will identify & recruit organizations to participate in the CoC, as well as promote CoC strategies. Through engagement with & education of the community & businesses, partnerships facilitating employment opportunities for provider clients will increase exponentially.

Long term, CoC will create a 1-Stop Career Shop, consisting of co-located resources, including but not limited to, case management, mainstream benefits, education opportunities, job & technology training, & access to employers committed to ending homelessness. CoC plans to collaborate with St. Louis Community College to provide access to continuing education opportunities. Soar training is available to CoC annually.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The St. Louis County Continuum of Care Outreach Committee will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. The Outreach Committee will be created during 2014 and will consist of dedicated representatives from a variety of CoC homeless providers. CoC will form Income Committee that will focus on identifying forms of income for project participants, & work towards removing barriers to employment & non-employment income, such as mainstream benefits.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 99

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	10%	10%	20%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	26	26.26 %
MEDICAID health insurance	12	12.12 %
MEDICARE health insurance	2	2.02 %
State children's health insurance	0	%
WIC	0	%

VA medical services	0		%
TANF child care services	0		%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	0		%
Other Source	0		%
No sources	10	10.10	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The 2 year plan to increase access to mainstream benefits is comprised of enhanced partnerships, coordination, & integration with mainstream benefits programs. CoC & St. Louis County have begun discussions for a long-term commitment to collaboration between mainstream benefits depts. within St. Louis County & CoC to increase client non-employment income. St. Louis County & CoC support this coordinated effort, as it is recognized that this model of collaboration works, as proven by successful CoCs across the nation. CoC will increase client knowledge & accessibility of benefits by integrating mainstream benefits representatives into the homeless provider network. During initial contact, project participants will be screened for mainstream benefits eligibility, utilizing HMIS. CoC will streamline the application process by simplifying &/or combining mainstream benefits applications, as well as training clients on the use of technology, specifically, computers for expedited applying.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The St. Louis County Continuum of Care Outreach Committee will be responsible for increasing the rate of project participants in all CoC-funded projects that access non-cash mainstream benefits from entry date to program exit. The Outreach Committee will be created during 2013 and will consist of dedicated representatives from a myriad of CoC homeless providers. CoC will form Income Committee that will focus on identifying forms of income for project participants, & work towards removing barriers to employment & non-employment income, such as mainstream benefits.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	10
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	37	20	20
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	0	0

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

St. Louis County CoC plans to increase the stability of homeless households with children assisted through rapid re-housing by focusing re-housing efforts on a concentrated group of families, providing increased length of assistance, deeper subsidies, & intensive case management. Families can be assisted for up to 12 or 18 months, with assistance provided in a tiered approach, beginning with 100% rental and/or utility assistance, & decreasing by schedule percentage over the course of the program, resulting in the family becoming self-sufficient, with 0% assistance at program exit. RRH will provide a stronger level of support, and assist families previously deemed ineligible, due to their need for deeper & longer assistance to become stable. Fewer households may be assisted, but assisted households will become more stable. RRH clients will be funneled through select homeless providers that have developed expertise in RRH, as well as demonstrated success with clients through the program.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The St. Louis County Continuum of Care Outreach Committee & KKiDS Committee will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. The Outreach Committee will be created during 2013 and will consist of dedicated representatives from a myriad of CoC homeless providers.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

Household receives initial screening to determine potential eligibility; if determined eligible, in-depth assessment to both confirm eligibility & begin to develop a housing stabilization plan is commenced. Initial screening determines if household income is below 30% AMI, household has assets that exceed program asset limit, household's living situation qualifies as literally homeless & if household will be sustainable after 3 months of asst. Households determined eligible will receive full assessment of housing barriers & resources. Households may be screened out if they have other resources they can access to avoid homelessness or become re-housed without assistance, or household has very high or multiple barriers to re-housing & funding to remove barriers is not available & more appropriate placement or referral can be made. Current RRH policies are being updated to a 5-tier system, to better assist individuals and families.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

After initial enrollment in the program, Rapid Re-Housing providers provide case management to households residing in projects funded under the CoC & ESG Programs typically on a monthly basis, but dependent upon individual need, contact can be as frequent as once per week. Normally, clients are contacted by case manager via phone or in-person. Emails are infrequent, but do occur. Mailed letters are used as a last effort in the event that clients cannot be reached any other way. Assessments regarding when clients are ready to end assistance or if additional assistance is needed are based upon client success in relation to their case management plan. If client is not succeeding with case management plan, case manager assesses client effort in relation to case management plan. If despite all of their efforts to work towards goals of case management plan, they still have not achieved success, a case manager may advocate for additional help, should the resources be available to provide it.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

Rapid Re-Housing providers within St. Louis County CoC follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends. This follow up is normally done by phone or in-person home visit. If clients are not available via phone, email or a snail mail letter is sent. Six months of follow up case management is built into the Rapid Re-Housing program, which overrules homeless provider's regulations on repeated assistance. If clients are in need of additional assistance, Rapid Re-Housing case management will perform an additional eligibility assessment, review & assess their sustained effort & progress towards their case management goals, consider any hardships that may have occurred since leaving the program & assist the client, if client is eligible & funds are available.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-1.1a If other, please explain.
(limit 750 characters)

N/A

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

CoC Lead Agency is a member of the Governor's Committee to End Homelessness (GCEH). GCEH created discharge procedures that have been adopted by every state agency & CoC in the State of MO. MO Dept of Social Services Children's Division discharge plan aligns with GCEH approved procedures. Six months before a child is discharged, an Individual Action Plan is crafted by a Family Support Team. This plan assesses the needs of the child & collaborates with CoC & community services to provide wraparound services upon exit, including education, housing, financial planning, self-sufficiency & socialization skills, & community & personal support systems. Discharge plans must be approved by StL County Court.

Benefits for college-bound children can be extended, others utilize jobs or non-employment income to obtain apartments, disabled children access supportive housing, transitional living programs such as Independent Ctr, Places for People, StL County Regional Center, Epworth & Covenant House

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Missouri Housing Development Commission; MO Dept of Social Services, Children's Division; Dept of Human Services, Homeless Services Division; St. Louis County Courts; Governor's Committee to End Homelessness; Epworth - Chafee Foster Care Program; St. Louis County CoC; Places for People; Covenant House; Dept of Mental Health – St Louis Regional Office; Missouri Interagency Council to End Homelessness; Salvation Army; MO Dept of Mental Health;

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-2.1a If other, please explain.
(limit 750 characters)

N/A

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

CoC Lead Agency is a member of Governor's Committee to End Homelessness (GCEH). GCEH created discharge procedures that have been adopted by every state agency & CoC in State of MO. Procedures consist of creating an Individual Discharge Plan, assessing client needs, identifying required services within the community & utilizing community collaboration & partnerships to provide access & linkage to services through case management upon discharge.

StL public nurse attends CoC meetings & visits emergency shelters weekly to meet with clients & communicates with area hospitals to provide guidance on discharge planning. CoC will work with health care facilities to develop a comprehensive plan for discharge that aligns with GCEH procedures. Upon discharge from health care facilities, patients are scheduled appointments with case managers for assessment. Patients may access supportive housing & transitional living programs such as Independent Ctr, Places for People, StL County Regional Center.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

St. Louis County CoC; St. Louis County Department of Human Services, Homeless Services Division; St. Louis County Public Nurse; Behavioral Health Network; St. Louis County Area Hospitals; St. Louis County Department of Mental Health; St. Louis County Human Services Dept, Homeless Services Division; St. Louis County CoC; MO Dept of Corrections & Probation & Parole; Dept of Mental Health, Dept of Revenue; Dept of Elementary & Secondary Education; Dept of Social Services; Office of State Court Administrator; Dept of Economic Development; Dept of Public Safety; Dept of Transportation; Dept of Health & Senior Services; St. Louis County Police; Local community representatives, including faith-based community, crime victims, & non-CoC service/treatment providers

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? CoC Adopted Policy

3B-3.1a If other, please explain.
(limit 750 characters)

N/A

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

CoC Lead Agency is a member of Governor's Committee to End Homelessness (GCEH). GCEH created discharge procedures that have been adopted by every state agency & CoC in MO. MO Dept of Mental Health (DMH) contracts with BJC Behavioral Health (BJC) to provide mental health care in StL County. When patient is identified for discharge, BJC works with patient to create an Individual Discharge Plan, assessing patient needs, identifying required services within community & utilizing collaboration & partnerships to provide access & linkage through case management to services upon discharge. CoC meets with public health nurse, Places for People - which provides mental health assessments within shelters, & BJC on an ongoing basis to discuss the mental health discharge policy. Upon discharge from mental health care facilities, patients access supportive housing & transitional living programs such as Independent Ctr, Places for People, StL County Regional Center, & Peter & Paul Community Services.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

St. Louis County Human Services Dept, Homeless Services Division; St. Louis County CoC; Missouri Dept of Mental Health, Division of Comprehensive Psychiatric Services; Dept of Revenue; Dept of Elementary & Secondary Education; Dept of Social Services; Office of State Court Administrator; Dept of Economic Development; Dept of Public Safety; Dept of Transportation; Dept of Health & Senior Services;, St. Louis City; St. Louis County Police; St. Louis City Police; Local community representatives, including faith-based community, crime victims, & non-CoC service/treatment providers

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-4.1a If other, please explain.
(limit 750 characters)

N/A

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

CoC has adopted MO Dept of Corrections state-wide discharge protocol, MO Reentry Process. Within 180 days of release, ex-offenders are moved to Transitional Housing Units (THU), receive intensive case mgmt focused on job, life & cognitive skills, parenting, substance abuse education & impact of crime on victims. Ex-offenders are registered in Great Hires system & links are made to resources to ensure continuity of care upon release. Living arrangements are investigated by Field Probation & Parole to determine suitability prior to the person's discharge. If a suitable home plan is not available after investigation, placement is reserved at 1 of 3 facilities available for ex-offenders to receive case mgmt services to avoid homelessness, including housing & service referral & access to mainstream benefits.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

St. Louis County Human Services Dept, Homeless Services Division; St. Louis County CoC; MO Dept of Corrections & Probation & Parole; Dept of Mental Health, Dept of Revenue; Dept of Elementary & Secondary Education; Dept of Social Services; Office of State Court Administrator; Dept of Economic Development; Dept of Public Safety; Dept of Transportation; Dept of Health & Senior Services; St. Louis Alliance for Re-Entry, St. Louis City; St. Louis County Police; St. Louis City Police; Local community representatives, including faith-based community, crime victims, & non-CoC service/treatment providers

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The CoC & St. Louis County are committed to working together to end homelessness. The Consolidated Plan includes CoC Strategic Plan goals for addressing, preventing & ending homelessness, including:

- Utilizing experience gained & lessons learned from implementation of HPRP activities in order to continue success of decreasing lengths of shelter stay & prevent homelessness
- Focusing ESG funding on rapidly re-housing individuals & families living on the streets or in emergency shelters
- Increasing diversion tactics to identify specific issues leading to homelessness that can assist in avoiding or shortening a stay in shelter
- Identifying & increasing amount of permanent housing to meet demand
- Maintaining homeless assistance funding
- Increasing participant access to mainstream support services
- Funding a mobile street outreach and Assertive Community Treatment team
- Maintaining current level of emergency beds

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

CoC & StL County Dept of Human Services (DHS) have a long history of working together to analyze Homeless Services data & community needs in order to determine allocation of ESG program funds annually. DHS staff & a representative from CoC HMIS Lead are members of Emergency Solutions Grant Advisory Committee, MO Housing Development Commission advisory board that meets quarterly to advise Community Initiatives & MO Dept of Social Services on functions related to ESG planning & allocations in the state of MO. CoC members are invited to participate in the evaluation & ranking of ESG program proposals & an ESG Ranking & Review Committee is formed from interested members. Applications for ESG funding are submitted to DHS & a Ranking & Review Committee meeting is convened to evaluate the applications, utilizing a standardized evaluation form developed by CoC. MO Housing Development Commission monitors the CoC's MESH programs.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

2012 allocations of ESG funds
2012 Prevention: \$0; 0%
2012 Rapid Re-Housing: \$0; 0%
2013 allocations of ESG funds
2013 Prevention: \$20,349, or 3.5%
2013 Rapid Re-Housing: \$234,990 or 40.7%
ESG funds are used to provide Rapid Re-Housing & homelessness prevention services in different ways. ESG funds can be utilized in two different manners to prevent homelessness. Utility assistance can be used to pay utility bills to prevent utility cut off & imminent homelessness. Utility assistance is also provided to clients for arrears, in order for them to establish utility service at a new location and be rapidly re-housed. ESG funds are utilized to provide security deposits for clients, as well as payment for first month's rent at a new location, to rapidly re-house clients.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

CoC coordinates community resources to streamline prevention efforts & provide flexible assistance to keep persons housed. CoC plans to create new prevention programs based on best practices, as well as expand existing prevention programs, such as Catholic Charities Housing Resource Program's credit counseling & utility assistance. CoC will create an Assertive Community Treatment team, which will build relationships with landlords & work with them to identify those at risk for homelessness. Targeted efforts will provide direct assistance early to prevent eviction & homelessness, including linkage to money management & problem-solving skills. Lack of affordable housing is a barrier to preventing homelessness. To remove this barrier, DHS created a Regional Planner position that will work with the Outreach Committee to build relationships with housing developers & engage them in the CoC's plan to prevent homelessness. This will result in developer support & increased affordable housing.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

HOPWA – CoC plans to incorporate HOPWA into CoC planning & operations during 2014-2015.
TANF – CoC organizations coordinate w/TANF to streamline client application process & ensure clients are receiving eligible non-employment income.
RHY – CoC provider Epworth provides permanent housing & case mgmt to RHY ages 16-23. CoC partners with Youth In Need, which addresses needs of RHY through case mgmt & housing support.
Head Start Program – CoC program KKiDS identifies children at-risk of homelessness & provides linkage to Head Start Programs & other educational resources.
Philanthropic – CoC provides referrals to St. Vincent DePaul for birth certificate & state identification purposes & StL Area FoodBank for food, hygiene items & diapers.
Other - CoC coordinates services & referrals with Shelter+Care, StL County Veterans & StL Housing Authority.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

CoC works closely with the StL County Housing Authority to coordinate efforts to prevent & end homelessness. The Director of PHA serves on the board for the Housing Resource Commission. The Director of PHA collaborates with CoC Lead Agency, analyzing the availability and need of housing for homeless persons, and will ultimately collaborate with the CoC in order to craft solutions to meet that need. CoC is working with the Director of Public Housing to shift PHA priorities to prioritize permanent housing & subsidized housing. CoC & PHA partnered to dedicate 10 vouchers specifically for program participants exiting transitional housing. The PHA receives referrals from organizations within the CoC, as there is an open line of communication from organizations to the PHA to place clients. CoC is working on prioritizing chronically homeless throughout entire PHA availability.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

Barriers to entry include income eligibility, period of clean time, background checks, credit checks & composition of household requirements. Full assessment of barriers to housing will be performed by CoC & standardized program requirements will be developed to address removal of barriers. CoC will provide training to homeless providers & be held accountable through monitoring for implementation of program changes related to barrier removal. CoC plans to remove barriers by implementing Housing First policy, placing people in stable housing as rapidly as possible, meeting people where they are. This will eliminate income eligibility, clean time, background & credit check barriers to immediate housing. Emergency shelters will transform into assessment & triage centers, with staff focused on housing persons immediately. CoC plans to remove housing composition barriers by redefining households to include unmarried couples, & non-traditional families that self-identify as households.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

CoC recognizes that Housing First approach is best practice for housing homeless persons. CoC is working towards implementing uniformed Housing First approach throughout the CoC. Employment Connections Project Homecoming & DMH Shelter Plus Care utilizes a Housing First model & the success of these programs is used to promote Housing First within CoC. CoC is actively educating providers on the practicality & cost-effectiveness of Housing First approach, & obtaining buy-in for transition to Housing First approach. CoC plans to begin transition of all PSH programs within the CoC to the Housing First approach over the course of 2014 – 2015. CoC will work with agencies to provide training on Housing First approach, guidance for program assessments to determine changes required to transform to Housing First approach, & technical assistance for implementation. Once implemented, providers will be held accountable through monitoring for implementation of program changes related to Housing First.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

Housing Resource Hotline (HRH) is coordinated assessment system & access point for service referrals, including emergency shelter, rent asst, mortgage & utility asst, housing counseling & resources for persons within CoC geographic area who are homeless or at risk of becoming homeless. CoC funded agencies required to participate; HRH advertised on provider websites. Callers speak with intake specialist & receive assessment of housing situation, utilizing CoC-approved standardized assessment form designed to identify key indicators of need. Intake specialist analyzes data, enters into HMIS & makes referrals to appropriate services, including shelter placement, rapid re-housing or prevention. Effort is made to prevent need for emergency shelter, including diversion. HRH is central clearinghouse for shelter bed availability & maintains contact with network shelter providers at least 3x/day, 6 days/week. Hotline maintains list of non-network shelters to provide out of network referrals.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

The St. Louis County CoC is committed to marketing & raising awareness of housing & supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. CoC homeless providers market to underserved populations via provider websites & Facebook pages. Housing Resource Hotline provides underserved populations with information regarding housing & supportive services. Additionally, CoC facilitates a housing screening board, which presents housing opportunities to homeless providers, marketing available housing & services to case managers & other direct service professionals that are able to link underserved populations to housing & services. CoC is forming an Outreach Committee, which will develop comprehensive plans to research underserved populations & increase marketing of housing & supportive services during 2014-2015.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

CoC providers inform participants about McKinney-Vento education services, provide materials regarding their rights, help them understand what benefits they're entitled to & link to appropriate services through case mgmt. CoC requires shelters, transitional & permanent supportive housing to contact coordinating school district within 24 hours of child arriving in shelter. School coordinator enrolls child in appropriate school & arranges transportation for the child. Providers monitored by DHS for compliance. CoC providers coordinate with Keeping Kids in Designated Schools (KKiDS) which produces a newsletter, shares calendar information from school districts & convenes 3 meetings/yr. Meeting attendees discuss, brainstorm & collaborate on solutions regarding how to increase individual & families' awareness & understanding of eligibility for educational services, as well as identify issues related to school registration, attendance, transportation & protection under McKinney-Vento.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

CoC has formed a group focused on collaboration called KKiDS (Keeping Kids in Designated Schools) which produces a newsletter, shares calendar information from various school districts, & convenes 3 meetings/yr. These strategic planning meetings bring together community stakeholders, including members of CoC, regional school district administrators, local educators, MO Dept of Education representatives, homeless service providers, transportation agencies & families who have experienced, or are currently experiencing homelessness. During these meetings, attendees discuss, brainstorm, & collaborate on solutions regarding how to increase individual & families' awareness & understanding of eligibility for McKinney-Vento educational services, as well as identifying issues related to school registration, attendance, transportation, & protection under McKinney-Vento. CoC Outreach Committee plans to increase collaboration with education authorities during 2014-2015.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

CoC homeless providers are collaborating to redefine the written policy definition of household, in order to remove household composition barriers that contribute to separation of families & children under 18. Currently, couples must be married to be defined as a household, even if they are both biological parents of a child. CoC plans to redefine households to include unmarried couples, & non-traditional families that self-identify as households. Tentatively CoC plans for this to include unmarried biological & adoptive parents, unmarried LGBT adoptive parents, & children older than 18; girlfriends & boyfriends who are not parents of children will not be eligible to comprise a household. To avoid misuse, upon designation as a household, families will be allowed to propose a composition of household change only upon a qualifying life event, ie, birth of child, gain custody of another child. Household composition change requests will be reviewed & approved or denied by case managers

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

St. Louis County CoC plans to collaborate with other CoCs within the St. Louis metro area & throughout the State of Missouri to track families or individuals that migrate from one CoC to another. Currently, CoC member agencies monitor returns to homelessness through direct follow-up contact with clients, including mailed forms, phone calls & on-site visits. These occur within a period of one to 12 months after the client exits the program. Additionally, CoC utilizes HMIS information system to monitor returns to homelessness on a monthly basis during the Policy Director's Committee Meeting, reviewing & analyzing customized reports created by MISI that provide a big picture view of homelessness recidivism. Policy Director's Committee plans to further develop policies & procedures during 2013 – 2014 regarding monitoring returns to homelessness, as well as increase collaboration with other CoCs.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

N/A

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

CoC plans to incorporate the goals of Opening Doors in local plans established to prevent & end homelessness. StL County Dept of Urban Planning has produced a strategic plan encompassing the entire CoC geographic region, including identification of areas high in poverty & foreclosure. During 2014-2015, CoC Planning Committee will convene strategic planning exercises to craft a comprehensive strategic plan that aligns with both HUD's Opening Doors, as well as the strategic goals set forth by StL County Urban Planning. StL County Urban Planning is a stakeholder in ending homelessness & will facilitate discussions with CoC to further collaborate, as their strategic plan will be referenced as framework for development of the CoC plan. Housing Resource Commission (HRC) has a strong, developed strategic plan in place to end homelessness, but is invested in aligning their priorities with HUD's Opening Doors. CoC will collaborate with HRC to provide technical assistance developing their plan.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

CoC is committed to ending homelessness among households with dependent children. CoC plans to create an Outreach Committee, which will research best practices from successful CoCs around the nation in order to craft a focused, comprehensive plan to end homelessness among households with dependent children, aligning with HUD's Opening Doors goals. Additionally Outreach Committee will work with local entities currently performing outreach, such as Youth in Need, Epworth & KKIDS, to assess the success of their programs. Outreach Committee will also research best practices from successful CoCs across the nation, as well as collaborate with local school districts & begin discussions with the Department of Education in order to craft a strong outreach plan that aligns with HUD's Opening Doors goals.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

Kathy J. Weinman Shelter provides safe shelter & hotline services year round, 24 hrs/day. People who access the shelter are provided with 90 days of emergency services. 39 beds are available with maximum capacity of 41 people. Infants utilize temporary beds that can be moved from room to room depending on the need. Children attend school and/or day care while living in shelter. Three meals per day are provided in a communal dining room. Case management for each adult resident is provided. Case management includes: assistance with obtaining housing & income, locating community resources, legal advocacy, transportation, safety planning, domestic violence education. County Nurse visits the shelter once/week to provide health assessments for new residents & assist in scheduling appointments for health concerns at the County clinics. Adult & child therapy is provided on site as well as family & group therapy.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

CoC is committed to preventing & ending homelessness for unaccompanied youth. CoC coordinates with Youth In Need, Epworth, Covenant House, Our Lady's Inn, Almost Home, Bridgeway Behavioral health, St. Vincent De Paul, St. Louis County, Safe Connections, Behavioral Health Response, & Legal Services of Eastern Missouri (LSEM) to provide services for unaccompanied homeless youth. Emergency shelter is available for ages 10-21, transitional housing is available for ages 12-21, & independent living is available for ages 17-23. Outreach, crisis hotline, counseling, mental health screening & referral, & drug treatment is available for all youth ages 10-24. Case management, supportive services, life skills, job placement, education services & access to technology are available for all youth ages 10-24. CoC Chair is an active member of LSEM's Homeless Adolescent Task Force, which meets quarterly & focuses on strategizing to end homelessness for unaccompanied youth, teens & young adults.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

CoC performs unsheltered count during PIT to collect data for planning. CoC will create Outreach Committee, which will research best practices & collaborate with stakeholders to craft a comprehensive outreach plan. This plan will align with HUD's Opening Doors goals. Lack of knowledge of where unsheltered clients are is a barrier that will be addressed by PIT research project resulting from the partnership between CoC & Washington University, as well as Outreach Committee's research on soup kitchens. Lack of capacity to conduct outreach is barrier that will be addressed by increasing CoC membership through community relationship-building. Committee will work with entities currently performing outreach: Youth in Need, Epworth & KKIDS.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

CoC collaborates with County Veterans Unit, HUD-VASH & PHA to coordinate wraparound services for veterans. CoC & HUD-VASH partnered to dedicate 10 PHA beds for homeless Veterans. DMH dedicates 25 units for homeless veterans in StL County CoC geographic area. CoC collaborates w/StL City CoC, Saint Louis University & WashU to host VA Stand Down & Stand Up annually, providing outreach, assessments & link to services for homeless Veterans. County Veterans Unit provides financial asst. to Veterans to prevent homelessness. CoC begun discussions with regional HUD rep & veterans services providers to prioritize housing for veterans. Discussions continue w/goal of a robust network of providers to prevent & end homelessness for veterans. Outreach Committee will reach out to organizations partnering w/veterans programs & include them in planning. CoC will research best practices from CoCs to craft a comprehensive plan to end homelessness among veterans that aligns with HUD's Opening Doors goals.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? No

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

N/A

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The CoC monitors performance of recipients on HUD-established performance goals throughout the contract term. Remote monitoring occurs monthly, with DHS staff reviewing monthly activity reports submitted with monthly reimbursement requests, as well as utilizing HMIS data to determine progress towards contract goals. Agencies are monitored to ensure they are providing contracted services to the proposed number & type of clients, as well as ensuring that funds spent are resulting in reducing chronic homelessness, increasing housing stability, increasing project participant income, participants obtaining mainstream benefits & using rapid re-housing to reduce homelessness among families. Providers are monitored on-site by DHS a minimum of twice per year; DHS utilizes standardized monitoring form to reviews client files, internal provider reports & meet with provider staff during on-site visits to assist in identifying project participant outcomes. Providers are sent follow-up via letter.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

CoC works with project recipients to reach performance goals in a myriad of ways, based upon need & accessibility of recipient. Review of Activity Reports submitted with Monthly Reimbursement Requests are completed, consistently ensuring that the agencies are successfully serving the proposed number & type of clients identified in their contract, meeting their performance goals. Thus, performance issues can be identified & addressed immediately. Monthly Director meetings are held with provider Directors to review HMIS data, discuss performance issues, identify barriers, & share best practices. Technical assistance is provided to agencies via onsite training, phone calls, & notification of HUD training tools & webinars. Planned increases in CoC coordination with mainstream benefits & employment opportunities will result in increased agency performance. Revised RRH regulations will allow agencies to achieve greater success with re-housing clients & increase client housing stability.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

DHS continually evaluates recipients' capacity by reviewing monthly Reimbursement Requests (RR), comparing progress of funds expended to the technical submission portion of the executed contract, ensuring agencies are spending funds on schedule, in compliance with regulations & submitting timely RRs. DHS works to review & process RRs within a timely manner & identify & assist agencies that are exhibiting non-compliance or slow spending of funds. Additionally, DHS is implementing an automatic technical assistance & training program for organizations with new staff in grant administration positions. DHS is in process of reviewing & standardizing forms, policies & procedures, & will provide in-depth CoC-wide training & technical assistance on-site. Update of reporting forms & policies & procedures will result in uniformed reporting, better data, & reduction of provider time required to complete compliance requirements, resulting in increased capacity to provide services for participants.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

Individuals & families remain homeless in StL County for an average of 120 days. This is tracked via HMIS, utilizing program entry & exit dates & follow-up data. CoC analyzes HMIS data monthly to determine length of homelessness. CoC is working to implement & enforce provider policies for HMIS that align with HUD's priorities, as well as remove barriers for housing & streamline application processes. CoC is engaging stakeholders in StL County to create sufficient amount of affordable housing; CoC Housing Choice Team meets bi-weekly to move participants to permanent housing. CoC is engaging stakeholders in StL County to create sufficient amount of affordable housing. CoC will create Outcomes Committee, which will focus on tying CoC goals to specific outcomes. Committee will meet quarterly to analyze HMIS data to identify factors related to & determine solutions to reduce length of homelessness. Committee will advise Planning Committee on strategies to reduce the length homelessness.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

During 2013, 24% of individuals & families leaving homelessness experienced additional episodes of homelessness in StL County. Participant entry & exit dates & follow-up data are recorded into HMIS. CoC analyzes HMIS data monthly to determine return to homelessness rates. CoC is implementing provider policies for HMIS that better align with HUD's priorities, as well as working to remove barriers to housing. CoC is engaging stakeholders in StL County to create sufficient amount of affordable housing; CoC Housing Choice Team meets bi-weekly to move participants to permanent housing. CoC will create Outcomes Committee, which will focus on tying CoC goals to specific outcomes. Committee will meet quarterly to analyze HMIS data to identify factors consistent with individuals & families returning to homelessness, & determine solutions to reduce returns to homelessness. Committee will advise CoC Planning Committee on strategy to reduce returns to homelessness.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

CoC operates a Winter Overflow shelter, advertised by e-mail blast to CoC & provider agencies, through StL County Press Release & listed on provider social media pages. CoC providers are able to provide outreach & assessment services to large numbers of unsheltered homeless via the Winter Overflow Shelter. CoC has partnered with Washington University graduate students to perform a research project that will identify specific locations throughout St. Louis County CoC's geographic area that are best suited for future outreach efforts. International Institute has partnered with CoC to provide translation services & assistance for persons with limited English proficiency. Parquad & Places for People specialize in treating individuals with disabilities & perform outreach on behalf of CoC. Additionally, CoC will create an Outreach Committee that will spearhead creation of comprehensive outreach procedures during 2014-2015, aligning with HUD's priorities and derived from CoC best practices.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? Yes

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

Projects will ensure that employment & other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, be directed to low & very low-income persons. All job postings are made freely available to the public, where they may be easily accessed by low & very low-income individuals, through postings on one or more of the following: online employment websites, St. Louis Agency on Training & Employment (SLATE), jobs.mo.gov, local newspaper classified advertisements, & physical postings of flyers regarding open positions. Low & very-low income individuals meeting the skill, experience, & education requirements of each posted position will be given preference during the hiring process, to the greatest extent feasible.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	0%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	0%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 09/20/2012

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

CoC is working with Community Action Agency in St. Louis County (CAASTL) to provide training & education for homeless providers & CoC members regarding the Affordable Care Act (ACA) in Missouri. CAASTL attended a full CoC meeting & gave an informational presentation to CoC members specifically on the ACA, focusing on identifying households eligible for ACA. CoC established procedures for ACA enrollment: homeless providers contact CAASTL upon identifying eligible households & CAASTL sets up a time to meet with the clients, helps them understand their rights under the ACA, explains the ACA program & application process to them, & assists them with the enrollment process for ACA. Additionally, StL County Clinic ACA Navigators evaluate patients without insurance for ACA eligibility & assist with enrollment & CoC homeless providers such as College Church have trained ACA Navigators on staff, who meet one-on-one with clients to assist with determining eligibility & enrollment.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

St. Louis County CoC is committed to identifying alternate sources of funding to reduce amount of CoC Program funds being used to pay for supportive services costs. CoC will create Mainstream Benefits Committee that will focus primarily on increased integration of mainstream services into CoC programs, as well as identifying additional sources of funding, reaching out to organizations who are sources of funding & including them in the CoC, providing information to CoC members regarding new sources of funding, & training homeless providers on newly identified programs, benefits, & requirements for funding. Providers are notified of additional sources of funding through email notification from DHS. CoC member, Legal Services of Eastern MO, has a dedicated group working on identifying & simplifying ease of accessibility to mainstream resources. Community Action Agency in St. Louis County (CAASTL) provides mainstream benefits to St. Louis County residents.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/28/2014
CoC Governance Agreement	No		
CoC-HMIS Governance Agreement	No	CoC-HMIS Governance	01/22/2014
CoC Rating and Review Document	No	CoC Rating & Revi...	01/23/2014
CoCs Process for Making Cuts	No	FY2013 Process fo...	01/29/2014
FY2013 Chronic Homeless Project Prioritization List	No	2013 Project Prio...	01/27/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	FY2013 HUD-approv...	01/09/2014
FY2013 Rank (from Project Listing)	No	FY2013 Completed ...	01/28/2014
Other	No	HMIS Policy & Pro...	01/23/2014
Other	No	FY-2013-CoC-Ranki...	01/29/2014
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

Document Description: Certification of Consistency with Consolidated Plan

Attachment Details

Document Description:

Attachment Details

Document Description: CoC-HMIS Governance

Attachment Details

Document Description: CoC Rating & Review Document 2013

Attachment Details

Document Description: FY2013 Process for Making Cuts

Attachment Details

Document Description: 2013 Project Prioritization List - Website Notification

Attachment Details

Document Description: FY2013 HUD-approved Grant Inventory Worksheet

Attachment Details

Document Description: FY2013 Completed Ranking Tool

Attachment Details

Document Description: HMIS Policy & Procedures Manual

Attachment Details

Document Description: FY-2013-CoC-Ranking-Tool

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	01/28/2014
1D. Project Review	01/28/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/22/2014
2B. HMIS Funding Sources	01/22/2014
2C. HMIS Beds	01/27/2014
2D. HMIS Data Quality	01/27/2014
2E. HMIS Data Usage	01/27/2014
2F. HMIS Policies and Procedures	01/23/2014
2G. Sheltered PIT	01/28/2014
2H. Sheltered Data - Methods	01/26/2014
2I. Sheltered Data - Collection	01/22/2014
2J. Sheltered Data - Quality	01/22/2014
2K. Unsheltered PIT	01/28/2014
2L. Unsheltered Data - Methods	01/22/2014
2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	01/22/2014
Objective 1	01/29/2014
Objective 2	01/29/2014
Objective 3	01/29/2014
Objective 4	01/29/2014
Objective 5	01/28/2014
3B. CoC Discharge Planning: Foster Care	01/22/2014
3B. CoC Discharge Planning: Health Care	01/27/2014

3B. CoC Discharge Planning: Mental Health	01/22/2014
3B. CoC Discharge Planning: Corrections	01/28/2014
3C. CoC Coordination	01/28/2014
3D. Strategic Plan Goals	01/29/2014
3E. Reallocation	01/22/2014
4A. Project Performance	01/27/2014
4B. Employment Policy	01/22/2014
4C. Resources	01/27/2014
Attachments	01/29/2014
Submission Summary	No Input Required

**Certification of Consistency
with the Consolidated Plan**U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: St Louis County MO-500Project Name: MO-500 St Louis County CoCLocation of the Project: 9666 Olive BlvdSuite 510Saint Louis, MO 63132Name of the Federal
Program to which the
applicant is applying:CoC Program CompetitionName of
Certifying Jurisdiction:St. Louis County, MissouriCertifying Official
of the Jurisdiction
Name:Jim HoltzmanTitle: Director, Office of Community Development

Signature:

Date: January 28, 2014

Project Applicant: **Missouri Department of Mental Health**
Project Name: ***SZA Shelter Plus Care STL County Chronic**
1706 E. Elm
Jefferson City, MO
65102

(*Places for People is a sub-recipient of Missouri Department of Mental Health's
SZA Shelter Plus Care STL County Chronic project
4130 Lindell Blvd.
St. Louis, MO 63108)

Project Applicant: **Employment Connections**
Project Name: **Project Homecoming**
2838 Market St.
St. Louis, MO 63103

Project Applicant: **Salvation Army**
Project Name: **Homes of Hopes**
1130 Hampton Ave
St. Louis, MO 63139

Project Applicant: **Salvation Army**
Project Name: **Stratford Commons**
1130 Hampton Ave
St. Louis, MO 63139

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County Homeless Programs

Saint Louis County residents who are homeless or experiencing a housing crisis can seek assistance by calling the Emergency Shelter Hotline. **The Hotline is a centralized intake and referral system that can be accessed by calling a single number (314-802-5444).** The caller is interviewed by an intake specialist, and if in crisis, is referred to either emergency shelter or rent/mortgage/utility assistance. The Hotline is the result of a collaboration between the City of Saint Louis and Saint Louis County, who jointly fund the program.

To access homeless services in Saint Louis County, call:

HOMELESS HOTLINE - 314-802-5444 (VOICE)

Toll Free - 1-866-802-7155

For Hearing or Speech Impaired - 314-802-5348 (TTY)

While in shelter, clients work with a case manager who assists them with identification of their issues and problems and plans a course of action that will return them to permanent housing and independence. For individuals and families in need of cash assistance, Saint Louis County contracts with social service agencies to administer rent, mortgage, and utility grants; conduct budgeting classes; teach landlord/tenant responsibilities; identify available, affordable housing; and follow-up with families to prevent housing crisis. Any individual living in shelter is eligible for mental health, substance abuse, and domestic violence assessment and/or referral services. Children living in shelter are eligible for educational assessment services and transportation services.

NOTICE OF FINAL RANKING FOR HUD 2013-2014 COC APPLICATION

The St. Louis County Continuum of Care (CoC) Rank & Review Committee has provided valuable and necessary input for evaluating projects submitted under the CoC Consolidated Plan Application (FY2013-2014) to the Federal Department of Housing and Urban Development (HUD) for funding Homeless Services.

As Lead Agency for the Collaborative Applicant, the Department of Human Services determined final ranking of projects by considering the CoC input as well as the priorities of HUD. The HUD Opening Doors goals place high priority on 1) funding for Beds vs. Supportive Services and 2) high priority on funding for Permanent Housing vs. other housing categories.

The final ranking of projects in response to the 2013-2014 NOFA is as follows:

1. Department of Mental Health- Places for People
2. Employment Connection- Project Homecoming
3. Salvation Army- Homes of Hope
4. Salvation Army- Stratford Commons

Notice of Funds Availability for Continuum of Care Program

The documents attached below document the notice of funds availability for the Continuum of Care Program for homeless services.

General Notice of Funding Availability
 Notice of Funding Availability - Continuum of Care
 Notice of Funding Availability - Technical Correction
 Notice of Funding Availability - Technical Correction # 2
 Notice of Funding Availability - Environmental Assessment

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