

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MO-604 - Kansas City/Independence/ Lee's Summit/Jackson County CoC

CoC Lead Organization Name: Homeless Services Coalition of Greater Kansas City

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Homeless Services Coalition (HSC) Board of Directors

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: 501(c)(3)

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 75%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

The Homeless Services Coalition is a membership organization of homeless individuals, students, representatives from nonprofit agencies, federal, state and local government offices, and private individuals concerned with homelessness in Kansas City and the surrounding area. The members elect a Board of Directors and Officers at their annual meeting. Vacancies on the Board that occur between elections are filled by the Board but members so chosen must be affirmed by the membership at the next annual meeting. The Board of Directors includes formerly homeless members.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

The Homeless Services Coalition (HSC) continues to grow. Each year new CoC projects are developed with planning assistance from the HSC. Monitoring of the programs and agencies occurs on a regular basis. The HSC Board is ready to assume new responsibilities such as serving as a grantee and additional project oversight as we believe this supports our efforts to enhance service delivery in the community.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care Committee	The Continuum of Care Committee is dedicated to defining, evaluating, and enhancing the Continuum of Care system. The CoC Committee works through the Grants, HMIS, and Special Needs Population Work Group Sub-Committees	Monthly or more
HMIS Work Group Sub-Committee	Over the past several years this sub-committee has primarily focused on increasing the number of members participating in the HMIS. Our community now has 100% participation in the HMIS for all recipients of grant funding. Several member and non-member agencies voluntarily participate as well. The HMIS Sub-committee is shifting its focus to more training of members regarding analysis of the data submitted. In addition, this sub-committee will help track data as it develops from the new HPRP funding the community has received.	Monthly or more
Grants Work Group Sub-Committee	Using input from the other committees the Grants Work Group Sub-committee trains members in preparing their SHP NOFA application. They conduct member surveys to assist with the Exhibit 1 component of the application and assist with the technical submission training for conditionally funded projects. Throughout the year they monitor programs for HUD compliance and encourage members to document any changes or new developments of programs to be considered for the coming year. This sub-committee also leads the membership in preparing and conducting the Point In Time Count.	Monthly or more
Ranking and Review Panel	The community Ranking and Review Panel is an independent group of individuals who are appointed by the Homeless Services Coalition to rank and review the grant applications. The panel is comprised of individuals who are not affiliated with any of the applicants. They represent the City, the County, and the private sector as well as one homeless or formerly homeless individual.	Monthly or more
Special Needs Population Sub-Committee	This sub-committee examines trends from the Point In Time Count and HMIS to determine gaps in service to subpopulations such as those who are severely and persistently mentally ill, dually diagnosed, elderly, youth aging from foster care, substance abusers and the chronically homeless. They design training for providers to enhance their services to these subpopulations.	Monthly or more

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

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
City of Kansas City - Planning Department	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Kansas City - Neighborhood and Communit...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Department of Mental Health	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Governor's Committee to End Homelessness	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
COMBAT	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, Subst...
Jackson County Housing Resource Commission	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Jackson County Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Kansas City Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	HIV/AIDS
Housing Authority of Kansas City	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Housing Authority of Independence	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
University of Missouri - Kansas City	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
The University of Kansas	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Kansas City Public School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Independence School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Kansas City Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Full Employment Council	Public Sector	Local w...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

American Indian Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
American Red Cross	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Amethyst Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Benilde Hall	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Veterans, Su...
Bishop Sullivan Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Budget and Financial Management Assistance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Community LINC	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Community Services League	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Don Bosco	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Friendship House and Catherine's Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Guadalupe Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Hope House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domestic Vio...
Kansas City Community Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Legal Aid of Western Missouri	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Mattie Rhodes	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Mental Health America Heartland	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Mid America Assistance Coalition	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE

Neighbor to Neighbor and Sarai's Shop	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Newhouse	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Ozanam	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Renaissance West	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
reStart	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Youth, Subst...
Rose Brooks Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
SAVE, Inc	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Substance Ab...
Sheffield Place	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Swope Health Service Outreach	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
The Helping Hand of Goodwill Industries	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Housing Information Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
The Vet Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Veterans
The Women's Employment Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
United Services Community Action Agency	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Uplift	Private Sector	Non-pro..	None	NONE
Veronica's Voice	Private Sector	Non-pro..	None	NONE
Cathedral of Immaculate Conception	Private Sector	Faith-b...	None	NONE
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

City Union Mission	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
City Union Mission Family Shelter	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Grand Avenue Temple	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Hillcrest Transitional Housing	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Holy Family House	Private Sector	Faith -b...	None	NONE
Kansas City Rescue Mission	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Light House	Private Sector	Faith -b...	None	Youth
Metropolitan Lutheran Ministry	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Mother's Refuge	Private Sector	Faith -b...	None	Youth
Operation Breakthrough	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Redemptorist Social Services Center	Private Sector	Faith -b...	None	NONE
The Salvation Army Crossroads	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
The Salvation Army Honk 'n Holler	Private Sector	Faith -b...	None	NONE
The Salvation Army Missouri Shield of Service	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Substan ce Abuse
The Salvation Army Linwood Center Supportive Ho...	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Access House Safe Haven Project	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Greater Kansas City Community Foundation	Private Sector	Fun der ...	None	NONE
Missouri Association for Social Welfare	Private Sector	Fun der ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Rockhill Academy for Independent Living	Private Sector	Othe r	None	Seriousl y Me...
Downtown Improvement District	Private Sector	Busi ness es	Attend Consolidated Plan focus groups/public forums durin...	NONE
Downtown Council	Private Sector	Busi ness es	Attend Consolidated Plan focus groups/public forums durin...	NONE

12th Street Heritage	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
TIES Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
Truman Medical Center West	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Truman Medical Center Homeless Support Project ...	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
VA Medical Center Homeless Program	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Su...
Swope Health Service Healthcare for the Homeless	Private Sector	Hospita..	Attend 10-year planning meetings during past 12 months, C...	NONE
Kymette Doxey	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Joyce Humphrey	Individual	Homeles..	Attend 10-year planning meetings during past 12 months, C...	NONE
City of Independence	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Missouri Housing Development Commission	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Phoenix Family Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Kansas City Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Rockhurst University	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Youth
Municipal Court	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes..
Mid America Regional Council	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Reconciliation Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Hope Faith Ministries , INC	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Welcome House	Private Sector	Non-pro..	None	Substance Abuse
Synergy Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Domes..
St. Luke's Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...

Forest Avenue Family Shelter	Private Sector	Faith -b...	Attend Consolidated Plan focus groups/public forums durin...	Youth, Serio...
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1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)

- f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply)

- b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, p. Review Match, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply)

- a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

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

City Union Mission reconfigured their housing stock converting eleven emergency shelter family beds to 6 beds for individuals. They also added 117 emergency shelter beds for single males. Newhouse reduced their total emergency shelter beds by 7 converting 64 emergency shelter beds for individuals into 38 beds for families and 19 for individuals. Synergy Services added 14 emergency shelter beds for youth.

Safe Haven: No

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

Not applicable

Transitional Housing: Yes

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

reStart added 4 transitional housing beds for youth as well as 5 new beds for individuals. Save, Inc. converted 8 transitional housing beds to permanent housing for individuals. The KC Rescue Mission added 20 transitional housing beds for individuals. Synergy Services added 7 transitional housing beds for youth.

Hillcrest Ministries/Independence is developing 26 transitional housing beds and Hillcrest Ministries/Sugar Creek is developing 8 all for households with children.

Permanent Housing: Yes

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

Save, Inc. transferred 8 transitional housing beds to permanent housing for individuals. The Department of Mental Health has 13 chronic beds under development. Truman Medical Center Behavioral Health has 4 chronic permanent beds under development. Department of Mental Health uses beds in response to chronic individual and family make up. There is a change in their grants reflecting actual numbers for the past year: 240 beds for households with children, 139 family units, and 239 beds for households without children and 83 chronic beds.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	MO-605 e-HIC Chart	11/24/2009

Attachment Details

Document Description: MO-605 e-HIC Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 01/28/2009
(mm/dd/yyyy)

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

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS
(select all that apply)

Must specify other:

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

Specify "other" data types:

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

The unsheltered count, housing inventory (Point in Time Count), information gathered from HMIS data and non-HMIS data sources (provider surveys), and HUD's unmet need formula were used to determine preliminary unmet need figures. This was reviewed by providers, who based on discussion and experience, verified the numbers. This continuum also contracted with Resource Development Institute to tabulate all of the surveys submitted by providers on the day of the point in time count. They then provided an analysis and report on cross tabulation of the sheltered and unsheltered population and subpopulations.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Regional (multiple CoCs)

Select the CoC(s) covered by the HMIS: MO-603 - St. Joseph/Andrew, Buchanan, DeKalb Counties CoC, MO-604 - Kansas City/Independence/ Lee's Summit/Jackson County CoC, KS-501 - Kansas City/Wyandotte County CoC, KS-505 - Overland Park/Shawnee/Johnson County CoC, KS-503 - Topeka/Shawnee County CoC, KS-507 - Kansas Balance of State CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: MAACLink

What is the name of the HMIS software company? Mid America Assistance Coalition (MAAC)

Does the CoC plan to change HMIS software within the next 18 months? No

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

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: Inadequate staffing, No or low participation by non-HUD funded providers, Inadequate resources
(select all the apply):

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

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

Additional resources are needed for agency computer upgrades, as well as ongoing maintenance and report specialization requested by agencies. Also, with the Balance of State in Missouri utilizing a different HMIS, additional resources are needed for the bridge with that software system to share homeless data.

Currently, smaller faith based homeless service provider agencies are unable to participate in the HMIS due to inadequate funding. MAACLink has secured a grant that will soon allow these agencies to purchase equipment and cover licensing fees to enable them to enter data. Others, like transitional living programs for youth, have other reporting systems that they participate in and will likely only enter data in the HMIS if it can be easily transferred from one database to the other.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Mid America Assistance Coalition

Street Address 1 One West Armour Blvd.

Street Address 2 Suite 301

City Kansas City

State Missouri

Zip Code 64111

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:

First Name Stephanie

Middle Name/Initial

Last Name Pruitt

Suffix

Telephone Number: 816-561-2727
(Format: 123-456-7890)

Extension 113

Fax Number: 816-561-7277
(Format: 123-456-7890)

E-mail Address: spruitt@maaclink.org

Confirm E-mail Address: spruitt@maaclink.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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

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

* Emergency Shelter (ES) Beds	65-75%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Semi-annually

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

Youth serving agencies within the transitional housing inventory enter information into a database specific to youth serving agencies. Only one transitional housing program does not enter data in the HMIS. This is a faith based, mission driven program that lacks the staff and financial resources to participate.

A grant recently received by the the Mid America Assistance Coalition, our HMIS partner, provided financial resources for the KC Rescue Mission for equipment but they still need to determine how they can free up staff time to make entry into the HMIS feasible. We will work with them on this over the next 12 months.

We will also monitor programs through the APR reports and site visits to determine if all beds are reported accurately.

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	27%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	1%
* Veteran Status	1%	1%
* Disabling Condition	1%	1%
* Residence Prior to Program Entry	0%	40%
* Zip Code of Last Permanent Address	42%	18%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? Yes

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Annually

How frequently does the CoC review the quality of program level data? Annually

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

Bi-weekly trainings are available for users of the HMIS, and a help desk is staffed Monday through Friday 8 a.m. to 5 p.m. Updates are given at CoC meetings on a regular basis. Networking and needs assessment is provided through a monthly Agency Relations Committee. Workshops are generally offered at MAAC's Annual Training Conference. Data quality reports are run consistently and any concerns are addressed through consultation and training.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

System functionality to automate program entry and exit dates for emergency shelter clients was implemented. Homeless Services Coalition staff review data quality standards and data entry during agency monitoring visits.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Monthly
Use of HMIS for program management:	Monthly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

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

How often does the CoC assess compliance with HMIS Data and Technical Standards? Monthly

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Monthly

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

If 'Yes' indicate date of last review or update by CoC: 09/30/2008

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	85	95	12	192
Number of Persons (adults and children)	270	301	38	609
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	492	295	159	946
Number of Persons (adults and unaccompanied youth)	520	299	159	978
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	577	390	171	1,138
Total Persons	790	600	197	1,587

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	249	112	361
* Severely Mentally Ill	164	33	197
* Chronic Substance Abuse	369	44	413
* Veterans	168	41	209
* Persons with HIV/AIDS	108	2	110
* Victims of Domestic Violence	108	13	121
* Unaccompanied Youth (under 18)	16	6	22

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

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

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

All emergency shelters, transitional housing and permanent housing sites for the homeless are included in the Point In Time Count. The Homeless Services Coalition conducts surveys at each and compares that data with the HMIS report. While CoC members are required to participate non members voluntarily assist us by reporting on their populations as well. The Homeless Services Coalition of Greater Kansas City contracted with Resource Development Institute to tabulate and report on the data collected. This data included information regarding subpopulations. It also included data regarding persistent homelessness, dually diagnosed persons, the developmentally disabled, the physically disabled and those over 55 years of age.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

Comparing 2009 numbers to 2008 there is an increase of 76 individuals in permanent supportive housing from 419 to 495. There is also an increase of 30 total families in permanent supportive housing from 173 in 2008 to 203 in 2009. This reflects the emphasis on permanent housing and this population by our local Continuum. Our number of families in emergency shelter decreased from 107 to 85 and in transitional housing from 107 to 95. This reflects an overall decrease of 276 households to a total of 192 in emergency and transitional housing in 2009. The number of households without children in emergency shelter went from 623 in 2008 to 520 in 2009. The number of individuals in transitional housing in 2008 was 228 and increased to 299 in 2009. For individuals in emergency and transitional housing the total number was reduced from 851 to 819, or less than a 4% decrease.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	X
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

The data was collected by agency staff who distributed and collected surveys at program sites and completed agency-specific surveys on the day of the Point of Time Count. All staff participating in the survey were required to attend a training session in order to provide consistency throughout the continuum. The Homeless Services Coalition contracted with a local research firm, Resource Development Institute, to tabulate and report on the surveys conducted at all housing locations. The report included information about subpopulations including those developmentally and physically handicapped, dually diagnosed and elderly. The information gathered through the Point In Time Count has been used frequently this year to raise awareness of the homeless population in the Kansas City area.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

The data in all categories in 2009 is more accurate than the previous count as the Homeless Services Coalition provided additional training for provider agencies and made improvements to the survey. The chronic homeless count is larger as we have developed more permanent housing resources. The increased number of severely mentally ill, veterans, and persons living with HIV/AIDS identified was the result of this training. The chronic substance abuse reporting is the result of cooperation from substance abuse service providers. The domestic violence count from 2008 included children in error. In 2009 the count was 108. Victims of domestic violence have increased, and the shelters filled, due to new protocols implemented within the police department which address lethality concerns when responding to domestic violence calls. In addition, while not the cause of domestic violence, the recent downturn in the economy further limits available funding for services and the options women have to remove themselves from violent situations. This combination of factors will lead to more women being denied services and suffering increased physical and psychological injuries. The count of unaccompanied minors was the same as the previous year.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

The Grant Work Group Sub-committee addressed the potential for duplication in all its activities, including requiring an unique identifier for each individual surveyed. In addition to the identifier, sufficient information was collected to compare data to avoid duplication. The survey was developed in consultation with neighboring continuums, and training sessions held over a series of weeks.

A comprehensive and continuum-wide list of shelter locations including emergency, transitional and permanent supportive housing was developed and assigned to Point in Time teams and program staff where applicable. They completed a survey for each homeless person identified. The completed surveys were returned on the day of the count and reviewed by the Grant Work Group Sub-committee for accuracy and duplication. The Homeless Services Coalition contracted with the Resource Development Institute to tabulate and report on the data for both the sheltered and unsheltered counts.

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see [¿A Guide to Counting Unsheltered Homeless People¿](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	
Public places count with interviews:	X
Service-based count:	X
HMIS:	X
Other:	

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Complete Coverage and Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

The Grant Work Group Sub-committee addressed the reduction of duplication in all its activities, including requiring an unique identifier for each individual surveyed. In addition to the identifier, sufficient information was collected to be able to compare data to avoid duplication. The survey was developed in consultation with neighboring continuums, and training sessions held over a series of weeks. A comprehensive and continuum-wide list of survey locations including specific parks, bridges, abandoned buildings and public facilities was developed and assigned to Point in Time teams and program staff where applicable. They completed a survey for each homeless person identified. The completed surveys were returned on the day of the count and reviewed by the Grant Work Group Sub-committee for accuracy and duplication. The Homeless Services Coalition contracted with the Resource Development Institute to tabulate and report on the data for both the sheltered and unsheltered counts.

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

The CoC's outreach plan has included efforts to fully engage and involve faith-based providers, especially those that do not receive public funding, in continuum planning activities. That outreach has helped encourage the development of more housing for families. We are pleased that two faith based agencies, City Union Mission and Forest Avenue Family Shelter, changed the configuration of beds at their shelters to serve more families with children. In addition, Hillcrest Ministries, a faith based organization providing transitional housing to homeless families, intends to open two additional programs in the year ahead. The CoC is applying through this application for more permanent beds for chronically homeless families in an effort to address the needs of this population. If funded, the Department of Mental Health will develop 20 beds for households with children and 7 beds for individuals.

Additionally, the CoC's outreach efforts have included helping to develop the community plan for HPRP funding which includes prevention and rapid rehousing assistance for homeless families as well as individuals.

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

This CoC has very diligent street outreach workers who work every day to encourage persons who are living on the streets to engage in services. We have an Assertive Community Outreach Team, a Healthcare for the Homeless Program, a homeless drop in center and several feeding programs which provide extensive and consistent street outreach. During the Point In Time Count those on the street were given an opportunity to share what services they wanted or needed. These included: employment, job training, life skills, vocational rehabilitation, substance abuse treatment, mental health care, case management, housing placement, primary health and dental care, legal assistance, general transportation as well as transportation for children to school, personal hygiene supplies, phone or mail opportunities. Through the Point In Time Count next January we will again identify individuals and families in settings unfit for human habitation. We are engaging the local school district for help identifying families and unaccompanied youth. Another opportunity for outreach occurs in April 2010 with the National Census. We will reach out through census takers to locations where the homeless are known to gather. We will also try to identify families living in motels and camp grounds during these counts. We expect a number of volunteers to participate in these events. Training will be provided to make them aware of resources that can be directed to the homeless on the street.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

A review of information from the 2009 Point In Time surveys revealed that 50% of respondents indicated they were experiencing their first episode of homelessness. This is disturbing information. We suspect it is the result of foreclosures, evictions and job loss. We also noted a significant number (5% of persons surveyed) were over the age of 60. The number of unsheltered chronic homeless was 109 in 2008 and 112 in 2009, essentially no change. The number of homeless severely mentally ill went from 79 in 2008 to 33 in 2009. This is in part because of the work of our recently funded SAMHSA grantee, the Truman Medical Center Behavioral Health ACT Team which provides outreach to this population. The number of chronic substance abusers went from 115 in 2008 to 44 in 2009. This reduction is also due to the SAMHSA Grant noted above. The veterans count in 2008 was 18 but climbed to 44 in 2009 through improved training for those conducting the street count regarding Veteran status. Persons living with HIV/AIDS only increased by 2, so essentially no change. Thirteen victims of domestic violence were counted in 2009. None were counted in 2008. Unaccompanied minors remained the same.

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

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

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The CoC is applying for Shelter+Care funding for 20 beds of permanent housing for chronic families & 7 beds for chronic individuals. Under development are 4 beds for chronically homeless mentally ill persons & 13 beds for chronically homeless individuals funded in the 2008 competition.

The Mental Health Stakeholders Group, a subgroup of a Mid America Regional Council community Health Care Initiative, is looking at creating permanent beds for those with disabilities through other housing efforts such as HUD 811 or HUD 202 programs, long term care options and community based care programs. Hope and Faith Ministries, a faith-based organization providing day services is moving to a new site and expanding services to include transitional and permanent housing through agreements with local landlords. Additionally, the HPRP programs in the continuum will be developing relationships with landlords that will help to expand the housing opportunities available to all homeless.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

We will develop over 100 permanent housing beds over the next ten years. We will apply each year for beds through member programs that are interested in specific populations such as veterans, families or youth. The Police Department and the HSC hosted a summit on homelessness in June 2009 that was attended by 241 people. This was the culmination of 18 months of planning to develop a Mayor's Task Force on Homelessness for the community. The Task Force has been approved by our City Council and will be made up of providers, business and political leaders, law enforcement personnel, health care providers, educators and homeless persons. The mandate for this group is to present a new plan to address homelessness by September 30, 2010.

How many permanent housing beds do you currently have in place for chronically homeless persons? 177

How many permanent housing beds do you plan to create in the next 12-months? 194

How many permanent housing beds do you plan to create in the next 5-years? 240

How many permanent housing beds do you plan to create in the next 10-years? 290

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC is working to increase the percentage of persons staying in permanent housing for 6 months or more. We will increase training to identify reasons for disruption and intervene; identify clients to help access to mainstream resources; increase PSH client conferences; adjust service plans to prevent disruption; ensure that more referrals are made to Shelter Plus Care and improve access to employment opportunities.

We will open 17 new permanent housing beds for chronically homeless individuals in the year ahead. We are using this application to develop 20 family and 7 individuals permanent beds. As these beds become available the Department of Mental Health and the Truman Medical Center Behavioral Health programs will train staff to select candidates that are capable of maintaining permanent housing for six months or more.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The challenge is to find supportive services to maintain clients in long term permanent housing in order to create a stable living situation for residents. It is a major thrust of this Continuum of Care to create more housing initiatives for persons with mental illness. As mentioned before our community is creating a plan to address homelessness that will include those with chronic mental illness and or dual diagnosis. In order to be effective the community must embrace prevention efforts. We are fortunate to have a mental health tax levy that can be used to address this population. Unfortunately, we have seen flat funding as property taxes have decreased. In addition, we have limited Medicaid resources for this population. These challenges must be addressed. As stated above, the CoC is also working to improve access to mainstream resources and employment opportunities for persons in permanent housing in order to increase their income.

- What percentage of homeless persons in permanent housing have remained for at least six months?** 83
- In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 85
- In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 87
- In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 90

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

We will monitor TH outcomes and create training efforts in order to increase project effectiveness. We will monitor TH participants with substance abuse issues for relapse and identify personal sponsorship to assist them. We will identify barriers to moving to permanent housing and adapt services to address them. Several member agencies are participating in an HPRP program to quickly move individuals and families out of transitional to permanent housing. Greater efforts to address unemployment are discussed later, but that will be key to our success. We noted transitional housing numbers for domestic violence are increasing due to new protocols in place with the Kansas City Police Department. We will evaluate how shelters are counting these residents.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The success of moving persons from transitional housing to permanent housing depends on the private housing stock available, permanent housing for the disabled and the economy. As mentioned before the community is engaged in developing a long term response to homelessness through the Mayor's Task Force on Homelessness. The Task Force will have to address the lack of affordable housing options for persons and families in transitional housing. We will identify through the HPRP programs in this Continuum of Care, as well as our sister continuums across the state line in Kansas and across the country, what strategies are most effective for rapid rehousing. We are under consideration for a HUD sponsored research project through ABT Associates to determine best practices for working with families in shelters. This research should also lead to better planning and creating best practices to move families from transitional to permanent housing.

What percentage of homeless persons in transitional housing have moved to permanent housing? 56

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 65

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 67

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 70

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Our employment at exit is 35% for this application. Rapid re-employment is the key for many persons facing homelessness. We have an HSC member, Goodwill Industries, with an SSO project focused on job placement. We have two other members, Episcopal Community Services and Guadalupe Center, Inc. training and placing homeless persons with jobs in the food industry. We plan to fully utilize the HPRP funding to sustain persons until our economy is able to create more jobs. We will also work with NSP 1 and 2 to create jobs for persons who are homeless or at risk of becoming homeless. We are also working with the United Services Community Action Agency and Full Employment Council to meet our goal. We will train case managers to integrate employment goals into client goal plans.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Currently our employment level at exit is 35%. However, with the difficulty of our local economy to recover and develop jobs maintaining this level will be a challenge. Strategic planning at the local level includes job training and retention. Those members who have job skill programs and job placement efforts have provided training this past year and will repeat the training next year for all member agencies. Goodwill Industries has recently begun a job skills and placement program for persons coming out of the corrections systems that prevents these persons from becoming homeless. The economy will eventually create jobs. The City is committed to creating jobs for low income through their development contracts.

What percentage of persons are employed at program exit? 35

In 12-months, what percentage of persons will be employed at program exit? 25

In 5-years, what percentage of persons will be employed at program exit? 50

In 10-years, what percentage of persons will be employed at program exit? 50

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

Our homeless families population has decreased from 276 households to 192. We will seek to maintain this positive direction with our Continuum in the year ahead. Implementation of the HPRP program will provide new, targeted assistance to homeless families. We will advocate for more housing vouchers for homeless families and advocate for prevention funds (ESG) to assist with deposits and first month's rents. We are participating in research regarding families in emergency and transitional shelters to assess the effectiveness of these programs. Through this application we are applying for funds to address chronic homeless families by adding 20 chronic homeless beds. Hillcrest Ministries, a faith based provider, is adding transitional housing beds in Sugar Creek and Independence which are two areas of low employment.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The stock of affordable housing has to be available for families. We will work with the Housing Authority for long term development of family housing. Our Mayor's Task Force on Homelessness will be challenged to create a long term plan for low income housing and examine utility policies that adversely affect single parent families and families fleeing domestic violence settings. We are aware of the requirements that accompanied this Notice of Funding Availability regarding school age children. We will be working with our local school district to identify families that are doubled up or living in camp grounds and motels.

- What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 192
- In 12-months, what will be the total number of homeless households with children?** 175
- In 5-years, what will be the total number of homeless households with children?** 150
- In 10-years, what will be the total number of homeless households with children?** 100

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The Family Support Division manages foster care for the State of Missouri. The Foster Care Independence Act expands the Independent Living Program with services for youth who are exiting care at 18 years of age and before 21 years. A special program Making Choices Toward Independence Program is designed to help youth think and plan for independent living and what skills they may need. Children in foster care are eligible to participate in an intense 9 month program of life skill training and support groups in preparation for independent living. The State has a subsidy program for youth 17-21 years involved in the Transitional Living and Independent Living Arrangement that provides assistance for youth aging out of foster care. The Homeless Services Coalition has added two new members who are youth serving agencies this past month. We hope to work with these agencies to place more emphasis on this population.

Health Care:

The Homeless Services Coalition works closely with hospitals in the area to make sure the social services departments are aware of community resources. Several members of the Homeless Services Coalition are health care providers who take responsibility for working with area hospital discharge staff to make sure they are aware that they are required to provide a plan for patients to avoid homelessness. One health care provider, St. Luke's Hospital, has developed a respite program with The Salvation Army to provide a link between discharge from the hospital to intake into a respite program.

Mental Health:

No one is discharged from a Mental Health facility without an assessment of their needs. The facilities develop a discharge plan when patients enter their facility. This plan includes continuity of care, treatment and service plans. Based on their assessment patients are transferred to a different program or level of care, to a different health professional or a different program for services. Aftercare linkage is made with providers in the community who can connect consumers with all the area's housing resources. Non state facilities are required to provide or arrange for services and functions by their contract for the target population that includes serious mental illness, adolescents and children with severe emotional disturbances, forensic clients and those experiencing acute psychiatric conditions. Contractors with the state with residential programs must have Targeted Case Management Programs for children, youth or adults and must maintain a certified Community Psychiatric Rehabilitation Program. Finally, these programs are required to prioritize for service any individual who meets the HUD definition of homelessness.

Corrections:

The Midwest Correctional Institute was recently converted from city to county management and is now the Jackson County Regional Correctional Center. The social services programs are still in place. A Homeless Services Coalition member, Truman Medical Center Behavioral Health, is involved in treatment and discharge planning to avoid homelessness. A new housing placement coordinator position was added to assist with placement activities upon release. Funds from the Jackson County Mental Health levy include psychiatric medical clinic, crisis intervention, therapy groups and community re-entry programs for inmates. Bridges services provide screening, assessment and community case management focused on re-entry for inmates not served by funded mental health services. Substance Abuse services using grants through the Municipal Drug Court have staff on site to assist with discharge. Veronica's Voice comes in weekly to work with women planning discharge services. Many local religious groups provide prison ministry and donate materials for persons upon discharge. reStart, Inc. has a contract funded through the Mental Health Levy to enroll persons leaving the Correctional Center in its transitional program.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: The Continuum's 10 year plan is fully integrated into the City's Consolidated Plan, is updated annually and reported on in the CAPER. A few of the goals are: 1) Continue to maintain current inventory of affordable housing in order to prevent the likelihood of additional homelessness; 2) Increase the supply of affordable housing for very low income using city resources such as Low Income Housing Tax Credits; 3) Ensure reasonable local housing policy and preferences; and 4) Improve access to, and increase supply of, Section 8 and Public Housing to the homeless.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

This CoC community will receive \$4,121,036 of HPRP Funds. The allocation includes the City of Kansas City, Clay County and Jackson County. The County funding was based on a formula developed by the State. When notice of available funding was received in the Spring of 2009 the HSC and Mid American Regional Council organized 4 community meetings regarding the application and use of funds. The City required membership in the HSC to improve coordination of services. HSC agencies organized their application into four service areas with lead and supportive agencies applying. The lead agencies are:

Catholic Charities

Salvation Army

reStart

Operation Breakthrough

Once awards were determined the process of creating screening, accounting and eligibility formats was created in collaboration with MAACLink the local HMIS provider. The process is in place and the programs became operational on November 16, 2009. The City also awarded the Kansas City Housing Authority, an HSC member, funds to inspect apartments in preparation of each tenant placement. This CoC will work with MAACLink to analyze the data generated by the agencies that participate. We are interested in learning what prevention strategies are most effective. Through the CSBG, another HSC agency, United Services Community Action Agency, will place staff with the participating HPRP agencies to address employment. This will include job readiness and job retention training.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Our community received 70 VASH/HUD vouchers through the first round of awards. This CoC co-sponsors the "Stand Down" events with the Veterans Administration. At these events VASH caseworkers are available to discuss resources with homeless veterans. We have a substance abuse treatment program, Benilde Hall, that provides services to veterans and works closely with the VASH program staff. \$3.2 Million ARRA Funds were awarded through the CSBG to United Services Community Action Agency for their employment services. As noted above they will be working with the agencies that receive HPRP Grants. These services include life coaches placed with other agencies. It also includes Life Skills Training Classes, Job Readiness and Retention Skills Classes and awards for participants. The City of Kansas City has been awarded \$7.3 million for the NSP I and II. This project is focused on reclaiming abandoned property and is expected to generate jobs and move housing back onto the market. More than 4,000 homes across the area have been affected by the housing crisis over the past 18 months. A portion of the funds,\$5,841,361 is for purchase/rehab/development of foreclosed and abandoned property. Another portion of the funds, \$300,000 is for demolition of unsafe housing, while another portion, \$450,000 is for land banking purposes. The target population is households with incomes below 50% of the area medium income. Employment opportunities will follow the city's target for employment of low to moderate income citizens. The NSP will also provide low income families a chance to purchase these homes at a discounted rate. We will be working closely with the city to identify job opportunities for the homeless.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	177	Beds	177	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	85	%	83	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	65	%	57	%
Increase percentage of homeless persons employed at exit to at least 19%	20	%	35	%
Decrease the number of homeless households with children.	248	Households	192	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

We have a lack of affordable housing in the community. Families coming into transitional housing by far outnumber the available housing stock. We plan on the HPRP funding to help relieve this in the year ahead. It is also our hope that the economy improves to the point where jobs are more prevalent for this population. We have more families and singles coming into domestic violence shelters. However, one shelter is counting beds that may more correctly be considered emergency shelter. We will address this in the year ahead.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	425	118
2008	472	136
2009	361	164

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations					
Total	\$0	\$0	\$0	\$0	\$0

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

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	258
b. Number of participants who did not leave the project(s)	716
c. Number of participants who exited after staying 6 months or longer	216
d. Number of participants who did not exit after staying 6 months or longer	582
e. Number of participants who did not exit and were enrolled for less than 6 months	131
TOTAL PH (%)	82

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	450
b. Number of participants who moved to PH	256
TOTAL TH (%)	57

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 1,453

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	123	8	%
SSDI	155	11	%
Social Security	23	2	%
General Public Assistance	8	1	%
TANF	107	7	%
SCHIP	16	1	%
Veterans Benefits	19	1	%
Employment Income	511	35	%
Unemployment Benefits	16	1	%
Veterans Health Care	3	0	%
Medicaid	89	6	%
Food Stamps	289	20	%
Other (Please specify below)	94	6	%
WIC, child support, family/friends, sex trade, sell plasma, scrapping			
No Financial Resources	460	32	%

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

**Does CoC have projects for which an APR Yes
should have been submitted?**

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

Instructions:

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

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

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

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

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

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

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

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

The Homeless Services Coalition staff reviews data from the APR annually and during monitoring visits. Throughout the year discussion on the use of mainstream resources is included on the membership agenda as well as community based conferences. This past year special training sessions were also held on applying for utility assistance through the LIHEAP program. Training for agencies interested in helping clients with HPRP funds will take place this fall.

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

If "Yes", indicate all meeting dates in the past 12 months.

- October 1, 2008
- November 4, 2008
- December 2, 2008
- January 7, 2009
- February 4, 2009
- March 4, 2009
- April 1, 2009
- May 6th, 2009
- June 3, 2009
- July 1, 2009
- August 5, 2009
- September 2, 2009
- October 7, 2009

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Quarterly

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

If "Yes", indicate for which mainstream programs HMIS completes screening.

Case managers are given information on eligibility for mainstream programs through the HMIS system. This includes: TANF, SSI, SSDI Social Security, General Assistance, SCHIP, Veterans Assistance, Medicaid, and WIC. The local United Way is also a resource for case managers through its 2-1-1 information and referral program that has benefit screening software.

Has the CoC participated in SOAR training? No

If "Yes", indicate training date(s).

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

Activity	Percentage
<p>1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:</p>	100%
<p>At intake, case managers identify the mainstream benefit programs for which participants may be eligible. Action plans are then created to ensure that applications are completed. If needed, case managers assist in this process by helping complete applications and providing transportation to benefit locations.</p>	
<p>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</p>	90%
<p>3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:</p>	0%
<p>No such application form exists in the CoC.</p>	
<p>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</p>	45%
<p>4a. Describe the follow-up process:</p>	
<p>Case managers include a review of the mainstream benefit application process in their regular meetings with participants and address any barriers that are presented. If necessary, they assist with the appeal process. If participants have not received benefits prior to their exit from the program, agencies that receive funding for after care or follow up services continue to work with participants to ensure they complete all paperwork and follow up on appeals. Agencies have set up tracking systems to record the outcomes in this area. Goals are developed to address issues to ensure that participants receive the mainstream benefits for which they are eligible.</p>	

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	<p>Yes</p>
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	<p>No</p>
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	<p>Yes</p>
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	<p>No</p>
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	<p>Yes</p>
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<p>Yes</p>

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<p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<p>No</p>
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)</p>	<p>Yes</p>
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	<p>Yes</p>
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<p>Yes</p>
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<p>Yes</p>
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	<p>No</p>
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<p>Yes</p>

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<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	Yes
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	No
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	No
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	Yes

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
MO604_re Start, In...	2009-10-23 13:03:...	1 Year	reStart, Inc.	226,306	Renewal Project	SHP	TH	F
Benilde Hall Prog...	2009-11-09 08:32:...	1 Year	Benilde Hall, Inc	100,380	Renewal Project	SHP	TH	F
Project LINC	2009-11-12 15:05:...	1 Year	Communit y LINC	110,058	Renewal Project	SHP	TH	F
2004 Shelter Plus...	2009-11-12 16:59:...	1 Year	City of Kansas Ci...	329,124	Renewal Project	S+C	TRA	U
HMIS Hosting, Coo...	2009-10-19 10:34:...	1 Year	Mid America Assis...	43,358	Renewal Project	SHP	HMIS	F
Kansas City SPC T...	2009-10-18 03:19:...	1 Year	Missouri Departme..	1,596,996	Renewal Project	S+C	TRA	U
City of Kansas, M...	2009-10-22 12:26:...	1 Year	City of Kansas Ci...	32,935	Renewal Project	SHP	TH	F
City of Kansas, M...	2009-10-22 12:41:...	1 Year	City of Kansas Ci...	133,891	Renewal Project	SHP	TH	F
Kansas City SPC T...	2009-10-18 02:20:...	1 Year	Missouri Departme..	962,352	Renewal Project	S+C	TRA	U
City of Kansas Ci...	2009-10-22 12:29:...	1 Year	City of Kansas Ci...	125,890	Renewal Project	SHP	TH	F
City of Kansas Ci...	2009-10-22 12:31:...	1 Year	City of Kansas Ci...	36,131	Renewal Project	SHP	SSO	F
City of Kansas Ci...	2009-10-22 12:43:...	1 Year	City of Kansas Ci...	199,399	Renewal Project	SHP	SSO	F
Independence SPC ...	2009-10-17 12:55:...	1 Year	Missouri Departme..	248,844	Renewal Project	S+C	TRA	U

City of Kansas, M...	2009-10-22 12:23:...	1 Year	City of Kansas Ci...	24,856	Renewal Project	SHP	SSO	F
SAVE Home Program	2009-10-22 17:23:...	1 Year	SAVE, Inc.	201,153	Renewal Project	SHP	PH	F
Health Care for t...	2009-10-21 17:19:...	1 Year	Swope Health Serv...	185,281	Renewal Project	SHP	SSO	F
Permanent Housing...	2009-11-06 15:34:...	1 Year	Benilde Hall, Inc	51,350	Renewal Project	SHP	PH	F
Transitiona l Hous...	2009-11-09 18:09:...	1 Year	Rose Brooks Cente...	207,967	Renewal Project	SHP	TH	F
Access House Safe...	2009-10-23 12:50:...	1 Year	Truman Medical Ce...	518,157	Renewal Project	SHP	SH	F
Kansas City SPC T...	2009-10-18 09:08:...	1 Year	Missouri Departme..	172,236	Renewal Project	S+C	TRA	U
Independence SPC ...	2009-10-18 03:01:...	1 Year	Missouri Departme..	78,084	Renewal Project	S+C	TRA	U
Project Care	2009-11-04 17:19:...	1 Year	The Kansas City M...	213,515	Renewal Project	SHP	SSO	F
City of Kansas Ci...	2009-10-22 12:34:...	1 Year	City of Kansas Ci...	48,300	Renewal Project	SHP	TH	F
Sheffield Place	2009-10-22 11:48:...	1 Year	Sheffield Place	163,079	Renewal Project	SHP	TH	F
MO604_re Start, In...	2009-11-09 15:05:...	1 Year	reStart, Inc.	124,915	Renewal Project	SHP	PH	F
Kansas City New 2...	2009-11-04 11:34:...	5 Years	Missouri Departme..	484,920	New Project	S+C	TRA	P1
Heartland Apts (A...	2009-10-22 19:10:...	1 Year	Mental Health Ass...	64,099	Renewal Project	SHP	PH	F
Independence SPC ...	2009-10-19 14:10:...	1 Year	Missouri Departme..	246,948	Renewal Project	S+C	TRA	U
City of Kansas Ci...	2009-10-22 12:36:...	1 Year	City of Kansas Ci...	114,450	Renewal Project	SHP	SSO	F
MO604_re Start, In...	2009-10-23 12:55:...	1 Year	reStart, Inc.	206,817	Renewal Project	SHP	PH	F

Kansas City SPC T...	2009-10-18 02:41:...	1 Year	Missouri Departme..	289,380	Renewal Project	S+C	TRA	U
Linwood Center Su...	2009-11-12 15:15:...	1 Year	The Salvation Army	236,698	Renewal Project	SHP	TH	F
Rental Assistance ...	2009-10-22 17:21:...	1 Year	SAVE, Inc.	299,483	Renewal Project	SHP	PH	F
Kansas City SPC T...	2009-10-18 01:44:...	1 Year	Missouri Departme..	500,712	Renewal Project	S+C	TRA	U

Budget Summary

FPRN	\$3,668,468
Permanent Housing Bonus	\$484,920
SPC Renewal	\$4,424,676
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	MO-604 Certificat...	11/23/2009

Attachment Details

Document Description: MO-604 Certification of Consistency