

## 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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 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.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## 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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; 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–Inclusive 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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	No
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	No
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	No
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	No	Yes
29.	State Domestic Violence Coalition	Yes	No	No
30.	State Sexual Assault Coalition	Yes	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Public Health Department	Yes	Yes	Yes
35.	Faith Based Partners	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1 New members are recruited to join CoC on an on-going basis via CoC meetings (include broad representation from sectors and mainstream resources), outreach events, and CoC staff participation in non-CoC community collaboratives. A membership application is posted publicly on CoC website and new applications are reviewed quarterly at CoC meetings. A formal public invitation to join CoC is promoted to entire CoC's geographic area annually during Homeless Awareness Month initiatives in November, which focus on community outreach and education.

2 Invitations are shared via email announcements to a minimum of 350 individuals (representing 150 organizations), website postings, public input forums, and local media channels. Emailed attachments and website documents are shared in PDF format. The City of Springfield's (CoC Lead Agency) website has been designed to comply with Section 508 and 2.0 and AA with regards to website accessibility standards. The website promotes browsers that contain built-in accessibility tools. The City of Springfield also offers assistance to individuals that utilize assistive technology; requests can be made via phone, email, or the Federal Information Relay Service.

3 The CoC encourages engagement with and participation from organizations and groups that serve culturally specific communities through open invitations to CoC meetings, partnerships with groups to present at CoC organized events/panel discussions, and participation from agencies/groups in CoC discussions, strategic planning, and gaps analysis. In this past year, the CoC has formally invited LGBTQ+ serving organizations, culturally specific entities and organizations serving persons with disabilities to join the CoC membership. CoC now has strong partnership with our local LGBTQ+ center and disability service organization, and they participate as voting members in CoC meetings.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1) CoC uses several tactics to incorporate public input into its work. CoC conducts annual public community feedback survey, which is emailed to CoC email list (350 individuals representing 150 organizations) and posted publicly via social media. CoC Executive Board is specifically designed to include broad representation from system-level partners including CoC, ESG, and RHY funded providers, PHA, health/mental health, law enforcement, local government, advocates, and people with lived experience. Local government representatives are in regular communication with CoC regarding updates and compliance with Consolidated Plan. Lastly, CoC solicits on-going community feedback through committees, PIT surveys, High Risk and Homeless Youth Surveys, and regular community listening sessions.

2) Meeting information and other public notifications (funding announcements, surveys, or training opportunities) are shared via CoC email list, Housing Collaborative email list, COAD email list, and social media pages. Email lists include local media personnel.

3) The City of Springfield offers assistance to individuals that utilize assistive technology; requests can be made via phone, email, or the Federal Information Relay Service. Emailed attachments and website documents are shared in PDF format. Surveys are available in electronic or hard copy format and events/trainings that are held virtually also offer in-person option at the main CES front door facility, the O'Reilly Center for Hope, to accommodate anyone without computer/internet access.

4) In 2022, CoC conducted a Gaps Analysis that included 16 Focus Groups made up of 182 individuals with lived experience. The Lived Experience Council was formed through this focus group process. Input from these focus groups as well as input from community feedback, annual Unsheltered Homeless Reports, and annual High Risk and Homeless Youth Reports was used to create a comprehensive gaps analysis. These documents, paired with qualitative feedback from service providers through CoC meetings/Case Conferencing, conversations with people with lived experience, and reviews of system data guide updates to CoC strategic plan, action planning, and project prioritization for new funding. In identifying goals during the CoC's Strategic Planning process in early 2023, the CoC solicited information from all committees, a community survey, and through a Solutions Summit event with key sector stakeholders and providers.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

**(limit 2,500 characters)**

1) CoC publicized CoC NOFO and local application training date on the City of Springfield website on 8/07/2023 and shared information with media outlets and local service providers via CoC email list on 8/07/2023. A virtual public new project training was held on August 15, 2023. Postings included links to NOFO and HUD’s CoC Program Competition page. A Public Request for Applications was sent to CoC email list and posted on the City of Springfield MO website on 08/07/2023. Information about the NOFO was also shared at CoC meetings, which include representation from non-CoC funded agencies. CoC email list includes 350 individuals, representing 150 agencies (only 5% of which are CoC funded).

2) Above notifications were sent to entire CoC email list. The Public Request for Applications included information for new HUD-CoC applicants. An application training for any new project applicants was promoted through the above avenues and held on 8/15/2023. The training included an overview of the CoC application process, local timeline and priorities, and information on e-snaps. CoC and lead agency staff were available for questions from agencies who had not previously received CoC funding and needed technical assistance. Information regarding the local application process and timeline for submitting project applications was included in the Public Request for Applications, which included detailed information on threshold requirements, available funding, eligible project components, and local LOI and e-snaps timeline.

3) Information regarding eligible and prioritized project applications, which was determined by local need identified through PIT data, CES data, and feedback from service providers, and local scoring tool was also included in the Public Request for Applications. The NOFO Committee, made up of CoC Executive Board members, ranked, reviewed and scored eligible project applications based on the Scoring Tool, which included local priorities. Priority Listing was publicly posted for public comment.

4) The Public Request for Applications was shared via PDF. City of Springfield, lead agency for the CoC, offers assistance to individuals that utilize assistive technology; requests can be made via phone, email, or Federal Information Relay Service.

## 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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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  - PHA Crosswalk; and
  - Frequently Asked Questions

<b>1C-1.</b>	<b>Coordination with Federal, State, Local, Private, and Other Organizations.</b>	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	



18.	Healthcare Institutions	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

**(limit 2,500 characters)**

1. CoC works closely with ESG recipient Missouri Housing Development Commission (MHDC) regarding local ESG allocations, including participation in state-wide meetings (Missouri Interagency Council on Homelessness), feedback on ESG applications to MHDC, cross-publication of funding opportunities for ESG, and one-on-one meetings with MHDC, agencies, and local leadership to determine local need and project eligibility to meet this need. CoC created a listing of recommendations based on community need and asked each agency submitting ESG funding to address recommendations.

2) CoC provides regular feedback to MHDC on project performance, CoC engagement, and participation with HMIS/CES and PIT. The CoC also works closely with local ESG recipients via its Systems and Services committee, which ESG funded agencies are required to attend. Additionally, one seat on the CoC Executive Board is designated for an ESG recipient and the Systems and Services committee has a seat on the CoC Executive Board. The CoC Executive Board conducts quarterly review of ESG funded agencies for project performance on system performance measures. The CES conducts quarterly review of ESG funded projects for compliance with CES policies and procedures. CoC and Lead Agency staff provide regular technical assistance to new and current ESG recipients.

3) PIT and HIC data is made publicly available through the CoC website, HMIS Lead Agency website, and released publicly at a CoC General Membership meeting and provided to local jurisdictions when requested for Consolidated Plan updates.

4) The CoC's Strategic Plan on Ending Homelessness is incorporated into the Consolidated Plan and Plan updates. City of Springfield staff sit on multiple CoC Committees and CoC staff regularly attend meetings in other jurisdictions throughout CoC to provide information as needed for consolidated planning process. The Consolidated Plan is a 5 year plan, and each year the Lead Agency is required to submit an AAP within the 5 year period. PIT and HIC data was also provided for the HOME-ARP Allocation Plan for the Lead Agency. CoC staff provide regular and on-going updates to local government representatives on local homelessness data, progress on ending homelessness, and trends.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	No
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	No

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

**(limit 2,500 characters)**

CoC has formal partnership with LEA; LEA staff serve as CES access point and attend Case Conferencing and CoC meetings. Staff also have regular office hours at the main CES access point. Both of these relationships are documented through formal MOUs. Representatives from other LEA in CoC's geographic area sit on additional CoC Committees. School districts (Springfield, Nixa, Ozark, Spokane) collaborate with the CoC through active participation in standing committees and commitment to outreach for special events (PIT, High Risk and Homeless Youth Report, etc.) CoC has formal partnership with largest school district in CoC for school district to serve as CES Front Door. Superintendent of largest school district in CoC sits on CoC Contracted Agency Executive Board.

1C-4b.	<b>Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.</b>	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

**(limit 2,500 characters)**

CoC 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 applicable households are connected with the appropriate LEA Homeless Liaison responsible for upholding the educational rights of the children/youth. LEA Homeless Liaisons from 3 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 serve as CES Front Door and have regular office hours at the main CES access point facility the O’Reilly Center for Hope (OCH), which co-locates 20 partner agencies that provide critical care resources, housing, financial literacy, and educational services.

1C-4c.	<b>Written/Formal Agreements or Partnerships with Early Childhood Services Providers.</b>	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC’s geographic area are trauma-informed and can meet the needs of survivors.

**(limit 2,500 characters)**

1. CoC’s Governance Charter includes policies and procedures for implementation of federally funded programming, rights and responsibilities of clients and service providers, including those relating to VAWA. All policies are reviewed and updated on an annual basis and presented to the CoC for approval. Victim service providers regularly sit on workgroups that update CoC policies and procedures, including CES, and provide regular feedback and recommendations during the updating process.

2. CoC is responsible for providing up-to-date educational in-services to community service providers as well as those entering the system of care. The CoC CES is located within the O’Reilly Center for Hope, a one-stop service site for housing and financial stability. As a hub for homeless and supportive housing services, co-locating 20 agencies including access to shelter, housing, healthcare, mental healthcare, education, employment, legal services, credit repair and budgeting, the O’Reilly Center partner agency staff practice best practices in serving survivors of domestic violence, including Trauma Informed Care and client confidentiality. As a primary partner, Burrell Behavioral Health, conducts annual training for all providers on Trauma Informed Care and confidentiality. The O’Reilly Center utilizes safety protocols in its building design, intake process, and with all client interactions. At the system level, CES staff attend regular CoC and community trainings on VAWA, Trauma Informed Care, best practices for serving survivors of domestic violence and human trafficking, and other safety protocols. These trainings are offered on an annual basis. CES policies re: VAWA are evaluated at least annually and are regularly shared with Case Conferencing group. Additionally, Community Partnership, contracted agency for the CoC, offers trainings throughout the year on Trauma Informed Care, which are promoted to CoC member agencies.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

**(limit 2,500 characters)**

1) The CoC offers annual training to CoC funded agencies, other service providers, and community members through its quarterly general membership meetings. Agencies receiving CoC or ESG funds are required to attend. Annually, one of these training sessions is dedicated to “Best Practices for Serving DV Survivors”. Previous topics have included: CES Policies and Procedures, Emergency Transfer Plans, VAWA, and Trauma Informed Care, facilitated by local DV service provider Harmony House and/or Missouri Coalition Against Domestic and Sexual Violence. The CoC’s Homeless Youth Task Force also offers public quarterly trainings for service providers that work with youth; previous topics have included Trauma Informed Care, Identifying and Preventing Human Trafficking, and Qualified Minor Statutes. Other public trainings on best practices (including Green Dot, Youth and Adult Mental Health First Aid) are promoted to all CoC member agencies and community partners via the CoC’s email listings.

2) All CES Front Door Staff are also trained on best practices for serving DV survivors and are encouraged to attend the above trainings. Additional trainings offered to CES staff on an annual basis include client choice and client confidentiality. The main DV shelter serves as a CES Front Door and participates in CES planning and development to ensure the needs of DV survivors are met and addressed appropriately. The primary CES Front Door facility has incorporated safety protocols into its building design, intake protocols, and client interactions and makes recorded trainings available to all partners, volunteers, etc.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC’s Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC’s coordinated entry includes:

1.	safety planning protocols; and
2.	confidentiality protocols.

**(limit 2,500 characters)**

1)The primary CE hub includes safety protocols for all guests accessing the coordinated entry system or any services offered through partners at the O’Reilly Center for Hope. These protocols include an internal “Do Not Serve” list with pictures and descriptions, a single point of entry with a welcome desk check-in process, subsequent waiting room check-ins to ensure guests are accounted for and where they have indicated needing to be within the building, cameras throughout the building being monitored, and clear points of contact for any issues that may arise. Staff are trained in de-escalation and CE staff and others are trained on using “panic buttons” installed discreetly on their desks. Additionally, the CoC’s largest Domestic Violence Shelter, Harmony House, also serves as a “front door” access point for DV survivors, along with the Family Justice Center. Harmony House is a secure facility with locked doors and security cameras around and throughout the building. Anyone entering must be cleared by staff, and doors are locked at all times. Representatives from Harmony House were involved with initial CES planning and implementation and remain engaged in ongoing CES planning, evaluation, policy review and revision to ensure equitable access for DV survivors. In addition, representatives from Harmony House and NightLight International, which serves victims of sex trafficking and exploitation, were involved in creating CE protocols for EHV planning and prioritization.

2) The primary CE hub includes confidentiality protocols for all guests accessing the coordinated entry system or any services offered through partners at the O’Reilly Center for Hope, including the use of ROI’s granting consent to share information; staff training on guest confidentiality, including not divulging whether a person is accessing services; and a process wherein survivors accessing CES through the DV “front door” are placed on the Prioritization List without any personally identifying information being provided. Additionally, the DV “front door” access point, Harmony House is allowed under Missouri State Law RSMo 455.220 to legally protect all residents’ confidentiality with few exceptions, even for law enforcement, Children’s Division, and medical personnel. A resident must have a release signed for any individual or organization, including law enforcement, to which the resident would like their information released.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1) The main DV service provider inputs into an HMIS Comparable Data Base (VELA) and has been a designated ‘front door’ for our Coordinated Entry System since 2016. VELA was presented to our CoC HMIS Policy Committee for approval as an approved HMIS Comparable Database and was also approved by our HMIS Lead Agency. The main DV service provider is an active member of the CoC and directly engaged with the CoC through committees (Case Conferencing, Systems and Services, General Membership, Policies and Procedures, and CES Policy Development).

2) The CoC is engaged with multiple DV service providers throughout its geographic area and works with them to collect data for HIC and PIT submissions. The CoC collects information on those currently fleeing domestic violence in conjunction with its PIT count. In addition to HIC and PIT, the CoC captures de-identified, aggregate data on DV survivors for its annual Unsheltered Homeless Report and High Risk and Homeless Youth Report, which are reported to the CoC Executive Board and inform action planning across the CoC. Providers also participate in CoC Committees and provide feedback to the CoC on system planning to ensure the CoC is meeting specific needs of DV survivors. The CoC also conducts regular review of aggregate data from its Prioritization List to identify gaps and inform system planning. Based on the number of DV survivors on the Prioritization List, the CoC made the decision to dedicate a certain percentage of EHV to survivors of DV, in partnership with local DV Shelters and Victim Service Providers. DV survivors are served through a deidentified prioritization list as part of CES, a process developed in conjunction with DV service providers.

**&nbsp;**

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:

1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals’ and families’ emergency transfer requests.

**(limit 2,500 characters)**

1) CoC has specific protocols to address safety needs and offers annual training on processes to ensure knowledge and compliance across programs. Protocols address client safety and choice at the agency and system level. Programs that receive CoC and ESG funds are required to attend training on VAWA, Emergency Transfer Plans, CES Policies, and other best practices. Training was promoted to entire CoC, including DOJ and HHS programs. Previous trainings were offered in partnership with Missouri Coalition Against Domestic and Sexual Violence. Programs are required to have agency-level policies in place. When CES Policies and Procedures were updated in 2018, policies regarding VAWA and Emergency Transfers were updated. Victim service providers participated in update process to ensure all policies and procedures meet the needs of survivors. The largest DV service provider in the CoC serves as a CES Front Door, ensuring constant communication and collaboration with CES. Lastly, the CoC works to educate property owners who accept Section 8 or other federal rent subsidies, including RRH and PSH, on their roles and responsibilities under VAWA.

2) In the event that domestic violence occurs within a household enrolled in a HUD-funded housing program, the agency administering the program will attempt to re-house the victim within any of their existing programs (per their internal policies compliant with HUD’s final rule). This process occurs between the program manager and the case manager, and the case manager is responsible for communicating the process to the client and the needs of the client to the program manager.

3) In the instance that the agency administering the program is un-able to rehouse the victim, they will be moved to the top of the prioritization list for whatever programs he/she may be eligible for (regardless of VI-SPDAT score or other prioritization criteria).The agency housing the victim when the domestic violence occurs is responsible for communicating the need for this prioritization policy exception to go into effect. Notice should be provided in writing to the Coordinated Entry Prioritization List administrator (One Door) once they have determined that they are unable to rehouse the domestic violence victim. The agency works with CES to determine emergency shelter options, which may include a bridge housing in a hotel, if that is determined the most appropriate option for the survivor.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC:		
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC’s geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)



1. CES includes a process of confidential communication to ensure DV survivors accessing DV shelter services are eligible for referral to all housing programs. DV service providers provide an intake access point, refer to the CES Prioritization List, and participate in case-conferencing. CoC has established two one-stop service shops in the last 5 years, The Family Justice Center (FJC) and The O'Reilly Center for Hope (OCH). The OCH, which houses the primary CES hub, partners with The FJC, to serve as a front door and refer to the CES Prioritization List for all supportive housing services. Additionally, The FJC is a partnership with DV Shelter and Housing providers, Legal Services of Southern Missouri, Children's Division, Prosecutor's Offices, Mental Health, and Child Support Enforcement Agencies. In addition to addressing survivor needs within CES, housing providers have incorporated and implemented VAWA Emergency Transfer Plans that prioritize survivor safety across the CoC's geographic area.

2. CoC includes DV shelter providers and FJC personnel, who provide annual training to CoC membership on addressing systemic barriers and best-practices in serving survivors. In partnership with DV service providers, CoC determined the assessment and prioritization process, which includes the VI-SPDAT, did not necessarily accurately capture the vulnerability of survivors, exposing the potential to miss out on housing opportunities. In response, the CoC created a Joint TH-RRH project specifically for survivors and carved out 10% of Emergency Housing Vouchers for survivors to address this barrier to housing. Active engagement and recruitment of DV service providers allows for survivor-centric input at all levels of CoC policies and programs, including evaluating and improving CES and supportive housing.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC:

1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
2.	accounted for the unique and complex needs of survivors.

**(limit 2,500 characters)**

1. The CoC's Every Voice Counts Council (EVC) is made up of 12 diverse individuals from a variety of housing programs, shelters, and unsheltered situations. This includes survivors with lived expertise. The EVC meets once a month to provide guidance on the development, revising, and revamping of CoC policies and programs. Each seat on the EVC is sponsored by a homeless service provider in the CoC, and The Family Violence Center, one of the CoCs main DV providers, is responsible for 8 total seats throughout the year to ensure that survivor's voices are heard and incorporated into CoC policies and programs. The EVC will work on five major themes throughout each year - Health, Housing, Neighborhood and Community, Legal, and Financial Stability. Through each of these themes, the EVC will review current CoC policies, procedures and programs and assist in the development of new or revamped policies and programs. With the new expansion to VAWA, policies around DV will be critical to ensuring that our CoC meets the needs of survivors, and their lived expertise in this area will be greatly needed.

2. Safety is the greatest priority of our survivors, and that is why as a part of the EVC process before each meeting, agencies are required to tell the CoC who will be participating that month. That list of EVC members is then cross referenced with the other agencies to ensure safety within the meetings. If there is a conflict, the CoC and the agencies responsible for sponsoring those individuals will work together to determine a solution that fits the needs of the survivor. The CoC wants to foster a safe and inclusive environment for the EVC and that means ensuring that the needs of survivors are not only accounted for, but met. The CoC will work closely with each agency that is sponsoring a seat on the EVC and the individuals participating on the Council to ensure low-barriers to participation.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:	
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and

4. your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

- 1) CoC has actively pursued opportunities to collaborate with local organizations serving LGBTQ+ individuals and has subsequently engaged these groups in a variety of CoC initiatives and committees. Training on best-practices for how to serve LGBTQ+ individuals is given by a local organization to other CoC member organizations. The CoC is working towards formal partnership that includes updates to the CoC anti-discrimination policy as needed. CoC Executive Board Vice-Chair, Director of Diversity and Inclusion, works with CoC to provide annual training to CoC funded and non-CoC funded agencies serving individuals who are homeless. This training includes antidiscrimination components specific to LGBTQ+ youth and adults.
- 2) CoC conducted a System Analysis of Need in May 2022. This study collected information from stakeholders including 182 individuals with lived experience, service providers and community at large. Access and barriers were researched with these groups to ensure CoC and non-CoC funded agencies are compliant with anti-discrimination policies. Results indicate agencies have anti-discrimination policies in place and comply with CoC-wide policy. CoC facilitates monthly meetings where member agencies collaborate on policies and process, including guidance on anti-discrimination policies.
- 3) Clients accessing CoC program services are provided with information on anti-discrimination policies and clear steps of the CoC grievance process should they believe they have experienced discrimination. During quarterly monitoring, any discrimination grievances filed with housing, shelter, or supportive services programs would be reviewed by CoC Lead Agency staff, the City of Springfield, and contracted agency, Community Partnership of the Ozarks.
- 4) CoC has not experienced any episodes of noncompliance with the CoC's antidiscrimination policies. If a provider's anti-discrimination policies were not in compliance with CoC's anti-discrimination policies, CoC would require provider to amend their policies, bringing them into compliance with those of the broader CoC. Specific instances of discrimination may be referred to the Springfield Mayor's Commission on Human Rights and Community Relations (MCHRCR). The MCHRCR investigates complaints of discrimination in employment, housing, and public accommodations. Complaints are referred to the Missouri Commission on Human Rights and ultimately onto HUD's Office of Fair Housing & Equal Opportunity.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Springfield Housing Authority	13%	No	No
Dallas County Public Housing Agency - OACAC	9%	No	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1) The CoC has improved its working relationship with the two largest PHA’s in the CoC’s geographic area (Dallas County PHA and Housing Authority of the City of Springfield) to establish a limited preference via specific projects. Both entities are engaged with the CoC through participation in CoC Committees (Christian County Homeless Alliance, CoC Executive Board, Homeless Youth Task Force, Homeless Veterans Task Force, and General Membership). Implemented projects that prioritize people experiencing homelessness include VASH Vouchers, FYI vouchers, and EHV’s. HAS has advocated with federal lawmakers and VA representatives to increase the number of VASH vouchers in the CoC (from 34 to 76). In 2018, HAS added Veterans to their prioritization policy to support CoC efforts to end Veteran homelessness. In 2020, HAS and OACAC signed an MOU with the CoC to implement FYI vouchers to support CoC efforts to end youth homelessness. In 2021, HAS and OACAC signed an MOU with the CoC to implement EHV. Through implementation of FYI and EHV, both PHA’s are engaged with case conferencing and accepting referrals via CES.

2) NA

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	

5.		
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1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section V.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	
	Foster Youth to Independence Vouchers (FYI)	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	NA

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section V.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program. Not Scored—For Information Only	
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	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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PHA
Springfield Housi...
Dallas County Pub...

## **1C-7e.1. List of PHAs with MOUs**

**Name of PHA:** Springfield Housing Authority

## **1C-7e.1. List of PHAs with MOUs**

**Name of PHA:** Dallas County Public Housing Agency-OACAC

## 1D. Coordination and Engagement Cont'd

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	8
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	8
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.



	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. As a part of the local CoC competition process, when a project applies they are required to submit documentation of their Housing First Policies during the Letter of Intent. One of the scoring criteria used for each project is points on if the project implements Housing First principles, including no preconditions or barriers to entry except as required by funding sources, and provision of necessary supports to maintain housing and prevent a return to homelessness. Each project is scored, ranked, and reviewed based on Housing First principles. If the project is funded, the CoC conducts both quarterly and annual monitoring of the project. During both, the project is evaluated on Housing First.
2. As a part of the quarterly monitoring process for each project, the CoC reviews the following to evaluate Housing First: all referrals coming from CES; referrals made/accepted/declined; average vulnerability scores; exit destinations; income increases (earned and mainstream benefits); and other SPMs. For the annual monitoring process, projects are also evaluated on their written policies related to Housing First.
3. The CoC prioritizes Housing First through its adopted CES Policies and Procedures. The CoC expects all federally funded programs to utilize this practice and encourages non-federally funded programs to utilize it as well. The CoC evaluates project compliance with a Housing First model through quarterly review of CES referrals and outcomes, quarterly review of project performance on housing placement and retention, and annual reviews of agency housing first policy, client files, and APR data. The CoC also evaluates these outcomes at a system level through quarterly review of aggregate HMIS data on housing placements and retention by project type. Follow up with agencies is conducted if issues are identified through any of these reviews and system level training is provided as needed through CoC Committee meetings and special training sessions.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1 Street Outreach takes place through formal relationships with CES access points (PATH) and informal partnerships with advocates, service providers, and other mainstream partners. PATH Street Outreach team is located at primary CES access hub, a one-stop including more than 20 partners focused on housing and financial stability, and has the ability to complete CES intake assessments while conducting outreach. Other agencies/groups that are not designated access points are members of the CoC and engaged in the CES process and refer to CES. Additional outreach consists of lead CES personnel convening outreach teams in partnership with local law enforcement and businesses. CoC partner agencies (including rural partners, local law enforcement, and others) are able to request outreach from CES position. These relationships and others, specifically with meal sites, advocates, and cold weather shelter providers, ensures outreach and CES accessibility to all people experiencing unsheltered homelessness.

2 CoC Street Outreach covers 100% of the CoC's geographic area.

3 PATH and CES access point staff conduct formal street outreach at a minimum of twice a week to connect with individuals at meal sites, drop-in centers, camps, and on the street. These staff are responsive to community requests for additional outreach as needed, including formalized protocols for situations where there is involvement with LE and encampments.

4 In addition to covering the entire CoC geographic area and actively seeking opportunities to engage in locations inhabited by those who are least likely to request assistance, Street Outreach uses a progressive engagement model wherein relationships are formed and built on over time. Initial outreach efforts do not involve any commitments or requirements from participants to receive assistance and participants have the choice at any time to complete a CES intake assessment, engage in additional services, or pursue housing opportunities. During this time outreach personnel work on tasks necessary to help those they engage with become eligible for supportive housing referrals (e.g., obtaining ID, establishing chronicity verification) so that ultimately the time between referral and housing is reduced.

<b>1D-4.</b>	<b>Strategies to Prevent Criminalization of Homelessness.</b>	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	166	268

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	SOAR	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

**(limit 2,500 characters)**

1 CoC provides regular updates on mainstream resources and applicable trainings at public meetings and twice-monthly case conferencing via updates and trainings (SOAR, employment programs); and as-needed via email with CoC funded agencies and partners; CoC CES main access point hosted outreach events with VITA representatives to assist people experiencing homelessness; CoC CES main access point provides resource navigation and enrollment assistance via partnerships with local community health advocates.

2 CoC has working partnerships with MSU Care, FQHC, and Mercy Hospital to connect participants with health insurance. MSU Care (health clinic for uninsured) serves as a CES Front Door and CES staff sit on MSU Care Board of Directors. Hospital staff sit on Executive Board for CoC contracted agency. Primary CES Front Door partners with service learning, OT/PT, and nursing students to provide on-site application and related assistance. CoC Executive Board Chair is a representative from the largest Health Department in the CoC. Health Department, hospital, and FQHC representatives participate in various CoC Committees to ensure healthcare provision. The main CES Front Door hosts health related outreach events on a monthly basis and health partners (including health clinic for uninsured, WIC, and PATH) have regular office hours at this facility. CES hub (One Door) facilitates regular in-services and meetings with local substance abuse treatment providers.

3 The Missouri Department of Mental Health leads efforts to increase access to SOAR certification throughout the state. SSI/SSDI Outreach, Access and Recovery (SOAR) training is available online through the MDMH website. Their free training provides the skills to assist consumers with benefits acquisition through SSA. Promotion of the MDMH SOAR training is provided to all CoC member agencies during an annual training and encouraged for all CoC Funded agencies. As a part of the CoC Strategic Action plan, HUD-funded agencies will be increasing their SOAR certified staff by at least one person by spring of 2024 and the CoC will be looking to hire a community-based SOAR certified individual to serve at CES hub.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.
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(limit 2,500 characters)

The CoC has designated the City of Springfield as the Lead Agency for the Ozarks Alliance to End Homelessness (OAEH). As the Lead Agency, the City allocated over \$2.2 million of its HOME-ARP funding, via its HUD approved Allocation Plan, specifically toward the acquisition and development of non-congregate shelters. On January 30, 2023, the City released a Non-Congregate Shelter Program NOFA. A total of \$5,001,000 was available for that NOFA, with almost \$2.7 million of ARPA funding being provided by the City as additional leverage for its HOME-ARP funding. The City has awarded a total of \$2,885,290 (\$1,962,273 of HOME-ARP funding and \$923,017 of ARPA funding) to The Kitchen Inc (TKI). TKI will utilize the funds to construct a new 12-unit non-congregate Emergency Shelter addition at their existing O’Reilly Family Campus. This addition will add 24 non-congregate shelter beds to the OAEH system and the HIC. The remainder of the funds allowing for the construction of TKI’s Non-Congregate Shelter are being provided via ARPA funding from the Missouri Department of Economic Development (DED). Per the State of Missouri’s Draft HOME-ARP Allocation Plan, over \$5.4 million will be allocated for acquisition and development of non-congregate shelters to leverage entitlement cities utilizing their respective allocation for non-congregate shelter. The City is planning to apply for the State’s non-congregate allocation to further increase the number of non-congregate beds within the CoC.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. In March 2020 the CoC created a COVID-19 Task Force comprised of representatives from the Health Department, hospitals, Office of Emergency Management, COAD, Emergency Shelter and Housing providers, local government, and advocates to guide our COVID 19 response for people experiencing homelessness. This Task Force improved CoC working relationships with healthcare partners resulting in increased coordination and resources available for the development of an isolation/quarantine unit (and long-term plans to sustain it), and cross-system collaboration. The CoC worked with HUD, FEMA, Missouri Housing Development Commission, and local government to develop policies and procedures for the implementation of an isolation/quarantine unit to respond to COVID variants and is working with local government regarding allocating ARPA funds to sustain the model. Because of this work through the nation’s pandemic response, we have a Disaster Recovery Team led by the local public health agency to implement policies that aid in quick response to the needs of those experiencing homelessness to prepare for an outbreak in infectious diseases in our CoC region. Through this coalition, the CoC built upon existing structures for Hepatitis and flu vaccine outreach to offer COVID-19 vaccination primarily through the O’Reilly Center for Hope, a one-stop service center and home to our regional CES. CoC partner agencies report an increased value in system level collaboration, communication between agencies, and communication with the public about homelessness. Since the pandemic, CoC works to implement COAD’s housing component of their Disaster Recovery Plan.

2. CoC regional membership includes representatives from each county’s Office of Emergency Management, public health professionals, direct service providers, hospitals, libraries, drop-in centers, advocates, those with lived experience, and members of the faith community. Through this network of community representatives, a unified education and outreach process has been established. Individuals who are vulnerable to contracting infectious diseases can access vaccination clinics throughout the region in places frequented by those experiencing homelessness and at monthly medically directed service events put on by the CoC in collaboration with public health professionals. Educational information on various infectious diseases, such as COVID-19 and Monkey Pox, is provided by the local health department at the CoC's one-stop.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1) CoC facilitated collaboration and communication between housing service providers and public health representatives through the establishment of our Disaster Recovery Team. This coalition began in March 2020 with the establishment of a COVID Response Team, but has since broaden in scope, made up of local public health providers, hospitals, regional foundations, service providers, advocates, COAD, SEMA, and the Office of Emergency Management. A public health representative Chair’s the CoC Executive Board, guiding policy development for education and resources to those that are homeless, especially those at high risk of contracting infectious diseases. This collaboration between the local health department, allowed for health department staff to be on-site at the O’Reilly Center for Hope, home to our regional CES, to provide access to education and prevention information, which is also widely distributed by the 20 partner agencies serving on site. Educational material and in-services are provided through the CoC comprised of over 350 individuals representing 150 agencies. Through monthly Day of Hope events, CoC’s local public health department is on-site at the event to provide education, resources, and information on public health measures and guidance.

2) Regular information and training sessions are offered by public health representatives. Public Health officials created “Monkeypox Prevention Guidance for Shelters and Congregate Settings” which provides information on disease symptoms and exposure, treatment, prevention, and disinfection. This is one example of collaboration between CoC system providers and our public health institutions. CoC is actively working with public health agencies on educational materials on the new COVID variant and a strategy on how to provide those materials through our street outreach teams and service providers. CoC has a process in place to respond to communicable diseases, where the CES would facilitate placement in the cases that require quarantine and isolation.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1 CoC CES covers 100% of the CoC’s geographic area. CES universal intake and prioritization is implemented throughout the region through ‘front door’ access points including street outreach teams, phone, and email access. This access reduces barriers for those experiencing homelessness by eliminating travel to a centralized location to access the homeless service system of care. Street Outreach takes place through formal relationships with CES access points and informal partnerships with advocates, service providers, and other mainstream partners. CES access points include LEA homeless liaisons, DV provider, SSVF, PATH, youth drop-in center and emergency shelter, medical clinic for uninsured, and victim services one-stop.

2 CES utilizes the VI-SPDAT II as part of the universal assessment process. All ‘front door’ providers utilize this assessment tool for clarity and consistency with prioritization for housing services. CoC's CES program and our HMIS Lead Agency provides ongoing training and regular audits of assessments to ensure that information is complete and accurate. CES conducts twice monthly Case Conferencing for regular referral to available units using a prioritization listing exported from HMIS and updated at least weekly.

3 Representatives from projects that make and accept referrals from CE comprise the group responsible for review and revision of CE processes and policies. Twice monthly case conferencing sessions also incorporate time and a mechanism for program staff to provide feedback and inform the development of new policies and processes. A new workgroup with robust representation from a variety of community sectors, including program staff and those with lived experience, is being assembled to spearhead the development and implementation of widespread CES improvements to enhance assessment equity and dynamic prioritization and help improve overall system performance measures.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
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NOFO Section V.B.1.p.

Describe in the field below how your CoC's coordinated entry system:

1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)



1. CES reaches people least likely to apply for services through development of population specific front doors; targeted outreach events/efforts with Street Outreach and healthcare partners; offering critical care services (laundry, showers, mail service) at main CES access point; partnerships with local law enforcement on homeless camp outreach; partnerships with advocacy groups that provide meals; and printed materials on accessing resources available for public dissemination (targeted for each geographic area).
2. Assistance offered through CES is prioritized for those with most severe service needs as identified by VI-SPDAT II, local assessment process, and locally determined priority populations. Local assessment process includes VAWA procedures, parameters for EHV, FYI, and Shelter Diversion referrals, and prioritization via observational assessment (for persons with severe and persistent mental health conditions presumed to be highly vulnerable but unable to self-report accurately). An example of prioritizing for highest need is the dedication of 90% of EHV to high need individuals experiencing literal homelessness (10% allocated to DV survivors, based on prioritization list data) and referrals to Housing Navigators.
3. Programs accepting referrals from CES are required to attend twice monthly Case Conferencing meetings. When openings become available outside of Case Conferencing, agencies immediately notify CES and CES responds within 48 business hours with eligible referrals. Once agency receives referral, they have 72 hours to acknowledge referral within HMIS and initiate contact to start intake process. Separate Chronic Case Conferencing occurs monthly with a focus on PSH and assisting those with highest need in gathering documentation necessary to facilitate timely progression upon referral. All are given information on client choice throughout the process.
4. CES universal intake and prioritization is implemented throughout the region through 'front door' access points including street outreach teams. This access, along with phone and email access options, reduces geographic barriers and need to travel. Primary CES hub co-locates more than 20 related partners. Outreach takes place through formal relationships with CES access points and informal partnerships with advocates, service providers, and other mainstream partners. In this upcoming year, CoC will be reviewing CES questions and process, including reviewing any invasive questions.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
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NOFO Section V.B.1.p.

Describe in the field below how your CoC through its centralized or coordinated entry:

1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1) CoC affirmatively markets housing and services through multiple channels. At the main CES access point, O'Reilly Center for Hope (OCH), there is a housing access packet provided to those experiencing homelessness including information on affordable housing, Social Serve (free web-based affordable housing locator), the City of Springfield's affordable housing search, MHDC affordable housing search, and local PHAs. CoC promotes services through OCH, where over 20 different partner agencies provide stabilizing, wrap-around services (legal, employment, budgeting, mainstream benefits, health, and mental health), and connect individuals experiencing homelessness to the ShelterSGF app that pushes out daily notifications on community services. CoC's Systems & Services Committee, made up of homeless service providers, is provided with regular in-service and educational opportunities on housing and services within the CoC geographical region.

2) All individuals experiencing homelessness are provided with a "Know Your Rights" informative handout when they access the CoC CES. This includes information on safe housing, client choice through CES, grievance policy, VAWA, and the McKinney-Vento Act. At OCH, the main CES access point, federal Fair Housing information on rights is available all over the building, whether people are accessing CES or other supportive services and partners.

3) Individuals who believe they experienced discrimination in housing are directed from the CoC to the Mayor's Commission on Human Rights (MCHR). The MCHR is a City of Springfield committee working directly with HUD Fair Housing representatives, has a process for hearing claims and finding resolution. The CoC membership is encouraged to direct current and prospective clients to the MCHR if they are informed of potential discrimination that violates their rights.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/06/2022

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

- |    |  |
|----|--|
| 1. | your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and |
| 2. | what racial disparities your CoC identified in the provision or outcomes of homeless assistance.                                     |

(limit 2,500 characters)

1) CoC utilizes HUD’s Continuum of Care Racial Equity Analysis Tool and other HMIS reports to help our system of care providers understand fully who is accessing services as well as the outcomes of households served. This analysis will be performed at least quarterly and presented to CoC members during general meetings as well as CoC Executive Committee and our Systems and Services committee made up of CoC funded and non-CoC funded agencies providing shelter and housing services. This tool is beneficial to CoC to identify gaps in services and create goals and actions to address any disparities noted. CoC conducted a Homeless Services Analysis of Need in May 2022. This study included a quantitative analysis that included data from PIT, HIC, CES and ACS, and had a focus on racial disparities within the CoC. The quantitative analysis was coupled with a qualitative analysis through focus groups and community surveys. In 2022, TA providers convened 16 focus groups made up of 182 individuals with lived experience which was added to information collected through survey of service providers and community members. Results were incorporated into CoC Strategic Action Plan, which includes an emphasis on Diversity, Equity, Inclusion on each task for CoC goals and priorities. Results also led to the establishment of our local Lived Experience Council.

2) The CoC Racial Equity Analysis Tool will be updated in November 2023 and quarterly thereafter. A previous analysis utilized by CES September 2022, determine that although people of color make up 8% of the regions total populations, 22% are experiencing homelessness, 17% are experiencing unsheltered homelessness and 13% are living in poverty. When updated in November 2023, CoC will be able to track changes in racial disparities in homeless service access and assistance. This information will guide the CoC Executive Board on the establishment of an affordable housing growth plan.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC’s board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes

11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
Other:(limit 500 characters)		
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
NOFO Section V.B.1.q.		

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

**(limit 2,500 characters)**

CoC Contracted Agency, Community Partnership of the Ozarks, hired a Diversity, Equity, and Inclusion Director in 2020, also now CoC Executive Board Vice-Chair, who is tasked with developing a community wide curriculum for diversity, equity, and inclusion, based on a previous model that was developed for the local public school system. CoC and CES staff have attended the Facing Racism Institute, offered by a local university, that provides a historical overview of systemic racism and how it influences our communities today. CoC Coordinator as well as two HUD-CoC funded program staff participated in recent HUD Workshops, which are grounded in foundational equity and centered as a part of the Workshop series. As a part of the CoC's Strategic Action Plan, all tasks and goals have a diversity, equity, and inclusion (DEI) component to ensure that DEI is centered in all the work that the CoC does through 2025 and not added on as an afterthought. Also, as a part of the CoC's Strategic Action Plan, CoC staff will be revitalizing the HMIS Oversight Committee and completing a Gaps Analysis, both of which will require intentional usage of HUD's Racial Equity Toolkit to guide system reform. Specifically, the CoC intends to use information and best practices learned through Facing Racism Institute, HUD Workshops, and CoC Racial Disparity Assessments to implement a more equitable prioritization and assessment process.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
NOFO Section V.B.1.q.		

Describe in the field below:

1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

**(limit 2,500 characters)**

1) CoC has created strategies within our current Strategic Action Plan to both measure and address racial disparities within our system of care. Our CES will take the lead on conducting at least quarterly Analysis of Racial Equity and reports to the CoC members, CoC Executive Committee, and Systems and Services committee (CoC Funded and non-CoC funded agencies). Through Street Outreach, CoC has increased outreach into underrepresented areas within the region, increasing opportunities for households experiencing homelessness or at risk of homelessness to connect with both mainstream resources – healthcare, mental healthcare, and substance abuse treatment, etc.- and our CES. CoC regularly provides access and information regarding HUD and other local training to address any racial disparities in service access and provision. Community Partnership of the Ozarks (Lead Agency’s contracted agency) partners with local interpreters to assist with non-English speaking households, as well as vision and hearing-impaired individuals seeking assessment through our CES. Our region’s Prosper Springfield initiative, aimed at enhancing education and outreach regarding all services for under-resourced households, developed a housing and homeless component working with entities such as NAACP, Grupo Latino Americano, ALAS, Asian American Coalition, and the American Indian Center.

2) CoC conducted a Homeless System Analysis of Need in May 2022 that included qualitative and quantitative analysis of our region's homeless system of care. Results of this analysis guide our strategic planning, updated every two years. Results were also included in the City of Springfield’s Consolidated Plan. As a part of the CoC Strategic Action Plan, the CoC will utilize HUD’s Racial Equity Toolkit at least quarterly starting in the fall of 2023. Our CES is currently evaluating proxy factors that stand in for racial disparities as we revamp our CES process to ensure we are not creating bias in assessment and referral processes.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC’s Outreach Efforts.	
NOFO Section V.B.1.r.		

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

CoC Executive Board membership has long included a seat for an individual with lived experience. However in 2022, CoC Executive Board voted to establish a Lived Experience Council as a result of a Homeless Services Analysis of Need in May 2022. Through this study, 16 focus groups made up of 182 individuals with lived experience provided keen insight into needs to expand current services or address critical gaps in resources available in the CoC Region. Everyone that participated in focus groups were compensated for their time. The CoC has developed a system for recruiting and compensating members with lived experience to the Every Voice Counts (EVC) Council. The EVC Council, a formal committee of the CoC, is Chaired by an individual with lived experience and is made up of 11 other members with lived experience. All seats on the EVC Council are sponsored by agencies in the CoC that represent a wide variety of subpopulations. Agencies that sponsor seats include housing programs, emergency shelters, outreach teams, and homeless advocacy agencies. The agency that sponsors that seat on the EVC Council is responsible for recruiting and compensating the member.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.  
 Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	2	2
2.	Participate on CoC committees, subcommittees, or workgroups.	19	19
3.	Included in the development or revision of your CoC's local competition rating factors.	0	0
4.	Included in the development or revision of your CoC's coordinated entry process.	0	0

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

CoC offers multiple opportunities for employment and professional development for individuals with lived experience. These include the CoC Lived Experience Council and Youth Action Board (YAB)- members are trained in governance process through coalitions and are included in trainings offered through CoC subcommittees; members have requested and are offered training and professional development opportunities. The YAB has developed goals, which include professional development through the creation of a Life Skills 101 curriculum that they teach to their peers at local youth drop-in centers. Additionally, CoC funded agencies including The Kitchen, Inc. have board representation of lived experience with board members taking part in networking and learning opportunities that can include leadership, learning and reviewing financial statements, understanding and assisting with financial audits, fundraising and marketing, property maintenance/insurance/donations, and staffing and personnel policies. Other member organizations, including the MO Dept. of Mental Health (MDMH) publicize their commitment to enhancing community employment options for persons they serve. MDMH, for example, assertively supports participants by providing referrals for employment services and maintains active partnerships with SkillUp, vocational rehabilitation programs, and local behavioral health providers. They also provide detailed information on how employment may impact current cash benefits (SSI/SSDI) to support participants in making educated employment decisions. MDMH and other behavioral health providers also provide statewide training and promote the hiring of Peer Specialists, who must have lived experience. Further career growth and professional development opportunities are available through the MO Job Center, which is located at the O'Reilly Center for Hope (one-stop service site where main CES hub is located) and accessible to all households accessing the CES.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
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NOFO Section V.B.1.r.
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Describe in the field below:
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- |    |   |
|----|---|
| 1. | how your CoC routinely gathers feedback from people experiencing homelessness;  |
| 2. | how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and |
| 3. | the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.            |

(limit 2,500 characters)

1 CoC conducted a Homeless Services Analysis of Need in May 2022. TA providers convened 16 focus groups made up of 182 individuals with lived experience, whose input was added to information collected through survey of service providers and community members. This laid the foundation for the establishment of CoC Lived Experience Council (LEC), which provides ongoing feedback of gaps and services in the CoC region orientated around five key areas - health, housing, financial stability, legal, and neighborhood and community. In addition to the CoC's current Lived Experience seat on the Executive Board, the Chair of the LEC also has a voting seat.

2 The Homeless Services Analysis of Need focus groups comprised of 182 people with lived experience have had a major influence on strategic planning and funding allocation within our CoC region. The City of Springfield's ARPA Committee delayed funding prioritization and distribution until after the final report and recommendations were received from this analysis. Through the responses from the focus groups, key recommendations were brought forward and will guide funding awards for increases in affordable housing; increasing access to critical care services for unsheltered; providing access to community based case management to increase access to housing, healthcare, mental healthcare, and employment for those with multiple barriers; and providing Housing Problem Solving and diversion programs to help obtain and maintain housing. The CoC Lived Experience Council Chair will have the opportunity to have a voting seat on the Rank and Review Committee for annual CoC NOFO and any requested input from MHDC for ESG funding.

3. The CoC has done much ground work following the System Analysis of Need in 2022 to ensure that CoC member agencies and staff are ready and prepared to fully listen to and engage with the feedback from the Lived Experience Council (LEC). Issues and concerns arisen from the LEC will be heard directly by the CoC Executive Board to ensure that structures, policies and programs are equitable, fair and just across the CoC, and properly addressed. Changes resulting from challenges brought up by the LEC will go first to the CoC Executive Board for appropriate remedy and revision and then be communicated to the full CoC membership at quarterly meetings.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)



1. In November 2022, the City of Springfield concluded the planning process resulting in the creation and adoption of the City’s new Comprehensive Plan (Forward SGF 2040). Forward SGF is the blueprint for the future of the City. This Comprehensive Plan serves as the community vision and directs future growth and development through 2040. The CoC Coordinator served as a member of the Forward SGF Advisory Team and was instrumental in the formulation and development of the Housing & Neighborhoods section of Forward SGF. This chapter of Forward SGF has concluded that multifamily development should be encouraged along Springfield’s commercial corridors, where housing can be used to reposition underutilized or underperforming commercial properties. A significant portion of Springfield is made up of longstanding single-family neighborhoods. Forward SGF supports the development of vacant or underutilized lots as well as the redevelopment of aging properties with higher density residential options. With the adoption of Forward SGF, the City is now in the process of updating its Community Development Codes that regulate the development of land and installation of public infrastructure by implementing the guiding principles and policy recommendations outlined in the Forward SGF Comprehensive Plan. The City is currently in the process of creating Place Teams to facilitate meaningful, effective, and efficient engagement for discussion of changes to the City’s land development regulations. The CoC Coordinator, and several other members of the CoC, have been assigned to serve on the City’s four Place Teams. The service of CoC members on the Place Teams will help to ensure that the City adopts new zoning regulations, subdivision regulations, and building codes that encourage additional housing development. This additional development density will allow for the provision of a greater level of affordable housing options.

2. Per the City’s AI to Fair Housing Choice, none of its land use controls currently serve as a barrier to affordable housing. With the adoption of Forward SGF, the City is now in the process of developing new land use regulations that will serve as a tool to put many of the goals and objectives of Forward SGF into action. Promotion of higher density residential options should also lead to the development of additional multi-family housing units in the city. The CoC will be intimately involved in the formulation of these new land development regulations.

## 1E. 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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	<b>Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice.</b> NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	08/07/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	08/07/2023

1E-2.	<b>Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.</b> NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.  
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	52
2.	How many renewal projects did your CoC submit?	8
3.	What renewal project type did most applicants use?	Tie

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1) By utilizing data, such as System Performance Measures (SPM), quarterly and annual monitoring reports, and APR reports, each renewal project is scored based on narrative, financials, and performance measure outcomes. One of the scoring components is reducing returns to homelessness. The CoC scoring committee reviews SPM 2 for both RRH and PSH programs on returns to homelessness within 24 months of exiting to permanent housing. Projects are also scored on increasing access to permanent housing by reviewing the percentage of people who exit program to permanent housing and/or retain in the program.

2) Quarterly monitoring reports, in combination with APR reports, are provided to the CoC Executive Committee's NOFO Committee. One of the performance measure outcomes scores based on the average time from project start to housing move-in date for both RRH and PSH projects. Points are scored based on certain thresholds for CoC that were determined by a Rank & Review Committee that evaluated the average for each project over the 5 years prior to the development of the scoring tool.

3) Like many communities across the nation, the CoC is experiencing a severe shortage of safe, decent, affordable housing, especially for individuals with high barriers to housing. Due to the CoC-wide shortage of affordable housing units, CoC created a tiered score for funding applicants that did not meet benchmarks for permanent housing placement that are different for RRH versus PSH. Individuals with higher barriers and more severe needs are likely to be placed into a PSH program, so it was important to the CoC to score based on different thresholds than a RRH project. The CoC has also included a required, but not scored narrative component requiring projects to express challenges and barriers the project faced. This context allows the scoring committee to score projects on both qualitative and quantitative data. Additionally, CoC scores on increasing access to both earned and any income, HMIS data quality and other performance indicators.

4) CoC scoring committee is responsible for not only objectively scoring projects and ranking, but also weighing the projects that serve local priorities. CoC prioritizes PSH projects, especially those that serve chronic homeless populations. Because our CoC region has a severe shortage of affordable housing units, CoC created weighted scoring criteria for agencies serving households with high barriers to housing stability.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

**(limit 2,500 characters)**

- 1) In summer of 2022, the CoC conducted a System Analysis of Need, which included 16 focus groups comprised of 182 individuals representing broad racial and ethnic backgrounds. Through the focus groups, individuals discussed any barriers experienced to accessing CoC service providing agencies or barriers to programs or opportunities once entering agency services. This input was then used in the fall and winter of 2022 to provide guidance on the development of the new CoC scoring tool used in the FY2023 NOFO local competition.
- 2) CoC posting of all applications, ranking and collaborative application is posted for public comment on the City of Springfield's and the CoC's contract agency website, which includes mechanisms such as translation services to ensure the opportunity for review and input from racially and ethnically diverse citizens and groups.
- 3) As a part of the development of the new CoC scoring tool development, CoC wanted to ensure the unique needs of underserved and marginalized populations are being addressed by each project. A question in the narrative component of the scoring tool, scores projects on how they address barriers to relevant services for a broad range of populations and asks how they do that. Specifically, CoC wanted to know about initiatives and components of the program such as, but not limited to, communication and outreach, staff training, lived experience integration, and partnerships.

<b>1E-4.</b>	<b>Reallocation—Reviewing Performance of Existing Projects.</b>	
	NOFO Section V.B.2.f.	

Describe in the field below:	
1.	your CoC's reallocation process, 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)**

- 1) The CoC has a written and approved CoC Project Ranking and Reallocation Policy. This policy is a tool used by the CoC to strategically utilize limited funding and improve the local homeless response system by creating new projects to meet local need and eliminating projects that are consistently low performing or would be more appropriately funded through other funding streams. The CoC Reallocation Policy allows for voluntary and involuntary reallocation. Any reallocation is overseen by the CoC NOFO Committee, which conducts quarterly project monitoring of performance and spending as well as the review of all renewal applications. Through the review of renewal applications, the NOFO Committee assesses effective spending, capacity, audits, CES participation, performance measures, and population served to determine if a project should be considered for reallocation. Any reallocation must be approved by the CoC Executive Board.
- 2) No projects requiring reallocation were identified during the FY2023 process.
- 3) The CoC did not reallocate any low performing or less needed projects during its local competition this year.
- 4) No projects requiring reallocation were identified during the FY2023 process.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/07/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.  You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank—if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.  You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/21/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.  You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	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.	09/21/2023
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## 2A. Homeless Management Information System (HMIS) Implementation

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; 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.	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Multiple CoCs
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/25/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and	



3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1) ICA, CoCs HMIS lead, conducts an annual Comparable Database Check with each Victim Service Provider (VSP) receiving HUD funding (CoC, ESG). The Comparable Database Check is to confirm that the VSP's database is compliant with HUD's current Data Standards and meets all minimum-security standards, as set forth in HUD's Data and Technical Standards. "Physical inspections" of databases will be conducted (1) when it is a new agency onboarding (2) for current agencies when significant changes occur to HUD Data Standards or (3) for current agencies if they change databases.  
 2) HUD VSPs are asked to provide a CAPER csv file to ICA for upload to the SAGE test site to ensure they are able to upload and submit CAPER reports. ICA is available for technical assistance to VSPs to assist in the process. Concerning security and privacy standards, VSPs are provided a checklist to complete and return to ICA. The checklist asks the VSP to confirm they are meeting each HUD requirement and to provide information regarding their Privacy and Security Notice, screensaver, firewall, anti-virus software, etc.  
 3) CoC is compliant with 2022 HMIS Data Standards

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	413	186	200	88.11%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	47	11	36	100.00%
4. Rapid Re-Housing (RRH) beds	268	41	227	100.00%
5. Permanent Supportive Housing (PSH) beds	167	0	62	37.13%
6. Other Permanent Housing (OPH) beds	161	0	0	0.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, 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)**

1) and 2) The reported HMIS bed coverage rate for PSH, according to 2023 HIC data, is at 37.13%. The low percentage is because HUD-VASH vouchers provided in the CoC are not recorded in HMIS. However, VA and PHA staff work closely with the CoC to participate to the fullest extent possible with CES using a process outside of HMIS and all HUD-VASH openings are filled via referrals from CES. VA staff participate in twice- monthly full CES Case Conferencing as well as additional monthly Veteran-specific case conferencing with VA, SSVF, and CES staff. Every Veteran on the active Prioritization List is referred to eligible services as they are available. For OPH, EHV's were issued to referrals from CES via a formal partnership between CoC and PHA. Although beds are not recorded in HMIS, referrals and disposition are recorded in HMIS.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	
	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/25/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

**(limit 2,500 characters)**

1) CoC has a standing PIT Planning Committee that works in tandem with the CoC's Homeless Youth Task Force (HYTF) and Youth Action Board to ensure that PIT engages youth experiencing homelessness and data collected is as representative as possible of community need. The HYTF is comprised of approximately 60 youth service providers, including HUD and ESG funding recipients, public school systems, youth drop-in centers, youth emergency shelters, mentoring programs, and foster care system. The HYTF and Youth Action Board work with PIT Planning Committee to coordinate all youth aspects of the PIT, including survey development, marketing, outreach sites, magnet event site(s), and report out on data collected. CoC conducts PIT via magnet event(s) and outreach sites.

2) and 3) Youth were engaged in counting during the PIT through survey development and survey facilitation. During the 2023 PIT Count, locations where surveys were conducted included local youth drop-in centers, community centers that youth frequent, libraries, and schools. The locations were determined by consultation with the HYTF and Youth Action Board. CoC creates an annual High Risk and Homeless Youth Report based on data collected during PIT, which youth facilitate. Youth Action Board facilitates this report release and hosted a community conversation on youth homelessness in CoC.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

(limit 2,500 characters)

1) No changes were made to the sheltered PIT Count methodology from 2022 to 2023.

2) Historically, the CoC has hosted a magnet event for the PIT. While a great event that surveyed unsheltered households and allowed for them to be surveyed, individuals that attended were likely individuals that were already engaged with the system of care. In 2023, the CoC conducted the PIT count through extensive outreach, which allowed for the CoC to meet people where they are instead of expecting them to come to us. With greater participation from outreach partners and advocates, the CoC increased the areas surveyed, opened a outreach center for 24-hour period to serve as a magnet location for hospital and law enforcement discharges throughout the night of PIT.

3) In 2023, the approach taken for the PIT was to leverage strong outreach teams instead of a magnet event. Outreach teams worked over two days, through the night to locate and survey individuals for the PIT. Partnering with multiple outreach teams in the CoC allowed for a more comprehensive PIT count. The change in the methodology led to an increase in overall identified unsheltered numbers from our last unsheltered count. While there is an increase in CoC's unsheltered count from the previous year, the CoC believes that is due to the methodology change allowing for a more complete count.

## 2C. 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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.</b>	
	NOFO Section V.B.5.b.	

In the field below:
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1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time

**(limit 2,500 characters)**

1) CoC formally launched CES in 2017; main intake for CES is implemented through the O'Reilly Center for Hope (OCH), which offers resources and referrals to 20 partner agencies. Data from OCH, HMIS, prevention reports, and CES guide prevention and diversion planning. Other sources used to determine risk factors include: CES Case Conferencing, SPM progress, availability of affordable housing, and feedback from Community Focus Report, Housing Collaborative, Forward SGF (City of Springfield's Strategic Plan), Criminal Justice System, and Impacting Poverty Commission. CoC is constantly working collaboratively across systems of care to identify contributing factors for homelessness.

2) CoC is engaged at the community level to ensure at-risk households receive appropriate interventions. CoC oversees different funding that expands diversion initiatives. Diversion is integrated with CES, allowing for seamless referrals and assistance, including limited short-term hotel stays for families while they restabilize. Strategies to increase diversion initiatives include centralized access to shelter diversion through CES and maintaining and increasing funding from various community partners. In 2023, the Humanitarian Way, a substantial shelter diversion program, was integrated into the main CES access and referral process. Located within the OCH (one stop service site), CES works alongside 20 agencies, most of which provide services for households experiencing a housing or financial crisis. Co-location of Legal Services including eviction prevention and expungement, as well as services to support families in poverty (OACAC and WIC) create an internal referral system to immediately address families at risk of becoming homeless.

3) Community Partnership of the Ozarks is the contracted agency for the City of Springfield (CoC Lead Agency) and Community Partnership's Director of Homeless Services is responsible for oversight of this strategy.

<b>2C-1a.</b>	<b>Impact of Displaced Persons on Number of First Time Homeless.</b>	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

<b>1.</b>	<b>natural disasters?</b>	No
<b>2.</b>	<b>having recently arrived in your CoCs' geographic area?</b>	No

<b>2C-2.</b>	<b>Length of Time Homeless—CoC's Strategy to Reduce.</b>	
	NOFO Section V.B.5.c.	

In the field below:

<b>1.</b>	<b>describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;</b>
<b>2.</b>	<b>describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and</b>
<b>3.</b>	<b>provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.</b>

**(limit 2,500 characters)**

1) The CoC has developed initiatives to increase housing access and decrease wait times for housing placement. Strategies include: joint Landlord Engagement Committee with CoC and Housing Collaborative, which works to build relationships with developers and property owners to increase the number of units available to high barrier tenants; supporting master leasing opportunities to reduce financial risk to property owners; working to develop a flexible funding pool/risk mitigation fund to reduce risk to property owners and assist with expenses; CES participants utilize twice-monthly case conferencing to ensure clients are being rapidly referred to appropriate programming and sharing resources; encouraging agencies to have SOAR-certified staff; Food Stamp and Medicaid application assistance is available at the O'Reilly Center for Hope 3 days per week. CoC Strategic Plan includes the establishment of a local risk mitigation initiative to increase access to affordable housing, allowing for quicker transition into housing and faster stabilization of households. CoC is in current communications about a strengthened partnership with a local PHA about increasing homeless preferences. CoC's CES partners with local Low-Income Housing Tax Credit developers to encourage homelessness as the identified and prioritized vulnerable population, which ensures that a designated percent of units are set aside for PH. The CoC also oversees various Diversion funding pools, which help low-barrier households re-stabilize and ensures households are quickly moving through the homeless service system.

2) CoC-adopted CES order of prioritization for PSH and RRH programs states that Length of Time homeless will determine priority after severity of need is established. Length of time homeless and other criteria are determined and measured during the initial intake process for all housing programs, which includes the VI-SPDAT II and other assessment components. Households with lower VI-SPDAT II scores are first assessed for Shelter Diversion funds/programs and connected with stabilizing mainstream resources.

3) Community Partnership of the Ozarks is the contracted agency for the City of Springfield (CoC Lead Agency) and Community Partnership's Continuum of Care Coordinator is responsible for oversight of all CoC strategies.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section V.B.5.d.	

	In the field below:
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

**(limit 2,500 characters)**



- 1) Since formal launch of CES in 2017, CoC has focused on understanding and improving this SPM. CoC receives quarterly updates from HMIS Lead Agency on SPM progress at system and agency level. Updates inform system planning and implementation of this strategy. CoC updated CES Policies/Procedures to address individuals at risk of returning to homelessness (e.g. EHV policies). Additional strategies include: outreach and education to landlords through Landlord Engagement Committee, master leasing opportunities, and establishment of a flexible funding pool to assist with extra rental expenses and deposits. CoC Strategic Plan includes the establishment of a local risk mitigation initiative to increase access to affordable housing, allowing for quicker transition into permanent housing and faster stabilization of households. This is all included in an annual training for landlords.
- 2) Since formal launch of CES in 2017, the number of individuals retaining or exiting to PH remains steady at 94%. CoC funded agencies employ Critical Time Intervention strategies to support newly enrolled households to ensure long-term mainstream services are available to continue stability. CoC is working to fully develop Moving On initiatives in conjunction with EHV and other Housing Choice Vouchers to ensure limited resources are available to those with the highest need for supportive services and to open PSH spaces for new households on the Prioritization List. CoC is in current communications about a strengthened partnership with a local PHA about increasing homeless preferences. CoC's CES partners with local Low-Income Housing Tax Credit developers to encourage homelessness as the identified and prioritized vulnerable population, which ensures that a designated number of units are set aside for PH. Additional strategies include: connections to mainstream resources (physical/mental healthcare, RX, employment, sobriety support (if needed/wanted), and wrap around supportive services to ensure stabilization of individuals to retain PH.
- 3) Community Partnership is the contracted agency for the City of Springfield (CoC Lead Agency) and Community Partnership's Continuum of Care Coordinator is responsible for oversight of all CoC strategies.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

**(limit 2,500 characters)**

1) The CoC uses its Prioritization List, CES Case Conferencing, and review of HMIS data to identify households that return to homelessness. A coordinated intake process has existed in the CoC since 2009, the VI-SPDAT has been utilized since 2013, and CES was formally launched in 2017. The current Prioritization List reflects households that have returned to homelessness since 2017, as identified during the initial CES intake/assessment process. The Prioritization List is regularly reviewed and updated through twice monthly CES Case Conferencing meetings, which include HUD-CoC and non HUD-CoC funded agencies, in addition to monthly population specific case conferencing. The CoC Executive Board reviews Prioritization List demographics and HMIS data on a quarterly basis.

2) In 2022, CoC conducted a Systems Analysis of Need, which pulled both qualitative and quantitative data on the system, including returns to homelessness data. This informed the 2023 Strategic Action Plan's goal on developing a homeless services growth plan. As a part of that, CoC will be conducting a gaps analysis, which will review data around exit types and re-entry timeframes. The CoC works to reduce returns to homelessness by assessing trends/contributing factors in repeat episodes of homelessness, determining populations most vulnerable to returning to homelessness, and developing strategies to address these. For example, prioritizing CoC Bonus Funding for RRH and PSH programs that can demonstrate capacity and experience with stable housing placements, regular review of CES referrals to ensure appropriate interventions are being offered, and offering training and best practices for case managers to help support households in long-term housing stability.

3) Community Partnership is the contracted agency for the City of Springfield (CoC Lead Agency) and Community Partnership's Continuum of Care Coordinator is responsible for oversight of all CoC strategies.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	

In the field below:	
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

**(limit 2,500 characters)**

1) CoC strategies to increase employment income include regular training to ensure accurate data reporting, assessment of program level outcomes on this measure through quarterly monitoring and incorporating program outcomes in CoC NOFO Ranking and Selection process, and system level partnerships with employment agencies to increase awareness and referrals. During the CoC's NOFO Ranking and Selection process, projects are ranked on increasing employment cash income using two different data reports to show a more comprehensive picture of client increases. As a part of the CoC's Strategic Action Plan, two of the goals for the CoC Executive Board include employment income - 1) Strengthen the Partnership with the Missouri Job Center to Provide Better Access to Employment Income and 2) Create a Pay Today Employment Program in Partnership with the Missouri Jobs Center. Both of these goals to be completed and implemented by the CoC will strengthen client access to employment income.

2)The Missouri Job Center (local WIB) is operated by the City of Springfield (Lead Agency for the CoC) and the Missouri Job Center (MJC) Director sits on the Board of Directors for Community Partnership (contracted agency for CoC). The Job Center also has representation on CoC Committees (Homeless Youth Task Force and Homeless Veterans Task Force) and is an on-site partner at the main CES access point, the O'Reilly Center for Hope (OCH). Some programs offer a homeless preference. The CoC promotes Job Center programs and career fairs through its meetings, email list (350 individuals representing 150 organizations), and through the OCH (CES main access point and community resource hub). Additionally, O'Reilly Center for Hope is a referral source and host site for employment programming Preferred Family HealthCare (employment services for individuals with physical and intellectual disabilities), Vocational Rehabilitation, and Missouri Mentoring Partnership (state initiative that offers employment programs for youth). The CoC conducts an annual training on employment assistance programs for all CoC membership. The CoC also collaborates with workforce development at the state level through the Missouri Interagency Council on Homelessness, which the Department of Labor serves on.

3) Community Partnership is the contracted agency for the City of Springfield (CoC Lead Agency) and Community Partnership's Continuum of Care Coordinator is responsible for oversight of all CoC strategies

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1) CoC works to increase non-employment cash income by promoting SOAR and mainstream benefits and through developing community partnerships. CoC hosts annual SOAR 101 training in partnership with the Department of Mental Health to provide community education to HUD CoC funded and non-CoC funded agencies on the importance of SOAR certified staff and the benefits to households. CoC hosts annual Mainstream Benefits training (SSI, SSDI, TANF, Food Stamps, Medicaid/Medicare) to all CoC membership. CoC staff actively participate in local anti-poverty initiatives (Prosper Springfield) and service coordination/referral efforts outside of CES to ensure system-level referrals for mainstream benefits. CoC works to connect all HUD CoC funded agencies and other social service providers to mainstream resources to increase client access (SSI/SSDI, Medicaid, etc.). Medicaid application assistance is available at the O'Reilly Center for Hope (CES main access point and community resource hub). Strategies include annual public training on SOAR, prioritizing agencies with SOAR certified staff for CoC funding, and referrals to Family Support Division staff through outreach sites, application assistance at CES Front Door sites, and targeted outreach events throughout the year, including Day of Hope events with Department of Social Services participates monthly in. CoC hosts outreach events there in partnership with Volunteer Income Tax Assistance Program to increase potential tax returns. These events are low-barrier (no registration required and ServicePoint [HMIS Software] IDs were accepted), cross promoted financial literacy classes, and the O'Reilly Center for Hope provides a mailing address for those without a permanent address. During the CoC's NOFO Ranking and Selection process, projects are ranked on increasing non-employment cash income using two different data reports to show a more comprehensive picture of client increases, and this information is also reviewed quarterly during the HUD CoC monitoring process.

2) Community Partnership is the contracted agency for the City of Springfield (CoC Lead Agency) and Community Partnership's Continuum of Care Coordinator is responsible for oversight of all CoC strategies.

### 3A. Coordination with Housing and Healthcare

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Housing Resources.</b>	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections V.B.6.a. and V.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
FAC YCC TH/RRH Pr...	Joint TH-RRH	8	Healthcare

### **3A-3. List of Projects.**

**1. What is the name of the new project?** FAC YCC TH/RRH Project 23-24

**2. Enter the Unique Entity Identifier (UEI):** HCE4GMMMEYG48

**3. Select the new project type:** Joint TH-RRH

**4. Enter the rank number of the project on your CoC's Priority Listing:** 8

**5. Select the type of leverage:** Healthcare

### 3B. New Projects With Rehabilitation/New Construction Costs

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	NOFO Section V.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	NOFO Section V.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,500 characters)**

Not Applicable

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	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
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

Not applicable.



## 4A. DV Bonus Project Applicants for New DV Bonus Funding

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

**You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.**

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	284
2.	Enter the number of survivors your CoC is currently serving:	173
3.	Unmet Need:	111

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	
	Describe in the field below:	
	1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
	2. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
	3. if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

**(limit 2,500 characters)**

1) CoC and HMIS Lead Agency pulled self-reported data from the Prioritization List of individuals who identified as a DV Victim/Survivor. Reviewing a demographics report at the CoC level for the previous year shows the number of individuals that are entered in an HMIS project who reported being a DV Victim/Survivor, and that in combination with local DV projects that use comparable databases was used to calculate the number of survivors currently serving.

2) The data sources used to determine 4A-3 was the CoC Prioritization List, HMIS, and DV comparable database.

3) The unmet need is due to the housing market in Springfield area, Fair Market Rent often does not offer clients a large variety of housing opportunities with safety focused housing. Often this can result in individuals being housed in neighborhoods that might leave them vulnerable to future DV situations. Additionally, DV victims have a significant amount of "damage control" that needs to be completed to client credit and financials following a significant number of DV situations. Often, individuals suffer financial abuse from their abuser and they are left with arrears and bad rental history. If they are still going through court proceedings or other channels of help with their situation, it can take time for financial barriers to be cleaned up. If DV projects can secure safe, decent and affordable housing quicker, they can enroll more individuals into programming. CoC is also submitting a new DV project this grant cycle, which should help to get more DV Victims/Survivors into programming and permanent housing allowing for the CoC to work towards meeting the need.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

<b>Applicant Name</b>
FosterAdopt Connect

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

<b>4A-3b.</b>	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	FosterAdopt Connect
2.	Project Name	FAC YCC TH/PH-RRH Project 23-24
3.	Project Rank on the Priority Listing	8
4.	Unique Entity Identifier (UEI)	HCE4GMMEYG48
5.	Amount Requested	\$118,148
6.	Rate of Housing Placement of DV Survivors–Percentage	0%
7.	Rate of Housing Retention of DV Survivors–Percentage	0%

<b>4A-3b.1.</b>	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

1. This is a new DV project with a agency new to HUD CoC funding. Rates of placement were calculated based on client data from the time of the YCC opening October 17, 2022. Since opening, more than 324 youth have been served at the YCC. As of April 2023, the YCC staff have performed housing assessments as a front door in accordance with the CoC for 20 households. The calculation for this grant of supporting 9 households and 20 beds is a conservative calculation for a first-year grant with the Springfield/Greene, Christian, Webster Counties CoC. Rates of retention were calculated based on information from the CoC based on prior and existing grant-funded projects and the opportunity in the community to find additional households to maintain 9 units in the case of housing disruption.
2. The YCC navigators will use trauma-informed practices to work with clients in establishing safety plans, discussing safe options for long-term housing after exiting the HUD program, fair housing laws and rights of tenants. Navigators will also provide clients with additional referral resources and continue after care for the clients for one year.
3. FosterAdopt Connect utilizes a company-owned and operated database system called SAM for HIPAA compliant data retention of client information. FosterAdopt Connect also utilizes HMIS as a front door agency, in agreement with the CoC. Data was compiled to estimate the number of households for year one of the grant application.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1 and 2) The YouthConnect Center (YCC) has experience as a front door agency through the CoC to perform housing assessments through the Coordinated Entry System, for DV survivors experiencing homelessness. After they are entered into the CoC’s prioritization list for housing, the Family Navigator identifies the client’s needs related to supportive services.

3, 4 and 5) Case management is a client-led goal-setting process, in which clients identify their needs and establishes a timeline to meet those needs. Using a Housing First Approach, housing is always addressed in case management. After housing is addressed, case management may also include the following: basic needs (clothing, food, and hygiene), employment, education, mental health, sobriety, and identifying natural supports. YCC staff currently work with, and will continue to work with clients to apply for SSI/SSDI, SNAP, TANF, and Medicaid to help them supplement their income. Additionally, clients are assisted as needed with applications for state childcare subsidies. Staff remind clients of upcoming interviews and follow-up appointments to qualify for subsidies, and if clients have barriers such as literacy in applying for a subsidy, the YCC staff member assists them with the application process. YCC clients often have SNAP cards sent to the YCC, since they know it is a safe place for mail to be received and it ensures no one will steal or fraudulently use their card. YCC staff have encouraged clients and helped them apply for state-paid cell phone service. To ensure clients remain in housing, the YCC staff will establish a personal budget with the client in case management appointments. YCC staff will also continue to case conferencing for each client on a monthly basis to ensure their retention of housing after exit.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1 and 2) The YouthConnect Center (YCC) Navigators welcome and screen new clients utilizing a Red/Yellow/Green safety assessment. Each client is screened privately, independent of others who may be accompanying them on their visit. Data from the assessment is logged in the company-owned and operated database system called SAM for HIPAA compliant, confidential data retention of client information. If a client is "literal homeless," they automatically rank as Red in the safety assessment. The Navigator will immediately follow-up with a housing assessment in HMIS, and begin the process to assist them with shelter options. If shelter the same night and the client is 13-18, they can be offered temporary housing at the YCC. If all 8 beds are full or the client is not within the age range, the Navigator will work to find another shelter referral option for the short-term.

3 and 4) YCC Navigators are trained on safety and confidentiality policies and practices when onboarding as a new employee, and refresher training is provided annually.

5) Security measures for clients are client-led as the units are scattered site and not owned by the FosterAdopt Connect and also must meet safety standards set by FAC to ensure clients are physically safe and have location confidentiality. Navigators will accompany clients on site visits to facilitate a safety inspection of potential rental units and will continue safety inspections on a quarterly basis, in addition to a series of screening questions from clients regarding safety in each case management meeting.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

**(limit 2,500 characters)**

The YouthConnect Center abides by the Confidentiality Agreement set forth in the HMIS MOU signed between parties of the CoC and FosterAdopt Connect (FAC). FAC is open to receiving feedback on areas identified for improvement throughout the project.

The agreement is as follows: All parties agree that they shall be bound by and shall abide by all applicable Federal and/or State statutes or regulations pertaining to the confidentiality of client records or information. This agreement pertains to both agency employees as well as volunteers. The parties shall not use or disclose any information about a recipient of the services provided under this agreement except with the written consent of such recipient, recipient's attorney or recipient's parent or guardian. All data will be entered within 24 hours of assessment and all records will be kept within a secure locked filing system within a locked office.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

- 1) Participants' wishes and needs will be valued in each housing decision. The YouthConnect Center (YCC) utilizes a strength-based approach to empower clients in voicing their needs. The YCC is fully invested in a Housing First approach and works diligently every day to be a low-barrier program for clients to access. The YCC ensures that a client's current situation, for example, their substance use, mental health status, or criminal history will not hinder their opportunity to access safe housing through the YouthConnect Center.
- 2) At FosterAdopt Connect, our goal is to lead with respect and inclusion to promote equity of all underrepresented groups, including Black, Indigenous, and People of Color (BIPOC) and LGBTQ+ communities. We expect all employees to embrace this notion and to express it in workplace interactions and through everyday practices. The expectation is that our staff fully support our position on full inclusion and acceptance of LGBTQ+ people.
- 3) Trauma training is available to clients through referral to either other FAC programs, or to external sources including the Juvenile Office and Creating Parenting Readiness (CPR) of the Ozarks and the Victim Center. Strength-based coaching and survivor-defined goals and aspirations can be achieved through partner referrals to Burrell Behavioral Health.
- 4) The YCC utilizes the Child and Adolescent Needs and Strengths (CANS) Assessment tool, and will continue utilizing the assessment throughout case management with each household. The CANS assessment is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Versions of the CANS are currently used in 50 states in child welfare, mental health, juvenile justice, and early intervention applications. A rating of '2' or '3' on a CANS needs suggests that this area must be addressed in the plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities.
- 5 and 6) The YCC aims to eliminate any obstacles that youth face accessing different community resources by partnering with other service providers in the community and providing a safe space within the YCC building for service providers to meet with youths and their families. Service providers include: Health and Wellness: AIDS Project of the Ozarks, Burrell Behavioral Health Youth Behaviorist Program, the GLO Center, and Jordan Valley Community Health Center. Youth Life Skills and Education: Creating Parenting Readiness of the Ozarks, Greene County Juvenile Office, Missouri Mentoring Partnership, and Springfield - Greene County Public Library. Recovery: Burrell Behavioral Health C-STAR Addiction Recovery Services, and Recovery Dharma.
- 7) Support for Survivor Parenting includes referrals to FAC programs Fostering Prevention and Behavioral Intervention, as well as partners Juvenile Office and Creating Parenting Readiness (CPR) of the Ozarks.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.	



**(limit 5,000 characters)**

The YouthConnect Center, which will act as the transitional housing component, offers clients the opportunity to utilize the center’s private showers, laundry services, clothing closet, and grocery bags. Navigators will work with clients to apply for SSI/SSDI, SNAP, TANF, and Medicaid to help them supplement their income. Additionally, clients are assisted as needed with applications for state childcare subsidies. External partner referrals can be made including Legal Services of Southwest Missouri for legal needs - child custody, ex-parte filings, divorce filings, and more; the Victim Center for therapy for victims.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

Describe in the field below examples of how the new project(s) will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

**(limit 5,000 characters)**

- 1) Participants' wishes and needs will be valued in each housing decision. The YouthConnect Center (YCC) utilizes a strength-based approach to empower clients in voicing their needs. The YCC is fully invested in a Housing First approach and works diligently every day to be a low-barrier program for clients to access. The YCC ensures that a client's current situation, for example, their substance use, mental health status, or criminal history will not hinder their opportunity to access safe housing through the YouthConnect Center.
- 2) At FosterAdopt Connect, our goal is to lead with respect and inclusion to promote equity of all underrepresented groups, including Black, Indigenous, and People of Color (BIPOC) and LGBTQ+ communities. We expect all employees to embrace this notion and to express it in workplace interactions and through everyday practices. The expectation is that our staff fully support our position on full inclusion and acceptance of LGBTQ+ people.
- 3) Trauma training is available to clients through referral to either other FAC programs, or to external sources including the Juvenile Office and Creating Parenting Readiness (CPR) of the Ozarks and the Victim Center. Strength-based coaching and survivor-defined goals and aspirations can be achieved through partner referrals to Burrell Behavioral Health.
- 4) The YCC utilizes the Child and Adolescent Needs and Strengths (CANS) Assessment tool, and will continue utilizing the assessment throughout case management with each household. The CANS assessment is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. Versions of the CANS are currently used in 50 states in child welfare, mental health, juvenile justice, and early intervention applications. A rating of '2' or '3' on a CANS needs suggests that this area must be addressed in the plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities.
- 5 and 6) The YCC aims to eliminate any obstacles that youth face accessing different community resources by partnering with other service providers in the community and providing a safe space within the YCC building for service providers to meet with youths and their families. Service providers include: Health and Wellness: AIDS Project of the Ozarks, Burrell Behavioral Health Youth Behaviorist Program, the GLO Center, and Jordan Valley Community Health Center. Youth Life Skills and Education: Creating Parenting Readiness of the Ozarks, Greene County Juvenile Office, Missouri Mentoring Partnership, and Springfield - Greene County Public Library. Recovery: Burrell Behavioral Health C-STAR Addiction Recovery Services, and Recovery Dharma.
- 7) Support for Survivor Parenting includes referrals to FAC programs Fostering Prevention and Behavioral Intervention, as well as partners Juvenile Office and Creating Parenting Readiness (CPR) of the Ozarks.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

**(limit 2,500 characters)**

1 and 2) FosterAdopt Connect's Performance, Quality & Improvement (PQI) Department evaluates the impact of FAC's service delivery and outcomes. The PQI team develops analyses and reports to move FAC forward towards a more data-driven culture where we can do more with our data and support strategic decision making across the organization. Through the use of client satisfaction surveys and feedback, FAC seeks to achieve continuous improvement in program operations.

## 4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
  - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
  - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	HAS Homeless Pref...	08/29/2023
1C-7. PHA Moving On Preference	No		
1D-11a. Letter Signed by Working Group	Yes	LEC Letter of Sup...	09/18/2023
1D-2a. Housing First Evaluation	Yes	Annual Monitoring...	08/29/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	08/31/2023
1E-2. Local Competition Scoring Tool	Yes	MO-600 Scoring Tool	09/06/2023
1E-2a. Scored Forms for One Project	Yes	Scored Renewal Pr...	09/06/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	--	09/06/2023
1E-5a. Notification of Projects Accepted	Yes	Notifications of ...	09/07/2023
1E-5b. Local Competition Selection Results	Yes	Final Project Sco...	09/07/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	FY2023 HDX Compet...	08/31/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	New Project TH/RR...	09/12/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

## **Attachment Details**

**Document Description:** HAS Homeless Preference

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** LEC Letter of Support

## **Attachment Details**

**Document Description:** Annual Monitoring Guide

## **Attachment Details**

**Document Description:** Web Posting of Local Competition Deadline

## **Attachment Details**

**Document Description:** MO-600 Scoring Tool

## **Attachment Details**

**Document Description:** Scored Renewal Project

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Notifications of Projects Accepted

## **Attachment Details**

**Document Description:** Final Project Scores for All Projects

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** FY2023 HDX Competition Report

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** New Project TH/RRH Healthcare Agreements

## **Attachment Details**

**Document Description:**

## **Attachment Details**



**Document Description:**

## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
1A. CoC Identification	08/04/2023
1B. Inclusive Structure	09/18/2023
1C. Coordination and Engagement	09/18/2023
1D. Coordination and Engagement Cont'd	09/18/2023
1E. Project Review/Ranking	09/21/2023
2A. HMIS Implementation	09/21/2023
2B. Point-in-Time (PIT) Count	09/21/2023
2C. System Performance	09/21/2023
3A. Coordination with Housing and Healthcare	09/21/2023
3B. Rehabilitation/New Construction Costs	09/21/2023
3C. Serving Homeless Under Other Federal Statutes	09/21/2023

<b>4A. DV Bonus Project Applicants</b>	09/21/2023
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	No Input Required