

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 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 information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed) MO-501 - St. Louis City CoC
Collaborative Applicant Name: City of St. Louis
CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: City of St. Louis Continuum of Care

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)

Membership is open to any individual or organization committed to ending homelessness. An organization may have several delegates; however at least one delegate should function in an executive or managerial level role for that particular organization. Executives are encouraged to attend meetings in order to disseminate information or ideas discussed at meetings to front-line staff. Although an organization may have multiple delegates, each organization only has one vote. Each organization is required to join a committee. Annually, each member organization renews its membership and submits the names of authorized delegates. The annual renewal process helps maintain the most up-to-date information for each organization.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Community Advocate

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	Yes
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

N/A

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

The City of St. Louis is currently performing the roles of the Unified Funding Agency and the Collaborative Applicant. The roles include monitoring CoC and ESG programs and conducting the CoC's monthly meeting and having written agendas for meetings.

The St. Louis City CoC has had a centralized assessment for over 20 years. The centralized assessment includes an intake process at the centralized homeless hotline and centralized input into the HMIS.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	No
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
St. Louis City CoC Board of Directors	The Board consists of 14 members including 6 Committee Chairs and 5 At-Large Members. The Board discusses short and long range strategic plans to end homelessness, coordinate services, share mainstream resources and determine project goals and priorities. Closely working with the Board is the Planning Committee. The Planning Committee formulates and recommends strategic goals and objectives for the CoC and monitors progress (i.e. developing a CoC wide emergency disaster plan). It 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.	Bi-monthly
Project Review and Ranking Committee	The Project Review and Ranking 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. The second step in this process goes to the Professional Service Agreement (PSA) Committee. As outlined by City Ordinance, this committee makes final funding decisions regarding all City funds. The Committee accepts recommendations from the CoC regarding new projects seeking CoC funding.	Bi-monthly
Advocacy Committee	The Advocacy Committee conducts activities to advocate for the homeless and to educate the public about issues pertaining to homelessness. The committee annually recommends to the CoC a set of positions to be adopted and issues to be studied by the CoC, for example, an upcoming proposition or law on the ballot. Assisting the Advocacy Committee is the Membership Committee. The Membership Committee presents a slate of officers and members to the Board. This committee is also charged with recruiting and retaining a wide range of organizations into membership, reviewing and recommending membership applications to the Board, and recommending rules and procedures for the CoC.	Monthly or more

Service Delivery Committee	The Service Delivery Committee promotes the coordination and effectiveness of services across all components of the CoC. It researches and addresses transitional housing placements and programmatic barriers such as agency compliance with the American Disabilities Act. It also identifies and quantifies the needs of the CoC population, reviews available CoC services, and recommends programs and procedures to suit those needs.	Monthly or more
Consumer Council	The Consumer Council is composed entirely of homeless and formerly homeless persons. It makes recommendations as appropriate to the CoC and to providers of services and housing. The Council works with the Advocacy Committee to identify consumer needs, to improve current services, and to give consumers a voice in the CoC and the public at large by, among other things, executing an annual Homeless Programs Survey.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters)

N/A

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Private Sector
Public Sector
Individual

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	3	17	0	4	26	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	0	0	1	0	0
Substance abuse	0	3	0	1	5	0
Veterans	0	0	0	0	0	0
HIV/AIDS	0	1	0	0	0	0

Domestic violence	0	1	0	0	2	0
Children (under age 18)	0	0	0	0	0	0
Unaccompanied youth (ages 18 to 24)	0	1	0	0	4	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	3	17	0	4	26	0
Authoring agency for consolidated plan	3	17	0	4	26	0
Attend consolidated plan planning meetings during past 12 months	3	17	0	4	26	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	3	17	0	4	26	0
Lead agency for 10-year plan	3	17	0	4	26	0
Attend 10-year planning meetings during past 12 months	3	17	0	4	26	0
Primary decision making group	3	17	0	4	26	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	2	4	2	2	1	3	2

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	0	0	0	0	0	1	0
Substance abuse	0	0	0	0	0	0	0
Veterans	0	1	0	0	0	0	1
HIV/AIDS	0	0	0	0	0	0	0
Domestic violence	0	0	0	0	0	0	0
Children (under age 18)	0	0	0	0	1	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	0	0	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	2	4	2	2	1	3	2
Authoring agency for consolidated plan	2	4	2	2	1	3	2
Attend consolidated plan planning meetings during past 12 months	2	4	2	2	1	3	2
Attend consolidated plan focus groups/public forums during past 12 months	2	4	2	2	1	3	2

Lead agency for 10-year plan	2	4	2	2	1	3	2
Attend 10-year planning meetings during past 12 months	2	4	2	2	1	3	2
Primary decision making group	2	4	2	2	1	3	2

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual

Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	1	2	0

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	0	0
Substance abuse	0	0	0

Veterans	0	0	0
HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	1	2	0
Authoring agency for consolidated plan	1	2	0
Attend consolidated plan planning meetings during past 12 months	1	2	0
Attend consolidated plan focus groups/ public forums during past 12 months	1	2	0
Lead agency for 10-year plan	1	2	0
Attend 10-year planning meetings during past 12 months	1	2	0
Primary decision making group	1	2	0

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply): d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply): g. Site Visit(s), m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Committee Exists, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results, d. Review Independent Audit, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

The CoC uses several procedures to rate and rank project applications.
*The CoC's Review and Ranking Committee performs threshold review of all projects seeking support from the Department of Human Services. All agencies are advised of whether the project meet basic criteria.
*Secondly, the entire CoC ranks each project based on the community's need, access to programs, willingness to collaborate, etc. New programs/agencies seeking funding are required to submit a proposal and make a presentation to the entire CoC.
*Lastly, by City ordinance, the Professional Services Agreement (PSA) Committee makes the final determination to which agencies will recieve funding. New programs/agencies seeking funding are required to submit a proposal and make a presentation to the committee.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, d. One Vote per Organization, a. Unbiased Panel/Review Committee

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

The Continuum of Care (CoC) work with homeless service providers that express an interest in applying for HUD funds by publicizing the opportunity through media announcements and direct communications at monthly CoC meetings. Next our CoC Rating and Review Committee follows the about mentioned Rating and Performance assessment measures. Decisions are communicated to approved and denied applicants.

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

No complaints were received.

1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters)

The number of beds increased from 558 to 711. One reason for the increase is that a non-HUD funded shelter participated. This agency reported a large number after the census takers left the facility. However, the CoC included the entire count. The rest of the change is due to a change in count methodology. Several shelters located in the City provide services to both the City and County CoCs due to the lack of beds in the County. In past years, the City and County split the count based on whether the person in that bed on the night of the HIC was a City or County resident. However, for the most recent HIC, beds were counted based on their physical location within the City--thus contributing to an increase in the overall number of beds.

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

The total number of beds has decreased from 111 in 2011 to 100 in 2012. HPRP funding is used specifically for rental/utility assistance and the rapid rehousing of homeless individuals. There was a change in the number of beds due to the program concluding in July 2012.

Safe Haven: Yes

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters)

The total number of bed has increased from 18 in 2011 to 19 in 2012. There are actually 8 transitional housing Safe Haven bed located throughout the community; however, clients are allowed to stay overnight at the 24 hours Safe Haven site. There are usually approximately 15 people who stay overnight.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters)

The number of beds increased from 722 in 2011 to 774 in 2012. This is partly due to 7 new units (30 beds) coming online at Gateway 180. The rest of the change is due to a change in count methodology. Harbor Light, The Haven of Grace, The Women's Safe House, Our Lady's Inn, Humanitri, Peter and Paul, Lydia's House, and Almost Home provide services to both the City and County CoCs. The City and the County share the same HMIS database. In past years, the City and County split the count based on whether the person in that bed on the night of the HIC was a City or County resident. However, for the most recent HIC, beds were counted based on their physical location within the City--thus contributing to an increase in the overall number of beds.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? Yes

If yes, how many transitional housing units in the CoC are considered "transition in place": 51

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

The total number of beds increased from 1,281 in 2011 to 1,458 in 2012. The change reflects that Shalom House brought 30 new units online in 2012, Catholic Family Services added 27 bed, the Department of Mental Health also added permanent supportive housing beds to the CoC. Peter and Paul currently has 25 units of permanent supportive housing under development for their new permanent supportive housing program. The change also reflects that the Shelter Plus Care programs were able to utilize their dollars to serve an increased number of households.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply): HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:

N/A

Indicate the type of data or method(s) used to determine unmet need (select all that apply): Provider opinion through discussion or survey forms, Unsheltered count, HMIS data, Stakeholder discussion, Housing inventory, HUD unmet need formula

Specify "other" data types:

NA

If more than one method was selected, describe how these methods were used together (limit 750 characters)

More than one method was used to determine and ensure an accurate housing inventory count. A separate housing survey for every agency within the CoC is conducted initially. This count is also compared with data in our HMIS system, which is then reported in the HDX. This comparison of surveys and HMIS data allows for the St. Louis CoC to validate the data collected to arrive at the most accurate number of homeless individuals.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Regional (multiple CoCs)

Select the CoC(s) covered by the HMIS (select all that apply): MO-503 - St. Charles, Lincoln, Warren Counties CoC, MO-501 - St. Louis City CoC, MO-606 - Missouri Balance of State CoC, MO-500 - St. Louis County CoC

Is there a governance agreement in place with the CoC? No

If yes, does the governance agreement include the most current HMIS requirements?

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

The CoC Lead is the HMIS Lead Agency.

Does the HMIS Lead Agency have the following plans in place? Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: ROSIE

What is the name of the HMIS software company? Municipal Information Systems, Inc.

Does the CoC plan to change HMIS software within the next 18 months? Yes

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 09/01/1994

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): Other

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

The HMIS lacks the ability to allow Users to define their own reporting requirements. The required HUD reports can be created, however, Users have indicated a need for more robust reporting capabilities. The HMIS provider is currently working to enhance the reporting functionality of the system.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Not Applicable

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

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	January	2012
Operating End Month/Year	December	2012

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	
ESG	\$70,000
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	\$70,000

Funding Type: Other Federal

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

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	
State	
State and Local - Total Amount	

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	\$70,000
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Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

How was the HMIS Lead Agency selected by the CoC? Agency was Appointed

If Other, explain (limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

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 (ES) beds	65-75%
* HPRP beds	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? No

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	30%
Rapid Re-Housing	100%
Supportive Services	70%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	6
Safe Haven	11

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	6%
Date of birth	0%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	0%
Gender	0%	0%
Veteran status	0%	0%
Disabling condition	0%	0%
Residence prior to program entry	0%	27%
Zip Code of last permanent address	0%	1%
Housing status	0%	6%
Destination	0%	7%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

Data quality audits focus on 3 areas for accuracy; the up-duplicated count, program entry and exit dates, and client level data. The HMIS does not allow multiple records with the same SSN. HMIS audit reports identify clients with similar identifiers. Files are reviewed with duplicated records combined into a single household as appropriate. Monthly reports verify entry and exit dates by showing the number of clients served and the number of bed nights provided. With this data utilization rates can be monitored. The validity of individual client records is monitored with program level data quality reports that compare multiple data points to ensure data accuracy, consistency and to validate program eligibility

How frequently does the CoC review the quality of client level data? At least Quarterly

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

- Integrating or warehousing data to generate unduplicated counts:** Never
- Point-in-time count of sheltered persons:** At least Semi-annually
- Point-in-time count of unsheltered persons:** At least Semi-annually
- Measuring the performance of participating housing and service providers:** At least Monthly
- Using data for program management:** At least Monthly
- Integration of HMIS data with data from mainstream resources:** Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Quarterly
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS policy and procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Annually

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Annually

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? Never

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

If 'Yes', indicate date of last review or update by CoC: 10/12/2012

If 'Yes', does the manual include a glossary of terms? Yes

If 'No', indicate when development of manual will be completed (mm/dd/yyyy):

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Annually
* Data security training	At least Quarterly
* Data quality training	At least Quarterly
* Using data locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	Never
* HMIS software training	At least Quarterly
* Policy and procedures	At least Quarterly
* Training	At least Quarterly
* HMIS data collection requirements	At least Quarterly

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

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: semi-annually (twice a year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 07/30/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Not applicable

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

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

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

Homelessness in St. Louis City has remained relatively constant over the last year. It is difficult to compare the 2012 homeless census to the numbers from 2011, because of two big changes in methodology that resulted in a better count. First, the Continuum of Care counted all homeless persons residing within the boundaries of the City, even if their housing was funded by the County. This change in methodology is part of the plan for greater collaboration between the City and County. There were 51 people who were in County-funded beds that were included in the City count this year. Secondly, New Life Evangelistic Center participated this year whereas last year the CoC relied on the count from day shelters and lunch site/soup kitchens to generate an estimate for NLEC’s beds. There were 204 more people included in the census numbers this year because NLEC participated in the count.*

In the 2011 PIT Count, the City of St. Louis counted 1,344 homeless people. In the 2012 PIT Count, with the changes in methodology and provider participation, the City of St. Louis counted 1,587 homeless people--an increase of 243 people. That increase is accounted for when considering that last year’s count did not include the 51 County beds or an estimated 204 NLEC clients—totaling 255 people total.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	79
* Services	79
* Mainstream Resources	79

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

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

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

On the night of the count, the sheltered homeless population was counted at emergency shelters and transitional housing program providers. Permanent housing programs are NOT included because the individuals residing there are no longer homeless according the HUD's definition.

Data on the sheltered homeless population was collected and produced using two methods to ensure accuracy of the information. First, each shelter or program sponsor completed a manual census form by interview for every client. Second, each HUD-funded shelter or program also generated a census report from the HMIS database (ROSIE). HUD-funded providers, who use ROSIE, had to make sure that they had updated ROSIE. All exits and arrivals had to be current for the night of the Census.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	<input type="checkbox"/>
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:		<input type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

On the night of the count, the sheltered homeless population was counted at emergency shelters and transitional housing programs. Permanent housing programs are NOT included because the individuals residing there are no longer homeless according to the HUD's definition.

Data on the sheltered homeless population was collected and produced using two methods to ensure accuracy of the information. First, each shelter or program sponsor completed a manual census form by interview for every client. As part of the interview, the census form asked if the client was chronically homeless, severely mentally ill, chronic substance abuser, veteran, a person with HIV/AIDS, a victim of domestic violence and their age. Second, each HUD-funded shelter or program also generated a census report from the HMIS database (ROSIE) that detailed the same information. HUD-funded providers, who use ROSIE, had to make sure that they updated ROSIE. All exits and arrivals had to be current for the night of the Census.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

The St. Louis City CoC uses several non-HMIS de-duplication techniques to ensure the data quality of the sheltered person count. Beginning in 2004, the St. Louis City CoC has conducted a census twice a year (January and July). -A shelter count is done on the last Wednesday of the month. Shelter and Transitional Housing programs are required to complete a survey on everyone at the facility the night of the census. The street count is conducted during the morning and afternoon. In an effort to reduce duplication, the participants are asked for the location of where they slept the night before and a complete interview is conducted. The lunch site count is conducted the same day at several locations that provide meals. In an effort to reduce duplication, the participants are asked for the location of where they slept the night before and a complete interview is conducted.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

The St. Louis City CoC uses several methods to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count.

To ensure accurate data:

*Instructions are included on each survey form.

*Training is conducted with surveyors the morning of the census.

*Remind/Follow-up is conducted by announcements at CoC meetings, sending out e-mails, posting signage. Additionally, agencies are called after the count to ensure timely reporting of the count.

*HMIS is used to ensure the data quality of the count at emergency shelters and transitional housing programs. The CoC compares the HMIS reports with the surveyed forms to accuracy.

*Non-HMIS de-duplication techniques is included in the survey forms. Each person is asked the location of where he/she spent the night. This allows the CoC to determine the most accurate data and to capture data on clients that reside in one shelter that does not participate in the CoC proces.

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

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? semi-annually (twice a year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 07/25/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Not Applicable

Comparing the 2011 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 reason(s) for the increase, decrease, or no change (limit 750 characters)

The City numbers remains constant and compared to 2011 two big changes in methodology resulted in a better count in 2012. 1.) The CoC counted all homeless persons within the boundaries of the city, even if the beds were County funded for greater collaboration between the City and County. 2.) New Life Evangelistic Ctr. participated this year whereas in 2011 an estimate for NLEC's beds was generated from the count at day shelters and lunch site/soup kitchens. The City counted 1,344 homeless people in 2011 and in 2012 due to changes in methodology and participation, the City counted 1,587 homeless people; an increase of 243. That increase is accounted for when considering that last year's count did not include the 51 County beds or an estimated 204 NLEC clients—totaling 255 people total.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
None:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

In an effort to count those that may be difficult to locate at night, the Street Count was conducted during the lunch period on the day of the count. Street count locations were lunch sites, warming centers, riverfront encampments, drop-in centers, parks, and other public places. Experienced outreach workers collaborated to identify “hotspot” areas where homeless individuals congregated and/or resided. Surveying the identified “hotspots” was the most efficient way to collect data on the unsheltered homeless population. On the day of the Street Count, the outreach workers lead trained volunteers in surveying the hotspots within their assigned city region.

Lunch sites, warming sites, drop-in centers, and other service providers had staff and/or volunteers stationed at the entrance to survey all individuals who entered the facility within a given time frame. To avoid duplication, the Street Count survey asked clients if they had not already filled out a census form and about their sleeping arrangements the night prior. If the clients indicated on the survey forms that their sleeping arrangements were in a shelter/transitional housing (and thus they were counted in the shelter-based enumeration the night before), their survey forms were removed from the unsheltered count. If the clients indicated that they were staying in a permanent housing program, their survey forms were removed from the unsheltered count.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<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 type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

To reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count, the CoC conducted a Street Count during the lunch period on the day of the count. Street count locations were lunch sites, warming centers, riverfront encampments, drop-in centers, parks, and other public places. Experienced outreach workers collaborated to identify “hotspot” areas where homeless individuals congregated and/or resided. Surveying the identified “hotspots” was the most efficient way to collect data on the unsheltered homeless population. On the day of the Street Count, the outreach workers lead trained volunteers in surveying the hotspots within their assigned city region.

Lunch sites, warming sites, drop-in centers, and other service providers had staff and/or volunteers stationed at the entrance to survey all individuals who entered the facility within a given time frame. To avoid duplication, the Street Count survey asked clients if they had not already filled out a census form and about their sleeping arrangements the night prior. If the clients indicated on the survey forms that their sleeping arrangements were in a shelter/transitional housing (and thus they were counted in the shelter-based enumeration the night before), their survey forms were removed from the unsheltered count. If the clients indicated that they were staying in a permanent housing program, their survey forms were removed from the unsheltered count.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)

To reduce the number of unsheltered homeless households with dependent children, the CoC's mobile outreach team is dispatch to the location where unsheltered children are located. Immediate action is taken to house the family. Partnering agencies, such as Crisis Nursey, assist with housing the children until appropriate arrangements can be made. In many cases, families with children may be referred directly to transitional housing instead of emergency shelters.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters)

The CoC has several mobile outreach teams that canvas the City to located persons who routinely sleep on the streets or other places not meant for human habitation. The Mobile Outreach Teams provide information about housing and services. In 2011, the CoC launched WELCOME HOME, NEIGHBORS. This program rapidly rehoused approximately 50 people residing on the bank of the Mississippi River. On February 2013, the CoC will launch The BEACH Project (The Beginning of the End: Abolishing Chronic Homelessness. The goal of The BEACH Project is to rapidly re-house, within four months, EVERY chronically homeless persons identified during the day of the point-in-time count. The CoC is partnering with non-traditional organizations: St. Louis Area FoodBank, St. Louis Community Credit Union, ArchCity Defenders, St. Louis Housing Authority, Missouri Department of Mental Health, St. Louis Mental Health Board and others.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	274
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	226
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	0
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	0

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

The City of St. Louis is on the cusp of being the first city to virtually eliminate chronic homelessness and meet its goal of creating 500 units of permanent supportive housing as outlined in the 10-Year Plan. The City identified 136 chronically homeless persons in the last two PIT counts. Chronic homelessness has declined as housing/other resources have come on line over the past 8 years. With new innovative approaches to housing and services, the City will launch a new initiative, "The Beginning to the End: Abolishing Chronic Homelessness Project" (The BEACH Project) on February 26, 2013 during a homeless summit: Making Homeless History-Innovations at work in St. Louis. The Project will focus on rapidly re-housing EVERY chronically homeless person identified in the January 2013 PIT count within 120 days. The following beds will be available July 2013: Peter and Paul Community Services - 25 units, Department of Mental Health - 35 units, The BEACH Project - 136 units.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

The City of St. Louis is committed to ending chronic homelessness by 2015 as outlined in the 10-Year Plan to End Chronic Homelessness. The City will apply for additional funding for Permanent Supportive Housing to ultimately end chronic homeless in the City of St. Louis in 2013-14, however, new permanent supportive housing will be created as needed.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

Currently, the City is on target to meet its goal, as outlined in its 10-Year Plan to End Chronic Homelessness, of establishing 500 beds for chronically homeless persons by 2015. The City of St. Louis is working diligently to ultimately achieve this vision much sooner than 2015. On February 26, 2013, the City of St. Louis will announce The BEACH Project. The initiative will focus on rapidly re-housing EVERY chronically homeless person identified in the January 2013 PIT count within 120 days. The Project will utilize: transition-in-place, rapid re-housing, ACT teams and Housing First methods.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 93%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 93%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 93%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 95%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC currently exceeds HUD's 80% threshold for person staying in permanent housing over 6 months. Last year, 90% of formerly homeless persons in permanent supportive housing remained for at least six months. This year the CoC reached [93%]. The CoC will continue to provide intensive supportive services and assertive community treatment (ACT) to those residing in permanent supportive housing. The increase is a result of new programs that have formerly chronically homeless clients adjusting well to permanent supportive housing.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC's long term plan to increase the percentage of person remaining in permanent supportive housing will remain the same. Ninety three percent (93%) of formerly homeless persons in permanent supportive housing remained for at least six months. The CoC will continue to provide intensive supportive services and assertive community treatment (ACT) to those residing in permanent supportive housing. Over the next 10 years, the CoC expects to increase the percentage as more Safe Havens and ACT teams are established as outlined in the 10-Year Plan to End Chronic Homelessness. There are currently 5 ACT teams in the CoC and by 2015, there will be 4 Safe Havens and 8 ACT teams.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 91%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 91%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 92%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 95%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

Currently, the CoC has [91%] of homeless persons moving from transitional housing to permanent housing. The increase is a direct result of the new HEARTH ACT and increased regulations regarding the importance of reporting programmatic outcomes. Over the next 12 months, the CoC will educate/train case managers on the importance of collecting the data. The CoC will identify those agencies that are below the threshold and provide technical assistance. The CoC will also increase its efforts to assist persons with moving to permanent housing by providing assistance through Rapid Re-Housing. Also, the City is pioneering a creative approach to transitional housing that extends the new national trend towards “Transition-in-Place” (TIP) housing. Other communities are also implementing TIP by placing participants in non-site based transitional units and converting the units to permanent housing upon completion of the transitional stage, so that the participants remain in the same units.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

To ensure both long term success at moving people from TH to PH, the St. Louis City CoC recognizes that barriers in the housing market must be removed. These barriers include: lack of affordable housing; fear by private landlords to rent to homeless persons; and lack of services to maintain individuals in their homes. To address these barriers the St. Louis City CoC will work to increase the percentage of homeless persons moving from TH to PH to 92 percent over the next 5 years; this includes utilizing the current Transition-in-Place concept and rapidly re-housing individuals into permanent housing. Additionally, the City is funding its initial seven (7) TIP units with Gateway 180 – Water Tower TH Program, with a combination of HUD, private and local funds. In the future, the VA may also become a resource for developing additional TIP housing units. Along with rapid re-housing, the City expects that its TIP program will actually cost less and be more effective than current approaches.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 30%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 33%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 34%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 36%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)

The St. Louis CoC has seen over a 10% increase from the previous year of participants in all CoC-funded projects that are employed at program exit. The CoC is developing a strong partnership with Mers Goodwill to implement an employment placement service as part of the BEACH Project in 2013. The BEACH Project initiative will focus on rapidly re-housing every chronically homeless person identified in the January 2013 PIT count within 120 days.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)

The CoC's long-term plan to continue to increase the percentage of person employed at program exit includes developing relationships and collaborations with businesses and employment agencies. The CoC has worked very diligently to increase the percentage over the last two year. To maintain or exceed this successful level, the CoC will expand upon the following practices: 1) require employment to be a component of all appropriate Individual Service Plans (ISPs); 2) monitor projects to ensure that employment is a component of ISPs; and 3) continue linkages to mainstream employment training and support programs.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 45%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 47%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 48%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 50%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The City of St. Louis CoC works with all providers and direct service personnel to ensure at least 20% participants receive mainstream benefits. Our current rate exceeds 40% for non cash benefits including food stamps, transportation services and health care. As the lead entity of the CoC, the City of St. Louis has made it an requirement that every agency that is funded through the CoC must have a License Clinical Social Worker and also must have a SOAR trained case manager on staff to help increase the likeliness of clients getting their social security benefits and also connected to other mainstream services.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

As the lead entity of the CoC, the City of St. Louis has made it an requirement that every agency that is funded through the CoC must have a License Clinical Social Worker and also must have a SOAR trained case manager on staff to help increase the likeliness of clients getting their social security benefits and also connected to other mainstream services. The CoC has strong partnerships with the Social Security Administration for Supplemental Security Income/Social Security Disability Insurance; Missouri Department of Social Services for Medicaid, TANF and Supplemental Nutrition Assistance Programs (previously known as Food Stamps); and Veterans Administration for VA Health and Pension Benefits to ensure our clients have access to these services.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count? 184%
- In 12 months, what will be the total number of homeless households with children? 165%
- In 5 years, what will be the total number of homeless households with children? 155%
- In 10 years, what will be the total number of homeless households with children? 145%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

The CoC's best weapon to reduce the number of homeless households with children over the next 12 months is prevention. The HEARTH Act will provide much greater resources for prevention targeted to those who are at risk of homelessness, including people who have extremely low incomes and are doubled up, living in a hotel, or have a precarious housing situation. Homeless families are immediately placed in the most appropriate/available housing. The CoC is also increasing the occupancy rate in transitional housing for families by reducing barriers that are required to enter transitional housing.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

The CoC's long-term plan to decrease the number of homeless households with children focuses on prevention. With the HEARTH ACT funds, the CoC is planning to utilize some of the concepts we've learned from HPRP by possibly funding [one of the previous prevention hub agencies].

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocate it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 3

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 2

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

The St. Louis City CoC does not plan to reallocate funds for any SSO projects or TH projects; however since this is the first year the CoC has been able to reallocate funds due to HUD putting all CoCs at their final Pro Rata Share, the CoC does plan to reallocate funds for 3 Permanent Supportive Housing Projects (DD Resources – Great Horizon, Doorways – Maryland, and Catholic Family Services) that have either been struggling with their Bed Utilization Rate and/or their % of Funds Expended. The CoC is continuing to evolve to meet the changing needs of the people we serve by periodically rethinking our goals and altering our programs and service system through yearly strategic planning. Over the past year the CoC worked collaboratively with key stakeholders to establish a common vision and system-wide performance goals. It is the CoC's mission to find a more efficient and effective way to service our homeless population through innovative concepts and ideas.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

The St. Louis City CoC does not plan to reallocate funds for any TH projects. However, since the provisions of the CoC Program's TH program component have not changed significantly from the TH provisions under SHP; the St. Louis City CoC looks to collaborate within our areas of service to ensure the availability of a comprehensive continuum of services for individuals and families affected by homelessness.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

State Mandated Policy, voted and approved by the Governor's Committee to End Homelessness (GCEH) in December of 2011. The GCEH is a Boards and Commissions committee through Executive Order of the Governor. The GCEH has a discharge workgroup that meets regularly. Each Continuum of Care in the state holds a seat on the workgroup (total of eight). The appointed member from each Continuum of Care oversees the individual discharge plan for the individual Continuum of Care.

The State of Missouri has a mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness for children aging out of foster care.

The St. Louis City CoC is a member of the State's interagency council, the Governor's Committee to End Homelessness (GCEH). Many of the mainstream programs are administered at the State level. These organizations are also members of the GCEH. The CoC's goal for 2012 is to continually address foster care discharge on the local level.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

NA-Missouri has a statewide Discharge Plan

Specifically, 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)

The following agencies are stakeholders and collaborating agencies: Joplin Continuum of Care, Springfield Continuum of Care, St. Louis City Continuum of Care, St. Louis County Continuum of Care, St. Charles Continuum of Care, St. Joseph Continuum of Care, Kansas City Continuum of Care, Balance of State Continuum of Care, Department of Corrections, Department of Health and Senior Services, Department of Social Services, Governor’s Council on Disabilities and Department of Mental Health.

The St. Louis City CoC is currently collaborating with the area’s most-respected public and private foster and adoptive care agencies to implement an discharge plan; more closely with Covenant House of Missouri, Epworth Children & Family Services, Missouri Department of Social Services, Youth In Need, and the St. Louis Crisis Nursery, which are members of the St. Louis City Continuum of Care and the Foster & Adoptive Care Coalition supported by United Way of Greater St. Louis.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The State has implemented the Foster Care Independence Act of 1999 that established the John H. Chafee Foster Care Independence Program (Chafee). The program expands services to former foster care youth ages 18-21 to help them make a successful transition to adulthood:

- * Training in daily living skills, budgeting and financial management
- * Education
- * Training and employment services, job placement and retention
- * Career exploration
- * Vocational training, post secondary training
- * Preventive health activities (smoking avoidance, substance abuse and pregnancy prevention)
- * Mentors
- * Crisis intervention funds (rent and utilities, food)
- * Financial, housing, and other supports and services

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The State of Missouri mandates that publicly funded institutions ensure appropriate housing placement, which does not include homelessness, regulation 19 CSR 30-20.021(3)(l). Healthcare providers are members of the CoC.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

With the current discharge policy mandated by the state, the CoC will continue to evaluate health care discharge plans to ensure effectiveness.

Specifically, 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)

All Missouri hospitals are Medicare certified except one. As a result, they are required by regulations (§482.43 Discharge Planning) to have a discharge plan. The program shall include: a method of screening to determine the social service needs (housing and other supportive services) of the patient; a method of providing appropriate social work interventions, including discharge planning and counseling; and a mechanism for referrals to community agencies when appropriate. Discharge planning, shall be integrated with other direct patient-care services.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The discharge plan provides that: a registered nurse, social worker, or other personnel must develop a discharge plan if an assessment indicates a need. The hospital must arrange for initial implementation of the patient's discharge plan. The hospital must transfer/refer patients, with medical information, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care. The hospital must reassess its discharge planning process on an on-going basis. The reassessment must include a review of discharge plans to ensure that they are responsive to discharge needs.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The State of Missouri has a mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness for persons leaving mental health institutions.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

With the current discharge policy mandated by the state, the CoC will continue to evaluate mental health facilities discharge plans to ensure effectiveness.

Specifically, 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)

The CoC works with the Missouri Department of Mental Health(DMH). DMH staff is the chairperson of the CoC planning committee. The CoC has 6 programs with DMH. The City has a Mental Health Board (MHB) that receives tax funds to assist clients. The CoC chairperson serves on committees with MHB.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The State of Missouri has developed Transition Teams at each Habilitation Center. The team evaluates the transition plan. Transition services assist individuals moving out of an institution with start-up costs such as rental deposits, utility deposits, and furnishings. Before a person leaves a Habilitation Center, their Medicaid eligibility must be verified to assure continued coverage. The plan includes: an assessment of possible transfer trauma for psychological/emotional and behavioral issues, intensive follow-up with regional center professionals for a minimum of six months, and frequent contact with the consumer and parent/guardian will be maintained to assess the success and appropriateness of the new living arrangement.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The State of Missouri has a mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness for persons leaving correctional institutions.

The CoC membership includes local, state and federal correctional institutions. The CoC chairperson and other CoC agencies serve on committees for these institutions. The CoC also seeks funding from federal agencies to provide reintegration or prevention programs.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

With the current discharge policy mandated by the state, the CoC will continue to evaluate mental health facilities discharge plans to ensure effectiveness.

Specifically, 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. Vincent DePaul, St. Patrick Center, Humanitri and the City are just a few CoC agencies with prison reintegration or prevention programs. The CoC chairperson has facilitated an agreement between local corrections and the SSA to ensure funds are available to ex-offenders upon release. A similar agreement exists with the state institutions. The CoC chairperson is collaborating with the State's minimum security institution to develop policies for home plans. Of the 500 people housed in this institution, 134 (27%) are housed in the institution due to the lack of a home plan. Nearly half (48%) are employed or eligible for social security and other mainstream benefits.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

As mandated by the State, ex-offenders must have an appropriate Home Plan prior to release. An ex-offender will remain in custody with the correctional institution until the ex-offender has submitted an appropriate Home Plan.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:

The following goals to address homelessness and chronic homelessness were included:
-Continue Implementation of the Ten-Year Plan to End Chronic Homelessness
-Continue to Embrace a Housing First Philosophy
-Continue to expand connections to mainstream government services:
-Expand shelter capacity
-Expand Safe Havens
-Continue on-going investments in training programs to help staff to better serve the homeless community
-Maintain service agency leadership/professionalism
-Place more emphasis on Prevention and Rapid Re-Housing
-Expand the Transition In Place concept and Permanent Supportive Housing

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

The St. Louis City CoC currently administers the ESG funding and with the new implementation of the HEARTH ACT, looks to continue the momentum gain through the HPRP program by keeping the emphasis on Prevention and Rapid Re-Housing. During the last two census, the City has identify 136 chronically homeless individuals and after the January 2013 PIT count the City is looking to Rapid Re-House every chronically homeless person identified within 120 days. Through this effort the City of St. Louis is looking to become the first city to virtual end chronic homelessness.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

The City of St. Louis is the lead entity for the CoC; therefore, the participation and coordination with HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants(CDBG), and Emergency Solution Grant(ESG)are well coordinated.

Through the continued partnership and collaboration with the HUD-VASH program, the VA currently has a representative that participates and attends the CoC network group meetings and is available during any major CoC outreach initiative.

While the City's Community Development Administration(CDA) retains primary local responsibility for the CDBG and ESG programs, the programmatic responsibility for the ESG rest with the City of St. Louis Department of Human Services. Also the CoC collaborates with CDA on the Annual Action Plan and the Consolidated Plan.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place: The CoC has adopted the St. Louis Public School's policies that require assurance that all homeless children are enrolled in school and connected to appropriate services within the community. Ms. Deidra C. Thomas-Murray, LMSW is the Homeless Coordinator & Foster Care Liason for the SLPS and a member of the CoC's Executive Board. She and her staff play a vital role in ensuring that children and youth experiencing homelessness enroll and succeed in school. The McKinney-Vento Act requires that every school district appoint a homeless coordinator who serves as the link between homeless families and school staff, district personnel, shelter workers and social-service providers.

Specifically describe the steps the CoC, working with homeless services providers, has taken 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 1500 characters)

The CoC has appointed the St. Louis Public School's Homeless Coordinator to the Executive Board of the CoC. The school district's homeless coordinator plays a vital role in ensuring that children and youth experiencing homelessness enroll and succeed in school. The McKinney-Vento Act requires that every school district appoint a homeless coordinator who serves as the link between homeless families and school staff, district personnel, shelter workers and social-service providers. Additionally, the CoC has located HPRP (prevention services) in four public schools. The CoC's Chairperson also serves as a member the Head Start Policy Committee for the Urban League of Metropolitan St. Louis.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

The City of St. Louis is the lead entity for the CoC and has made it the contractual obligation of the emergency shelters, transitional housing, and permanent housing organization to serve families with children under the age of 18. Continued collaboration and monitoring review ensures that these families are not denied admission or separated when entering shelter or housing.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

The City of St. Louis has a Veteran Officer that provides services and referrals to veterans. Additionally, the CoC has appointed JoAnne Joseph, Homeless Veterans Coordinator with the St. Louis VA Medical Center, to the Executive Board of the CoC. Over the past year, coordination with VA and the CoC has increased tremendously. Staff from VA assist with the homeless census, as well as, coordinated services to persons residing in encampments. Organization that are currently providing services specifically for homeless veterans include: Salvation Army, Employment Connection, St. Patrick Center, St. Louis VA Medical Center, VA Hope Recovery Center, City of St. Louis Department of Human Services.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)

The following organizations are members of the St. Louis City CoC and provides services to the youth homeless population: Covenant House of Missouri, Almost Home, The Haven of Grace, Youth In Need, Our Lady's Inn, and the St. Louis Public School System. The CoC will continue to build upon its relationship with the St. Louis Public School system to ensure that the needs of the youth homeless population are addressed. St. Louis Public School's has a Homeless Coordinator and she serves on the Executive Board of the CoC. As part of the CoC strategic plan, the CoC will continue to place more emphasis on prevention and expansion of transitional and permanent supportive housing.

Has the CoC established a centralized or coordinated assessment system? Yes

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

The St. Louis City CoC has had an centralized assessment/intake system in place for over 25 years. The City of St. Louis was awarded as a Homeless Information Systems Pioneer at the 2005 HMIS Conference; however the CoC is currently evaluating on software modifications and is also researching the best HMIS systems developed in order to strengthen the CoC's assessment/intake process.

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

While the City's Community Development Administration(CDA) retains primary local responsibility for the CDBG and ESG programs, the programmatic responsibility for the ESG rest with the City of St. Louis Department of Human Services. The City of St. Louis is the lead entity for the CoC; however, there is a ranking and review process established by the CoC that takes place before funds are allocated. Each year the CoC will release an Request for Proposals, the proposals are then reviewed by the City of St. Louis Department of Human Services, CoC's Ranking and Review Committee, and the City's PSA Committee. While the review is taking place the agencies are then invited to make a presentation to the entire CoC and then present to the PSA before the final decision to award is done.

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)

In the absence of special outreach the CoC has two initiatives used to market housing and supportive services to those least likely to request housing or services. A summary of the two initiatives are:

"Welcome Home Neighbor" brought together the St. Louis community (riverfront residents, volunteers, faith-based organizations, homeless services providers and the City of St. Louis) in March 2011 to rapidly re-housing 57 homeless persons residing in make-shift tents near the riverfront. Many were disabled and suffering from mental illness. The strategy had four parts: initial census count, commitment of resources, intensive outreach, and evaluation.

The BEACH Project is an 18-month initiative that will result in stable housing and wrap-around services being available to every chronically homeless person in the City of St. Louis by the end of 2013. Additional system-wide improvements in engagement, assessment, case management, and data management will make it possible to prevent today's at-risk from becoming tomorrow's chronically homeless person.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The City of St. Louis Department of Human Services serves as the lead entity of the CoC and has prioritized ending chronic homelessness in its Strategic plan and is working diligently to ultimately achieve this vision much sooner than 2015. The Strategic Plan focuses on (a) emergency shelters and transitional housing on non-disabled individuals, (b) permanent supportive housing for families, (c) safe havens, (d) regional collaborating with other jurisdictions towards ending long-term homelessness and (e) partnerships and collaboration.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The City of St. Louis serving as the lead entity of the CoC; completes the Annual Action Plan, CAPERS, and the Consolidated Plan in collaboration with the Community Development Administration.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

In 2005 the City of St. Louis and St. Louis County jointly adopted a Ten-Year Plan to End Chronic Homelessness. In 2010, the City of St. Louis and its Continuum of Care issued a Five-Year update, documenting significant progress toward ending chronic homelessness. Also, in 2012 the City of St. Louis constructed a manual (MOVING FORWARD policies, plans & strategies for Ending & Preventing Chronic Homelessness) that demonstrates further progress and describes how the City of St. Louis will utilize the HEARTH Act and other changes to complete the 10 Year Plan in the next three years.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

Homeless and near-homeless persons in St. Louis will be welcomed regardless where they turn for help. Through HMIS, all members of the homeless network will be able to conduct an initial screening and view prior involvement with the homeless system. In all cases, members the homeless network will contact a Community Housing Center, and assure that the persons have transportation to the Center either via a mobile unit or through other means. For persons needing urgent housing assistance, any HMIS agency can access real-time information about the availability of short-term beds and take immediate action to get people off the streets, 24 hours a day. Under this "No Wrong Door" approach, all Community Housing Centers will utilize a common assessment, which will be web-based as part of the HMIS system.⁵ Using triage techniques, intake personnel will identify and address critical needs within hours. The assessment will yield an accurate description of housing and other immediate needs as well as determine eligibility for services—HUD-funded and others. Based on assessed needs, trained personnel at each site will identify and recommend immediate resources for housing and other services. This will assure that all persons entering the system are promptly referred to housing and other sources of assistance.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):

Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

While the City's Community Development Administration(CDA) retains primary local responsibility for the ESG program, the programmatic responsibility for the ESG rest with the City of St. Louis Department of Human Services which is the lead entity for the St. Louis City CoC. The CoC coordinates the ranking and review of projects for ESG funding.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? Yes

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval? Yes

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

With the implementation of the new Emergency Solutions Grant under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), the City of St. Louis will continue to add depth to the impact made through the "Hope Is Moving In Initiative" under the Homelessness Prevention and Rapid Re-Housing Program (HPRP).

The funds were intended to target two populations of persons facing housing instability, one of the targets were:

(1) individuals and families who were currently in housing but were at risk of becoming homeless and need temporary rent or utility assistance to prevent them from becoming homeless prevention).

This format will be used during the new implementation of the Emergency Solutions Grant to establish a four-tier service model in the form a pilot program to end chronic homeless in 2013. The program will also engage and serve an individual based on were their need within the tier. Additionally, ESG funds will be used to assist with homeless prevention services. The City will also collaborate with other organizations toward preventing homelessness.

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

With the implementation of the new Emergency Solutions Grant under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), the City of St. Louis will continue to add depth to the impact made through the "Hope Is Moving In Initiative" under the Homelessness Prevention and Rapid Re-Housing Program (HPRP).

The funds were intended to target two populations of persons facing housing instability, one of the targets were:

(1) individuals and families who were experiencing homelessness (residing in emergency or transitional shelters or on the street) and need temporary assistance in order to obtain housing and retain it (rapid re-housing).

This format will be used during the new implementation of the Emergency Solutions Grant to establish a four-tier service model in the form a pilot program to end chronic homeless in 2013. The program will also engage and serve an individual based on were their need within the tier.

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	82	Beds	57	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	90	%	93	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	79	%	91	%
Increase the percentage of homeless persons employed at exit to at least 20%	20	%	30	%
Decrease the number of homeless households with children	165	Households	171	Households
HEARTH FY2012 CoC Consolidated Application	Page 77		12/18/2013	

**Did the CoC submit an Exhibit 1 application in Yes
FY2011?**

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

82 new permanent beds were scheduled to become available according to the FY2011 proposed numeric achievement. 27 beds provided by Catholic Family Services became available in November 2011 and 30 beds provided by Shalom House became available in March of 2012. 25 beds provided by Peter & Paul are currently underdevelopment and will be completed in August of 2013. Unlike the Catholic Family Services and the Shalom House projects, the Peter & Paul project is a major rehab project of an historical school. The other two projects we scattered site projects.

The goal to decrease the number of homeless households with children was not met due to the on-going employment and financial crisis. The CoC will continue to increase its effort to prevent homelessness for families by developing more intervention programs and expanding its prevention programs to more schools; this will entail placing prevention program information in St. Louis Public Schools and other areas in the community.

How does the CoC monitor recipients' performance? (limit 750 characters)

The CoC monitors recipient's performance by tracking the submission of monthly reimbursement requests as well as monthly activity reports. In addition, all recipients are monitored annually by City of St. Louis staff to ensure compliance with City of St. Louis and HUD regulations. A recipients annual performance and compliance are factors used when determining future funding for CoC recipients.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

All HUD established goals are a priority for recipients within the CoC. All contracted agencies within the CoC are required to follow HUD and City of St Louis guidelines in order to remain in compliance. Technical assistance is provided by City staff on on a quarterly and as need basis to track recipient goal performance. Prior to a recipient receiving a contract from the City, recipients are required to read and review all current HUD regulations, in addition HUD established goals are also indicated in the contractual language between the City of St. Louis and its recipients.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

Agency performance is monitored closely by City of St. Louis staff through monthly activity and financial reports as well as HMIS ROSIE data to ensure that recipients are operating at capacity. If recipients are operating at less than 100% capacity, technical assistance is provided by City of St. Louis staff to identify the source of the problem. Technical assistance is provided to the CoC on a quarterly basis as well as to all recipients on an as need basis. Due to recent changes in the HEARTH act the City of St Louis will recapture future unused recipient funding and reallocate to areas where funding can be utilized. Also in the future recipients that show a history of poor financial performance will not be renewed.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
N/A	N/A	\$0
	Total	\$0

What steps has the CoC taken to track the length of time individuals and families remain homeless? (limit 1000 characters)

Individuals and families are tracked by our HMIS ROSIE system. Intake is conducted for all clients who call or walk in to the Housing Resource Center which is the first stop for all individuals and families that are homeless. At this time, an individual profile is created for the client in ROSIE including the date and time that a particular individual or family sought out assistance, and the type of assistance needed. Information about where clients are actually referred and housed is recorded in our ROSIE system to assist with tracking client progress toward housing.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

When a individual or family is seeking housing in St. Louis, they first participate in an intake through the Housing Resource Center. This has been the procedure for all individuals so that if a person has a history of homelessness it can be monitored and addressed upon the reoccurring intake. This routinely occurs with our chronic homeless population, who typically have more than one occurrence of homelessness. When a chronic homeless person is identified, the CoC looks to immediately place this client into permanent housing and provide them with wrap around supportive services. If a permanent housing bed is not available then additional steps are taken to house the individual or family temporarily but with the goal of placing them in permanent housing as soon as possible. This has been a best practice for our chronic population.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)**

The CoC will continue to educate and train case managers on the importance of collecting the data and providing follow up with individuals and families. The CoC has learned that case management follow up is extremely crucial in assisting with the stability of individuals and clients especially those in permanent housing. The CoC will has increased its efforts to assist persons with moving to permanent housing by providing assistance via the HPRP and will continue this in future with ESG funding.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

Effective November 2011, the St. Louis CoC removed its residency requirement which stated that a client's last known permanent address had to be within the boundaries of the City of St. Louis. The City of St. Louis is located directly next to St. Louis County, however, a majority of services available for homeless clients are located within the City of St. Louis. While St. Louis City is looking to collaborate more regionally with other CoC's and encourage them to provide more shelter and housing opportunities, by removing the residency policy the goal is to provide more service to all clients who are within the St. Louis City limits.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? Yes

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)**

With the HPRP funds, the CoC has partnered with the St. Louis Public School system to provide homeless prevention service within actual schools. This allowed the CoC to identify housing crisis as early as possible and prevent homelessness instead of sheltering families. It is our estimate, the it is up to 4 times more expensive to shelter a family instead of preventing their homelessness. Since HPRP funds have been exhausted, the CoC will continue providing prevention services based on the best practices discovered during the HPRP program to families through the use of federal and state ESG funding received in the future.

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

Homeless families with children are immediately placed in the most appropriate/available housing. The CoC has also reduced barriers that are required to enter housing such as the recently removed residency requirement. The CoC's long-term plan to decrease the number of homeless households with children focuses on prevention. By identifying potential cases of homelessness early the CoC has a better chance of preventing its occurrence. In addition the following organizations are members of the St. Louis City CoC and provides services to the youth homeless population: Covenant House, Almost Home, The Haven of Grace, Youth In Need, Our Lady's Inn, and the St. Louis Public School System. The CoC will continue to build upon its relationship with the St. Louis Public School system to ensure that the needs of the youth homeless population are addressed. St. Louis Public School's has a Homeless Coordinator and she serves on the Executive Board of the CoC. As part of the CoC strategic plan, the CoC will continue to place more emphasis on prevention and expansion of transitional and permanent supportive housing.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	169	132
2011	177	217
2012	136	244

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

Chronic homeless eligibility is determined through a centralized intake system. Clients are screened initially by intake workers who operate the Stl CoC homeless hotline. In addition, all clients are tracked electronically through our HMIS system (ROSIE). A profile for all homeless clients is made electronically through the CoC's centralized intake system. In addition, clients are tracked by monthly activity reports submitted to the City of St. Louis by subcontractors. During the initial assessment, clients are screened by intake workers and/or case managers, required to provide information about their length of homelessness, and are to provide proof of their disability. If an individual is determined to be chronically homeless, this determination is included within their electronic file which can be accessed by agencies in the CoC that provide shelter or housing assistance. Data is also collected twice annually through our Point in Time homeless census to track the overall all St. Louis chronic homeless population.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 27

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$1,016,205				\$263,004
Total	\$1,016,205	\$0	\$0	\$0	\$263,004

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	179
b. Number of participants who did not leave the project(s)	893
c. Number of participants who exited after staying 6 months or longer	171
d. Number of participants who did not exit after staying 6 months or longer	829
e. Number of participants who did not exit and were enrolled for less than 6 months	67
TOTAL PH (%)	93

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	245
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	224
TOTAL TH (%)	91

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 424

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	126	30%
Unemployment insurance	8	2%
SSI	110	26%
SSDI	41	10%
Veteran's disability	3	1%
Private disability insurance	0	0%
Worker's compensation	1	0%
TANF or equivalent	61	14%
General assistance	1	0%
Retirement (Social Security)	2	0%
Veteran's pension	0	0%
Pension from former job	1	0%
Child support	11	3%
Alimony (Spousal support)	0	0%
Other source	3	1%
No sources (from Q25a2.)	121	29%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 424

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	191	45%
MEDICAID health insurance	181	43%
MEDICARE health insurance	17	4%
State children's health insurance	3	1%
WIC	2	0%
VA medical services	2	0%
TANF child care services	6	1%
TANF transportation services	0	0%
Other TANF-funded services	7	2%
Temporary rental assistance	4	1%
Section 8, public housing, rental assistance	30	7%
Other source	97	23%
No sources (from Q26a2.)	82	19%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more?

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs:

The City of St. Louis Department of Human Services is the lead entity for the CoC and the applicant for CoC funding; therefore, the Department of Human Services reviews each APR upon receipt from the agencies and prior to submission to HUD. The staff analyzes each APR to ensure improvement in accessing mainstream programs. Technical assistance is provided as needed.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If 'Yes', indicate all meeting dates in the past 12 months:

December 20,2011
January 17,2012
February 21,2012
March 20,2012
April 4,2012
May 15,2012
June 6,2012
July 17,2012
August 21,2012
September 18,2012
October 16,2012
November 20,2012
December 18,2012

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If 'Yes', identify these staff members: Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

If 'Yes', specify the frequency of the training: annually (every year)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If 'Yes', indicate for which mainstream programs HMIS completes screening:

The CoC has developed an assessment tool in the HMIS to screen for benefit eligibility. The CoC began to use the tool in January 2009. Presumptive eligibility screening include the following mainstream programs: Food stamps, VA benefits, Social Security, Medicare, TANF, Children State Health Insurance, and Workforce Career Center. The assessment tool is attached to the Rapid Re-housing project.

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

October 24, 2012
October 25, 2012

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case managers at the emergency shelters begin the process of assisting clients in completing applications for mainstream benefits. Once a client has entered transitional housing, the process continues. Applying for mainstream benefits is a part of their individualized plans. Many of the agencies include bus tickets in their budgets to assist the clients with transportation to the mainstream services offices. Also, staff is required to attend SOAR training.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	85%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
N/A	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	100%
4a. Describe the follow-up process:	
The case managers follow up to ensure mainstream benefits are received. The CoC has an ongoing relationship with Social Security and other mainstream service providers to assist homeless assistance providers and clients. Before clients can successfully graduate from a program, mainstream benefits are secured. Additionally, with HPRP funds, a Benefits Coordinator was staffed to provide assistance to clients and providers regarding accessing and advocating for mainstream services for clients. Annual SOAR training will keep agency staff updated of methods towards acquiring mainstream for clients.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area? Yes

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area? Yes

What experience does the CoC have with managing federal funding, excluding HMIS experience? (limit 1500 characters)

The City of St. Louis Department of Human Services is the Collaborative Applicant for the St. Louis City Continuum of Care. The City has managed federal funding for decades. Since the inception of the Continuum of Care process and the Emergency Shelter (Solutions) Grant Program, the City of St. Louis Department of Human Services has applied to HUD for funding for all of the projects within the geographic area and entered into a grant agreement with HUD for the entire geographic area. The City has also entered into legal binding agreements with subrecipients and received and distributed funds to subrecipients for all projects within the geographic area since the inception of the CoC and ESG programs.

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

St. Louis CoC funding recipients are all required to submit to the City of St. Louis, monthly activity and financial reports to be reviewed for reimbursement. Upon submission activity reports are reviewed by the Homeless Services Division and financial reports are reviewed by the Homeless Services Division and Fiscal Division to ensure that all requests for reimbursement are eligible and HUD approved. Draws are performed once per month by the City's Federal Grants department to ensure that there is not a backlog of funding to be received by the City from HUD. Draws are monitored by both the City's Federal Grants department as well as approved by our local HUD office.

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

The Homeless Services Division has contracted with the City's Internal Audit Section to conduct annual fiscal monitoring on all programs. The fiscal monitoring includes verification of equipment purchased with grant funds by sub recipients. Additionally, the Department of Human Services' (DHS) Fiscal Division and the sub recipients maintain a log of equipment purchased. On a monthly basis, sub-grantees are required to submit monthly financial and activity reports. DHS' staff (Fiscal and Homeless Services) reviews the reports (financial/reimbursement and activity) to ensure funds are being spent in a timely manner that is consistent with the contract used for eligible activities and to ensure sub-grantees are meeting the service delivery goals and objectives. Reviewing these reports allows the DHS staff to discover concerns at an early stage of the contract.

DHS' Program Specialists and the Contract Compliance Officers conduct annual on-site visits of all funded sub-recipients utilizing monitoring tools reviewed by HUD. The Program Specialists conduct a review of the services/programs. The Contract Compliance Officers perform a review of the administration areas. Files for review are chosen using a random selection method. The monitoring visits are typically conducted between the 6th – 10th month of the contract year. The on-site monitoring visits are reviewed by the Program Manager. Reports are issued within 30 days of the monitoring visits.

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

Identified monitoring deficiencies that rise to the level of a "finding" require corrective action. The City of St. Louis staff will confirm that there is sufficient documented information and/or evidence to support a finding of noncompliance. The sub-recipient being monitored has a responsibility to determine, or assist the City of St. Louis reviewer in determining, the reason why a requirement was violated or provide evidence of compliance. If any issues or concerns are found, sub-recipients are required to submit corrective action within 30 days of the report being issued. Sub-recipients not complying with the corrective action within 30 days of the report being issued will receive a letter stating that DHS will suspend funding until corrective action is received.

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

The City of St. Louis will formally make all proposed grant agreement amendments to HUD. Prior to submitting the request for amendment to HUD, sub-recipients must submit a formal request to the City of St. Louis' Department of Human Services. The requests will include the rationale behind the amendment as well as an updated technical submission for HUD's review.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/14/2013
CoC-HMIS Governance Agreement	No		
Other	No		

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/16/2013
1C. Committees	12/06/2012
1D. Member Organizations	01/16/2013
1E. Project Review and Selection	01/18/2013
1F. e-HIC Change in Beds	01/18/2013
1G. e-HIC Sources and Methods	01/11/2013
2A. HMIS Implementation	01/18/2013
2B. HMIS Funding Sources	01/08/2013
2C. HMIS Bed Coverage	01/08/2013
2D. HMIS Data Quality	01/12/2013
2E. HMIS Data Usage	12/26/2012
2F. HMIS Data and Technical Standards	01/14/2013
2G. HMIS Training	12/26/2012
2H. Sheltered PIT	01/14/2013
2I. Sheltered Data - Methods	12/13/2012
2J. Sheltered Data - Collections	12/13/2012
2K. Sheltered Data - Quality	01/17/2013
2L. Unsheltered PIT	01/17/2013
2M. Unsheltered Data - Methods	01/17/2013
2N. Unsheltered Data - Coverage	01/15/2013
2O. Unsheltered Data - Quality	01/17/2013
Objective 1	01/18/2013
Objective 2	01/18/2013
Objective 3	01/16/2013
Objective 4	01/16/2013

Objective 5	01/15/2013
Objective 6	12/27/2012
Objective 7	01/09/2013
3B. Discharge Planning: Foster Care	01/14/2013
3B. CoC Discharge Planning: Health Care	12/20/2012
3B. CoC Discharge Planning: Mental Health	12/20/2012
3B. CoC Discharge Planning: Corrections	12/20/2012
3C. CoC Coordination	01/14/2013
3D. CoC Strategic Planning Coordination	01/14/2013
3E. Reallocation	01/14/2013
4A. FY2011 CoC Achievements	01/16/2013
4B. Chronic Homeless Progress	12/26/2012
4C. Housing Performance	12/13/2012
4D. CoC Cash Income Information	01/15/2013
4E. CoC Non-Cash Benefits	01/15/2013
4F. Section 3 Employment Policy Detail	12/20/2012
4G. CoC Enrollment and Participation in Mainstream Programs	12/26/2012
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	12/19/2012
4I. Unified Funding Agency	No Input Required
Attachments	01/14/2013
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: City of St. LouisProject Name: St. Louis City Continuum of CareLocation of the Project: 1200 Market Street, Room 200
St. Louis, MO 63103Name of the Federal
Program to which the
applicant is applying: Continuum of Care Supportive Housing ProgramName of
Certifying Jurisdiction: City of St. LouisCertifying Official
of the Jurisdiction
Name: Francis G. SlayTitle: MayorSignature: Francis G. SlayDate: December 11, 2012

**City of St. Louis (MO 501)
2012 List of CoC Projects**

New & Renewal Project	Part II	Part III
New-Department of Mental Health	\$ 953,544	N/A
New-Department of Human Services	\$ 121,281	N/A
REN-Benedict Joseph Labre Center Transitional Housing Program	\$ 304,524	NA
REN-Covenant House Transitional Housing Program	\$ 266,430	N/A
REN-DD Resources Great Horizons	\$ 172,187	N/A
REN-DD Resources Horizon Club House	\$ 202,056	N/A
REN-Department of Mental Health (2011 SCY)	\$ 399,632	N/A
REN-Department of Mental Health (2011 SCS)	\$ 735,141	N/A
REN-Department of Mental Health (2011 SCL)	\$ 1,564,940	N/A
REN-Department of Mental Health (2011 SCO)	\$ 568,940	N/A
REN-Doorways Delmar	\$ 103,934	N/A
REN-Doorways Jumpstart	\$ 245,602	N/A
REN-Doorways Maryland	\$ 659,639	N/A
REN-Employment Connections Project Homecoming	\$ 180,071	N/A
REN-Humanitri ANCHORSS Program	\$ 161,836	N/A
REN-Humanitri Transitional Housing Mentoring Program	\$ 204,408	N/A
REN-Places for People Housing for Future Families	\$ 215,357	N/A
REN-Shalom House Transitional Housing Program	\$ 243,607	N/A
REN-St. Louis Transitional Hope House Program	\$ 781,272	N/A
REN-St. Patrick Center Employment Program	\$ 310,527	N/A
REN-St. Patrick Center Project Protect Housing	\$ 443,593	N/A
REN-St. Patrick Centre Rosati House	\$ 538,837	N/A
REN-St. Philippine Home Transitional Housing Program	\$ 610,985	N/A
REN-St. Vincent DePaul Project MORE	\$ 294,079	N/A
REN-St. Vincent DePaul Project PLUS	\$ 414,945	N/A
REN-YWCA Phyllis Wheatley Transitional Housing Program	\$ 79,960	N/A
TOTAL:	\$ 10,777,327	N/A