

**MARICOPA ASSOCIATION OF GOVERNMENTS
CONTINUUM OF CARE REGIONAL COMMITTEE ON HOMELESSNESS
MARCH 18, 2013 MEETING MINUTES**

MEMBERS ATTENDING:

Tammy Albright, City of Mesa
Karia Basta, Arizona Department of Housing
Cheryl Belcher, Catholic Charities
Donna Bleyle, Arizona Department of Economic Security
*Kathryn Brown, Arizona Department of Corrections
Rick Buss, Town of Gila Bend, Town Manager
*Kendra Cea, APS
*Krista Cornish, Town of Buckeye
Libby Bissa for the Phoenix Family Advocacy Center
Catherine Rea Dunning, Community Information & Referral Services
Shana Ellis, City of Tempe, Councilmember
*Janeen Gaskins, City of Surprise
Trish Georgeff, Maricopa County
Kevin Hartke, City of Chandler, Councilmember, Vice Chair
Theresa James, City of Tempe
*Michael Johnson, City of Phoenix, Vice Mayor
Nick Margiotta, Phoenix Police Department
Michael McQuaid, Human Services Campus
Frank Migali, Arizona Department of Education
Linda Mushkatel, Maricopa County
Darlene Newsom, UMOM New Day Center
Joanne Osborne, City of Goodyear, Vice Mayor, Chair
Sean Price, Arizona Department of Veterans Services
Gina Ramos Montes, City of Avondale
Amy Schwabenlender, Valley of the Sun United Way
Joan Serviss, Arizona Coalition to End Homelessness

OTHERS PRESENT

Chris Burke, Recovery Innovations
Brad Bridwell, Cloud Break
Brian Petersen, HOM Inc.
Mike Bell, SVDP
Robert Ruocco, Homeward Bound
Matt Ligouri, City of Goodyear
Tom Hutchinson, A New Leaf
Todd Sherman, Native American Connections
Billie Cawley, CASS
Terri Leveton, NOVA Safe Haven
Kimberly Thomspson, LCSA
Margaret Kilman, DES
Dana Bailey, Homeward bound
Miranda Jilek, Lifewell Behavioral Wellness
John Wall, AHI
Dottie O'Connell, Chicanos por la Causa
Esther Emadi, SBH
Nicky Stevens, ABC
Charles Sullivan, ABC
Anthony Irby, Department of Veteran Affairs
Charlene Flaherty, CSH
Ted Williams, ABC
Mattie Lord, UMOM
Gilbert Lopez, City of Glendale
Dick Geasland. Sojourner Center
Michelle Thomas, CIR
Kim VanNimwegan, VSUW\
Karen Kurtz, Community Bridges
Keith Thompson, Phoenix Shanti
Jim Medis, ABC
Nancy Marion, House of Refuge
Laura Peters, LCSA
Chris Tompkins, Tumbleweed
Rachel Brito, MAG
Brandee Mead, MAG

Jacki Taylor, Save the Family
*Margaret Trujillo, MG Trujillo Associates
Ted Williams, Arizona Behavioral Health Corp.
Diana Yazzie Devine, Native American
Connections

*Those members neither present nor represented by proxy.
+Those members present by audio or videoconference.

1. Call to Order and Introductions

Chair Joanne Osborne, Vice Mayor, City of Goodyear, called the meeting to order at 1:39 p.m. Chair Osborne requested a roll call of the Committee and roll call attendance ensued. An introduction of the audience ensued.

2. Call to the Audience

Audience members were given an opportunity to address the Committee. No comments were made.

3. Approval of the January 14, 2013 Continuum of Care Regional Committee on Homelessness Meeting Minutes

A motion was requested to approve the January 14, 2013 meeting minutes. A motion to approve the minutes was made by Mike McQuaid, Human Services Campus. The motion was seconded by Rick Buss, Town of Gila Bend. The motion passed.

4. Committee Officer Appointments

Chair Osborne referenced a memo that was sent with the meeting materials regarding letters of interest for the Vice Chair position of the Continuum of Care Regional Committee on Homelessness. She indicated that her term as Chair of the MAG Continuum of Care Committee ends in June and Vice Chair Kevin Hartke will ascend to the Chair position. Chair Osborne stated that letters of interest for the Vice Chair can be submitted to the MAG Regional Council Chair.

5. Continuum of Care HEARTH Act Implementation Update: Coordinated Assessment System

Chair Osborne thanked Piper Ehlen, technical assistance consultant from HomeBase, for calling in to the meeting. Ms. Ehlen provided an update on the progress being made on the development and implementation of a regional Coordinated Assessment System.

Ms. Ehlen thanked members of the Committee and indicated that she would provide an overview of the technical assistance and update members on next steps. During the Notice of Funding Availability (NOFA) blackout period, the consultants reviewed all of the program assessment forms that were submitted. A single set of assessment tools was created for the Continuum to be used for the Coordinated Assessment process. She noted that they had a community site visit two weeks ago and presented the tools to two separate focus groups

representing more than 60 stakeholders. Ms. Ehlen said the tools that were presented represent an assessment process that would happen in phases. The first phase of the process is to assess for prevention and diversion resources. The second phase of the process is a shelter assessment and prioritization tool, followed by a housing assessment and prioritization tool. She continued that the tools are not meant for an in-depth assessment but rather a short assessment to determine which intervention would be the best fit. Once the initial assessment and referral is made, programs can conduct a more in-depth assessment to determine what services would be most appropriate for the individual or family's needs.

The draft tools were presented to the providers during the focus group sessions. Providers were asked to take the tools to their agencies, test them out, and then report feedback to Brande Mead. Ms. Mead will conduct a feedback session on March 22nd and will forward the notes from the feedback session to the technical assistance consultants who will make changes to the tools as needed while keeping with the integrity of the tools.

Ms. Ehlen asked for questions or comments about the tools. Ted Williams, Arizona Behavioral Health, asked if there was still an opportunity to provide input on the tools. Ms. Ehlen responded that there is still opportunity to provide input in the development of the tools. Ms. Mead informed the Committee that a listening session is being held on March 22nd at 2:00 p.m. at MAG and is an opportunity to provide feedback on the tools.

Ms. Ehlen said that next steps include the listening session on the 22nd, as well as beginning to identify coordinated assessment centers or gateways. She reminded the Committee of the decision to have multiple assessment centers or gateways. Another next step is to create a resource development strategy. Ms. Ehlen recommended creating an ad hoc working group to research potential funding for the coordinated assessment project. She continued that HomeBase is creating some outlines for the CoC of the costs associated with coordinated assessment. Ms. Mead asked for volunteers to serve on an ad hoc resource development group. The following members volunteered: Jacki Taylor, Save the Family, Ted Williams, Arizona Behavioral Health Corporation, and Amy Schwabenlender, Valley of the Sun United Way.

Ms. Mead added that she will be coordinating a system mapping session to take place in April. The purpose of the mapping session is to map out the current homeless delivery system from entry to exit. She said that the mapping exercise will help to see the process that is in place, the relationships that exist between providers, and identify natural gateways within the community.

Chair Osborne thanked Piper Ehlen for calling in and providing the update.

6. Continuum of Care HEARTH Act Implementation Update: CoC Governance Structure

Chair Osborne stated that the HEARTH Act requires that the makeup of the Continuum of Care include specific representatives within the geographic area of the Continuum and that it has a Board that is the decision making group responsible for making decisions on behalf of the Continuum of Care.

Ms. Mead reviewed information on the HEARTH Act. She reminded members that the CoC Action Plan includes making necessary changes to the Continuum's governance structure to be in compliance with the HEARTH Act requirements. Ms. Mead referred to a handout provided to members with information on the HEARTH requirements as well as options for a governance structure. She explained that the HEARTH Act requires a CoC Board, which is responsible for making decisions on behalf of the Continuum of Care. She added that HEARTH describes the Continuum of Care as being made up of certain representatives. She added that we are required to have a Board and will be developing a governance charter that will need to be updated every five years and meet the conflict of interest requirements in the HEARTH Act.

Ms. Mead said that the regulations state that the CoC Board members include homeless or formerly homeless representatives. She added that HUD may require that Boards have a Chair and Vice Chair, ESG representative, that members may not have a conflict of interest regarding funding or potential funding. Ms. Mead acknowledged that not all organizations are currently represented on the CoC and outreach will need to be done to bring some representatives who are not currently engaged. She said the following groups are not currently participating: representatives from the business community, mental health providers, hospitals, universities, affordable housing developers, and homeless or formerly homeless persons.

Diana Yazzie Devine stated that Native American Connections is one of the largest affordable housing developers so that group is represented currently. Ms. Mead thanked her for pointing that out.

Ms. Mead continued that the Continuum of Care is responsible for carrying out all of the responsibilities outlined in the HEARTH Act. She said that there are many requirements under of the HEARTH Act that the Continuum of Care will be responsible for and she referred members to the handout with all the requirements. Ms. Mead said there are several different ways that the Board could be developed and she referred to the handout that includes three difference models of governance structure that can be used to start the conversation.

Ms. Mead talked through option A, B, and C included in the handout. Option A includes a CoC Board, made up of five to thirteen members. She indicated that membership is small on the Board because it would be an executive decision making group. Reporting to that group would be a Continuum of Care Committee that would have non-duplicative members that would make recommendations to the CoC Board. Ad hoc stakeholder groups would meet as needed to work on the actions in the HEARTH Act. Within that group there could be a Providers Council, made up of Executive Director's of homeless programs, a Veteran's Working Group, and an ESG Collaborator's group. In addition, there would be the HMIS groups that already exist, including the HMIS Advisory Council, HMIS Data Quality Group, and HMIS User Group.

Ms. Mead asked for questions on option A before talking about option B. Mr. Williams asked if HEARTH Act has requirements on the representatives needed to be included on the CoC Board. Ms. Mead responded that HEARTH has two board membership requirements, a homeless or formerly homeless representative and that it includes representatives of the subpopulations within the CoC geography.

Darlene Newsome, UMOM, asked if there is a requirement that the CoC Board stay at MAG. Ms. Mead responded that HEARTH does not require that the Board be located at MAG but that MAG, as the lead agency, prefers that the CoC Board remain at MAG within the structure of the CoC.

Ms. Mead continued with her presentation, explaining Option B in the handout. She said that option B is similar to option A however the CoC Advisory Group would not have official membership. She indicated that under this model, anyone could participate in the Advisory Group. Ms. Mead continued, explaining that this model of an Advisory Group without official membership is working in another Continuum. In that Continuum, the Advisory Group meeting takes place directly before the CoC Board meeting. CoC Board members are present at the Advisory Group meeting to listen to the discussion and then the CoC Board meets directly after the Advisory Group to make decisions based on the discussion at the Advisory Group meeting.

Ms. Mead continued to describe option B, indicating that it would also include Ad Hoc Stakeholders groups and HMIS. She stated that the difference between option A and option B is that option A has official membership on the CoC Advisory Group whereas option B does not include official membership but rather is open to anyone who wants to participate in the discussion. The challenge to option B would be ensuring that all the members outlined in HEARTH would be represented on the Continuum.

Chair Osborne voiced her concern that it would be hard to get all the required representatives to participate under option B if there is not official membership.

Donna Bleyle, Department of Economic Security, commented that she believes it would be better to have official membership on the Advisory Group to ensure compliance under the HEARTH Act with respect to required representatives.

Ursula Strehans, Maricopa County, asked about the size of the other Continuum that operates with a model similar to option B. Ms. Ehlen responded that the other Continuum is a suburban County of San Francisco and they have urban, rural and suburban representatives within the CoC. She added that the County is smaller than Maricopa County but they have participation from about 50 to 60 individuals during meetings. She added that membership is completely voluntary and is not official. Meeting notices go out to about 250 people, and they have great input from the advisory group. She stated that the Continuum also has an executive decision making group made up of 13 members. Ms. Ehlen continued, stating that the business community is not well represented within this CoC either and they need to do more outreach with universities but the other groups are well represented.

Ms. Mead continued discussing the governance options, describing option C. She noted that option C does not include an Advisory Group. Under the option C model, Ad Hoc stakeholder groups would report directly to the CoC Board. Theresa James asked if the Ad Hoc groups would meet all year round. Ms. Mead responded that the Ad Hoc groups would meet as needed depending on the charge of the group. She said that it may be appropriate for some of those groups to meet year round.

Catherine Rea Dunning, Community Information and Referral, commented that the Planning Subcommittee, as it exists now, is not included in any of the options and asked if it would be eliminated. Ms. Mead responded that yes, the Planning Subcommittee would not exist under options A, B, and C. She added that she reviewed the membership of the Planning Subcommittee and that many of the members are providers or municipalities that are also represented on the Continuum of Care Committee. She added that the provider representatives could serve on a Provider's Advisory Group and this would potentially increase provider input in the governance structure.

Nick Margiotta, Phoenix Police Department, commented that he is not comfortable with a group that does not have official membership. He said that he believes there is value to having official membership in obtaining continuity among the group. He added that a Continuum of Care Board would be better represented by non-provider representatives that are able to take a broader community view on issues. He voiced his support for a Board that is made up of community leaders and stakeholders and one that is less provider-driven. Mr.

Margiotta asked if the CoC Board would have the decision making power for the Continuum or if decisions would need to go through the broader MAG structure. Ms. Mead responded that the CoC Board would be the decision making group and that decisions would not need to go through the broader MAG structure. Ms. Mead added that the Providers Advisory Council could elect a provider to serve on the CoC Board who would be representative of the larger group of providers.

Ms. Bleyle indicated that she would be comfortable with option C because it does not include an Advisory Group. She feels that the current CoC Committee offers a great opportunity for input from a variety of groups. She indicated her preference for option A. Chair Osborne agreed with Ms. Bleyle and said that the goal is not to create silos in any way and should include a structure that encourages broad community input.

Ms. Newsome commented that she would like to think outside the box and see the CoC Board be located outside of the MAG structure. She expressed frustration when the group can't take a stance on issues and legislation. She added that she would like to see a higher level of leadership that has an impact on policymakers. Ms. Newsome added that the current process is frustrating because issues have to go to another level. She noted letters are never written and the group never takes a stance on anything. She added it would be nice at a higher level to take a stance on issues that impact the population they are serving. Chair Osborne asked her what those issues were that the CoC could not take a stand on and had to go through the MAG process.

Chair Osborne added that besides the Chair and Vice Chair position, she has not experienced issues that the CoC could not take action on. She noted that last year, the CoC had to overcome many things and feels the group has been working well and does not feel that MAG is the issue.

Ms. Newsome said that issues do not come up at the CoC because people know not to bring them up. She continued that some of the issues have to do with taking a stance on legislative bills, and one of the issues had to do with sex offenders. She added that she is frustrated that a group dealing with more than \$24 million in funding cannot take a stance on issues at a higher level. Chair Osborne said that we can continue to discuss what the CoC Board looks like but for today the group needs to decide what option they would like the structure to look like. Ms. Mead added that the Continuum of Care Committee includes Joan Serviss from the Arizona Coalition to End Homelessness, whose role is to advocate on legislative issues related to homelessness. She added that in the past, when a stance needs to be made on issues, the Arizona Coalition is the appropriate group to take on that role and the community is able to take a stance. Ms. Mead added that the purpose of the discussion today is to recommend a structure and then the membership could be discussed at a future meeting.

Mr. McQuaid made a motion to adopt option A as presented. Mr. Williams seconded the motion to adopt option A. A member of the public clarified that the membership of the CoC Board would be non-duplicative of the Continuum of Care Committee. Ms. Mead indicated that members of the Board would not also serve on the Committee but could attend the Committee meetings and listen to the discussion. Ms. Mead said that under option A, it could be structured so that the Committee met directly before the Board meeting and that members of the Board could attend the Committee meeting to listen to the discussion taking place at that level. Another member of the public asked if under option A if stakeholders who are not official members could still participate in meetings. Ms. Mead responded that even though there would be official membership, the meetings would still be open to the public and public input like they are now.

Theresa James, City of Tempe, asked that the group be as inclusive and participatory as possible and commented that people who are not on the Committee may not participate because they feel they are not formal members. She added that when it comes to MAG, she does not always feel that people can come to the table and speak because the group is very formal.

Linda Mushkatel, Maricopa County, asked when the target date is for these changes to take place. Ms. Mead responded that the CoC has two years from when the HEARTH Act rule was enacted. However, she said that she would recommend that the decision be made soon because of all the HEARTH Act implementation work that needs to be done and decisions related to that work. Chair Osborne said that she appreciates that question because she was hoping that the members could be in place for the new Chair in July.

Mr. Williams commented that he would like to see the Continuum of Care Committee be made up of a broad representation of the community so that it would be as inclusive as possible. He asked about how many members of the Continuum of Care Committee would be expected. Ms. Mead said there is not a set number of members on the Committee under option A but thinks it may need to be larger than the current group because it would need to include representatives from all the areas outlined in the HEARTH Act. A comment was made that it may not be much larger because some of those representatives would serve on the CoC Board.

Mr. Margiotta commented that he does not think that input would be lacking under option A. He said he feels that there would be plenty of opportunity to provide input through the Ad Hoc groups, including the Providers Advisory Council, the Continuum of Care Advisory Group and the Board. He said he feels there would be plenty of funnels for input to come through. He added that he thinks that it is important for the community to realize that times

are changing and that the Board should take on more leadership on where money is going, the needs that exist, and will need to make difficult decisions and some people will not be funded in perpetuity. He said that we need to allow for input but we also need to take action on difficult items. He said there is value in having a smaller group that is making these types of decisions.

Chair Osborne reminded the group that there is a motion and second on the table to recommend option A. She asked if there were any additional comments from members or the public. Darlene Newsome asked what the next step is after recommending an option for the structure. Ms. Mead indicated that the next step would be identifying and recruiting members of the groups. Vice Chair Hartke stated that the recommendations for the groups would come from the Continuum of Care Committee and that the members of the current group and stakeholders would be responsible for developing the membership.

There were no additional comments and a motion and a second on the table to recommend option A. Chair Osborne asked for a vote and option A was approved. Ms. Mead said that the May Continuum of Care agenda will include a discussion on membership.

7. Approval of the Homeless Management Information System (HMIS) Data Quality Plan

Chair Osborne welcomed Michelle Thomas from Community Information and Referral to provide a report on the HMIS Data Quality Plan.

Ms. Thomas introduced the HMIS Data Quality Plan and indicated that it was developed by the HMIS Data Quality Group and approved by the HMIS Advisory Board in January. Ms. Thomas referred to a flow chart as she discussed the plan. She said the plan was based on the 2009 HUD data quality. Ms. Thomas reviewed the following points in the plan:

- Timeliness: client entry need to be done within five days
- Accuracy: 95% of data accuracy is the goal.
- Completeness: 100% of HUD funded programs will enter data in HMIS and 75% of non-HUD programs will enter data in HMIS. 100% of universal data elements will be entered. 10% or less will be null or missing.
- Monitoring: the HMIS team will monitor programs based on the benchmarks in the plan.

Ms. Thomas referred to the report included in the agenda packet and said that the CoC is already meeting the null and missing data HMIS goals as a Continuum. She added that the data in the report is already being reported to HUD. Ms. Thomas said that the Continuum as a whole is doing very well and that they will be working with programs on an individual basis to meet goals.

Ted Williams commented that some of the data is difficult to maintain in scattered housing programs. One data point that is particularly hard to collect is previous zip codes. He added that it is also difficult to update client records when their status changes, for example, when a client gets income. He asked if the update would need to be made within five days of that change. Ms. Thomas said that this is a HUD requirement. She added that the data is entered at entry into the program and the city can be entered. Ms. Thomas addressed the question on when a client file needs to be updated and she said that it needs to be updated within five days of the time the staff does the client update. She said that if a client has documentation on a change in income then that would be entered in HMIS.

Mr. Williams said there is a significant amount of data that is being required and that the CoC wants to be compliant with HUD but the plan seems to be more aggressive than HUD's goals. Ms. Thomas said that HUD requires 95% and that is what the plan is striving for.

Ms. Newsome asked what the HUD requirement is for Universal Data Elements. Ms. Thomas said that HUD requires that 100% of UDE's are answered. Ms. Newsome commented that she does not want the CoC to be more stringent than what HUD is requiring. She added that she doesn't want to be penalized for something that HUD does not require. Chair Osborne asked if the plan has any goals that are higher than HUD's goals. Ms. Thomas replied that the plan includes language that says the CoC will strive to reach 98% and that is higher than HUD's goal. However, she said that the language says "will strive" to reach, not "will meet" the goal. Ms. Thomas referred to HUD's data standards for members to reference.

Catherine Rea Dunning, Community Information & Referral Services, clarified that data quality goals are outlined in HUD's guidance and the CoC is already meeting the goals.

Karen Kurtz commented that she has concerns with the way services are being tracked in HMIS. She gave an example of how she feels data is being manipulated by tracking services for kids when it's the adult who actually received the services. Ms. Thomas said she was not aware of the specific example that Ms. Kurtz spoke about but said she would be happy to work with her to ensure that data is being entered correctly.

Ms. Newsome asked if the goals are set by Community Information and Referral or by HUD. Ms. Thomas responded that the Data Quality Plan before the CoC for approval was developed by Community Information and Referral but that the benchmarks in the plan are based on HUD's requirements. Ms. Dunning clarified that the plan was developed and approved by the HMIS Data Quality group and the HMIS Advisory Council. Ms. Mead reiterated the point that the plan has gone through the appropriate process, being developed

by the HMIS User Group, approved by the HMIS Advisory Group and finally to the CoC for approval. Chair Osborne congratulated the providers in HMIS for having such a high percentage in many of the areas identified in the plan.

Charles Sullivan commented that services are not required but when the HMIS report card is run for his program it brings his score down. He asked for transparency on what they are being scored on and doesn't want to be penalized for something they are not required to do. Ms. Thomas clarified that the report he's referring to is not scored by the HMIS team or the CoC, it is one that programs run individually for their programs. Ms. Thomas added that a program level report is being developed for providers on the benchmarks in the data quality plan.

Chair Osborne asked for a motion to approve the HMIS Data Quality Plan. A motion was made by Ms. Bleye, a second was made by Rick Buss, Town of Gila Bend, and the plan was approved. Both Ms. Newsome and Mr. Williams voted no - to not approve the plan.

8. Veteran's Working Group Update

Sean Price, Arizona Department of Veteran's Services, updated the Committee that a Working Group that will deal with issues related to homeless veterans is being created. Mr. Price said the Working Group meetings will kick off in May and will meet the second Friday of each month. He added that the group will be open to anyone who wants to attend. The group will focus on five areas:

- Coordination of providers and systems
- Homeless Veteran's data
- Strategies to get to a functional zero
- Coordinate CRRC with CoC's Coordinated Assessment
- Communication among the CoC and Veteran's programs

Mr. Price added that many of the veteran's programs are funded by the Veteran's Administration and they have different requirements than the CoC funded programs. He would like to see coordination among the different programs. Ms. Mead thanked Mr. Price for his leadership on the Veteran's Working Group.

9. 2013 PIT Homeless Count Update

Brandee Mead, MAG, informed the Committee that the data from the 2013 Point-in-Time Count is in the process of being completed and analyzed. She indicated that the results from the count will be presented at the Continuum of Care Committee meeting in May.

10. Permanent Housing Locator Tool Demonstration

Joan Serviss, Arizona Coalition to End Homelessness, provided a demonstration of the statewide Permanent Housing Locator Tool. Ms. Serviss thanked all of the volunteers who attended the Arizona Stand Down. The Stand Down welcomed 1,510 veterans. She thanked the Valley of the Sun United Way for coordinating the guest guides and all of the providers and volunteers who attended. She encouraged everyone to mark their calendar for a Coalition Club social event on Wednesday, March 20 at 4:00 p.m. at Bliss Rebar. She said this event will be an opportunity for people to connect with their colleagues. Ms. Serviss also encouraged members to participate in Arizona Gives by donating to a local nonprofit organization. The Coalition will be highlighting all of their partner agencies. March 27 is homeless and housing day at the legislature, she encouraged members to participate and make your voice heard.

Ms. Serviss updated the members on the Permanent Housing Locator Tool. The tool came out of the Arizona Commission on Homelessness and Housing. The Arizona Department of Housing connected with Socialserve.com and they developed the permanent housing locator tool. The tool is specific to Case Managers or Housing Specialists. Users of the tool need to register and credentials assigned are user specific. The tool is meant to be a resource for clients. The tool will help Case Managers and Housing Specialists know what housing resources are available in the community. It will broaden the knowledge net of what may be available for clients throughout the community. In addition, the tool will track the queries made so it can be used at some point to see what the needs and gaps are in the community. She asked that test queries are not run so that false data is not created. Ms. Serviss demonstrated to the CoC how to access the website through the Arizona Department of Housing website. She encouraged providers to sign-up on the laptops that are setup by the meeting sign-in sheets. Ms. Serviss mentioned that the system does not have real-time bed availability but it is a first step toward more knowledge on housing options in the community. In addition, she encouraged providers to use the feedback tool to update the tool and options that are available in the community. She added that the tool is statewide in scope. Ms. Serviss said they are encouraging feedback on the tool as people are using it. Chair Osborne thanked her for the presentation and for educating the CoC members on the tool.

11. Announcements

An opportunity was provided for Committee members to present a brief summary of current events. The Committee is not allowed to propose, discuss, deliberate or take action at the meeting on any matter in the summary, unless the specific matter is properly noticed for legal action.

Joan Serviss mentioned the Coalition Club social event at Bliss Rebar on March 20 at 4:00 p.m. She also mentioned Homelessness and Housing Day at the Legislature on March 27 at 8:30.

Amy Schwabenlender said the next Project Connect event is April 11 at Broadway Christian Church.

Ms. Mead announced that all of the renewal projects listed in Tier One will be funded by HUD. She said that HUD made the announcement recently and all of the CoC's Tier One projects received full funding. She added that HUD indicated that Tier Two and new project announcements will be made at another time.

12. Adjourn

The meeting was adjourned at 3:32 p.m. The next Continuum of Care Regional Committee on Homelessness is scheduled for May 20, 2013.