

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 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 form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Bankers, Woodforest, Regions, Bancorp South	Yes	Yes	Yes
Business Community, Port of Gulfport	Yes	Yes	Yes
Local Jurisdiction leaders	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC meets monthly. A speaker presents, answers questions, and listens to opinions. 1. A member of the business community spoke to the group about recruiting and training persons, including homeless persons, for jobs at the Port of Gulfport. 2. A representative from the MS Dept of Mental Health spoke about training local law enforcement in Crisis Intervention Team strategies/ responses when a person may be experiencing a mental health crisis. A monthly networking lunch is served that is open to both members and the broader community to discuss opinions and solutions related to preventing and ending homelessness. 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.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Climb CDC	No	Yes	Yes
Community Care Network	No	Yes	Yes
Hancock Resource Center	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Gulf Coast Womens Center for Nonviolence	Yes	Yes
Hancock Resource Center	Yes	Yes

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The MS-503 CoC advertises for new proposals as well as renewal proposals through the 121-person e-mail list, the local newspaper, and our Collaborative Applicant's (CA) website: www.opendoorshc.org. Announcements are made at CoC meetings and other community meetings. The scoring rubric is posted on the CA's website and new and renewal projects have 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 3 years, including this year, the MS-503 CoC has brought in new applicants who have extensive capacity and experience but had not received CoC funds in the past. This year and the last 2 years, during the review process, the projects were scored and ranked using the posted scoring rubric. Lower ranked renewals were reallocated or reduced in order to include new projects that fit best in the system's response to homelessness.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding 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
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	5
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The MS-503 CoC participates with the state of Mississippi, City of Biloxi, City of Gulfport, City of Pascagoula, and City of Moss Point Consolidated Planning. The Collaborative Applicant provides PIT and HIC data specific to the jurisdiction, local trend information, information regarding the needs of persons experiencing homelessness in the jurisdiction, and the progress on the implementation of solutions. The Collaborative Applicant and CoC members attend annual consolidated plan and action plan public meetings as well as private meetings with Community Planning and Development staff in each city/state at least quarterly. In addition, CPD staff attend monthly CoC meetings.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 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 the HMIS system, and their program fits with the system as part of a community response to homelessness in order to achieve the goals of Opening Doors. All subrecipients except for the DV provider enter data in the Awards database (HMIS), and participate in coordinated entry. The CoC provides technical assistance to subrecipients, communicates regularly with MS Home Corp to discuss local concerns, and regularly reports aggregate data to support the state's reporting (CAPER). The CoC governing council sets the priorities, performance standards, and outcome expectations for South Mississippi programs. These standards and outcome expectations become a part of the ESG expectations and are measured and analyzed at least quarterly.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The CoC works closely with Gulf Coast Women's 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 CE, any CoC member or ESG recipient 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 transitional housing 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. All information is securely maintained in a VAWA approved database, Apricot which is comparable to HMIS.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Biloxi Housing Authority	8.33%	Yes-Both
Mississippi Region 8 Housing Authority	11.60%	No
Bay Wavelend Housing Authority	0.00%	No
City of Bay Saint Louis Housing Authority	0.00%	No
City of Waveland Housing Authority	0.00%	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-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

The Mississippi legislature has authorized \$2.2 million in state tax dollars to support the CHOICE program to provide rental assistance for persons living with mental illness who may be homeless or living in an institution with no housing resources. This opportunity has allowed us to accelerate the pace in moving chronically homeless persons living with mental illness from the woods to housing and stability.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized 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"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
promoted CIT (Crisis Intervention Team) training for the law enforcement officers to engage appropriately with persons who are experiencing a mental health crisis who may be homeless	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

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"/>

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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"/>

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

NA, there is coordination between the MS-503 CoC and the foster care system, health care, mental health care, and correctional facilities.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

**1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

Coordinated entry is a "no-wrong door approach." When a person or family presents at a shelter, day center, ESG provider, CoC provider, healthcare provider, food pantry, or emergency services, an HMIS file is created in the outreach portal of the HMIS system. Throughout our 6-county CoC, we have wide HMIS coverage and access to the outreach portal, which is the first step in our CE. A VI-SPDAT, our common assessment tool, is completed and a score is included in the outreach portal. From HMIS, the person's name and prioritization score are added to the by-name list. Through bi-weekly outreach into encampments and engagement with unsheltered persons in each county, we ensure that all persons who are experiencing homelessness in the region have access to services and are prioritized for housing solutions. People are referred by CE to the program or service that best meets the need. CE staff follow up at least weekly to gauge progress and refer hard-to-serve cases to case conferencing.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	4
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	4
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Need for specialized population services:	

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

In the published 2016 scoring rubric, 15 points were available for projects exclusively serving chronically homeless persons, 10 points for prioritization of chronically homeless persons at unit turn-over, and 5 points for no prioritization. An additional 10 points were available for projects that proposed to provide housing and supportive services for youth. While no extra points were available for programs serving victims of domestic violence or families with children, the projects were eligible for the CH points if they prioritized chronically homeless families in their proposals or the youth points if they prioritized youth 18-24. Projects serving veterans were eligible for the CH points based on their prioritization of chronically homeless veterans. In the end, 17 (6 TH, 11 PH) units were reallocated to create 17 new RRH units for youth and 4 new RRH units for persons fleeing dv. The remaining 38 units of PSH renewals are 100% for chronically homeless households.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The CoC sent an emailed notification of funding availability with scoring information to all of its members, a 121-member list, on July 5, 2016. The CoC posted the notice of availability of funds and a detailed scoring rubric on the Collaborative Applicant's website on July 15, 2016. The CoC published the notification of funding availability for new and renewal projects with instructions to see more details on our website, www.opendoorshc.org. The newspaper publication appeared in the Bay Press, a newspaper with legal notices that is distributed Coast-wide, July 14, 2016. The application process, scoring rubric, and ranking process were discussed in detail at the July 21 CoC meeting.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 08/26/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/08/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

CoC regularly reviews the performance of the CoC program participants. Annually, the review and ranking committee carefully review APR data, LOCCS draws, spending, program utilization, program effectiveness, efficiency, and the program's outcomes and relationship to the system as a whole. In addition, at least quarterly, representatives from the collaborative applicant provide training on HMIS data entry, system measures, coordinated entry procedures, strategies to prevent and end homelessness and connection to mainstream resources. Quarterly, the Collaborative Applicant reviews program progress toward goals, program's documentation of serving eligible participants (particularly chronically homeless persons), client housing stability, client increases in income, clients' exits to permanent housing, program utilization, confirm low-barrier and housing first implementation, review family and PSH prioritization policies, ensure families are not separated, and monitor cost effectiveness.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. 1-2 MOA, 6-13 and 64-65 governance

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software AWARDS

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Foothold

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$33,374
ESG	\$60,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$93,374

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$14,000
Other - Total Amount	\$14,000

2B-2.6 Total Budget for Operating Year	\$107,374
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 04/26/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	69	13	51	91.07%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	70	30	40	100.00%
Rapid Re-Housing (RRH) beds	62	0	62	100.00%
Permanent Supportive Housing (PSH) beds	65	10	55	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

NA, all bed coverage rates are over 85%.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>

Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Monthly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	1%
3.2 Social Security Number	1%	9%
3.3 Date of birth	0%	2%
3.4 Race	0%	9%
3.5 Ethnicity	0%	8%
3.6 Gender	0%	0%
3.7 Veteran status	1%	1%
3.8 Disabling condition	0%	3%
3.9 Residence prior to project entry	1%	4%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	8%
3.15 Relationship to Head of Household	0%	8%
3.16 Client Location	0%	1%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	1%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
System Measures	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
ESG	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)

We do not have GPD beds or RHY in our CoC geography.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/26/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 04/26/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The sheltered PIT count was conducted during one 24-hour period with providers surveying each of their clients who were in shelter or transitional housing that day/ night. The surveys were then submitted to Open Doors

Homeless Coalition for tabulation and comparison with HMIS data. Any missing HMIS data were added using the survey information. The survey tool used was the VI-SPDAT. Each of the VI-SPDATs were entered into the coordinated assessment portal to rank them and prioritize them for permanent housing options as quickly as possible. This allowed us to use 2016 PIT data as a tool to create a prioritized by-name list of all persons experiencing homelessness. In 2015, creating a prioritized by-name list of veterans experiencing homelessness was the first step toward effectively ending homelessness among veterans, as recognized by USICH, HUD, VA and the Zero 2016 initiative.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

NA

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

NA

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

There were no changes that impacted data quality. Last year's PIT Count, as this year's PIT Count, was thorough, complete, used the VI-SPDAT survey tool, and created a prioritized by-name list in HMIS.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/26/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/26/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

A group of providers and volunteers throughout the 6-county region, including local social work students, counted unsheltered persons during a 24-hour period. Unsheltered people reside in the woods and camp-sites and may reside in cars in parking lots. Case mangers have developed relationships with many of the people living in places not meant for human habitation in the geography. Each unsheltered person who agreed to be interviewed completed a VI-SPDAT. Over 90% of the persons counted were interviewed using the VI-SPDAT. Clients who accessed services during the 24-hour period who reported that they were unsheltered were interviewed for the PIT using the VI-SPDAT. All information was entered into HMIS, deduplicated, and aggregate data were reported. The data were used to create a prioritized by-name list and was the first step toward effectively ending homelessness among veterans and informs the by-name list to end chronic homelessness.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

No changes were made. There was an overall drop in homelessness, particularly dramatic reductions in veteran homelessness and chronic homelessness.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

The MS-503 CoC has taken extra measures to identify unaccompanied homeless youth in the PIT Count by engaging younger persons to assist with 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 24 experiencing homelessness and we are working to provide services and housing options to meet their unique needs.

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

No changes were made. In 2016, just like 2015, 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 with the VI-SPDAT, the observer counted the person with as much information as possible. A particular focus on locating unsheltered youth was

present in all of the PIT work.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	412	320	-92
Emergency Shelter Total	116	49	-67
Safe Haven Total	0	0	0
Transitional Housing Total	33	64	31
Total Sheltered Count	149	113	-36
Total Unsheltered Count	263	207	-56

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	634
Emergency Shelter Total	588
Safe Haven Total	0
Transitional Housing Total	46

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

According to the system measures, 1051 persons became homeless for the first time during the reporting period. Of these, 546 entered emergency shelter or transitional housing and 505 entered permanent housing. In order to reduce the number of persons who become homeless, prevention efforts are targeted to households who have received a summons for eviction. In Mississippi, the highest predictor of homelessness is a summons for eviction. We know that once a household lands in eviction court, the landlord will be granted relief and will place a lock on the door, retaining all possessions, usually immediately after court. Other risk factors include a history of instability and a dramatic change in income. In the next cycle of ESG funding, the MS-503 CoC will prioritize individuals and families seeking homelessness prevention in coordinated entry. Our hope is that prevention dollars can be used for households most in need and reduce the number of households who fall into homelessness.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

The average length of time homeless for persons in emergency shelter is 29 days and the mean is 9 days. When transitional housing is added, the average is 34 days and the mean is 11 days. The people with the longest time homeless are people in encampments. Targeted outreach to campsites and engagement with persons experiencing homelessness is critical in moving people from literal homelessness to housing. We have created a by-name list of all persons who are unsheltered in our CE portal. They are prioritized for PSH beds which are specifically reserved for chronically homeless households. Using a housing first philosophy, persons who are chronically homeless on the by-name list move into housing without preconditions. Services are available for the participants who choose the services that will assist them in maintaining stability. Through coordinated entry, the most vulnerable households are prioritized and move into rapid rehousing options when PSH units are full.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

**3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the**

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	637
Of the persons in the Universe above, how many of those exited to permanent destinations?	554
% Successful Exits	86.97%

3A-4b. Exit To or Retention Of Permanent Housing:
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	91
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	78
% Successful Retentions/Exits	85.71%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Our system measures indicate that 2% of the persons who have exited to permanent housing have returned to homelessness over 2 years and 5% of all identified homeless persons over the last year were homeless at least once before. We are using HMIS to review people's returns to homelessness, particularly veterans in our effort to sustain an end to homelessness among veterans. The HMIS administrator reviews the day center entries, food entries, and other emergency services to identify people, particularly veterans, who have become homeless after being housed. When the HMIS administrator identifies a person who has returned to homelessness, she notifies the last case manager of record to re-engage with the household. This typically results in the household rehousing quickly. Once housed or rehoused, in an effort to ensure housing stability, case managers employ Critical Time Intervention strategies.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.

(limit 1000 characters)

According to the system measures, CoC program stayers have increased income through employment by 10% and non-employment by 26% for a total income growth of stayers by 32%. For leavers, none increased income through employment but 75% increased income through non-employment income. This fits with our programs since all of the CoC beds in HMIS are dedicated to households who are chronically homeless. The high percentage of persons who are linked to SSI benefits correlates with the program case managers who are trained in the SOAR program.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.

(limit 1000 characters)

Persons who are experiencing homelessness are linked to the WIN Job Center to connect to jobs. The Port of Gulfport is actively reaching out to persons at under 30% AMI, including homeless persons, to be trained and hired to work in moderate to high paying jobs at the port. Back Bay Mission links persons experiencing homelessness to community jobs, including housekeeping at the hotels and jobs at newly opened restaurants. Climb CDC provides educational services and enrolls young persons who may be homeless in its culinary training and YouthBuild programs. The Christian Women's Employment Program in Hancock County and the Women In Construction Program in Harrison and Jackson County work to prepare women for employment and link women to construction jobs and other skilled jobs.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?

(limit 1000 characters)

NA, all areas were included in the PIT. There was a "county captain" in each area to assure full coverage.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and

**extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

No

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 07/19/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

NA, the MS-503 System Measures were submitted on-time.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	54	38	-16
Sheltered Count of chronically homeless persons	24	9	-15
Unsheltered Count of chronically homeless persons	30	29	-1

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
 (limit 1000 characters)**

There has been an overall decrease in chronic homelessness in South Mississippi. There are decreases in both sheltered and unsheltered chronic homelessness due to targeted strategies to ensure persons most in need are linked to resources. We have increased units dedicated to chronically homeless veterans and we have prioritized all existing PSH beds for chronically homeless persons, or, persons most in need as evidenced by the VI-SPDAT score following the prioritization policy. We have created a by-name list of chronically homeless persons and we have partnered with the community mental health center to house persons who are both chronically homeless and living with mental illness under a local rental subsidy: CHOICE. We report our data to the Zero: 2016 team and our local team remains accountable for housing our chronically homeless neighbors using case conferencing, strong coordinated entry with a common wait list for PSH housing units, and prioritization using the VI-SPDAT.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	34	46	12

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

There was an increase in beds reserved for chronically homeless persons due to a new project funded under the CoC. There was also an increase of beds reserved for chronically homeless veterans funded under HOME and private sources. We have also dedicated beds to chronically homeless persons and prioritized resources for persons with the longest histories of homelessness and highest vulnerability as evidenced by the VI-SPDAT throughout our entire CoC in order to achieve the ambitious goal of ending chronic homelessness once a for all.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status? Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. p 28-30 manual

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

All current resources are prioritized for persons most in need. Therefore, chronically homeless persons will be the first persons to access the PSH beds as well as rapid rehousing resources with access to supportive services. The services are chosen by the participants and are not required for housing. The MS-503 CoC works very closely with our community mental health center, Singing River Services, to access CHOICE, a rental subsidy for chronically homeless persons who are living with mental illness. CHOICE can also be used as persons are exiting the mental health hospital in an effort to comply with Olmstead requirements and prevent persons with mental illness from falling into chronic homelessness. We have a dynamic by-name list of chronically homeless persons maintained by the CoC and conduct case conferencing to rapidly connect persons to resources and housing stability.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	<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 (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

The CoC committee to end homelessness among families and youth by 2020 is tasked with maintaining the by-name list of families and youth that is created through the outreach and CE procedures; ensuring that families move from transitional environments as quickly as possible; developing relationships with landlords; and ensuring that RRH and prevention resources are tied to the CE process. Through CE and diversion, homelessness is prevented when possible. Unsheltered families are immediately moved to Rebeckah's House (a non-CoC-funded family shelter), Sue's Home (an ESG funded transitional shelter) or referred to Gulf Coast Women's Center for immediate shelter if the family is fleeing dv. Families move within an average of 30 days to permanent housing using RRH resources. Families are prioritized for RRH based on the length of time homeless, disabilities, and the number and ages of the children. RRH units have increased to 110 since the 2016 HIC.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	62	62	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
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	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	28	24	-4
Sheltered Count of homeless households with children:	26	21	-5
Unsheltered Count of homeless households with children:	2	3	1

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Our overall number of homeless families has decreased. We have developed a by-name list of families residing in shelters and transitional housing with an expectation of moving them to housing in under 30 days. The community has identified case managers/ navigators who monitor the families' movement from homelessness to housing, created robust prevention and rapid rehousing resources, and regularly examine the system to ensure that barriers are eliminated. If a family is found to be living unsheltered, which we see an increase of 1, we immediately prioritize the family for resources so the family has a roof over their head until a permanent housing option is available. For the 3 unsheltered families in 2016, resources were provided so that they were moved indoors the night of the count.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ 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
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>

Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	113	129	16

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing

program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

There was a 33% increase in unsheltered youth age 18-24 in HMIS. This is on top of a 490% increase from FY13-FY14. This increase coincides with rising unemployment and underemployment of youth age 18-24 on the Mississippi Coast and the overall rise in poverty that impacts how long families can support young adults. Through targeted outreach and engagement, our CoC programs and volunteers have worked to identify unsheltered youth and to link youth to housing, health care, and employment programs. We intend to continue addressing youth homelessness by expanding housing options for youth age 18-24. Climb CDC, Community Care Network, and Hancock Resource Center have applied for new RRH housing resources for youth. The CoC intends to continue improving its system of housing and services to specifically address the unique needs of youth aged 18-24 in its six coastal counties.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$70,000.00	\$177,922.00	\$107,922.00
CoC Program funding for youth homelessness dedicated projects:	\$40,000.00	\$147,922.00	\$107,922.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$30,000.00	\$30,000.00	\$0.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	6
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	6
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	11

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

CoC representatives regularly attend the local McKinney- Vento educational liaisons' meetings to stay abreast of data regarding family and youth homelessness in category 3 and to advocate for the needs of families who have become literally homeless or have fled domestic violence. In addition, the CoC

collaborative applicant and CoC-member agencies have participated in community meetings and committees designed to improve educational activities and the experience of children and youth taken into custody by the Mississippi Department of Human Services. Several CoC and ESG funded programs participate in assisting families through the terms of service plans to ensure that they can adequately care for their children, including an appropriate education. When needed, the school liaisons, youth service providers, and MDHS make referrals for housing or prevention services funded through ESG or CoC through calls to Open Doors Homeless Coalition's coordinated process.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)**

According to the CoC/ ESG policies, once a family enters an emergency shelter or transitional shelter program, the Children's Services Aide meets with the parent to determine the age and grade of all school age children. He/ she makes contact with the school counselor at the designated school that the child(ren) will attend to begin the enrollment process. Contact is then made with the homeless liaison with the school district to determine specific services that the child(ren) need regarding extracurricular activities and fees not covered by school enrollment. The homeless liaison also makes sure the children have all necessary school supplies and clothing. Transportation arrangements are then made to assure that all children are able to make it safely to their designated school.

For children who will be enrolled in a school district that requires uniforms, the designated staff at the school (usually located in the Federal Programs dept), makes sure that the children have ample school uniforms.

When a school, Mississippi Department of Human Services, CASA, or the youth court identify participants who would be eligible for CoC or ESG programs, they make referrals through Open Doors Homeless Coalition member agencies who utilize the no-wrong door coordinated assessment and referral process.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

The Gulf Coast Women's Center for Nonviolence runs a therapeutic child care center on-site for toddlers and young children who have lived in homes with violence. The purpose of the child care center on-site is to care for the children of persons in the shelter, transitional housing, or permanent supportive housing who are working or need child care services for their children. At the center, children experience learning in a nurturing environment and learn healthy ways to interact so the cycle of violence can be broken. In addition, both Community Care Network and Hancock Resource Center have written agreements with

Head Start and local Pre-K programs to serve children that need care while families are in their care.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	58	13	-45
Sheltered count of homeless veterans:	8	4	-4
Unsheltered count of homeless veterans:	50	9	-41

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The number of homeless veterans dramatically decreased as a result of a dynamic community-wide by-name list, coordination and collaboration among community partners, assertive case management and bi-monthly case conferencing. The community has been recognized for meeting the benchmarks and criteria for effectively ending homelessness among veterans by HUD, USICH, and the VA as well as sustaining a functional end to veteran homelessness by the Zero: 2016 Campaign.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to

**appropriate resources such as HUD-VASH and SSVF.
 (limit 1000 characters)**

Every veteran is engaged by an outreach team who is out in the field weekly. New veterans are assessed and prioritized using the VI-SPDAT and entered into the CE portal. Newly homeless veterans 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. There continue to be five veterans today who are living in encampments. They are engaged every 2 weeks by the case manager and offered housing. This process has led to four long-term homeless veterans who had refused housing on multiple occasions to be housed in the last three months. Case conferencing among the partners occurs at least monthly with informal calls occurring at least weekly.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	59	13	-77.97%
Unsheltered Count of homeless veterans:	38	9	-76.32%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. Yes

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?
 (limit 1000 characters)**

The MS-503 CoC Gulfport/ Gulf Coast Region has effectively ended homelessness among veterans as recognized by HUD, USICH, VA, and the Zero:2016 Initiative. We are sustaining an end to veteran homelessness through continued coordination and collaboration among the CoC, PHA, VA, SSVF providers, and other stakeholders. We maintain a dynamic by-name list, an assertive outreach team, and case conferencing.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	7
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	3
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	43%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Coastal Family Health Center, a Federally Qualified Health Center, assists people in enrolling for insurance and provides health services on a sliding scale for uninsured persons. In the last year, Coastal Family Health provided health care for over 5000 persons experiencing homelessness or precariously housed. In addition, Back Bay Mission is providing health education. Coastal Family Health, Back Bay Mission, and all of the ESG and CoC recipients connect people to navigators who can assist them with information about the health care exchanges. Statewide, over 17,000 people have been linked to health

insurance, despite Mississippi's refusal to participate in Medicaid expansion. 129 Coastal residents who have been homeless or precariously housed have been linked to insurance through Back Bay Mission's health worker/ navigator program.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	7
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	7
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	7
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	7
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
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Use of phone or internet-based services like 211:	<input type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Phone calls to agencies with CE portal and referral to programs based on VI-SPDAT	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	62	62	0

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135? (limit 1000 characters)

NA

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

NA

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

NA

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input checked="" type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

Attachment Details

Document Description: communication

Attachment Details

Document Description: application public posting

Attachment Details

Document Description: call for proposals

Attachment Details

Document Description: public posting

Attachment Details

Document Description: reallocation process

Attachment Details

Document Description: coc manual and charter for governance

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Preferences

Attachment Details

Document Description: agreement

Attachment Details

Document Description: CoC manual

Attachment Details

Document Description:

Attachment Details

Document Description: 2016 system measures

Attachment Details

Document Description: meeting agendas

Attachment Details

Document Description: homeless assistance policies

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	08/11/2016
1B. CoC Engagement	08/27/2016
1C. Coordination	08/24/2016
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1D. CoC Discharge Planning	08/11/2016
1E. Coordinated Assessment	08/27/2016
1F. Project Review	08/28/2016
1G. Addressing Project Capacity	08/27/2016
2A. HMIS Implementation	08/29/2016
2B. HMIS Funding Sources	08/12/2016
2C. HMIS Beds	08/25/2016
2D. HMIS Data Quality	08/23/2016
2E. Sheltered PIT	08/25/2016
2F. Sheltered Data - Methods	08/27/2016
2G. Sheltered Data - Quality	08/11/2016
2H. Unsheltered PIT	08/27/2016
2I. Unsheltered Data - Methods	08/24/2016
2J. Unsheltered Data - Quality	08/26/2016
3A. System Performance	08/23/2016
3B. Objective 1	08/27/2016
3B. Objective 2	08/27/2016
3B. Objective 3	08/24/2016
4A. Benefits	08/27/2016
4B. Additional Policies	08/24/2016
4C. Attachments	08/29/2016
Submission Summary	No Input Required