

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MS-503 - Gulf Port/Gulf Coast Regional CoC

1A-2. Collaborative Applicant Name: Open Doors Homeless Coalition

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Open Doors Homeless Coalition

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Bankers	Yes	Yes
Business Community	Yes	Yes
United Way	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

The CoC meets monthly. A speaker presents, answers questions, and listens to opinions. For example, a representative from Voc-Rehab spoke to the group about recruiting and training disabled persons, including homeless persons, for jobs in the community. Also, in May, the Mayor of Biloxi presented his idea of a coordinated entry center coupled with bridge beds. The group expressed their support after discussion. A monthly networking lunch is served that is open to both members and the broader community to discuss opinions and solutions. It is important for our CoC to gain buy-in and consensus from both members and the community, including our homeless neighbors, in our efforts to achieve the goals of Opening Doors. Our calendar of meetings is posted on the CA's website, www.opendoorshc.org, and a membership application is online. 35-50 people participate monthly in the CoC meetings and workgroups. After the meeting regarding employment opportunities, several housing programs brought information back to participants who then enrolled in Voc Rehab programs. This opportunity led to increases in incomes for CoC PSH participants that showed up in improvements in APR data. As a result of the Mayor's presentation, the community rallied around the idea of a centralized triage center that includes bridge beds for a 30-day stay until a permanent housing option is identified. The project is seeking funding and progressing. Once funding is secured, the idea will be a good addition to our community's coordinated approach to preventing and ending homelessness.

**1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)**

CoC members participate in many community meetings throughout the year and invite community members and our homeless neighbors who are interested in improving community services and ending homelessness to attend the monthly CoC meetings and consider membership. Special outreach to persons experiencing homelessness or persons who have been recently housed occurs at day centers, housewarmings, and during engagement. The CoC's calendar of meetings and a membership application are on the Collaborative Applicant's website that is open to the public. Applications for membership are accepted all

through the year. There is also a special membership drive every October to bring in new members. There are 50 member agencies in the MS-503 CoC and the attendance at monthly meetings is generally 35-50 people.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

The MS-503 CoC advertised for new and renewal proposals through the 174-person e-mail list on 7/3/2018, the local newspaper on 7/5/2018, and our Collaborative Applicant's (CA) website: www.opendoorshc.org on 7/5/2018. Announcements were made at CoC meetings June 21, 2018 and other community meetings. The scoring link was posted on the CA's website July 5, 2018 and new and renewal projects had equal opportunity to be rated and ranked in the objective review process conducted by a CoC elected unbiased review committee. Each year for the last 5 years the MS-503 CoC has brought in new applicants who have extensive capacity and experience but had not received CoC funds in the past. During the review process, the projects were scored and ranked using the posted scoring rubric for both new and renewal projects. One renewal project did not score high enough and the funds were reallocated to an organization that had adequate capacity but has not received Coc funds in the past. Threshold requirements include experience with federal funds and sufficient experience and capacity to manage a federal grant.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

The CoC works closely with MS Home Corp, the ESG recipient. We communicate on a regular basis regarding program expectations. Any applicant for ESG funds must certify that they are participating with the CoC, are actively entering data into HMIS, and their program fits with the system as part of a

community response to homelessness. The CoC provides technical assistance to subrecipients, communicates with MS Home Corp to discuss local concerns, and regularly reports aggregate data to support the state's reporting (CAPER), annual PIT and HIC data to support Consolidated planning for the state and the 4 local participating jurisdictions, and participates in Action Plan community meetings to ensure homelessness information is relayed to the state, the participating jurisdictions, and the public. The CoC governing council sets the priorities, performance standards, and outcome expectations for programs which become a part of the ESG expectations and are measured and analyzed quarterly. This year, in order to improve the knowledge base of ESG subrecipients, Mississippi Home Corporation will add a training track in its annual housing conference for homeless service providers. Providers who complete training in Housing First, Motivational Interviewing, Effective Engagement, Harm Reduction, Diversion, Housing Outreach, Prioritization, and other important topics will earn points when applying for ESG funds. The leadership in each of the Mississippi CoCs are participating in creating the learning sessions and monitoring the implementation of evidence based practices in the programs.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

- (1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
 - (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.**
- (limit 2,000 characters)**

The CoC works closely with Gulf Coast Center for Nonviolence (the Center), a CoC funded program. The Center provides a safe and secure environment for counseling and a wide range of services. The Center provides a shelter in Harrison County and Jackson County as well as safe transitional housing, PSH, and RRH options. Privacy, safety, security, and choice are of utmost importance. Calls to any Coordinated Entry participating agency from a survivor of sexual assault or domestic violence are referred immediately to the Center's 24/7 hotline. Trained professionals answer the calls and provide immediate access to services. The TH and shelter maintain security cameras, alarms, and are locked to visitors with no public access to addresses. Clients are assessed

and linked to the housing and services they choose, with the goal of safe permanent housing within 30 days. Information is securely maintained in a VAWA approved database, Apricot, an HMIS comparable system. All providers in our system have received training in trauma informed care. All DV programs are victim-centered and all CoC programs are client-centered. The community has moved away from asking, "what is wrong" to asking "what happened?" This helps staff to understand where triggers may be and how to best assist the person. The goal in DV programs as well as other programs is to empower people to make decisions and choices that move them safely to achieving their goals for themselves. Rapid Rehousing programs through the CoC and ESG as well as PSH from the Coc are available to assist people to quickly move into housing of their choice. While safety is of the utmost importance, the system respects each individual's choice in housing options and incorporates a safety plan as part of the individualized service plan. Programs through the DOJ provide information on legal rights and other assistance through the court system. Participants are connected to HHS programs in the community.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The CoC has participated in Trauma Informed Care training through t3 Knowledge at Work and participates in formal training on Trauma Informed Care annually. Gulf Coast Center for Nonviolence (the Center), the local experts in dv safety, services, and housing, actively participate in the CoC and sit on the CoC Governing Council and the Collaborative Applicant's Board. The Center provides dv training for the CoC as well as the police departments, family court, elected officials, and the community. The Center operates a 24-hour crisis line. When a call comes into the coordinated entry line and the caller is fleeing violence, the caller is directed to the Center's crisis line whose personnel manage safety planning. The crisis line is the entry-way into the dv shelter and services. The statistics regarding dv in Mississippi are alarming. There are as many people that go through the dv shelter system in a year as in all the homeless services beds combined. 86% exit to permanent housing.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

Over the last 12 months, 1145 victims of domestic violence have been served. Of the 1145, 859 are adults and 285 are children. In addition, 166 victims of sexual assault (135 adults and 31 children) and 33 victims (33 adults) of stalking have been served. In addition, personnel who man the domestic violence/ sexual assault crisis hotline fielded 893 calls. Services provided include shelter, transitional housing, rapid rehousing, permanent supportive housing, homelessness prevention, case management, counseling, court advocacy, legal services, and preschool/ child care. 86% of all persons served in the last 12 months have incomes under \$10,000 per year. 9% have incomes between \$10,000 and \$20,000 per year. 5% earn over \$20,000 per year. The

area's median income is \$54,000 per year. The comparable database used to report the data is Apricot used by the Gulf Coast Center for Nonviolence.

**1C-4. DV Bonus Projects. Is your CoC Yes
applying for DV Bonus Projects?**

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input type="checkbox"/>

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;**
- (2) the data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**
(limit 2,000 characters)

Currently, 545 (309 adults and 236 children) survivors of domestic violence, survivors of sexual assault, and survivors of stalking are served in the 6-county MS-503 Gulfport/ Gulf Coast Region. Currently in housing and shelter, 7 households are served in permanent housing, 21 households are served with rapid rehousing, and 281 households are served in shelter. The data come from the comparable database, Apricot, used by the Gulf Coast Center for Nonviolence. The de-identified aggregate data are regularly shared with the Collaborative Applicant of the MS-503 CoC for planning purposes.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
- (2) data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**
(limit 2,000 characters)

309 households need affordable housing coupled with services geared toward independence and safety. The data used to calculate the need comes from the number of households leaving domestic abuse who are in shelter or housing at any given time. Apricot data and consultations with Gulf Coast Center for Nonviolence. The Collaborative Applicant consults regularly with the director of the Gulf Coast Center for Nonviolence to gather de-identified aggregate data and to discuss needs and solutions for persons who have survived domestic violence, sexual assault, or stalking, as we work together to address the pervasive issue of domestic violence as it relates to ending family homelessness.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
 - (2) quantify the unmet need for housing and services for DV survivors;**
 - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
 - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

To meet the gap in housing for persons fleeing domestic violence, sexual assault and/ or stalking, the community needs an additional 126 units of rapid rehousing at any given time. Safety is the primary concern. To address immediate safety, shelters are used as a "staging center" to discuss safety plans, learn coping skills, build trust with a trusted healthy source, create better self-awareness, discuss child care, school options, legal needs, and housing options. Often, individuals and families who entered shelter during the volatile time when the relationship with the abuser ended, may remain in shelter longer than needed due to limited affordable housing options. The number of rapid rehousing units needed at any given time was determined using data from Apricot, a comparable database coupled with community data: Biloxi Housing Authority provides a preference in its project based units for about 15% of the households who come through the domestic violence shelter. 10% are served through the community's rapid rehousing and permanent supportive housing programs at turn-over. About 30% self-resolve their housing situations by increasing incomes and creating a viable safety plan. The remaining 45%, or 126 households at any given time, need rapid rehousing options.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors.
(limit 2,000 characters)

Through the DV Bonus project, Gulf Coast Center for Nonviolence has applied for 7 additional rapid rehousing beds to serve the community. While the number is a fraction of what is needed to fill the gap, we will get to scale with each new funding opportunity in the community.

The Center proposes to provide rapid rehousing services to help families who are fleeing domestic violence make a successful transition into permanent housing. The project will offer tenant based rental assistance for 7 scattered site units designated to households with adults and children.

The agency will maintain an ongoing waiting list of eligible individuals who are referred from other agency services. Additionally, referrals for this program will be taken directly from other homeless services providers through the coordinated entry system that will be maintained by the Open Doors Homeless Coalition.

The rapid rehousing project will use the housing first approach to providing safe, affordable housing for individuals who are homeless due to domestic violence. The program will focus on getting survivors into stable housing as quickly as possible, and then providing the necessary support as they rebuild their lives. Key components of this program include survivor driven advocacy, housing

stabilization and intensive, in-home case management. Funds will also be used to provide for costs associated with supportive services in the form of case management for all program participants.

All program participants will receive intensive case management services, housing placement, individual and group counseling, advocacy, and referral to other identified service needs. Comprehensive services will be identified and implements to better assure that program participants are able to successfully transition to permanent housing.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
 - (2) rate of housing retention of DV survivors;**
 - (3) improvements in safety of DV survivors; and**
 - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

Currently, the Gulf Coast Center for Nonviolence (the Center) places persons fleeing domestic violence in shelter, when needed, immediately to address safety concerns. The Center houses persons exiting their programs to permanent housing within 30 days. Each person who exits has a safety plan that addresses resources, coping skills, friends and family who can be of support, and other important considerations. Through case management, advocacy, legal services, child care, and other services, the Center assists participants with overcoming multiple barriers.

The Gulf Coast Center for Nonviolence (Center), incorporated in 1978, is a private, 501(c)(3) organization recognized by the Mississippi Secretary of State's office. The mission of the Center is to support and serve victims of domestic violence and sexual assault, and family members of homicide victims, educate the community, and act to reduce incidences of violence. The Center is governed by a fifteen-member Board of Directors that meets monthly. The Board of Directors reflects the racial, ethnic and social economic diversity of the Applicant: Gulf Coast Women's Center for Nonviolence. Gulf Coast and includes at least one person who has been a victim of domestic violence. Since 1977, the Center has grown from an emergency crisis line to providing comprehensive services for adult and child victims of domestic violence and sexual assault, and family members of homicide victims. The Center began providing emergency shelter services in 1980, transitional housing in 1996, permanent housing in 2005 and rapid rehousing in 2011. This is the only agency in southern six county area (Harrison, Hancock, Jackson, George, Pearl River, and Stone) providing comprehensive specialized services to victims of violent crime, including education and prevention. The Center utilizes a strategic approach for sustainability for all of its programs. The Center practices, whenever possible, diversified funding of programs and positions.

The Center is committed to meeting program goals and objectives to ensure effectiveness and efficiency. Evaluation and monitoring of services and activities are thoroughly and systematically examined on a regular basis to assess project's goal attainment, improve the project's efficiency, and generate useful information for other agencies. This includes examination of program

records; analysis of monthly statistics; client surveys: pre- and post-tests; review of staff time sheets; staff meetings; client clinical staffing; and completion of a final report. The Clinical Services Director and Resource Development Director review and analyze all statistical information and prepare and submit all required reports to the appropriate agency.

Programmatic procedures are based on evidence-based best practices and currently utilizes three effective, efficient outcome measure instruments and programs to measure changes in stress, family coping skills, and family functioning skills in domestic violence victims. The Index of Clinical Stress, the Family Functioning Scale (FFS) and the Family Crisis Oriented Personal Evaluation Scales (F-COPES) are valid reliable evaluation tools that are administered to women upon entering the Center for services and again at the termination of services. Once a year, the pre- and post-tests are scored, tabulated, and analyzed. Generally, these pre- and post-tests indicate that Center services decrease stress in victims and increase family functioning and coping.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC’s geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
MS Regional Housing Authority VIII	4.38%	No	No
Biloxi Housing Authority	1.00%	Yes-Public Housing	No
Bay Waveland Housing Authority	0.00%	No	No
Picayune Housing Authority	0.00%	No	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

The Mississippi Region 8 Housing Authority has no preferences but does manage a successful HUD-VASH program. The Biloxi Housing Authority has a preference for persons fleeing domestic violence but no general homelessness

preferences. Our Coc has strong relationships with the leadership of the Mississippi Region 8 Housing Authority and the Biloxi Housing Authority. When applications open for Housing Choice Vouchers, PHA personnel notify the CoC so that we can alert persons who are experiencing homelessness or in rapid rehousing and need a long-term rental assistance option to apply within the open period. Case managers routinely assist persons to apply for project based housing units and regularly follow up with PHA personnel to monitor progress. Over the last six months, 9 persons experiencing homelessness have moved from homelessness to a PHA subsidized unit with the assistance of homeless services outreach workers in the CoC. Efforts continue at the leadership level to encourage preferences for persons experiencing homelessness.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The CoC includes anti-discrimination in its housing policies and requires all of its recipients to comply with the anti-discrimination policy. The CoC has participated in the HUD webinar regarding equal access and has participated in two TA sessions led by Cloudburst at the state level regarding the equal access rule. The CoC has partnered with My Brother's Keeper and volunteers at South Mississippi AIDS Task Force to ensure that the CoC appropriately outreaches to, engages, and meets the needs of LGBTQ individuals and families who are experiencing homelessness.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

Open Doors Homeless Coalition has addressed the issue of access to needed housing and services for homeless and precariously housed persons in South Mississippi by implementing a centralized intake/ assessment/ triage and referral system. The system serves the entire 6-county region. Coordinated entry assessments and referrals primarily occur through a phone number manned by Open Doors Homeless Coalition. Calls are answered live or returned within two business days. Outreach workers assess unsheltered persons in encampments across the geography least likely to call. SSVF providers assess veterans for services. All providers use a common assessment tool (VI-SPDAT) and enter the information into the Coordinated Entry portal. Open Doors Homeless Coalition monitors data quality and creates a by-name list to prioritize individuals and families who have the highest vulnerabilities. Open Doors Homeless Coalition then refers people to the agency who can best meet the housing and services needs. The centralized process has led to more efficient services because participating agencies receive referrals that fit their eligibility criteria, less stress for service recipients because they have one point of contact with the necessary information to develop a service plan and make a referral, and overall better outcomes with

fewer costs. The prioritized by-name list created through Coordinated Entry can be sorted by sub-populations: chronically homeless persons, veterans, families and youth and prioritized by VI-SPDAT score within the subpopulation. The By-name list is maintained by Open Doors Homeless Coalition and all referrals for CoC PSH, RRH, and ESG funded RRH and Prevention for the six counties of South Mississippi come through the coordinated entry and assessment process. The Coordinated Entry personnel follow up on referrals every week until housing is obtained. Generally, 96% of the referrals lead to permanent housing options within 30 days.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

Projects serving chronically homeless persons were given bonus points in the competition. Programs serving persons fleeing domestic violence or human trafficking were given bonus points in the application rating and review process. Two programs are dedicated to persons experiencing chronic homelessness. All of the selected programs observe a housing first strategy to make sure that persons with a history of victimization/ abuse, domestic violence, sexual assault, childhood abuse, criminal histories, low or no income, current or past substance abuse, or other vulnerabilities are not screened out of the programs. Since Housing First is a threshold requirement, all programs are required to accept high-need referrals from the Coordinated Entry referral process. The percentage of clients accepted in a program from Coordinated Entry is scored in the application process as well.

1E-3. Public Postings. Applicants must indicate how the CoC made

- public:**
- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
 - (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
 - (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:

- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**
- (2) rejected or reduced project application(s)—attachment required; and**
- (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: 1-3 GOVERNANCE CHARTER
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Foothold Technologies

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	64	25	39	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	58	58	0	0.00%
Rapid Re-Housing (RRH) beds	237	4	233	100.00%
Permanent Supportive Housing (PSH) beds	57	12	45	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

NA, we have 100% coverage in all non-DV beds.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 03/28/2018

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/29/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 03/09/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.
 (limit 2,000 characters)**

As in previous years, we counted and interviewed all sheltered persons through the providers and cross-referenced the information in our HMIS system. A change this year included using an app that each provider could enter the data into the app and upload to the overall PIT Count. This allowed us to have real-time information. The DV Emergency Shelters and DV Transitional Housing projects did not upload their data. Rather, they submitted spreadsheets with de-identified information to the Collaborative Applicant who added the information to the PIT Count and HIC. Beds in the DV system were reconfigured to address the rising numbers of larger families entering the DV homeless system.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	37
Beds Removed:	9
Total:	28

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count? No

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable. Yes

2C-4a. If “Yes” was selected for question 2C-4, applicants must:
 (1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
 (2) specify how those changes impacted the CoC’s unsheltered PIT count results.
 (limit 2,000 characters)

We used specific strategies to identify unsheltered youth and young adults in our PIT Count. As a result, more unsheltered youth and young adults were identified, interviewed and included in the 2018 PIT Count. We also used a PIT Count app that allowed each person who counted to enter the interview and observation data into the app on a phone and upload to the overall count. In this way, we had real-time PIT data on the day of the PIT Count. This allowed us to have more accurate data and ensure our entire geography was covered through the mapping function of the app.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe:
 (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
 (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
 (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
 (limit 2,000 characters)

With the assistance of the Youth Action Board, the MS-503 CoC has taken extra measures to identify unaccompanied homeless youth in the PIT Count by

engaging young adults who had experienced homelessness to assist with the planning and the count, count in areas near the college and junior college campuses, engage youth on the street or soup kitchens and ask if they know someone who is experiencing homelessness, check in with high schools and the local school district homeless liaisons. We have identified more youth under the age of 25 experiencing homelessness and we are working to provide services and housing options to meet their unique needs.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

- (1) individuals and families experiencing chronic homelessness;**
- (2) families with children experiencing homelessness; and**
- (3) Veterans experiencing homelessness.**

(limit 2,000 characters)

Just as last year, over 100 volunteers were trained and all known agency partners and faith based groups serving persons experiencing homelessness were involved in the PIT Count that included a one-night count and surveys of over 90% of the persons experiencing unsheltered homelessness. Each person who participated was identified by their name, birth date, and last four of their social security number. If the person declined to be surveyed, the observer counted the person with as much information as possible. A particular focus on locating unsheltered youth, families with children, and veterans was present in all of the PIT work. The veteran count rose over last year to 13, so the community partners immediately met to case conference the veterans and continue to meet monthly to sustain an end to veteran homelessness. There were no unsheltered families with children in our 2018 PIT Count because there has been a community wide focus all year long to ensure families with children are identified and housed as quickly as possible. The chronic number rose because we determined we would count self-reported chronically homeless persons as chronic. We have since seen a significant reduction in chronic homelessness due to monthly case conferencing and accelerated housing placements.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	691
---	-----

3A-1a. Applicants must:

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;**
- (2) describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)**

The MS-503 CoC demonstrated an overall increase in the number of persons experiencing first-time homelessness by 251 persons. In FY 17, 782 persons entered programs. Of those, 50 had prior entries in HMIS so 691 (88%) were homeless for the first time. 191 persons homeless for the first time entered emergency shelter or transitional housing, a reduction of 51%. 500 persons entered permanent housing directly from homelessness for the first time. Open Doors Homeless Coalition, the Collaborative Applicant and HMIS lead, is responsible for overseeing the strategies to prevent and end homelessness. The MS-503 CoC, as a system, has strategically used a robust CoC-wide Coordinated Entry and Assessment program with the VI-SPDAT as a tool to assess individuals and families and link them to CoC, ESG, SSVF, PSH, and RRH, and local resources when appropriate. When assessing for vulnerability and connection to prevention resources, the CES personnel consider income, whether or not an eviction is imminent, and whether or not children are in the home. Someone with children who has a court eviction scheduled and income that is under 30% AMI is prioritized for prevention. In addition, individuals with disabilities and very low incomes with an imminent eviction are prioritized for prevention funds. The CoC diverts people from the homelessness system when possible using the Diversion and Prevention VI-SPDAT to inform diversion and prevention. In addition, the CoC is working with the Child Welfare system, the Juvenile Justice system, the local school districts and the Mississippi Supreme Court to prevent homelessness among youth and young adults. Since November, the inflow among youth and young adults has decreased from 11 per month to 8 per month because of these targeted efforts.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
 (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
 (2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;
 (3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
 (4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.
 (limit 2,000 characters)

The median LOT decreased by 2 nights in ES (7 to 5) and by 5 nights in ES and TH (10 to 15). The average number of bed nights increased by 14 nights in ES (37 to 51) and 12 nights in ES and TH (39 to 51). The discrepancy is explained by the cold weather shelter being open fewer nights in 2016 than 2017. The one-night stays impact the average. The average days homeless prior to move-in was 252 and the median was 106, more than double the year before. We are working to identify every person who is homeless and provide housing options. However, resources for single unsheltered adults with no disability or veteran status are scarce. Open Doors, the responsible entity, works through CES and bi-weekly outreach to encampments to identify and house the individuals and families with the longest time homeless. We currently have no unsheltered families in our system. Referrals of chronically homeless persons, persons most vulnerable (as identified by the VI-SPDAT), and persons with longest histories of homelessness are made from the CES personnel to participating programs. Our CoC is currently partnering with the City of Pascagoula, the faith community, and others to assess and house all of the people living in the woods unsheltered in Pascagoula. Since March, we have assessed 28 people with average lengths of homelessness of 5 years. So far, 20 have been successfully housed with appropriate services and 16 remain. Our goal is to continue assessments and to provide housing through RRH options so that at least 90% of persons in encampments in Pascagoula become housed and remain housed. Once successful, our CoC will formally partner with the other 2 cities with the largest numbers of unsheltered individuals: Gulfport and Biloxi with a total of 155 unsheltered persons in the woods on any given night. With additional resources, we know that we can end long-term unsheltered homelessness because we have the partnerships and successful strategies in place in our community.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
 (1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
 (2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	61%

Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	94%
--	-----

3A-3a. Applicants must:

- (1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**
- (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

Exits to PH or retention of PH in all PSH projects was 86% in 2016 and rose to 94% in 2017. Exits to permanent housing in ES, SH, TH, and PH-RRH rose from 55% to 61%. The number of people who exited street outreach to PH increased from 24% to 83%. The number of people identified in street outreach increased from 172 to 513. 412 exited to permanent housing destinations. Open Doors Homeless Coalition, Collaborative Applicant and HMIS lead for the MS-503 CoC, holds the responsibility for overseeing the system change that will increase the number of individuals and families who move directly from homelessness to permanent housing and ensure that the housing is successfully retained or an exit is into another permanent housing option. With state funding for persons with serious mental illness who are languishing in homelessness (CHOICE), Open Doors and its partners have moved 158 people into housing with supports aimed at housing retention. This strategy has freed up resources for homeless persons with other disabilities, families, and youth. In addition, Open Doors has provided Housing First training through T3 Social Innovations to the entire CoC. By ensuring that Housing First interventions are properly done both at intake and throughout the course of housing, Open Doors can rely on increases in exits to permanent housing destinations from RRH and retention in PSH or exits to permanent housing from PSH. We do not have safe havens or transitional housing in our community and very few shelter beds. The shelter providers have partnered with CES to refer people to RRH and PSH programs so that more people are exited to permanent housing destinations. The shelter beds are moving to function as bridge beds as people await housing opportunities.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	1%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
- (2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**
- (3) provide the name of the organization or position title that is**

responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness. (limit 2,000 characters)

Overall, during the reporting period, returns to homelessness are 3% over 2 years. Returns to homelessness in FY 16 were 15% from emergency shelter, 0% from transitional housing, and 2% from permanent housing. Total returns to homelessness between 6 months and 12 months is 1%. Open Doors, the CA and HMIS lead holds the responsibility to reduce the rate of returns to homelessness. Through increased housing stabilization activities and increased linkages to income for participants, the CoC expects fewer returns to homelessness. Through monthly data analysis and CES, the CoC can quickly identify if an individual or family who was housed from homelessness is seeking emergency housing assistance or other indicators of distress, like food assistance. The CoC, through CES, can make contact with the client and stabilize the family or individual prior to a return to homelessness.

3A-5. Job and Income Growth. Applicants must:

- (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;**
 - (2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
 - (3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.**
- (limit 2,000 characters)**

The organization charged with overseeing the CoC strategy in increasing income is Open Doors, the CA and HMIS lead. The CoC works with Voc Rehab and the Port of Gulfport to increase employment income. In addition, Ingalls and Women in Construction offer employment training in welding, construction, electrician, and other high-paying occupations to increase incomes of homeless and formerly homeless persons. The Port, Women in Construction, and Voc Rehab have all presented information on their programs at the CoC meetings. CoC funded agencies have direct contacts with the programs to make referrals. Participants are assisted with transportation and child care. Regarding connections to SNAP and SSI, representatives from both programs attend the CoC meetings and visit CoC funded agencies on a regular basis to meet with clients. The number of program stayers with increased earned income moved from 18% to 30% and leavers with increased earned income moved from 29% to 35%. The SOAR program has been a big help in increasing non-employment income. Just in the last six months, 9 clients in RRH programs increased income from \$0 to at least \$730, the SSI benefit as a direct result of SOAR's assistance.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 04/12/2018

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	15
Total number of beds dedicated to individuals and families experiencing chronic homelessness	29
Total	44

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
 - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
 - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

Where possible, the CoC prevents homelessness of families with children using ESG or CDBG sources of funding. Families who are at risk of homelessness contact the Coordinated Entry line and are referred to the service provider who can meet their needs and prevent homelessness. When prevention is not possible, the Coordinated Entry personnel make arrangements for a hotel stay and refer the family to a rapid rehousing service provider. Typically, the family is rehoused within 14 days. RRH providers provide short-term, long-term, or medium term assistance based on the family's individualized needs. Families are linked to services of their choice to maintain housing. Options include Bridges out of Poverty, budgeting options through local banks (Woodforest, Hope Credit Union), educational opportunities through the community college, employment opportunities through the port, the casinos, Women in Construction, Christian Women's Job Corp, and others. Child care options, children's education and other needs are discussed as well to ensure the family is stable. Sometimes, families are linked to public housing or other long-term financial assistance if needed. Mental health, primary health, substance abuse treatment and other services may be discussed and offered based on the family's individual needs. Each family is offered a wide array of services based on need. The family then chooses the services it feels are necessary to maintain stability in housing. The organization responsible for the strategy to prevent and end homelessness among families with children is Open Doors Homeless Coalition, the Collaborative Applicant, HMIS lead, and Coordinated Entry lead for the MS-503 CoC.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth

Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

**3B-2.6. Applicants must describe the CoC's strategy to increase:
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
 (limit 3,000 characters)**

The CoC reallocated funds two years ago and successfully implemented programs that are currently serving 17 young adults who are improving their quality of life, increasing incomes, and either linked to employment or educational opportunities. One agency has incorporated YouthBuild and other work training opportunities into the programming of the CoC program for youth. Another has created a leadership program for formerly homeless youth and another has negotiated a strong partnership with the Child Protective Services to ensure a smooth transition as youth age out of state custody. The CoC maintains a by-name list of youth experiencing homelessness and ensure that the referrals to the CoC programs come from the list. There are no "side doors," rather, all referrals come from the Coordinated Entry system to assure that the youth most in need are linked to the services. More funds are necessary to bring the effort to scale, though we are targeting ESG and local resources to unsheltered youth and young adults for housing and stabilization case management. We are utilizing Families First for basic education and life skills

services, CLIMB CDC for educational and employment services for 16-24 year-olds, and other community based services to meet the unique needs of youth and young adults who have experienced homelessness. The CoC has participated in remote TA in ending youth homelessness, applied for the second round of the Youth Homelessness Demonstration Program that was not awarded and will apply for the third round. The CoC participated in a Youth 100-Day Challenge and successfully met the goals of housing 51 youth and young adults and completed 78 transition plans in the juvenile justice and child welfare systems. The transition plans are being followed by the Child Welfare system for three years. As a result, our inflow of youth and young adults into homelessness has reduced from 11 per month to 8 per month. Our commitment of our Youth Action Board and our Ending Youth Homelessness Team of on-the-ground service providers, 30% with lived experience, has not waned. With enthusiasm and dedication, the team case conferences the list of unsheltered youth and young adults bi-weekly. 119 unsheltered persons under the age of 25 have been stably housed from November 2017 to July, 2018. The momentum continues. The Team has formed a committee to develop relationships with every school liaison, whether funded through McKinney Vento or not, to identify the unstably housed unaccompanied youth identified by the school system. While resources are scarce, we are convinced that our coordination and better utilization of resources will prevent and end unsheltered youth homelessness and set a course to end instability among unstably housed youth identified by the school system. With additional resources, we will be able to identify and provide solutions to all unstably housed or unsafe youth and young adults and sustain the effort long-term.

3B-2.6a. Applicants must:

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
 - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
 - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

The CoC maintains a by-name list of every youth and young adult who is experiencing homelessness and works closely with the child welfare system and juvenile justice system to ensure that homelessness is avoided for persons exiting the child welfare system or the juvenile justice system by tracking transition plans. The number of youth and young adults under 25 who are housed are tracked bi-weekly. We look for reductions in the by-name list. In addition, the inflow of youth and young adults is tracked every month. Currently, the average inflow has moved from 11 to 8 as a result of targeted prevention strategies implemented by the child welfare system and juvenile justice. Calculating inflow, outflow, and returns to homelessness help us understand real-time data and the actual number of youth and young adults who are homeless at any given time. At this time, 18 young people age 17-24 are on the by-name list. HMIS data and APR measure increases in income and stability in housing. Case manager notes document increased satisfaction, educational progress, and other progress in the successful transition to adulthood. Analyzing real-time inflow and outflow data along with HMIS and APR outcomes data seem to provide an accurate picture of client-level progress, program level

success, and system level effectiveness.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

Members of the CoC regularly attend the meetings of the Biloxi School District's McKinney-Vento liaison, with whom there is a formal partnership, to coordinate resources and share information. The CoC works with the other school districts on a case-by-case basis when a homeless family or youth present at the school. Each of the CoC providers is familiar with the McKinney-Vento regulations regarding educational services and personnel inform both families and the school system. Our CoC has requested information from the TA provider regarding assistance and guidance in reaching the state department of education to require consistency among school districts in enforcing the schools' responsibilities in serving children experiencing homelessness. At the same time, our Ending Youth Homelessness Team and our Youth and Young Adult Action Board are working on the ground to develop relationships with all of the McKinney Vento homeless liaisons, whether funded or not, to identify unaccompanied youth identified as unstably housed by the school system. While these relationships are informal, we are working toward formalizing relationships with each school district and partnering together to stabilize the housing situations of unstably housed unaccompanied youth who are identified by the school district.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

Every family with children who is identified in the CoC is housed as quickly as possible. Any family that may be in a hotel, emergency shelter, or transitional housing is immediately informed of eligibility for educational services. Families are connected to the homeless liaison at the school and advocacy occurs to ensure that children receive the educational opportunities and services that are provided in the McKinney-Vento requirements.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	Yes
Head Start	Yes	Yes

Early Head Start	Yes	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	Yes	Yes
Public Pre-K	No	No
Birth to 3 years	Yes	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		
	No	No
	No	No

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

Every veteran is engaged by an outreach team who is out in the field weekly. Newly homeless veterans are assessed and prioritized using the VI-SPDAT and entered into the CES portal. They are immediately connected to the VA for medical services, VASH, and other benefits, as eligible, and to SSVF as appropriate. Every veteran is housed within an average of 2 weeks from entering the by-name list. 92% of the veterans who have been housed have remained housed. When a veteran may return to homelessness, he or she is immediately linked back to the VA or an SSVF provider who is responsive and works to ensure the veteran is rehoused. There continue to be two veterans today who are living in encampments. They are engaged every 2 weeks and offered housing. Case conferencing among the partners occurs at least monthly with informal calls occurring at least weekly. There are no GPD beds in the CoC geography.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: Yes
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input checked="" type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

Open Doors Homeless Coalition holds the responsibility for overseeing the CoC’s strategy for mainstream benefits. During the past year, representatives from the SNAP (food stamp program) and substance abuse program representatives spoke at two of the monthly CoC meetings to inform the 50 member agencies of eligibility requirements, the services provided, and the best way to make a referral of eligible individuals and families. A representative from the Social Security Administrations meets quarterly with member agencies to discuss progress of clients who have applied for SSI benefits. In addition, SOAR training has been completed by personnel of several member agencies that have led to increased approvals of SSI applications. Each of the member agencies, whether a recipient of CoC funds or not, routinely assist individuals

and families in applying for and receiving mainstream benefits.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	9
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	9
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

The CoC's outreach covers 100% of the CoC's geographic area by partnering with PATH, faith-based outreach in every county, and coordinated outreach among community based agencies. The VAMC conducts outreach in all six counties bi-weekly to identify veterans experiencing homelessness. Faith based organizations conduct outreach in the woods of Stone, George, Pearl River, and Jackson Counties. PATH primarily focuses on Harrison and Jackson County outreach weekly. Back Bay Mission focuses outreach in Biloxi (Harrison County) daily. Shepherd of the Gulf focuses outreach in Gulfport (Harrison County) daily. Coastal Family Health outreaches weekly through its mobile medical clinic in all six counties weekly. Open Doors Homeless Coalition fills in any gaps and regularly outreaches in locations in all six counties every two weeks. Each of the outreach teams enter information into HMIS and offer housing and services as they engage with people who are not likely to ask for assistance.

4A-4. Affirmative Outreach. Applicants must describe:

- (1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or**

**disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)**

Each of the CoC and ESG housing providers have received annual training on affirmatively furthering fair housing. Each of the housing projects have advertised through flyers in English, Spanish, and Vietnamese and have advertised specifically through agencies who serve persons with disabilities: Disability Connection, Mental Health Association, community mental health centers, and Coastal Family Health. Interpreters are used when needed and provided by El Pueblo in Biloxi by request of any nonprofit agency or housing provider. Many CoC member agencies have assisted the Cities of Biloxi, Gulfport, Moss Point, and Pascagoula in ensuring that their Action Plans and Impediments to Fair Housing address systemic issues regarding fair housing.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	238	237	-1

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? No