

## Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps) &nbsp;- Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms. &nbsp;- The HUD HRE Virtual Help Desk is available for submitting technical and policy questions. &nbsp;

### Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms.
- There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

## 1A. Continuum of Care (CoC) Identification

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at [www.hudhre.info](http://www.hudhre.info).

**CoC Name and Number (From CoC Registration):** MS-501 - Mississippi Balance of State CoC

**CoC Lead Agency Name:** MISSISSIPPI UNITED TO END HOMELESSNESS

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

### Instructions:

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

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

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

**Name of primary decision-making group:** Mississippi United to End Homelessness

**Indicate the frequency of group meetings:** Monthly or more

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

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

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: 100%**  
**(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)**

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

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

**Specify "other" process(es):**

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

Mississippi United to End Homelessness solicits membership from organizations and individuals that have an interest in ending homelessness in Mississippi. Members pay dues on an annual basis that allows them to vote on issues and participate in the Supportive Housing Program funding competition.

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

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

**Specify "other" process(es):**

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

The BOS Continuum has the capacity to be responsible for administrative activities. We have formed a 501(c)(3) organization and have been awarded funds from HUD to implement HMIS in the 71 counties in our service area. We have hired a part-time Project Director. We are implementing the HPRP program in 71 counties, we are operating a Permanent Housing Project and HMIS. The BOS has the organizational ability to provide project monitoring and oversight for the SHP funds coming into Balance of State. The BOS has over 150 years collective experience on our leadership team. The leadership is representative of grant writing, administration, fiscal operations and program implementation.

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

**Instructions:**

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Finance	Oversees coalition fiscal matters. Prepares coalitions annual budget, arranges	Monthly or more
Research/HMIS	General research on homelessness in Mississippi;oversees the implementation and progress of the CoC-Wide HMIS program. This dommittee is also responsible for assuring compliance with HUD requirements, assisting projects in implementing HMIS, training of homeless service providers and serviing as the liaison with software administrators.	Monthly or more
Membership/Outreach	The Membership Committee is responsible for the Membership drive, general outreachc and public educatino on homlessness in Mississippi; develop annual activity calendar, news releases, website, brochures and newsletters. Prepare presentation to inform elected officials throughout the BOS and to solicit their participation and financial support.	quarterly (once each quarter)
Strategic Planning	The Strategic Planning Committee is responsible for planning for solutions to unmet needs and future/developing needs of the homeless population in the Mississippi Balance of State Coalition. The Committee's recommendations steer the actions of the Grant Committee.	quarterly (once each quarter)
Executive	The Executive Committee is responsible for providing direction for the CoC through discussion of current issues, issues, implementation of shore and long range strategic planning components and policy/procedural development. The Committee also provides HMIS personnel oversite and peer supervision of committees.	Monthly or more

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

## 1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Recovery House, Inc.	Individual	Homeless	Primary Decision Making Group, Committee/Sub-committee/Work...	Substance Abuse
Department of Mental Health	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Delta State University	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
MS Development Authority	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
University of Southern Mississippi	Public Sector	School ...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Bolivar County Community Action Agency	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Sharon Stowers	Individual	Homeless	Committee/Sub-committee/Work Group	Substance Abuse
DV Survivor	Individual	Homeless	Committee/Sub-committee/Work Group	Domestic Vio...
Forrest General Hospital	Private Sector	Hospita..	Primary Decision Making Group, Committee/Sub-committee/Work...	Seriously Me...
Department of Veterans Affairs	Public Sector	State g...	Attend Consolidated Plan focus groups/public forums durin...	Veterans, Su...
Delta Workforce Investment Board	Private Sector	Non-pro..	None	Youth
AIDS Services Coalition, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Lead agency for 10-year pl...	HIV/AIDS
Multi County Community Service Agency	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Work...	Youth

Sanctuary Hospice House, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Pine Belt Mental Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans, Su...
Safe Haven Outreach Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domestic Vio...
Catholic Charities Guardian Shelter	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...
City of Hattiesburg	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months	NONE
City of Meridian	Public Sector	Law enf...	None	NONE
City of Columbus	Public Sector	Law enf...	None	NONE
G. V. "Sonny" Montgomery VA Medical Center	Public Sector	State g...	None	Veterans
Hattiesburg Housing Authority	Public Sector	Publi c ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Natchez Housing Authority	Public Sector	Publi c ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Mississippi Regional Housing Authority V	Public Sector	Publi c ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Meridian Housing Authority	Public Sector	Publi c ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Itta Bena Housing Authority	Public Sector	Publi c ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Salvation Army of Hattiesburg	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
TEAM, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Lutheran Episcopal Services of MS	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domestic Vio...
Christian Fellowship Outreach Mission	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
MS United to End Homelessness, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...

# 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Recovery House, Inc.

**Type of Membership:** Individual  
(public, private, or individual)

**Type of Organization:** Homeless  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment  
(select all that apply)



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**Name of organization or individual:** Department of Mental Health

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Alcohol/Drug Abuse, HIV/AIDS  
(select all that apply)

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**Name of organization or individual:** Delta State University

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** School systems/Universities  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Education  
(select all that apply)

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  - Type of organization
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  - Services provided, if applicable

**Name of organization or individual:** MS Development Authority

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** University of Southern Mississippi

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** School systems/Universities  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Legal Assistance  
(select all that apply)

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  - Services provided, if applicable

**Name of organization or individual:** Bolivar County Community Action Agency

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance, Employment  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Sharon Stowers

**Type of Membership:** Individual  
(public, private, or individual)

**Type of Organization:** Homeless  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** DV Survivor

**Type of Membership:** Individual  
(public, private, or individual)

**Type of Organization:** Homeless  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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- Organization role in the CoC planning process
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- Services provided, if applicable

**Name of organization or individual:** Forrest General Hospital

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Hospitals/med representatives  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Department of Veterans Affairs

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

**Name of organization or individual:** Delta Workforce Investment Board

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** None  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Education, Life Skills, Employment  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** AIDS Services Coalition, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Transportation, HIV/AIDS  
(select all that apply)

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  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Multi County Community Service Agency

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Street Outreach, Case Management, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, Healthcare, Legal Assistance, Rental Assistance, Employment  
(select all that apply)

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  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Sanctuary Hospice House, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Healthcare, HIV/AIDS  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

**Name of organization or individual:** Pine Belt Mental Health

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Safe Haven Outreach Ministries

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Life Skills, Transportation  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Catholic Charities Guardian Shelter

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Child Care, Life Skills, Legal Assistance, Transportation  
(select all that apply)

### 1D. Continuum of Care (CoC) Member Organizations Detail



**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** City of Hattiesburg

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend 10-year planning meetings during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Law Enforcement  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** City of Meridian

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** None  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Law Enforcement  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** City of Columbus

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** None  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Law Enforcement  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** G. V. "Sonny" Montgomery VA Medical Center

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** None  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Healthcare, Mental health  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Hattiesburg Housing Authority

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Public housing agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Natchez Housing Authority

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Public housing agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Mississippi Regional Housing Authority V

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Public housing agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Meridian Housing Authority

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Public housing agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**



Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Itta Bena Housing Authority

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Public housing agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Salvation Army of Hattiesburg

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Utilities Assistance, Prescription Assistance, Transportation, Rental Assistance, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** TEAM, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Soup Kitchen/Food Pantry  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Lutheran Episcopal Services of MS

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Utilities Assistance, Life Skills, Legal Assistance, Transportation, HIV/AIDS, Alcohol/Drug Abuse, Rental Assistance, Employment  
(select all that apply)

### 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Christian Fellowship Outreach Mission

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Transportation, Soup Kitchen/Food Pantry  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** MS United to End Homelessness, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Rental Assistance, HIV/AIDS, Employment  
(select all that apply)

# 1E. Continuum of Care (CoC) Project Review and Selection Process

## Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

**Open Solicitation Methods:** (select all that apply) f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

**Rating and Performance Assessment Measure(s):** (select all that apply) g. Site Visit(s), e. Review HUD APR for Performance Results, k. Assess Cost Effectiveness, o. Review CoC Membership Involvement, c. Review HUD Monitoring Findings, r. Review HMIS participation status, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, j. Assess Spending (fast or slow), l. Assess Provider Organization Experience, p. Review Match, i. Evaluate Project Readiness

**Voting/Decision-Making Method(s):** (select all that apply) c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, e. Consensus (general agreement), d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?** No

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

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.

**Emergency Shelter:** Yes

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

The increase of 89 beds counted in our 2010 inventory is due to a concerted effort to improve the overall quality of data within the Housing Inventory Chart. Outreach to ES has been effective; a large provider in MS is now providing HMIS data. In the 71 counties of the MS BOS CoC, the status of some smaller agencies/faith-based organizations providing emergency shelter to the homeless is tenuous at best and can close - or open - with short notice. In addition, ESG projects in MS are not required to participate in HMIS so data provision is on a voluntary basis. The BOS PIT for 2007 did not provide accurate numbers for use in the chart because of inconsistencies throughout the continuum and, because of this, the unmet need will be skewed.

**Safe Haven:** Not Applicable

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

**Transitional Housing:** Yes

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

The increase of 43 beds in our 2010 inventory is due to a concerted effort to improve the overall quality of data within the Housing Inventory Chart. A shelter for homeless veterans has been added to the inventory. The BOS PIT for 2007 did not provide accurate numbers for use in the chart because of inconsistencies throughout the continuum and, because of this, the unmet need will be skewed.

**Permanent Housing:** Yes



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

The increase of 27 beds in our 2010 inventory is due to a concerted effort to improve the overall quality of data within the Housing Inventory Chart. We were able to identify additional housing for veterans in our 71 county service area.

**CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:** Yes

# 1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

### Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

**Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)** Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

### Must specify other:

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

### Specify "other" data types:

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

Because the MS Balance of State CoC is geographically and demographically diverse, using a variety of methods was critical to ensuring that the best count was achieved. Covering 71 counties and almost 60,000 square miles required that the BOS members divide the state into three areas for contact purposes. Discussions with stakeholders and phone surveys provided information on the whys of the PIT. In the areas that had university populations, students majoring in Social Work volunteered to collect street data. The increase in the numbers reflected in this year's PIT attest to the improved collection process and provide a more accurate picture of homelessness in the BOS service area.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

- Select the HMIS implementation coverage area:** Regional (multiple CoCs)
- Select the CoC(s) covered by the HMIS: (select all that apply)** MS-501 - Mississippi Balance of State CoC, MS-500 - Jackson/Rankin, Madison Counties CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** Yes
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?**
- Has the CoC selected an HMIS software product?** Yes
- If "No" select reason:**
- If "Yes" list the name of the product:** AWARDS
- What is the name of the HMIS software company?** Foothold Technology
- Does the CoC plan to change HMIS software within the next 18 months?** No
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 10/01/2008
- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** No or low participation by ESG funded providers, Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers
- If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**
- If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

Balance of State CoC has developed strategies to include ESG and non-HUD providers in our HMIS system. We have determined that the best vehicle we have to include ESG providers is our Homeless Prevention and Rapid Rehousing Program. We are going to target all ESG funded agencies in our competitive application process and encourage their participation in HPRP which would result in each shelter using Foothold for HPRP and ESG client tracking purposes. We have met with MDA ( the state agency that administers ESG and funds HPRP) and they are aware of the requirement that ESG providers participate in HMIS and will support our efforts in this task.

## 2B. Homeless Management Information System (HMIS) Lead Agency

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

**Organization Name** Mississippians United to End Homelessness

**Street Address 1** 5 Old River Place

**Street Address 2** Suite 100

**City** Jackson

**State** Mississippi

**Zip Code** 39202

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** Non-Profit

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** No

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

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

**Prefix:** Mr.

**First Name** Roger

**Middle Name/Initial**

**Last Name** Smith

**Suffix**

**Telephone Number:** 601-960-0557  
**(Format: 123-456-7890)**

**Extension**

**Fax Number:** 601-960-0557  
**(Format: 123-456-7890)**

**E-mail Address:** rsmithhmis@bellsouth.net

**Confirm E-mail Address:** rsmithhmis@bellsouth.net

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

### Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	86%+

**How often does the CoC review or assess its HMIS bed coverage?** At least Monthly

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

The participation of ESG funded agencies who have not participated to date will increase due to the new HUD regulation mandating participation. The application for the Mississippi Permanent Housing Alliance includes strategies to increase HMIS participation for shelters funded by Mississippi Development Authority through the Emergency Shelter Grant. We will also use the HPRP funding to include more of the ESG providers in HMIS. We plan to target the ESG providers to receive funding for HPRP through the BOS. This will require their participation in HMIS in order to receive HPRP dollars to serve their clients in achieving housing stability. In addition, DV beds are not counted and the low rate of coverage in emergency shelter beds reflects this phenomenon.

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

**Instructions:**

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	2%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	3%
* Disabling Condition	3%	14%
* Residence Prior to Program Entry	3%	5%
* Zip Code of Last Permanent Address	0%	3%
* Name	0%	0%

**How frequently does the CoC review the quality of client level data?** At least Monthly

**How frequently does the CoC review the quality of program level data?** At least Monthly

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



Since implementing AWARDS software through Foothold Technology, our HMIS staff has been fully trained on providing assistance to our agencies. Foothold TA providers have been onsite two times in the last year to assist agencies and show the importance of the data quality. Monthly, at regularly scheduled CoC meetings, a synopsis HMIS data for the previous month is presented and, therefore, quality of information is reviewed at that time. Formally, HMIS staff reviews composite data to monitor quality.

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

Balance of State has in place HMIS policies and procedures that govern agency use as it relates HUD data standards. In addition, our HMIS provider, Foothold Technology has stop gaps in place that insure that data must be included correctly or the user can not continue.

**Indicate which reports the CoC or subset of the CoC submitted usable data:** None  
(Select all that apply)

**Indicate which reports the CoC or subset of the CoC plans to submit usable data:** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR  
(Select all that apply)

**Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?** Yes

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

### Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the frequency in which the CoC uses HMIS data for each of the following:**

<b>Integrating or warehousing data to generate unduplicated counts:</b>	At least Monthly
<b>Point-in-time count of sheltered persons:</b>	At least Annually
<b>Point-in-time count of unsheltered persons:</b>	At least Annually
<b>Measuring the performance of participating housing and service providers:</b>	At least Monthly
<b>Using data for program management:</b>	At least Monthly
<b>Integration of HMIS data with data from mainstream resources:</b>	Never

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

**Instructions:**

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:**

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

**How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?** At least Monthly

**How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?** At least Monthly

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

**If 'Yes' indicate date of last review or update by CoC:** 11/16/2009

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

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	At least Monthly
* HMIS software training	At least Semi-annually

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

### Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

**How frequently does the CoC conduct a point-in-time count?** biennially (every other year)

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/24/2011

**Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.**

**Emergency Shelter:** 0-69%  
**Transitional Housing:** 70-79%

**Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).**

A significant change occurred between our 2007 (1,322 homeless) and 2009 (2,749 homeless) PIT counts. In 2009, the numbers of homeless increased twofold - partially, we feel, because the homeless population in Mississippi has grown due to the economic hardships being felt throughout the state. Additionally, the CoC leadership and members did a much more thorough job of training volunteers and in actually conducting the survey on the ground. The full implementation of our HMIS, Foothold AWARDS, was also a contributing factor for all SHP projects. As stated earlier, however, emergency shelter grantees were not required and chose not to participate in HMIS for the most part.

## 2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations:Methods

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guessimates*. CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	X

### If Other, specify:

Surveys were reviewed and information was entered into an excel spreadsheet that was used to total the data.

**Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).**

The 71 counties of BOS were divided among the membership. Training was held to insure that the forms were consistently used and data correct. On the day of the count, individuals were assigned to collect from each participating shelter. DV lack of participation has significantly decreased the participation rate in ES category, thus negatively impacting the CoC PIT as a whole. Additional contact with ES helped increase 2009 participation. Through our participation in the Mississippi Municipal League Annual Conference, we were able to identify contact in towns that in years before we were having difficulty identifying a lead person to assist with the PIT. At the MML conference, we held an exhibit and networked to expand our PIT count and emphasize the importance of being counted. We were also able to locate shelters that may not seek funding but provide shelter for the homeless through private sources. Our CoC members were trained and they in turn trained the trainer. All surveys were alike and consistency was used throughout the 71 county area. We have an ongoing effort to add to our list of shelter providers and this effort has greatly increased through the implementation of the Rapid Rehousing portion of Homelessness Prevention and Rapid Rehousing ARRA funding

## 2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

### Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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

	<b>HMIS</b>	<input checked="" type="checkbox"/>
	<b>HMIS plus extrapolation:</b>	<input type="checkbox"/>
<b>Sample of PIT interviews plus extrapolation:</b>		<input type="checkbox"/>
	<b>Sample strategy:</b>	
	<b>Provider expertise:</b>	<input checked="" type="checkbox"/>
	<b>Interviews:</b>	<input checked="" type="checkbox"/>
	<b>Non-HMIS client level information:</b>	<input checked="" type="checkbox"/>
	<b>None:</b>	<input type="checkbox"/>
	<b>Other:</b>	<input checked="" type="checkbox"/>

**If Other, specify:**

Surveys were reviewed and entered into an excel spreadsheet that was used to total the data received. This was data received from a non-HMIS participating agency, and we added their numbers to our HMIS and therefore to our PIT count manually.

**Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).**

The 71 counties of BOS were divided among the membership. Training was held to insure that the forms were consistently used and data correct. On the day of the count, individuals were assigned to collect from each participating shelter. DV lack of participation has significantly decreased the participation rate in ES category, thus negatively impacting the CoC PIT as a whole.



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

### Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population count: (select all that apply)**

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

**If Other, specify:**

**If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).**

## 2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guesstimates*. CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

### Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** A Combination of Locations

**If Other, specify:**

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)**

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

**If Other, specify:**

**Describe the techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):**

Interviewers were assigned specific areas so duplication would be reduced or eliminated. Survey form was designed to include questioning if the subject had been interviewed during that day. In addition, limited information such as month and year of birth was added to the forms.

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

Because of our concern for unsheltered homeless households with children, the CoC acquired a non performing permanent housing program and we are going to use a portion of these funds to serve unsheltered chronically homeless families with children. The local entity that is working with the national coalition to end child homelessness is now an active member of the coalition. Several of the CoC members are on the Advisory Board of the MS Campaign to End Child Homelessness and will be participating in listening tours across the state. Furthering our efforts to connect and collaborate with local school districts, CoC members will also be presenting this Fall at the 2010 McKinney-Vento Homeless Education Conference sponsored by the MS Department of Education.

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

The CoC has encouraged the efforts of member municipalities to engage in long range homeless planning. The City of Hattiesburg has completed a year long process for development of a long range strategy for addressing homeless. Through HPRP, the City of Hattiesburg has reported and documented a significant drop in the number of street homeless through aggressive outreach. The City of Columbus has implemented the Community Resource Connection which serves as a single point of contact for homeless services. In addition, the City of Natchez continues it's efforts toward developing a faith-based comprehensive approach to services for the unsheltered homeless. CoC outreach is performed by members to local law enforcement. Law enforcement is normally the first point of contact with unsheltered homeless. As to the increase in numbers of unsheltered homeless, the economy affects the numbers and with the economic downturn, we can only expect that numbers of all homeless will increase.

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

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

##### Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

#### Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

Mississippi United to End Homelessness has taken a pro-active short term plan to create permanent housing beds for persons who meet HUD's definition of chronically homeless. In 2009, MUTEH was awarded a permanent housing grant through HUD. This Permanent Housing Alliance has allowed our member agencies to create Permanent Housing beds utilizing these funds from the coalition, while providing case management at the local level. Since the beginning of the Permanent Housing Alliance grant we have served 3 additional clients. The Executive Director of MUTEH is charged with the duties of marketing this program to all of the agencies in the coalition in order to use the grant to its fullest. MUTEH has a new project application in this year's competition to increase the number of CH beds. We also use our website to disseminate information about the chronically homeless and to provide information for those seeking services.

#### Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

MUTEH's long term plan to create new permanent housing beds includes several strategies for assessing the need for chronic homeless services and designing programs for addressing those needs. Included are: to work with our state agency (MS Development Authority) to provide input to include services to the homeless and chronically homeless in Mississippi's Consolidated State Plan; to collaborate with the other two continua in Mississippi to have a clear knowledge of the services they provide; to use its website to disseminate information about the issue of chronic homelessness and projects which have been developed within the balance of state to address these issues; to work with other state agencies to ensure that those in custody of the state are not released into homelessness; continue collaboration with the other two continua in Mississippi to make the best use of the HMIS systems currently utilized.

**How many permanent housing beds do you currently have in place for chronically homeless persons?** 60

**In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 66

**In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 74

**In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 89

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

**Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.**

**Instructions:**

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).**

Permanent housing projects to report quarterly on resident's entrance and exit dates. Pine Grove Village, Country Oaks and Green Meadows will increase percentage of homeless persons staying in PH over 6 months to 50% within 12 months of funding. This will be achieved through mentoring by successful permanent housing provider, through intensive case management and through quarterly monitoring by the Executive Team. MUTEH Executive Director will monitor each permanent housing provider and SSO provider monthly to identify supportive services which will assist homeless persons to remain in permanent housing.

**Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).**



This objective will be met by monitoring entrance and exit dates of all permanent housing providers. MUTEH will aggressively monitor outcome achievements of permanent housing providers to ensure that these this goal is met. Over the past two years, MUTEH has terminated one non-performing permanent project and assumed management of another in order to raise permanent housing percentages. Existing projects that are not meeting program objectives are placed on a probationary status with timelines issued to meet required outcomes. As with past non-performing permanent housing projects, those projects that fail to meet performance standards will not be selected for renewal funding. The MUTEH Board of Directors has identified the permanent housing projects with low or unacceptable outcomes and put in place corrective measures. Each project's Annual Progress Report will be used to measure performance in this area, along with on-site monitoring throughout the program year.

**What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months?** 27

**In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 77

**In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 77

**In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 77

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

**Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.**

**Instructions:**

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).**

The CoC has been consistently successful in meeting this performance measure. We have implemented a monitoring system to ensure that we maintain this performance. HMIS staff will run reports and analyze reports on a quarterly basis to identify any weaknesses in the ability of programs to move clients from Transitional to Permanent Housing.

**Describe the CoCs long-term (10-year) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).**

The CoC has been consistently successful in meeting this performance measure. We have implemented a monitoring system to ensure that we maintain this performance. HMIS staff will run reports and analyze reports on a quarterly basis to identify any weaknesses in the ability of programs to move clients from Transitional to Permanent Housing. MUTEH will develop strategies to identify the permanent housing programs that are struggling with performance and assist in identifying clients moving from transitional that would be successful in CoC funded permanent housing programs.

**What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 77**

**In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 92

**In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 92

**In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 92

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

#### Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

##### Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

#### Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The CoC has been consistently successful in meeting this performance measure. We have implemented a monitoring system to ensure that we maintain this performance. HMIS staff will run reports and analyze reports on a quarterly basis to identify any weaknesses in the ability of programs to assist clients in obtaining employment.

#### Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The CoC has been consistently successful in meeting this performance measure. We have implemented a monitoring system to ensure that we maintain this performance. HMIS staff will run reports and analyze reports on a quarterly basis to identify any weaknesses in the ability of programs to assist clients in obtaining employment.

What is the current percentage of participants in all CoC funded projects that are employed at program exit? 23

In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit? 38

**In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 50

**In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 50

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

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

**Instructions:**

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Describe the CoCs short-term (12-month) plan to decrease the number of homeless households with children. (limit 1000 characters)**

MPHA, the permanent housing program of the BOS, will set aside 10 units annually for homeless households with children. Training will be conducted for Emergency Shelter providers on MPHA program. Outreach, information and referral will be conducted with agencies specifically working with families (DHS, CAAs, DV, and faith-based organizations). HPRP monies available to the CoC will be utilized to assist families with children as a priority.

**Describe the CoCs long-term (10-year) plan to decrease the number of homeless households with children. (limit 1000 characters)**

MPHA, the permanent housing program of the BOS, will set aside 10 units annually for homeless households with children. Training will be conducted for ES providers on MPHA program. Outreach, information and referral will be conducted with agencies specifically working with families (DHS, CAAs, DV, and faith-based organizations). HPRP monies available to the CoC will be utilized to assist families with children as a priority.

<b>What is the current total number of homeless households with children, as reported on the most recent point-in-time count?</b>	199
<b>In 12-months, what will be the total number of homeless households with children?</b>	100
<b>In 5-years, what will be the total number of homeless households with children?</b>	50

**In 10-years, what will be the total number  
of homeless households with children?** 20

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

**What:** Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

**Where:** Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

**Who:** Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**For each system of care identified below, describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)**

#### Foster Care (Youth Aging Out):

MS Dept of Human Services, Division of Children Services is responsible for protective services and the individualized housing plan for children and youth leaving foster care. The published report from the University of Chicago Law School, Transition From Foster Care to Adulthood, analyzes the foster care discharge planning efforts for individual states throughout the U.S. A review of the report's analysis of the foster care system in MS reveals foster care youth are discharged when they reach the age of discharge or because they are no longer enrolled in a school program. There are funds to transition youth into college or technical schools, but few social workers know about the funds and they are underutilized. End of court jurisdiction is age 20; although youth can be released at 18. The primary decision-maker who determines when a youth is discharged from foster care is a judge. The ultimate decision on whether to discharge is within the court. If emancipation is allowed at age 18, their status is simply that of a former foster child with no means of being able to do things, because they can't sign a contract or lease. Mississippi. MDHS developed a policy as part of the Five Year Strategic Plan 2010-2014 that requires giving all known information regarding the whereabouts of birthparents and extended family to youth aging out of the foster care system.



**Health Care:**

Hospitals in the State of Mississippi are required to have discharge policies and procedures pertaining to housing. Health care facilities have a policy which states that patients are not to be discharged to shelters or HUD McKinney Vento funded beds unless it is the expressed desire of the patient and they have refused other discharge options. The social worker, nurse or other qualified personnel must identify at an early stage the potential for homelessness of all individuals in a discharge planning evaluation. Local health care facilities maintain a resource directory of community based services to prevent the discharge of individuals to homelessness.

**Mental Health:**

The MS Department of Mental Health is the state agency charged with administering the public system of mental health, mental retardation/developmental disabilities, alcohol/drug abuse services, Alzheimer's disease and other dementia services. The State of Mississippi vested standard-setting authority in the Mississippi State Department of Mental Health through Section 41-4-7 of the Mississippi Code, which authorizes the Department to: supervise, coordinate, and establish standards for all operations and activities of the state, related to mental health and providing mental health services. MS Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services requires all certified programs to have policies and procedures relative to discharge planning. Many of these programs are members of the Balance of State CoC and are able to assist others with this process.

**Corrections:**

MS Department of Corrections has the power to manage, control, supervise, enforce and implement all laws pertaining to the probation/parole of state inmates. The State has policies in place to ensure that inmates are not released into homelessness. Inmates are also released to community work centers and restitution centers to prevent homelessness. Currently MDOC Community Services Division has 4 restitution centers that house an average of 64 residents. Those serving their sentence at a restitution center work for businesses in the community to pay for their court-ordered restitution fines, room & board, and any court costs. There are currently 17 community work centers statewide and each houses around 100 inmates. Inmates must provide an address after receiving a letter implementing Earned Released Supervision. Once an address is received by MDOC, it is then forwarded to the probation/parole officer for inspection. A list of transitional and permanent housing programs are given to each inmate prior to their being released. Many of these inmates are released into programs within the MS Balance of State.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:** The BOS CoC is included in the State of Mississippi Consolidated Plan that includes general goals to address homelessness and chronic homelessness. BOS CoC covers 71 of the 82 counties in our State. We have made many attempts to include MS Development Authority, the State agency that has the responsibility for submitting the Consolidated Plan for counties within the Continuum of Care, in our meetings and efforts to reduce homelessness in our State. We have only one jurisdiction that has been successful in developing a 10 year plan and we will continue to advocate for a 10 year plan statewide. Our HMIS coverage includes very few of the MDA shelters funded by ESG. We are aware that without an active Policy Academy and the cooperation of MDA, we face an obstacle in meeting our strategic goals. We will depend on Administrative funds from HUD to support the efforts of this CoC to have our specific goals included in Mississippi's Consolidated Plan.

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):**

The Mississippi United to End Homelessness (MUTEH), Balance of State Continuum of Care is administering approximately \$8 million dollars of the Homeless Prevention and Rapid Re-housing Program (HPRP) that is part of the American Reinvestment and Recovery Act of 2009 (ARRA). Mississippi United to End Homelessness covers 71 of the 82 counties in the State of Mississippi, most of which is in rural areas. Currently, MUTEH has several HUD funded agencies through the Continuum that are administering HPRP funds throughout the Continuum's catchment area

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

MUTEH also works closely with the Homeless Veterans Coordinator with the G.V. Sonny Montgomery VA Medical Center in Jackson, MS who coordinates the HUD VASH program. MUTEH agencies receive referrals from the VA Medical Center and through other Homeless Veterans Reintegration Programs (HVRP).

MUTEH agencies refer clients that were once homeless to the Homebuyer Assistance Program offered by the Neighborhood Stabilization Program (NSP) initiative. The Homebuyer Assistance Program (HBA) provides one-time down payment assistance grants to individuals and families, whose incomes are 120 percent or less than the area median income, to assist them with the purchase of abandoned and foreclosed homes. This program will be available in the 48 communities of greatest need, as determined by foreclosure rates.

MUTEH includes several agencies that have Weatherization Assistance Programs available through the American Reinvestment and Recovery Act Community Development Block Grant funds. Other MUTEH HUD funded agencies refer to these ARRA programs in order to capitalize on the best benefits for the clients that are served through the Mississippi United to End Homelessness (MUTEH), Balance of State Continuum of Care.

The COC will invite the HUD-VASH contact person to participate in the monthly COC meetings.

The University of Southern Mississippi Institute for Disability Studies (IDS), one of MUTEH's currently funded COC and HPRP recipients, has experience as a sub-recipient working with the Neighborhood Stabilization Program (NSP) grant . IDS was funded under NSP 1 to rehab and resale foreclosed properties and is considering applying for NSP 3 to acquire multi-family properties to rehab and lease. MUTEH and IDS will be discussing the possibility of a set aside of units for homeless families with children if IDS submits and is funded for NSP3 in an area outside of Jackson, MS. .

MUTEH was funded under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) under the HUD managed American Recovery and Reinvestment Act of 2009 and the program has been successful in housing over 800 families to prevent homelessness.

**Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?** Yes

**If yes, please describe the established policies that are in currently in place.**

The SHP should do the following: Identify the staff to serve as the Education Coordinator. Contact the local school district homeless liaisons to convene a meeting with local school district liaisons, Head Start staff, and preschool staff, so that they may discuss ways to expedite enrollment and services. Ensure that the Education Coordinator has the opportunity to attend homeless education workshops offered by the school district or state, or to participate in webinars offered by the National Center on Homeless Education. Find out who operates Part C of the Individuals with Disabilities Education Act program in your area. Set up a meeting with the program director to learn more about early intervention services and how young children served by the SHP program may be screened for developmental delays and other disabilities. Offer the Education Coordinator the opportunity to be trained in assessment programs that provide indicators of potential developmental delays.

**Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)**

MUTEH will contact local school district homeless liaisons to learn more about what they do, and discuss ways to collaborate, invite local school liaisons and the state homeless education coordinator to attend Continuum of Care meetings, to join as members, and to conduct trainings for the Continuum on eligibility and the educational rights of homeless children and youth. MUTEH will explain the Continuum strategic planning process so that education issues can be part of community needs assessments. MUTEH will form a child/youth subcommittee of the Continuum, where education and early care issues may be discussed in more depth. MUTEH will develop MOUs between the Continuum of Care and area school districts on protocols for identification and school enrollment, including procedures for information-sharing. We will develop protocols for liaisons to refer families and youth to HUD programs. Ensure that school-aged children are referred to the local liaison immediately so that as little time as possible lapses in their school attendance, either in their school of origin or the local attendance area school. Inform unaccompanied youth of their rights to enroll in school without a parent or legal guardian. Provide parents and youth with brochures and other information that summarizes their educational rights, as well as contact information. Distribute posters about educational rights, and encourage Continuum of Care programs to sign up for free educational webinars.

**Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)**

MUTEH will develop an education check list to ask families and youth about educational needs, including whether or not children and youth are enrolled in and attending school or preschool, the names of schools, and any special programs. Ask families and youth if they have any concerns about school attendance, particularly fears related to domestic violence. Help families and youth address these concerns with the school. Discuss with families the impact that changing schools might have on children’s education, social, and emotional well-being. Develop a joint checklist with local school districts to help families and youth consider the benefits of school stability. Develop an education plan for children and youth as part of a family’s case plan. Contact the school liaison to find out who is the Title I coordinator, and what forms of tutoring are already funded and available. If none are available, collaborate with the school district to establish a tutoring program at shelters. Establish a study area at the shelter that is quiet and has educational resources for students, such as computers, calculators, and books. Actively encourage children and youth to participate in after-school programs and eliminate any conflicts. Work with school districts to create a map that matches school addresses with shelter and transitional housing addresses, to assist in placing families and youth as close as possible to their schools.

**Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)**

Veterans are a targeted population for all participating agencies within the CoC area. One specific effort includes the Annual Veteran Stand Down sponsored Pine Belt Mental Healthcare Resources. Any veteran from the Balance of State area is eligible to attend the Stand Down. This event is advertised several months in advance at the monthly meetings sponsored by the Continuum of Care. Flyers are placed in areas known to attract homeless persons such as soup kitchens, truck stops, wooded areas, and local agencies serving the homeless. The Stand Down is a resource where local and state agencies provide information regarding medical care, veteran benefits, housing, survival items, meal vouchers, and other supportive services in a one stop shopping environment with the overall goal of encouraging veterans to apply for some type of housing program. The local VFW in Hattiesburg provides transportation to the Jackson VA for any medical care that any veteran needs from any of the local housing programs. Forrest General Hospital will provide any acute medical or psychiatric care that is needed by any homeless veteran and will then refer them to any of the housing programs mentioned above. CoC agencies meet routinely throughout the year to reevaluate the needs of veterans in the local and coalition area with the goal of extending the VA stand down to twice a year and making a centralized data base of agencies that provide services for housing and supportive services for veterans.

### 3D. Hold Harmless Need (HHN) Reallocation

**Instructions:**

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

**Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?** No

**Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?** No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

## 4A. Continuum of Care (CoC) 2009 Achievements

### Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	6	Beds	0	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	50	%	27	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	92	%	77	%
Increase percentage of homeless persons employed at exit to at least 20%	36	%	23	%
Decrease the number of homeless households with children.	40	Households	199	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

**If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.**

We are working to reach our goals by tapping resources outside of the CoC. Mississippi does not have an Interagency Council on Homelessness, so there is no leading organization at the state level with representation from all the providers of services to the homeless population. It is our goal to assist in any way in establishing this organization so that a concerted effort can be made to reach the goals established in the federal strategic plan. The work that needs to be done is overwhelming, but we will continue to reach out to political leaders at the local and state level to find a champion for our cause. The goal of increasing the percentage of persons staying in permanent housing over 6 months continues to be a struggle for 2 of our permanent housing projects. That causes our percentage to be below the national objectives. We are currently mentoring those projects and evaluating the case management procedures currently being used to determine the specific problems. The CoC will monitor monthly to determine the progress of these two projects and will set goals that they must meet in order to continue to increase their percentage. Due to a more accurate PIT, we have a huge increase in the number of households with children, 157 more than the previous count. This is another challenge that faces the CoC and we are developing strategies that can realistically decrease this number.



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

**Instructions:**

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ‘Exhibit 1 Detailed Instructions’ which can be accessed on the left-hand menu bar.

**Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.**

Year	Number of CH Persons	Number of PH beds for the CH
2008	97	50
2009	99	60
2010	145	60

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.**

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.**

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

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

Last year, 424 CH persons were reported. That number was a miscalculation based on a clerical error. The number of chronically homeless (CH) were, in error, added to the number of persons with chronic health (CH) issues. This created a significant inflation of the number. Since that time, the PIT surveys have been reviewed and recalculation to show that there were 77 chronically homeless persons in shelters and 68 chronically homeless persons unsheltered for a total of 145 in the CoC area.

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The *Total PH %* will be auto-calculated after selecting *Save*. Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

**Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?** Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	102
b. Number of participants who did not leave the project(s)	37
c. Number of participants who exited after staying 6 months or longer	19
d. Number of participants who did not exit after staying 6 months or longer	19
e. Number of participants who did not exit and were enrolled for less than 6 months	18
<b>TOTAL PH (%)</b>	<b>27</b>

**Instructions:**

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select 'Save.' The 'Total TH %' will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select 'No' to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

**Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	47
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	36
<b>TOTAL TH (%)</b>	77

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

**Instructions:**

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select "Save" and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Total Number of Exiting Adults: 214**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	26	12	%
SSDI	19	9	%
Social Security	0	0	%
General Public Assistance	0	0	%
TANF	1	0	%
SCHIP	1	0	%
Veterans Benefits	1	0	%
Employment Income	50	23	%
Unemployment Benefits	0	0	%
Veterans Health Care	5	2	%
Medicaid	44	21	%
Food Stamps	77	36	%
Other (Please specify below)	49	23	%
Child Support			
No Financial Resources	18	8	%

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

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes

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

### Instructions:

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

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

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

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

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

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

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

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

We are now implementing a procedure to analyze data quality through our HMIS system on an ongoing basis. We have assigned staff the responsibility for running and analyzing reports on a scheduled basis to identify potential problems in SHP funded program. We will be running APR information at least quarterly. In addition, APRs are submitted to the CoC during the application process each year.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** No

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

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** No

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

**If yes, identify these staff members** Provider Staff

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.** No

**If "Yes", specify the frequency of the training.** Never

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** No



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

**Has the CoC participated in SOAR training? No**

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

We are scheduled to participate early 2011. MUTEH was recently awarded a PATH grant from the Mississippi Department of Mental Health. The Department of Mental Health recently attended the SOAR training and we have tentatively scheduled our "train the trainer" session for early 2011.

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

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

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
Each agency, within its intake process, assesses the needs of each client and develops a case plan that sets goals and objectives to assist the client in achieving self sufficiency. An individual service plan is developed and reassessed every 30 days. The reassessment is necessary to determine if services need to be modified. The case managers have the responsibility of assisting clients with receiving mainstream benefits. The Case Manager will work cooperatively with all program units to ascertain that client receives all eligible and needed services.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	0%
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
Follow-up is a requirement of the case managers plan. Staff will contact a client or a provider to determine if services requested were received and still needed based on the client's needs and progress. Reassessment is conducted every 30 days or as needed to monitor client's conditions.	

## Continuum of Care (CoC) Project Listing

**Instructions:**

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps).

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Community Action ...	2010-11-01 22:39:...	1 Year	Bolivar County Co...	473,459	Renewal Project	SHP	TH	F
Pine Grove Green ...	2010-10-19 09:42:...	1 Year	Forrest General H...	262,500	Renewal Project	SHP	PH	F
Oak Towers Suppor...	2010-11-09 14:41:...	1 Year	Catholic Charitie...	354,014	Renewal Project	SHP	SSO	F
Pine Grove Village	2010-10-20 12:05:...	1 Year	Forrest General H...	250,000	Renewal Project	SHP	PH	F
HMIS	2010-11-08 13:49:...	1 Year	Mississippi Unite...	163,518	Renewal Project	SHP	HMIS	F
Project Hope Perm...	2010-11-10 11:25:...	1 Year	Recovery House, Inc.	110,321	Renewal Project	SHP	PH	F
MS Permanent Hous...	2010-11-16 12:11:...	2 Years	Mississippi Unite...	301,754	New Project	SHP	PH	F1
Project Hope Tran...	2010-11-10 16:31:...	1 Year	Recovery House, Inc.	213,960	Renewal Project	SHP	TH	F
1-2-1 Haven House	2010-11-03 12:35:...	1 Year	AIDS Services Coa...	132,605	Renewal Project	SHP	TH	F
MS Permanent Hous...	2010-11-08 13:30:...	1 Year	Mississippi Unite...	162,876	Renewal Project	SHP	PH	F
A Way Home	2010-11-11 15:00:...	2 Years	The University of...	477,233	New Project	SHP	PH	P2
Community Action ...	2010-11-01 23:17:...	1 Year	Bolivar County Co...	176,261	Renewal Project	SHP	TH	F

Safe Haven's Hous...	2010-11-10 16:05:...	2 Years	Safe Haven Out Re...	399,978	New Project	SHP	TH	X
Mississippi ans Un...	2010-11-03 17:12:...	1 Year	The University of...	336,000	Renewal Project	SHP	SSO	F
Strategies To Ens...	2010-11-05 18:08:...	1 Year	Multi-County Comm...	353,840	Renewal Project	SHP	TH	F

## Budget Summary

<b>FPRN</b>	\$3,291,108
<b>Permanent Housing Bonus</b>	\$477,233
<b>SPC Renewal</b>	\$0
<b>Rejected</b>	\$399,978

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Cert Consistency ...	11/17/2010

## Attachment Details

**Document Description:** Cert Consistency with Con Plan