

**Mississippi United To End Homelessness Coalition**  
**Balance of State CoC General Membership Meeting Minutes**  
Thursday, May 8, 2014  
10:00 a.m.

**TIME AND PLACE**

The monthly membership meeting of Mississippi United To End Homelessness was called to order at 10:00 a.m. via WebEx online conference hosting.

**ROLL CALL**

Agencies with current membership dues

**CALL TO ORDER**

Stephanie Johnson, President, called the meeting to order.

**PRESENT (\*=denotes online attendance)**

Louise Meyer\*, Stephanie Johnson\*, Cassie Hicks\*, Reginald Glenn\*, Ledger Parker\*, Inga Wallace\*, Teddra Clark\*, Tracy Naylor\*, Pam Montgomery\*, Amy Ricedorf\*, Kathy Garner\*, Ivie Pulliam\*, Florida McKay\*, Trisha Hinson\*, Heather Steele\*, Spencer Blalock\*, Joanne Johnson\*, Inga Wallace\*, Marci Ann Reynolds\*, Bethany Latham\*, Shirley Lawrence\*, Donna Miller

**ADOPTION / REVIEW OF AGENDA**

*A motion was adopted to accept the agenda. The motion was seconded. All in favor by acclamation.*

**REVIEW OF MINUTES**

*A motion was adopted the minutes for the meeting on March 13, 2014. The motion was seconded. All in favor by acclamation.*

**I. MUTEH REPORT**

Presented by Louise Meyer:

- MUTEH Board Elections
  - o Nominating Committee
    - Chosen by Stephanie Johnson:
      - Bobby Capps
  - o Elections will be held at MUTEH's Annual Meeting (ELEVATE)

Presented by Ledger Parker:

- The New QPR
  - o Measures every MUTEH member agency using CoC and HUD Performance Measurements
  - o Allows for agency driven reporting
  - o Measures agency goals with agency performance

- If an agency wants a particular metrics reported, there will be a survey making everyone aware of the new data standards, and give them a opportunity to tell what you want reported. (Next Week)
- The New MPR
  - One-pager
  - Offers monthly snapshot of agency data and staff interaction – focusing on data quality/completeness
  - Allows for brief agency driven reports
- MUTEH SSVF Monitoring
  - Conducted by Abt Associates
  - No findings or concerns
  - Recommended that MUTEH apply for larger grant and subcontract with other agencies throughout coverage area
- ELEVATE 2014 Homeless Systems Workshop
  - Confirmed Sessions include:
    - Point in Time Count Presentation & Best Practices
    - Ethics Training
    - Financial Recovery
    - Using Technology to Better Client Services
    - SOAR Training
    - Equal Housing
    - Diversity in Homeless Services
    - Successful Short Term Planning and Case Management
    - CoC Strategic Planning
- HMIS Updates
  - HMIS APR
    - Waiting to submit in e-snaps after error is corrected
    - Expected submission date 5/14/14
  - New Data Standards - The Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS) and the Department of Veterans Affairs (VA) have announced the release of the [2014 HMIS Data Dictionary](https://www.onecpd.info/resource/3824/hmis-data-dictionary/) (<https://www.onecpd.info/resource/3824/hmis-data-dictionary/>) and [2014 HMIS Data Manual](https://www.onecpd.info/resource/3826/hmis-data-standards-manual/). (<https://www.onecpd.info/resource/3826/hmis-data-standards-manual/>) This joint release is a product of collaboration between the three agencies to update the HMIS Data Standards to allow for standardized data collection on homeless individuals and families across systems. **These two documents update the 2004 HMIS Data and Technical Notice and the 2010 HMIS Data Standards. The effective date of the 2014 HMIS Data Standards is October 1, 2014. This means that all HMIS solutions must be programmed to collect data based on**

## the 2014 Standards by that date.

- MUTEH staff will train on new standards at Elevate and in follow-up trainings in the Fall
- For more information on the new data standards:  
<http://us5.campaign-archive2.com/?u=87d7c8afc03ba69ee70d865b9&id=81380311e9&e=c0ad1e1e00>
- Internet Explorer Warning (IE 6 Compatibility) – Internet Explorer 6 will no longer supported by AWARDS HMIS. If you are currently using this version, please upgrade to avoid errors and support here:  
<http://technet.microsoft.com/en-us/ie> .
  - To upgrade to different browsers:
    - Google Chrome (recommended): [www.google.com/chrome](http://www.google.com/chrome)
    - Mozilla Firefox: [www.mozilla.com/firefox](http://www.mozilla.com/firefox)
- New Pricing Summary: HMIS price updates have been discussed with member agencies. Pricing will be published

Presented by Reginald Glenn:

- Quarterly Report – MCCA: The MCCA Quarterly Report was created in video format: <http://youtu.be/r5Q2dhypYlc>
- Regional Coalition Updates
  - Central Coalition (Representative: Inga Wallace)
    - Push to get agencies on board with coalition
    - Shared the success story of one of Coalition’s clients
  - Delta (Representative: Florida McKay)
    - Participated in the VA Stand Down (in Mound Bayou)
    - Building a affordable housing collaborative to ensure the housing of needy persons.
    - Reaching out to bring agencies into coalition.
  - Northeast (Representative: Pam Montgomery)
    - Emergency Response to Northeast MS tornadoes
      - Lots of clean-up left to do
      - Many housing options are destroyed.
      - Landlords are being more gracious to house people in needed units.
      - Positive Note: partnered w/ Helping Hands (Melissa Pound) to house homeless families.
      - There are no shelter or member agencies damaged in the tornado.
  - Pine Belt (Representative: Kathy Garner)

- Pine Belt Mental Health applied with a SAMSHA Grant (not sure how it will affect the CoC’s coordinated assessment effort).
- AIDS Services Coalition submitted a grant proposal to the MS Dept. of Health to provide HOPWA services throughout the BoS. If anyone is interested in housing a case manager in the Central, Delta, or Northeast region contact Kathy Garner.
- Southwest (Representative: None)
  - No Report

**II. COMMITTEE REPORTS**

- a. Finance –April 2014 (See Attached Report)
- b. Membership / Outreach – C. Hicks: Committee is looking for persons to serve on committees. If volunteers are not submitted, members will be asked to serve in various capacities.
- c. HMIS – Kathy and Ledger are concurrently meeting to discuss initiatives outside of housing programs. HOPWA opens whole another dimension to love HMIS...it’s not just for HUD programs. HMIS isn’t going away—even in the private sector.
- d. Strategic Planning – ESG Application
- e. Point-in-Time Count:
  - 1. HDX submitted before April 30<sup>th</sup> Deadline
  - 2. Data Presentation at ELEVATE Workshop
  - 3. Regional Coalition Presentations to follow

*A motion was adopted to accept the committee reports. The motion was seconded. All in favor by acclamation.*

**III. GUEST SPEAKER, Trisha Hinson, Director of Community & Living, MS Dept. of Mental Health**

- a. Completed the Olmstead Policy Academy**
- b. SOAR Leadership Academy + Steering Committee**
- c. Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States)**
  - i. The major goal of the CABHI-States program is to ensure, through state and local planning and service delivery, that veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness (hereinafter collectively referred to as “population of focus”) receive access to sustainable permanent housing, treatment, recovery supports, and Medicaid and other mainstream benefits.
  - ii. See attachment for information CABHI.
  - iii. All questions for T. Hinson will be submitted to the CoC (L. Meyer) and answered at a upcoming time.

**IV. UNFINISHED BUSINESS**

- None

**V. NEW BUSINESS**

- None

**VI. ANNOUNCEMENTS**

- None

**VII. ADJOURNMENT**

The meeting adjourned at 11:01 a.m.

**Mississippi United to End Homelessness  
Treasurer's Report**

Account	Date	Payee	Check Amount	Deposit Amount	Balance
MUTEH	4/1/14	Beginning Balance			\$ 7,220.99
		Deposits:			
		<b>HUD</b>		\$ 28,470.00	
		<b>VA PIT</b>		\$ 556.00	
		<b>SSVF</b>		\$ 13,117.56	
		<b>ESG</b>		\$ 8,454.16	
		<b>Other Receipts</b>		\$ 150.00	
		Totals		\$ 50,747.72	
		Expenses:			
		Totals	\$ 42,175.23		
	4/30/14	Ending Balance			\$ 15,793.48

Submitted by:

Stephanie Johnson, President

Date



Short Title:  
CABHI-States

Initial Announcement

Request for Applications (RFA) Information  
RFA Number:  
SM-14-010

Posted on Grants.gov:  
Monday, February 24, 2014

Application Due Date:  
Monday, April 14, 2014

Catalog of Federal Domestic Assistance (CFDA) Number:  
93.243

#### Description

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment and Center for Mental Health Services is accepting applications for fiscal year (FY) 2014 Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States). The purpose of this jointly funded program is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent housing; peer supports; and other critical services for the following: veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness. SAMHSA funds must be used to serve individuals with substance use disorders, serious mental illnesses (SMI), (e.g., diagnostic criteria including but not limited to schizophrenia, bipolar disorder, and SMI functional criteria), or co-occurring substance use and mental disorders. SAMHSA seeks to increase the number of program-enrolled individuals placed in permanent housing that supports recovery through comprehensive treatment and recovery-oriented services for behavioral health.

As a result of this program SAMHSA expects the following outcomes: 1) increased number of strategies associated with addressing the needs of veterans who experience homelessness, veterans who experience chronic homelessness and individuals who experience chronic homelessness who also have behavioral health disorder(s); 2) increased number of individuals who receive behavioral health and recovery support services in permanent housing; and 3) increased number of individuals placed in permanent housing and enrolled in Medicaid and other mainstream benefits (e.g., SSI/SSDI, TANF, SNAP).

The major goal of the CABHI-States program is to ensure, through state and local planning and service delivery, that veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness (hereinafter collectively referred to as "population of focus") receive access to sustainable permanent housing, treatment, recovery

supports, and Medicaid and other mainstream benefits. To achieve this goal, SAMHSA funds will support three primary types of activities:

1. Enhancement or development of a statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support individuals (including veterans) who experience chronic homelessness and veterans who experience homelessness.
2. Delivery of behavioral health, housing support, peer, and other recovery-oriented services.
3. Assist the state Medicaid eligibility agency in developing a streamlined application process for the population of focus and assist providers (e.g., alcohol and drug treatment facilities, homeless service providers) seeking to become qualified Medicaid providers; engage and enroll eligible persons constituting the population of focus in Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP).

Grant funds may not be used when individuals have access to other resources that cover the same services (e.g., HUD-Veterans Affairs Supportive Housing [VASH]). Grantees must use SAMHSA funds in a way that is complementary to Medicaid, HUD, VA and other benefits.

In 2010, the U.S. Interagency Council on Homelessness (USICH) approved Opening Doors, a Federal Strategic Plan to Prevent and End Homelessness. One of the goals of this Strategic Plan is to achieve the goal of ending homelessness for veterans and chronic homelessness in general by 2015. SAMHSA is committed in the effort to achieve this and other goals in the Federal Strategic Plan. This program prioritizes veterans who experience homelessness or chronic homelessness and other individuals (non-veterans) who experience chronic homelessness with serious mental illness, substance use disorders or co-occurring substance use and mental disorders.

On a single night in January 2013, there were an estimated 610,042 sheltered and unsheltered people who are homeless nationwide. Of those, approximately 109,132 were experiencing chronic homelessness and approximately 57,849 were identified as veterans experiencing homelessness.

Persons experiencing homelessness have higher rates of substance use and problems with mental health, physical health, legal, and employment issues than those with permanent housing. Although the relationship between housing status and clinical treatment outcomes is a complex one, some studies suggest that associations exist between stable housing, lower utilization of hospital services, and more positive treatment outcomes among certain populations. Permanent housing that is offered following or concurrent with recovery oriented and treatment focused integrated care models can result in improved clinical outcomes.

The linkage between stable permanent housing and behavioral health services is critical for recovery. For many in recovery from substance use disorders, drug-free housing can assist with achieving long-term recovery. Such "recovery housing" can be provided through a variety of models ranging from peer-run, self-supported, drug-free homes to community-based housing that includes a range of supportive services.

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental, substance use, and co-occurring mental and substance use disorders. To continue to improve the delivery and financing of prevention, treatment and recovery support services, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on people and emerging opportunities. More information is available at the SAMHSA Web site: <http://beta.samhsa.gov/about-us/strategic-initiatives>. This program specifically aligns with



SAMHSA's Recovery Support Strategic Initiative and addresses, the expected impact on behavioral health disparities. See Appendix I of the RFA: Addressing Behavioral Health Disparities).

CABHI-States is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4<sup>th</sup> month of the project **at the latest**.

CABHI-States grants are authorized under Sections 509 and 520A of the Public Health Service Act, as amended. This jointly funded program will allow enrollment of individuals with substance use disorders or serious mental illnesses and/or co-occurring substance use and mental disorders. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD and Substance Abuse Topic Area HP 2020-SA.

### Eligibility

Eligible applicants are the State Mental Health Authorities (SMHAs) or the Single State Agencies (SSAs) for Substance Abuse in partnership. In order to demonstrate a collaborative effort between the state behavioral health entities, applicants must provide a letter of commitment from the partnering entity in **Attachment 4** of the application. If the SMHA and the SSA are one entity, a letter of commitment is not required.

The purpose of this jointly funded program is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent housing; peer supports; and other critical services for the following: veterans who experience homelessness or chronic homelessness, and other individuals (non-veterans) who experience chronic homelessness. As such, SAMHSA believes that limiting eligibility to states is the most efficient and effective way to facilitate a system approach (i.e. strengthen or develop infrastructure).

In addition, states are in a unique position to efficiently and effectively impact the goals of the U.S. Interagency Council on Homelessness (USICH) Strategic Plan.

In 2010, the USICH approved Opening Doors, a Federal Strategic Plan to prevent and end homelessness. One of the goals of this strategic plan is to achieve the goal of ending homelessness for veterans and chronic homelessness in general by 2015. SAMHSA is committed in the effort to achieve this and other goals in the Federal Strategic Plan. This program prioritizes veterans who experience homelessness or chronic homelessness and other individuals (non-veterans) who experience chronic homelessness with serious mental illness, substance use disorders or co-occurring substance use and mental disorders.

**States that received an FY 2013 CABHI-States grant are not eligible to apply because they are already receiving funding for this program.**

The statutory authority for this program prohibits grants to for-profit agencies.

Award Information

Funding Mechanism:

Cooperative Agreement

Anticipated Total Available Funding:

\$21.054 million (47.72% from CSAT's Treatment Systems for Homeless; 52.28% from CMHS' Homeless Prevention Program)

Anticipated Number of Awards:  
Up to 18 awards

Anticipated Award Amount:  
Up to \$1.2 million (47.72% from CSAT's Treatment Systems for Homeless; 52.28% from CMHS' Homeless Prevention Program)

Length of Project:  
Up to 3 years

Cost Sharing/Match Required?:  
No

**Proposed budgets cannot exceed \$1.2 million in total costs (direct and indirect) in any year of the proposed project.** Each grant award will consist of 47.72 percent CSAT funds and 52.28 percent CMHS funds, even if an applicant requests less than the maximum award amount. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Contact Information  
Program Issues

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Grants Management and Budget Issues

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## Application Materials

You must respond to the requirements in the RFA when preparing your application.

- [Complete RFA document \(PDF | 402.25 KB\)](#)
- [Complete RFA document \(DOC | 452.5 KB\)](#)

