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The group is in constant dialogue as they work toward the goal of ending veteran homelessness this year, but they meet at least monthly. The Balance of State CoC conducted a Registry Week past January; therefore, a list of homeless veterans (prioritized by their VI-SPDAT score) is available for review at each of the team's meetings. The CoC's Coordinated Entry System is being developed by the group, so they have been evaluating system components which include: assessment tools, available resources, system utilization, client and programmatic barriers, data sharing and collaboration, and proposed improvements to the system. The group reviews the by name list of homeless veterans to ensure that programs are targeting those which are most appropriate for their program. The group also confirms that literally homeless veterans are being served in an adequate timeline. Linkages to mainstream resources are discussed with VA medical center staff sitting at the table alongside other homeless service providers. The by name list continues to morph as veterans are being rehoused but also as newly homeless veterans are being added, so the group aims to direct available prevention services to stymie the influx of veterans into homelessness. The group hopes to work with the CoC HMIS committee in analyzing veteran shelter data to better identify which veterans in prevention will most likely hit the homeless system. The group, alongside other CoC committees fully expects to end all veteran homelessness in the CoC's 71 county coverage area by the end of the year.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the ***Ending Homelessness Among Veterans Overview*** for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	259
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	11	10	21
Of number above, how many will also be counted as chronically homeless:	3	7	10

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Under Dev
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Collaboration among SSVF providers has been great statewide, and this includes data sharing across multiple CoC/HMIS boundaries. Monthly calls allow for state SSVF providers to address issues or concerns that they have observed in service delivery. Also, both the VA and CoC representatives from all CoC's participate in the calls. MUTEH is not a Zero 2016 provider, but has benefited from the state's other 2 CoC's which are Zero 2016 providers. Stacey Howard with PTEH, Inc. has offered Zero 2016 tools and documents to aid our CoC in ending Veteran homeless by the end of the year. Mississippi is seeing the effects of over 4 million dollars in SSVF program services, and hopes that these programs continue to be funded. With continued funding, we expect to reach functional zero by the end of the year and maintain it in the years ahead. Mississippi has the second highest unemployment rate according to the latest state unemployment rates that were released on April 21st, yet our SSVF programs have seen promising success in transitioning literally homeless veterans into meaningful employment. Collaboration with the VA Medical Centers has grown exponentially, but data sharing is the needed step in fully understanding and addressing the homeless veterans in Mississippi. As these steps are taken, veteran homeless services will be even better equipped to meet the need in our state. As the tools are in coming into place, along with the needed direction, our CoC fully expects to end veteran homelessness in Mississippi by the end of 2015.

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The group meets twice monthly to track systemic progress toward re-housing and to coordinate efforts. In addition, the members of the group talk on a regular basis to coordinate care on a client level. This level of collaboration ensures that client needs are met and efforts are not duplicated among providers. During the regular meetings, the group reviews the by-name list from the January 26, 2015 Point in Time Count (PIT list). Veterans on the PIT list who have been housed by the community partners are recognized and noted on the list as housed. The group also reviews the by-name list of veterans housed who may not have been on the PIT list. We are finding that a high percentage of recently housed veterans have spent less than 30 days homeless and are not on the PIT list. While it is great news that newly homeless veterans are getting housed, active outreach and assertive engagement have been implemented to reach about 40 veterans who have experienced long-term homelessness and have been disconnected from traditional services. An effort continues to determine the current status of each of the veterans on the PIT list. The group has had discussions and have begun implementation of an outreach plan that will ultimately result in a housing plan for every known veteran within the next six months. One hundred eighteen literally homeless veterans have been housed between January 1, 2015 and May 31, 2015 in the MS-503 CoC geography. The community goal, as determined by the SSVF version of the VA Gaps Analysis Tool, is 268. The group is making steady progress by rapidly re-housing 44% of the homeless veterans during the first 5 months of the calendar year. Our community, MS-503, is part of the Zero:2016 initiative and the Mayor's Challenge to End Homelessness in Biloxi. We believe that we will achieve functional zero by the end of 2015. To date, the community has housed an average of 23 veterans per month and intend to continue to do so until we achieve functional zero. We expect that no more than 16 veterans will experience homelessness on any given night in 2016; therefore, the community will achieve functional zero.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the **Ending Homelessness Among Veterans Overview** for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	268
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	6	10	16
Of number above, how many will also be counted as chronically homeless:	1	5	6

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The SSVF providers have developed strong partnerships with property managers and housing providers in the community. All of the SSVF providers and community based organizations who serve veterans experiencing homelessness have coordinated efforts. When there was a need for additional SSVF coverage in the six coastal counties of Mississippi, organizations expanded their coverage area. All of the SSVF providers that cover the MS-503 CoC area have prioritized rapid re-housing and have demonstrated a commitment to housing veterans who are experiencing homelessness. Each of the SSVF providers have worked well with the Biloxi VA in coordinating SSVF assistance with VASH vouchers. Each of the SSVF providers have communicated well in reporting "by-name" their housing placements. We have developed a state-wide system of reporting data and ensuring no duplication of services. The VA's full participation in the state-wide HMIS effort would be helpful. Stronger outreach and assertive engagement in Biloxi and Gulfport have been implemented to assist veterans who have experienced long-term homelessness in camps. Targeted outreach by the VA and community partners have assisted in the effort to ensure that all homeless veterans are not only identified by-name but have an active housing plan. As a community, we believe that we have the will and resources to end homelessness among veterans in South Mississippi with SSVF and VASH. There appear to be adequate resources through SSVF and VASH to meet the need. SSVF prioritizes veterans for rapid re-housing who need short or medium term assistance. VASH vouchers serve homeless veterans who have experienced long-term homelessness and challenges related to mental health, physical health, or substance abuse. Despite the appearance of excess resources on the gap analysis tool, since Mississippi has a poverty rate of 22%, the highest in the nation, and an unemployment rate of 6.8%, the second highest in the nation, SSVF and VASH resources are desperately needed to ensure housing stability for Mississippi's veterans who are currently homeless and those who will become homeless.