

MEETING MINUTES
SOUTHERN NEVADA REGIONAL PLANNING COALITION
COMMITTEE ON HOMELESSNESS
February 14, 2013

In attendance:

Stephen Harsin, Chair, City of Las Vegas
Rose Ann Rabiola Miele, City of Boulder City
Barbara Geach, City of Henderson
Kathy Somers, City of North Las Vegas
Tim Burch, Clark County
Paula Zier, Clark County School District
Capt. Shawn Anderson, Las Vegas Metropolitan Police Department
Rey Bouknight, alternate, MGM Resorts International
Stacy Sutton Pollard, Nevada Homeless Alliance
Dr. Carolyn Hughes, Veterans Administration
Marcos Perez, alternate, Southern Nevada Adult Mental Health Services

Absent:

Jodie Gerson, Southern Nevada Adult Mental Health Services
Gordon Absher, MGM Resorts International

Agenda Item 1. Call to order, notice of agenda compliance with the Nevada Open Meeting Law.

Meeting of the Southern Nevada Regional Planning Coalition's Committee on Homelessness was called to order by Stephen Harsin, Chair, City of Las Vegas, at 9:09 am, on Thursday February 14, 2013, at City of Las Vegas City Hall, 495 S. Main Street, Las Vegas, Nevada, 89101. The agenda for February 14, 2013, meeting was duly posted in compliance with the Nevada Open Meeting Law requirements.

Agenda Item 2. Public Comment.

No public comment.

Agenda Item 3. Approval of the Agenda for February 14, 2012; for possible action.

A motion was made to approve the agenda. The motion was seconded and approved unanimously.

Agenda Item 4. Approval of the Minutes from the January 10, 2013 meeting; for possible action.

A motion was made to approve the minutes. The motion was seconded and approved unanimously.

Agenda Item 5. Receive the history and purpose of the Committee and Help Hope Home: Southern Nevada's Regional Plan to End Homelessness from the Regional Initiatives Office; for possible action.

Tyrone Thompson, Regional Initiatives Coordinator with the Regional Initiatives Office (RIO) gave the presentation. Mr. Thompson gave background information of the Southern Nevada Regional Planning Coalition (SNRPC). Initially, the SNRPC was developed to address growing concerns of the exponential population growth in Southern Nevada. On February 22, 2001, the SNRPC Board established a Homeless Task Force, which was charged with constructing a workable plan to reduce homelessness throughout the region. This task force became the SNRPC's Committee on Homelessness (CoH) on September 25, 2003. The first taped meeting of the Committee on Homelessness took place in September 2006. On July 8, 2005, the SNRPC adopted the Southern Nevada Regional Homeless and

Housing Plan, which identified 10 priority areas with nearly 40 strategies for addressing homelessness in the region. Under the leadership of the CoH, contracted public relation group created branding for the community called the Help Hope Home. In 2007, the Help Hope Home: Southern Nevada's Plan to End Homelessness, a business case defining the problem, vision, and approach towards ending homelessness was published. Its companion, Implementation Schedule was published in 2008 and serves as a road map for addressing the needs of our homeless citizens throughout Clark County, Nevada. The Implementation Schedule includes goals and measurable action steps, and is updated biennially as goals are achieved or needs in the community change. 2010 update has been published. The Regional Initiatives Office is currently working on the 2012 update of the regional plan. University of Nevada Las Vegas (UNLV) School of Social Work will be assisting the RIO with the update.

Help Hope Home, helping the homeless in Southern Nevada, is defined as following: "Help" signifies planning for outcomes, and developing the plan. "Hope" signifies prevention strategies for homelessness. "Home" signifies rapid rehousing of people who recently became homeless.

Accomplishments from the 2007 plan were highlighted. As indicated in the regional plan, several sheltering options were added in Boulder City and Henderson, Nevada. Some key accomplishments are as follows: the Inclement Weather program was created to address homelessness in the less populated areas of the Southern Nevada, 200 year-round beds were added to the community, the Homeless Management Information System (HMIS) is now more accessible, a successful Continuum of Care application has been developed, established the Homeless Trust Fund, initiated the public awareness campaign, and conducted the first comprehensive homeless census in 2007. Assembly Bill 580 at the Legislature allotted about 4 million dollars to the community that was specifically designated to address homelessness. Mobile Crisis Intervention Team (MCIT) was also created to do targeted street outreach. The aforementioned accomplishments were few of the many accomplishments of the community.

Mr. Harsin stated that the City of Las Vegas produced a hard copy of the history of the Committee on Homelessness for anyone who is interested in the history of the committee.

Agenda Item 6. Receive a presentation on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act rules and regulations, outcomes of the local Continuum of Care with recommendations for future direction from the Regional Initiatives Office; for possible action.

Michele Fuller-Hallauer, Continuum of Care Coordinator gave the presentation. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was enacted on May 20, 2009. It changes U.S. Department of Housing and Urban Development's (HUD) McKinney-Vento Homeless Assistance programs. HEARTH Act is the first significant reauthorization of the McKinney-Vento funds since 1992 that codifies the changes that are being made to all CoC's across the nation. The interim CoC Regulations were released on July 14, 2012 with public comment period. Public comment was due on October 1, 2012. Community and provider specific comments about the new regulations were submitted to the local governmental entity during the public comment period. Guidance to the regulations has been released in phases. Various CoH working groups worked thoroughly to review the HEARTH Act and the new regulations.

The CoC Program is designed to promote community-wide commitment to the goal of ending homelessness, provide funding for efforts by nonprofits providers, states, and local governments to quickly re-house homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. It also promotes access to effective utilization of mainstream programs by homeless individuals and families, and optimizes self-sufficiency among individuals and families experiencing homelessness. The HEARTH Act clearly lays out system change. CoC's are directed to focus on examining various programs in the community as they fall under one unified system. Outcomes must be reported under one system in the community. As opposed to viewing shelter as the first step of homelessness, CoC's must focus on creating more preventative programs to prevent homelessness whenever possible. In an effort to rapidly re-house those

who have recently become homeless, HUD is pushing to reduce the number of Transitional Housing (TH) programs in every community in order to create permanent housing. Individuals and families may stay in transitional housing for up to two years. Studies have shown that TH is not the most effective way to get people on the path to self-sufficiency due to the fact most participants become dependant on the program and case management. The percentage of clients transitioned into permanent housing was very low and thus proved to be unsuccessful. However, a few sub-populations do benefit from TH such as domestic violence victims and youth.

Under the HEARTH Act, the processes and actions of the CoC must be transparent. To ensure this, the CoC must have in place, and follow, a written, ratified process, that is reviewed at least once every 5 years for selecting a Board that meets the requirements for the regulation. CoC must also develop, follow, and update annually a governance charter, which includes all procedures and policies needed to comply with Subpart B of the CoC interim rule and the HMIS requirements prescribed by HUD.

The CoC Board must be made up of nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans and homeless and formerly homeless individuals.

The CoC program provides for up to 3% of Final Pro-Rata Need to be used for CoC planning costs. These funds can be used to: develop a community-wide process for serving homeless individuals and families, develop the CoC system of housing and services, participate in the Consolidation Plan, prepare and submit an application to HUD, evaluate the outcomes of projects receiving ESG and CoC funds, and monitor recipient and subrecipients.

The HEARTH Act mandates that every CoC have a centralized or coordinated assessment system. A centralized or coordinated process must be designed to coordinate program participant intake assessment and provision of referrals. It must also cover the geographic area, be easily assessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. Potential models may be considered for centralized or coordinated assessment. For example, CoC's can have a centralized system where one agency or entity takes the lead, have decentralized system where multiple agencies take ownership of the intake and assessment, it can be a telephone-based/2-1-1 type of system, mobile case manager or any mixture or combination of the aforementioned models. As mandated, a centralized or coordinated assessment system must be in place by July of 2014.

The HEARTH Act also allows for reallocation if, after conducting a review, it is determined that the housing and services available in the CoC do not effectively address the needs of its homeless population, or are not available to meet the need, then reallocate to projects that will more effectively meet the needs of these homeless persons and address housing and service gaps. Transitional housing funds may be reallocated towards rapid re-housing or permanent housing programs.

The following performance measurements are outlined in the HEARTH Act: reduce the number who become homeless, reduce length of homelessness, reduce return to homelessness, reduce overall homelessness, increase jobs and income, other accomplishments, and thoroughness in reaching homeless population. These measures are being examined by the CoH working groups, and they are currently in place in Southern Nevada where data is being reported into HMIS. As part of the system re-tool, the CoC must develop a system that will meet the needs of the community, plan a system that includes accommodations for DV survivors, include prevention and shelter diversion, break down program barriers, develop written standards based on best practice, create clear policies and procedures, and formalize relationships.

The following national goals are priorities set forth in Opening Doors: Federal Plan to End Homelessness: ending veteran homelessness by 2015, ending chronic homelessness by 2015, ending homelessness for families, youth, and children by 2020.

The HEART Act also offers an opportunity for the CoC to become the United Funding Agency (UFA), which would be responsible for ensuring audits and appropriate fiscal controls. UFA may be eligible for up to 3 % of a community's award for administrative expenses (on top of the 3% that a collaborative applicant could receive). Project sponsors will have to enter into contracts with the UFA as opposed to contracting with HUD. UFA is responsible for providing reports for the community that are to be submitted to HUD.

The CoC, Consolidated Plan, Ten year Plan will have to coordinate together. CoC application must be approved by Consolidated Planning body and the consolidated plan requires coordination with the CoC. There are many elements of the 10-year plan in the CoC application.

The following are the HUD national objectives and the local progress:

1. Create new permanent housing beds for chronically homeless
 - a. 2011 we had 379 beds
 - b. 2012 we had 682 beds
2. Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 80%
 - a. 2011 our percentage was 72%
 - b. 2012 our percentage was 81%
3. Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%
 - a. 2011 our percentage was 68%
 - b. 2012 our percentage was 70%
4. Increase percentage of homeless persons employed at exit to at least 20%
 - a. 2011 our percentage was 18%
 - b. 2012 our percentage was 24%
5. Decrease the number of homeless households with children.
 - a. 2007 our number was 933
 - b. 2009 our number was 346
 - c. 2011 our number was 304
 - d. 2012 our number was 30
 - i. A decrease in 587 homeless households with children or 63% decrease since 2007.
6. Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.
 - a. New HUD Objective
 - b. 2012 our percentage was 96%
7. Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.
 - a. New HUD objective
 - b. We reallocated 6 TH projects.

The following chart describes the HMIS bed coverage:

	2011	2012
Emergency Shelter	80%	58.9%
Safe Haven	100%	100%
Transitional Housing	53.9%	96.8%
Permanent Housing	82.6%	48%

The following is the HUD housing inventory as of January 2012:

- Emergency Shelter Beds
 - 1545 individuals
 - 490 households with children
 - 39 households with only children
- Transitional Housing
 - 807 individuals
 - 357 households with children
 - 42 households with only children
- Permanent Housing
 - 1421 individuals
 - 383 households with children

In order to have successful CoC governance, CoC's must not skimp on data, staff community-wide policy and coordination, create incentives for good performance, bring in other funders and get meaningful consumer involvement.

For HEARTH Act Implementation, the CoC must ensure that the appropriate representation is on the CoC Board and the CoC Committee, follow and integrate the CoC Community Action Plan (CAP), CoC Evaluation Group to assist with making operational, alignment of local funding, and conduct Homeless Service Gaps Analysis. Additional recommendations from the Regional Initiatives Office are as follows: task the Working Groups to assist with implementation of recommendations from CoH, continue to pursue HUD Technical Assistance where appropriate, jurisdictional coordination for ESG and CDBG (where homeless related) RFP's and reporting requirements.

Rose Ann Rabiola Miele requested that Ms. Fuller-Hallauer provide the CoH with a chart that shows HMIS utilization by agencies in the community.

Tim Burch requested additional information about UFA's roles and responsibilities.

Cynthia Nagendra, HomeBase stated that a UFA would carry with it all of the responsibilities that a grantee would carry. To be an applicant to become a UFA, the community must first show HUD that some entity has the capacity to carry out the administrative, fiscal, and management duties. The primary duties assigned to a UFA are arranging an annual survey, audit and evaluation of financial records for all projects, thoroughly monitor all sub recipients, establishing fiscal control, enforcing accounting procedures, and etc.

Agenda Item 7. Receive an update on the local Continuum of Care Priority Community Check-Up and Community Action Plan from HomeBase and address future technical assistance; for possible action.

Cynthia Nagendra, Technical Assistance Provider from HomeBase, gave the update. HUD TA is a strategic intervention that brings together leadership, resources, and experience to build lasting local capacity. HUD TA provides an opportunity to build on existing efforts, change systems, and improve local capacity to end homelessness. From 2000 to 2001, HomeBase assisted Clark County with the planning process with local leaders to form the SNRPC over 10 years ago. From 2006-07, HomeBase led the Discharge Planning Summit that lead to State Re-entry Task Force. From 2010-2011, CoC Check-up Assessment was developed by the TA provider. Southern Nevada was chosen as one of the nine priority communities in the nation by HUD and US Inter-Agency Council on Homelessness to align CoC efforts (10-year plan) with the Federal Strategic Plan. The priority community initiative is about HEARTH readiness and implementation. TA providers do regular check-ups with communities across the nation to determine the best practices that are successful in working towards ending homelessness. The CoC Check-up Self-assessment was created to prepare the community for the HEARTH implementation. HomeBase analyzed history of policy changes, the raw data plus PIT data, Exhibit 1

from the past 3 years, strategic plan, and other information provided by HUD. Southern Nevada CoC was assessed for strengths, challenges and gaps, all of which lead to the development of Community Action Plan. During the self-assessment, the following are some of the strengths that the current CoC structure and management has: appropriate decision-making processes, strong and knowledgeable leadership, and oversight, excellent grant management experience, and ability to meet most HUD National Outcomes. Some challenges that were identified were as follows: lack of housing, lack of staffing capacity, lack of provider-level capacity in some key areas related to services infrastructure and delivery, and improved data to make more data-driven policy decisions and track outcomes of the strategic plan.

The approved technical assistance allotted to Southern Nevada focuses on one. Standardizing performance outcomes and require funding applicant to reach these outcomes in order to receive funding through the Evaluation Working Group (EWG), 2. Develop and implement monitoring tools to ensure grantees meet performance outcomes and comply with HUD rules, grant obligations, and CoC policies, 3. Use data to inform policy, and 4. Map the current system to analyze gaps in how clients move through the current system. Since 2012, Southern Nevada's CoC has established performance measurements, improved HMIS to generate reliable data, evaluate and reallocate to fund more permanent housing, and offer capacity-building trainings for providers. In an effort to set performance measures, the CoC has set initial measures and integrated into NOFA scoring tools used by the EWG and local review and rank, created a plan to address data issues (coverage, quality, depth) and set community-wide measures generated out of HMIS. HomeBase created monitoring tools during NOFA blackout, data action plan implementation continues (especially with emergency shelters) and Clarity software upgrade is fully implemented. The number of agencies participating in HMIS in Southern Nevada has dramatically increased. In 2007, 15 agencies were participating, in 2010, 52 agencies were participating In 2012, 65 agencies are participating in HMIS. In 2007, 125 users were participating in HMIS, in 2010, 400 users were participating and in 2012, 600 users were participating in HMIS. The increase in participation occurred without an increase in budget, however extra resources are needed to support HEARTH's requirements. In 2007, 4197 clients were managed through HMIS, in 2010, 7678 clients were managed, and in 2012, 12,971 clients were managed through HMIS. Through implementation of Clarity software, data quality has increased 99%. Data driven decision-making is now recommended with reliable data. HEARTH CoC Interim regulations require a centralized or coordinated assessment system for CoC and ESG grantees. Mapping the current system allows for identification of potential gateways, barriers that need to be reduced, system gaps, and existing resources. HUD TA does NOT cover full Coordinated Assessment design and implementation, just the initial steps (establishing a framework). CoC briefed the community on the concept of Coordinated Assessment. Emergency shelters have been introduced to what their new roles might be and systems-redesign.

Moving forward, a survey must be developed to identify the existing programs, services, intake and assessment processes, also begin mapping the system and establishing guiding principles for coordinated assessment. Under HEARTH Act, the CoC is formalized as the federally-sanctioned body to coordinate the community-wide response to homelessness and align funding and community priorities from various funding sources. The response to homelessness has evolved from an emergency response system that manages symptoms of homelessness into a complex set of evidence-based interventions to end homelessness. CoC's will be moving from managing grants, the NOFA, and reporting requirements to guiding policy, strategic planning, coordinating and integrating the mainstream response, and aligning and effectively allocating limited resources based on data driven decision making.

The following needs were identified but are not covered under HUD TA: increase stock, emphasis on and access to permanent supportive housing. In doing so, the CoC must use all possible resources towards the goal of creating more housing stock, outreach to landlords and housing developers, transitional housing re-design and create a housing/pipeline workgroup. The second goal identified was to improve and formalize a system of care to better target resources and create a seamless system for

consumers. To carry this goal out, data must be used to identify system gaps, implement centralized intake or other standardized system for intake into larger system of care to become HEARTH compliant, increase partnership and collaboration between agencies, including mainstream agencies, coordinate CoC and ESG funding priorities, and standardize case management models, tools, and data sharing across the entire CoC. The third goal identified was to increase overall effectiveness, capacity, transparency, and participation of the Continuum of Care. To achieve this goal, capacity of CoC coordination and staffing must be increased, improve and publish policies and procedures, increase participation by key stakeholders, increase capacity of Committee on Homelessness, and advocate for Nevada Inter-Agency Council on Homelessness.

HomeBase recommends the following for immediate action: 1. Identify existing resources that could be re-aligned towards ending homelessness and increasing CoC capacity to respond to HEARTH requirements, including HOME funds and additional CoC funding to build housing. 2. Explore other grant opportunities that could improve the system care. For example, SAMHSA funding that could help with case management training, services, and treatment; VA GPD funding for services, and 3. Outreach to private funders who control funding or other resources needed to end homelessness, especially to build housing.

Agenda Item 8. Develop the session's goals and outcomes with the Moonridge Group; for possible action.

Julie Murray, Moonridge Group briefly introduced the goals of the CoH strategic plan for the rest of the meeting.

Jose Perez, Moonridge Group intern, shared his story about being a formerly homeless youth, how he received services, and thanked the committee for their work.

Agenda Item 9. Break for lunch at approximately 11:30 am and return by 1:00 pm; for possible action.

A recess to the meeting was called from 11:30am-1:00pm.

Agenda Item 10. Discuss the Committee's 2013 Strategic Plan and next steps as facilitated by the Moonridge Group; for possible action.

Julie Murray led the discussion. She asked each of the committee members to articulate how and what they contribute to the committee, as well as to whom each of the members report to.

Rey Bouknight, MGM Resorts International, stated to Ms. Murray at the break that he is not exactly clear on how MGM benefits the committee. However, as the largest employer in Las Vegas, MGM can offer the volunteerism, limited funding, and community contacts.

Tyrone Thompson stated that the Regional Initiatives Office (RIO) serves as the primary collaborator and coordinator between stakeholders and the community. The RIO is the neutral representative for all the jurisdictions. RIO is excellent at relationship building between national, state, local jurisdiction, the service providers, and faith-based community. The RIO also brings subject matter expertise in regards to homelessness and national best practices to the local community. The RIO reports Clark County Department of Social Service on a day-to-day basis, but ultimately to the Southern Nevada Regional Planning Coalition (SNRPC) board.

Tim Burch, Clark County Social Service (CCSS), stated that CCSS is the direct service provider, as well as a regional driver towards ending homelessness. CCSS also contributes to the committee as fiscal agent. Mr. Burch reports to the County Manager and the Board of County Commissioners.

Stephen Harsin, City of Las Vegas contributes limited financial support, serves as convener, brings citizens issues to attention as a result of being a direct service provider, as well as subject matter expertise. Mr. Harsin reports to the City Council.

Barbara Geach, City of Henderson, stated that they provide policy direction, funding support, nonprofit contacts, as well as expertise on issues regarding homelessness in Henderson. Mike Husted stated that he has a lot of history with the Continuum of Care. Ms. Geach reports to the Community and Development Services Director, as well as Mayor and council.

Paula Zier, Clark County School District (CCSD) stated that she serves as the homeless youth advocate on the committee. She is the collaborator between the community and CCSD, has access to educational services, and is the navigator of CCSD. Ms. Zier reports to directors of Title I Hope, director of student of support services, superintendent, board of trustees, and elected state officials.

Annie Wilson, Las Vegas Metropolitan Police Department (LVMPD) stated that LVMPD coordinates services in law enforcement, educational support, collaboration, outreach, as well as honest feedback on progress of homeless programs in place in the community. Moving forward, LVMPD can refine how data is collected within the agency and present it to the CoH. Ms. Wilson and Mr. Anderson report to Sheriff Gillespie.

Stacy Sutton Pollard, Nevada Homeless Alliance (NHA) stated that the NHA advocates on behalf of the service providers, serves as the collaborator of nonprofit organizations, coordinate events and meetings, as well as to educate the community on the organizations and services. Ms. Sutton Pollard reports to her board of directors and funders.

Dr. Carolyn Hughes, Veterans Administration, stated that she represents and advocates for the veteran subpopulation. VA is well known to the community at large and has an obligation to work towards ending veteran homelessness. Dr. Dodge stated that she reports to the Director of the VA hospital, and the Secretary of the VA.

Rose Ann Rabiola Miele, City of Boulder City stated that she is committed to issues of homelessness, personal and professional contacts, and guides the community to resources. Ms. Miele reports to the Mayor and Council.

Kathy Somers, City of North Las Vegas, contributes funding for regional coordination and CDBG, education of elected officials, and serve as good collaborators. Ms. Somers reports to Community Services and Development Director, City Council, and Mayor.

Marco Perez, Southern Nevada Adult Mental Health Services (SNAMHS), stated that he brings expertise on mental health related issues, and is the direct service provider in the community. Mr. Perez reports to the agency director and the Division of Mental Health and Developmental Services.

Ms. Murray asked the public to provider their input on what they would like to see the CoH to focus on. Bridget Claridy, Women's Development Center, stated that she would to see more affordable housing options created for low-income population in the community.

Andre Ingram, Director of Salvation Army at Owens Campus, stated that he would like to see more education and job training.

Mr. Burch stated that CCSD does currently provide education to youth and community at large. Nevada Department of Education Training and Rehabilitation (DETR) primarily focuses on job training, however, they are not represented on the CoH.

Under the HEARTH Act, the CoC board is defined as a group of stakeholders who represent their respective geographic area. The board must operate the CoC, designate the HMIS to be operated, engage in CoC planning. The CoC must establish a board to act on its behalf, develop a coordinated assessment system, develop written policies, procedures and a governance charter, evaluate and report HUD outcomes, develop a gaps analysis, and establish and meet performance measurements. The CoC board must be established by July 2014.

The CoH members requested roles and responsibilities for each of the existing CoH working groups for reference for new board members.

Mr. Burch stated that he would like to clearly define goals, objectives, and deliverables for the CoH for 2013 during the strategic planning session.

The following key strategies were identified:

CoH Strategic Plan

HEARTH Act Implementation

I. Governance

- a. Create a charter
- b. Written policies and procedures
- c. Create CoC board

II. Moving Towards Become an UFA

- a. Determine the need/ opportunity/expectation
- b. Identify the agency/entity to take ownership
- c. Determine governance and structure (checks and balances)
- d. Activate the UFA

III. Centralized and/or Coordinated Intake

- a. Assign group/review group
- b. Design a community process
- c. Identify needed resources
- d. Implementation and evaluation

IV. Performance Measurement

- a. Determine measurement
- b. Develop a dashboard

V. HUD and ESG Coordination of Resources/Funding Alignment

- a. Define responsible entities
- b. Determine what "coordinate" means

VI. System Retool

- a. Formalize relationships/MOU's
- b. Set Priorities

VII. Gaps Analysis

- a. Launch the gaps analysis
- b. Determine the cost
- c. Components to be covered

VIII. HMIS System Establishment/ Implementation

- a. Review/update HMIS in the Community Action Plan
- b. Improve HMIS system as necessary

IX. Consider Macro and Micro Implications

X. Monitoring Tools

Due to the lack of time, CoH members will continue the strategic planning session in the upcoming months to clearly define and assign each step of the strategic plan to working groups and committee members. Mr. Harsin proposed that the CoH reconvene for another half a day strategic planning session. Mr. Tyrone suggested that the CoH convene a few hours before the next scheduled CoH meeting on March 14, 2013.

Agenda Item 11. Receive an update from each committee member regarding relevant activities within their respective organizations relating to homelessness—the SNRPC Committee on Homelessness members may speak on any item under this section of the agenda. Members may comment on matters including, without limitation, future agenda items, upcoming meeting dates, and meeting procedures. Comments made cannot be acted upon or discussed at this meeting, but may be placed on a future agenda for consideration by the SNRPC Committee on Homelessness.

Stacy Sutton Pollard stated that 2013 Family Connect has been scheduled for May 15, 2013 from 1:00 pm to 6:00 pm at the East Las Vegas Community Center.

Agenda Item 10. Public Comment.

Sherman Rutledge, State Executive Director for Nevada State Command National Association for Black Veterans (NABVETS) stated that the 3rd Annual Homeless Corridor of Hope Bus Tour 2013 is scheduled for Tuesday, February 26, 2013 from 8:00am to 4:30 pm. He thanked Commissioner Lawrence Weekly for his support and funding of the bus tour. The tour is designed to bring local service providers together for the purpose of enhancing the quality of client services through networking and client direct service and referrals. The bus tour will be being at the William U. Pearson Center and lunch will be provided by the Eagles Lodge. Interested individuals may contact Annie Wilson, Las Vegas Metropolitan Police Department Homeless Liaison, or Tyrone Thompson.

The meeting adjourned at 4:29 p.m.