

**State of Mississippi  
Plan to Carry Out  
Emergency Solutions Grant  
Activities Authorized by  
Coronavirus Aid, Relief, and Economic  
Security Act (CARES Act)**

**Mississippi Home Corporation is  
accepting comments from the public  
on this Plan through May 8, 2020  
Send comments to: [faye.mccall@mshc.com](mailto:faye.mccall@mshc.com)**

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## OBJECTIVES

The Emergency Solutions Grant COVID-19 (ESG-COVID) program funds services to prevent, prepare for, and respond to the coronavirus pandemic (COVID-19). Individuals and families who are homeless or receiving homeless assistance are eligible. Funds can also support homelessness prevention activities to mitigate the impact of COVID-19.

Mississippi Home Corporation (MHC) administers the Emergency Solutions Grant for the State of Mississippi and is responsible for administering the ESG-COVID program. The purposes of this document are as follows:

1. Identify eligible activities
2. Describe how these funds will be used in Mississippi.
3. Announce the entities that will administer the funds in the state.
4. Identify the amount administering entities will initially receive. Explain the process by which the balance of funds will be accessed by the administering entities.
5. Establishes that the same financial control procedures, forms, and documentation used to administer the ESG program will be used to manage the disbursement of ESG-COVID funds.

## BACKGROUND

President Trump signed the CARES Act on March 27, 2020 to help the Nation respond to the coronavirus outbreak. The CARES Act made available an additional \$4 billion in ESG-CV funds to supplement the Fiscal Year (FY) 2020 ESG funding provided under the Further Consolidated Appropriations Act, 2020 (Public Law 116-94). Mississippi has received \$8,171,221.

HUD's allocation notes the funds are subject to the following flexibilities and conditions provided by the CARES Act:

- The funds may be used to cover or reimburse allowable costs incurred by a State or locality before the award of funding (including prior to the signing of the CARES Act) to prevent, prepare for, and respond to COVID-19;
- The funds are not subject to the spending cap on emergency shelter and outreach under 24 CFR 576.100(b)(I);
- Up to 10 percent of funds may be used for administrative costs, as opposed to 7.5 percent as provided by 24 CFR 576.108(a);
- The funds are exempt from the ESG match requirements, including 24 CFR 576.201;
- The funds are not subject to the consultation and citizen participation requirements that otherwise apply to the Emergency Solutions Grants, however each recipient must publish how its allocation has and will be used, at a minimum, on the Internet at the appropriate Government web site or through other electronic media;
- The funds may be used to provide homelessness prevention assistance (as authorized under 24 CFR 576.103 or subsequent HUD notices) to any individual or family who does not have income higher than HUD's Very Low-Income Limit for the area and meets the criteria in paragraphs (I)(ii) and (I)(iii) of the "at risk of

homelessness" definition in 24 CFR 576.3;

- That recipients may deviate from applicable procurement standards when using these funds to procure goods and services to prevent, prepare for, and respond to coronavirus, notwithstanding 24 CFR 576.407(f) and 2 CFR 200.317-200.326;
- Grantees are encouraged to offer treatment and supportive services when necessary to assist vulnerable homeless populations, but individuals and families experiencing homelessness cannot be required to receive treatment or perform any other prerequisite activities as a condition for receiving shelter, housing, or other services for which these funds are used, notwithstanding 24 CFR 576.401(e).

The Act authorizes the Secretary to grant waivers of and specify alternative requirements for statutes and regulations the Secretary administers in connection with the use of ESG funds (except for requirements related to fair housing, nondiscrimination, labor standards, and the environment). These waivers and alternative requirements can be issued when necessary to expedite and facilitate the use of funds to prevent, prepare for, and respond to coronavirus. Mississippi intends to request all waivers available to it in order to provide flexibility to the state and administering entities in carrying out the program.

## **GOALS for Mississippi ESG-COVID**

Goal 1: Unsheltered – Outreach to those living on the streets and in encampments

- Specifically, persons in Mississippi's homeless population who test positive for COVID-19
- Connect individuals with local Health clinics
- Establish a bridge to care for symptomatic and high-risk individuals

Goal 2: Emergency Assistance to the Unsheltered – provide areas to isolate those that have contracted the virus

- Hotel/Motel stays (up to 60 days)
- Medical Case Management
- Transportation
- Train staff to identify symptoms of COVID-19
- Personal Protective Equipment for service personnel

Goal 3: Rapid Rehousing – provide housing to the homeless

- House Individual using the Housing First Model
- Case Management/Wrap around services

Goal 4: Homeless Prevention – assist individuals at risk of becoming homeless

- Individuals who have lost employment or income due to business layoffs.
- Coordinate with financial assistance, food assistance, and service providers, such as Mississippi Department of Employment Security (MDES), Community Mental Health Centers (CMHCs).
- Case Management/Wrap around services

## Program Delivery

MHC will contract with the state's three Continuum of Care (CoC) Lead Agencies to implement services statewide. Upon determining the amount of funds Mississippi would receive and purposes authorized in the legislation, MHC requested the CoCs submit proposed strategies for managing the required services in their service areas. The CoCs had already been participating in meetings with Mississippi Emergency Management Agency and other agencies regarding the state's response to COVID. These actions enabled the CoCs to submit well informed plans to MHC for using the ESG funds. This is enabling MHC to move quickly to implement the activities. The strategies for each CoC can be found in appendices to this document.

MHC selected CoC Lead Agencies to administer ESG-COVID services for several reasons:

1. Together the CoCs cover all 82 counties.
2. National Homeless providers had provided projections of the impact of COVID on the homeless populations in each CoC area using existing data on the homeless population. This enabled the CoCs to develop plans scaled to the at-risk populations in their service footprints.
3. Contracting with three entities will simplify program management and monitoring tasks associated with tracking utilization of funds. This was an important consideration because ESG-COVID funding is almost four times the amount Mississippi receives in its regular ESG program.
4. CoCs manage coordinated entry systems that enable individuals to be assessed by staff working remotely. The process is flexible and allows additional staff of the CoC or its member agencies to work with applicants. Significantly, it allows homeless service providers or any organization that are members of the CoC to make referrals through the coordinated entry system of individuals who need support available under the ESG-COVID program.
5. Because of the fast-evolving nature of the pandemic and the uncertainty about how it will present itself locally across the state, MHC did not think it prudent to establish overly detailed allocations to specific communities or narrowly defined regions. This would be the case if MHC had allocated funds to organizations normally funded to carry out ESG activities. Funding organizations that serve larger footprints and reserving funds to be allocated in coming months preserves flexibility while ensuring the state plan responds to demonstrated need.

MHC will allocate funds as follows:

1. State Administration \$817,122
2. Program \$7,354,099
  - a. MHC will allocate \$4,571,526 to initiate services. This allocation is 50% of the budget proposed by the CoCs in their workplans. Central Mississippi CoC's request included activity inside the City of Jackson. However, funds under the ESG-COVID program will have a priority on funding activity outside Jackson. The City of Jackson received a direct allocation of ESG funds under CARES.
  - b. MHC will reserve \$2,782,573 to be allocated to CoC's based on utilization of initial funds, and emerging information about need in their service areas. Administering agencies will be required to support requests for additional funds with information on utilization, current and expected needs, and recipient outcomes achieved with the initial allocation.

Allocation of Funds to CoCs



Funding is based on the needs in communities of the CoC service area and the capacity to implement the supplemental funds. MHC reviewed data about homeless population and potential impact of COVID on infection and hospitalization. MHC also took into consideration that the City of Jackson, which falls within the service area of Central Mississippi CoC, received \$575,228 in ESG-COVID funds to serve the homeless population in Jackson. Services for ESG-COVID clients will be provided by the CoC's Lead Agency.

CoC (Lead Agency)	Allocation	Share of Funds Initial Allocation(%)	Annualized Homeless Share of State	Employed Jan-20 %
Initial Allocation				
Mississippi Balance of State (MUTEH) CoC	2,400,830	53%	40%	87%
Gulf Coast CoC (Open Doors Homeless Coalition)	1,391,570	30%	27%	7%
Central Mississippi CoC (Stewpot Community Services)	779,126	17%	33%	6%
Statewide	4,571,526	100%	1,159	1,190,409
Reserved Funds	\$2,782,573			
Program Funds: Total	\$7,354,099			

## **ESG-COVID Eligible Activities**

### **Administration**

The CoC Lead Agencies will provide the following services:

### **Rapid Rehousing**

- Unsheltered those who require hospitalization.
  - For these individuals, the CoCs are partnering with Camp Shelby for housing after they have been released from the hospital. Being housed at Camp Shelby will save on hotels for these individuals.
  - %Individuals in this population would include those living in encampments, under bridges, behind stores, in the woods, etc.
  - Referral:
    - Camp Shelby
  - Services provided include:

- Rental Assistance
- Case Manager
- Transportation
- Wrap-around services with community partners to include Mental Health.
- Additional Documentation required- Statement from hospital stating “client is/was under care” due to COVID-19

**Emergency Shelter.** Unsheltered those who HAVE tested positive but don’t require hospitalization.

- These individuals require isolations so that they don't spread the virus throughout the homeless population. Average hotel stay for the isolation period and rental assistance search is between 30-60 days. As mentioned above, these individuals require their own staff to limit exposure to the non-infected population.
- Referrals:
  - Health Care organization within the state that have also been awarded COVID-19 monies to test individuals.
  - Hospitals
  - MDES
  - Individuals
  - MEMA
  - Mental Health/Social Workers
- Services provided included:
  - Hotel
  - Hazmat cleaning services
  - Case Manager
  - Transportation for client
  - Rental Assistance
  - Wrap-around services with community partners to include mental health.
- Additional Documentation Required- Doctor notification showing client has tested positive.

**Homelessness Prevention** - Individuals who have lost their jobs due to COVID-19.

- Referrals
  - Mississippi Department of Employment Security
  - Food banks
  - Healthcare providers
  - Other non-profit organizations
  - Mental Health/Social Workers
  - School Districts
- Services Provided:
  - Case Management
  - Wrap around services through community partners to include mental health.
- Additional Documentation Required- Unemployment Claim or letter from

individuals job stating they are out of work due to COVID-19.

### **ESG COVID-19 Cash Request and Performance Monitoring**

All activities must be completed, and project funding disbursed by September 30, 2022. Payment for services, documentation of activities performed, and cash request procedures for reimbursement will follow the same procedures as the regular ESG funding. Administering agencies will submit documentation on persons served with requests for reimbursement. MHC will develop performance metrics that will be submitted quarterly. MHC will use this information to ensure funds are having a measurable impact on the health and housing stability of the homeless and at-risk population. Performance metrics will be used to monitor cost of delivery and effectiveness in serving the target population and inform the need for changes in the activities being funded and geographical targeting of the reserved funds. MHC will also use this information to make decisions regarding how the balance of funds will be released to CoC Lead Agencies.

### **Delivery Plans of CoC Lead Agencies**

The plans can be found in the following Attachments.

1. Mississippi Balance of State – Mississippi United to End Homelessness
2. Gulf Coast CoC - Open Doors Homeless Coalition
3. Central Mississippi CoC - Stewpot Community Services





MISSISSIPPI  
BALANCE OF STATE  
CONTINUUM OF CARE



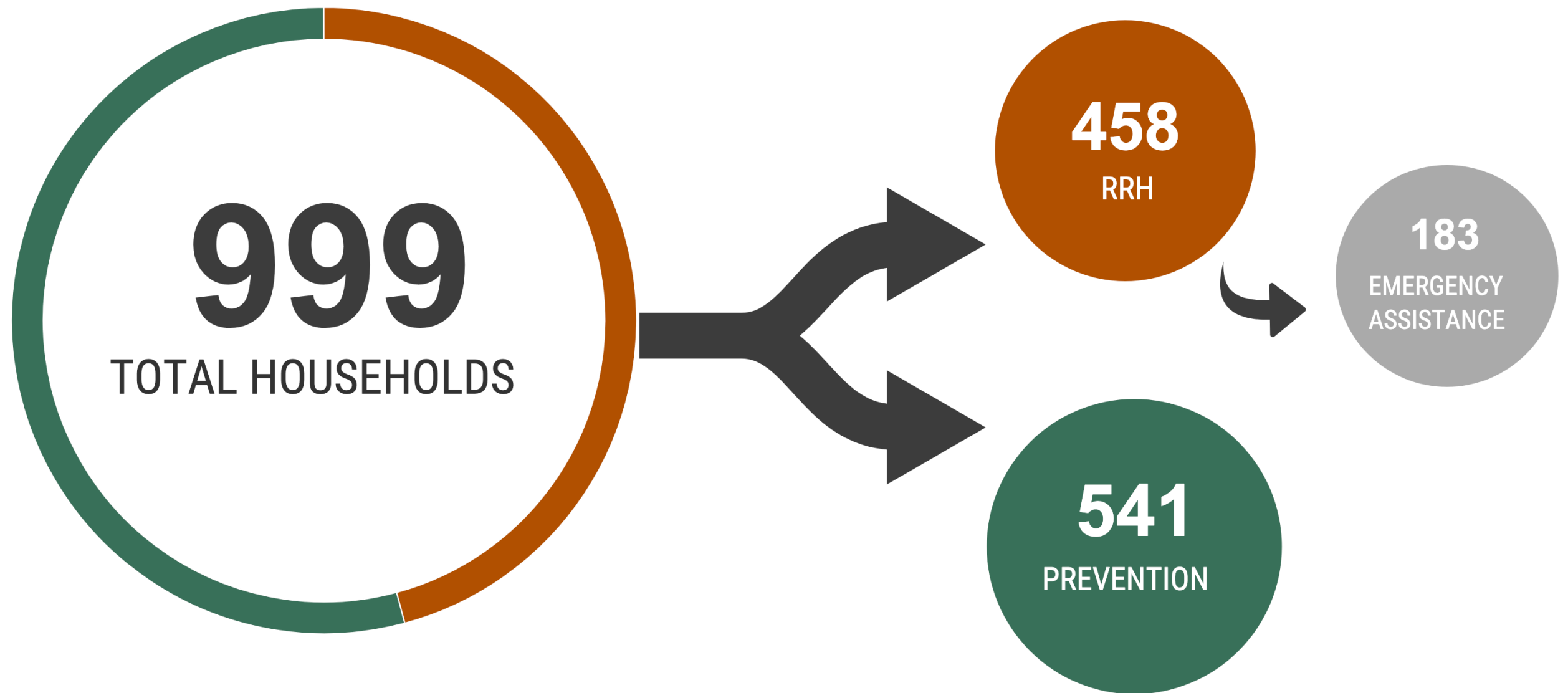
# MUTEH & COVID-19

MUTEH in partnership with the MS Balance of State CoC

**Emergency Solutions Grant 2020 Special Allocation — 4/8/20**



# Projected Instances of Service



\*\*\* Projections based on MUTEH receiving \$4M+

**Section 01**

# **Emergency Assistance**

## Homeless Encampments (Unsheltered Homelessness)

MUTEH and the BOS CoC have a long history of **conducting outreach into the encampments** of literally homeless individuals. This outreach has continued, but would be better equipped **with PPE, additional staff, and a medical case manager**. Symptomatic individuals will consult, virtually, with the MUTEH medical case manager to determine next steps.

Projections estimate that **50% of the homeless population will test positive for COVID-19**

Connections have been made with local health clinics but will expand.

MUTEH will employ a licensed Registered Nurse as a Medical Case Manager

MUTEH will establish a bridge to care for symptomatic and/or high risk individuals

Projected unsheltered number: **265**

Projected sheltered number: **193**





## Hotel/Motel Vouchers

**Quarantine Sheltering:** Hotel/Motel Stays for homeless individuals that are determined to have a higher risk of contracting COVID-19. These risk factors include age, co-morbidities, and disabilities. This will assist in flattening the curve of COVID-19 within the homeless and general populations.

**Medical Sheltering:** Hotel/Motel Stays for homeless individuals that test positive for COVID-19. Once a homeless individual tests positive for COVID-19 and **hospitalization deemed unnecessary** they will still require isolation and medical care. These individuals would be housed in a hotel setting to prevent their return to an emergency shelter or unsheltered encampment.

Hotel and Motel stays will be an **average of 30-60 days** and include medical case management and housing case management.

The ultimate goal of the hotel/motel emergency assistance program would be to **transition the homeless individual to permanent housing** at the end of their stay. This would prevent the now healthy individual from returning to an emergency shelter or encampment.

Research predicts that 183 homelessness individuals within the Balance of State Continuum of Care will test positive with COVID-19. Through **Emergency Assistance funding MUTEH will be able to connect them to the medical sheltering**, recommended isolation practices, and permanent housing.





**Section 02**

# **Alternate Care Facility**

### Camp Shelby (and other established locations)

- According to a recent study by Penn State University, it is projected that **the BOS CoC will have 183 COVID-19 infections in its homeless population**
- MUTEH will establish a **referral network** that **assesses** housing vulnerable COVID-19 patients **upon admission** to a alternate care facility
- The **VI-SPDAT** and a **Homelessness Prevention Screening Threshold** tools will be used to ensure appropriate referrals are made
- MUTEH has worked with the **MS Emergency Management Agency** to ensure that referrals are made in real time to MUTEH from the convalescent care facility
  - These individuals are those that have been hospitalized and then transferred to “step down” units before being discharged back into their own communities
  - Those that were homeless (in the BOS CoC coverage area) prior to being hospitalized, will be referred to MUTEH for a housing assessment
- MUTEH and MEMA will be using an **integrated referral system** that connects healthcare providers, state emergency staff, alternate care facility intake staff, and other service providers.



**Section 03**

# **Rapid Rehousing**



## 03 Rapid Rehousing in COVID-19 — MUTEH's Capacity



**596**

Households Housed by  
MUTEH in the Past 2 Years



**431**

Landlord Partners in Past 2  
Years



**\$7,492,145**

Expended in Past 2 Years

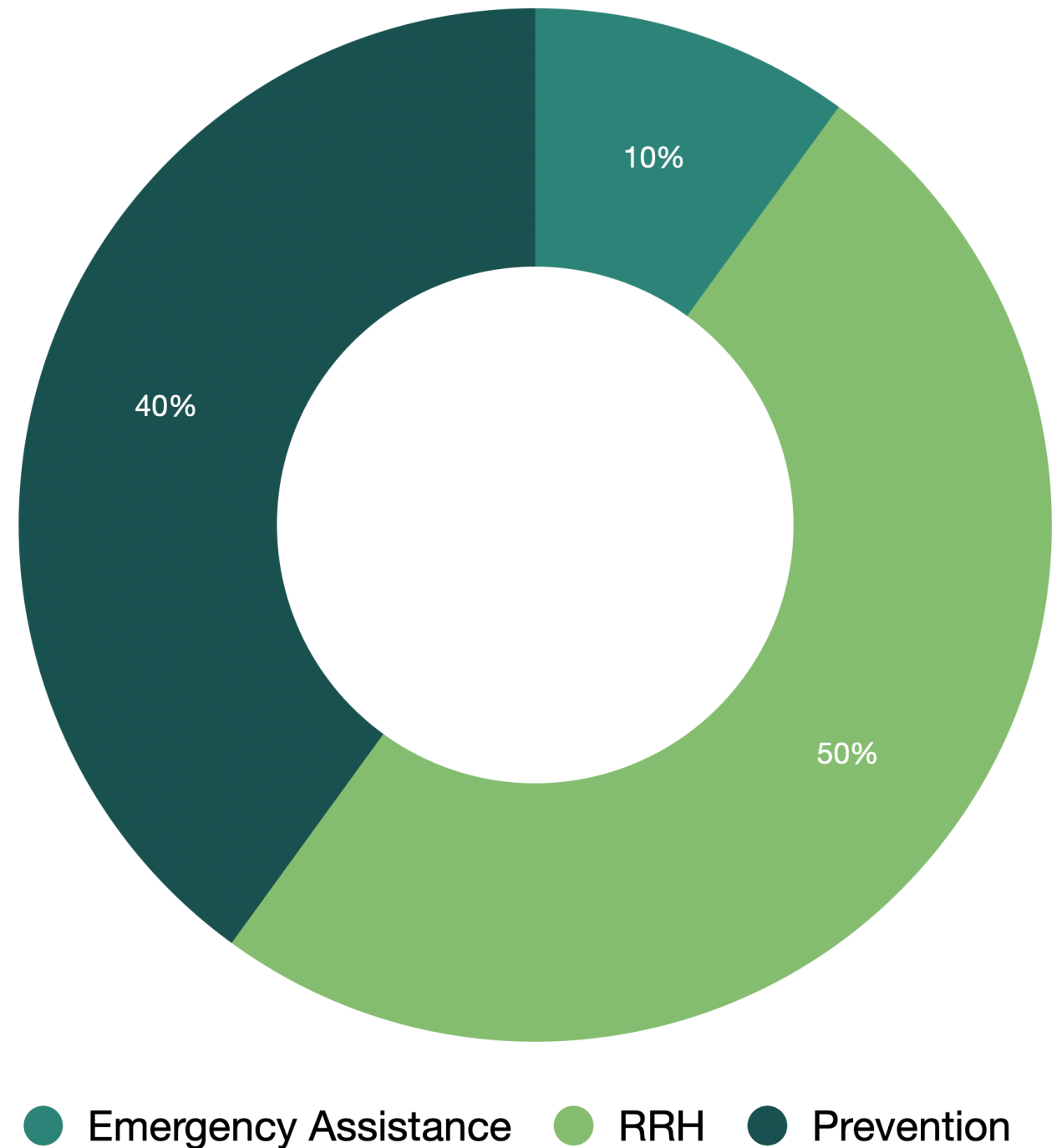


## 03 Rapid Rehousing in COVID-19

### RRH

- For homeless individuals that have been affected by COVID-19, MUTEH will offer **RRH services**.
- MUTEH will balance serving those in **hotel/motel** setting (due to COVID-19) and those that are moving from **unsheltered homelessness**.
- Clients will be **prioritized through the VI-SPDAT** and the **CoC's Coordinated Entry System**.
- MUTEH will rehouse the client in their hometown or the community of their choice.
- Each client will receive **wrap around services** from MUTEH case management or **other community service provider**.
- MUTEH's **medical case manager** will work with RRH clients to assess **health needs** and ensure a **connection to care**.
- MUTEH will continue to utilize the **housing first** model.

### Breakdown of Spending

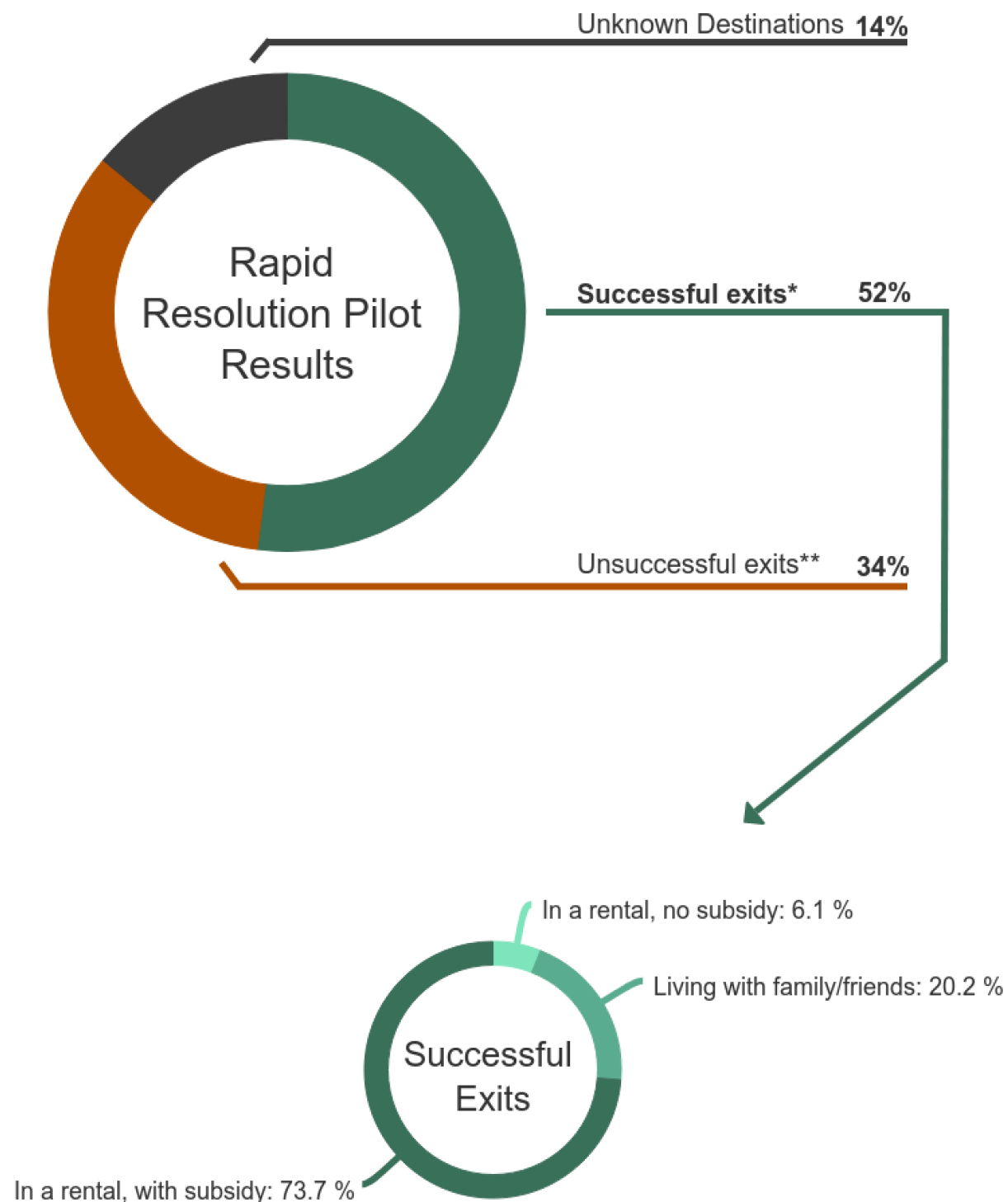


**Section 04**

# **Prevention & Rapid Resolution**

## 04 Prevention & Rapid Resolution

### Rapid Resolution Research



### Referral Processes & Leading with Rapid Resolution

MUTEH will utilize the **Prevention Screening Threshold Form** to ensure that referrals are properly prioritized by their likelihood of becoming homeless.

The **required score can be amended** to serve more or less people given program dynamics.

MUTEH is entering into a **partnership with MDES** that equips MDES staff with the screening tool (and eligibility requirements) to aid in the referral process.

For individuals that are **unable to find work** and therefore become housing vulnerable, their ESG Prevention Application can be **prioritized with MUTEH's team**.

Prevention referrals will first be served with a **Rapid Resolution Approach**.

Rapid Resolution guides clients in utilizing resources, that are already available to them, to avoid homelessness.

Rapid Resolution utilizes minimal amounts of **Temporary Financial Assistance** in an effort to quickly eliminate barriers and connect the client with available resources.

**Section 05**

# **Bridging Agency Silos**



# 05 Partnerships with Mainstream Resources — SiloBusting

## MDES

MDES will implement the necessary screening and assessment tools to inform the referrals that they make.

Conversely, MUTEH will utilize available MDES referral portals to ensure that all appropriate clients are connected with Employment Services

## MS Food Network

MUTEH already works with the MS Food Network, but this coordination will be expanded to ensure that clients are housed near food services and have the appropriate information to access services.

## MS Hospital Association

Connect healthcare systems to homeless community and homeless service providers through healthcare services and referral process.

This referral process will result in homeless individuals being referred prior to their discharge from the hospital. These processes already exist with Dept. of Mental Health — this is a proven structure.

## United Way(s) of Mississippi

MUTEH will coordinate with regional United Ways with COVID-19 response system with a focus on housing crisis and homelessness.

MUTEH aims to generate regional referral processes for frontline programs to ensure those in crisis are referred to the proper resource.

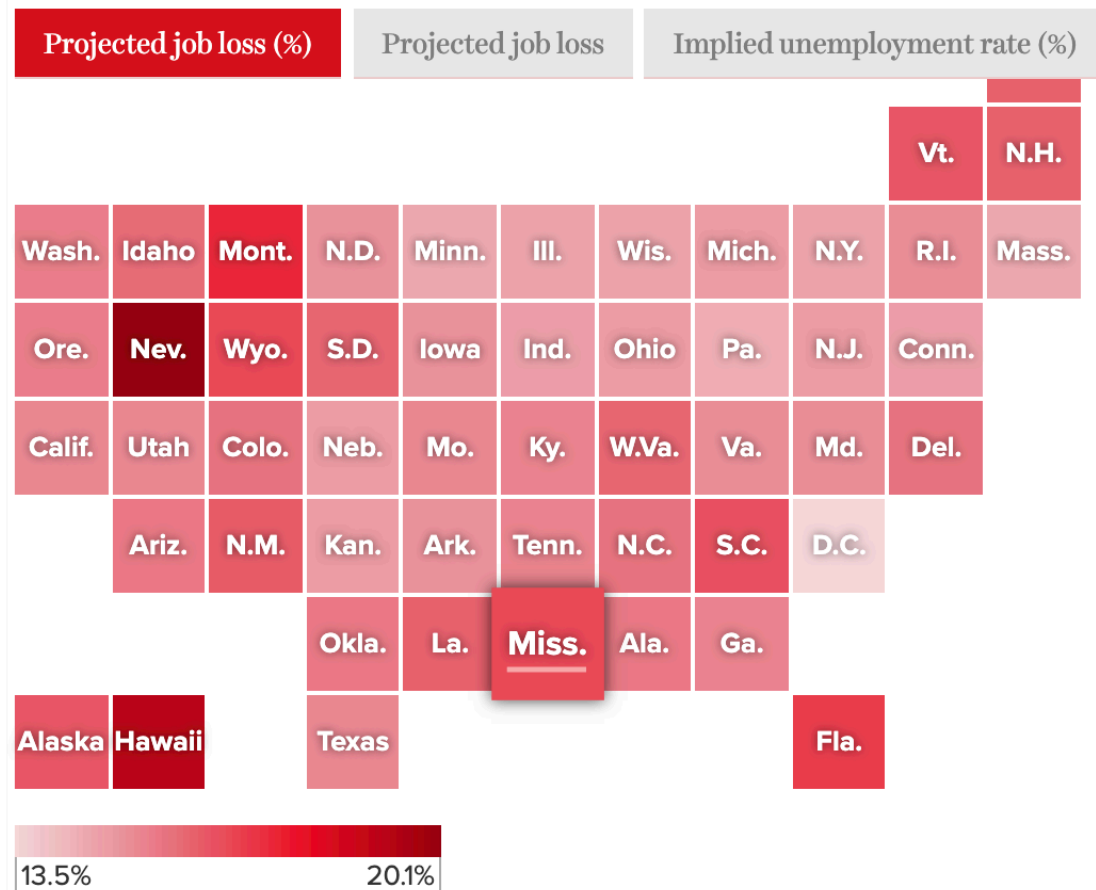
## MS Association of Community Mental Health Centers

Integrate housing service providers to mental health resources through the State's COVID-19 response. Focus on maintaining the mental healthcare of the housing vulnerable population during stressful and triggering events of COVID-19.

## Current Partnerships:

- Law Enforcement & Municipalities
- MS Association of Housing and Redevelopment Officials
- TANF & SNAP Assistance Programs
- VA Medical Centers (Jackson & Memphis)
- Supportive Services for Veteran Families & VA Grants Per Diem Programs
- Runaway and Homeless Youth Program
- Dept. of Education — McKinney-Vento Liaisons
- Substance Abuse Treatment Facilities

### Estimated jobs lost due to coronavirus by summer 2020, by state



## Mississippi

**Projected job loss as a share of total private-sector employment: 16.8%**

Projected job loss: 154,362

Implied unemployment rate, July 2020: 17.5%

Implied unemployment level in July assuming no change in labor force: 222,798

Leisure, hospitality, and retail as a share of total private-sector employment: 29.7%

## Employment Forecast to Inform Prevention Spending

As of April 2, 2020: **31,000 Mississippians** filed for unemployment (reported by the Clarion Ledger)

Goldman Sachs projected that **up to 154,362 Mississippians** will lose their job as a result of COVID-19 (included in a study by the Economic Policy Institute)

The State is supplementing the income of unemployed persons with a **\$600/week subsidy** — this will last for 5 months

When the subsidy terminates, it is **unlikely** that the pre-COVID-19 unemployment rate will be the baseline for upcoming unemployment

MUTEH will utilize **ESG prevention funds** to assist those that fail to find employment and services will be **prioritized** for those that are most likely to become homeless

MUTEH's partnership with MDES will be integral in **cross referrals** to confirm that those seeking employment maintain housing

MUTEH will also work with the BOS CoC to connect to the many **providers of eviction prevention** across the CoC geography

# Questions?

Ledger Parker

Email: [lparker@muteh.org](mailto:lparker@muteh.org)

Cell: 601-213-6817

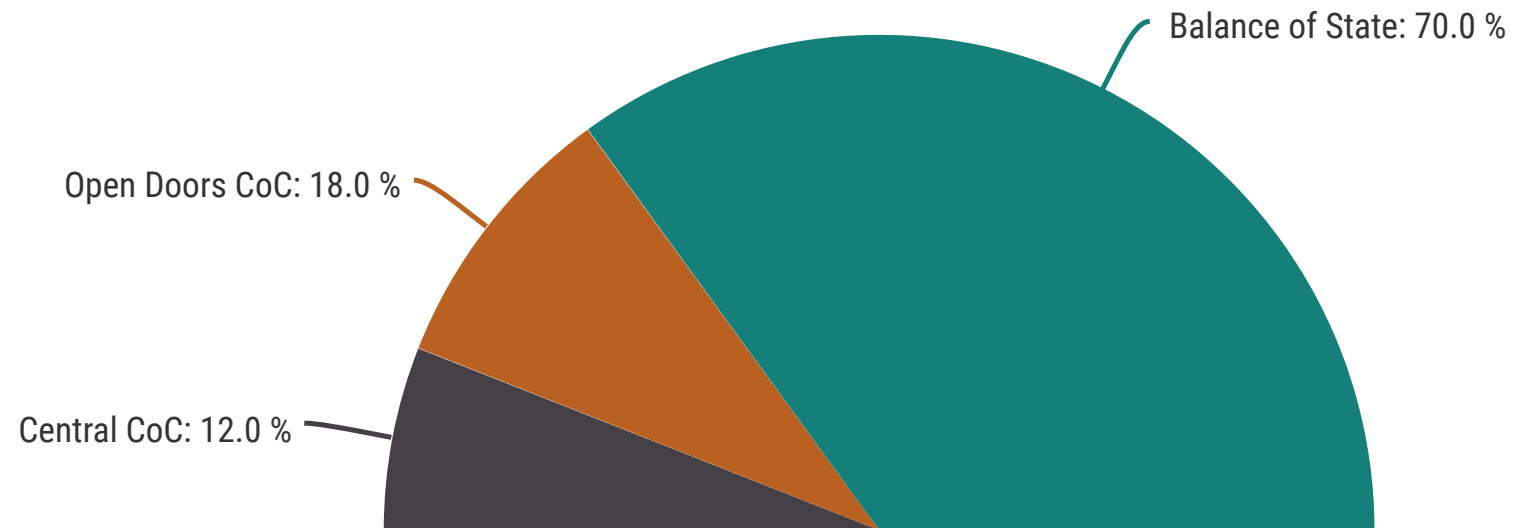


# 03 Amount Requested Breakdown

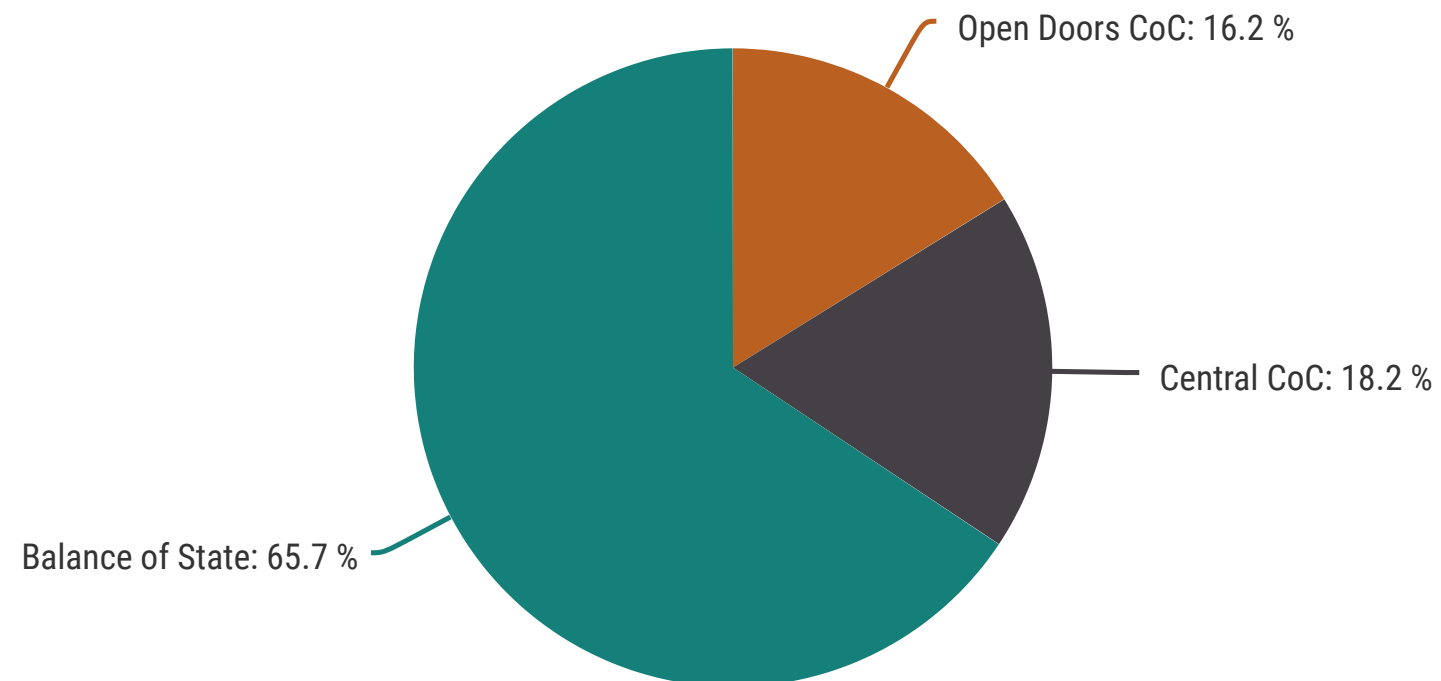
Shelter Services					
	Days	Persons	Cost		Description
Hospitalizations		20	\$	200,000.00	% of total infected
Emergency Hotel Stays	60	183	\$	549,000.00	183 persons x \$50 cost per night x over 240 days, average of 60 days per person
Cleaning	240	183	\$	116,800.00	Cleaning for rooms of those who become ill
Security	240	3	\$	241,920.00	\$14hr, 3 locations
Medical Case Manager		2.5	\$	144,000.00	8hr/\$30
Transportation		146	\$	29,200.00	\$100 per ride
Supplemental Food	60	183	\$	87,840.00	
RRH at Exit		183	\$	1,518,900.00	\$8,300 per person
Total Emergency for Population			\$	1,368,760.00	
Total RRH for Population			\$	1,518,900.00	
Total Shelter Services			\$	2,887,660.00	60%
Total Homeless Prevention			\$	1,914,960.00	40%
Total Amount Requested			\$	4,802,620.00	

# 01 MS General Population & Unemployment by CoC

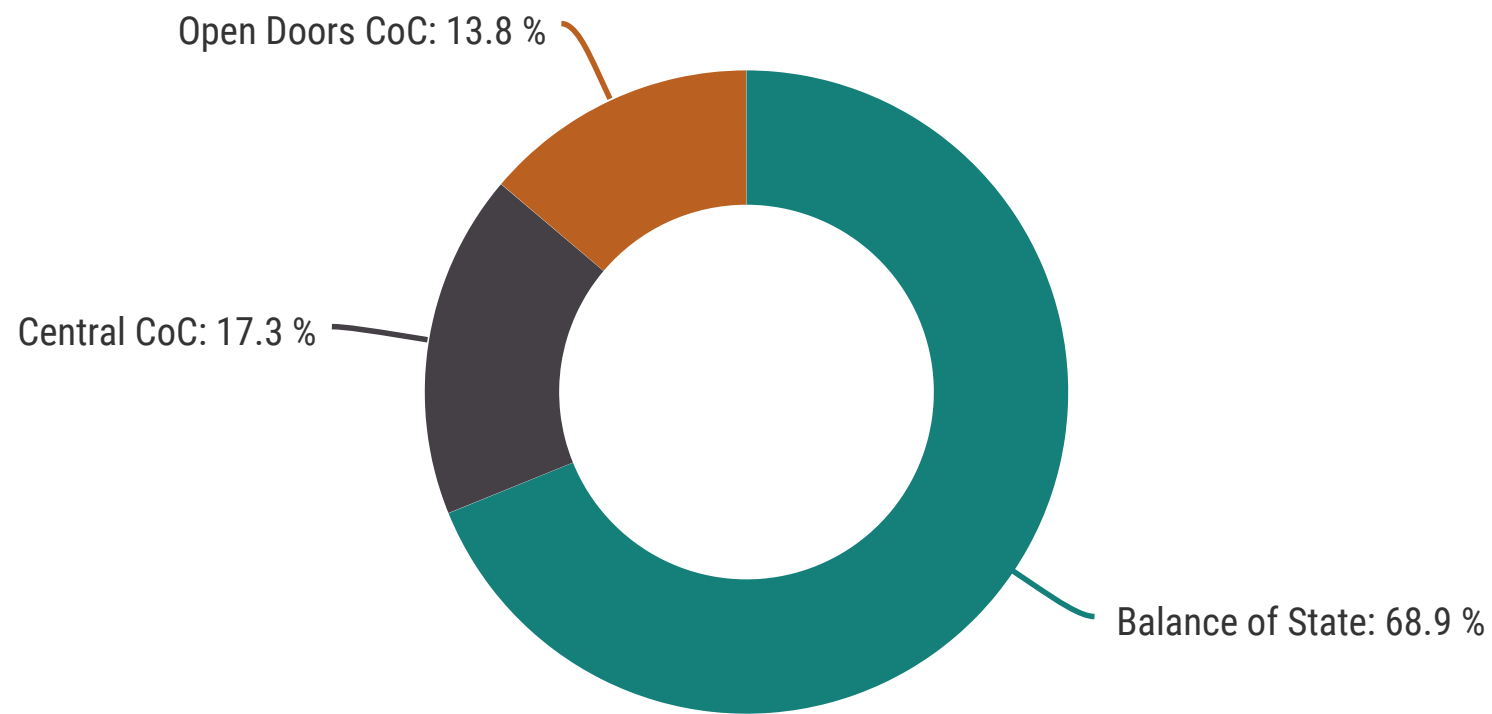
Mississippi Population by CoC



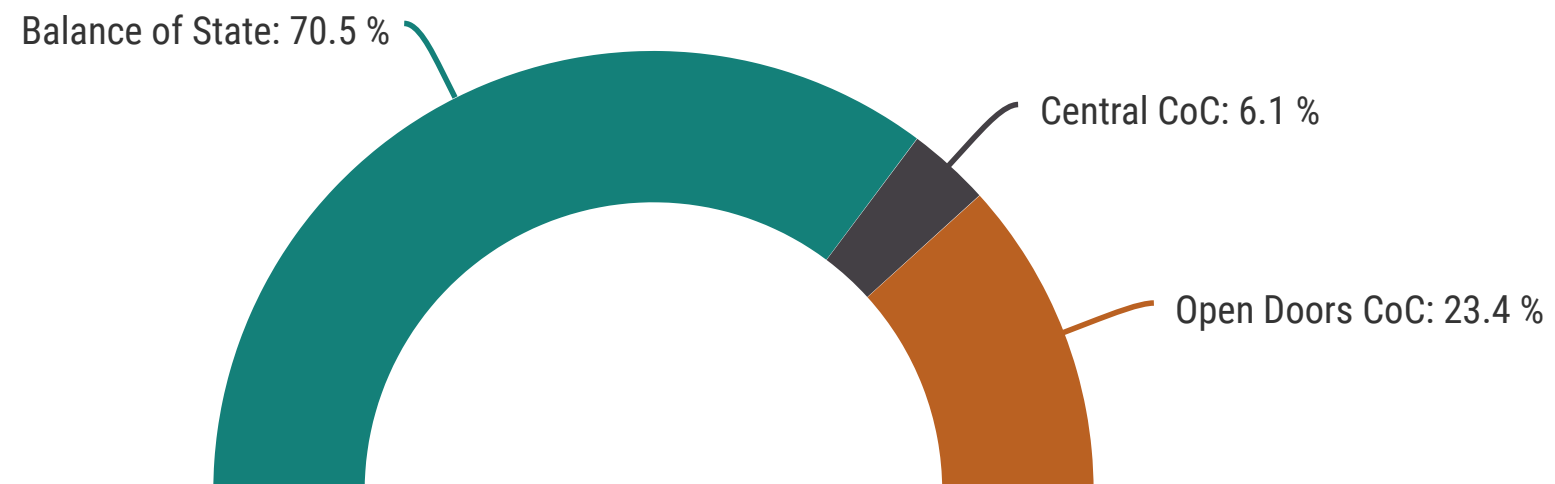
MS Unemployment by CoC



MS COVID-19 Active Cases by CoC



MS COVID-19 Deaths by CoC





# Open Doors Homeless Coalition

11975 Seaway Road – Suite A220 – Gulfport, Mississippi 39503

Phone: 228-604-2048 – Fax: 228-604-2049

## **MS-503 CoC COVID 19 Plan for Persons Experiencing Homelessness**

### **Unsheltered Persons Hospitalized for COVID 19**

The Culhane model predicts that 13 persons who are unsheltered will be hospitalized for COVID 19 symptoms/ complications. This group will transfer to Camp Shelby for convalescence after the acute care has ended. We have requested that Open Doors Homeless Coalition be notified when an unsheltered person enters convalescent care so that the housing process can begin. We are expecting a referral process similar to CHOICE.

**RRH need for this population: \$130,000 (\$10,000 per person for rental assistance, case management, linkages to community-based services, transportation)**

### **Unsheltered Persons who Test Positive for COVID 19 or at-risk for COVID 19 but do not Require Hospitalization: Isolation**

The Culhane model predicts 125 infections of persons experiencing homelessness. In an effort to prevent infections of unsheltered persons, Open Doors Homeless Coalition proposes to offer hotel stays for up to 60 days and then exit to housing. Costs for this model:

Emergency hotel for up to 60 days per person: \$375,000 (up to 125 people x \$50 per night over 240 days with an average of 60 days stay per person)

Cleaning for rooms of persons who become ill: \$80,000 (800x100)

Security for 240 days: \$80,640 (\$14 per hour 24/7)

Medical Case Manager \$30 per hour, 8 hours per day for 240 days: \$57,600

Transportation to hospital for persons who become ill: \$20,000 (200x100)

Supplemental Food (partner with food kitchens for primary food): \$60,000 (\$8 per day per person)

RRH at exit: \$1,037,500 (average \$8300 per person for case management and rental assistance)

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**Total Emergency for Population: \$673,240**

**Total RRH for Population: \$1,037,500**

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Total for the Population: \$1,710,740

### **Prevention**

The Mississippi Gulf Coast shut down all casinos, in-room dining of restaurants, bars, and entertainment on March 20, 2020. The week-ending March 28, 2020, unemployment claims spiked to 7612 in the Coastal counties that make up the MS-503 CoC. The numbers per county are:

Harrison: 4022

Jackson: 2331

Hancock: 681

Pearl River: 311

George: 146

Stone: 121

Presuming that most people will obtain enhanced unemployment benefits and will return to work, Open Doors Homeless Coalition estimates that 4% will not return to work due to COVID 19 reasons and will not be adequately compensated. This would mean that roughly 304 households would need prevention services. At an average of \$3100 per household, the cost for homelessness prevention would be **\$942,400**.

### **Summary**

**In order to meet the catastrophic needs presented by COVID 19, Open Doors Homeless Coalition requests:**

**Emergency Assistance:     \$673,240     (24%)**

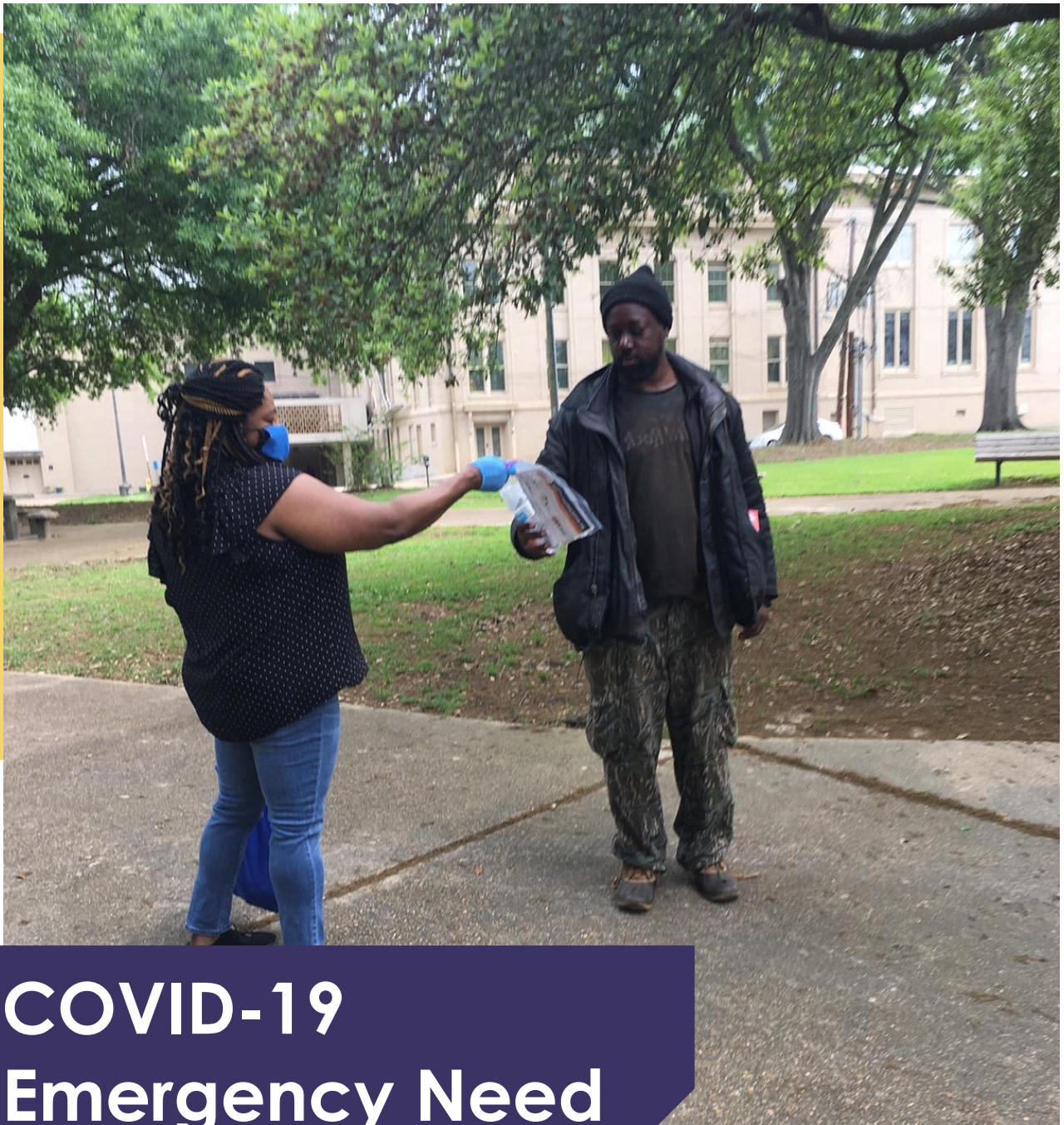
**RRH:                                 \$1,167,500 (42%)**

**Prevention:                       \$942,400 (34%)**

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**Total:                                 \$ 2,783,140**





# COVID-19 Emergency Need

## Central MS Continuum of Care

Email: [cknights@stewpot.org](mailto:cknights@stewpot.org)

Tel: 601-941-3878



# SHELTER SERVICES

The Central MS CoC has approximately 240 sheltered homeless individuals. Shelters in the Central MS CoC coverage area have extremely limited space due to the Center for Disease Control's (CDC) 6 feet guideline for shelter beds. Therefore, these shelters need additional space especially for people who may be at higher risk of moderate to severe disease because of certain conditions. These shelters also need more funding to cover the cost of staff, supplies and furnishings.

The Central MS CoC needs isolation housing where individuals and families with suspected or confirmed COVID-19 can safely stay. Hotel/motel vouchers are an ideal solution for isolation housing. The Culhane model projects 155 infections for the Central MS CoC coverage area. Costs to cover isolation housing for at least 60 days are provided below:

Hotel Stay (60 nights x \$45 per night X 155 people)	\$418,500
Security (120 days X \$12 per hour X 24 hours per day)	\$34,560
Medical Case Manager/Nurse (8 hours X \$30 per hour X 120 days)	\$28,800
Transportation (\$250 per ride X 116 [75% of infections])	\$29,000
Food Services (\$10 per day X 155 X 60 days)	\$93,000
<b>Total</b>	<b>\$603,860</b>

# STREET OUTREACH

People experiencing unsheltered homelessness (those sleeping outside or in places not meant for human habitation) are at risk for infection when there is community spread of COVID-19.

Approximately 148 people are experiencing unsheltered homelessness in the Central MS CoC coverage area. This population will need various services including supplies for urgent physical needs (i.e., hand sanitizer, soap, masks), case management to coordinate medical care, and transportation to and from medical care. Additionally, agencies may need to acquire additional staff and said staff will need personal protective equipment including masks, disposable gloves, and hand sanitizer.

The Culhane Report projects 17 hospitalizations for the unsheltered population in the Central MS CoC coverage area. To address the need of this population adequately, **the Central MS CoC estimates this cost at \$10,000 per client, which totals \$170,000.**

# RAPID REHOUSING

The Central MS CoC will offer rapid rehousing services to all clients affected by COVID-19. These services include short-term rental assistance, housing placement services, and case management.

Based on local data, **the Central MS CoC estimates \$566,000 as the cost for rapid rehousing services to the 155 infected individuals.**

The Central MS CoC has partnered with Mississippi Emergency Management Association (MEMA) to refer all homeless individuals receiving medical care at a convalescent care facility and served by our coverage area. Such referrals will receive rapid rehousing services upon exit from care.

# HOMELESS PREVENTION

The COVID-19 crisis in Mississippi has resulted in significant job loss. Roughly 87,000 Mississippians have filed for unemployment benefits since mid-March. This is an 8000% increase since the COVID crisis began. Based on the U.S. Census Bureau's July 1, 2019 population estimates, the Central MS CoC coverage area serves 19% of the state's population. Considering the multiple business closings in this community and insufficient unemployment benefits, homeless prevention funding will be needed to keep residents housed. The Central MS CoC will offer homeless prevention services such as short-term rental assistance, rental arrears, and housing stability case management to eligible individuals and families. The CoC estimates that 248 households will need homeless prevention services. With this service expense at \$3200 per household, **the Central MS CoC coverage area will need \$793,600 to provide homeless prevention services to those affected by COVID-19.**

<https://www.wapt.com/article/87000-mississippians-have-filed-for-unemployment-in-past-few-weeks/32098521>

# FINANCIAL SUMMARY

The Central MS CoC projects the following costs to prevent, prepare for, and respond to the coronavirus pandemic (COVID-19) among individuals and families who are homeless or receiving homeless assistance.

ACTIVITY	AMOUNT
Shelter Services including hotel vouchers	\$603,860
Street Outreach	\$170,000
Rapid Rehousing	\$566,000
Homeless Prevention	\$793,600
Total	\$2,133,460

SOURCE	AMOUNT
City of Jackson	\$575,203
Mississippi Home Corporation	\$1,558,252
Total	\$2,133,460