Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: MO-600 - Springfield/Greene, Christian, Webster Counties CoC

1A-2. Collaborative Applicant Name: City of Springfield MO

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	3
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	2
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organzation(s)	Yes	2
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	8

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	3
25.	Other social service provider(s)	Yes	3
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	3
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	3
	Other: (limit 50 characters)		
46.	County Homeless Coalition	Yes	1
47.			

1B-2.	Open Invitation for New Members.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

MO-600 maintains an open and transparent membership process and invites individuals and organizations to join throughout the year. The MO-600 webpage publicly posts a membership application, meeting and committee information, governing documents, and a staff contact for questions. All general MO-600 meetings are open to the public, and community members are encouraged to attend. To become a member, an individual or agency attends a general meeting, communicates an interest in joining, and submits the publicly available membership application; applications are reviewed and approved by the MO-600 Executive Board.

At least annually, the CoC issues a formal invitation across Greene, Christian, and Webster counties during Homeless Awareness Month in November. The invitation is distributed through the MO-600 website, email announcements to its community contact list, public forums, outreach events, local media channels, and CoC staff participation in other community collaboratives. Recruitment is supplemented throughout the year through public meetings and targeted outreach to organizations representing sectors, populations, and culturally specific communities that are missing or underrepresented in the CoC.

This process provides the public with clear information about membership eligibility, how to apply, whom to contact, and opportunities to attend meetings before joining. MO-600's Governance Charter further assigns its Nominations Committee responsibility for recruiting broad and diverse participation in MO-600 membership, committees, and leadership.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

MO-600 uses an open process to consider opinions about CoC performance, strategies, and priorities. Its public webpage provides governance documents, plans, reports, studies, committee descriptions, meeting information, a membership application, and CoC contact information. All CoC meetings are open to the public.

Quarterly membership meetings include public comment, with agendas posted online at least one week in advance. Executive Board meetings and minutes are public. The Governance Charter requires the Board to receive input from members and the public and use it to establish CoC priorities and goals annually.

MO-600 gathers input through committees and coalitions addressing CES, healthcare and housing, veterans, youth, rural homelessness, cold-weather shelter, system services, legal issues, and lived experience. Volunteers are accepted throughout the year. The Every Voice Counts Council advises the CoC about its activities based on members' lived experience of homelessness.

To develop the 2026–2030 Strategic Plan, the CoC conducted a public Community Input Survey and sought feedback from providers, community members, people with lived experience, committees, and other partners. CoC considered this feedback alongside HUD System Performance Measures; Point-in-Time, annual-report, Coordinated Entry, and Active Prioritization List data; prior plans; funding trends; local resources; and service gaps. The survey addressed housing, healthcare, behavioral healthcare, transportation, employment, supportive services, prevention, and community education.

MO-600 analyzed data and stakeholder feedback to assess performance and establish priorities. Input informed three strategic pillars: Community Support, Community Resilience, and Education and Community Engagement. Priorities identified through public input—including affordable housing, supportive services, healthcare and transportation access, prevention, and humane treatment—were incorporated into plan goals and strategies.

The Executive Board approves plans and priorities, while committees convert them into action steps, timelines, and performance measures. MO-600 monitors progress through annual reports, Coordinated Entry data, committee updates, and continuing public and lived-experience feedback. New findings and input may be used to revise objectives, strategies, and resource priorities as conditions change.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

MO-600 conducts an open local competition when HUD makes new CoC Program funding available. The Collaborative Applicant, the City of Springfield, posts the Request for Applications, Letter of Intent, timeline, eligible project types, available funding, threshold requirements, and scoring criteria on the City and CoC websites. Notice is also distributed by email to OAEH members and community stakeholders. Eligible nonprofit and governmental organizations—including faith-based nonprofits—may apply whether or not they have previously received CoC funding. All applicants must meet the same published requirements, including active SAM registration, a UEI, no debarment or suspension, and applicable MO-600 participation standards.

New applicants submit a Letter of Intent and attend MO-600's new-project application training. Training covers HUD and local requirements, e-snaps, eligible activities and costs, Housing First, HMIS and Coordinated Entry, match, scoring, and deadlines. MO-600 publishes contacts for questions and offers disability accommodations and language assistance. Applicants then submit their e-snaps application and supplemental materials by the posted deadline.

An Executive Board-appointed NOFO Committee reviews each timely proposal for eligibility and threshold compliance, then scores qualifying applications with the published New Project Rating Tool. Criteria address organizational and financial capacity, project design, Housing First, rapid implementation, underserved populations, housing outcomes, income and benefits, healthcare coordination, cost effectiveness, match, and alignment with CoC and HUD priorities. Previous CoC funding is not a scoring prerequisite. Committee members disclose conflicts annually and abstain from discussion and voting on applications involving their organizations.

The committee ranks proposals by score and funding priority and notifies each applicant in writing of acceptance, rejection, reduction, and ranking decisions. Applicants may file a written appeal within five business days. The committee reviews supporting information, permits the applicant to answer questions, and issues a written decision. MO-600 posts the proposed CoC application, project applications, and Priority Listing for public review and comment before Executive Board approval and HUD submission. Final materials are posted publicly. Applications, scores, rankings, and decision notices are retained for five years.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

MO-600's primary gap is insufficient affordable housing and housing-focused services. The FY2024-25 Active Prioritization List averaged 467 households and 939 people, including families, youth, veterans, survivors, older adults, and 88 people experiencing long-term homelessness. FY2024 data also showed longer homelessness, increased returns, and fewer permanent-housing exits.

MO-600 will incorporate 42 U.S.C. 11386b(d) interventions within a person-centered system. For people with lengthy or repeated homelessness, MO-600 will emphasize services addressing co-occurring health, behavioral-health, substance-use, disability, and trauma-related needs. Coordinated Entry, outreach, healthcare, and behavioral-health partners will connect participants to treatment, benefits, transportation, employment, case management, and housing. For families, the CoC will expand rapid rehousing, housing navigation, flexible subsidies, income services, and links to mainstream systems. Prevention, diversion, outreach, low-barrier options, and targeted projects will serve youth, veterans, survivors, people with disabilities, older adults, and rural residents.

By June 30, 2027, the Systems & Services and Coordinated Entry Committees will implement a referral and follow-up protocol with health, benefits, employment, and housing partners. By Sept. 30, 2027, funded providers will increase successful service connections for people with lengthy or repeated homelessness by 10% over the FY2025 baseline. By Dec. 31, 2027, the Housing Collaborative will recruit 15 additional housing partners and increase permanent-housing exits by 10%. By Sept. 30, 2028, MO-600 will reduce average length of homelessness and returns by 5% from FY2025 baselines.

By June 30, 2027, youth, veteran, rural, victim-service, and disability partners will establish annual subpopulation-specific targets. The Every Voice Counts Council and Youth Action Board will review implementation twice annually.

The Executive Board will oversee implementation and review results quarterly. CoC and ESG will support housing and service coordination; CDBG and state housing funds will support housing development and preservation; SSVF will support veterans; and healthcare, philanthropic, and local funds will support treatment, outreach, and flexible assistance. Progress will be tracked through HMIS, the Active Prioritization List, PIT data, service connections, housing outcomes, income, returns, and length of homele

1B-5a	Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.	
1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes

5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	18%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

The MO-600 CoC is not designated as a rural CoC

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

MO-600 partners with Centerstone and Jordan Valley Community Health Center, to connect individuals experiencing homelessness with outpatient mental health and substance use disorder treatment across a range of needs and levels of care. Services available through community partners include behavioral health assessment, individual and group interventions, case management, psychiatric services, medication management, substance use treatment, crisis response, suicide prevention, and recovery supports.

These partnerships are integrated into the response system through street outreach, Coordinated Entry System provider (One Door), New Day (a purpose driven day center for individuals experiencing homelessness), Jail Diversion, specialty courts, and other community referral pathways. Individuals may be connected directly to behavioral health providers through warm handoffs and coordinated case planning, helping reduce barriers such as transportation, lack of identification, unstable housing, and difficulty navigating multiple service systems.

New Day also provides a low-barrier setting where individuals experiencing unsheltered homelessness can build relationships with service providers and access connections to physical and behavioral health care while addressing basic needs. For individuals involved with the justice system, Centerstone participates in the Co-Occurring Court and provides Community-Based Health Liaison services that help bridge behavioral health, treatment, and community supports.

Through these partnerships, MO-600 works to ensure that mental health and substance use treatment is coordinated with housing navigation and other supportive services. This approach supports treatment engagement, crisis stabilization, recovery, housing stability, and progress toward greater independence while allowing clinical partners to provide the appropriate level of care based on individual needs.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

MO-600 partners with Centerstone to provide individuals experiencing homelessness access to peer support and recovery navigation for mental health and substance-use disorders. Centerstone uses peer specialists with personal recovery experience to engage participants, build trust, encourage recovery, and help individuals identify strengths, establish recovery goals, and connect with treatment and community supports.

Participants access these services through street outreach, Coordinated Entry, One Door, New Day, CoC housing and service providers, and Centerstone's Behavioral Crisis Center. At the Behavioral Crisis Center, individuals can receive peer support alongside crisis assessment, brief therapy, psychiatric medication assistance, stabilization, and referral to appropriate follow-up treatment. No referral is required for crisis-center access.

When a participant expresses interest in peer or recovery services, CoC staff obtain consent and make a warm handoff rather than only providing contact information. This may include contacting Centerstone with the participant, helping arrange an intake or appointment, addressing transportation and identification barriers, and following up to confirm connection. When immediate engagement is possible, staff connect the participant directly with available peer or recovery personnel.

Peer specialists use lived experience to offer nonclinical, recovery-oriented support that complements professional treatment. They help participants navigate behavioral health and substance-use systems, understand service options, prepare for appointments, identify community resources, strengthen natural supports, develop coping and recovery-management skills, and remain engaged following treatment or crisis care. Jordan Valley Community Health Center complements these services by providing accessible behavioral health, substance-use treatment, medication management, and integrated healthcare, with CoC and Centerstone staff coordinating referrals as appropriate.

MO-600 integrates peer recovery services with housing navigation and case coordination so participants can pursue recovery and housing goals together. With participant consent, housing and behavioral health partners coordinate follow-up, address barriers, and reconnect individuals who disengage. This approach uses trusted peer relationships to improve treatment engagement, support sustained recovery, and promote housing stability and greater independence.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

MO-600 identifies individuals who may be experiencing Serious Mental Illness (SMI) through multiple access points, including street outreach, Coordinated Entry, One Door, New Day, emergency and shelter providers, Springfield Police Department co-response, Jail Diversion, and specialty court partnerships. Outreach and homeless-service staff identify behavioral health concerns, functional impairments, repeated crisis contacts, and barriers to maintaining housing and connect individuals to qualified behavioral health providers for assessment and determination of the appropriate level of care.

MO-600 partners with Centerstone which operates the local PATH and Assertive Community Treatment (ACT) programs. Centerstone PATH conducts street and community outreach for people experiencing homelessness who have SMI or co-occurring substance-use disorders. PATH completes eligibility screenings and provides persistent engagement, case management, assistance obtaining medications and benefits, connections to treatment, and coordination with housing resources.

When a participant appears to need intensive services, CoC or PATH staff obtain consent, contact Centerstone directly, assist with intake and transportation, and follow up to confirm engagement. Individuals meeting eligibility criteria may be connected to Centerstone's ACT program. ACT uses a multidisciplinary team to provide intensive, community-based treatment, including psychiatric and medication services, nursing, individual therapy, substance-use recovery support, peer support, vocational assistance, crisis response, and intensive case management. Services are delivered assertively in community settings for people who have not engaged successfully in traditional office-based treatment. Participants who do not meet ACT criteria are connected to the appropriate outpatient, community-support, crisis, residential, or inpatient service.

By coordinating behavioral health treatment with Coordinated Entry, housing navigation, benefits, health care, and other supportive services, MO-600 works to stabilize individuals with SMI, reduce repeated crisis-system utilization, increase treatment engagement, and improve their ability to obtain and maintain permanent housing.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

MO-600 partners with Centerstone and Greene County Adult Treatment Court's Co-Occurring Disorders Court, which serves justice-involved people with mental health and substance-use disorders. Centerstone participates in weekly multidisciplinary staffings, provides case management and treatment connections, and operates Community Behavioral Health Liaisons who coordinate among the court, jail, treatment providers, and community services.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

MO-600 coordinates with Centerstone and Greene Co.Adult Treatment Court's Co-Occurring Disorders Court to connect justice-involved individuals with behavioral healthcare, housing assistance, and services that promote stability and independence. Centerstone participates in weekly multidisciplinary staffings where the team reviews treatment engagement, housing, behavioral health needs, justice-system requirements, and barriers to stability.

When a participant is homeless or at risk of homelessness, Centerstone and court partners refer them to One Door and MO-600's Coordinated Entry system. With participant consent, staff provide a warm handoff, complete housing assessments, gather documentation, and connect participants with shelter, housing navigation, rental assistance, or permanent housing. Community Behavioral Health Liaisons strengthen coordination among the court, jail, law enforcement, treatment providers, and homeless-service system.

Centerstone's jail-based liaison coordinates with people who are incarcerated or preparing to return to the community. Based on need, the liaison connects participants with behavioral health and substance-use treatment, medication services, benefits, identification, crisis resources, and community supports. When housing needs are identified, the liaison coordinates with homeless-service providers to reduce discharge to homelessness.

Court orders and court-approved treatment plans, when applicable, reinforce participation in treatment, case management, court appearances, and other activities necessary for recovery and stability. Centerstone and housing providers align these requirements with individualized service and housing plans, report progress as authorized, and bring barriers to weekly staffing so the team can adjust supports before problems result in treatment disengagement, housing loss, or incarceration. Court authority provides accountability, while Centerstone and CoC partners address barriers such as transportation, documentation, benefits, healthcare, and housing access.

After housing placement, Centerstone continues case management and treatment coordination, while housing providers support lease compliance, landlord communication, budgeting, income development, and mainstream benefits. This coordinated model uses treatment, judicial oversight, housing assistance, and supportive services to reduce homelessness and justice-system involvement and help participants progress toward stability.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

MO-600 partners with Centerstone and the Springfield Police Department to connect people experiencing homelessness with the local crisis system. Through coordinated street outreach, co-response, and warm handoffs, individuals access 988, mobile crisis response, Centerstone's 24/7 Behavioral Crisis Center, stabilization, treatment referrals, and follow-up supports.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

MO-600 maintains a formal partnership with Burrell Behavioral Health's SAMHSA PATH program, the designated PATH provider for Springfield/Greene County. Burrell PATH is an official Coordinated Entry System Front Door serving individuals experiencing chronic homelessness and operates under an MOU with the CoC outlining Coordinated Entry responsibilities. PATH provides street outreach, engagement, case management, behavioral health connections, and linkage to housing and mainstream services.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

MO-600 does not currently have a CoC Program-funded sober housing project as defined by 24 CFR 578.93(b)(5). However, the CoC coordinates with behavioral health, substance use treatment, and recovery housing providers to assess individual needs and facilitate referrals and warm hand-offs to sober living, residential treatment, outpatient treatment, and other recovery supports.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

MO-600 coordinates with the workforce, behavioral health, treatment court, crisis response, peer recovery, PATH, health care, and justice-system partners identified in Questions 1C-1a through 1C-1i through a coordinated, “no wrong door” approach designed to prevent homelessness and quickly connect individuals to stable housing.

One Door, the CoC’s Coordinated Entry System provider, serves as central connection point for housing assessment, diversion, shelter access, and housing navigation. Partner agencies—including Centerstone PATH, Jordan Valley Community Health Center, specialty courts, Jail Diversion, crisis-response providers, and workforce partners—can connect individuals directly to homeless-service resources when housing instability or homelessness is identified.

Warm hand-offs are prioritized over passive referrals. Street outreach, behavioral health providers, co-responders, peer and recovery staff, court personnel, and health care partners coordinate with One Door at New Day, and housing providers to facilitate introductions, assist with eligibility and documentation, connect individuals to Coordinated Entry, and maintain engagement until the receiving provider assumes care. Co-location of multiple partners at One Door/New Day further reduces barriers by allowing individuals to access housing, health, behavioral health, recovery, and supportive services in one setting.

For individuals at imminent risk of homelessness, MO-600 emphasizes diversion and problem-solving before shelter entry, including identification of safe housing alternatives, family or natural supports, benefits, employment resources, and other stabilization services. For individuals leaving hospitals, treatment, crisis services, courts, or the justice system, partners work to connect participants with housing resources as early as possible to reduce discharge to homelessness.

Cross-system coordination also supports housing retention after placement. Behavioral health treatment, peer recovery, employment services, medication management, case management, and other supports continue alongside housing services to address barriers that could lead to housing loss.

Through this coordinated approach, MO-600 seeks to reduce fragmented referrals, prevent unnecessary entry into homelessness, shorten episodes of homelessness, and increase successful transitions to stable housing.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC’s FY 2026 Annual Renewal Demand (ARD).	$1,586,350
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	$278,827
3. Percent of your CoC’s FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	18%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC’s FY 2026 ARD.	$302,255

5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	37%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	54.50%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

MO-600 has no local ESG allocation. The ESG recipient for the CoC's geographic area is the State of Missouri, whose allocation is administered by the Missouri Housing Development Commission (MHDC) as the Housing Emergency Solutions Program (HESP). Consistent with 24 CFR 578.7(c)(5), the CoC consults with MHDC as the recipient and with the MO-600 subrecipients MHDC funds.

Consultation with MHDC. MHDC distributes HESP funds by CoC region under an annual NOFA and Allocation Plan; the FY2027 plan assigns 8.77 percent of the state allocation to the Springfield CoC. The CoC reviews each cycle's plan and regional percentages and supplies PIT, HIC and HMIS data that inform it. MHDC requires every applicant to be an active CoC participant, to use the CoC coordinated entry process, and to enter all clients in the MO-600 HMIS (Institute for Community Alliances). MHDC obtains feedback from the CoC on each applicant's level of participation, which MHDC may weigh in future awards. This consultation has also reshaped how MO-600 accesses ESG. For a number of years the City of Springfield, as Collaborative Applicant, applied to MHDC on behalf of MO-600 providers. Through review of MHDC's allocation method and per-applicant award limits, the CoC determined that providers applying directly would draw substantially more of the regional allocation into MO-600 and transitioned to that model. MHDC's current NOFA, which caps awards per applicant and prohibits sub-granting, confirms direct application as the structure that maximizes ESG resources in the CoC.

Consultation with subrecipients. All FY26 MO-600 ESG subrecipients (Council of Churches of the Ozarks, Foster Adopt Connect, Harmony House, The Kitchen, Inc. and the Institute for Community Alliances) participate in CoC committees and working groups that meet at least monthly. Through these meetings providers report conditions in their shelter and housing programs, identify service gaps and barriers, and coordinate referrals. The CoC reviews subrecipient performance through HMIS and the annual HESP CAPER and communicates results to MHDC.

Going forward, the CoC will continue to review and comment on MHDC's annual HESP NOFA and Allocation Plan, certify applicant participation, provide performance data on MO-600 applicants, convene applicants before each cycle to align requests with CoC priorities and gaps, and report local homelessness data to MHDC and to the City of Springfield Consolidated Plan.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

MO-600 coordinates closely with emergency shelter providers to ensure individuals and families are connected quickly to CoC housing and supportive services rather than remaining in shelter without a clear pathway to permanent housing.

Shelter providers participate in the CoC's Coordinated Entry System (CES) and work with One Door, the community's centralized access point, to connect households to housing assessment, diversion, housing navigation, and available CoC-funded programs. Shelter staff identify housing needs early, assist participants with required documentation, and facilitate referrals to appropriate housing and supportive-service providers.

The CoC promotes warm hand-offs rather than passive referrals. Shelter staff coordinate directly with One Door, housing providers, outreach teams, behavioral health partners, health care providers, and other community resources to help individuals and families move from shelter toward permanent housing. When appropriate, Shelter Diversion and problem-solving strategies are used to identify safe alternatives to shelter, reconnect households with natural supports, or address short-term barriers that could otherwise result in prolonged homelessness.

HMIS supports this coordination by allowing participating providers to document services, monitor shelter stays, identify prior system involvement, reduce duplication, and support coordinated housing prioritization. Case conferencing and cross-agency communication are also used for households with complex barriers or repeated episodes of homelessness.

Shelter providers can additionally connect participants with services available through One Door at New Day, including behavioral and physical health care, benefits assistance, employment resources, legal services, and other supports that may affect housing stability.

Through this coordinated approach, MO-600 seeks to ensure that shelter functions as a temporary crisis intervention rather than a destination. By integrating shelter providers into Coordinated Entry, diversion, housing navigation, and cross-system service coordination, the CoC works to shorten shelter stays, increase successful exits to permanent housing, and reduce returns to homelessness.. MO-600 monitors referral pathways and housing outcomes through Coordinated Entry, provider coordination, and HMIS or comparable data, using results to identify gaps and improve connections across systems.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

MO-600 regularly shares aggregate PIT, HIC, HMIS, and System Performance Measure data with state and local government partners, consistent with applicable HMIS privacy and confidentiality requirements. The CoC and its HMIS Lead, Institute for Community Alliances (ICA), make PIT, HIC, and system performance information available through public reports and dashboards and provide data directly to government partners for planning and funding decisions.

MO-600 provides PIT, HIC, HMIS-derived system data, and performance trends to the City of Springfield and other jurisdictions to support Consolidated Plans, Annual Action Plans, homelessness needs assessments, and community planning. Springfield's 2025–2029 Consolidated Plan, for example, incorporates MO-600 PIT and System Performance Measure data supplied by ICA.

CoC leadership also provides regular data updates to local government representatives regarding changes in homelessness, shelter and housing capacity, system performance, priority populations, and identified service gaps. Data are used to inform resource allocation, outreach and shelter strategies, housing investments, CoC strategic planning, and evaluation of progress toward reducing homelessness.

MO-600 primarily shares aggregate or de-identified information for system planning. Personally identifiable HMIS information is shared only as permitted under applicable HMIS privacy policies, releases of information, data-sharing agreements, and federal, state, and local law. This approach allows the CoC to provide government partners with actionable information while protecting participant confidentiality.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

MO-600 uses HMIS as its primary source for measuring homelessness, service utilization, housing outcomes, and system performance, while intentionally incorporating data from other community systems to strengthen coordinated care and identify gaps that HMIS alone may not capture.

The CoC partners with the Springfield Police Department (SPD) to review street outreach and law enforcement data related to individuals experiencing unsheltered homelessness. This information helps identify geographic areas of high need, individuals with frequent system contact, emerging trends, and opportunities for coordinated outreach, engagement, and connection to housing and services.

Health and behavioral health data also inform system planning. Through participation in the Overdose Review Board and collaboration with Mercy regarding overutilizer data, the CoC and its partners can better understand patterns of emergency department utilization, overdose risk, behavioral health needs, and repeated use of crisis systems. These data help identify opportunities for earlier intervention and stronger connections to ongoing health, behavioral health, and housing supports.

MO-600 also incorporates data from the local Jail Diversion Program and Co-Occurring Court to examine the intersection of homelessness, behavioral health conditions, and criminal justice involvement. These data help identify individuals cycling between homelessness, emergency services, courts, and incarceration and support coordinated diversion, discharge planning, and service connection.

When examined alongside HMIS, these cross-system data sources allow the CoC to identify high utilizers of multiple systems, reduce duplication of services, improve case conferencing and prioritization, and target limited resources toward individuals with the greatest barriers and highest service needs. Information is shared and utilized consistent with applicable privacy and data-sharing requirements.

MO-600 uses these findings to inform strategic planning, outreach deployment, program design, partnership development, and system improvement. This cross-system approach strengthens the CoC’s ability to evaluate whether interventions are reducing homelessness, decreasing reliance on crisis systems, improving connections to care, and supporting long-term housing stability.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

MO-600 maintains an established partnership with the Missouri Job Center–Ozark Region, the community's American Job Center operating under the Ozark Region Workforce Development Board. This partnership connects individuals and families experiencing homelessness with employment, training, education, and workforce-development resources designed to increase earned income and long-term housing stability.

The Missouri Job Center has been integrated into the community's coordinated homeless response through its partnership with One Door and the O'Reilly Center for Hope, where employment services have been available alongside housing, benefits, behavioral health, and other supportive services. This coordinated model reduces transportation and access barriers and allows homeless-service providers to connect participants directly with workforce resources.

Through the Missouri Job Center, participants may access job-search and job-matching assistance, résumé and interview preparation, skills assessment, work-based learning, occupational training, apprenticeship opportunities, adult education resources, and supportive services available through Workforce Innovation and Opportunity Act (WIOA) programs. The Ozark Region Workforce Development Board coordinates these services across the region and works with employers and training providers to align job seekers with local workforce needs.

CoC housing, outreach, and Coordinated Entry partners can refer individuals who are able and interested in employment to the Missouri Job Center while continuing to address housing, behavioral health, transportation, identification, and other barriers that may affect employment success. This partnership supports MO-600's strategy of pairing housing assistance with opportunities to increase earned income, employment retention, self-sufficiency, and long-term housing stability.

1C-7. Street Outreach–Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

MO-600's street outreach system is designed to turn law enforcement and first-responder contacts into opportunities for service engagement, behavioral health intervention, and connection to housing. The CoC works closely with the Springfield Police Department (SPD), PATH, One Door, New Day, Jail Diversion, and other community partners to ensure individuals experiencing unsheltered homelessness are connected quickly to appropriate resources.

SPD street outreach is often initiated through private property owner concerns. When an encampment or location is identified, One Door is notified immediately so PATH or another community outreach provider can follow up. Most direct service engagement is established through PATH, allowing an initial law enforcement contact to transition into relationship-based outreach, continued engagement, and connection to CoC services.

SPD outreach officers prioritize rapport-building and referrals to One Door, New Day, Jail Diversion, behavioral health services, and housing resources. SPD and Jail Diversion coordinate referrals for eligible individuals and avoid duplicative services contacts.

Both SPD outreach officers are Crisis Intervention Team (CIT) certified, and nearly all SPD officers have received some level of CIT training through the state-recognized Ozark Area CIT program. This training strengthens de-escalation, identification of behavioral health needs, and appropriate referral to community-based services.

SPD's co-responder program is tethered to patrol and responds following 911 crisis contacts after officers secure the scene. Officers document mental health-related contacts, which are assigned to co-responders for follow-up behavioral health engagement and service connection.

This coordinated approach creates multiple opportunities for warm handoffs and continued engagement. By linking first-responder contacts with PATH outreach, Coordinated Entry, New Day, One Door, Jail Diversion, behavioral health treatment, and housing navigation, MO-600 seeks to increase voluntary participation in services, reduce repeated emergency and justice-system contacts, minimize duplication across programs, and move individuals from unsheltered homelessness toward stable housing.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

MO-600 and its recipients use family and support-network reunification as a homelessness resolution strategy when it is safe, appropriate, and desired by the individual or family. Through Shelter Diversion, Coordinated Entry, street outreach, shelter case management, and CoC-funded housing programs, staff help participants identify relatives, friends, or other natural supports who may be able to provide stable housing or assist with relocation.

Case managers work with participants to assess whether reunification is a safe and sustainable option, facilitate communication with family or support networks, confirm that the receiving household is willing and able to assist, and develop a transition plan before travel occurs. When the receiving support network is outside the CoC's geographic area, staff may coordinate with service providers, shelters, housing programs, or other community resources in the destination community to help ensure continuity of support.

When allowable and resources are available, the CoC or partner agencies may provide transportation assistance, including bus or other travel costs, and related short-term assistance necessary to complete a safe reunification. Staff also help participants obtain identification, benefits, medications, documentation, and referrals needed for a successful transition.

For individuals already living in CoC Program-funded housing, case management can include strengthening natural supports and reconnecting with family or other supportive relationships when doing so will contribute to housing stability and long-term independence.

MO-600 does not use reunification as a means of transferring homelessness to another community. Reunification is participant-driven and pursued only when the destination and support arrangement have been verified and are expected to provide a safer, more stable housing outcome.

1C-9	**Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.**		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

MO-600 cooperates with the City of Springfield, Springfield Police Department (SPD), first responders, property owners, and outreach providers through the City's Homeless Encampment Protocol. The protocol establishes a coordinated process for addressing encampments on public property and, when authorized by the owner, private property while connecting people experiencing unsheltered homelessness with appropriate services. The protocol requires City departments, including SPD, to notify Community Partnership of the Ozarks' One Door program before engaging an encampment so One Door and CoC outreach partners can offer voluntary assistance.

In non-emergency situations, outreach partners attempt contact with people in the encampment and offer connections to shelter, Coordinated Entry, New Day, healthcare, behavioral-health and substance-use services, benefits, diversion, and housing navigation. The protocol provides individuals a minimum 48-hour notice to collect belongings and relocate before a public-site cleanup occurs. Public Works schedules cleanup after the notice period, and City employees do not proceed with cleanup while campers remain present.

MO-600's role is to support, not impede, lawful City and property-owner actions. One Door provides the City and first responders with a direct connection to outreach staff and CoC services, allowing public-safety contacts to become opportunities for voluntary engagement and housing-focused assistance. The CoC works with partners to strengthen communication before, during, and after outreach or encampment responses; identify service needs; and facilitate warm handoffs to appropriate providers.

When immediate health or safety danger requires a different response, MO-600 supports first responders by helping connect individuals to crisis intervention, behavioral-health services, emergency shelter, and other appropriate care as feasible. The CoC also cooperates with local partners on applicable public-safety objectives related to behavioral-health crises, illicit-drug use, and lawful information-sharing, while protecting privacy and participant confidentiality.

Through this coordinated approach, MO-600 helps the City address public-safety concerns, clear encampments in accordance with local protocol, and increase connection to services and permanent-housing pathways.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

MO-600 benefits from the City of Springfield's Homeless Encampment Protocol, which establishes a coordinated process for resolving encampments on public property while connecting people experiencing unsheltered homelessness with housing and supportive services. The protocol identifies Community Partnership of the Ozarks' One Door program as the coordinating connection to outreach providers and requires City departments, including the Springfield Police Department (SPD), to notify One Door before engaging a known encampment.

In non-emergency situations, One Door and outreach partners are given an opportunity to contact people residing at the site and offer voluntary connections to Coordinated Entry, emergency shelter, New Day, behavioral health and substance-use services, diversion, benefits, and housing navigation. The protocol provides individuals at least 48 hours to gather belongings and relocate before cleanup occurs. City departments coordinate cleanup after the notice period, allowing an orderly and humane response while addressing sanitation, fire, trespass, environmental, and other public-safety concerns.
The protocol permits SPD and other first responders to act immediately when there is an urgent health or safety threat. In those situations, MO-600 and One Door remain available to help connect individuals, when feasible, with crisis intervention, outreach, shelter, behavioral health care, and other appropriate services.

MO-600 has not identified a local law or policy that prevents the timely resolution of public encampments. Instead, the local protocol supports timely action by establishing clear roles for SPD, Fire, Public Works, One Door, outreach providers, and property owners. The CoC supports this process by maintaining communication pathways between City responders and outreach partners, promoting warm handoffs to services, and reviewing encampment-response practices with partners to identify coordination gaps.

This approach allows the City to address public-safety concerns and clear encampments in accordance with local policy while creating repeated opportunities to connect people to voluntary services and permanent-housing pathways.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

MO-600 geographic area includes Springfield and Greene, Christian, and Webster Counties. Tents and encampments remain present, but they are generally small, dispersed, and transient rather than concentrated in one large, sanctioned location. The former Revive 66 campground permanently closed in 2024, and the CoC currently has no authorized tent encampment. Unsheltered individuals continue to stay in tents, vehicles, wooded areas, along waterways and railroad corridors, under bridges, and in other places not intended for habitation. Encampment activity is most visible in Springfield where there remain approximately five relatively large encampment active; the dispersed nature of unsheltered homelessness in the surrounding counties makes its full extent difficult to quantify.

Springfield continues to identify and respond to camps presenting trespassing, sanitation, fire, environmental, or other public-safety concerns. In 2026, camps were cleared from railroad property, bridge areas, waterways, and other public or private sites; the City reported six camps cleaned during August 2026. The City's encampment protocol requires coordination among law enforcement, City departments, the One Door coordinated-entry program, and outreach partners. Except when an immediate danger requires evacuation, outreach teams attempt to contact residents before a site is cleared, provide notice, and offer connections to shelter, housing assessment, and supportive services.

The continued reappearance of camps shows that unsheltered homelessness has not been eliminated and that clearing a location may result in relocation when shelter or housing is unavailable or unsuitable. MO-600 and its partners therefore combine public-safety responses with street and camp outreach, coordinated entry, shelter referrals, and housing navigation. One Door serves as the centralized access point for assessment, prioritization, and referrals, while outreach teams engage people who may not independently seek services.

Overall, tents and encampments remain an active concern requiring continued coordination among the CoC, municipalities, law enforcement, outreach teams, property owners, shelter providers, and permanent-housing programs.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

MO-600 operates within a local and state framework that supports both enforcement of public illicit drug activity and rapid connection to treatment, behavioral health, and homeless services. Springfield City Code §78-260 prohibits the use or possession with intent to use drug paraphernalia associated with controlled substances, providing law enforcement authority to intervene when illicit drug activity is encountered. Rather than relying solely on enforcement, the CoC works with Springfield Police Department (SPD) to use these encounters as opportunities for engagement and connection to appropriate services.

Missouri's overdose Good Samaritan law, RSMo §195.205, further supports this approach. The law provides specified protections for individuals who seek emergency assistance for a drug or alcohol overdose and requires officers encountering individuals needing emergency medical assistance to provide appropriate information and resources for substance-related assistance. This policy helps reduce barriers to requesting emergency assistance and supports transition from crisis response to treatment and recovery resources.

MO-600 leverages these policies through SPD's CIT-trained officers and co-responder program, PATH street outreach, One Door, New Day, Jail Diversion, and Co-Occurring Court. SPD co-responders provide behavioral health follow-up after crisis contacts, while outreach and CoC partners facilitate warm handoffs to behavioral health and substance use treatment, Coordinated Entry, housing navigation, and other supportive services. The CoC also participates in the Overdose Review Board and utilizes Mercy overutilizer and Jail Diversion data to identify recurring patterns, service gaps, and individuals experiencing repeated crisis-system contact.

A potential limitation is RSMo §191.1005, which restricts operation of facilities intended to allow individuals to self-administer unlawfully possessed controlled substances, while preserving exceptions for certain licensed health care services and existing overdose-immunity protections. Because this limits some supervised-use approaches, MO-600 mitigates its impact by emphasizing street outreach, crisis intervention, emergency medical response, treatment referral, diversion, and low-barrier engagement.

Through this coordinated approach, MO-600 seeks to decrease public illicit drug use, reduce repeated overdose and justice-system contacts, and increase voluntary engagement with treatment.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

MO-600 continues to experience significant challenges related to overdose and illicit drug use, including use occurring among individuals experiencing unsheltered homelessness and in public spaces. Local data demonstrate that overdose remains an ongoing and increasing community concern.

According to the community's Overdose Review Board, 88 overdoses were recorded between June 2024 and June 2025. During the subsequent reporting period, July 2025 through June 2026, overdoses increased to 95, representing an approximately 8% increase. While these data are not limited specifically to individuals experiencing homelessness or overdoses occurring in public spaces, the upward trend demonstrates continued substance use and overdose risk across the CoC's geographic area and reinforces the need for coordinated prevention, intervention, and treatment strategies.

Street outreach providers, Springfield Police Department (SPD), first responders, behavioral health partners, and homeless-service agencies regularly encounter individuals whose substance use intersects with homelessness, behavioral health needs, and repeated use of emergency and justice systems. Public spaces, including areas where individuals experiencing unsheltered homelessness congregate or establish encampments, can create additional challenges when substance use, behavioral health crises, public safety concerns, and limited access to treatment occur simultaneously.

MO-600 uses information from the Overdose Review Board alongside HMIS, SPD outreach information, Mercy health care utilization data, Jail Diversion, Co-Occurring Court, and provider observations to better understand these intersections and identify gaps in care. This cross-system approach helps identify individuals experiencing repeated crisis contacts and creates opportunities for earlier intervention.

The increase in overdoses underscores the importance of moving individuals from episodic emergency response toward sustained engagement with substance use and behavioral health treatment, outreach, Coordinated Entry, and housing. Through SPD co-response, PATH street outreach, One Door, New Day, Jail Diversion, and health and behavioral health partnerships, MO-600 is working to reduce public drug-related crises and overdose risk while increasing voluntary engagement with treatment, supportive services, and permanent housing.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Missouri law provides an important framework for responding when an individual experiencing homelessness presents a danger to themselves or others. Under Chapter 632 RSMo, individuals experiencing a mental disorder who present a likelihood of serious harm to themselves or others may be detained for evaluation and treatment for up to 96 hours. Law enforcement and other authorized professionals may initiate this process when there is an imminent likelihood of serious harm. Similar provisions exist when imminent serious harm results from alcohol or drug misuse.

MO-600 leverages these provisions through strong coordination among homeless outreach, law enforcement, behavioral health, healthcare, and social service partners. Springfield Police Department (SPD) officers and co-responders, Centerstone outreach teams, hospitals, the Department of Social Services (DSS), and other community providers work collaboratively to identify individuals in crisis, assess immediate safety and behavioral health needs, and connect them to appropriate care. When statutory criteria are met, law enforcement and behavioral health partners can facilitate emergency evaluation and treatment. Outreach teams remain engaged whenever possible to support continuity of care and connection to longer-term behavioral health, substance use, benefits, and housing resources.

A challenge is that involuntary intervention is appropriately limited to circumstances meeting statutory criteria. Individuals may have significant behavioral health or substance use needs, impaired decision-making, or repeated crises without meeting the threshold for involuntary detention at the time of contact. Additionally, short-term stabilization does not by itself resolve homelessness or guarantee connection to ongoing treatment and housing.

MO-600 mitigates these limitations by emphasizing early intervention, persistent outreach, co-response, voluntary engagement, coordinated assessment, and warm hand-offs. The CoC will continue strengthening communication and discharge coordination among SPD, Centerstone, hospitals, DSS, outreach teams, and housing providers so individuals leaving crisis care are connected to community-based treatment, benefits, shelter, and housing resources. This approach allows MO-600 to leverage emergency intervention when legally appropriate while using relationship-based outreach and coordinated care to address needs before and after a crisis occurs.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

MO-600 works with local law enforcement, shelters, and service providers to support information sharing consistent with the Sex Offender Registry and Notification Act (SORNA) and applicable state and local requirements. In Greene County, sex offender registration and compliance checks are primarily handled by the Greene County Sheriff's Office and Missouri Probation and Parole. Springfield Police Department (SPD) supports these efforts when violations or other enforcement concerns are identified, including circumstances involving prohibited loitering near schools or failure to report an address change.

Local shelters have been cooperative when law enforcement is attempting to locate a specific registered individual. Current practice may include officers conducting an on-site walkthrough and shelter staff confirming whether an individual has previously accessed the program and the frequency of those visits, consistent with applicable privacy and disclosure requirements. This cooperation provides law enforcement with important location information while allowing homeless-service providers to continue engagement with individuals who may otherwise be disconnected from formal systems.

Several barriers complicate compliance and information sharing. MO-600 currently has no dedicated housing program for registered sex offenders in Greene County, significantly limiting placement options. Homelessness itself can also create registration challenges when an individual reports a fixed address but does not consistently reside there. New Day is not a registry-enforcement entity and does not independently verify registry status as part of routine intake; it coordinates with appropriate authorities when legally required and provides housing navigation within applicable residency restrictions.

To strengthen coordination, MO-600 will continue working with the Greene County Sheriff's Office, Probation and Parole, SPD, shelters, and outreach providers to establish clear referral and communication pathways when a registered individual is experiencing homelessness. The CoC will encourage timely sharing of allowable, minimum-necessary information regarding location and service engagement; provide staff guidance on appropriate disclosures; and coordinate housing navigation around legal residency restrictions and available placements.

The primary restrictive factor is the shortage of lawful and appropriate housing options rather than unwillingness to share information.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

MO-600 utilizes a coordinated, community-wide outreach strategy to identify and engage individuals and families experiencing homelessness throughout Springfield/Greene, Christian, and Webster Counties. The CoC maintains multiple pathways into the homeless response system so households can access assistance regardless of where they live or first seek help.

Coordinated Entry System (CES) access is available across the CoC geography, with community partners connecting households to assessment, shelter, housing, and supportive services. Outreach and CES information is communicated through local governments, law enforcement, healthcare and behavioral health providers, the VA, schools, faith communities, nonprofit organizations, and other community partners.

In Springfield and Greene County, street outreach teams, including Springfield Police Department Homeless Outreach and Centerstone, actively engage individuals experiencing unsheltered homelessness. New Day, CPO's purpose-driven day center, provides an additional low-barrier access point connecting individuals with housing, healthcare, behavioral health, benefits, legal assistance, and other services.

MO-600 recognizes that outreach in Christian and Webster Counties requires strategies that extend beyond traditional street outreach. In these communities, the CoC relies on strong partnerships with schools, law enforcement and emergency responders, healthcare and behavioral health providers, the VA, faith communities, local governments, and social service organizations to identify individuals and families experiencing homelessness and connect them to CES and appropriate resources. These trusted community partners are particularly important for reaching households experiencing homelessness in rural areas where homelessness may be less visible and transportation and geographic distance can create barriers to services.

McKinney-Vento homeless education programs and school homeless liaisons throughout all three counties provide another critical identification and referral pathway for children, youth, and families experiencing homelessness. The VA and Veteran-serving partners similarly help identify and connect Veterans experiencing homelessness throughout the CoC geography.

Through this network of urban and rural access points, MO-600 provides multiple opportunities for individuals and families across all three counties to be identified, engaged, assessed through CES, and services.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.	

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

Mo-600 CES Policies and Procedures ensure that every household accessing CES that includes a school-aged youth is provided a specific document that outlines rights under McKinney-Vento, which CES staff review with the household. CES Policies and Procedures also ensure that the applicable households are connected with the appropriate LEA Homeless Liaison responsible for upholding the educational rights of the children/youth. LEA Homeless Liaisons from 4 school districts and school social workers participate in multiple CoC Committees and outreach events to educate service providers and community members on educational rights and the referral process for services. Homeless Liaisons from the CoC's largest school district serves as a CES Front Door and have regular office hours at our family homelessness prevention center.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

MO-600 coordinates with foster care and child welfare partners to identify and assist youth and young adults transitioning from public systems of care who are at risk of or experiencing homelessness. The CoC emphasizes early identification, coordinated referral, housing connection, and prevention of exits from foster care into homelessness.

The Missouri Department of Social Services (DSS), Children's Division, is an active member of MO-600's Homeless Youth Task Force, providing an established mechanism for coordination between the child welfare and homeless response systems. Through the Task Force, Children's Division and community partners can identify system gaps, strengthen referral pathways, share information about available resources, and develop strategies to better serve youth experiencing housing instability.

Children's Division, schools and McKinney-Vento homeless education programs, youth-serving organizations, behavioral health providers, and other partners serve as important identification and referral points. Youth and young adults experiencing or at risk of homelessness can be connected to the CoC's Coordinated Entry System (CES) for assessment and connection to available housing and supportive services.

Coordination focuses on needs that affect successful transitions to adulthood, including safe and stable housing, healthcare and behavioral health services, benefits, education, employment, transportation, identification documents, and connections to supportive adults. When housing instability is identified, partners work to facilitate warm hand-offs to appropriate services rather than relying solely on passive referrals.

MO-600 also incorporates youth voice through its Youth Action Board (YAB), allowing individuals with lived experience to identify barriers and inform youth-specific outreach, access, and housing strategies. McKinney-Vento liaisons throughout Springfield/Greene, Christian, and Webster Counties provide an additional pathway for identifying and connecting youth whose housing instability may not be visible through traditional outreach.

MO-600 will continue using the Homeless Youth Task Force and these cross-system partnerships to strengthen pre-discharge planning, improve connections to CES and community resources, and reduce the likelihood that youth transition from foster care or other public systems directly into homelessness.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

MO-600 coordinates closely with community providers serving runaway and homeless youth, including The Kitchen, Inc./Rare Breed and FosterAdopt Connect/YouthConnect. Both agencies are active members of the CoC and serve as Youth Front Door access points, creating direct pathways for youth and young adults experiencing or at risk of homelessness to connect with the Coordinated Entry System (CES), housing assistance, and supportive services.

These youth-serving partners provide street outreach and engagement, Basic Center-type crisis services, housing assistance, case management, and connections to community resources. Through their participation in the CoC and youth homelessness response system, providers coordinate with CES, schools and McKinney-Vento liaisons, the Missouri Department of Social Services/Children's Division, behavioral and physical healthcare providers, and other community partners to identify and engage youth experiencing homelessness.

Street outreach provides an important connection for youth who may not access traditional shelter or service systems. Youth identified through outreach can receive immediate assistance and be connected through the Youth Front Door to assessment, emergency services, safe housing options, and longer-term housing resources. Coordination emphasizes warm hand-offs and continued engagement rather than passive referrals.

MO-600's Homeless Youth Task Force provides an additional structure for cross-system coordination. Children's Division and youth-serving agencies actively participate in this work, helping identify service gaps, strengthen referral pathways, and address the needs of youth transitioning from foster care and other public systems. The CoC's Youth Action Board further ensures that youth and young adults with lived experience inform system planning and improvements.

Where Transitional Living Program or other longer-term youth housing resources are available, partners coordinate referrals and housing transitions based on each youth's needs and eligibility. MO-600 will continue strengthening coordination among youth outreach, crisis services, housing providers, child welfare, schools, and CES to ensure youth have multiple accessible pathways from homelessness to safe, stable housing.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

FosterAdopt Connect's dedicated Housing Navigator assists clients in working towards sustainable income to eliminate reliance on social services. To do this, we have partnered with Missouri State University's, Missouri Mentoring Partnership to provide job readiness skills, providing mentored work experience, and promoting education. The Missouri Career Center is also a valuable resource that provides on the job training, job fairs, resume assistance, application screening and apprenticeships.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

FosterAdopt Connect provides supportive services focused on helping participating families increase earned income and develop the financial capacity to pay rent and maintain permanent housing. A dedicated Housing Navigator works with each household to identify employment goals, assess barriers to work, connect participants with workforce resources, and incorporate income objectives into the family's housing-stability plan. The goal is to help families build sustainable income and reduce reliance on temporary assistance.

FosterAdopt Connect partners with Missouri State University's Missouri Mentoring Partnership (MMP) to connect eligible young adults with job-readiness training, mentored work experience, employment opportunities, and educational support. MMP helps participants prepare for interviews and applications, develop workplace skills, explore careers, obtain and retain employment, and pursue high school completion, a credential, or further education. Workplace mentors provide guidance as participants adjust to employment and work toward longer-term career goals.

The Housing Navigator also connects participants with the Missouri Job Center, which offers employment and training services tailored to each job seeker's needs. Resources include career exploration and assessment, job-search and referral assistance, résumé development, interview preparation, online application support, job fairs, workforce workshops, and referrals to services that address employment barriers. Eligible participants may also access Workforce Innovation and Opportunity Act-funded training, on-the-job training, industry-recognized credential programs, SNAP SkillUP services, and apprenticeship or registered-apprenticeship opportunities.

The Housing Navigator helps participants select services that match their interests, experience, family responsibilities, and employment barriers and assists them in completing referrals and following through with training or employment opportunities. As income changes, the Navigator works with the family to update its housing plan, budget for rent and essential expenses, and prepare for the gradual reduction of time-limited rental assistance.

By combining housing navigation with job-readiness instruction, education, mentored employment, job-placement resources, occupational training, and apprenticeship pathways, FosterAdopt Connect helps families move toward employment that can support rent and long-term housing stability.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

FosterAdopt Connect leverages benefits, funding, and assistance available through mainstream family-service systems to supplement the housing and supportive services provided through its project. Staff work with participating families to identify and access all resources for which they may be eligible. Depending on each household's circumstances, these resources may include Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid, child support, Supplemental Security Income (SSI), foster care aftercare services, and state or local assistance funds.

FosterAdopt Connect incorporates these mainstream resources into individualized housing and service planning. Staff assess each family's income, benefits, healthcare coverage, child and family needs, and other available supports. They then help families connect with appropriate benefit programs and family-service systems so that CoC-funded housing assistance is coordinated with, rather than substituted for, resources available through other programs. This approach helps households address essential needs such as food, healthcare, income, and services related to foster care or family stability while they work toward permanent housing.

The project uses mainstream benefits as part of a broader strategy to increase household stability and self-sufficiency. Cash assistance, nutrition benefits, healthcare coverage, child support, disability income, aftercare funding, and local assistance can reduce immediate financial pressures and allow families to focus on housing stabilization and longer-term goals. When appropriate, staff help participants pursue multiple resources concurrently so each family has a coordinated package of assistance matched to its needs.

FosterAdopt Connect views these resources as a bridge toward greater independence rather than as isolated benefits. By maximizing mainstream assistance while helping families strengthen their income and stability, the project seeks to support participants in maintaining permanent housing, reducing reliance on crisis systems, and progressing toward self-sufficiency. Leveraging mainstream family-service resources also allows CoC-funded assistance to remain focused on eligible housing costs and housing-focused services.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

FosterAdopt Connect combines housing assistance with supports addressing childcare, parenting, healthcare, and education—needs that affect a family's ability to maintain permanent housing. Through individualized service planning, staff assess needs, connect families with programs and community partners, and follow up to reduce barriers.

For childcare, FosterAdopt Connect refers families to resources such as Kids Inn Child Care Center, which offers flexible, hourly and drop-in care for children ages six weeks through 12 years. This service can help parents attend housing appointments, work, job training, school, and healthcare visits. Staff also help eligible families apply for childcare subsidies and identify natural supports within their family or kinship network.

Parenting support is available through FosterAdopt Connect's Parenting Support and Prevention program. Using the Nurturing Parenting curriculum, the program strengthens parenting skills and family resilience, connects families with resources, and helps prevent child abuse, neglect, and unnecessary entry into foster care. Services are tailored to each family's strengths, needs, and goals and may include parenting education, resource navigation, advocacy, transportation assistance, and safety planning.

FosterAdopt Connect does not directly provide pregnancy-related or pediatric healthcare but maintains an MOU with Jordan Valley Community Health Center to facilitate access to care. Staff connect families with pregnancy testing, prenatal and postpartum care, pediatric primary and preventive care, immunizations, and related women's and family health services. Staff help address access barriers and coordinate follow-up, as permitted.

Educational needs are incorporated into service planning. Staff help parents and youth connect with schools, adult education, high school equivalency, vocational training, postsecondary education, and financial-aid resources. Through Missouri State University's Missouri Mentoring Partnership, eligible young adults can also receive support with high school completion, career exploration, trade-school enrollment, college preparation, and financial aid. Childcare coordination helps parents participate in these opportunities.

By coordinating these supports with housing assistance, FosterAdopt Connect addresses needs that can undermine housing stability and helps families develop the health, parenting capacity, education, and income needed to sustain permanent h

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

MO-600 partners with the VA and Veteran-serving organizations through its Homeless Veterans Task Force. The VA provides monthly on-site service connection at the CoC's primary CES location. SSVF serves as a designated CES Front Door for Veterans, providing direct access to assessment, prevention, rapid rehousing, and supportive services. The CoC also coordinates with HUD-VASH to connect eligible Veterans to permanent housing and ongoing support.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

MO-600 partners with Harmony House, a victim service provider serving survivors of domestic violence and their children. Through coordinated referrals, survivors access confidential emergency shelter, rapid rehousing, safety planning, case management, counseling, legal advocacy, and housing navigation. The partnership connects individuals and families fleeing violence with trauma-informed services and safe, stable permanent housing while protecting survivor choice and confidentiality.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

MO-600 partners with Greene County Jail Diversion and local Justice and Mental Health Collaboration Program (JMHCP) efforts to prevent homelessness among individuals leaving jail or court-ordered programs. Partners coordinate pre- and post-release connections to CES, housing, behavioral health care, benefits, and supportive services, using warm hand-offs to promote housing stability and reduce returns to homelessness and incarceration.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

MO-600 partners with Mercy through its Healthcare to Housing Coalition to identify individuals experiencing homelessness with high medical needs and frequent healthcare utilization. Partners develop coordinated, holistic plans addressing medical care, prescriptions, behavioral health, and housing needs. The coalition is also developing a pilot housing initiative to provide stable housing and coordinated care for high-need individuals.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

MO-600 coordinates through CES with Missouri DHSS, Adult Protective Services, healthcare providers, and community partners to address the specialized needs of older adults experiencing homelessness. Partners coordinate assessment, healthcare, benefits, safety, housing, and referrals to appropriate levels of care, including residential or supportive settings when needed, using warm hand-offs to help vulnerable seniors access appropriate services.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

MO-600 identifies the Missouri Department of Mental Health's Shelter Plus Care Permanent Supportive Housing (PSH) project as a program prioritizing individuals experiencing chronic homelessness. The project provides permanent housing assistance paired with supportive services for individuals with disabilities and significant barriers to housing stability, supporting long-term housing retention and connections to behavioral health and community-based services.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The Missouri Department of Mental Health (DMH) Shelter Plus Permanent Supportive Housing program provides on-site behavioral healthcare through Centerstone, DMH's behavioral health subcontractor and supportive-services provider.

At enrollment, Centerstone assesses and screens each DMH PSH participant for behavioral health and related service needs, including substance use treatment, crisis intervention, outpatient behavioral healthcare, possible inpatient or other higher-level care, and employment services. Based on each assessment, Centerstone connects participants with the appropriate level of care and coordinates with external providers when a needed service cannot be delivered on site. Shelter Plus ensures that any barriers that might preclude participants' access to necessary behavior heath interventions are ameliorated.

Services are individualized and participant-centered. Each participant works with Centerstone staff to develop personal goals and signs a supportive-services agreement at program entry and again during annual recertification. Monthly case-management check-ins allow staff and participants to review progress, monitor service engagement, identify emerging behavioral health or housing-stability concerns, and revise goals and supports as needed.

When a participant disengages from services or experiences challenges that may threaten housing stability, DMH and Centerstone do not move immediately toward program exit. Instead, staff convene a housing-stability meeting to identify barriers, re-engage the participant, and develop a coordinated plan for additional support. Centerstone also assists participants without income by addressing barriers to employment and connecting them with appropriate benefits and community resources. Through Centerstone, the DMH Shelter Plus program integrates screening, individualized planning, crisis response, care coordination, and persistent engagement to promote recovery and long-term housing stability.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

The Missouri Department of Mental Health (DMH) Shelter Plus Permanent Supportive Housing project has a defined policy and process for assessing whether participants need a higher level of care, such as assisted living or residential treatment. DMH implements this process through Centerstone, its behavioral health subcontractor and supportive-services provider for participants residing at New Day.

Centerstone begins with a preliminary screening and then conducts a comprehensive intake assessment. Centerstone uses the assessment to evaluate each participant's behavioral health and functional needs, determine the appropriate level of care, and develop an individualized treatment plan. Treatment and service recommendations reflect the participant's strengths, needs, abilities, and preferences rather than a uniform approach.

Assessment continues throughout program participation. During regular contacts and monthly case-management check-ins, Centerstone monitors participant needs, service engagement, and changes that may indicate the need for additional intervention or a different care setting. When Shelter Plus staff observe concerns about a participant's health, functioning, safety, or housing stability, they connect the participant with Centerstone for professional assessment. Housing-site staff do not independently assess clinical needs or determine placement; their role is to recognize concerns, make referrals, and support service coordination.

When Centerstone's screening, comprehensive assessment, or ongoing monitoring indicates that PSH services are not sufficient to meet a participant's needs, Centerstone determines the appropriate response and coordinates referral to the relevant service system. Depending on the circumstances, staff may escalate the case to adult behavioral health services or the Missouri Department of Health and Senior Services for further assessment and access to assisted living, residential treatment, or another appropriate level of care. When a participant may require involuntary evaluation or care, Centerstone engages the responsible professionals and authorities.

This expert-led process ensures that decisions about higher-level care are based on professional assessment while DMH Shelter Plus supports connection, referral, coordination, and continuity of services. The approach promotes participant safety, appropriate treatment, and housing stability while incorporating each participant's individual needs and preference

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The Missouri Department of Mental Health (DMH) Shelter Plus Permanent Supportive Housing program has a written Moving On policy, documented in its housing manual, for assessing whether participants are ready to transition from PSH to unsubsidized housing or another permanent housing option. Under the policy, each participant's readiness is assessed at least annually. The goal is to support appropriate transitions for participants who no longer require the same level of PSH assistance while making PSH resources available to people with greater housing and service needs.

During the annual assessment, DMH and its supportive-services subcontractor, Centerstone, work with each participant to evaluate housing stability, current support needs, income and benefits, and the affordability and sustainability of potential housing options. Staff consider whether the participant could maintain housing with a Housing Choice Voucher, another rental-assistance resource, or without a subsidy. The assessment is individualized and reflects the participant's circumstances, preferences, strengths, and continuing need for assistance.

Because many participants have extremely limited or no income and have relied on Shelter Plus Care assistance for extended periods, readiness is not determined solely by length of program participation. Many participants continue to require rental assistance to maintain permanent housing. Therefore, moving to a Housing Choice Voucher or another permanent housing resource may be more feasible than immediately transitioning to unsubsidized housing.

Participants with no income receive focused assistance to strengthen their ability to move on successfully. Centerstone connects them with employment services, public benefits, and other income-building resources and incorporates progress toward financial stability into service planning. Readiness is reassessed as participants' income, housing preferences, support needs, and available housing resources change.

When the assessment indicates that a participant is ready and an appropriate housing option is available, DMH and Centerstone help plan and coordinate the transition. Moving on is treated as an individualized, planned transition so participants do not leave PSH without an affordable and sustainable permanent housing option. This process promotes participant choice and long-term housing stability while opening PSH capacity for people who need its intensive assistance.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.
Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/27/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	07/29/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	07/29/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

MO-600 uses a data-driven Rank, Review, and Reallocation process to evaluate renewal projects and determine whether projects should be considered for full or partial reallocation. The process prioritizes projects demonstrating strong performance, responsible stewardship of HUD resources, alignment with system needs and HUD priorities, and positive housing outcomes.

Renewal projects are evaluated using standardized criteria that include HUD threshold and compliance requirements, project performance and outcomes, fiscal stewardship and grant utilization, participation in Coordinated Entry and the broader CoC system, and alignment with federal and local priorities. Whenever possible, scoring relies on objective HMIS, APR, monitoring, financial, and other documented performance data rather than subjective assessment. Projects with weaker documented performance receive lower scores and are placed toward the bottom of the CoC's ranking, identifying them as potentially vulnerable to full or partial reallocation.

When considering reallocation, MO-600 evaluates the severity and duration of performance concerns, utilization of awarded funds, project outcomes, monitoring findings and corrective actions, continued need for the project, availability of alternative resources, and potential impact on participants. This allows the CoC to redirect limited resources when doing so is expected to improve project or system performance while avoiding unnecessary disruption to households currently receiving assistance.

During the FY2026 local competition, MO-600 applied this data-driven process to all renewal projects. Projects demonstrating comparatively weaker performance were scored accordingly and placed lower in the Priority Listing. The CoC did not require reallocation of a project solely because of its ranking; lower-performing projects were evaluated within the broader context of project need, performance improvement, and system impact.

MO-600 also encourages voluntary reallocation when recipients identify opportunities to redesign resources to better respond to community needs or align with current HUD priorities. During the FY2026 competition, two youth-serving projects—The Kitchen, Inc. (TKI) Youth project and FosterAdopt Connect—voluntarily reallocated project resources to create projects better aligned with HUD priorities.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Institute for Community Alliances

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide

2A-3.	PIT Count–Methodology Change.	

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

MO-600 made no substantive changes to its unsheltered PIT count implementation, methodology, or data quality procedures between the 2025 and 2026 PIT Counts. The CoC continued to use a consistent community-wide approach, including coordinated planning with outreach teams, service providers, volunteers, and other community partners to identify and count individuals experiencing unsheltered homelessness throughout the geographic area.

Because the methodology remained consistent, changes in PIT Count results are not attributable to a change in the CoC's counting methodology. MO-600's total PIT Count decreased from 588 persons in 2025 to 519 persons in 2026. The CoC continues to review PIT data alongside HMIS, Coordinated Entry, outreach, and other system data to assess trends and strengthen the accuracy and completeness of future counts.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

MO-600 reduced encampments and the number of people residing in them through a coordinated, outreach-first response led by the Springfield Police Department (SPD), One Door, PATH, and community partners. SPD generally responds to complaints from residents, the City, or property owners rather than proactively seeking camps, helping preserve outreach relationships.

When an encampment is identified, SPD documents its location, description, and individuals present when identification is available. SPD maintains a monthly tally of monitored and cleared camps; reliable tracking data are available beginning in January 2026. Camp populations are fluid, and counts are approximate because individuals may decline identification and housed individuals may visit camps.

SPD notifies One Door when a camp is identified. One Door coordinates follow-up outreach and connects individuals to Coordinated Entry, shelter, housing navigation, New Day, benefits, behavioral healthcare, and other supports. PATH and community outreach providers conduct most in-person engagement, using rapport-building and persistent contact to encourage voluntary connections to housing and treatment.

Before a clearance, SPD generally provides at least 48 hours' notice, including on private property when feasible, so outreach providers can engage people and offer alternatives. One Door will provide SPD with site-visit confirmation reports following notices so partners can verify outreach occurred before cleanup. SPD, One Door, and CoC partners use the Homeless Camp Protocol to coordinate notices, outreach, cleanup, and referrals.

For individuals whose behavioral health, substance use, or justice involvement contributes to repeated encampment residence, SPD connects eligible individuals to diversion and treatment. Officers use CIT, co-responder follow-up, Centerstone services, and the Jail Diversion Program to link individuals with behavioral healthcare, substance-use treatment, inpatient care, sober living, and housing-related supports. When immediate safety or public-health concerns require action, SPD coordinates with City departments, property owners, and service providers while continuing outreach.

These actions balance public safety, sanitation, and relationship-based engagement. By pairing camp monitoring and clearance with timely outreach, Coordinated Entry, diversion, treatment, and housing navigation, MO-600 works to reduce active camps and the number of people who rely on them.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	25
2. Enter the reduction in the number of encampments during your evaluation period.	9

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	98
2. Enter the reduction in the number of people in encampments during your evaluation period.	58

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not Applicable

2A-5. Reducing the Number of First Time Homeless–CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

MO-600's strategy to decrease the number of individuals and families becoming homeless for the first time centers on early intervention, Shelter Diversion, and strong collaboration across the community's homelessness response system. The CoC works with the City of Springfield, community-based organizations, housing and service providers, schools, healthcare partners, and other systems to identify households at risk of homelessness and connect them with resources before they enter the emergency shelter or unsheltered homelessness system.

Shelter Diversion is a priority prevention strategy for the City of Springfield and the CoC. The program receives dedicated local investment through funding generated by a local tax initiative as well as support through the City's general budget, demonstrating a sustained community commitment to preventing homelessness. Diversion focuses on identifying safe and appropriate alternatives to homelessness through individualized problem-solving and flexible assistance. Depending on the household's circumstances, strategies may include landlord mediation, assistance resolving housing barriers, connection to community resources, transportation or reunification with supportive family or social networks, and limited financial assistance necessary to preserve or secure a safe housing option.

MO-600 is working to further integrate diversion practices at key points of entry into the homeless response system so that individuals and families seeking shelter or housing assistance are first assessed for opportunities to safely avoid homelessness. Coordination among shelter providers, Coordinated Entry, outreach teams, and community partners helps ensure that households are connected to the most appropriate intervention rather than automatically entering the homeless services system.

The CoC will continue to strengthen referral pathways with mainstream systems and community partners that encounter households experiencing housing instability. By combining locally funded Shelter Diversion with coordinated prevention, problem-solving, and targeted connections to mainstream resources, MO-600 seeks to reduce entries into homelessness, preserve existing housing and support networks whenever safe and appropriate, and decrease the number of households experiencing homelessness for the first time.

2A-6. Reducing Length of Time Homeless–CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

MO-600's plan to reduce the length of time individuals and families remain homeless focuses on coordinated, housing-centered interventions that quickly identify housing barriers, connect households to appropriate resources, and prevent individuals from becoming stalled within the homeless response system.

Regular case conferencing is a central component of this strategy. Through Coordinated Entry and collaboration among homeless service providers, outreach teams, shelters, housing providers, behavioral and physical healthcare partners, and other community organizations, the CoC reviews the needs of individuals and families experiencing homelessness and works collectively to identify pathways to permanent housing. Case conferencing provides an opportunity to address barriers in real time, coordinate services across agencies, identify available housing resources, and assign follow-up actions to help households move toward housing as quickly as possible.

In addition to broader system case conferencing, MO-600 supports targeted case conferencing and coordination for specific populations, including Veterans and youth experiencing homelessness. These population-specific efforts allow partners with specialized resources and expertise to identify appropriate housing and supportive services, reduce duplication, and address barriers unique to each population.

The CoC also uses Coordinated Entry, HMIS, outreach information, and system performance data to identify households experiencing extended periods of homelessness and gaps that may contribute to longer episodes of homelessness. Particular attention is given to individuals experiencing chronic homelessness and people with significant service needs who may require intensive coordination among housing, healthcare, behavioral health, and other systems.

Through consistent case conferencing, targeted population strategies, cross-system collaboration, and ongoing review of system data, MO-600 seeks to shorten the time between identification and permanent housing placement, improve coordination of available resources, and reduce the overall length of time individuals and families experience homelessness.

2A-7.	**Successful Permanent Housing Placement–Exits to Unsubsidized Housing.**	

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	48.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The HMIS Lead Agency ran a roster report of all clients served in Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) projects during the HUD FY2025 reporting period (October 1, 2024–September 30, 2025).
The report was filtered to include only clients who exited a TH, RRH, or PSH project during the reporting period. We then identified exits to the following destinations, which were considered unsubsidized housing:
•Owned by client, no ongoing subsidy
•Rental by client, no ongoing subsidy
•Staying or living with family, permanent tenure
•Staying or living with friends, permanent tenure

There were 268 exits to one of these unsubsidized housing destinations out of 558 total exits from TH, RRH, and PSH projects during the reporting period.

Calculation: 268 ÷ 558 = 48.0%

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

2A-8b.	Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	220	125	323	93.60%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	27	29	56	100.00%
4. Rapid Re-Housing (RRH) beds	195	0	195	100.00%
5. Permanent Supportive Housing (PSH) beds	212	0	80	37.70%
6. Other Permanent Housing (OPH) beds	68	0	68	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	

	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

ermanent Supportive Housing (PSH): The CoC's reported HMIS bed coverage rate for PSH is 37.7%, primarily because HUD-VASH vouchers are not currently recorded in HMIS. The CoC has evaluated importing HUD-VASH HOMES data into HMIS; however, the HMIS vendor charges a substantial fee for each import. Maintaining sufficiently current data would require multiple imports annually, including following the federal fiscal year and PIT Count. The recurring cost is not currently sustainable relative to the reporting benefit.

Instead, the CoC maximizes coordination and outcome tracking through Coordinated Entry (CES). VA and PHA partners participate to the fullest extent possible in CES through processes outside of, but coordinated with, HMIS. HUD-VASH openings are filled through CES referrals. VA staff participate in twice-monthly CES Case Conferencing and monthly Veteran-specific case conferencing with VA, SSVF, and CES staff. Veterans on the active Prioritization List are connected to eligible resources as they become available, and VA provides housing placement information so CES staff can track outcomes, including through the "Housed" section of the HMIS-generated Prioritization List.

Over the next 12 months, the CoC will continue: (1) VA/PHA participation in CES and Veteran case conferencing; (2) obtaining HUD-VASH placement information to maintain accurate housing outcomes; and (3) monitoring the cost and feasibility of HOMES-to-HMIS integration and revisiting implementation if resources or vendor costs change.

Other Permanent Housing (OPH): The HMIS bed coverage rate is N/A because the current OPH inventory consists solely of Emergency Housing Voucher (EHV) resources with no HMIS-participating beds. EHV funding is ending, and the CoC does not anticipate implementing HMIS participation for this temporary resource during the next 12 months.

The CoC will monitor the remaining EHV inventory and ensure the HIC accurately reflects its status. If replacement permanent housing resources are added, the CoC will work with housing partners to establish HMIS participation or use of an applicable comparable database. This approach prioritizes HMIS resources toward sustainable housing programs while maintaining accurate reporting of the remaining EHV inventory.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	**Supporting Activities within an Opportunity Zone.**	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	**Will the proposed activities/projects occur within Opportunity Zone Census Tracts?**	Yes
2.	**Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?**	Yes

3A-2	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No