

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

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

## 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): (dropdown values will be changed)** MS-501 - Mississippi Balance of State CoC

**Collaborative Applicant Name:** Mississippians United to End Homelessness

**CoC Designation:** CA

## 1B. Continuum of Care (CoC) Operations

### Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

**Name of CoC Structure:** Mississippi United to End Homelessness

**How often does the CoC conduct open meetings?** Monthly

**Are the CoC meetings open to the public?** Yes

**Is there an open invitation process for new members?** Yes

**If 'Yes', what is the invitation process? (limit 750 characters)**

MUTEH has a website with membership application available for download and submission. MUTEH also sends membership meeting notices via email to all known homeless providers in the state.

**Are homeless or formerly homeless representatives members part of the CoC structure?** Yes

**If formerly homeless, what is the connection to the community?** Agency employee

**Does the CoC provide**

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	No

**If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)**

MUTEH will use planning grants funds available through this year's competition to prepare for a centralized assessment system. MUTEH provides reports regarding ESG funded agencies' HMIS participation to Mississippi Development Authority, the ESG recipient. We have been unsuccessful in getting all ESG funded shelters to use our HMIS.

**Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)**

Centralized assessment will cover 71 of the 82 counties in Mississippi. It is our intention at this time to use a staffed hotline and our HMIS system to refer clients and service providers either by direct contact through HMIS or through email, fax and/or phone. A log of all contacts will be kept at our central office on the server that can be accessed by any authorized staff working on the centralized assessment. This process worked well in the 3rd year of HPRP funding that was implemented in-house by MUTEH, funded by the Mississippi Development Authority.

ESG monitoring is going to be a challenge. The Mississippi Development Authority is the recipient of ESG funding and has not at this time implemented HMIS and does not include the CoC in the decisions of funding, implementation, performance measures or client tracking.

**Does the CoC have the following written and approved documents:**

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

# 1C. Continuum of Care (CoC) Committees

## 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, LGBT homeless issues, 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 meets less than quarterly, please explain.

### Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Finance	Oversees coalition fiscal matters. Prepares coalitions annual budget, arranges for audit.	Monthly or more
Research / HMIS	General research on homelessness in Mississippi; oversees the implementation and progress of the CoC-Wide HMIS program. This committee is also responsible for assuring compliance with HUD requirements, assisting projects in implementing HMIS, training of homeless service providers and serves as the liaison with software administrators.	Monthly or more
Membership / Outreach	The Membership Committee is responsible for the Membership drive, general outreach and public education on homelessness 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 short and long range strategic planning components and policy/procedural development. The Committee also supervises the Executive Director and provides 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

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Individual
Private Sector

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

**Instructions:**

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

**Public Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Private Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Individuals:** Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Public Sector

**Click Save after selection to view grids**

### Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
<b>Total Number</b>	0	4	0	3	1	4	0

### Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
<b>Subpopulations</b>							
<b>Seriously mentally ill</b>	0	0	0	0	1	1	0
<b>Substance abuse</b>	0	0	0	0	0	2	0
<b>Veterans</b>	0	0	0	0	0	2	0

HIV/AIDS	0	0	0	0	0	0	0
Domestic violence	0	0	0	0	0	0	0
Children (under age 18)	0	0	0	0	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	0	0	0

**Number of Public Sector Organizations Participating in Each Role**

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
<b>Roles</b>							
Committee/Sub-committee/Work Group	0	0	0	1	1	1	0
Authoring agency for consolidated plan	0	1	0	0	0	1	0
Attend consolidated plan planning meetings during past 12 months	0	1	0	1	1	2	0
Attend consolidated plan focus groups/public forums during past 12 months	0	2	0	3	0	2	0
Lead agency for 10-year plan	0	1	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	1	0	1	0	0	0
Primary decision making group	0	0	0	0	1	0	0

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

**Instructions:**

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Individual  
**Click Save after selection to view grids**

**Number of Individuals Represented in Planning Process**

	Homeless	Formerly Homeless	Other
<b>Total Number</b>	1	1	1

**Number of Individuals Serving Each Subpopulation**

	Homeless	Formerly Homeless	Other
<b>Subpopulations</b>			
Seriously mentally ill	0	0	0
Substance abuse	0	1	0
Veterans	0	0	0
HIV/AIDS	0	0	0
Domestic violence	1	0	1
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

**Number of Individuals Participating in Each Role**

	Homeless	Formerly Homeless	Other
<b>Roles</b>			
Committee/Sub-committee/Work Group	1	1	0
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	0	0
Primary decision making group	0	1	0

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

**Instructions:**

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

**Public Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.  
 Enter the number of organizations that participate in each of the roles listed.

**Private Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.  
 Enter the number of organizations that participate in each of the roles listed.

**Individuals:** Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.  
 Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Private Sector  
**Click Save after selection to view grids**

### Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
<b>Total Number</b>	0	5	0	1	13	0

### Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
<b>Subpopulations</b>						
<b>Seriously mentally ill</b>	0	4	0	1	0	0
<b>Substance abuse</b>	0	6	0	1	6	0

Veterans	0	0	0	0	1	0
HIV/AIDS	0	0	0	0	1	0
Domestic violence	0	3	0	0	14	0
Children (under age 18)	0	0	0	0	13	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	1	0

**Number of Private Sector Organizations Participating in Each Role**

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
<b>Roles</b>						
Committee/Sub-committee/Work Group	0	4	0	1	10	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	2	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	0	2	0
Lead agency for 10-year plan	0	0	0	0	1	0
Attend 10-year planning meetings during past 12 months	0	1	0	0	1	0
Primary decision making group	0	2	0	1	9	0

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

### Instructions:

The CoC solicitation of project applications and the project application 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). Where applicable, describe how the process works.

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):** c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

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

**Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)**

The Grant Committee reviews all applications received and reviews all attachments provided to document performance. Each member of the Grant Committee ranks the projects (excluding their own, if they have a project submitted) and the results are compiled and presented to the committee for approval.

**Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?** Yes

**Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?** Yes

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

**Is the CoC open to proposals from entities that have not previously received funds in the CoC process?** Yes

**If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)**

The applications for funding were announced at membership meetings, sent in an email to all stakeholders and made available on the MUTEH website.

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

**If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)**

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

### Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

**Emergency Shelter:** Yes

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

- \*The DV Project Inc. closed their doors in 2011
- \*Several programs were established in 2011, but MUTEH discovered several as well (House of Grace; New Hope Village; WINGS)
- \*MUTEH had a considerable amount of Programs increase/decrease bed totals in 2011 (Safe Inc; Hope Village for Children; Safe Haven, Inc; Team, Inc; The Salvation Army-Hattiesburg; WWISCAA)

**HPRP Beds:** Yes

**Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)**

MUTEH's HPRP program was discontinued in June 2012; therefore, there are no longer HPRP beds on the MUTEH HIC.

**Safe Haven:** Yes

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

The Safe Haven previously represented on our HIC (Safe Haven Outreach Ministries) has ceased to provide the services of a Safe Haven, and now fits the category of Emergency Shelter.

**Transitional Housing:** Yes

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

- \*Christian Services closed their transitional housing program and only provide services at this time
- \*Several programs were established in 2011, but MUTEH discovered several as well (Hope Village for Children TH; Care Lodge TH)
- \*MUTEH had a considerable amount of Programs increase/decrease bed totals in 2011 (BCCAA CANS; MCCSA STEPS; Oak Arbor; Project Hope TH)

**Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?** Yes

**If yes, how many transitional housing units in the CoC are considered "transition in place":** 15

**Permanent Housing:** Yes

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

\*MS Permanent Housing Alliance beds change dependent on the program's census changing -this is especially evident when households with children are entered.

**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 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Did the CoC submit the HIC data in HDX by April 30, 2012?** Yes

**If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)**

**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, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

**Must specify other:**

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

**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 the BOS members to divide the state into three areas for contact purposes. Discussions with stakeholders and phone surveys were useful ways of gathering information to determine the facilities to be included on the Housing Inventory Count. Contact was made or attempted for each and every facility on our list. That effort gave us current and reliable information about the services available for the homeless in our 71 county 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.

**Select the HMIS implementation coverage area:** Single CoC

**Select the CoC(s) covered by the HMIS (select all that apply):** MS-501 - Mississippi Balance of State CoC

**Is there a governance agreement in place with the CoC?** Yes

**If yes, does the governance agreement include the most current HMIS requirements?** Yes

**If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)**

**Does the HMIS Lead Agency have the following plans in place?** Data Quality Plan, Privacy Plan, Security Plan

**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

**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 non-HUD funded providers, No or low participation by ESG 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 targeted all ESG funded agencies in our competitive application process and encourage their participation in HMIS. We conducted a workshop - ELEVATE! - for all ESG applicants and presented HMIS to them prior to the ESG application process. We have met with MDA (the state agency that administers ESG and funded HPRP) and they are not requiring that ESG providers participate in HMIS and have not fully supported our efforts in this task. MDA has required a certification from MUTEH to be a part of the application package for ESG funding, but has since decided to require the agencies funded by ESG to use HMIS to track client services, outcomes or performance. We are implementing in rural counties using expansion funds and have been successful in adding many agencies.

**Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?** Yes

## 2B. Homeless Management Information System (HMIS): Funding Sources

**In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:**

Operating Start Month/Year	March	2012
Operating End Month/Year	August	2012

### Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$269,529
ESG	
CDGB	
HOPWA	
HPRP	
<b>Federal - HUD - Total Amount</b>	<b>\$269,529</b>

### Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
<b>Other Federal - Total Amount</b>	

### Funding Type: State and Local

Funding Source	Funding Amount
City	
County	
State	
<b>State and Local - Total Amount</b>	

**Funding Type: Private**

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

**Funding Type: Other**

Funding Source	Funding Amount
Participation Fees	

<b>Total Budget for Operating Year</b>	\$269,529
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**Is the funding listed above adequate to fully fund HMIS?** No

**If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)**

MUTEH Board of Directors approved an agency user fee scheduled to be implemented in the 2013 program year. MUTEH has also approached Mississippi Development Authority (MDA) to fund HMIS implementation through their Emergency Solutions Grant. We have not been successful in obtaining funding from MDA.

**How was the HMIS Lead Agency selected by the CoC?** Agency Volunteered

**If Other, explain (limit 750 characters)**

## 2C. Homeless Management Information Systems (HMIS) Bed and Service Volume 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.

**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	76-85%
* HPRP beds	Housing type does not exist in CoC
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	76-85%
* Rapid Re-Housing (RRH) beds	0-50%
* 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:**

MUTEH's HMIS doesn't currently cover RRH beds in our coverage area. The Mississippi Development Authority (MDA) has not required their ESG RRH grantees to record any program details in HMIS. HMIS services have been offered for this housing type, but ESG RRH subgrantees are awaiting an official response from MDA before implementing HMIS with their programs.

## 2D. 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 HMIS to present accurate and consistent information on homelessness, it is critical that all 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 CoC's 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, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

**Does the CoC have a Data Quality Plan in place for HMIS?** Yes

**What is the HMIS service volume coverage rate for the CoC?**

Types of Services	Volume coverage percentage
Outreach	50%
Rapid Re-Housing	0%
Supportive Services	100%

**Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":**

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	12
Safe Haven	0

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	0%
Date of birth	0%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	0%
Gender	0%	0%
Veteran status	0%	1%
Disabling condition	2%	3%
Residence prior to program entry	0%	1%
Zip Code of last permanent address	0%	5%
Housing status	2%	3%
Destination	0%	0%
Head of household	0%	0%

**How frequently does the CoC review the quality of project level data, including ESG?** 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)**

- Foothold TA provided onsite training for current/potential HMIS participants
- Data Quality Standards/Procedures were developed and applied
- Created Data Quality Analyst(DQA) position
- Data quality reports are generated and distributed at membership meetings
- Developed and distributed data quality report cards to offer special attention to agencies with exceptional data quality and those with data quality needs.
- Utilization of webinars in training HMIS users enabling us to network HMIS users across our 71 counties and train in areas of weakness identified by the DQA.
- A digital HMIS manual has been developed and is available to all users. This allows us to insure HMIS users are equipped to provide quality data.

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

**If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)**

**Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS?** Yes

**Indicate which reports the CoC submitted usable data (Select all that apply):** 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

**Indicate which reports the CoC plans to submit usable data (Select all that apply):** 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

## 2E. 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

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

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

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

**Indicate if your HMIS software is able to generate program-level reporting:**

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

## 2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security 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 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 Quarterly
* Locking screen savers	At least Quarterly
* Virus protection with auto update	At least Quarterly
* Individual or network firewalls	At least Quarterly
* Restrictions on access to HMIS via public forums	At least Quarterly
* Compliance with HMIS policy and procedures manual	At least Monthly
* 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 and other HMIS Notices?** 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', does the HMIS Policy and Procedures manual include governance for:**

HMIS Lead Agency	<input checked="" type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

**If 'Yes', indicate date of last review  
or update by CoC:** 12/10/2012

**If 'Yes', does the manual include a glossary of  
terms?** Yes

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

## **2G. 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.

**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 Quarterly
* HMIS software training	At least Quarterly
* Policy and procedures	At least Annually
* Training	At least Quarterly
* HMIS data collection requirements	At least Annually

## 2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

### Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

**How frequently does the CoC conduct the its sheltered point-in-time count:** annually (every year)

**Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):** 01/31/2012

**If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?** Not Applicable

**Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?** Yes

**If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)**

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		56%		44%
Transitional Housing		33%		67%
Safe Havens		0%		

**Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)**

- Emergency Shelter increased by 88 persons – this is the result of one agency being added (WINGS DV Shelter) and existing agencies running higher populations (Gateway Rescue Mission and CARE Lodge DV Shelter).
- Transitional Shelter total remained the same at 251 persons – totals per agency changed, but the total for all agencies remained the same.

**Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:**

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	Need 108 PH beds for the chronically homeless. This gap will be reduced by the new application for PH submitted this year. We will also require all PH providers to set aside more beds for the chronically homeless.in 2013.
* Services	Employment services are lacking in our projects as evidenced by 27% of leavers having employment income. This gap can be filled through utilizing case management and WIA funded employment services.
* Mainstream Resources	73% of our leavers are obtaining mainstream resources. The gap is that 13% receive SSI and 6% receive SSDI so we need to implement SOAR training to increase the number of leavers with those benefits.

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

### Instructions:

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

**Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):**

<b>Survey providers:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Extrapolation:</b>	<input type="checkbox"/>
<b>Other:</b>	<input checked="" type="checkbox"/>

### If Other, specify:

Surveys were reviewed and information was entered into an Excel spreadsheet that was used to de-duplicate and total the data.

**Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)**

HMIS was used at every avenue of this process, but was vital to data confirmation.

- MUTEH trained member agencies in membership meetings preceding the sheltered homeless count.

- HIC Forms were generated and distributed to all agencies identified by membership and those identified by statewide agencies (ie. MS Development Authority, VA, Dept of Mental Health)

- Forms were also posted on MUTEH's website providing the option for electronic submissions.

- Calls were made to each organization by MUTEH staff to confirm submitted data, correct data, and explain any misunderstandings about the form.

- All data was entered into a continuum-wide report (reporting on each individual client) and was sorted, and de-duplicated, to provide sub-population data.

- Finally, a statewide aggregate report was generated, detailing each agency's contribution to the HIC, and this report was emailed out to all HIC contacts, reviewed at membership meeting, and posted on MUTEH's website. This step allowed a 3 week window for agencies to review the report and respond with any corrections they felt needed to be made.

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

**Instructions:**

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

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used 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.

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Interviews:	X
Non-HMIS client level information:	X
None:	
Other:	X

**If Other, specify:**

Surveys were reviewed and entered into an Excel spreadsheet that was used to total the data received. Data received from non-participating HMIS agencies were added to the spreadsheet.

**Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)**

HMIS was used at every avenue of this process, but was vital to data confirmation.

- MUTEH trained member agencies in membership meetings preceding the sheltered homeless count.

- HIC Forms were generated and distributed to all agencies identified by membership and those identified by statewide agencies (ie. MS Development Authority, VA, Dept of Mental Health)

- Forms were also posted on MUTEH's website providing the option for electronic submissions.

- Calls were made to each organization by MUTEH staff to confirm submitted data, correct data, and explain any misunderstandings about the form.

- All data was entered into a continuum-wide report (reporting on each individual client) and was sorted, and de-duplicated, to provide sub-population data.

- Finally, a statewide aggregate report was generated, detailing each agency's contribution to the HIC, and this report was emailed out to all HIC contacts, reviewed at membership meeting, and posted on MUTEH's website. This step allowed a 3 week window for agencies to review the report and respond with any corrections they felt needed to be made.

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

### Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will 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 and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

**Indicate the method(s) used to verify the data quality of sheltered homeless persons (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)**

**Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)**

HMIS was used at every avenue of this process, but was vital to data confirmation.

- MUTEH trained member agencies in membership meetings preceding the sheltered homeless count.

- HIC Forms were generated and distributed to all agencies identified by membership and those identified by statewide agencies (ie. MS Development Authority, VA, Dept of Mental Health)

- Forms were also posted on MUTEH's website providing the option for electronic submissions.

- Calls were made to each organization by MUTEH staff to confirm submitted data, correct data, and explain any misunderstandings about the form.

- All data was entered into a continuum-wide report (reporting on each individual client) and was sorted, and de-duplicated, to provide sub-population data.

- Finally, a statewide aggregate report was generated, detailing each agency's contribution to the HIC, and this report was emailed out to all HIC contacts, reviewed at membership meeting, and posted on MUTEH's website. This step allowed a 3 week window for agencies to review the report and respond with any corrections they felt needed to be made.

## 2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

### Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

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

**Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):** 01/24/2011

**If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?** Not Applicable

**Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?** Yes

**If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)**

**Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)**

Unsheltered decrease of 143 persons: One of the factors that contributed to this decrease in the unsheltered count is the weather conditions on the day of the count. Unfortunately we were not able to reach a lot of the area in the north Delta area of the state. We will target this area in our 2012 count.

## 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 and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

**Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):**

<b>Public places count:</b>	X
<b>Public places count with interviews on the night of the count:</b>	X
<b>Public places count with interviews at a later date:</b>	
<b>Service-based count:</b>	X
<b>HMIS:</b>	X
<b>Other:</b>	
<b>None:</b>	

**If Other, specify:**

**Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and 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 unsheltered populations and subpopulations (limit 1500 characters)**

CoC staff contacted local units of government throughout the state to solicit their support and participation. This was accomplished through direct contact and work with the Mississippi Municipal League. In this contact, cities and counties were asked to identify places where homeless were known to congregate. The day of the PIT, volunteers and staff went to these sites and, as possible, ascertained surveys at encampments. In public places that were not appropriate for direct contact, volunteers and staff detailed as much information as possible concerning an individual to insure that even though a detailed survey was not conducted that that person was counted. Soup kitchens, warming centers, clinics/hospitals, police departments and other services were contacted the day of the count to insure maximum coverage. Interviewers were assigned specific geographic areas so duplication would be eliminated. Survey forms were 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, and this information was then entered into a spreadsheet where it was sorted and then de-duplicated. We also used HMIS to identify and de-duplicate a majority of the interviewees. Persons interviewed were also given gifts to thank them for their participation - these gifts helped in identifying persons that had already been interviewed.

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

**Instructions:**

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

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

**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 CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will 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 and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The 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 persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

**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:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	
Enumerator observation:	
Other:	

**If Other, specify:**

**Describe the techniques, as selected above, 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 geographic areas so duplication would be eliminated. Survey forms were 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, and this information was then entered into a spreadsheet where it was sorted and then de-duplicated. We also used HMIS to identify and de-duplicate a majority of the interviewees.

**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 are using 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 and their MS state coordinator serves as a member of our board of directors. Several of the CoC members are on the Advisory Board of the MS Campaign to End Child Homelessness and have participated in listening tours across the state. Furthering our efforts to connect and collaborate with local school districts, CoC members will also be continue to work with McKinney-Vento Homeless Education funded schools 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 reported and documented a significant drop in the number of street homeless through aggressive outreach. The City of Columbus 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.

### 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.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

**How many permanent housing beds are currently in place for chronically homeless persons?** 30

**In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 33

**In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 64

**In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 70

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

- MUTEH has taken a proactive short-term plan to create permanent housing beds for persons who meet HUD's definition of chronically homeless.
- MUTEH implements the MS Permanent Housing Alliance permanent housing project funded by SHP. We have served 19 clients, 2 that meet the chronically homeless definition.
- MUTEH has recently expanded MPHA to increase its capacity to house chronically homeless persons.
- MUTEH website is used to disseminate information about the chronically homeless
- MUTEH website provides information for those seeking services
- MUTEH also identifies and contacts service providers and advocates that they set aside beds for the chronically homeless

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

- MUTEH's 10 year plan to create new permanent housing beds includes several strategies assessing the need for chronic homeless services and designing programs for addressing those needs.
- Engage the MS Development Authority and municipalities to include CoC data as a basis for including services to the homeless/chronically homeless in MS's Consolidated Plan
  - Collaborate with the other two continua in MS to have a clear knowledge of their services
  - Use website to disseminate information about the issue of chronic homelessness and projects which have been developed within the BOS to address these issues
  - Work with state agencies to ensure that those in custody of the state are not released into homelessness
  - Continue collaboration with the other two continua in MS to make the best use of the HMIS systems
  - Monitor affordable housing availability in BOS and investigate complementary funding sources to further goals of permanent housing throughout the CoC

**Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)**

The continuum uses its Permanent Housing project to transition chronically homeless from emergency shelters or rapid rehousing units into our Mississippi Permanent Housing Alliance. We've also worked with member agencies with PH projects to better lengths of stay and better outcomes for chronically homeless clients in their programs. We've also implemented new PH projects that have partnered with Emergency Shelters, a VA SSVF grant, the Institute for Disability Studies, Transitional housing for HIV positive clients, and domestic violence shelters. Through these partnerships and by sharing best practices, MUTEH has been able to house multiple persons identified as chronically homeless during the sheltered PIT count in 2012.

### **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 80 percent or more.**

**Instructions:**

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance 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.

In this section, 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 for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then 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 80 percent.

**What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** 49%

**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%

**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 80 percent or higher (limit 1000 characters)**

Permanent housing projects are going to be monitored monthly on resident's entrance and exit dates. Pine Grove Village, Green Meadows and MPHA will increase the percentage of homeless persons staying in PH over 6 months to 50% by June, 2013. This will be achieved through mentoring by Recovery House, a successful permanent housing provider, training of case managers, site visits, and quarterly written monitoring reports compiled by MUTEH staff. Each permanent housing provider and SSO provider will be reviewed through HMIS reports monthly to identify the use of supportive services which will assist homeless persons to remain in permanent housing. Agencies that do not meet goals will be given written notification and timelines to meet objectives. Applications for renewal funding will not be accepted from agencies that have been given the opportunity to comply with the standards for permanent housing providers and fail to do so.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 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 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.

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

In this section, CoCs will indicate the current percentage of transitional housing 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 for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 78%

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 78%

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 78%

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 78%

**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 and analyze reports on a monthly 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 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 implement 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.

### 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 only projects) is expected to report the percentage of participants employed at exit on its Annual Performance 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) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program 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 dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 26%

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 50%

**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%

#### **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 who 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. Our SHP projects partner with the WIN Job Centers in their local areas, but MUTEH has a goal of entering into an agreement with the WIA at the state level so that we can refer homeless clients to the local offices and they will received priority as a targeted population for Individual Training Accounts and other available services.

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

**Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.**

**Instructions:**

Access to mainstream resources 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 only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 73%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 73%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 73%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 73%

**Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)**

The CoC has raised the standard of connecting clients with mainstream resources that are available to them. We've sought this for our SHP funded agencies as well as our privately funded agencies that previously avoided many mainstream resources. We continue to educate our membership on the benefits that are widely available to many of the clients that we serve. For all HMIS participating agencies, we are able to run reports that communicate the number/percentage of their clients that are connected to mainstream resources upon entering their program. The CoC plans to continue this expectation of our membership and hope to see the successful trends continue.

**Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)**

The CoC believes that further increasing CoC clients access to mainstream benefits will require collaboration with state agencies that oversee the aforementioned benefits. Barriers exist that keep clients and the agencies in which they are enrolled from accessing many mainstream resources. There are old ram-shackled processes that must be updated. MUTEH has joined with other homeless advocates in seeking to start a Mississippi Inter-agency Council on Homelessness. We believe that this step will bring multiple state agencies and private homeless advocates to a meaningful dialogue that will ultimately bring greater participation in mainstream resources and coordination across our state.

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

#### Objective 6: Decrease the number of homeless individuals and families:

##### 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.

In 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. 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 they expect to report on in the next 12 months, 5 years, and 10 years.

**What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 111%

**In 12 months, what will be the total number of homeless households with children?** 100%

**In 5 years, what will be the total number of homeless households with children?** 50%

**In 10 years, what will be the total number of homeless households with children?** 0%

##### 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 2 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. The strategies used to coordinated with the McKinney Vento Education programs in the local school districts will serve as a vehicle to decrease this population.

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

MPHA, the permanent housing programs of the BOS, will set aside 2 unites 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. The strategies used to coordinate with the McKinney Vento Education programs in the local school districts will serve as a vehicle to decrease this population.

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

#### Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

**Instructions:**

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year’s competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter ‘0’ in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

**Indicate the current number of projects submitted on the current application for reallocation:** 0

**Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):** 2

**Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):** 0

**Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):** 0

**If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)**

The CoC is not reallocating SSO projects this year.

**If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)**

The CoC is not reallocating TH projects this year.

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

**Instructions:**

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems 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 to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** State Mandated Policy

**If "Other," explain:**

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)**

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 reports 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. 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.

**If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)**

The CoC will implement the state mandated discharge plan for Foster Care.

**Specifically, identify the 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 (limit 1000 characters)**

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 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 in 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.

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

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. 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 in 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.

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

**Instructions:**

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems 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 to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** State Mandated Policy

If "Other," explain:

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)**

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.

**If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)**

MS Balance of State CoC will implement the state mandated discharge plan for health care.

**Specifically, identify the 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 (limit 1000 characters)**

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.

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

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.

## **3B. Continuum of Care (CoC) Discharge Planning: Mental Health**

**Instructions:**

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems 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 to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** State Mandated Policy

If "Other," explain:

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)**

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 standardsetting 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.

**If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)**

The MS Balance of State CoC will implement the state mandated discharge plan for mental health.

**Specifically, identify the 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 (limit 1000 characters)**

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 standardsetting 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.

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

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 standardsetting 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.

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

**Instructions:**

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems 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 to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** State Mandated Policy

If "Other," explain:

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)**

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.

**If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)**

The MS BoS CoC will implement the state mandated discharge plan for corrections.

**Specifically, identify the 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 (limit 1000 characters)**

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.

**Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

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.

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

**Instructions:**

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and 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.

**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.

**Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)**

MUTEH will collaborate with other agencies in the state that can serve this population. The programs identified in the Federal Register, Section 576.400 will be included in our efforts to provide a strategic, community-wide system to prevent and end homelessness. MUTEH has established a web site providing information of the various assistance available at www.muteh.org In addition, through our member agencies we have in place a broad spectrum of referral agencies, including Community Action Agencies, Emergency Shelters and Faith-Based organizations in addition to various smaller non-profits. In an effort to coordinate and integrate with mainstream programs, notices will be located through-out the state within shelters, food banks, churches, WIN Job Centers, etc.

**Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)**

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). Through HPRP MUTEH placed 38 persons in permanent destinations using VASH housing subsidy. 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', describe the established policies that are in currently in place:**

Homeless Service Providers will:

- 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.

**Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)**

- MUTEH will contact local school district homeless liaisons to discuss ways to collaborate, invite local school liaisons and the state homeless education coordinator to join the CoC as members, and to conduct trainings for the CoC 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 CoC 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.

**Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)**

The CoC will survey the membership to determine the procedures currently in place that guide the admission of families with children under the age of 18. We will then review the current trend of admission and develop suggested guidelines to be follow to protect families with children under the age of 18 from being denied admission or separated when entering shelter or housing.

**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)**

- Participate in the Annual Veteran Stand Down sponsored by 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 medial 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 database of agencies that provide services for housing and supportive services for veterans.

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

The Coordinator of the Campaign to End Child Homelessness in Mississippi currently serves on the Board of Directors of MUTEH. We have participated in their efforts to establish an Interagency Council on Homelessness in Mississippi, and have signed a letter of participation to continue to be partners with them in their efforts. A statewide Interagency Council on Homelessness is required to increase coordination and collaboration among state leaders and agencies, social service providers, community leaders, and families to ensure a sustained, coordinated response as a step towards preventing and ending child and family homelessness. More than 12,100 children are homeless in Mississippi each year. In 2009, Mississippi was ranked 41 out of 50 states on the problem of children homelessness according to America's Youngest Outcasts: State Report Card on Child Homelessness, a report by The National Center on Family Homelessness. This ranking took into account the extent of child homelessness, child well-being, risk for child homelessness, and state policies and plans to address the issue. In November 2010, the Mississippi Campaign released the Mississippi Plan to End Child Homelessness, a report that offers recommendations to begin to lay the path toward preventing and ending child and family homelessness.

**Has the CoC established a centralized or coordinated assessment system?** No

**If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)**

**Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)**

The CoC met with MDA - the ESG recipient - to prioritize the eligible ESG activities to be funded in program year 2011. Priorities addressed through the Rapid Rehousing Activities of ESG include ending homelessness, addressing affordable housing needs, addressing special needs groups, and providing suitable living environments. The CoC then hosted a workshop targeted to ESG funded shelters to introduce them to our HMIS system and prepare them for implementation of HMIS. We then provided a report to MDA that detailed the level of participation in HMIS for each of the shelters that attended the workshop.

**Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)**

The CoC provides each member with information and outreach materials to distribute in their local service area. All of the services provided by member agencies is on our website - [www.muteh.org](http://www.muteh.org) - and a link is available to contact us for assistance. Through the regional coalitions in the state, we target local service providers and churches that have specialized outreach programs in place that can assist us in identifying clients that can benefit from housing and supportive services provided by our CoC membership.

### 3D. Continuum of Care (CoC) Strategic Planning Coordination

**Instructions:**

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

**Has the CoC developed a strategic plan?** No

**Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)**

The CoC through it's member agencies has a network of housing and service systems that meets the needs of homeless individuals and families in our 71 county area. The resources available to the CoC are not adequate enough to accomplish the outcomes desired. Through the planning grant we will conduct a thorough inventory of the available resources

**Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)**

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 often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)**

The CoC is currently working on developing a 10 year plan and has applied for planning dollars in this year's competition to be able make this plan viable and accepted by our partners. In the meantime, the goals and objectives outlined in the Exhibit 1 submitted to HUD with this competition has served as the guide for input into the Consolidated Plan.

**Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)**

The CoC has the goals of the Federal Strategic Plan as the guide for identifying the strategies used in ranking projects and identifying partners throughout the program year. We will use the planning dollars to develop a State Strategic Plan and tailor the goals to better fit the Face of Homelessness in Mississippi.

**Select the activities in which the CoC coordinates with the local Emergency Solutions Grant( ESG):**

Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds

**Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)**

The CoC met with MDA - the ESG recipient - to prioritize the eligible ESG activities to be funded in program year 2011. Priorities addressed through the Rapid Rehousing Activities of ESG include ending homelessness, addressing affordable housing needs, addressing special needs groups, and providing suitable living environments. The CoC then hosted a workshop targeted to ESG funded shelters to introduce them to our HMIS system and prepare them for implementation of HMIS. We then provided a report to MDA that detailed the level of participation in HMIS for each of the shelters that attended the workshop.

**Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?** No

**If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?**

**If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)**

**If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)**

### 3E. Reallocation

**Instructions:**

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

**Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?** No

## 4A. Continuum of Care (CoC) FY2011 Achievements

**Instructions:**

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	32	Beds	30	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	77	%	49	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	80	%	78	%
Increase the percentage of homeless persons employed at exit to at least 20%	50	%	27	%
Decrease the number of homeless households with children	100	Households	110	Households

**Did the CoC submit an Exhibit 1 application in FY2011? Yes**

**If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)**

The CoC fell 2 beds short of achieving the new permanent housing beds for the chronically homeless. We were successful in decreasing the # of chronically homeless by 24, according to our updated sheltered PIT in 2012. Increase the % staying in PH over 6 mos to 77%: Even though the CoC did not meet the proposed achievement, we saw an increase in the percentage from 2011 of 5%. We will continue to will aggressively monitor outcome achievements of permanent housing providers to ensure that these this goal is met. Increase the % employed at exit to at least 20%: This goal was not achieved, however, we have exceeded the HUD standard this year and in years past.

**How does the CoC monitor recipients' performance? (limit 750 characters)**

The CoC will monitor recipients' performance to ensure compliance with program regulations issued by HUD and CoC performance outcome measures. Client data entered through our HMIS system will be reviewed monthly, there will be at least one monitoring visit on site per year by a Board appointed committee, and presentation will be made on project activities to the MUTEH Membership annually.

**How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)**

The CoC trains providers through HMIS implementation on the HUD-established performance goals and the CoC adopted performance measures. Reports are issued at membership meeting to SHP funded programs that reflect current HMIS data. The reports are graded and projects that receive a grade of c or below receive additional training to identify the weakness and develop strategies to increase performance.

**How does the CoC assist poor performers to increase capacity? (limit 750 characters)**

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 during the program year.

**Does the CoC have any unexecuted grants awarded prior to FY2011?** No

**If 'Yes', list the grants with awarded amount:**

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
none	0	\$0
<b>Total</b>		<b>\$0</b>

**What steps has the CoC taken to track the length of time individuals and families remain homeless?  
(limit 1000 characters)**

In relation to tracking the length of time individuals and families remain homeless, our CoC has increased training in proper data collection at entry for all of our clients. Clients' program entry data being properly recorded in HMIS has allowed for the continuum to accurately track this data element. We believe, with further training, that these numbers will be accurately reported and partner agencies will then have gaps identified leading to appropriate solutions being implemented.

**What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?  
(limit 1000 characters)**

The CoC has implemented training sessions focused on complete data collection on each client/household. As the data quality has become more consistent among HMIS participants, our ability to report on recidivism has greatly increased. The CoC is still in the process of producing meaningful reports that accurately communicate the additional episodes of homelessness of clients while maintaining client confidentiality and being fair to partner agencies. We hope to begin publishing recidivism reports to our membership in early 2013, and we believe that these reports will provide needed information to steer future continuum decisions.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?  
(limit 1500 characters)**

The CoC has begun developing a central intake process that, after being tested, would be available to all continuum members. This process would track the outreach of each member agency and serve as a referral/intake process for prospective clients. This will also greatly simplify the process that the client experiences by providing applications through MUTEH's website, phone, main office, and the offices of member agencies. It will also expedite the program entry process by quickly communicating eligibility--through initial phone calls and/or follow-up meeting with a MUTEH social worker.

HMIS has served an integral role in this process, and it will be vital in the central intake implementation as well. Currently, our CoC is working to implement multi-step intakes with HMIS using member agencies. This allows for programs to track any outreach given to clients, regardless, of whether they were accepted into the program or not. Reports on this data are still pending as the process is implemented across the membership.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?  
(limit 1500 characters)**

The HPRP program pushed CoC staff and staff of member agencies to utilize social workers as liaisons between clients and their landlords. This has evolved into clients' homelessness being prevented without a dollar of financial assistance being spent. CoC social workers and case managers counsel clients towards housing stability while interceding with the landlord. The CoC has also continually offered guidance and assistance to the state's ESG grantee (MS Development Authority) on how to spend ESG prevention funds effectively. MUTEH provides input to the Consolidated Plan and also participated in the strategic planning for the City of Hattiesburg's plan to end homelessness.

**Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No**

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless  
(limit 1500 characters)**

**If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living  
(limit 1500 characters)**

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

**Instructions:**

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

**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 FY2010, FY2011, and FY2012:**

Year	Number of CH Persons	Number of PH beds for the CH
2010	99	65
2011	166	27
2012	138	30

**What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)**

The CoC provides training to all members on the definition of chronically homeless. This training targets the intake process and the need to document and assess clients in a thorough manner to ensure that an appropriate and complete case management plan can be developed to assist the client in overcoming all barriers that are preventing them from becoming stably housed. The intake data will allow us to run reports in HMIS that will provide useful data to be used in developing strategies to assist the chronic homeless population.

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:**

3

**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)**

not applicable

**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, 2011 and January 31, 2012:**

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

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

**Instructions:**

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, 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 cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing 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.

**Does the CoC have any permanent housing projects for which an APR was required to be submitted?** Yes

<b>Participants in Permanent Housing (PH)</b>	
a. Number of participants who exited permanent housing project(s)	69
b. Number of participants who did not leave the project(s)	83
c. Number of participants who exited after staying 6 months or longer	26
d. Number of participants who did not exit after staying 6 months or longer	48
e. Number of participants who did not exit and were enrolled for less than 6 months	35
<b>TOTAL PH (%)</b>	<b>49</b>

**Instructions:**

HUD will assess CoC performance in moving participants from 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 on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing 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.

**Does the CoC have any transitional housing projects 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>	144
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	112
<b>TOTAL TH (%)</b>	78

## 4D. Continuum of Care (CoC) Cash Income Information

**Instructions:**

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. 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 the CoC that should have submitted an APR.

**Total Number of Exiting Adults: 265**

### Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	71	27%
Unemployment insurance	2	1%
SSI	36	14%
SSDI	16	6%
Veteran's disability	1	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	2	1%
General assistance	0	0%
Retirement (Social Security)	1	0%
Veteran's pension	0	0%
Pension from former job	1	0%
Child support	10	4%
Alimony (Spousal support)	0	0%
Other source	15	6%
No sources (from Q25a2.)	0	0%

**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) Non-Cash Benefits

**Instructions:**

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. 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 the CoC that should have submitted an APR.

**Total Number of Exiting Adults: 265**

**Total Number of Exiting Adults:**

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	151	57%
MEDICAID health insurance	110	42%
MEDICARE health insurance	9	3%
State children's health insurance	3	1%
WIC	1	0%
VA medical services	3	1%
TANF child care services	3	1%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	2	1%
Other source	0	0%
No sources (from Q26a2.)	0	0%

**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

## 4F. 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 the Energy Star Initiative go to: [www.energystar.gov](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 services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; 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?** Yes

**If 'Yes' to above question, click save to provide activities**

**If yes, are the projects requesting \$200,000 or more?** Yes

**Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?**

**(Select all that apply):**

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Establish a preference policy for Section 3 for competitive contracts >\$100,000, Preference policy for hiring low and very low income persons residing in the service area, Notify area Youthbuild programs of job opportunities

## 4G. 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?** Not Applicable

**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:** Yes

**If 'Yes', specify the frequency of the training:** annually (every year)

**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?** Yes

**If 'Yes', indicate training date(s):**

10/16/12

## 4H. 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.	

## 4I. Unified Funding Agency

### Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

**Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?** No

**Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?** No

**What experience does the CoC have with managing federal funding, excluding HMIS experience?  
(limit 1500 characters)**

**Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)**

**Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)**

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?  
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.  
(limit 1500 characters)**

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Consolidated Plan...	01/16/2013
CoC-HMIS Governance Agreement	No	Governance Agreement	01/17/2013
Other	No		

## **Attachment Details**

**Document Description:** Consolidated Plan Form

## **Attachment Details**

**Document Description:** Governance Agreement

## **Attachment Details**

**Document Description:**

## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	No Input Required
<b>1B. CoC Operations</b>	01/08/2013
<b>1C. Committees</b>	01/08/2013
<b>1D. Member Organizations</b>	01/14/2013
<b>1E. Project Review and Selection</b>	01/10/2013
<b>1F. e-HIC Change in Beds</b>	01/16/2013
<b>1G. e-HIC Sources and Methods</b>	01/18/2013
<b>2A. HMIS Implementation</b>	01/18/2013
<b>2B. HMIS Funding Sources</b>	01/18/2013
<b>2C. HMIS Bed Coverage</b>	01/16/2013
<b>2D. HMIS Data Quality</b>	01/16/2013
<b>2E. HMIS Data Usage</b>	01/15/2013
<b>2F. HMIS Data and Technical Standards</b>	01/16/2013
<b>2G. HMIS Training</b>	01/09/2013
<b>2H. Sheltered PIT</b>	01/18/2013
<b>2I. Sheltered Data - Methods</b>	01/16/2013
<b>2J. Sheltered Data - Collections</b>	01/16/2013
<b>2K. Sheltered Data - Quality</b>	No Input Required
<b>2L. Unsheltered PIT</b>	01/18/2013
<b>2M. Unsheltered Data - Methods</b>	01/16/2013
<b>2N. Unsheltered Data - Coverage</b>	01/09/2013
<b>2O. Unsheltered Data - Quality</b>	01/16/2013
<b>Objective 1</b>	01/17/2013
<b>Objective 2</b>	01/17/2013
<b>Objective 3</b>	01/17/2013
<b>Objective 4</b>	01/17/2013

<b>Objective 5</b>	01/17/2013
<b>Objective 6</b>	01/17/2013
<b>Objective 7</b>	01/16/2013
<b>3B. Discharge Planning: Foster Care</b>	01/17/2013
<b>3B. CoC Discharge Planning: Health Care</b>	01/17/2013
<b>3B. CoC Discharge Planning: Mental Health</b>	01/17/2013
<b>3B. CoC Discharge Planning: Corrections</b>	01/17/2013
<b>3C. CoC Coordination</b>	01/17/2013
<b>3D. CoC Strategic Planning Coordination</b>	01/17/2013
<b>3E. Reallocation</b>	01/15/2013
<b>4A. FY2011 CoC Achievements</b>	01/17/2013
<b>4B. Chronic Homeless Progress</b>	01/17/2013
<b>4C. Housing Performance</b>	01/15/2013
<b>4D. CoC Cash Income Information</b>	01/16/2013
<b>4E. CoC Non-Cash Benefits</b>	01/16/2013
<b>4F. Section 3 Employment Policy Detail</b>	01/15/2013
<b>4G. CoC Enrollment and Participation in Mainstream Programs</b>	01/18/2013
<b>4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs</b>	01/16/2013
<b>4I. Unified Funding Agency</b>	No Input Required
<b>Attachments</b>	01/17/2013
<b>Submission Summary</b>	No Input Required

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: MS United to End Homelessness

Project Name: Supportive Housing Programs

Location of the Project: 71 county area in State of Mississippi  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: Continuum of Care Program Competition

Name of Certifying Jurisdiction: Mississippi Development Authority

Certifying Official of the Jurisdiction Name: Dana Jones

Title: Bureau Manager, Housing Bureau

Signature: 

Date: 1/16/13

Note:  
MBA is aware of some unresolved issues with 2 of the applicants included in this application for funding.