

01. Grant Information - From e-snaps and LOCCS

Grant Number	M00090L7P062316
Recipient	MO-606: Institute for Community Alliances
CoC Number and Name	MO-606 Missouri Balance of State CoC
CoC Component Type	HMIS
CoC Project Type	
Total Award Amount (from the application in e-snaps)	\$360,113.00
Operating Year Start Date	5/1/2024
Operating Year End Date	4/30/2025
Grant Term in Months	12
Grant Information Was Updated on	3/9/2025

02. Contact Information

Grant Contact Information	
Prefix	Ms
First Name	Sandy
Middle Name	
Last Name	Wilson
Suffix	
Organization	Institute for Community Alliances
Department	
Title	HMIS Director
Street Address 1	PO Box 1233
Street Address 2	
City	Sedalia
State / Territory	Missouri
ZIP Code	65302
E-mail Address	sandy.wilson@icalliances.org
Confirm E-mail Address	sandy.wilson@icalliances.org
Phone Number	(660)492-2255
Extension	
Fax Number	
Contact Information for HMIS System Administrator from Lead Agency	
Prefix	Ms
First Name	Leah
Middle Name	
Last Name	Woods
Suffix	
Organization	Institute for Community Alliances
Department	
Title	HMIS Manager
Street Address 1	PO Box 1233
Street Address 2	
City	Sedalia
State / Territory	Missouri
ZIP Code	65302
E-mail Address	leah.woods@icalliances.org
Confirm E-mail Address	leah.woods@icalliances.org
Phone Number	(417)207-5932
Extension	
Fax Number	
Check all those participating in answering the APR questions:	Grantee/Fiscal Agent, HMIS Lead Staff, HMIS System Administrator

03. Implementation Information

Identify the type of implementation this grant is a part of:	Multiple CoC Implementation
→ If Multiple CoC Implementation, select the CoC's that are part of this HMIS implementation:	MO-500 St. Louis County CoC, MO-501 St. Louis City CoC, MO-600 Springfield/Greene, Christian, Webster Counties CoC, MO-602 Joplin/Jasper, Newton Counties CoC, MO-603 St. Joseph/Andrew, Buchanan, DeKalb Counties CoC, MO-606 Missouri Balance of State CoC
Does the HMIS implementation use a centralized model (in which the HMIS Lead fulfills all responsibilities for system administration) or a decentralized model (in which local entities assist the HMIS Lead in fulfilling responsibilities for system administration)?	Centralized
Briefly describe the HMIS implementation:	The HMIS Implementation consists of the 101 counties of the Balance of State CoC; the Springfield/Christian, Greene, and Webster Counties CoC; the Joplin/Jasper and Newton Counties CoC; the St. Joseph/ Andrew, Buchanan, and DeKalb Counties CoC; the St. Louis City CoC; and the St. Louis County CoC. Data is largely shared across these 6 CoCs, with the exception of some sensitive information like domestic violence history and detailed disability information (data elements 4.5 - 4.11). However, individual projects that serve vulnerable populations (RHY, HOPWA, etc) may be locked to prevent data sharing, and clients may also request that their information not be shared outside of the agency providing services.
Does the HMIS implementation provide data to a data warehouse/data integration project?	No

04. HMIS Software Information

Identify the HMIS software in use:	WellSky (Mediware) - ServicePoint
Was the software in use, identified here, the HMIS solution designated for use by the CoC?	Yes
How many years has the implementation used the current software?	9
Does the CoC have plans to change software in the next two years?	No
Identify all reports the software currently generates:	APR – CSV Report (as Used for Transitional Housing, Permanent Housing and Services Only), CAPER – CSV Report, Data Quality Report, LSA Table Shells, PATH Report, Project Descriptor Data Report, System Performance Measures
Is the software able to generate the most recent HMIS-CSV export?	Yes
Is the software able to generate the most recent HMIS-CSV export – that is hashed (e.g. for RHY)?	Yes
Does the software support automatic exiting functionality (e.g. for night by night shelters and/or street outreach)?	No
Is the HMIS system used for Coordinated Entry?	Yes
Who completes project set up, including entering all Project Descriptor Data Elements (PDDE), in the HMIS?	HMIS Lead - System Administrator
How often are PDDE's reviewed?	Before Major Reports (AHAR, HIC, SPM)

05. Staff Responsibilities

Identify the organization and person responsible for performing the following activities for the HMIS implementation.

System Related	
Hosts the HMIS Software on Their Server or Their Cloud Account Server	HMIS Vendor - Staff
Oversees the Security of the HMIS System	HMIS Vendor - Staff
Backs Up the HMIS Data	HMIS Vendor - Staff
Report Related	
Runs the Data Quality Report by Project	HMIS Lead - System Administrator
Monitors Data Quality	HMIS Lead - System Administrator
Runs/Produces the LSA Information	HMIS Lead - Data Analyst
Runs/Produces the System Performance Measures	HMIS Lead - Data Analyst
Compiles Data for the Housing Inventory Chart	HMIS Lead - Data Analyst
Generates/Compiles/Compares Data from the HMIS for the Point-in-Time Count	HMIS Lead - Data Analyst
User Support	
Sets Up the Configuration and User Levels of Users in the HMIS	HMIS Lead - System Administrator
Trains New Users	HMIS Lead - System Administrator
Provides On-Going Training for Users	HMIS Lead - System Administrator
Trains HMIS Lead Agency Staff	HMIS Vendor - Staff
Provides User Support for HMIS Software Issues (via Telephone, Email, etc.)	HMIS Lead - System Administrator
Provides User Support for Data Entry Issues	HMIS Lead - System Administrator

06. Users

How many total HMIS users are there in the implementation?	509
Do all users sign a "User Agreement" that outlines basic privacy/security policies applicable to the user?	Yes
Are all users trained in the system prior to receiving their passwords/logon information into the HMIS?	Yes
Briefly describe the regular training for new users and any on-going trainings:	<p>All users are required to complete training specific to the project type for which they will enter data. Each training module covers the basic workflow for entering client data and the project specific data elements required for CoC, ESG, SSVF, RHY, PATH, CE and State funded projects, including services when required. Users must also successfully enter practice cases in the training site to demonstrate comprehensive knowledge on data entry for their project. When it has been determined a user is struggling with data entry for the practice case, additional one-on-one training is given via webinar or in person. Users that enter data for multiple project types receive follow up from their system administrator to address variations in workflows for additional projects, and/or any other specialized instructions and training needed specific to their agency's needs. New users must also complete Security and Privacy Awareness training, HMIS Basics training, and Data Standards training with a post-test grade of 80% or higher. All users are required to renew the Security and Privacy Awareness and Data Standards training on an annual basis to maintain access to HMIS. Security training provides an overview of basic security requirements, user authentication, physical access, and client confidentiality. HMIS Basics training provides an overview of general functions within the HMIS software. Data Standards training provides an overview of HUD's data standards and tests the users understanding and application of those standards. In addition to this comprehensive new user training, ICA continually works closely with partner agencies, HMIS users, and funders to identify ongoing training needs, which are then addressed through training webinars, step-by-step guides, tutorials and live training. Agencies are also given the opportunity to discuss their HMIS training needs during the Technical Assistance Assessment that is conducted with every HMIS-participating agency each year to ensure their compliance with the regulations set forward by HUD. During these meetings, data monitoring plans are reviewed, data entry issues are discussed, and follow-up training is scheduled as needed.</p>
How many new users were trained in the implementation this year?	163

07. Governance

Governance	
Is there a Governance Charter for each CoC in the HMIS implementation area?	Yes
Do the Charter(s) establish the decision making structure regarding the HMIS?	Yes
Are all CoCs in the implementation represented in the decision making structure?	Yes
Are the roles and responsibilities for decision making clearly defined and codified in documents such as by-laws or governance charter(s)?	Yes
Briefly describe the relationship between the CoC Board and the HMIS Lead Agency:	<p>*Balance of State CoC- Staff serve on the Board of Directors as an Ex-Officio member and attend all CoC Board, Full CoC and regional meetings. ICA actively participates in the HMIS Committee, which provides HMIS oversight, and the Performance Committee, which reviews data quality and performance measures. ICA also actively participate in the Coordinated Entry Committee, Grants Committee, PIT Committee, Victim Services Committee, as well as the Governance Workgroup, the NOFO Workgroup, and the Policy and Planning Workgroup. *Joplin CoC- ICA is a voting member of the Joplin Homeless Coalition and attends all monthly meetings. *Springfield CoC- Staff attend all CoC Board meetings, General Membership meetings, and participate in the HMIS Committee and the Systems and Services Committee. Staff also attend monthly HUD TA meetings. *St. Joseph CoC- Staff serve on the Executive Committee as an Ex-Officio member and attend all Executive Committee and Full CoC meetings, in addition to participating in the HMIS Committee that reviews data quality and provides HMIS oversight. *St. Louis City CoC - Staff attend monthly meetings of the CoC Executive Board and full membership meetings as scheduled, where they report out on data requests and provide monthly data quality updates. ICA is present at CoC spend down meetings with funders and provides a data analyst to help with visualization of data presentations and customized reporting needs for the CoC. In addition, staff regularly participate in CE Committee meetings, Service Delivery meetings, System and Program Performance Committee meetings, and Built for Zero meetings. *St. Louis County CoC- ICA is an Ex-Officio member of the board, attending and participating in monthly board discussions, where they provide updates on HMIS developments and present data/reports for the community.</p>
Standards	
Has the HMIS Lead worked with all participating CoCs to develop basic technical, security, privacy and data quality standards?	Yes
Is there a process in place to update the standards?	Yes
Who is responsible for monitoring the standards to ensure they are up-to-date and enforced?	HMIS Lead - System Administrator
What year was the HMIS Policy/Procedure Manual last updated?	2021
Does the HMIS have an "Agency Agreement" on the use of the HMIS with all agencies who have programs on the system?	Yes
Describe the timeliness standards in the implementation, how users are informed of those standards and how they are monitored:	<p>The implementation data timeliness standards currently vary by CoC. The timeliness standard varies from 24-hours to three working days of client intake, contact, or exit. This policy is conveyed in the agency agreement forms and in the CoC's HMIS Policy & Procedure manual. These materials are reviewed in detail with each participating agency during agency orientation meetings held at point of enrollment, and during Technical Assistance Assessment (TAA) visits. HMIS Users are reminded of the data entry timeliness requirement during new user training, annual training, and user meetings, and ICA has created two custom reports to help agencies monitor the timeliness of their data entry into HMIS. These reports show the overall average data entry delay for the agency and average data entry delay by user. They also show a detailed breakdown of each entry entered by the user. If an agency is found to be out of compliance with the timeliness policy their HMIS System Administrator will meet with the agency to review their data collection and entry process. The focus is on determining if adjustments to this process can be made to bring the agency into compliance. ICA also works with agencies to establish a self-monitoring plan so agency management can stay on top of data timeliness and be able to address it internally before the agency falls out of compliance. As part of the internal monitoring plan, agencies are taught how to access and monitor the Data Entry Timeliness reports.</p>

08. System Coverage

General Coverage			
Across the HMIS Implementation Identify the Following			
	Number of Beds in the Most Recent HIC (Minus Any DV Beds)	Number of Beds on HMIS in the Most Recent HIC	Percent Coverage
Emergency Shelter	1417		
Transitional Housing	1248		
Permanent Supportive Housing	3789		
Rapid Re-Housing	1134		
Safe Haven	26		
If there is not 100% coverage explain why and what efforts, you are taking to increase the coverage rate:	<p>*BoS continues to struggle with bed coverage for ES and TH due to a number of locally funded projects that do not have staff capacity to use HMIS. VASH vouchers are not entered in HMIS, which reduces the coverage rate for PSH projects. With the HMIS expansion that the CoC recently supported, ICA will be focused on working with the HMIS Committee to develop strategies for engaging VASH providers who do not currently use HMIS. *Joplin CoC's primary ES and TH providers are not mandated to participate in HMIS, and the largest provider of ES and TH beds does not engage with government-funded programs at any level. Despite these challenges, ES bed coverage in HMIS increased by 12% after onboarding a non-funded ES with minimal data collection requirements. PSH bed coverage remains impacted by a non-participating HUD-VASH project, which accounts for approximately 62% of the CoC's PSH inventory. *Springfield CoC demonstrates strong HMIS participation, with 94% ES and 100% TH bed coverage. However, PSH bed coverage is significantly impacted by one HUD-VASH project that do not participate in HMIS. Local funding opportunities have introduced provisions requiring HMIS participation, encouraging broader system engagement. *St. Joseph CoC's bed coverage is near 100% for all project types except PSH. Bed coverage is lower for PSH because VASH projects are not entering into HMIS, although ICA works closely with these providers each year to report accurate PIT/HIC data. ICA works with the CoC to engage any agencies that join the CoC with HMIS. *St. Louis City CoC's has above 95% bed coverage in TH, RRH and PSH project types with only ES struggling from VASH vouchers that are not regularly updated in HMIS. To mitigate this issue, ICA has begun entering the data for VASH vouchers through a collaborative effort with the VA, which will bring this number up over the coming year. *St. Louis County CoC has several long-standing projects that do not use HMIS, including several youth projects and one veteran project. The CoC approaches them on a regular basis, but they continue to turn down HMIS access. ICA has worked with the CoC to identify a minimum dataset and a streamlined data entry process to make the use of HMIS as simple as possible and continue to assist the CoC in their attempt to engage these projects.</p>		
How many client records are in your HMIS system?	247,642		
Are there victim-service providers funded with CoC or ESG within the implementation?	Yes		
→ If yes, are they using a comparable database which can provide the required CSV Reports for their funding?	Yes		
→If yes, what is the name(s) of the comparable software system in use by VSP?	Apricot, DVIMS, Osnum, Salesforce, Vela		
Select the response option that best describes the participation of projects funded by each of the federal partner programs:			
HUD: CoC (Not Including VSP)	Grantee(s) Have Funding and are Entering Data into HMIS		
HUD: ESG (Not Including VSP)	Grantee(s) Have Funding and are Entering Data into HMIS		
HUD: HOPWA	Grantee(s) Have Funding and are Entering Data into HMIS		
HHS: PATH	Grantee(s) Have Funding and are Entering Data into HMIS		
HHS: RHY - Basic Center Program (BCP)	Grantee(s) Have Funding and are Entering Data into HMIS		
HHS: RHY - Transitional Living Program (TLP)	Grantee(s) Have Funding and are Entering Data into HMIS		
HHS: RHY - Street Outreach Program (SOP)	Grantee(s) Have Funding and are Entering Data into HMIS		
HHS: RHY - Maternal Group Home (MGH)	Grantee(s) Have Funding and are Entering Data into HMIS		
VA: Supportive Services for Veteran Families (SSVF)	Grantee(s) Have Funding and are Entering Data into HMIS		
VA: HUD/VASH	Grantee(s) Have Funding and are NOT Entering Data into HMIS		
VA: GPD	Grantee(s) Have Funding and are Entering Data into HMIS		

Does the implementation have any issues with incorporating the federal partner projects into the HMIS that you want to share with HUD?

We continue to work with our Federal Partners on lines of communication.

09. Financial Information

ALL FUNDS	
Funding Sources (associated with this dedicated HMIS project during the operating year)	
HUD: CoC Administration/Planning/UFA Funds	0
HUD: CoC Grant (Dedicated HMIS Grants Only)	360,113.00
HUD: CoC Project Grants	0.00
HUD: ESG (Dedicated HMIS Grant)	36,254.00
HUD: HOPWA	0
HHS: RHY – Through RHY Grantees	0.00
HHS: PATH – Through PATH Grantees	6,678.00
HUD: VA Grantees – Through VA Program Grantees	15,377.00
Local Government	0
State Government	34,500.00
Private/Foundation/Fundraising	0
Participation/User Fees from Projects/Agencies	0.00
Other	0
Total of All Funding Sources for Operating Year	452,922.00
HUD Funds expended from this Dedicated HMIS Grant	
Equipment (Server, Computers, Printers)	0
Software (Software Fees, User Licenses, Software Support)	0.00
Services (Training, Hosting, Programming)	34,054.74
Personnel (Costs Associated with Staff)	278,661.95
Space and Operations	24,580.31
VAWA	0
Rural Costs	0
Administration	22,816.00
Total HUD-funded Expenditures	360,113.00
Match Used for this Dedicated HMIS Grant	
Cash Match	90,028.25
In-Kind Match	0
Total Match	90,028.25
Total Expenditures requiring a match	360,113.00
Percentage Match	25.00%
Total Dedicated HMIS Grant Funds Used (Expenses + Match)	450,141.25

11. Additional Comments

Please provide any additional comments on other areas of the APR that need explanations, such as a difference in anticipated and actual program outputs or bed utilization: