

April 6, 2016

TO: Members of the MAG Continuum of Care Regional Committee on Homelessness

FROM: Mattie Lord, UMOM New Day Centers, Chair
Jacki Taylor, Save the Family Foundation of Arizona, Vice Chair

SUBJECT: MEETING NOTIFICATION AND TRANSMITTAL OF TENTATIVE AGENDA

Meeting - 9:30 a.m.

Wednesday, April 13, 2016

MAG- 2nd floor Ironwood Room

302 N. 1st Avenue

Phoenix, AZ 85003

(Parking is available from the garage below the building. Bring your parking ticket to the meeting for validation.)

The next MAG Continuum of Care Regional Committee on Homelessness (CoC) meeting will be held at the time and place noted above. Members of the CoC may attend either in person or by phone. Supporting information is enclosed for your review.

The meeting agenda and resource materials are also available on the MAG website at www.azmag.gov. In addition to the existing website location, the agenda packet will be available via the File Transfer Protocol (FTP) site at: <ftp://ftp.azmag.gov/ContinuumOfCareRegionalCommitteeonHomelessness>. This location is publicly accessible and does not require a password.

Please park in the garage underneath the building. Bring your ticket to the meeting, parking will be validated. For those using transit, the Regional Public Transportation Authority will provide transit tickets for your trip. For those using bicycles, please lock your bicycle in the bike rack in the garage.

In 1996, the Regional Council approved a simple majority quorum for all MAG advisory committees. If the Human Services Technical Committee does not meet the quorum requirement, members who have arrived at the meeting will be instructed a legal meeting cannot occur and subsequently be dismissed. Your attendance at the meeting is strongly encouraged.

Pursuant to Title II of the Americans with Disabilities Act (ADA), MAG does not discriminate on the basis of disability in admissions to or participation in its public meetings. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the MAG office. Requests should be made as early as possible to allow time to arrange the accommodation.

If you have any questions, please call the MAG office.

MAG CONTINUUM OF CARE REGIONAL COMMITTEE ON HOMELESSNESS (COC)
TENTATIVE AGENDA
April 13, 2016

COMMITTEE ACTION REQUESTED

1. Call to Order

2. Call to the Audience

An opportunity will be provided to members of the public to address CoC on items not scheduled on the agenda that fall under the jurisdiction of MAG, or on items on the agenda for discussion but not for action. Citizens will be requested not to exceed a three minute time period for their comments. A total of 15 minutes will be provided for the Call to the Audience agenda item, unless CoC requests an exception to this limit. Please note that those wishing to comment on agenda items posted for action will be provided the opportunity at the time the item is heard.

3. Approval of March 9, 2016 meeting minutes.

The draft minutes for the March 9, 2016 meeting are posted with the meeting materials.

4. Data Sharing Recommendations-Affinity Groups

PSDQ formed an Ad Hoc Data Sharing Group to develop options for a community-wide data use and management plan. The group met during the months of January and February to discuss documents and approaches to data sharing and data use. HUD TA facilitated a community meeting to aid relevant community stakeholders in achieving consensus on the issue. PSDQ will report on the consensus positions regarding "affinity groups". A draft Affinity Group document and Policy for Establishing Affinity Groups Document were distributed with the meeting materials. There may be action to recommend options to the Board.

2. Information.

3. Approval of the March 9, 2016 Continuum of Care Committee meeting minutes.

4. Information, discussion, and possible action to recommend data use and data sharing options to the Board.

MAG Continuum of Care Regional Committee on Homelessness-April 13, 2016

5. Data Sharing Recommendations-Documents

The Ad Hoc Data Sharing Group drafted a new community Release of Information form and Baseline Privacy Notice for the community that will address data use and data sharing. PSDQ has reviewed and revised the documents and will present them to the Committee for feedback. A draft Release of Information and Baseline Privacy Notice were distributed with the meeting materials.

6. Recovery Housing Recommendations

The Permanent Housing Work Group convened a special session on the role of recovery housing in the CoC. The PHWG will present recovery housing recommendations for Committee approval. A draft Recovery Housing Recommendations was distributed with the meeting materials.

7. CoC Conflict of Interest Policy

The Committee will consider clarifying that the Conflict of Interest Policy in the Governance Charter applies to the CoC's Work Groups and Ad Hoc Groups. A draft Conflict of Interest Disclosure Form was distributed with the meeting materials.

8. Performance Improvement Plans and Processes

Discussion regarding Performance Improvement Plans and Processes. Possible creation of flow chart and desired timeline.

9. Letter in Sanctioning Homeless ID Project

Homeless ID Project is looking to utilize a new law in California that would allow them to order California birth certificates free of charge for homeless clients. In order to be an eligible organization - the Project needs to be "*sanctioned to provide those services by a local homeless continuum of care organization.*" The Committee will consider sanctioning the work of the Homeless ID Project to provide services to

5. Information, discussion, and possible action to recommend Board adoption of the Release of Information and the Baseline Privacy Notice.

6. Information, discussion, and possible action to adopt the Recovery Housing Recommendations.

7. Information, discussion, and possible action to adopt a CoC Conflict of Interest Policy.

8. Information, discussion and possible adoption of timeline and flow chart for Performance Improvement Plans and Processes.

9. Information, discussion and possible recommendation to sign letter in support of the Homeless ID Project.

those experiencing homelessness in Maricopa County. A draft letter of support was distributed with the meeting materials.

10. Reports from Work Groups and Board

The following updates will be provided for information and discussion:

- Performance Standards and Data Quality (PSDQ)
- Coordinated Entry and Oversight Work Group (CEOWG)
- HMIS Committee
- ESG Collaborators
- CoC Board

11. Systems Level Performance Measure Dashboard

Preview of a Systems Level Performance Measure Dashboard. CIR will present a draft Systems Level Performance Measure Dashboard report for Committee feedback.

12. Discussion of HUD Technical Assistance for Projects that Received Low Scores in NOFA Review

HUD TA will be visiting the CoC on May 17 to assist projects that received low scores in the NOFA review. Discussion about ideas for the TA and what providers would like to cover.

13. CoC Education Policy

Discussion and ideas for a CoC Education Coordination Policy.

14. Request for Future Agenda Items

Topics or issues of interest that the MAG Continuum of Care Regional Committee on Homelessness would like to have considered for discussion at a future meeting will be requested.

10. Information and discussion only.

11. Information and discussion only.

12. Information and discussion only.

13. Information and discussion only.

14. Information and discussion of future agenda items.

15. Comments from the Committee

An opportunity will be provided for Continuum of Care Committee (CoC) members to present a brief summary of current events. CoC members are 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.

Adjournment

15. Information.

MINUTES OF THE
MARICOPA ASSOCIATION OF GOVERNMENTS (MAG)
CONTINUUM OF CARE COMMITTEE
March 9, 2016
MAG Office Building, Chaparral Room

MEMBERS ATTENDING

Karia Basta, Arizona Department of Housing
(ADOH)

*David Bridge, Human Services Campus (HSC)

*Erin Callinan, Arizona Coalition to End Sexual and
Domestic Violence

Kathy Di Nolfi, A New Leaf

*Robert Ferraro, City of Tempe Law Enforcement

Joann Hatton, Arizona Department of Health Services

Scott Hall for Vicki Helland, Community Bridges

#Michelle Jameson, United States Veterans Initiative,
U.S. VETS-Phoenix

Nicole Janich MSW, Arizona State University

Jessa Johnson, Mercy Maricopa Integrated Care
(MMIC)

*Stephanie Knox, Arizona Department of Economic
Security

Mattie Lord, UMOM New Day Center

Alicia Kenney for Nancy Marion, House of Refuge
East

*Neither present nor represented by proxy.

#Attended by telephone conference call.

+Attended by video conference.

OTHERS PRESENT

Rosemary Aguilar, City of Phoenix

Renee Ayres-Benendez, City of Glendale

Billie Cawley, Central Arizona Shelter Services
(CASS)

Catherine Rea, Community Information and Referral
(CIR)

Suzie Martin, Homeward Bound

Kenneth McKinley, Tumbleweed

Linda Mushkatel, Lodestar Day Resource Center
(LDRC)

*Dennis Newburn, City of Mesa

David Olivarez, Terros Safe Haven

*Rodrigo Olivares, Crisis Response Network

Stephen Sparks, Labor's Community Service Agency
(LCSA)

Sara Sims, Phoenix Elementary School District

Ursula Strehphans, Central Arizona Shelter Services
(CASS)

Charles Sullivan, Arizona Behavioral Health
Corporation (ABC)

Stephanie Smith, Native American Connections

Jacki Taylor, Save The Family

Michelle Thomas, Community Information &
Referral

Keith A. Thompson, Phoenix Shanti Group

Dorian Townsend Phd, Sojourner Center

John Wall, Arizona Housing Inc.

Margaret Kilman, Maricopa County Human Services
Department

Denise Majors, Moves That Matter

Barbara Sloan, The Salvation Army

Stephanie Shaw, Area Agency on Aging

Celina Brun, MAG

Anne Scott, MAG

1. Call to Order and Introductions
Mattie Lord, UMOM New Day Center, Chair of the Continuum of Care (CoC) Committee, called the meeting to order at 9:32 a.m. Introductions of the Committee and audience ensued.
2. Call to the Audience
Audience members were given an opportunity to address the Committee on items that were not on the agenda that are within the jurisdiction of the Committee, or non-action agenda items that are on the agenda for discussion or information only.
3. Approval of the February 10, 2016 Meeting Minutes
Chair Lord entertained a motion to approve the February 10, 2016, meeting minutes. A motion to approve the minutes was made by Charles Sullivan, Arizona Behavioral Health Corporation (ABC). The motion was seconded by Karia Basta, Arizona Department of Housing (ADOH). There were no comments. The motion passed.
4. Data Sharing Presentation
PSDQ formed an Ad Hoc Data Sharing Group to develop options for a community-wide data use and management plan. The group met during the months of January and February to discuss documents and approaches to data sharing and data use. HUD TA facilitated a community meeting to aid relevant community stakeholders in achieving consensus on the issue. PSDQ will report on the consensus positions and draft documents for Committee input. There may be action to recommend data sharing options to the Board. A copy of the Maricopa County Data Sharing Decisions was distributed with the meeting materials.

Chair Lord gave the floor to Mr. Sullivan and Margaret Kilman, MCDHS to share the results of the data sharing ad-hoc work group.

Mr. Sullivan: There were no additional documents to share at this time however PSDQ plans to have all documentation prior to the April Committee meeting. There has been movement. The ad-hoc data sharing group has met nine times to discuss data sharing policies and procedures with HUD Technical Assistance. Part of what is holding the group back is that HUD ta is currently unavailable but will be available soon.

Ms. Kilman: thanked everyone for their work. One of the big discussion points is “affinity groups”. Who has access to what level of data? And that will look different to different stakeholders. There would be two main affinity groups; one for households with children (family providers) and affinity group for households without children (singles). The ad-hoc work group is looking for a broad database usage that is client-centered and client-protected. She then opened the floor for comments.

Chair Lord: inquired about why there were 2.5 affinity groups instead of 3 affinity groups.

Ms. Kilman: the youth are divided into two categories, the unique privacy protections of runaway youth 17 and under. The group of persons ages 18-24 would be part of the singles.

Discussion continued.

Anne Scott: added that the 2.5 reference was coined by Chris Pitcher-however it can be changed.

Kenneth McKinley, Tumbleweed: discussed in further detail the movement of the youth coordinated entry world and how it could tie into the coordinated data sharing process.

Discussion continued.

Michelle Thomas, CIR: added that some of the historical shares are already incorporated in the affinity groups.

Suzie Martin, Homeward Bound: inquired about clarification on the title of the family affinity group and informed consent.

Ms. Kilman: the ROI and baseline privacy notice are almost ready to be shared.

Mr. McKinley: inquired about further detail on the breakdowns of the affinity groups.

Discussion continued.

Chair Lord: to clarify not everyone in HMIS would have a purpose to be a part of an affinity group. Organization could be a part of HMIS-sharing the UDE's, but not part of an affinity group. She then inquired whether affinity groups will impact aggregate data reporting.

Ms. Kilman: stated that Chair Lord was correct regarding the purpose of affinity groups and added that according to HUD TA, there should not be any impact on aggregate data reporting.

Chair Lord: inquired about the exact wording of the recommendations that PSDQ and the ad-hoc data sharing group have prepared for the Board.

Ms. Kilman: the recommendations are still being vetted by PSDQ and the ad-hoc data sharing group and will be ready for comments at the April Committee meeting. The intent is for PSDQ to have the recommendation endorsed by the Committee in April before presenting the entire package to the Board in April.

Chair Lord: opened the floor for questions. There were no further comments. She then praised the community for their work and participation in the deliberation of the regional data sharing agreement.

5. Reports from Work Groups

Chair Lord moved to agenda item four, stating that standing verbal updates would be provided by the groups selected at the December Committee meeting. Furthermore, the Committee decided on a consistent format for the reporting process. The reports are for information and discussion by the representatives from the groups listed below. Chair Lord added that the Permanent Housing Work Group will be reporting live at this meeting only and in writing with the remaining work groups thereafter.

Performance Standards and Data Quality (PSDQ): Mr. Sullivan provided the updates listed below.

- Last met February 22, 2016.
- Discussed the community dashboard.
- Had an initial discussion on the oversight of data initiatives.
- MOU was sent to CIR and CIR returned the MOU for final confirmation.
- Received letters of interest for the PSDQ membership process and will be reviewing them on March 10, 2016.

- Should have the MOU ready for input and approval by the April Committee meeting.
- Contributing to the PSDQ portion of the Regional Plan to End Homelessness
- Chair Lord: opened up floor for comments. There were no further comments.

Coordinated Entry and Oversight Work Group (CEOWG): Jessa Johnson, MMIC, provided the updates listed below.

- Continuing to discuss backdoor usage.
- Ms. Scott: working on a conflict of interest policy to apply to all work groups in CoC with recusal process.
- Finalizing grievance policies.
- Developing a formal timeline for Board approval with the recent great news that HUD funding was approved for Coordinated Entry (CE).
- Ms. Martin: inquired about CEOWG's role in defining the CoC.
- Discussion continued.
- Ms. Scott: the CoC is defined in the HEARTH act clearly. The group is currently working on *conflict of interest* and the exact role of CE within the regional CoC.
- Discussion continued.
- Keith Thompson, Phoenix Shanti: inquired if the original intent of CEOWG, serving as a trouble shooter for CE issues, is still the main intent.
- Chair Lord: the group is working on it.
- Discussion continued regarding the CoC defined role in the community.
- Stephen Sparks, LCSA: concerned about non-HUD funded agencies not feeling required to comply like HUD funded agencies.
- Discussion continued.
- Dorian Townsend, Sojourner Center: stated that education is a large part of CE and how it connects agencies.
- Chair Lord: has learned that it is a regulatory process.
- Opened the floor for comments. There were no further comments.

HMIS Committee: Ms. Thomas provided the updates listed below.

- Met twice since the last HMIS Committee meeting.
- HUD announced the official due date for the 2016 Housing Inventory Count which is May 2, 2016.
- 40 percent entered for unsheltered count.
- Bowman released five of the HUD system performance measures. They are still in beta test mode and being reviewed at the HMIS Committee meetings
- Reviewed the 2016 AHAR which was approved by HUD and available on the HMIS website.
- Opened the floor for questions. There were no further comments.

ESG collaborators: Ms. Scott provided the updates listed below.

- Last met on February 11, 2016
- Continuing to work on data elements for ESG reporting.
- Reviewing the regional funding allocation report which was presented by Ms. Kilman and Moe Gallegos, City of Phoenix, at the February Board meeting.
- Continuing work on monitoring and developing a common scope of work and common monitoring protocols between CoC and ESG providers.
- Also working on common outcome measurements.
- Next agenda for March 10, 2016 will focus on the Regional Plan to End Homelessness, developing a common scope of work and the education system policy.

CoC Board: Ms. Scott provided the updates listed below.

- Met on February 22, 2016 and has another Strategic Planning Session following the Board meeting.
- Approved
 - Standards of Excellence for Singles and Families
 - PSDQ membership selection process
- Reviewed the Community dashboard recommended by the Committee
- Viewed the funding matrix that Ms. Kilman presented
- Discussed at the planning session how to manage all of the work groups
- Focused on program and system quality
- Working through all of the work part required by the HEARTH Act
 - Focused on how to manage the work load and then consolidate the policies and procedures of the CoC.
- Have four areas of HUD TA reserved for the CoC.
 - TA for compiling the governance charter
 - TA for Roles and Responsibilities
 - TA for Policies and Procedures
- Working with HUD TA on a monitoring protocol for the continuum and will go before the Committee and PSDQ for input before the Board.
- Also have HUD TA for a half-day session for low performers to increase their score.
- Have HUD TA to work on policy regarding conflict of interest which has been discussed in most groups of the Continuum.
- Will be meeting end of March and will include an update on the National Housing Trust Fund,
- Working with the PIT Planning Work Group to finalize the PIT Planning work plan which will be sent to PSDQ for input and review. The group is also seeking TA and plans to work with PSDQ to identify and develop a new, more appropriate unsheltered street count methodology for the City of Phoenix.

Chair Lord: voiced her concern about why the PIT plan was not initially being vetted through the Committee since the PIT count is a listed responsibility of the Committee-not the PSDQ work group.

Ms. Scott: the PIT Work Plan could be vetted through the Committee in lieu of the PSDQ Work Group; however the issue to be worked regards data, data analysis, and data count tool which is the focus of PSDQ.

Chair Lord: opened the floor for questions.

Committee members were concerned about what would happen if the Board does not approve the data sharing affinity groups.

Ms. Kilman: based on the discussions thus far, if the Board does not approve the affinity groups or the universal wide data sharing, then the result would be that all data sharing remains as-is with a more details, specific, and robust Release of Information.

There were no further comments.

6. Systems Wide Performance Measure Report

In the 2015 NOFA, a question was posed as to the Continuum's policies on connecting participants with education services and the Continuum's relationship with education representatives. The

Committee will brainstorm about ways to strengthen the relationship and what policies and procedures are in place to ensure connection with education services.

Chair Lord: found out that the HMIS dashboard report from Columbus Ohio that the CoC requested looks very different from the Columbus Ohio dashboard that was originally shared. Furthermore, it was disclosed that the dashboard must be done manually for it to look appealing. She feels confident that perhaps the \$265,000 planning funds that MAG will receive or the funders at the Board level can find funding for this project, if it is reasonable. Discussion continued.

Furthermore, the dashboard presented in the meeting materials is an example of what the HMIS Counts dashboard could offer through a local dashboard and it looks promising.

Ms. Thomas: the dashboard does not have any real data on it yet and the final configurations of what will be displayed are still in development.

Catherine Rea, CIR: the project has been in development for the last six months with Washington University in Saint Louis. Arizona 211 is now on the 211 Counts project with active dashboards. The Phoenix/Mesa/Maricopa County Continuum of Care will be the first CoC with active live dashboards on the 211 Counts project.

There were no further comments.

7. Outreach Collaborative

Ms. Scott: the Outreach Collaborative will be reconvening and meeting March 16, 2016 from 2-3:30 pm at MAG.

8. Program Performance Report Score Card:

Mr. Sullivan stated that the score card is still in review and a timeline will be ready once they meet with CIR.

Chair Lord: voiced her concern about the score card being behind by a few months. She does not want the providers to be in the same place they have been for the last three years and hopes that the score card will be ready before the next NOFA. She thanked PSDQ for their diligent work.

9. Program Performance Improvement Process:

Chair Lord: inquired about feedback on a process in place for a Program Performance Improvement Process (PIIP) with applicants that do not perform well.

Linda Mushkatel, LDRC: inquired if best practices were looked at.

Chair Lord: agreed that it would be a good idea to look at what has already been done rather than reinvent the wheel.

Ms. Johnson: discussed the PIIP within her organization.

Discussion continued regarding the PIIP of individual agencies

Mr. McKinley: added that peer support is very important.

Discussion on PPIP's continued.

Ms. Martin: described the unique PPIP that her organization goes through.

Ms. Mushkatel: inquired if a mentoring approach has been used before where a high performing project is paired with a low performing project.

Discussion continued.

Ms. Basta: the state has many regulations that outline performances and facilitate the improvement process. Without on-site monitoring, there is a lot missed. The APR does not communicate enough information.

Chair Lord: with joint on-site monitoring and new CoC planning funds there may be a way to begin the program improvement process.

Ms. Scott: the funding for MAG planning was meant to institute monitoring. Currently seeking HUD TA on establishing the process.

Mr. Sparks: good idea to come up with common threads of struggles and to separate struggles that are out of their control vs. in their control for providers.

There were no further comments.

10. Request for Future Agenda Items

Topics or issues of interest that the MAG Continuum of Care Regional Committee on Homelessness would like to have considered for discussion at a future meeting will be requested.

- Recovery work group update and recommendations
- Data sharing document and recommendations
- CEOWG policies to endorse
- Performance improvement process

11. Comments from the Committee

Chair Lord opened the floor for comments. There were no further comments.

Adjourn

Chair Lord adjourned the meeting at 11:00 a.m. The next meeting will occur on April 13, 2016.

Affinity Groups - Data Sharing

Current Status	Recommendations
Policy and ROIs only pertain to the Homeless Management Information System (HMIS).	Data Sharing Plan would cover both HMIS and databases used for Coordinated Entry.
Data is “co-owned” by the Continuum of Care and the Provider	Create policies and procedures for data sharing, use and disclosure. Resolve “ownership” issue.
Client is notified of data sharing by signing an ROI and viewing a sign posted at intake desks. It is uncertain if current ROI meets minimum requirements.	ROI and agency posted details will be updated to meet minimum requirements for data sharing.
No formal “Privacy Notice” approved by the CoC or available to clients.	A Privacy Notice created documenting data use and sharing system-wide; and with third party entities (e.g. researchers, special initiatives, and funders).
No documented and CoC approved process for disclosing data to third-party entities.	All system data disclosure has a process of CoC approval.
HUD Defined Universal Data Elements and a few other locally-defined elements are shared system-wide to all providers.	Expanded list of data elements shared by affinity group (outlined below).

Affinity Groups are collectives of CoC approved providers, who agree to share client-level data relevant to coordination of services and housing placement. A policy shall be included in our regional plan to determine approval through PSDQ for any future requests to create an affinity group.

Criteria to be evaluated prior to approval may include: need for data sharing outside of an existing affinity group, population being served, and number of agencies participating in affinity group.

Existing groups will be required to have written policies on the criteria for participation, and roles and responsibilities.

MAG CoC Community Data Sharing

Recommended groups:

HMIS participation: Service providers not currently onboarded or participating in the FHH or CES will allow for broad service coverage for the Maricopa Association of Governments CoC. Agencies will be provided with the criteria to participate in other affinity groups if they choose to opt in to the participation standards. All participating agencies will have access to globally shared data elements.

Standing Strong for Families (SSfF)/Family Housing Hub (FHH): Service providers who are fully onboarded to the FHH and serve households with minor children. Data elements above the Universal Data Elements currently shared will be determined by SSfF and approved by PSDQ.

HEART/Single adults: Service providers who are fully onboarded to the Coordinated Entry System (CES) for households with no minor children. Data elements above the Universal Data Elements currently shared will be determined by HEART and approved by PSDQ.

Youth/RHY: Service providers who are fully onboarded to the Coordinated Entry System (CES) for youth; including unaccompanied minors and youth aged 18-24. Data elements above the Universal Data Elements currently shared will be determined by the Youth CES and approved by PSDQ.

CoC Comm 4_13_16 Agenda Item #4 Policy for Establishing Affinity Groups

POLICY FOR ESTABLISHING AFFINITY GROUPS

A guiding principle in the development of the Maricopa Association of Governments CoC Regional Coordinated Entry System (RCES) is the development of a client-centered system of care. The development of a client-centric information system(s) that provides an accurate portrayal of a clients' history of services helps professional service providers to coordinate services and reduces the trauma a client faces when repeating the common information providers collect. The knowledge of the history of services, paired with appropriate client consent, will assist in more appropriate referrals for service and coordination of care. In addition, research and planning efforts that utilize aggregate data help to improve the overall homeless services system and spur the community to adapt and change systems to benefit current and future clients.

Policy: The Maricopa Association of Governments CoC recognizes "affinity groups" that share data based on a business need to know and coordination of care for particular subpopulations of individuals and families experiencing homelessness. The Continuum may limit the number of affinity groups to facilitate the effective management of the HMIS database.

Procedure: Three affinity groups have been approved for the Coordinated Entry Systems. To form additional affinity groups, providers shall present a proposal to the Performance Standards and Data Quality work group stating: 1) the need for the affinity group; 2) potential membership of the affinity group; and 3) the data set to be shared. PSDQ will determine whether the need to form the affinity group outweighs the need for limiting the number of small data share agreements and will carefully scrutinize all applications to determine whether the needs could be met through one of the existing affinity groups. The stakeholder group for established affinity groups may propose additional members to the existing affinity groups to PSDQ. PSDQ may approve additional members without seeking Board approval. Providers should note that the additional affinity groups beyond that which has been previously approved by the Continuum is strongly discouraged. If PSDQ determines there is a need for a **new** affinity group, PSDQ will recommend to the CoC Board the formation of the affinity group. All new affinity groups are subject to CoC Board approval.

Maricopa Association of Governments Continuum of Care Client Data Sharing Release of Information

The Maricopa Association of Governments (MAG) Continuum of Care authorizes providers to utilize data systems, which currently include the Homeless Management Information System (HMIS) and coordinated entry data systems such as Homelink, working together to provide services for those experiencing homelessness. The benefit of sharing your client information is that it will allow us to assist in planning for and providing services to you, the client. This information will be shared among agencies to provide coordination and delivery of your services. Know that all information entered into these databases is protected by passwords, encrypted technology, or other means. Steps are taken to safeguard the information that is entered into the system but no system is infallible.

Provider agencies work together and share detailed information about their clients through databases that track your services. Any provider agency using these systems requires all database users to sign an agreement to keep your information confidential and use it only for program purposes. You are not required to give permission that your information be shared in order to receive services. There are many benefits to sharing your personal information with other providers. We may be able to provide you with more housing options and placement in housing may be quicker if we can coordinate with other agencies. In addition, it will save you from having to repeat information to multiple service providers when accessing services. In addition to benefits of sharing information there are risks. The risks include that some sensitive information about the diagnosis or treatment of a mental health disorder, drug, or alcohol disorder, HIV, AIDS, or domestic violence concerns may be shared to connect you with appropriate services.

The following data elements will be shared:

Personal identifying information such as: name, Social Security Number, and date of birth

Demographic information such as: race, ethnicity, and gender

Information about you that may help in locating housing resources such as veteran status or whether you or a member of your family has a disabling condition.

Information about your history of housing and homelessness such as where you have been living and where we can reach you.

Information about services you have received through other homeless providers.

Additional client information will be shared only with certain agencies to assist in coordinating services. Attached is a list of data elements that will be shared as well as which agencies will be sharing information.

- **Other agencies may join this collaboration in the future and an updated list can be found at [www._____](#).**

In addition, by signing this form, I acknowledge and agree to the following:

- I have received a copy of The Privacy Notice, which describes the ways in which the primary identifying information, and other client data information may be used or disclosed.
- I will not be denied services if I do not consent to data sharing
- I have the right to revoke this consent at any time by completing the Client Revocation Form. I understand that the revocation will not be retroactive to any information that has already been used or disclosed.

____Please indicate by initialing here if you DO NOT AGREE to share your information.

As applicable, I agree to share my information and the information of my family members.

Minor Children (if any):

Child's name: _____ DOB _____ Last 4 digits of SS _____
Child's name: _____ DOB _____ Last 4 digits of SS _____
Child's name: _____ DOB _____ Last 4 digits of SS _____
Child's name: _____ DOB _____ Last 4 digits of SS _____

Client Signature Date

Other party (guardian) Date

Print Name

Relationship to client

Witness Date

Print Name of Organization

Print Name of Organization Staff

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. What This Notice Covers

1. This notice describes the privacy policy and practices of [Name of Agency]. Our main office is at [Address, web address, telephone contact information.]
2. If this agency operates programs which are covered by HIPAA laws, additional privacy information will be provided and supersedes information in this Privacy Notice.
3. Our agency and many others participate in the Maricopa Association of Governments Regional Continuum of Care (CoC). The CoC promotes and funds communitywide goals and programs to end homelessness and utilizes data to make informed decisions.
4. The CoC has approved the use of various data systems for the collection and sharing of personal information including a computer system called a Homeless Management Information System (HMIS) and Homelink a software program utilized for matching clients to appropriate housing interventions. The CoC may approve additional data systems for community use in the future.
5. When a person requests or receives services from this agency or other agencies participating in the CoC, information about them and members of their household will be entered into these computer systems. These computer systems will be used by multiple agencies.
6. The policy and practices in this notice cover the processing of Protected Personal Information (PPI) of this and other agencies utilizing the approved data systems of the CoC. All personal information that the agencies maintain, not just the information entered into the data system, is covered by the policy and practices described in this notice. This policy covers only the programs within the agency that participate in HMIS.
7. Protected Personal Information (PPI) is any information we maintain about a client that:
 - a. allows identification of an individual directly or indirectly
 - b. can be manipulated by a reasonably foreseeable method to identify a specific individual, **or**
 - c. can be linked with other available information to identify a specific client. When this notice refers to personal information, it means PPI.
8. We adopted this policy to provide accurate information about how your data may be used and to comply with the privacy standards for Homeless Management Information Systems (HMIS) and all CoC approved databases. We intend this policy and practices to be consistent with the standards of 69 Federal Register 45888 (July 30, 2004).
9. This notice tells our clients, our staff, and others (such as our funders, the CoC and other social services providers) how we process personal information. We follow the policy and practices described in this notice.
10. We may amend this notice and change our policy or practices at any time. Amendments may affect personal information that we obtained before the effective date of the amendment. All amendments are approved by the CoC Board. Current information about the CoC Board can be found at the MAG website www.azmag.gov/Committees/.
11. We give a written copy of this privacy notice to any individual who asks. We maintain a copy of this policy on the MAG website at www.azmag.gov.

12. The HMIS is administered by Community Information and Referral (CIR). Their office is at 2200 N Central Ave Ste. 211; Phoenix, AZ, 85004. Their website is www.211arizona.org. You can contact the system administrator at 602-908-3605.
13. Homelink is administered by the Human Services Campus/Lodestar Day Resource Center located at 234 S 12th Ave; Phoenix, AZ, 85007. You may contact the system administrator at 602-759-5356.
14. The agency to contact regarding the CoC is the Maricopa Association of Governments located at 302 N. 1st Avenue, Phoenix, AZ 82003. Their phone number is 602-254-6300.

B. How and Why We Collect Protected Personal Information

1. We collect personal information only when appropriate to provide services or for another specific purpose of our agency or when required by law.
2. We may collect personal information for these purposes:
 - a. To provide or coordinate services to clients
 - b. To locate other programs that may be able to assist clients
 - c. To verify information given to us by clients
 - d. For functions related to payment or reimbursement from other services that we provide
 - e. To operate our agency, including administrative functions such as legal, audits, personnel, oversight, and management functions
 - f. To comply with reporting obligations
 - g. To improve services on a system level
 - h. When required by law
3. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand the needs of individuals in the community. We only collect information necessary to coordinate and deliver services.
4. We only use lawful and fair means to collect personal information.
5. We collect personal information with your knowledge and consent. If you seek our assistance and provide us with personal information, we verify your consent to the collection and processing of that information as described in this notice.
6. We may also get personal information, with your consent, from:
 - a. Individuals who are you have identified as part of your household
 - b. Individuals who you have identified as assisting you
 - c. Individuals or organizations you provide for verification of information or references
 - d. Information already collected about you by other agencies that are part of the HMIS
 - e. Other private organizations in the CoC
 - f. Government agencies and their data systems including Regional Behavioral Health Authority
 - g. Public records including internet searches, telephone directories and other published sources
7. We post a sign at our intake desk or other location explaining the reasons we ask for personal information. The sign gives our agency's contact information and the location of this privacy notice.

C. How We Use and Disclose Protected Personal Information

1. We use or disclose PPI for activities described in this part of the notice. **We may or may not make any of these uses or disclosures with your information.** We share client records with other agencies that may have separate privacy policies and that may allow different uses and disclosures of the information.
2. All participating agencies of the CoC share personal client information. The information that is shared with participating agencies may include all information you have provided or has been obtained with your consent. The list of these agencies and the information shared is subject to change. You will be asked to sign a Release of Information to disclose your PPI upon consent. Release of Information document provides specific details of how your information will be shared in the CoC data systems.
3. Agencies use and disclose data pertinent to the services and data collection requirements. Each agency must execute a partnership agreement with the administrator of the data system outlining proper use of the system. All users of the system are required to abide by a code of ethics.
4. **You have the right to opt-out of having information shared with other participating agencies and still receive services from that agency.** If you opt-out of sharing your information, your information will remain in the data system(s) and be subject to the other disclosures in this privacy notice, but the information will not be available to the other participating agencies. If you opt-out of sharing your information, that decision may change what additional resources or agencies are available to you.
5. By signing the Release of Information, you consent to the use or disclosure of your PPI for the purposes described here:
 - a. to provide or coordinate services
 - b. for functions related to payment or reimbursement for services
 - c. to carry out administrative functions such as legal, audits, personnel, oversight, and management functions
 - d. to create de-identified (anonymous) information that can be used for research and statistical purposes
 - e. when required by law to the extent that use or disclosure complies with and is limited to the requirements of the law
 - f. to avert a serious threat to health or safety if
 - (1) we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
 - (2) the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat
 - g. to report about an individual we reasonably believe to be a victim of abuse, neglect or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence
 - (1) under any of these circumstances:
 - (a) where the disclosure is required by law and the disclosure complies with and is limited to the requirements of the law
 - (b) if the individual agrees to the disclosure, or
 - (c) to the extent that the disclosure is expressly authorized by statute or regulation, and
 - (l) we believe the disclosure is necessary to prevent serious harm to the individual or other potential victims, or

- (II) if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.
- (2) when we make a permitted disclosure about a victim of abuse, neglect or domestic violence, we will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:
 - (a) we, in the exercise of professional judgment, believe informing the individual would place the individual at risk of serious harm, or
 - (b) we would be informing a personal representative (such as a family member or friend), and we reasonably believe the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as we determine in the exercise of professional judgment.
- h. for academic research purposes
 - (1) conducted by an individual or institution that has a formal relationship with this agency if the research is conducted either:
 - (a) by an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by a designated agency program administrator (other than the individual conducting the research), or
 - (b) by an institution for use in a research project conducted under a written research agreement approved in writing by a designated agency program administrator.
 - (2) any written research agreement:
 - (a) must establish rules and limitations for the processing and security of PPI in the course of the research
 - (b) must provide for the return or proper disposal of all PPI at the conclusion of the research
 - (c) must restrict additional use or disclosure of PPI, except where required by law
 - (d) must require that the recipient of data formally agree to comply with all terms and conditions of the agreement, and
 - (e) is not a substitute for approval (if appropriate) of a research project by an Institutional Review Board, Privacy Board or other applicable human subjects protection institution.
- i. to a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:
 - (1) in response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena
 - (2) if the law enforcement official makes a written request for PPI that:
 - (a) is signed by a supervisory official of the law enforcement agency seeking the PPI
 - (b) states that the information is relevant and material to a legitimate law enforcement investigation
 - (c) identifies the PPI sought

- (d) is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought, and
 - (e) states that de-identified information could not be used to accomplish the purpose of the disclosure.
- (3) if we believe in good faith that the PPI constitutes evidence of criminal conduct that occurred on our premises
 - (4) in response to an oral request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person and the PPI disclosed consists only of name, address, date of birth, place of birth, Social Security Number, and distinguishing physical characteristics, or
 - (5) the official is an authorized federal official seeking PPI for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others), and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.
- j. to comply with reporting obligations
 - k. to the administrators, vendors and contractors of the CoC approved data systems
6. Before we disclose your personal information that is not described here, we seek your consent .

D. How to Inspect and Correct Protected Personal Information

1. You may inspect and have a copy of your PPI that we maintain. We will offer to explain any information that you may not understand.
2. We will consider a request from you for correction of inaccurate or incomplete personal information that we maintain about you. If we agree that the information is inaccurate or incomplete, we may delete it or we may choose to mark it as inaccurate or incomplete and to supplement it with additional or corrected information.
3. To inspect, get a copy of, or ask for correction of your information, ask a program staff member how to obtain this information.
4. We may deny your request for inspection or copying of personal information if:
 - a. the information was compiled in reasonable anticipation of litigation or comparable proceedings
 - b. the information is about another individual (other than a health care provider or homeless provider)
 - c. the information was obtained under a promise or confidentiality (other than a promise from a health care provider or homeless provider) and if the disclosure would reveal the source of the information, **or**
 - d. disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.
5. If we deny a request for access or correction, we will explain the reason for the denial. We will also include, as part of the personal information that we maintain, documentation of the request and the reason for the denial.
6. We may reject repeated or harassing requests for access or correction.

E. Data Quality

1. We seek to maintain only personal information that is accurate, complete, and timely.
2. We will dispose of personal information and remove personal identifiers not in current use seven years after the information was created or last changed
3. We may keep information for a longer period if required to do so by statute, regulation, contract, or other requirement.

F. Complaints and Accountability

1. Questions or complaints pertaining to the agency serving you should follow the agency's grievance procedure. Questions or complaints that are broader than the services of a single agency or the use of a single data system can be directed to the CoC. If you are unsure where to go, you may go to any agency listed below and we will help you determine the best person to speak with.

[Name of Agency].

[Address, web address, telephone contact information.]

Community Information and Referral (CIR)

2200 N Central Ave Ste. 211

Phoenix, AZ, 85004

www.211arizona.org

602-908-3605

Human Services Campus/Lodestar Day Resource Center

234 S 12th Ave

Phoenix, AZ, 85007

602-759-5356

Maricopa Association of Governments

302 N. 1st Avenue

Phoenix, AZ 82003

602-254-6300

2. All members of our staff (including employees, volunteers, affiliates, contractors and associates) with access to personal information are required to comply with this privacy notice. Each staff member must receive and acknowledge receipt of a copy of this privacy notice.

G. Change History:

1. Version 1.0 April, 2016 – Adopted HUD's baseline privacy notice and approved by the CoC Board.

PHWG Recommendations to CoC Committee 4/13/2016

On February 10th, 2016 the Permanent Supportive Housing Workgroup of the Continuum of Care Committee convened to discuss HUD's Recovery Housing Brief released December 2015 and to consider recommendations for the role of Recovery Housing in our CoC prioritization. The Workgroup reached the following conclusions:

1. Recovery Housing is distinguished primarily by Residents' "preference for living in a housing setting targeted to people in substance abuse recovery with an abstinence focus."
2. Recovery Housing typically applies to site-specific projects where the entire housing setting is considered, not just the isolated living units.
3. Recovery Housing principles mirror many Housing First principles, but differs in some distinct regards:
 - a) Residents choose to live in a recovery community which supports their abstinence. Centralized Intake must have a mechanism to accommodate that choice of residency.
 - b) Recovery Housing may have some drug/alcohol related exceptions to low barrier admission and minimal lease stipulations, which may preclude drug and/or alcohol use by the residents, on the entire property, or in common areas of the property. The sale of drugs on the property may also be precluded prior to an arrest of the resident.
 - c) Recovery Housing projects recognize relapse as an aspect of the recovery process and will work with residents to recover their sobriety, to the extent that the recovery environment for other residents is not impacted.
4. A cursory review of our CoC-funded projects suggest that Recovery Housing operates in about 5% of our total funded housing units. A more thorough assessment is needed.

The Workgroup makes the following recommendations:

1. Our CoC should adopt the Recovery Housing model as a valid alternative to our Housing First approach.
2. Our Recovery Housing inventory should be counted, perhaps using provider report and project assessment.
3. Recovery Housing will be integrated into Central Intake's prospective Residents' choices.
4. Recovery Housing will be weighed equally with other "Community Priorities and Standards" as measured by the Program Performance Report in scoring the HUD Notice of Funding Availability (NOFA) applications.
5. Our CoC might adopt HUD's criteria for effective Recovery Housing as its Standards of Excellence (see below).

PHWG Recommendations to CoC Committee 4/13/2016

Recovery Housing

HUD expects all *Recovery Housing* programs to have the following defining characteristics and effective practices:

- A. Program participation is self-initiated (there may be exceptions for court ordered participation) and residents have expressed a preference for living in a housing setting targeted to people in recovery with an abstinence focus;
- B. There are minimal barriers to entry into programs, so that long periods of sobriety, income requirements, clean criminal records, or clear eviction histories are not required for program entry;
- C. Generally, housing is single-site because of the benefits of the creation of a Recovery Oriented Community, but may include other housing configurations;
- D. Residents have personal privacy and 24/7 access to the housing, with community space for resident gatherings and meetings;
- E. Holistic services and peer-based recovery supports are available to all program participants;
- F. Along with services to help achieve goals focused on permanent housing placements and stability, and income and employment, programs provide services that align with participants' choice and prioritization of personal goals of sustained recovery and abstinence from substance use;
- G. Relapse is not treated as an automatic cause for eviction from housing or termination from a program—research indicates³ that relapse prevention and management can be an important part of homelessness prevention for many program participants—therefore, the program includes relapse support that does not automatically evict or discharge a program participant from the program for temporary relapse;
- H. Discharge from transitional housing or eviction from permanent supportive housing should only occur when a participant's behavior substantially disrupts or impacts the welfare of the recovery community in which the participant resides; however, the participant may apply to reenter the housing program if they express a renewed commitment to living in a housing setting targeted to people in recovery with an abstinence focus;
- I. Participants who determine that they are no longer interested in living in a housing setting with an abstinence focus, or who are discharged from the program or evicted from the housing, are offered assistance in accessing other housing and services options, including options operated with harm reduction principles; and
- J. Permanent housing programs must also abide by all local and State landlord-tenant laws that govern grounds for eviction.

PHWG Recommendations to CoC Committee 4/13/2016

Housing First

1. ***Few to no programmatic prerequisites to permanent housing entry*** – People experiencing homelessness are offered permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. People are also not required to first enter a transitional housing program in order to enter permanent housing
2. ***Low barrier admission policies*** – Permanent supportive housing’s admissions policies are designed to “screen-in” rather than screen-out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.
3. ***Rapid and streamlined entry into housing*** – Many people experiencing chronic homelessness may experience anxiety and uncertainty during a lengthy housing application and approval process. In order to ameliorate this, Housing First permanent supportive housing models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.
4. ***Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability*** - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and utilize new skills and information.
5. ***Tenants have full rights, responsibilities, and legal protections*** – The ultimate goal of the Housing First approach is to help people experiencing homelessness achieve long-term housing stability in *permanent* housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants’ apartments without tenants’ knowledge and permission except under legally-defined emergency circumstances. Many Housing First permanent supportive housing programs also have a tenant association or council to review program policies and provide feedback, and formal processes for tenants to submit suggestions or grievances.
6. ***Practices and policies to prevent lease violations and evictions*** –Housing First supportive housing programs should incorporate practices and policies that prevent lease violations and evictions among tenants. For instance, program policies consistent with a Housing First approach do not consider alcohol or drug use in and of itself to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.g. selling illegal substances.) Housing First models may also have policies that give tenants some flexibility and recourse in the rent payment, which in many subsidized housing programs is 30% of the participant’s income. For example, rather than moving towards eviction

PHWG Recommendations to CoC Committee 4/13/2016

proceedings due to missed rent payments, programs may allow tenants to enter into payment installment plans for rent arrearages, or offer money management assistance to tenants.

7. *Applicable in a variety of housing models* – The Housing First approach can be implemented in different types of permanent supportive housing settings, including: scattered-site models in private market apartments, where rental assistance is provided, and tenants have access mobile and site-based supportive services; single-site models in which permanent supportive housing buildings are newly constructed or rehabilitated and tenants have access to voluntary on-site services; and set-asides, where supportive services are offered to participants in designated units within affordable housing developments.

CONFLICT OF INTEREST POLICY

INTRODUCTION

The Continuum of Care (CoC) relies upon the input and participation of many segments of the community in its decision making. The breadth, depth and diversity of background and experience of the CoC Board, CoC Committee, and the work groups contribute to the Continuum's ongoing ability to successfully address critical community needs and, in turn, demonstrate accountability for allocation of federal resources. This breadth, depth and diversity may also cause, from time to time, conflicting and competing interests to exist within the context of the CoC's decision making process.

To continue to ensure the integrity of this process and to continue to call upon and receive the benefits of involving all segments of the community, it is imperative that decisions made by the CoC Board, CoC Committee, and work groups be free of any undue influence, conflicts of interest, or appearances of impropriety by all participants in the decision making process, at any level. A conflict arises if you, or a business you own or work for, may benefit financially from a decision of the Board, the Committee or a work group. Conflicts may also arise if you have a board position or volunteer for an organization that may benefit financially from a decision of the Board, the Committee, or a work group.

With that in mind, the CoC Board has adopted the following policy in order to identify and publicly disclose any conflicts of interest in order to avoid any appearance of impropriety.

A CoC Board, Committee or work group member must disclose personal, professional, and business relationships when making decisions and taking action on items. If there is a conflict of interest, the member must recuse herself or himself from voting on or taking action on that item.

APPLICABILITY AND SCOPE

This policy applies to all who participate in or influence the CoC Board's decision making, including, but not limited to, CoC Board members, Committee members, members of the CoC work groups, and CoC staff.

Members and staff must avoid conflicts of interest with respect to their fiduciary responsibility.

1. There must be no self-dealing or any conduct of private business or personal services between any member/staff and the organization, to assure openness, competitive opportunity and equal access to inside information.
2. When the CoC Board is to decide upon an issue about which a member has an unavoidable conflict of interest, the member shall absent herself or himself from not only the vote, but also from the deliberation, on the issue.
3. Members/staff will annually disclose their involvement with other organizations, with vendors, or any other associations that might produce a conflict.

DISCLOSURE

It is the responsibility of the CoC Board members to inform all who participate in or influence CoC Board decision making of this policy.

It is then the responsibility of the individual participating in or influencing CoC Board decision making to identify conflicts in interest as they arise from time to time and to thereafter comply with the letter and spirit of this policy. Such disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue.

It is the collective responsibility of the committee or group in which such issues arises to ensure that this policy is carried out. Concerns regarding conflicts of interest should be directed to the Board Chair, who should resolve them within the context of both the letter and spirit of this policy.

Annual written disclosure statements in the form attached to this policy will be obtained by the CoC Board members in order that perceived or actual conflicts can be identified and then disclosed. Individuals should promptly notify the CoC Board and update their disclosure statements as necessary.

IMPACT OF DISCLOSURE OR NONDISCLOSURE

Having disclosed the existence of an actual or perceived conflict of interest, an individual may nonetheless participate in the discussion of a given issue, but must abstain from voting upon that particular issue. That abstention should be reflected in the written minutes of that meeting.

If a conflict of interest is later thought or found to have existed, but was not previously disclosed, inadvertently or otherwise, that information should be brought to the attention of the CoC Board Chair. That person will then proceed to review such matter with the affected individual and proceed to resolve the issue in a manner consistent with this policy.

Continuum of Care Board

CONFLICT OF INTEREST
DISCLOSURE STATEMENT

INSTRUCTIONS

Please complete this form for yourself and for all members of your agency for whom it would be appropriate.

NAME: _____

I. CURRENT CONTINUUM OF CARE AFFILIATIONS Please list all current CoC affiliations.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

CURRENT EMPLOYMENT

POSITION/TITLE: _____

EMPLOYER: _____

CURRENT BOARD MEMBERSHIPS

Please list all the boards of any voluntary organizations on which you are currently a member. Include both those affiliated with CoC Board and those that are unaffiliated.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

CURRENT VOLUNTEER SERVICES WITH CONTINUUM OF CARE AGENCIES

Please list all current volunteer services in which you are currently involved with CoC affiliated agencies or CoC-funded programs.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

BUSINESS OR PROFESSIONAL INTERESTS

Are you an officer, director, member or majority owner of a for-profit organization that directly or indirectly furnishes goods, services or facilities to the CoC? If so, please list.

Please list any organizations in which you are employed or have any financial interests, direct or indirect, that currently conduct business with the CoC.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

CURRENT EMPLOYMENT

POSITION/TITLE: _____

EMPLOYER: _____

ACKNOWLEDGMENT

By signing this document I am affirming that I have been given the CoC Board Conflict of Interest Policy and am familiar with its contents. I am also affirming that the information contained in this disclosure statement is accurate to the best of my knowledge. I agree that as my circumstances change, I will promptly notify the CoC Board Chair and update this disclosure statement.

SIGNATURE: _____ DATE: _____

Note: this information will be kept on file by the CoC Collaborative Applicant - Maricopa Association of Governments. Access by other committee chairs or volunteers will be determined by the CoC Board Chair on an as needed basis.

Please return your complete form to:

Anne Scott
 Human Services Planner
 302 N. 1st Avenue, Suite 300
 Phoenix, AZ 85003
ascott@azmag.gov
 (602) 254-6300

April 8, 2016

State of California - Health and Human Services Agency
California Department of Public Health
Vital Records - MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410

To whom it may concern:

As the Chair of the Maricopa County Regional Continuum of Care Committee, I am very familiar with the Arizona Homeless ID Project and feel confident expressing my full support for the Homeless ID Project as a member and key partner of the Continuum of Care.

Homeless ID Project currently serves clients referred by almost every member agency of the Continuum of Care and a total of 35 organizations throughout Maricopa County. The Homeless ID Project is co-located with both of our coordinated entry access points and provides invaluable services to provide birth certificates and identification needed to access housing resources.

The members of the CoC Committee and I believe the mission to “deliver critical identification replacement services as a first step to empower the homeless to rebuild their lives and end their homelessness” very much aligns with the efforts of the Maricopa County Continuum of Care and the needs of people experiencing homelessness in our region. Therefore, we consider the efforts and services of the Homeless ID Project to be sanctioned by the local Continuum of Care.

Sincerely,

Mattie Lord
Chair, Continuum of Care Committee
Chief Program Officer, UMOM New Day Centers