



2012 Balance of State Outstanding Performer Award

Enclosed you will find instructions and nomination forms for the Second Annual Balance of State Outstanding Performer Awards. The award will be given in three categories: Outstanding Homeless Missourians Information System (HMIS) Performer, Outstanding Supportive Housing Program (SHP) Performer, and Outstanding Shelter Plus Care (SPC) Performer.

The purpose of this award is to recognize and honor innovative and effective Housing and Urban Development (HUD) HMIS, SHP and SPC programs that are contributing to the Governor's Committee to End Homelessness's (GCEH) goal of preventing and ending homelessness in the Balance of State Continuum of Care.

Agencies may nominate another program in their area or self-nominate their own program.

Staff from each lead agency associated with the Balance of State will review the nominations objectively based on performance and participation measures.

Nomination Process:

- Complete one of the enclosed nomination forms for the programs you wish to nominate. Please note that there will be separate awards for each of the SHP, HMIS and SPC categories. Please make sure you complete the correct nomination form.
- Nominations must be postmarked no later than September 19, 2012 and received by the Missouri Housing Development Commission (MHDC) no later than September 26, 2012. Submit nominations via email to mshriver@mhdc.com or mail to MHDC, 4625 Lindell Blvd., St. Louis, MO 63108; Attention: Marlene Shriver.
- Representatives of the lead agencies may contact you for further information.
- The GCEH and the SHP, SPC and HMIS lead agencies will present awards to the Outstanding Performers in a reception to be held in conjunction with the Homelessness Awareness Conference. The reception will take place during the Homelessness Awareness Conference in Jefferson City on the evening of November 14, 2012.
- Press announcements will be sent to awardees' local media outlets advising them of their award.
- The lead agencies will make abstracts of all nominated programs available on the GCEH website following the awards. This will provide a resource for other agencies looking for innovative program models and proven successes.

We look forward to receiving your nominations.

If you have any questions or comments, don't hesitate to contact me.

Marlene Shriver (314) 877-1382



2012 Balance of State Outstanding HMIS Performer Nomination Form

The purpose of the Outstanding HMIS Performer Award is to recognize and honor innovative and effective use of HMIS data. Examples include using HMIS data to improve services to clients and promoting HMIS as a data management and reporting tool. This is an opportunity for your agency or another agency in your area to be recognized for those achievements over the past year.

Nominate your agency or another agency for an Outstanding HMIS Performer Award!

In addition to looking at agencies in compliance with all requirements of the Department of Housing and Urban Development (HUD) and the Missouri Association for Social Welfare's HMIS Project, the Outstanding HMIS Performer award is based on three areas:

1. HMIS data quality and completeness
2. Program administration and analysis
3. Use of HMIS data for funding opportunities

To nominate your agency or another agency for the award, please complete the nomination form below and follow the submission instructions as outlined in the attached cover letter.

We look forward to receiving your nominations. If you have any questions, please don't hesitate to contact the HMIS Project.

Your contact information:

Name: _____

Agency/Organization: _____

Address: _____

City: _____ Region: _____

Phone: _____ E-mail: _____

Nominee's information: *(If different from above)*

Background Information

What programs does the agency enter data for in HMIS?

- Supportive Housing Project (SHP)
- Shelter + Care Project (S+C)
- Emergency Shelter Grant Program (ESG)
- Homeless Prevention and Rapid Re-housing Program (HPRP)
- Missouri Housing Trust Funds (MHTF)
- Other funding (please specify): _____

To the best of your knowledge, how long has the agency been enrolled in HMIS? _____

Does the agency regularly attend and participate in the HMIS Information and Discussion Session of the Regional Housing Team Meetings? Yes No

HMIS Data Quality and Completeness

Does the agency have a self monitoring plan and utilize it? Yes No

(A copy of the agency's self monitoring plan should be provided)

What is the agency's process for validating data and ensuring it is accurate?

Has the agency been contacted by an HMIS staff member about any data errors?

Yes No

Did the agency fix those errors? Yes No

Program Administration & Analysis

Does the agency use HMIS data for programmatic purposes (ie: looking at the amount of financial services expended on a monthly basis, monitoring bed usage in your housing program or shelter, etc.) Yes
No

If yes, please explain in detail:

If the agency is a shelter or housing program, did the agency utilize and provide feedback or follow-up to the bed utilization report? Yes No

If yes, please explain in detail:

Use of Data for Additional Opportunities

Has the agency utilized HMIS data when applying for grants? Yes No

Please explain, in detail, the type of data used and how the agency used it: (Copies of materials should be provided. Please only submit HMIS-related pages of grant submissions)

Has the agency utilized HMIS data in order to present information to its Board of Directors, funders or community stakeholders? Yes No

If yes, please explain in detail: (Copies of materials should be provided)

What makes this agency different from others in how they use HMIS?



2012 Balance of State Outstanding Performer Award

Supportive Housing Program (SHP)

This award will be given for the Outstanding SHP Performer in the Missouri Balance of State Continuum of Care. It will recognize and honor effective programs that are contributing to the Governor's Committee to End Homelessness's goal of preventing and ending homelessness in the Balance of State Continuum of Care.

Person completing this nomination: _____

Contact Phone: _____ Email: _____

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|---|
| Nominated Program: _____ |
| Agency: _____ |
| Address: _____ |
| City: _____ Zip: _____ |
| Phone: _____ Fax: _____ Email: _____ |
| Executive Director: _____ |
| Contact person for this nomination: _____ |

*Annual Performance Reports (APR) will be reviewed for the evaluation of performance and financial management scoring of the nomination. Please answer the questions below to assist with the review of the program.

*Please provide any additional documentation to highlight the program's success.

1- How long has the program been in operation? _____

2- Please describe the collaboration and steps taken to develop the program:

3- Please explain the agency's participation with Regional Housing Team Meetings, and involvement with the Continuum of Care and Point-in-Time counts in your service area:

4- Please describe the program performance. What are the outcomes of this program? Please explain how it measurably improves the self-sufficiency and housing opportunities for individuals and families.

5- Please explain how this program has impacted the community.

6- Please review HUD's goals and describe the program's performance on the goals that apply to your program.

- a. The percentage of participants remaining in the permanent housing project for at least 6 months is 77% or more.
- b. The percentage of participants in the transitional housing project that move into permanent housing is 65% or more.
- c. The percentage of participants in the project that are employed or increased their income at exit is 20% or more.



2012 Balance of State Outstanding Performer Award

Shelter Plus Care (SPC)

This award will be given for the Outstanding SPC Performer in the Missouri Balance of State Continuum of Care. It will recognize and honor effective programs that are contributing to the Governor's Committee to End Homelessness's goal of preventing and ending homelessness in the Balance of State Continuum of Care.

Person completing this nomination: _____

Contact Phone: _____ Email: _____

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|---|
| Nominated Program: _____ |
| Agency: _____ |
| Address: _____ |
| City: _____ Zip: _____ |
| Phone: _____ Fax: _____ Email: _____ |
| Executive Director: _____ |
| Contact person for this nomination: _____ |

*Annual Performance Reports (APR) will be reviewed for the evaluation of performance and financial management scoring of the nomination. Please answer the questions below to assist with the review of the program.

*Please provide any additional documentation to highlight the program's success.

1- How long has the program been in operation? _____

2- Please describe the collaboration and steps taken to develop the program:

3- Please explain the agency's participation with Regional Housing Team Meetings, and involvement with the Continuum of Care and Point-in-Time counts in your service area:

4- Please describe the program performance. What are the outcomes of this program? Please explain how it measurably improves the self-sufficiency and housing opportunities for individuals and families.

5- Please explain how this program has impacted the community.

6- Please review HUD's goals and describe the program's performance on the goals that apply to your program.

- a. The percentage of participants remaining in the permanent housing project for at least 6 months is 77% or more.
- b. The percentage of participants in the transitional housing project that move into permanent housing is 65% or more.
- c. The percentage of participants in the project that are employed or increased their income at exit is 20% or more.
