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Project Summary

Project Title: St. Vincent Home for Children Transitional Living Program

Applicant Name: The German St. Vincent Orphan Association *dba* St. Vincent Home for Children

Address: 7401 Florissant Road, St. Louis, MO 63121

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St. Vincent Home for Children (SVHC), with a 172-year history of serving children, youth, and their families in St. Louis County, has historically adapted its programs to seamlessly meet community needs due to support provided by an array of local, state, federal, private, individual, and pass-through sources. However, as the crime rate and poverty continue to dramatically rise in its already distressed service area, exacerbated by the devastating effects of COVID-19 on the local economy and unemployment, there is a corresponding sharp increase in the number of homeless youth requesting services, and a reported decrease in individual donations and private foundation funding to support crisis services.

SVHC, a registered nonprofit, distinguishes itself from other agencies serving at-risk youth by providing behavioral health services as a key element of its program. SVHC's location in the municipality of Normandy, centered in North St. Louis County, provides a safe haven for at-risk youth in these distressed communities characterized by low-performing or unaccredited schools, and with significant economic and social challenges.

SVHC's Transitional Living Program (TLP) will assist 39 youth aged 16-under 22 from St. Louis City and St. Louis County over the course of the 3 years of the project, who are working to transition into self-sufficiency and permanent housing. The TLP will follow a trauma-informed, strengths-based model, which includes relevant, youth-centered, evidence-based practices, an array of collaborations and partnerships, continuous quality improvement, and strong performance measures and evaluation. TLP staff, consisting of Therapists, Case Managers, Life Skills Coach, Youth Leadership Specialist and Youth Development Specialists will provide a tiered housing approach for runaway and homeless youth, utilizing a communal setting and transitioning to a semi-independent, apartment-style setting once progress towards goals are evident. Services provided by the team will include individual and group therapy, mentoring, support with educational attainment, supported employment, life skills instruction, and assistance to transition to permanent housing. TLP therapists will apply the practices of Cognitive Behavior Therapy (CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Solution-Focused Brief Therapy (SFBT) to help youth process trauma and other adverse experiences.

Need for Assistance

1.1 Need for TLP Assistance

Over its 172-year history, SVHC Home for Children (SVHC) has evolved from an orphanage and school to an agency equipped to address the mental health and community needs of youth and their families. For 105 years, the agency has been located in Normandy, a suburb of St. Louis, Missouri, situated in North St. Louis County – an area with a long history of high crime and high poverty. SVHC is an anchor institution for the area, providing trauma-informed, strengths-based services to vulnerable children, youth, and families.

Currently, SVHC serves youth in St. Louis County. FYSB funding will enable the agency to serve youth in both St. Louis County and St. Louis City. While FYSB funds one TLP in St. Louis [REDACTED] which extends to 2024, the St. Louis metro area is replete with risk factors for youth in need of transitional living services.

Physical, Economic, Social, Financial, Institutional Problems: Physical: SVHC is located in the County portion of the St. Louis Promise Zone, a federally designated portion of North St. Louis City and North St. Louis County intended to improve and advance economic activity, educational outcomes, and residents' health and wellbeing. "North County," to which the area where SVHC is located is locally referred, is home to 350,000+ residents living in 45 municipalities and unincorporated areas within the region, each with different infrastructures and governing bodies and various levels of access to healthcare and educational resources.¹ Much of the area's violence and crime is concentrated in North City and North County, including a proliferation of "hot spots" with significant gang involvement and human trafficking.² Area

¹ About NCI. North County Incorporated. (n.d.). Retrieved May 24, 2022, from <https://northstlouiscounty.com/about-nci/>

² Map of St. Louis gangs (full tour of St. Louis hoods). Kulture Vulturez. (2022, March 31). Retrieved May 24, 2022, from <https://www.kulturevulturez.com/map-st-louis-gangs-hoods/>

gangs are reportedly recruiting younger members, with many gaining access to firearms, a problem under study by the St. Louis Youth Violence Prevention Program. In 2012, “data showed that the City’s firearm death for youth is more than three times the national rate, and the St. Louis metro area was ninth in the nation for the number of youth murdered by guns. In the City, almost half (46%) of all victims are under age 25 while over half (51%) of all suspects are believed to be under age 25.”³ While SVHC will serve eligible youth from throughout St. Louis City and County through FYSB TLP funding, it is expected that the majority of participants will emanate from this economically disadvantaged and crime-ridden area (see Section 1.2).

Economic/Financial: The 2018 Health Equity Works Initiative (formerly For the Sake of All Initiative) report “Segregation in St. Louis: Dismantling the Divide” (Washington University in St. Louis, MO) notes the inaccessibility of medical and mental healthcare for low-income residents. They reference their 2016 needs assessment, conducted in the Normandy Schools Collaborative, which found that more than a quarter of the students surveyed reported needing “behavioral health support due to poverty, trauma, and anxiety in their neighborhood, but they had poor access to such care.”⁴ With low high school graduation rates (see Institutional factors) leading to high poverty rates, especially in North St. Louis County, area youth indeed have few options to access healthcare and/or secure, affordable housing. Social: Studies continue to indicate that the St. Louis MSA is among the 20 most segregated metropolitan regions in the county.⁵ Where people live can predict life expectancy, health outcomes, employment

³ Washington University in St. Louis. (2021, April 12). City of St. Louis Youth Violence Prevention Partnership. Institute for Public Health. Retrieved June 21, 2022, from <https://publichealth.wustl.edu/city-of-st-louis-youth-violence-prevention-partnership/>

⁴ Cambria N, Fehler P, Purnell JQ, Schmidt B. Segregation in St. Louis: Dismantling the Divide. St Louis, MO: Washington University in St. Louis. 2018.

⁵ Cortright, J. (2021, October 20). America's least (and most) segregated metro areas: 2020. City Observatory. Retrieved June 20, 2022, from <https://cityobservatory.org/most-segregated2020/>; University of California-Berkeley. (n.d.). Most to least segregated metro regions in 2020. Othering & Belonging Institute. Retrieved June 20, 2022, from <https://belonging.berkeley.edu/most-least-segregated-metro-regions-2020>

opportunities, education, and income. St. Louis's history of racial housing covenants and redlining has created concentrated areas of poverty which discourage business investment. This in turn leads to food deserts, long commutes for employment, and under-resourced schools. These factors limit social mobility and strong social networks.⁴ Youth in North County and St. Louis City have often experienced trauma or Adverse Child Experiences (ACEs) that cause distrust of authorities, institutions, and the child welfare system. Therefore, an increasing need for youth programs that focus on resilience, autonomy, self-sufficiency, and restoration of confidence in programs to promote a long-term quality of life has continued to build. The St. Louis Metropolitan Police Department and St. Louis County Police estimate that there are approximately 240 documented neighborhood-based and "hybrid" street gangs moving between the City of St. Louis and North St. Louis County, with 6,000+ identified and documented members and associates, based on observation and data collection.² Institutional: The Normandy Schools Collaborative, the school district in which SVHC is located, lost its state accreditation in 2014 after years of mismanagement and underperformance.⁶ The district was provisionally accredited in 2017 and is still working toward full accreditation. Normandy and the four districts surrounding it (Ferguson-Florissant, Jennings, Ritenour, and Riverview Gardens) comprise an average 76.2% graduation rate, compared to the state average of 90.6%. Not completing high school restricts employment opportunity and is a primary risk factor for homelessness.

According to the 2019 Missouri Statewide Homelessness Study, the number of unaccompanied homeless youth in the STL County CoC PIT count increased 113% between 2015 (60) and 2018 (128). 66% of youth counted as unaccompanied were between the ages of

⁶ Lee Enterprises. (2021, March 16). Editorial: Superintendent's lack of certification adds to Normandy's accreditation woes. STLtoday.com. Retrieved June 20, 2022, from https://www.stltoday.com/opinion/editorial/editorial-superintendents-lack-of-certification-adds-to-normandys-accreditation-woes/article_42858180-b71b-59a5-81bf-dc2fc5439976.html

18-24 and 34% were <18 years old. While the number of unaccompanied youth decreased 21% between 2015 (68) and 2018 (54), the number of transitional housing units for youth decreased 37.5% during the same period.^{7, 8}

TABLE 1

HOMELESSNESS RISK FACTORS				
	St. Louis County	North St. Louis County	St. Louis City	Missouri
Physical: Population	997,187 ⁹	350,000	293,310 ⁶	6,168,187 ⁶
Economic/Financial: Poverty Rate	9.1% ⁶	19.6% ¹⁰	20.8% ⁶	12.1% ⁶
Economic/Financial: Unemployment Rate, age 16-19	13.7% ¹¹	n/a	18.2% ¹²	12.8% ¹⁰
Institutional: HS Graduation Rate	94.0% ⁶	76.2% (avg) ¹³	88.7% ⁶	90.6% ⁶

⁷ Homebase. (2019). (rep.). 2019 Missouri Statewide Homelessness Study. Retrieved June 20, 2022, from http://www.mhdc.com/ci/Missouri%20Homelessness%20Study_Final_11.18.19.pdf.

⁸ Poepsel, K. (n.d.). Missouri Statewide Housing Inventory Count. Special Population Bed Inventory. Retrieved June 20, 2022, from

<https://public.tableau.com/app/profile/kaitlyn.poepsel/viz/MissouriStatewideHousingInventoryCount/HICOOverview>

⁹ U.S. Census Bureau Quickfacts: Missouri; St. Louis city (County), Missouri; St. Louis County, Missouri. U.S. Census Bureau Quickfacts. (n.d.). Retrieved May 25, 2022, from

<https://www.census.gov/quickfacts/fact/table/stlouiscountymissouri/PST045221>

¹⁰ St. Louis County (Inner Ring North) PUMA, MO. Data USA. (n.d.). Retrieved June 20, 2022, from

<https://datausa.io/profile/geo/st-louis-county-inner-ring-north-puma-mo#:~:text=Poverty%20by%20Age%20and%20Sex&text=19.6%25%20of%20the%20population%20for.the%20national%20average%20of%2012.3%25>.

¹¹ U.S. Census Bureau. (n.d.). S. 2301: Employment Status - Census Bureau Table Missouri and St. Louis County. Employment Status. Retrieved June 20, 2022, from

https://data.census.gov/cedsci/table?t=Employment+and+Labor+Force+Status&g=0400000US29_0500000US29189&y=2020

¹² U. S. Census Bureau. (n.d.). S. 2301 - Employment Status - Census Bureau Table Missouri and St. Louis City. Employment Status. Retrieved June 20, 2022, from

https://data.census.gov/cedsci/table?t=Employment+and+Labor+Force+Status&g=0400000US29_0500000US29510&tid=ACSST5Y2020.S2301

¹³ Missouri Dept of Elementary and Secondary Education. (n.d.). District Adjusted Cohort Graduation Rates. Missouri Comprehensive Data System. Retrieved June 20, 2022, from

https://apps.dese.mo.gov/MCDS/Reports/SSRS_Print.aspx?Reportid=ea9ac13c-c41f-4608-835e-f250d3057390

Social: Number of unaccompanied homeless youth (Point-In-Time Count 2020)	123 ¹⁴	n/a	68 ¹⁵	697 ¹⁶
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See Section 1.2 for information regarding the number of youth served by SVHC through its 90-day TLP in 2021.

1.2 Types of Populations and Ages of Youth/Young Adults To Be Served

The project will assist youth without safe options due to homelessness, domestic violence, abuse, neglect, and all other risk factors, ages 16 to up to age 22, of all genders, who are attempting to transition into self-sufficiency and independent living, with essential services that include safe housing, mental health resources, case management, and life skills training.

SVHC served 55 homeless youth from St. Louis County ages 16-19 through its 90-day TLP in 2021. (In 2021, SVHC’s TLP was structured as a 90-day program. Its main source of funding was a fee-for-service contract with the St. Louis County Children’s Service Fund, which only supports services for youth from St. Louis County up to their 20th birthday.) Sixty-two percent were Black/African American, 27% were White/Caucasian, 9% were multi-racial, and 2% were unknown or chose not to disclose. Seventy-three percent of the youth were from North County. Fifty-six percent were female, 42% were male, and 2% preferred to self-describe. SVHC expects the youth served by this project will largely align with past demographics, though extending service to youth up to age 22 and from St. Louis City.

¹⁴ Continuum of Care (CoC) Program, CoC Performance Profile MO-500 - St. Louis County CoC (n.d.). HUD Exchange. Retrieved May 25, 2022, from https://files.hudexchange.info/reports/published/CoC_Perf_CoC_MO-500-2020_MO_2020.pdf.

¹⁵ Continuum of Care (CoC) Program, CoC Performance Profile MO-501 - St. Louis City CoC (n.d.). HUD Exchange. Retrieved May 25, 2022, from https://files.hudexchange.info/reports/published/CoC_Perf_CoC_MO-501-2020_MO_2020.pdf.

¹⁶ Continuum of Care (CoC) Program, CoC Performance Profile State Missouri (n.d.). HUD Exchange. Retrieved May 25, 2022, from https://files.hudexchange.info/reports/published/CoC_Perf_State_MO_2020.pdf.

1.3 Cost-benefit of providing TLP services in the community when compared with the impact of the services not being available.

SVHC distinguishes itself from other agencies serving at-risk youth by providing behavioral health services as a key element of its program. The agency's location in the municipality of Normandy, centered in North St. Louis County, is essential in addressing the needs of at-risk youth in these distressed communities characterized by low-performing or unaccredited schools, and with significant economic and social challenges. SVHC engages in cross referrals with 2 local agencies that are similar in mission and provide shelter services and programs targeting at-risk youth: [REDACTED]. Although [REDACTED] and [REDACTED] focus on homeless youth, neither addresses mental health issues relative to aftercare. Other local organizations provide case management and referral, but do not offer the intensive clinical treatment that is available through SVHC, inclusive at one site. Through linkage between key strategic partners offering complementary services, SVHC is also connecting youth to critical specialized supports such as substance use disorder counseling, human trafficking and sexual assault programs, and extended shelter and housing interventions. Consequences if Not Funded: SVHC demonstrates a 172-year tradition and legacy of serving children, youth, and their families. As such, SVHC has historically adapted its programs to seamlessly meet community needs due to support provided and contributed by an array of private, local, state, county, federal, and pass-through funding sources. However, as the crime rate and poverty continue to dramatically rise in the already distressed service area, exacerbated by the devastating effects of COVID-19 on the local economy, inflation, and unemployment, there is a corresponding sharp increase in the number of homeless youth requesting services, and a reported decrease in individual donations and private foundation funding to support crisis services. As a result of

these rapidly changing circumstances, and also due to the increase in need and strain on local resources, SVHC has needed to adjust services and modify interventions including increasing technology-based support for homeless and runaway youth who often do not have consistent forms of communication and is seeking RHY and additional expanded sources of support to supplement and expand outreach efforts. Therefore, if SVHC does not receive RHY funding, the most devastated and impoverished sector of the St. Louis Metropolitan Area, which is North County, will continue to see a rise of youth living on the streets, which would undoubtedly add trafficking, violence, and substance use disorder to the factors of existing high-crime, lower-income, and disparities in access to services. Regardless, SVHC will continue its work to adapt and ameliorate the problems, as is its mission, but an expansion through additional funding would significantly influence the capacity to affect change for at-risk youth. Cost-Benefit: SVHC's focus on mental health brings particular value to its TLP. Recent new mental health initiatives in the City of St. Louis have been shown to be effective in keeping people experiencing mental health crises out of the judicial system. Cops and Clinicians, which sends social workers along with police officers to certain calls, and a 911 diversion program which routes certain 911 calls to a mental health crisis hotline run by Behavioral Health Response, both began operating in January 2021. A study by Mastercard found that the two programs combined may have saved the city \$2.6 million in the first eight months of operation, mostly in personnel costs in the police department and EMS. "Mastercard, which donated the data analysis using its Test and Learn tools, also found that most callers who were directed to the crisis hotline did not

need to call 911 again. In addition, most were able to avoid hospitalization for mental health needs.”¹⁷

Approach

2.1 Screening and assessment process

Screening and Assessment: SVHC accepts referrals 24 hours a day, 7 days a week by phone or online from the youth themselves, school officials, health care and behavioral treatment programs, and former clients. A pre-enrollment screening by an intake staff member is conducted to determine the appropriateness of enrollment. The Youth Enrollment & Community Engagement Coordinator will utilize the HMIS Intake packet and SVHC’s own Intake Packet, recording responses in HMIS and SVHC’s client management software, CWSIS, to determine resources, immediate needs, and if criteria are met for TLP: runaway or homeless and aged 16-under 22. (Youth under the age of 18 must be a qualified minor.) Youth must also not be a danger to themselves or others and be willing to engage in program processes and activities. The Youth Enrollment & Community Engagement Coordinator is responsible for verifying the homelessness information provided by the youth. SVHC’s CWSIS Admission Profile gathers demographic information, key issues, behaviors and concerns, and interactions with schools and other agencies. If the youth is determined to meet basic eligibility requirements, an interview is scheduled with a clinician and a member of the Supportive Housing team. The interview is designed to enable the youth and SVHC staff to determine if the TLP is the right fit for the youth. If both parties agree that the TLP is appropriate, the youth is enrolled in the program, assuming space is available. Assessment: Youth enrolled in TLP receive an initial,

¹⁷ Lippmann, R. (2022, February 18). St. Louis Mental Health Diversion Programs helped residents and saved the city \$2.6m. STLPR. Retrieved June 19, 2022, from <https://news.stlpublicradio.org/law-order/2022-02-17/st-louis-mental-health-diversion-programs-help-people-and-save-money>

comprehensive clinical assessment within 24 hours or one business day of admission, conducted by the assigned Therapist, who also works with the youth to develop treatment goals and an initial treatment plan. Assessments are youth- and family-focused (where appropriate), strengths-based, and gender-, culturally, and linguistically sensitive.

The *Self-Sufficiency Matrix* is a comprehensive assessment of the youth's situation including education, housing stability, life skills, mental health, social connections, and wellbeing. The final step is completion of the *Child and Adolescent Needs and Strengths (CANS)* by the therapist to obtain background on general life functioning, strengths, behavioral and emotional needs, risk and protective factors, trauma, substance use, violence, and developmental disabilities of homeless youth.

The clinician will delve into pregnancy and/or parenting (while SVHC does not have the capacity to accept youth with dependent children, youth may be co-parenting a child who does not live with them), foster care and juvenile system involvement, sexual exploitation or trafficking, substance use disorder or mental health needs, and cultural characteristics of vulnerable youth. *Suicide Screening*: Currently SVHC uses the ASQ Suicide Risk Screening Tool, but the agency is in the process of transitioning to the Columbia-Suicide Severity Rating Scale (C-SSRS). Youth determined to be at risk of suicide are referred to community resources specializing in suicide prevention. *Trauma Screening*: Youth are screened for trauma via the CANS and a psychosocial assessment. SVHC is researching the UCLA PTSD Index to potentially use as a supplement to the CANS. SVHC expects to have this new tool in place by August 1, 2022. *Trafficking/Exploitation Screening*: All youth will be screened against the RHY Project Start Assessment Form which assesses for identification of exploitation or trafficking. Should the youth respond to the screening in the affirmative, the New York State Rapid Indicator

Tool will be administered. The results will determine whether there is reasonable cause to believe the youth is a victim or at risk of being a victim of exploitation/trafficking, in which case a more comprehensive assessment of the youth's experiences will be utilized.

As part of the assessment process, SVHC evaluates whether youth are or should be under the legal jurisdiction of the juvenile justice or child welfare systems, or if he/she has run away from foster care placement or correctional facilities. SVHC abides by Transfer Protocol established by the agency to appropriately identify and contact the placement or correctional facility to develop a plan based on the youth's legal status and circumstances, facilitating the delivery of services from those systems until the time they are released from the respective jurisdiction.

The clinician begins mental health treatment in the first week of the program. Progress is evaluated during clinical supervision. Reassessment of the youth occurs as needed based on treatment progress and changes in the youth's behaviors or situation. Youth also receive a physical within 10 days of enrollment to ascertain health status and needs.

2.2 Supportive housing options to be used

SVHC will offer tiered transitional living support for runaway and homeless youth aged 16-under 22 from St. Louis City and St. Louis County to equip youth with vital life skills. Tier 1 will comprise a communal/group home setting upon entry, incrementally transitioning to a supervised apartment-style setting (Tier 2) once progress towards goals is evident. Services provided by SVHC in both program tiers will include individual and group therapy, case management, educational support, recreation, job attainment and retention support, life skills instruction, food, and housing. Youth may remain in the program for 18 consecutive months or until their 18th birthday, whichever is longer. Additionally, SVHC will not discharge to

homelessness. If a youth does not have a safe and stable place secured at the time of discharge, the youth may remain at SVHC up to an additional 3 months while the youth and staff work to secure a safe and stable destination. Other extraordinary circumstances which may prompt an extension of program services include catastrophic job loss, health issues (including COVID-19 diagnosis), or a natural disaster impacting the local community.

Both tiers of the program are located at the SVHC facility/campus in Normandy, 7401 Florissant Road, St. Louis, Missouri 63121. The Tier 1 setting is a congregate care model (TLP-Group/TLPG), comprised of 2 units with 5 dormitory style suites; each suite can accommodate 2-3 people each, with a shared bath, located on the second floor of SVHC's main facility. Each of the group units accommodate up to 7 males or 7 females. Youth who have been successful in TLPG or who, in the enrollment process, demonstrate their ability to thrive in a more independent, less structured environment will have the opportunity to participate in TLP-Structured (TLPS) comprising 2 individual apartments, each with 2-3 separate bedrooms and shared kitchen, bath, and common area. The apartments have a combined capacity of 5. Only youth who are age 18+ are eligible for TLPS. At any given time, 19 youth can be served at TLPG and TLPS. The staff:youth ratio in TLPG is 1:7. SVHC's TLP will not serve youth with dependent children. Structures, technologies, supervision, policies/procedures to protect minor youth: Minor youth will be housed with other minor youth or independently. Minors will only be allowed to be enrolled in the TLPG, not in the TLPS. SVHC's Wi-Fi for youth has restricted access, with no access to social media and inappropriate websites. SVHC also has security cameras throughout the facility. Youth are always supervised by agency staff while in the TLPG unit. TLPG will consist of 3 phases, each with increasing autonomy and privileges corresponding with the youth's demonstrated level of responsibility and decision-making. Linkage with age-

appropriate emergency shelters: SVHC currently operates an emergency shelter program, funded by the FYSB Basic Center; therefore, if no TLP openings exist, youth will be offered an emergency shelter bed until one is available at the SVHC location or from one of the following partners, with whom SVHC has existing cooperative agreements in order to provide safe shelter (MOUs included in Appendices file): Covenant House and Youth In Need (also a FYSB BCP grantee). Direct on-site supervision and sufficient staff to youth ratio: TLPG youth must be accompanied by SVHC staff 24 hours a day, 7 days a week for the first 30 days (minimum) they are enrolled in the program, with the exception of school, work, and any pre-cleared outside appointments. For the remainder of their time in TLPG, supervision is gradually loosened, assuming good behavior by the youth.

Staff are accessible by phone and in person to TLPS youth 24/7 as the TLPS apartments are located on-site (i.e., in the same location as TLPG). TLPS youth are visited in their apartment by agency staff at least every 3 days during the first 60 days (minimum) of their enrollment. After this time, TLPS youth are visited at least once per week by agency staff and at least once per month in their apartment by agency staff. Space, equipment, and furnishing to keep dependent children safe: N/A Educational advancement, job attainment and life skills, or work activities: Based on the identified goals in their Individualized Service Plans (ISP), the assigned therapist and case manager work with the youth to progress in educational and/or vocational attainment. SVHC works with a network of partner agencies to provide youth with a variety of services to address their individual needs such as [REDACTED] and [REDACTED] for GED/HiSET classes and extensive job support services. Youth with severe conditions, such as self-harming behaviors, eating disorders, or a substance use disorder requiring detoxification, are referred to specialized treatment programs. Psychoeducation classes (TLPG) or case management sessions

or coaching sessions (TLPS) provide instruction on “soft” skills needed to secure and retain employment as well as personal relationships, including anger management, conflict resolution, and communication skills, as well as practical, “hard” skills such as resume creation and navigating the public transportation system. See Section 2.6 for more information.

The Sister Mary Ann Eultgen Youth Development Center (MAE Center), which opened in 2018, enables SVHC to provide comprehensive life skills and recreation programming linked to formal residential, mental, and behavioral health interventions in one facility in North St. Louis County. The MAE Center includes a teaching kitchen, sound studio, game room, exercise room, and multipurpose room. Internet access is available at various locations throughout the facility. Additional recreation space includes a gymnasium with basketball court, athletic fields, outdoor track, and a playground on approximately 20 acres adjacent to the campus. TLP facilities capacity: TLPG units in the main SVHC building have a total capacity of 14; the TLPS apartments have a combined capacity of 5. Total TLP capacity is therefore 19. Permanent supportive housing/Rapid Re-housing: Permanent supportive housing (PSH) and Rapid Re-Housing (RRH) options for youth are very limited in St. Louis City and County. St. Louis County has no PSH beds and just 7 RRH beds for youth¹⁸, and St. Louis City has just 16 PSH and 6 RRH beds for youth¹⁹. CoC referrals: SVHC will participate in the St. Louis County CoC’s monthly Youth Coordinated Entry meeting and general CoC meetings. The Coordinated Entry System provides critical services to meet the diverse needs of struggling families and individuals throughout the county with housing resources from local service providers. Created to streamline

¹⁸ U.S. Dept of Housing & Urban Development. (n.d.). HUD 2021 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report - St. Louis County CoC. HUD Exchange. Retrieved June 3, 2022, from https://files.hudexchange.info/reports/published/CoC_HIC_CoC_MO-500-2021_MO_2021.pdf

¹⁹ U.S. Dept of Housing & Urban Development. (n.d.). HUD 2021 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report - St. Louis City CoC. HUD Exchange. Retrieved June 3, 2022, from https://files.hudexchange.info/reports/published/CoC_HIC_CoC_MO-501-2020_MO_2020.pdf

access to housing and services, Coordinated Entry connects people to local resources and eliminates the burden of contacting multiple agencies when searching for vital assistance. Upon notification of FYSB funding, SVHC will also begin attending St. Louis City CoC matching and general meetings. Access to all community resources: Through ongoing therapy and case management, SVHC staff learn about youths' emotional, mental, and physical needs and make referrals to appropriate service providers. TLP staff assist youth in connecting to the services and resources they need to develop self-sufficiency and ensure healthy, independent living. Number of youth to be served – appropriate and attainable: SVHC expects to serve 39 youth during the 3-year grant period – an average of 13 per year. SVHC's TLP capacity is 19 (14 in TLPG and 5 in TLPS). The difference allows for youth to be served through funding from other sources, while also factoring in attrition of youth who leave the program in less than 18 months.

2.3 How the proposed program addresses the social and emotional wellbeing of youth that incorporates a strengths-based approach (PYD and trauma-informed care)

Trauma-Informed Approach: Youth who have experienced trauma are at significant risk for impact on their brain functioning, developmental trajectory, relationships, coping skills, and health outcomes. Youth may have an altered worldview that may lead to behaviors that are self-destructive or dangerous, including premature sexual activities, which can lead to trafficking victimization. Trauma can also lead to situations that endanger and/or threaten stable home life or placement. The youth's lack of trust in the motivations of caregivers may also lead to rejection of possible caring adults or, conversely, engender superficial or inappropriate attachments. Unaddressed traumatic stress may have both short- and long-term consequences for the youth's mental health, physical health, and life trajectory, and exposure may produce cognitive effects or deficits that interfere with the youth's ability to learn and progress in the school and community.

SVHC utilizes a Trauma-Informed and Strength-Based Treatment approach in the delivery of all services. Understanding that something has happened to the youth that has led them to this point encourages empathy over judgement, understanding there is no quick fix. SVHC also highlights the youth's positive attributes/protective factors to address pending concerns in hopes of moving forward. SVHC's focus is to empower each youth with a sense of self-control and self-efficacy that will lead to more successful life experiences. Facility improvements to enhance trauma-informed programming have been implemented, such as dedicated rooms for group therapy, a calming room to be used instead of seclusion, and the renovation of lower-level space to provide dedicated areas for life skills activities, including a teaching kitchen, game room, exercise room, and a multi-purpose room.

SVHC therapists will apply the practices of Cognitive Behavior Therapy (CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Solution-Focused Brief Therapy (SFBT), all within trauma-informed and Positive Youth Development (PYD) frameworks. CBT is an evidence-based treatment directed toward solving current problems and teaching skills to modify dysfunctional behaviors. The methodology yields positive results in a relatively short period of time. A present-centered approach helps youth recognize and understand personal thoughts that can lead to irrational fears and worries. Cognitive distortions are explored with the youth. Homework or "unit work" helps develop and practice new skills by teaching different ways to understand their situations. CBT is listed as an evidence-based practice on the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP).

TF-CBT is designed to assist clients who have negative effects from traumatic experiences, including Post-Traumatic Stress symptoms, depression, and related difficulties. TF-

CBT is a short-term treatment approach that can work in as few as 12 sessions or may be provided for longer periods as needed. It focuses on the impact of trauma and common childhood reactions, relaxation training, expression and regulation of one's affect and emotions, cognitive coping skills, developing conjoint parent-child sessions and enhancing client safety, developing and processing trauma narratives as appropriate with gradual exposure to stimuli associated with the traumatic events. TFCBT is listed as an evidence-based practice on the SAMHSA's NREPP.

SFBT is a well-established, research-informed modality that helps clients achieve desired changes by identifying times when behaviors and situations were better than usual, focusing on key strengths in these situations, and amplifying the positive changes. The therapist invites the youth to envision their preferred future and then focuses on building and enhancing key strengths and behaviors that amplify their positive changes.²⁰

Each week, TLPY youth participate in at least one treatment hour with their assigned clinician, one group art therapy session (one-hour session), an average of two psychotherapy groups (one-hour sessions), and twelve psychoeducation/life skills groups (one-hour sessions) on topics such as anger management, conflict resolution, building job skills, violence issues and impacts, and suicide prevention. Therapeutic crisis intervention is conducted by clinicians as needed at intake, in response to incidents during the residential stay, or when issues arise during aftercare. Youth Specialists also provide 24-hour mentoring and interactive problem-solving to TLPY youth within the framework of Trauma-Informed Care. Positive Youth Development (PYD): "PYD is an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for

²⁰ Gingerich and Peterson. Effectiveness of Solution-Focused Brief Therapy: A Systematic Qualitative Review of Controlled Outcome Studies. *Research on Social Work Practice* 23(3), 266-283

young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.”²¹ Research has shown that youth are much more likely to achieve positive outcomes when in an environment that promotes the following characteristics²²: Youth participation and involvement: Youth participating in the TLP are encouraged to take an active role in their treatment planning and in establishing personal goals and pursuing growth. SVHC’s TLP program will recognize and improve youths’ strengths, thereby enhancing their self-esteem and self-efficacy. Staff will build on skills and strengths identified during their day-to-day engagement with youth and through case management. For example, youth will be involved in developing their ISPs and working closely with Case Managers to track their progress toward their goals. Youth will be encouraged to make decisions and communicate those decisions about themselves to others, self-advocate and recognize their own needs, and understand self-help strategies could be applied in a variety of situations.

Youth will also have the opportunity to be involved in a peer council which meets monthly and provides them access to staff to voice concerns and offer ideas to better the TLP program. The Youth Council, comprising youth in SVHC’s facility-based programs, meets twice per month and is a forum in which youth provide real-time feedback on services, policies and procedures, and programs. Feedback is compiled and submitted to the Continuous Quality Improvement (CQI) Committee for review. Positive environments and safe and structured places: SVHC’s TLP provides safe, stable housing while youth work to stabilize their lives. The program’s different “tiers” of group home and structured apartments, both located on SVHC’s

²¹ Youth.gov. (n.d.). Positive youth development. Positive Youth Development | Youth.gov. Retrieved June 6, 2022, from <https://youth.gov/youth-topics/positive-youth-development>

²² Youth.gov. (n.d.). Interagency Working Group on youth programs develops common language on positive youth development. Interagency Working Group on Youth Programs Develops Common Language on Positive Youth Development | Youth.gov. Retrieved June 10, 2022, from <https://youth.gov/feature-article/interagency-working-group-youth-programs-develops-common-language-positive-youth>

campus, allow youth to enter the program in a setting which best matches their level of responsibility and decision-making. Each component of the program (TLPG and TLPS) also has internal phases with increasing levels of autonomy and independence, providing incentives for personal growth. SVHC's trauma-informed care and strength-based frameworks foster a feeling of emotional safety for clients and staff, and the supervision and care for clients demonstrated by staff promote physical safety. Skill and asset development: The initial assessment process will aid youth and the TLP team of therapists, case managers, Youth Leadership Specialists (YLSs), and Youth Development Specialists (YDSs) in identifying inherent skills and assets. Additionally, Solution-Focused Brief Therapy (SFBT), one of the therapeutic modalities used by SVHC clinicians, focuses on building on strengths to achieve goals. For life skills development, see Section 2.6. Opportunities to serve others: SVHC will develop a twice-monthly calendar of volunteer opportunities which will be distributed to TLP youth. Youth may sign up to be transported to community locations such as Operation Food Search and the St. Louis Diaper Bank or assist staff in organizing in-kind donations at SVHC, among other options. Positive relationships with adults: TLPG youth will be able to interact with TLPS youth, who will be age 18+, through serving together on the Youth Council. In this way, TLPG youth will benefit from older youth with similar experiences while the TLPS youth will gain leadership skills by mentoring younger youth. Additionally, with the easing of COVID restrictions and the return of volunteers to SVHC grounds, all TLP youth will benefit from interacting with caring community members who come to SVHC to provide recreational and life skills programming.

2.4 Outreach plan

The outreach efforts will enhance SVHC's ability to engage runaway and homeless youth, build trust and help youth make decisions that reduce harm, while remaining non-judgmental, caring,

and respectful of each youth’s chosen identity. The Outreach team will provide homeless and at-risk youth with information and contact details for SVHC’s TLP, Basic Center, and Drop-In Center, and other community resources, including the support programs provided at SVHC.

Engaging youth with lived expertise to:

- Assist in locating youth – TLP staff will post maps of the St. Louis region in each of the TLPG units, emergency shelter units, and the MAE Center where youth can anonymously mark where homeless and at-risk youth meet. As the maps collect notes from youth, staff will pass the maps to SVHC’s Outreach Coordinator to incorporate any new locations into his routes.
- Developing youth-centered services and outreach strategies that are individualized to meet the youth's needs – SVHC will create a Street Outreach Youth Council comprising youth who frequent the MAE Center and youth from SVHC’s facility-based programs. This Council will meet twice monthly to provide feedback and offer ideas on effective strategies to engage homeless youth and possible new services SVHC could offer to better meet their needs.
- Ensuring education and awareness strategies are grounded in youth voice and collaboration – The Street Outreach Youth Council will be tapped to develop strategies in collaboration with the Outreach Coordinator and other program staff.

TABLE 2

OUTREACH ACTIVITIES	
Initial Outreach	Ongoing Outreach
(1) Outreach Team conducts daily (weekdays) outreach canvassing high-risk areas to locate and engage runaway and homeless youth, including recreation centers, libraries, transit centers, parks,	(1) TLP staff provide education at least quarterly to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to recognize when an adolescent or young adult is in

<p>malls, and other locations where displaced youth frequent.</p>	<p>crisis and may be experiencing mental health or addiction challenges, and the tools to help the adolescent. This is achieved through a variety of initiatives including partnerships with area school districts and community organizations, and family and caregiver counseling provided by SVHC masters-level therapists.</p>
<p>(2) During daily outreach and through interactions with youth at the MAE Center (drop-in center), Outreach Team members will provide youth with street-based services, including food, drink, clothing, personal safety information, transportation, hygiene products, and emergency referrals, all to prevent malnutrition and ill health and to facilitate the delivery of TLP shelter and services, while building a trusting rapport with youth over time through culturally competent, respectful, harm reduction approaches through the lens of Trauma-Informed Care.</p>	
<p>(3) Outreach Team members will transport youth as needed to drop-in centers, shelters, public transportation, or emergency health and mental health services.</p>	<p>(2) Ongoing collaboration with partner agencies and youth service providers through CoC and other coalition meetings and 1:1 meetings for implementing and enhancing best practices and services for supporting youth and families in crisis, particularly runaway and homeless youth.</p>
<p>(4) Youth currently in SVHC's Basic Center emergency shelter program will be introduced to the TLP during exit planning.</p>	<p>(3) During daily outreach and through interactions with youth at the MAE Center (drop-in center), Outreach Team members will provide youth with street-based services, including food, drink, clothing, personal safety information, transportation, hygiene products, and emergency referrals, all to prevent malnutrition and ill health and to facilitate the delivery of TLP shelter and services, while building a trusting rapport with youth over time through culturally competent, respectful, harm reduction approaches through the lens of Trauma-Informed Care.</p>
	<p>(4) TLP staff will actively participate and engage with the community and service providers as a member of several coalitions and CoCs addressing the needs of homeless, runaway, and street-based youth.</p>
	<p>(5) SVHC staff will continue to collaborate with St. Louis County police departments as well as the City of</p>

	St. Louis Police Department and Department of Justice for referral processes and after-hours referral protocols.
	(6) TLP staff will continually engage the Street Outreach Youth Council at least twice monthly to determine effective strategies and activities which will engage youth/young adults who might not use services due to lack of awareness or active avoidance, provide information to them about services and benefits, and encourage the use of appropriate services
	(7) Youth in SVHC's Basic Center emergency shelter program who meet the criteria and would excel in a TLP will be introduced to the TLP by SVHC therapists, case managers, and BCP staff during exit planning.

TABLE 3

EDUCATION & PUBLIC AWARENESS	
Initial Outreach	Ongoing Outreach
(1) Announcement of FYSB grant and description of TLP on social media and via press release and emails to partners and other local youth-serving organizations (see Section 2.5, Table 4 for list)	(1) Weekday emails to referral partners denoting number of TLP vacancies
(2) Contact the National Runaway Safeline to register TLP in their database	(2) Regular feature on SVHC social media channels regarding TLP and services
	(3) 2 PSAs on radio stations targeting at-risk populations – stations TBD by Street Outreach Youth Council
	(4) Monthly collaborative events (joint outreach, health fairs, school presentations) with other youth-serving organizations
	(5) 1 electronic and 1 vinyl wrap billboard in strategic locations promoting TLP

2.5 Case management

TLP youth are assigned a primary case manager who will meet with them to discuss case management needs. The Case Manager is responsible for coordinating the completion of an Individualized Service Plan, Service Coordination Plan, Transition Plan, and Aftercare Plan for each youth enrolled in the TLP program. Case managers are trained in trauma-informed care, cultural competency, PYD, and Motivational Interviewing. Any special needs the youth might have that are identified through the assessment process (translator for non-English-speaking youth, developmental disabilities, cultural accommodations) are integrated into the case management process. Individualized Service/Treatment: Following the TLP comprehensive initial clinical assessment, the Therapist will work with the youth to develop treatment goals and an initial treatment plan. SVHC will build upon its established approach of recognizing and addressing the specific needs of youth by executing individualized treatment plans that incorporate counseling and therapeutic support tailored to each youth's specific needs. TLPG youth meet with their therapist at least once per week and meet separately with their case manager at least once per week. TLPG youth also participate in at least 2 group therapy sessions, 1 art therapy group session, and 12 psychoeducation groups per week. If applicable and appropriate, TLPG youth may also participate in family therapy and substance use disorder group sessions each week. For the first 60 days, TLPS youth meet with their therapist at least once every 2 weeks and with their case manager at least weekly. After this period and for the remaining time they are enrolled, TLPS youth will meet with their therapist at least once per month and their case manager once every 2 weeks. Family therapy and substance use disorder groups sessions are also available as appropriate. Case Management for Infant/Toddler: n/a

Service Coordination Plan: Through the Case Manager, connections will be established with the

local Systems of Care/Continuums of Care to support clients’ physical health, sexual health, substance use recovery, psychosocial and behavioral health, and personal safety needs. SVHC’s service coordination plan will include an individualized referral plan and will include all required referral components:

TABLE 4

List of Required Partners	Provider Name	Relationship Type	Scope of Work
Social Services	Birthright STL	Cooperating Entity	Free support and counseling for pregnant women
	Safe Connections	Cooperating Entity	Relationship violence prevention programs help young people develop skills to reduce their risk of being victimized and learn how to be proactive in helping others.
	Bridges Community Support Services	Cooperating Entity	Part-time in-home support and 24-hour assistance for men and women with physical and cognitive disabilities
Law Enforcement	St. Louis County Police (Non-Emergency) – various precincts	Cooperating Entity	SVHC communicates closely with appropriate police departments regarding behavioral incidents. Police also refer youth to the TLP and BCP.
Educational Services	Children’s Advocacy Services of Greater St. Louis	Cooperating Entity	Trauma-focused forensic and clinical services for youth, families, and community
	Job Corps Scholars/St. Louis Community College	Cooperating Entity	Free college and vocational classes; also provide counseling and case management
	Job Corps	Cooperating Entity	Supports youth ages 16-24 to complete high school education, trains them for meaningful careers, and assists them with obtaining employment
	YouthBuild	Cooperating Entity	Provides education support and job skills training

Vocational Training	Employment Connection STL	Cooperating Entity	Job training, homeless assistance, and employment opportunities
	Job Corps	Cooperating Entity	Supports youth ages 16-24 complete high school education, trains them for meaningful careers, and assists them with obtaining employment
	YouthBuild	Cooperating Entity	Provides education support and job skills training
	JobCorps Scholars/St. Louis Community College	Cooperating Entity	Free college and vocational classes; also provide counseling and case management
Welfare	Missouri Division of Youth Services	Cooperating Entity	Youth welfare services
	Missouri Dept. of Health & Senior Services	Cooperating Entity	If applicable, SVHC case managers assist youth in enrolling in Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
	Missouri Dept. of Social Services	Cooperating Entity	If applicable, SVHC case managers assist youth in enrolling in Temporary Assistance for Needy Families (TANF)
	U.S. Social Security Administration	Cooperating Entity	If applicable, SVHC case managers assist youth in enrolling in/accessing Social Security Income.
Legal Services	American Civil Liberties Union of Missouri (ACLU)	Cooperating Entity	Litigation, legislation programs, and public education
	Arch City Defenders	Cooperating Entity	Free/low-cost legal representation for various offenses and issues and educational resources
	Legal Services of Eastern Missouri	Cooperating Entity	Free/low-cost legal representation for various offenses and issues and educational resources
Support Services for Trafficking Victims/At-Risk	Healing Action St. Louis	Cooperating Entity	Services for survivors of Commercial Sexual

			Exploitation; providing advocacy and awareness
	National Human Trafficking Hotline	Cooperating Entity	Connects victims and survivors of sex and labor trafficking with services and supports to get help and stay safe
	Pathways to Brightness (Diamond Diva Empowerment Foundation)	Cooperating Entity	Direct and supportive services including housing/financial assistance, counseling, and personal development; not limited to women
Mental/Behavioral Health	BJC Same Day Access	Cooperating Entity	Walk-in clinic serving people with mental health needs
	SSM Behavioral Health Urgent Care	Cooperating Entity	Urgent care/walk-in clinic dedicated to mental health
	Every Child's Hope/BJC	MOU Partner	Provides licensed psychiatrist for SVHC on-site care up to 4 hours/week
	Epworth Family Support Network	Cooperating Entity	In-home family counseling
	Provident Behavioral Health	Cooperating Entity	Psychiatric evaluations, psychiatric medication management, and therapy
	CHADS	Cooperating Entity	Provides counseling services and educational programs to advance the awareness and prevention of depression and suicide
	Children's Advocacy Services of Greater St. Louis	Cooperating Entity	Trauma-focused forensic and clinical services for youth, families, and community
Schools (McKinney-Vento Liaison)	██████████	Cooperating Entity	Regional contact – State Homeless Liaison for MO Dept. of Elementary & Secondary Educ.
Health Care	Overland Head Start and Pregnant Women's Center	Cooperating Entity	Head Start/Early Head Start/Prenatal Services
	theSPOT	Cooperating Entity	Physical and mental health services for youth ages 13-24
	iFM	Cooperating Entity	Provides on-site acute health care and continuity of care medical services to youth in shelters and youth programs across St. Louis

	Planned Parenthood	Cooperating Entity	Reproductive health care
Health Insurance Plans/Coverage	CHIPS Health and Wellness Center	Cooperating Entity	Various health care services for low income/uninsured individuals and families
	Home State Health	Cooperating Entity	Healthcare for Medicaid-eligible youth
	Missouri Healthy Kids	Cooperating Entity	Healthcare for Missouri youth
Affordable Childcare/Child Education Programs	Ferguson/Florissant Child Care	Cooperating Entity	Head Start Program
	Overland Head Start and Pregnant Women's Center	Cooperating Entity	Head Start/Early Head Start
	Guardian Angel Child Care Center	Cooperating Entity	Head Start/Early Head Start
	University City Children's Center	Cooperating Entity	Head Start/Preschool
Emergency Shelters	Every Child's Hope	Cooperating Entity	Emergency shelter serving youth ages 16-21
	Youth In Need	MOU partner	12-bed emergency residential group home for youth, ages 10-19
	Covenant House	MOU partner	20-bed emergency shelter for youth ages 16-21
	The Women's Safe House	Cooperating Entity	Emergency shelter, advocacy, support, and more resources for women and children escaping domestic violence
	Lydia's House	Cooperating Entity	Community/faith-based domestic violence transitional housing, domestic violence education, crisis intervention, court advocacy, support groups, case management
Crisis Services	Behavioral Health Response hotline	Cooperating Entity	Confidential telephone counseling
	ALIVE Crisis Line St. Louis	Cooperating Entity	Counseling, emergency shelter, and advocacy for adults and children affected by domestic abuse
	The Women's Safe House Crisis	Cooperating Entity	24/7 hotline assessing a woman's safety, conducting crisis intake assessments,

	Intervention Hotline		developing personalized safety plans, and providing community referrals.
	Covenant House	Cooperating Entity	Street outreach program, drop-in center, emergency shelter
	Crisis Nursery	Cooperating Entity	24-hour short-term shelter for children birth-age 12
	National Runaway Safeline	Cooperating Entity	Connection to national, state, and local resources

The Case Manager will assist the youth in devising strategies to address or overcome any barriers specific to their situation that would impede their ability to achieve their goals, such as transportation, education, and employment. The Case Manager will establish a relationship with the McKinney-Vento liaison in each school district in its service area to ensure the ability to support youth in connecting with their domiciled institution for continued education or employment services. Any services or educational needs identified will be included on the youth's treatment and aftercare plan. As academic achievement is a critical developmental accomplishment for youth in the TLP, SVHC therapists will maintain ongoing contact with school counselors and teachers, coordinating services, and attending school meetings as needed. When possible, therapists coordinate with school staff and may attend Individualized Education Plan (IEP) or other integral meetings to advocate for the youth.

Youth Specialists (YLSs and YDSs) work with other SVHC treatment staff to provide academic support, role modeling and mentoring, and ensure the educational and vocational needs of the youth/young adult are being met. This includes handling the education schedule, educational records, addressing unique education recommendations, providing school supplies, and arranging for testing if needed. YLSs and YDSs also work with the Life Skills Coach to assist youth in applying for higher education programs, applying for financial aid, getting the

necessary class materials, and accessing their class selections. See Section 2.6 for more information.

Concomitant with the case management process is healthcare for youth. Many of the youth SVHC serves have had little or no ongoing healthcare in their lives. SVHC's on-site, part-time nurse provides physicals, rapid COVID tests, and health and nutrition instruction. See Section 2.1 regarding assessing whether the youth is or should be under the legal jurisdiction of the juvenile justice or child welfare system. Transition Planning: SVHC's goal for TLP youth is to equip and prepare them for independent living. Exit planning begins as part of the intake assessment process; discharge may occur when the youth reach 18 months in residence, achieves his or her goals and is ready to discontinue services, or when placement is no longer appropriate due to behavioral and/or emotional problems requiring a higher level of care. SVHC staff assist youth in finding additional services that will help them continue their move toward adulthood or meet their more severe treatment needs. SVHC TLP will provide every youth a written transitional living plan that meets their level of need for a safe and stable living environment after program exit. This plan includes access to important documents and paperwork (e.g., birth certificate, social security card, driver's license or state identification card, medical records, credit reports), referrals to employment services, referrals for physical and mental healthcare, and information on any other community resources that may be needed by the youth. The youth's home school is notified, including the district's McKinney-Vento liaison, as appropriate, and informed of special accommodations needed and challenges experienced by youth when discharged. Prevention services are provided in the context of exit strategies and aftercare, but also include protections for STDs, pregnancy, and other risks.

2.6 Life skills training/instruction to youth and young adults

TLP has a goal of building life skills so youth can transition into a successful career and live independently. SVHC activities are designed to address key issues and help expand the experiences of youth, opening new opportunities that help them develop core characteristics while also providing personal enrichment, life, and job skills. FYSB funding will enable SVHC to hire a Life Skills Coach – a professional with demonstrated expertise in educating at-risk youth who will maximize the impact of TLP programming and provide employment counseling and assistance to aid youth in securing and maintaining employment, give practical instruction on life skills in groups and individually, establish a network of business relationships to assist in client placement and support, and help businesses understand SVHC’s mission. The lessons addressed in psychoeducation groups are based on the *Overcoming Obstacles* curriculum, which provides evidence-based life skills training tools for at-risk youth, and the *Transitions Curriculum: From School to Career and Adulthood*. TLPG youth participate in 12 psychoeducation/life skills classes each week, several of which will be led by the Life Skills Coach; TLPS youth will receive life skills instruction from the Life Skills Coach at least once per week in group and/or individual coaching sessions.

Academic achievement is a critical developmental accomplishment for TLP youth, and academic support is an essential component of SVHC’s services. See Section 2.5 for further explanation.

SVHC recently established a partnership with [REDACTED] in which bank volunteers will provide financial literacy instruction on an ongoing basis. Instruction will be weekly for 8 weeks, followed by a short break, and then a new 8-week session will begin. Topics will include

Money Management, Investing for Savings, What Are Payday Loans?, and Credit Basics, among others.

The Life Skills Coach and SVHC's nurse will collaborate in providing health and nutrition instruction to TLP youth. The nurse will lead two health psychoeducation classes per week for all TLP youth, comprising health-related topics such as Nutrition and Weight Management, Self-esteem & Confidence, Taking Care of You, Dental Health, and Smoking and Your Health. The Life Skills Coach will assist youth in taking practical steps to implement these concepts, including nutritious meal planning and integrating exercise into youths' daily routines.

Life skills development requires intentional, long-term action to effect change in youth. Repeated exposure to and instruction on concepts and action steps, with positive coaching, will eventually lead to youth adopting new patterns of thinking and behavior. Financial literacy and health and nutrition are essential to maintaining independence by teaching youth to be wise stewards of their money and to differentiate between wants and needs, while health and nutrition instruction shows the importance and connection between physical and mental wellbeing. Most TLP youth will not have seen these characteristics modeled in their home, highlighting the necessity of prioritizing the instruction, coaching, and modeling provided through the TLP.

2.7 Aftercare and follow-up services

All youth receive a written aftercare plan from the assigned Therapist/Case Manager during their exit counseling session. The plan will be devised by the Therapist, Case Manager, and youth to identify the type of services provided while in the TLP, referrals with contact information and upcoming appointments for physical and behavioral health care services, and information needed on any type of public or private insurance coverage available to the youth, including next steps

should the youth be in the enrollment process. Regular contact: The Case Manager will contact the youth at least monthly for 3 months after exit to ensure the youth's needs are being met.

Strategy to assist youth and young adults to connect with their schools or to obtain appropriate educational services, training, or employment: See *Section 2.5, Transition Planning* regarding

continued assistance with educational services, training, and employment. Proactive and

Reactive Strategies/Solutions for Retention in Education, Employment, Housing, Personal

Issues, Other Key Areas: The youth's participation in the TLP will create a foundation of

experience from which the youth can draw as they transition to independence. TLP will

implement positive, proactive youth development approaches, focusing on skills-building,

leadership, and community involvement. The program will offer multi-levels of entry and

incremental interventions for retention, including coaching, mentoring, peer support, and

building a trusted community involving youth in creating "house rules," developing a

personalized treatment plan, program design, and planning activities. Reactive strategies will

include the Case Manager modeling appropriate responses to challenging behavior focused on

maintenance/restoration of safety, such as de-escalation techniques and reduction of stressors.

Supportive services to assist in advancement to better jobs or postsecondary education and

training: Through regular contact, the Case Manager will be able to monitor the youth's progress

in education and/or employment and make suggestions for further growth. The Case Manager

will also provide referrals to community resources that can assist the youth in achieving their

goals. Provide proactive and reactive strategies to support social and emotional wellbeing and

permanent connections: As noted above regarding retention in education, employment, and other

areas, the youth will be able to draw from healthy routines and work establishing meaningful

connections developed during their TLP experiences to proactively address situations that arise

in their independent life. Case Managers will employ focused approaches to difficult situations with enhanced decision-making skills and increased capabilities to recognize and address negative behaviors. By utilizing positive influence in both positive and negative situations, youth will further develop their resilience which will lead to greater emotional wellbeing.

The Case Manager will continue to provide mentoring and modeling to equip youth to overcome barriers that may interfere with the achievement of their goals. The Case Manager will maintain a living copy of the aftercare plan, tracking updates to the youth's housing status, employment, educational services, and participation or completion of services between exit and 3 months post-exit.

Performance Evaluation Plan and Logic Model

3.1 Documenting progress, efforts towards continuous quality improvement, and obstacles or challenges

SVHC recently created the position of Manager of Data Analysis and Reporting (MDAR) and hired a highly experienced individual to create a more robust Continuous Quality Improvement (CQI) process. SVHC is finalizing a process that engages all staff to understand their role in data collection and data's connection to service delivery and uses its data to make real-time adjustments to maximize program impact. This data may include measurements of outcomes and outputs, reports of and trends in incidents and events, feedback from the youth SVHC serves and the colleagues who serve them, and changes in regulatory and accreditation standards.

The new CQI process is based on the principles of Plan, Do, Check, Act (PDCA) and Lean Six Sigma (Define, Measure, Analyze, Improve, Control). SVHC primarily uses PDCA at the program level to make timely process changes and Lean Six Sigma to implement systemic changes. The MDAR analyzes outcome reports quarterly for data quality and outcome trends and

reviews the results with program staff, the Director of Operations & Compliance, and CQI Committee. Staff and Committee members identify successes and opportunities for growth, develop and implement strategies for improvement, and measure results.

Therapists, the Life Skills Coach, the nurse, and YLSs and YDSs will utilize the Client Social Welfare Information System (CSWIS), a product of CFF Systems, Inc., to create client cases, produce client documentation, and log all client demographics, client services, and findings on outcome measures in a format that allows for intuitive reporting of client-level and aggregate data. CSWIS has been programmed to automate data-pulling processes and download data sets into Excel files. Additionally, data will be collected for HMIS and entered into HMIS by a designated therapist. CSWIS is compliant with all requirements of the HIPAA and provides storage of client information on proprietary servers accessed through a cloud-based interface. Only staff assigned to a participant’s care are authorized to access the case file.

TABLE 5

OBSTACLES, CHALLENGES AND RESOLUTIONS	
Obstacle / Challenge	Strategy to Overcome
Increased level of trauma and mental health issues inhibits youth from enrolling in school or finding employment	SVHC’s trauma-informed therapy and case management begins almost immediately upon program enrollment. A Life Skills Coach will assist youth in developing skills needed for a successful future.
Structured nature of TLPG – other local TLPs have fewer services and restrictions	The interview/enrollment process is designed to allow both SVHC and youth to determine whether SVHC is the right fit for the youth’s goals. During the interview, staff work to build rapport with the youth, so they understand the benefits of the program structure.
Stigma associated with mental health support services	Through consistent communication and partnerships with community resources both within and beyond health services, SVHC will share the impacts (benefits, connections, resources) of participating in this comprehensive program.

3.2 How applicant will ensure that all required data are collected and submitted to FYSB through the RHY-HMIS portal and monitoring the project’s progress in meeting the TLP performance measures.

SVHC has four licenses for HMIS data entry, and one of SVHC’s therapists has responsibility for entering all relevant information into HMIS. The St. Louis County CoC and the St. Louis City CoC utilize the same HMIS Lead. SVHC is already entering information into HMIS for its BCP project. The MDAR monitors data entry for completeness and accuracy at least quarterly, ensuring that data in HMIS matches the data in CSWIS, and assists the program manager in making any necessary corrections. The MDAR also will upload the quarterly data into the RHY-HMIS portal. Also see Section 3.1 for additional information about data collected for HMIS.

TABLE 6

Measures to Monitor Progress in Meeting the TLP Performance Measures	
Performance Standard Measure	Data Collection Instrument
The average composite score of general health, mental health, and dental health status will be lower at exit from a TLP than at entry.	Collection Method: Client self-report with guidance from therapist Data Entry/Reporting: Entered into RHY-HMIS by designated therapist/Reported via RHY-HMIS upload
Recipients will report the percentage of youth upon exiting a TLP who report that there is at least one adult in their life, other than RHY program staff, they can go to for advice or emotional support.	Collection Method: Client self-report Data Entry/Reporting: Entered into CSWIS by therapists/Reported via PPR
66% of youth leaving a TLP will be attending school or have graduated from high school or obtained a GED.	Collection Method: Client self-report in exit interview Data Entry/Reporting: Entered into CSWIS by therapists/Entered into RHY-HMIS by designated therapist/Reported via PPR
75% of youth leaving a TLP will be employed or looking for work.	Collection Method: Client self-report in exit interview Data Entry/Reporting: Entered into CSWIS by therapists/Entered into RHY-HMIS by designated therapist/Reported via PPR
90% of youth leaving a TLP will exit to a safe and stable destination.	Collection Method: Client self-report in exit interview

	Data Entry/Reporting: Entered into CSWIS by therapists/Entered into RHY-HMIS by designated therapist/Reported via PPR
Recipients will report the type of destination for each youth who exits a TLP.	Collection Method: Client self-report in exit interview Data Entry/Reporting: Entered into RHY-HMIS by designated therapist/Reported via RHY-HMIS upload

3.3 Operationalizing the program plans and activities as communicated in the proposed logic model.

SVHC’s TLP is well-designed to assist youth in achieving goals in the four core outcome areas. See Section 2.3 for details. SVHC takes a trauma-informed approach while also using the PYD model with every youth. SVHC prioritizes therapeutic support, education, and training/employment to foster an effective transition to self-sufficient living and safe and stable living situations. Once youth are connected to SVHC and found to have a need for services, an initial assessment is completed to determine a youth’s individual areas of growth and personal goals. Program structure is explained to the youth, and a mutual decision is made before proceeding. If it is determined that a youth will not continue in the enrollment process or if no openings are currently available, then other options such as shelter within another program of SVHC or at one of SVHC’s MOU partners will be provided. Other options will be explored if necessary to prevent returning a youth to a homeless living situation.

Once a youth completes the enrollment process, youth receive education regarding SVHC policies of non-discrimination and inclusion that specifically details rights regarding LGBTQ+, gender identification, and harassment. Education regarding the grievance policy will also be provided at this time. Youth will be asked regarding pronoun and name preference and informed of the importance of using legal names on forms. Youth preferences will be shared at all appropriate levels of the agency. Agency staff will be attuned to youths’ special needs and

will facilitate youth inclusion in general community activities with any reasonable accommodations necessary. SVHC will also provide any reasonable accommodations for cultural needs identified by the youth. Youth will be provided with a set move-in date, and SVHC housing and clinical staff will assist as necessary, so they are prepared to begin participating in program activities. All youth will be provided with a physical exam within 10 days of their enrollment in the program. They will also be connected to ongoing primary care through referrals from the agency nurse and encouraged to maintain preventative care, while following any doctor recommendations through medication and treatment compliance.

TLP youth are expected to be active participants in the therapeutic process and will be assigned a primary therapist. TLPG youth will meet with their therapist at least once weekly, while TLPS youth will meet with their therapist at least once every 2 weeks initially, eventually becoming monthly. All youth will collaborate with their therapist to develop their treatment plan with the goal of preparing youth for eventual, successful discharge into a safe and stable living situation with the ability to maintain this situation through independence skills. In the process of working with their assigned therapist, youth will undergo entry and discharge assessments to measure their level of progress due to program participation, as well as continued monitoring and assessment of any additional areas of growth. If a youth desires, family therapy will also be available. Two therapists are certified in drug and substance use disorder and will provide substance use disorder counseling as needed and education/prevention psychoeducation groups. In addition to a therapist, youth will be assigned a primary case manager. TLPG youth will meet with their case manager at least once a week to discuss their ongoing case management needs; TLPS youth will meet with their case manager at least weekly for the first 60 days. As TLPS youth progress in treatment goals, the determination can be made that they require a reduced

need for both clinical and case management services, lessening to once/month for therapy and once/two weeks for case management. TLPS youth will be visited at least every 3 days by agency staff for the first 60 days, then once/week for the remainder of their time in the program; all visits will be documented in the youth's clinical record. Staff will be available 24/7 for youth participating in TLPS. In addition to case management services, youth will receive life skills and employment assistance and education from a Life Skills Coach.

Through discharge planning and goal attainment, youth will be transitioned into safe and stable destinations that they are able to maintain. Follow up and aftercare services will be available to youth for up to three months after discharge from TLP. This aftercare will provide support through referrals and case management services that encourages the use of ongoing support outside of SVHC, so youth will maintain their level of independence.

SVHC features a unique opportunity to have continuity of care through therapeutic and drug/substance use disorder support, educational groups, life skills training, physical wellness, and personal growth through volunteer opportunities all under the same programming model. Youth are also expected to complete educational goals, seek outside employment, and participate in financial literacy training to achieve their personal goals. All support necessary to complete their goals will be available through SVHC directly or indirectly through outside referrals.

LOGIC MODEL

INPUTS	ACTIVITIES What We Do	ACTIVITIES Who We Serve	OUTPUTS	SHORT-TERM Outcomes	INTERMEDIATE Outcomes
<ul style="list-style-type: none"> • 24/7 staffed referral line • Referrals from: parents, schools, health departments, BHR, BHN, Youth Care Partners, St. Louis City/County CoCs • Experienced/trained TLP staff/licensed therapists/ Life Skills Coach/Nurse/ YLSs/YDSs • Individual and group substance use disorder counseling/ psychoeducation • TLG/TLPS Setting (13 beds/year) • CANS/SSM/Psychosocial Assessment • Columbia-Suicide Severity Rating Scale • RHY Project Start Assessment Form /New York Rapid Indicator Screen • Meals/space for individual meal prep, clothing, 	<ul style="list-style-type: none"> • Individualized treatment planning • Weekly trauma-informed individual and group therapy • Available family therapy • Individual/group substance disorder counseling, education, & prevention as appropriate • Case management • Supportive direct care relationships/physical • Psychoeducation groups/individual life skills • Linkage to mental, dental, and physical health care • Performance/screening Assessments • Community involvement - volunteer opportunities • Leadership Opportunities through Youth Council and Street Outreach Youth Council • Educational Support • Employability training • Crisis intervention/harm reduction activities • After care/Follow-up 	<ul style="list-style-type: none"> • 39 homeless/ runaway youth/ qualified minors aged 16 to under 22 years who have been impacted by past trauma associated with abuse/ neglect, expulsion from the home due to being in the LGBTQ community, or mental health and behavioral concerns 	<ul style="list-style-type: none"> • # of youth served • # of units of service • # of groups per day • # and type of discharge destination • 75% of youth will improve their average composite score of general health, mental health, and dental health status by exit from TLP 	<ul style="list-style-type: none"> • 66% of youth leaving a TLP will be attending school or have graduated from high school or obtained a GED. • 75% of youth leaving TLP will be employed or looking for work. • 90% of youth leaving TLP will exit to a safe and stable destination. • 75% of TLP youth will report that there is at least one adult in their life, other than RHY program staff, they can go to for advice or emotional support. 	<ul style="list-style-type: none"> • 75% of youth will maintain safe and stable housing 3 months after discharge from TLP.

<p>hygiene products, bus tickets, landline, van</p> <ul style="list-style-type: none">• PYD/trauma-informed care• Professional development training – core competencies of youth workers• CSWIS database					
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Organizational Capacity and Third-Party Agreements

4.1 Evidence of experience and expertise in operating runaway and homeless youth projects designed to prevent and end youth homelessness.

SVHC's mission is to help youth facing significant life challenges through love, security, and therapeutic support that enable them to improve their lives, their families, and the community. Founded in 1850 as an orphanage and school, SVHC now focuses on serving youth who have serious behavioral, emotional, or relationship challenges that render them unable to succeed in their home and school environments and require immediate intervention. Programming focuses on transitional living and comprehensive therapy modalities to provide youth with the behavioral skills and emotional strengths they need to be successful at home, school, and work. As such, SVHC has a long history of providing shelter, short-term facility-based treatment, and counseling for youth, and has been accredited by the Council on Accreditation (COA) in these specific service areas since 2001. SVHC is a current FYSB Basic Center grantee whereby it actively operates an emergency shelter for runaway and homeless youth ages 10-17 in St. Louis City and County. SVHC, through long-term community service, Council on Accreditation approval for 21 years, and as a current FYSB Basic Center grantee, demonstrates strong experience with administrative, management, and evaluative processes pursuant to high level TLP programming, as set forth by the FOA.

4.2 Scope of work to be performed by third-party working relationships with sub-recipients, subcontractors, or other cooperating entities.

SVHC will not require outside agencies to fulfill the responsibilities of the grant. No partnering agency will be a sub-awardee. MOUs are included in the Appendices file detailing the

partnerships SVHC has with other youth-serving organizations in referring youth for emergency shelter. The entities listed in Table 3 in Section 2.5 will provide services on an as-needed basis.

4.3 Program Administration Requirements

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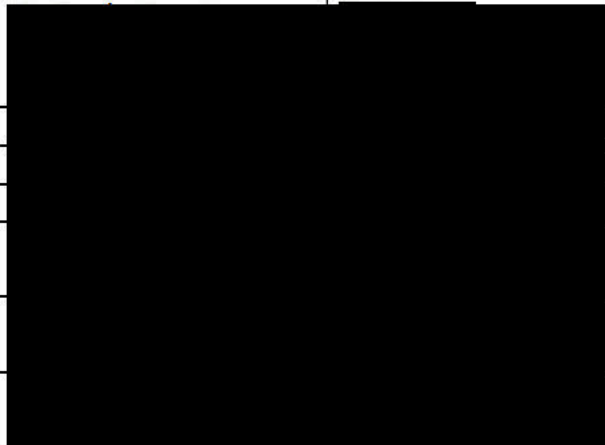
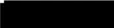
5.2 Estimated cost for equipment, software, and training in the proposed budget for the RHY-HMIS computer equipment and client software.

SVHC has the equipment and software necessary to enter information into RHY-HMIS.

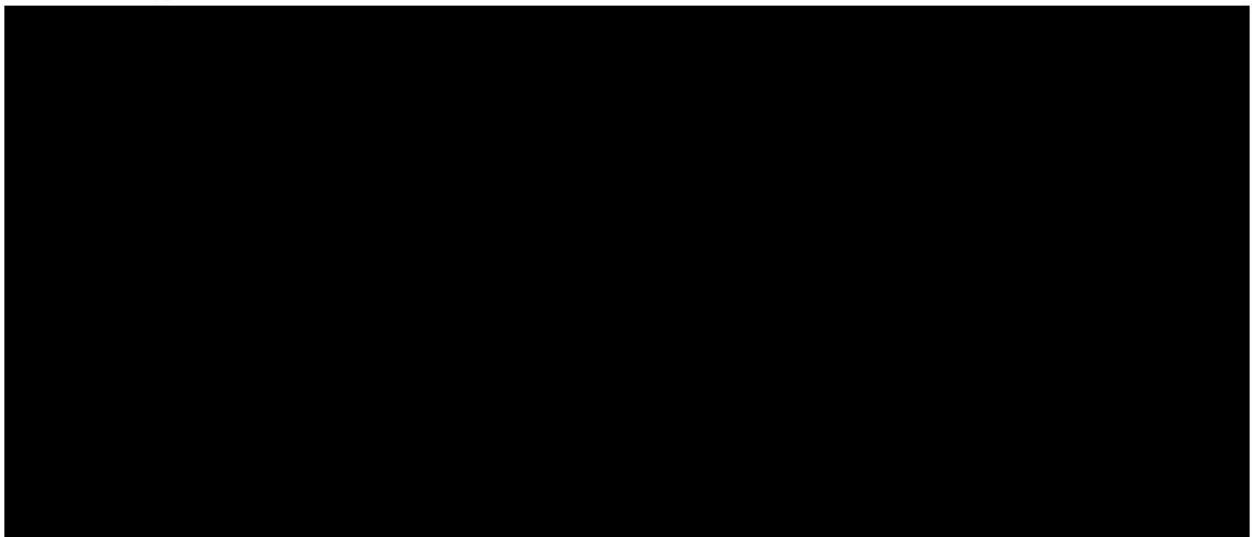
5.3 Amount and source of any additional funding, aside from FYSB funding and the required matching funds, the applicant has to support the activities of the TLP project.

SVHC receives funding for the TLP from several public and private sources. The following represents budgeted revenue for calendar year 2022:

TABLE 7

TLP FUNDING SOURCES			
Funder Name	Amount	Type of Funding	Status
		Fee-for-Service	 received as of 5/31/2022
		Grant	Received
		Grant	Received
		Grant	Pending
		Grant	Pending
		Fee-for-Service	Pending
		Grant	To be submitted by 9/1/2022

5.4 Oversight of federal funds



[REDACTED]

Sustainability Plan

6.1 Project sustainability

Funding diversification: SVHC has been engaged in a three-phase visioning process since Fall 2021, facilitated by The Rome Group, a well-respected, local nonprofit consulting firm focused on strategic planning, fund development, DEI, and program development. SVHC’s goal is to apply a racial equity lens to the organization’s programs and practices and identify how the agency can best meet community needs. In the first phase, Rome Group facilitators hosted listening sessions with board members, staff, clients, donors, community partners, and community leaders in which participants provided input regarding their vision for SVHC’s future. SVHC’s 100,000+ square foot facility is in the heart of the St. Louis Promise Zone and includes 20 acres of green space, an indoor recreation space including sound studio and teaching kitchen, a gymnasium, residential space, and classrooms. SVHC desires to leverage its location and the talent of its clinical program staff while engaging new investments in its mission.

SVHC is in the final stages of Phase 2 of the visioning process – strategic planning. The board and agency leadership have identified TLP as a priority area for the agency due to the high level of need and the scarcity of TLPs in the area. Additionally, SVHC is deeply committed to its emphasis on mental health, believing that by addressing mental health, youth have a higher probability of success. No other local TLP devotes so much of its program resources to therapy.

Phase 3 of the visioning process is fund development, which will begin in July 2022. With the identification of TLP as a priority focus, SVHC has already begun its efforts to diversify funding sources for the program. SVHC expects to receive confirmation of a [REDACTED] [REDACTED] contract for TLP in the next couple of weeks and has several proposals pending with local foundations for TLP support. SVHC already receives significant support from the [REDACTED] for TLP, and [REDACTED] recently approved the expansion of the program from 90 days to 18 months. SVHC hopes to identify other potential funding sources through the fund development process. In addition to these sources of support, SVHC benefits from well-publicized and established fundraising events, including the annual “Kookin’ For Kids” event, which generates approximately [REDACTED] in revenue each year. Staff retention: SVHC will assure sustainability of the TLP program through staff training of key evidence-based practices and the core competencies of youth workers, frameworks to promote compliance, and stakeholder engagement to promote and verify relevance and cultural responsiveness. As with each of SVHC’s programs, TLP will complement and support the tenets of youth and family strengthening that lead to self-sufficiency outcomes and positive trajectories in educational attainment, employment, and improved Social Determinants of Health.

Demonstrating results and accountability in meeting FYSB’s TLP performance standards: SVHC will continue to demonstrate results and accountability in meeting FYSB’s TLP performance

standards through ongoing involvement in the local CoCs; continuing contracts and audits by [REDACTED] and [REDACTED] and reporting to its various funders, including [REDACTED] [REDACTED]. SVHC uses many of the outcomes tracked for FYSB for other funders.

Building community support: Following the completion of SVHC's visioning process outlined above, the agency plans to launch a rebranding campaign, which will likely include a new agency name that will more accurately describe the mission and activities of the organization, a new logo and website, and increased and intentional community messaging to educate the public about SVHC's programs and goals. The advertising included in the project budget is a part of this effort.

SVHC benefits from several local businesses, churches, and schools which donate essential and supportive items for youth, such as personal supplies, clothing, winter wear, shoes, socks, school supplies, birthday, and holiday gifts. Interaction with the St. Louis County and City CoCs and participating agencies, as well as SVHC's growing list of service partners, will raise community awareness of the TLP. Maintaining partnerships with other service agencies: SVHC actively seeks partnerships with companies, organizations, and individuals in the community, through which volunteer assets and contributions help offset program costs and provide real-world information and experiences to assist youth with life skills development. For example, experts from the business community are invited to work with program staff to host classes that educate youth on a variety of topics, such as financial education (e.g., beginner level introduction to financial literacy). SVHC will also continue to network with service agencies through ongoing involvement in the St. Louis County and City CoCs and other coalitions.