

The seal of the Missouri State Auditor is circular and features a central figure holding a scale and a sword. The text around the seal reads "SEAL OF THE STATE AUDITOR" at the top, "WE STAND DIVIDED" in the middle, and "1820 MISSOURI 1892" at the bottom.

**Nicole Galloway, CPA**

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**Missouri State Auditor**

**City of St. Louis**

**Department of Human Services**

Report No. 2021-123

December 2021

[auditor.mo.gov](http://auditor.mo.gov)



**Nicole Galloway, CPA**  
Missouri State Auditor

# CITIZENS SUMMARY

## Findings in the audit of the City of St. Louis - Department of Human Services

Grant Administration	The Department of Human Services (DHS) Youth and Family Services Division's site monitoring procedures for the Child and Adult Care Food Program and Summer Food Service Program are insufficient to ensure compliance with program requirements. St. Louis Area Agency on Aging (SLAAA) personnel did not maintain sufficient documentation to support contract awards to some sub-grantees.
Disbursements	DHS officials did not sufficiently review supporting documentation for disbursements and/or ensure all grant and contract requirements were met prior to authorizing payments.
Payroll and Personnel Procedures	Employee timesheets were not always complete, accurate, or approved by division managers. Some employees did not obtain ethics training as required by city regulation and/or documentation was not retained to demonstrate attendance.
Sunshine Law	The SLAAA Advisory Council did not post notifications for meetings. In addition, the SLAAA request for proposal (RFP) selection committee did not prepare meeting minutes during the selection process.

In the areas audited, the overall performance of this entity was **Good**.\*

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\*The rating(s) cover only audited areas and do not reflect an opinion on the overall operation of the entity. Within that context, the rating scale indicates the following:

- Excellent:** The audit results indicate this entity is very well managed. The report contains no findings. In addition, if applicable, prior recommendations have been implemented.
- Good:** The audit results indicate this entity is well managed. The report contains few findings, and the entity has indicated most or all recommendations have already been, or will be, implemented. In addition, if applicable, many of the prior recommendations have been implemented.
- Fair:** The audit results indicate this entity needs to improve operations in several areas. The report contains several findings, or one or more findings that require management's immediate attention, and/or the entity has indicated several recommendations will not be implemented. In addition, if applicable, several prior recommendations have not been implemented.
- Poor:** The audit results indicate this entity needs to significantly improve operations. The report contains numerous findings that require management's immediate attention, and/or the entity has indicated most recommendations will not be implemented. In addition, if applicable, most prior recommendations have not been implemented.

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# City of St. Louis - Department of Human Services

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## **NICOLE GALLOWAY, CPA**

### **Missouri State Auditor**

To the Honorable Mayor  
and  
Director of Department of Human Services  
City of St. Louis, Missouri

We have audited certain operations of the City of St. Louis Department of Human Services in fulfillment of our duties under Section 29.200.3, RSMo. The State Auditor initiated audits of the City of St. Louis in response to a formal request from the Board of Aldermen. The city engaged KPMG LLP, Certified Public Accountants (CPAs), to audit the city's financial statements for the year ended June 30, 2021. To minimize duplication of effort, we reviewed the CPA firm's report for the June 30, 2020, audit, since the June 30, 2021, audit had not been completed. The scope of our audit included, but was not necessarily limited to, the year ended June 30, 2021. The objectives of our audit were to:

1. Evaluate the department's internal controls over significant management and financial functions.
2. Evaluate the department's compliance with certain legal provisions.
3. Evaluate the economy and efficiency of certain management practices and procedures, including certain financial transactions.

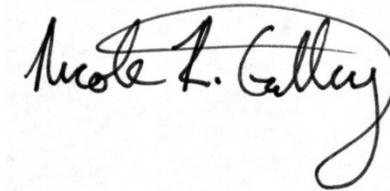
Our methodology included reviewing minutes of meetings, written policies and procedures, financial records, and other pertinent documents; interviewing various personnel of the department, as well as certain external parties; and performing sample testing using haphazard and judgmental selection, as appropriate. The results of our sample testing cannot be projected to the entire populations from which the test items were selected. We obtained an understanding of internal control that is significant to the audit objectives and planned and performed procedures to assess internal control to the extent necessary to address our audit objectives. We also obtained an understanding of legal provisions that are significant within the context of the audit objectives, and we assessed the risk that illegal acts, including fraud, and violations of applicable contract, grant agreement, or other legal provisions could occur. Based on that risk assessment, we designed and performed procedures to provide reasonable assurance of detecting instances of noncompliance significant to those provisions.

We conducted our audit in accordance with the standards applicable to performance audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform our audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides such a basis.

The accompanying Organization and Statistical Information is presented for informational purposes. This information was obtained from the department's management and was not subjected to the procedures applied in our audit of the department.

For the areas audited, we identified (1) deficiencies in internal controls, (2) noncompliance with legal provisions, and (3) the need for improvement in management practices and procedures. The accompanying Management Advisory Report presents our findings arising from our audit of the City of St. Louis Department of Human Services.

Additional audits of various officials and departments of the City of St. Louis are in process, and any additional findings and recommendations will be included in subsequent reports.

A handwritten signature in black ink, reading "Nicole R. Galloway". The signature is written in a cursive style with a large, looping flourish at the end of the word "Galloway".

Nicole R. Galloway, CPA  
State Auditor

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# City of St. Louis - Department of Human Services

## Management Advisory Report

### State Auditor's Findings

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#### **1. Grant Administration**

The Department of Human Services' (DHS) procedures for monitoring and awarding some grant funds needs improvement.

The DHS is responsible for administering over \$18.5 million annually in various federal and state grants related to aging, homeless, and youth and family service programs. The DHS divisions administer these funds by subgranting the funding to various organizations throughout the city that provide direct services to clients. The DHS subgrants funds to approximately 20 sub-grantees for St. Louis Area Agency on Aging (SLAAA) programs, 15 sub-grantees for the Homeless Services programs, and 1 food service management company that provides meals for approximately 50 sites for the Youth and Family Services programs.

##### 1.1 Site reviews

The Youth and Family Services Division's site monitoring procedures for the Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP) are insufficient to ensure compliance with program requirements. Youth and Family Services personnel are responsible for performing 3 annual site reviews of approximately 20 CACFP sites and at least 2 annual site reviews during the summer months for 30 SFSP sites. We noted the following concerns with site reviews conducted during the fiscal year ended June 30, 2021.

###### Site review timing

Site review documentation indicates some SFSP site reviews of different locations were conducted at the same time and some documentation did not include times to support when reviews occurred. Of the 26 SFSP site reviews conducted in June 2021, we noted 5 sites in which the review date and times documented coincided with reviews at other locations. On June 14, 2021, review documentation indicates, the Youth and Family Services' monitor reviewed 3 SFSP sites between 8:30 a.m. and 10:00 a.m. According to the monitor's site review form, the monitor was at all three locations between 9:00 a.m. and 9:20 a.m. In addition, on June 16, 2021, the same monitor reviewed 2 SFSP sites between 8:00 a.m. and 10:00 a.m. The monitor's site review forms indicate she was at both locations between 9:00 a.m. and 9:30 a.m. Documentation for 6 other site reviews did not include times so we could not determine if those visits coincided with visits at other locations.

The most efficient routes between the 3 sites on June 14, 2021, would be 1.9 miles (6 minutes) between the first 2 sites and then 3.2 miles (10 minutes) from the second site to the third. The distance between the sites visited on June 16, 2021, is 2.3 miles (travel time 10 minutes).

The monitor is required to observe delivery, service, consumption, and cleanup of meals in addition to reviewing the completion of paperwork. While site visit documentation was signed by sub-grantee personnel indicating the reviews were performed, it is unlikely the monitor would have been able to travel between locations and observe all required actions at multiple facilities



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at the same time or even within a few hours. As a result, it is likely site review documentation is inaccurate and/or program monitoring requirements were not met for these site reviews.

Inadequate annual reviews

We reviewed site monitoring documentation for 3 CACFP providers and noted Youth and Family Services Division personnel did not conduct required site reviews at any of the 3 CACFP providers reviewed. Division personnel reviewed 1 of the sites, 2 of the required 3 times during the fiscal year. During one of those visits, files were unavailable because they were stored off-site due to remodeling, limiting the usefulness of the review. For the other 2 providers, division personnel only conducted 1 of the 3 required site reviews for each provider.

Conclusion

Division personnel indicated they have 1 site monitor, making it difficult to complete all required monitoring. In fiscal year 2021, 26 SFSP sites required first week monitoring during the same weekly period. In addition to the site reviews for SFSP sites, the sole monitor was also required to perform 3 annual monitoring reviews of the 20 CACFP sites throughout the fiscal year.

For the SFSP, 7 CFR 225.15(d)(2) requires sponsors to review each of their sites at least once during the first week of operation under the program. The United States Department of Agriculture Sponsor Monitor's Guide specifies what the site monitor must observe to ensure the site is operating in accordance with SFSP guidance. For the CACFP, 7 CFR 226.16(d)(4)(iii) requires sponsors to monitor each center 3 times per year and not more than 6 months may elapse between reviews. In addition, 2 of the 3 reviews should be unannounced.

Site reviews are a crucial part of program monitoring. Timely reviews facilitate good management at every site and ensure that site supervisors and personnel are receiving the technical assistance needed to operate programs in compliance with all requirements, thereby maintaining program integrity.

1.2 Score sheets

SLAAA personnel did not maintain sufficient documentation to support contract awards to some sub-grantees. SLAAA personnel evaluate and score sub-grantee proposals in response to a request for proposal (RFP) based on scope of work, expertise, service experience, organization, and fiscal information. SLAAA personnel could not provide documentation of the evaluation and score for 8 of the 23 proposals received in response to a fiscal year 2019 RFP with 2 possible 1-year extensions. As a result, SLAAA personnel could not adequately support contract awards.

In accordance with Exhibit G1 of the RFP, part of the evaluation process for the RFP consists of subjectively evaluating each responsive qualification, and each evaluator making an individual recommendation by scoring points in accordance with the published evaluation plan. Due to the complex nature of



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SLAAA funding sources and services and the subjective criteria used to make funding decisions, funding decisions should be well documented and documentation should be retained to support and justify those decisions.

We noted similar conditions in our prior audit report. In the *Follow-Up Report on Audit Findings - City of St. Louis Department of Human Services*, Report No. 2018-070, released in September 2018, department officials indicated the previous recommendation had been implemented; however, we found that corrective action taken was not effective and problems continue to occur.

## Recommendations

The Department of Human Services:

- 1.1 Ensure all required monitoring reviews are completed timely in accordance with regulations and guidelines, sufficient time is allowed for site reviews, and documentation accurately reflects when sites are monitored.
- 1.2 Ensure all score sheets and other evaluation documentation is retained to support grant awards.

## Auditee's Response

- 1.1 *The Department of Human Services Youth and Family Division agrees with the finding and the recommendations. The monitoring corrections moving forward will be as follows:*

*For the SFSP, the Program Monitor will be required to complete the required 2 monitoring visits under the regulations. The monitor will record the actual arrival time and departure time for each site being reviewed. Sponsored Meal Site Personnel will be required to sign the monitoring form, to include the date and time of the signature, as verification of the site monitoring visit. For NEW meal sites that will operate the SFSP, a monitoring visit will occur within the 1st week of operation. SFSP sites that are RETURNING (meaning the site participated under the previous summer's feeding program), will be monitored no less than 2 times, within their operating period.*

*The CACFP operates on a calendar year October 1, 2021 thru September 30, 2022. The regulation requires that three (3) monitoring reviews be completed. The Youth and Family Services Division will perform a site review on every CACFP site within the 1st three months of operation on all the sites. The two (2) remaining required reviews will be completed every 2 to 3 months until the required three (3) reviews are completed at each site. Additional follow-up reviews and technical assistance will be provided as needed.*



- 1.2 *The SLAAA agrees with the auditor's finding and recommendation. Steps taken to address the issue include the following: (1) The current Program Manager of SLAAA is now maintaining a hard copy of the Evaluation and Scoring Sheets from the reviewers for the RFP for fiscal year 2022. (2) The hard copy is kept in a file cabinet that can be easily accessed and the SLAAA has an electronic copy of the forms saved on a shared drive, which can be accessed by SLAAA personnel.*

## 2. Disbursements

DHS officials did not sufficiently review supporting documentation for disbursements and/or ensure all grant and contract requirements were met prior to authorizing payments. For most disbursements, including those to sub-grantees, DHS procedures require applicable division and Fiscal unit personnel to review invoices and grant or contract terms prior to payment to ensure the disbursement is allowable, accurate, and adequately supported. During our review of 11 haphazardly selected SLAAA disbursements to sub-grantees and 25 haphazardly selected other DHS disbursements we noted the following:

- DHS personnel did not compare sub-grantee reports to some catering company invoices for the home delivered meals program, and as a result, had a credit balance of \$149,710 due to overpaying the catering company. For home delivered meals, DHS personnel use sub-grantee service cost allocation reports (SCARs) that report the number of units of direct service delivered to compare services delivered to the meals reported, as provided by the catering company.

On March 25, 2021, a catering company employee contacted SLAAA personnel to advise them that the March 2021 disbursement included a \$149,710 overpayment. The catering company submitted invoices for December 2020 through February 2021 in March 2021, and the January invoice included meals also included on the December 2020 invoice. The invoice error was not detected and the overpayment occurred because SLAAA personnel approved disbursements without thoroughly reviewing the applicable SCARs. In addition, SLAAA personnel did not provide supporting documentation to Fiscal unit personnel, and Fiscal unit personnel did not request the documentation prior to payment.

- DHS personnel approved a \$1,118 payment to a vendor prior to requesting or receiving verification of the completed construction project as required by the contract.
- DHS personnel could not provide documentation to support \$436 paid to a contractor for delivery of services to 3 individuals.



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An insufficient review of necessary documentation and/or inattention to detail allowed payments to be processed prior to verification of work completion and without obtaining or retaining documentation.

The SLAAA Policies and Procedures Manual, which provides guidelines for both SLAAA and Fiscal unit personnel, requires accounting records be supported by source documentation such as canceled checks, paid bills, payrolls, etc.; each entry in the accounting records refer to the document that supports the entry; and supporting documents be filed in such a way that they can be readily located. In addition, the Comptroller's office Procedures for Accounts Payable and Purchasing policy states prior to vouchering payments, the department must review for eligible costs, accuracy, receipt of goods or services, available funds, ineligible costs, or available credits.

Reviewing and retaining adequate supporting documentation that is received prior to payment would allow the DHS to address any questions that arise and detect invoice errors prior to payment. In addition, sufficient review and approval of documentation prior to payment is necessary to ensure obligations are actually incurred and amounts paid are proper.

## Recommendation

The Department of Human Services obtain and review supporting documentation to ensure invoice amounts are accurate and all contract requirements are met prior to payment. Review procedures should include reconciling invoice amounts to applicable sub-grantee reports. In addition, the DHS should ensure supporting documentation is maintained for all disbursements.

## Auditee's Response

*Regarding the comment, "DHS personnel did not compare sub-grantee reports to some catering company invoices for the home delivered meals program, and as a result, had a credit balance of \$149,710 due to overpaying the catering company.":*

*The DHS agrees with the auditor's statement and recommendation. The corrective actions that will be implemented moving forward are:*

- a. The Exhibit that is contained in the contract, which states the units of service and dollar amounts to be provided, will serve as the purchase order.*
- b. If contracts are amended, the amended Exhibit will become the revised purchase order.*
- c. Starting in December 2021, delivery tickets from the vendor will be signed by the receiving Senior Center staff and forwarded to SLAAA via email on a daily basis, when meals are delivered.*



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- d. *SLAAA will forward the signed delivery tickets and invoice with the SCAR, and any other documents required, to the DHS Fiscal unit for review before payment is made to ensure that three-way matching has occurred.*

*Regarding the comment, "DHS personnel approved a \$1,118 payment to a vendor prior to requesting or receiving proof of the completed construction project as required by the contract.":*

*The DHS agrees with the auditor's statement that we did not inspect the completed construction project. Although the city did not physically verify the existence of the protective screens, payment for the construction materials was not provided by the city until after the receipt slips were received and after an emergency contract was executed. These materials were necessary before shelter operations could begin. The city received no complaints from shelter volunteers or shelter participants regarding a lack of protection within the shelters that utilized the protective screens that were constructed. In late November 2020, AmeriCorps contacted the DHS to request financial assistance to reimburse expenses, which several volunteers had personally incurred in the November 2020, in their collective efforts to purchase the materials and supplies needed to construct protective screens that would be placed between cots, inside of the various short term volunteer emergency winter shelters.*

*DHS homeless service staff were instrumental in referring and transporting homeless individuals to these non-funded shelters, which utilized the PPE screens, through the months of December 2020, January 2021, and February 2021. The use of the protective screens provided the Centers for Disease Control recommended barriers, to reduce the potential airborne spread of COVID-19, providing protection to both the shelter operators and the homeless individuals. The DHS also provided cots, blankets, masks, face shields, surgical gloves, sanitizing spray, infrared thermometers, and other supplies to assist these volunteer shelters.*

*Regarding the comment, "DHS personnel could not provide documentation to support \$436 paid to a contractor for delivery of services to 3 individuals.":*

*The DHS agrees with the auditor's comment and recommendation. The corrective actions that will be taken to address the issue are:*

- The Incontinence Program is the service where the \$436 was paid to a contractor for the delivery of services to 3 individuals. SLAAA staff has (subsequent to the audit) gone to each of the three individuals' homes and the individuals have signed statements, attesting they received the items.*



- *Effective December 2021, the delivery tickets for the incontinence supply program are being matched to the invoice, prior to payment.*

### 3. Payroll and Personnel Procedures

Controls and procedures over payroll and personnel need improvement. Payroll expenditures were approximately \$1.7 million for the fiscal year ended June 30, 2021.

#### 3.1 Payroll

Employee timesheets were not always complete, accurate, or approved by division managers. Each employee is required to complete a weekly timesheet and leave request form, if needed, that are reviewed and approved by the employee's supervisor (generally the division supervisor) prior to submitting to the Fiscal unit for processing.

During our review of payroll records for the pay period ending February 27, 2021, for 5 haphazardly selected employees we identified the following concerns:

- Two employees received salaries for a 40-hour work week; however, their timesheets did not have starting and ending times or the total hours worked on 1 or more work days to support hours worked.
- Leave usage for two employees did not agree to payroll documentation. One employee requested 2 hours of vacation leave; however, the timesheet indicated 8 hours worked for the day. The second employee used 1 hour of medical leave, but did not submit a leave request.
- The Youth and Family Services Division Manager did not sign the weekly timesheet confirming it was accurate as required by department practice.

Division personnel indicated errors occurred because the city payroll department requested timesheets early due to a holiday or short week within a pay period and/or inadequate review by the supervisor. In addition, the division manager overlooked approving the weekly timesheet because of a short pay period requiring timesheets be turned in 2 days early.

Without accurate and approved time sheets, DHS cannot ensure hours worked and leave earned and taken by employees is appropriate and documented.

#### 3.2 Ethics training

Some DHS employees did not obtain ethics training as required by city regulation and/or documentation was not retained to demonstrate attendance. For 10 haphazardly selected employees, we noted 2 employees did not have ethics training noted in their personnel file and 6 employees had ethics training more than 3 years prior to the date of our review. For 4 of those 6



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employees, their last documented ethics training was in 2007. The DHS did not have sufficient procedures in place to ensure employees attended training as required.

Department of Personnel Administrative Regulation #108 (Employee Training), Section II, requires ethics training to be attended by all employees within 6 months of an employee's initial date of employment, and thereafter, once every 3 calendar years. Furthermore, Section IV (Attendance at Training) states failure to require an employee to attend training within the required time frame may result in disciplinary action.

Without timely ethics training, employees are not aware of relevant ethics and compliance issues and/or requirements in the city. Being ethically aware helps to maintain a positive ethical culture and upholds a strong public image.

## Recommendations

The Department of Human Services:

- 3.1 Ensure timesheets are accurately prepared, properly signed, and approved; and properly record, calculate, and reconcile leave requests to timesheets.
- 3.2 Ensure employees attend ethics training as required by Department of Personnel policy.

## Auditee's Response

- 3.1 *The DHS agrees with the auditor's comments and recommendation. The DHS will ensure that each division's timesheets are prepared, reviewed, and properly signed by Division Managers before being submitted to the DHS Payroll Clerk, and that all leave requests, both leave earned and taken, correspond to the weekly timesheets. If an employee is not present on the day of payroll submission, the relevant division manager will contact the employee to obtain concurrence on the type of leave being taken and will obtain timesheet completion immediately upon that employee's return to the office.*
- 3.2 *The DHS agrees with the auditor's comments and recommendation. The DHS will audit all personnel files, consult with the city's Department of Personnel for training attendance documentation and where none exists, the employees will be scheduled for the training being conducted by the city Department of Personnel. An employee training log and documentation of completed trainings will be maintained and housed in the DHS Administrative office by the Executive Secretary to the Director.*

## 4. Sunshine Law

The SLAAA Advisory Council did not post notifications for meetings. In addition, the SLAAA RFP selection committee did not prepare meeting minutes during the selection process.



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SLAAA management indicated they believed it was a requirement that minutes be prepared for each meeting, but did not believe the council fell under state requirements to post meeting agendas or public notices of meetings. In addition, management indicated that no conversation is documented during the actual selection committee meetings.

Section 610.010.5, RSMo, defines a public meeting as any meeting of a public governmental body at which any public business is discussed decided, or public policy formulated. Sections 610.020.1 and 610.020.2, RSMo, provide the requirements for the meeting notice to be given at least 24 hours in advance of the time, date, and place of each meeting, and its tentative agenda. Additionally, Section 610.020.7, RSMo, requires meeting minutes be maintained as a record of business conducted and to provide an official record of committee actions and decisions.

Providing required meeting notices is necessary so citizens are aware of meetings held and issues to be discussed. Without sufficient minutes of all meetings, there is no record of the discussions held or support for the decisions made, and there is less assurance to the public that various statutory provisions are followed.

## Recommendation

The Department of Human Services ensure the SLAAA Advisory Council posts agendas and the selection committee prepares and retains meeting minutes in accordance with the Sunshine Law.

## Auditee's Response

*The DHS agrees with the auditor's comments and recommendation. SLAAA management is now posting notifications for the SLAAA Advisory Council meetings and retaining selection committee minutes in accordance with the Sunshine Law.*

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# City of St. Louis - Department of Human Services

## Organization and Statistical Information

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The City of St. Louis Department of Human Services' (DHS) goals are to enhance the quality of life of citizens through the provision of social service programs to the aged, homeless, veterans, disabled, youth, and families in need. In addition, the DHS promotes city living and neighborhood stabilization through the preservation of affordable and accessible housing and support services that enhance the quality of life for those in need. The DHS achieves this with the administration of federal, state, and city programs by various divisions. As of June 30, 2021, the department had 39 employees in the following 6 divisions:

### Program Management

Program Management provides administrative support and guidance to all other DHS divisions. Program Management engages in legislative and budgetary advocacy to increase available resources for services and issues facing all clients served by the DHS. In addition, Program Management works to increase coordination and collaboration with the city and community organizations in planning and program development processes related to a wide array of social issues. Program Management also administers programs not administered by the other divisions, including the Jail Diversion Project, Conflict Resolution and Meditation Services, and the Youth Empowerment Services Portfolio.

### St. Louis Area Agency on Aging (SLAAA)

The SLAAA provides a comprehensive and coordinated system of community-based services for older adults in the City of St. Louis. SLAAA programs and services include meal programs at senior centers, transportation, information and referral, health promotion, employment training, legal assistance, housing assistance, home-delivered meals, personal care and homemaker services, and respite care. The SLAAA also provides ombudsman services for complaint resolution regarding long-term care facilities.

### Homeless Services

The Homeless Services Division provides a comprehensive response to the different needs of homeless or at-risk individuals and families in the City of St. Louis. The Homeless Services Division contracts with social services agencies to provide outreach and assessment efforts to identify an individual's or family's needs and make connections to facilities and services, immediate shelter as a safe alternative to the streets, transitional housing, and/or permanent housing or permanent housing arrangements.

### Office of Veterans Affairs

The Office of Veterans Affairs (OVA) acts as an advocate to those veterans within the City of St. Louis who are at risk because of poverty and poor living conditions. In addition, the office secures public and private grant resources for direct assistance to veterans and their families in employment and



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supportive services. The OVA administers employment programs sponsored by the U.S. Department of Labor, Veterans Employment and Training Service.

Youth and Family Services

The Youth and Family Services Division administers and participates in a broad range of programs intended to improve and enhance the quality of life of at-risk children and families. Programs include the summer food service program, the Child and Adult Care Food Program, the M.I.N.E. (mentoring, instruction, nutrition, and esteem) program, after school initiatives, and the early childhood success initiative.

Office on the Disabled

The Office on the Disabled serves as the city's Americans with Disabilities Act (ADA) coordinating agency, providing information on the ADA, reasonable accommodations for applicants and employees, and ADA training. The office provides reserved residential parking spaces for city residents with disabilities, issues permits exempting persons with disabilities unable to activate parking meters in the city, offers interpreters for hearing impaired individuals dealing with city offices, and works with the city's Building Division for occupancy permit approvals based on ADA compliance.