

August 20, 2014

TO: Members of the MAG Human Services Coordinating Committee (HSCC)

FROM: Councilmember Joanne Osborne, City of Goodyear, Chair

SUBJECT: MEETING NOTIFICATION AND TRANSMITTAL OF TENTATIVE AGENDA

Meeting - 10:00 a.m.  
Wednesday, August 27, 2014  
MAG Office, Suite 200 - Cottonwood Room  
302 North 1<sup>st</sup> Avenue, Phoenix

The next HSCC meeting will be held at the MAG offices at the time and place noted above. Members of HSCC may attend either in person, by video conference, or by telephone conference call. Supporting information is enclosed for your review.

The meeting agenda and resource materials are also available on the MAG website at [www.azmag.gov](http://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/HumanServicesCoordinatingCommittee>. 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 Coordinating 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.

c: MAG Human Services Technical Committee

MAG HUMAN SERVICES COORDINATING COMMITTEE  
TENTATIVE AGENDA  
August 27, 2014

COMMITTEE ACTION REQUESTED

1. Call to Order

2. Call to the Audience

An opportunity will be provided to members of the public to address HSCC 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 the HSCC 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 Consent Agenda

Prior to action on the consent agenda, members of the audience will be provided an opportunity to comment on consent items that are being presented for action. Following the comment period, Committee members may request that an item be removed from the consent agenda. Consent items are marked with an asterisk (\*).

2. Information.

3. Approval of the Consent Agenda.

ITEMS PROPOSED FOR CONSENT\*

\*3A. Approval of the April 23, 2014 Meeting Minutes

The draft minutes for the April 23, 2014 meeting are posted with the meeting materials.

\*3B. MAG Regional Domestic Violence Council

An update will be provided on the MAG Protocol Evaluation Project and Solutions for Safety training held on August 12, 2014 at the Glendale Regional Public Safety Training Center and plans for the project in 2015.

3A. Approve the HSCC meeting minutes of April 23, 2014.

3B. Information and discussion.

\*3C. MAG Continuum of Care Regional Committee on Homelessness

An update will be provided on the governance restructuring of the Continuum of Care, including the membership of the Continuum of Care Board, and changes to the Committee structure. A brief update will also be provided on the implementation of the Regional Coordinated Assessment system and results of the 2014 point-in-time homeless count. This item is for information and discussion

3C. Information and discussion.

\*3D. MAG Elderly and Individuals with Disabilities Transportation Program Ad Hoc Committee

An update will be provided on the 2014 Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities and the 2014 Section 5307 Job Access and Reverse Commute Program Update grant programs.

3D. Information and discussion.

ITEMS PROPOSED TO BE HEARD

4. Purple Ribbon Council

Donna Bartos, Executive Director of the Purple Ribbon Council will offer a presentation on BLOOM for Healthy Relationships. BLOOM is a tested primary prevention strategy to educate, engage, and empower teens to prevent teen dating violence before it starts, while also promoting healthy relationships.

4. Information and discussion.

5. MAG Human Services Per Capita Final Report

The MAG Human Services Coordinating Committee and MAG Human Services Technical Committee conducted a Human Services Per Capita Funding Study to better understand municipal funding patterns for human services in order to identify gaps and opportunities for future funding considerations. The preliminary results of the study were shared with individual municipalities to ensure accuracy in the data and to offer an opportunity to make any adjustments. The final results of the MAG Human Services Per Capita were presented to the MAG Human Services Technical Committee for action on

5. Approve the MAG Human Services Per Capita Final Report.

August 14, 2014. The final report will be presented for review and action by the Committee.

6. Greater Phoenix Age-Friendly Network

A report will be provided on activities of the Greater Phoenix Age-Friendly Network including a webinar offered on "Intergenerational Programming"; pilot site updates; and the draft overview of the Arizona Age-Friendly Network.

6. Approve the draft Arizona Age-Friendly Network Overview.

7. Proposed Practicum Project with the Thunderbird School of Global Management

MAG has participated with the Thunderbird School of Global Management on several economic development related projects. Funding to work with Thunderbird was approved by the Regional Council Executive Committee in October 2011. MAG was approached recently regarding any potential projects for the next semester. MAG has a very active program in aging. This has been focused on the human services aspect of aging. MAG is proposing that an analysis be conducted on the wealth of talent in the aging community and how to engage this talent to grow the economy, especially as it relates to STEM workers. The Regional Council Executive Committee approved moving forward with the study at their August 18, 2014 meeting.

7. Information and discussion.

8. Committee Member Human Services Updates

Committee members will be invited to share brief updates about human services-related items from their municipalities or agencies for information and discussion. Any proposed action will be requested as an item for a future meeting agenda.

8. Information and discussion.

9. Request for Future Agenda Items

Topics or issues of interest that the Human Services Coordinating Committee would like to have considered for discussion at a future meeting will be requested.

9. Information.

Adjournment

MINUTES OF THE  
MAG HUMAN SERVICES COORDINATING COMMITTEE  
April 23, 2014  
MAG Office Building, Cottonwood Room  
Phoenix, Arizona

<p><u>MEMBERS ATTENDING</u></p> <p>#Councilmember Trinity Donovan, City of Chandler</p> <p>#Councilmember Chris Glover, City of Mesa, Vice Chair</p> <p>Councilmember Michelle Hess, Town of Buckeye</p> <p>*Supervisor Andrew Kunasek, Maricopa County Board of Supervisors</p> <p>*Councilmember Diane Landis, City of Litchfield Park</p> <p>#Councilmember Manuel Martinez, City of Glendale</p> <p>#Councilmember Michael Nowakowski, City of Phoenix</p> <p>*Neither present nor represented by proxy. #Attended by telephone conference call. +Attended by videoconference.</p>	<p>Councilmember Joanne Osborne, City of Goodyear, Chair</p> <p>Vice Mayor Frank Scott, City of Avondale</p> <p>Councilmember Todd Tande for City of Surprise</p> <p>#Councilmember Jared Taylor, Town of Gilbert</p> <p>*Councilmember Woody Wilson, Tempe Community Council</p> <p>Councilmember Corey Woods, City of Tempe</p>
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<p><u>OTHERS PRESENT</u></p> <p>#Greg Davies, City of Scottsdale</p> <p>Janeen Gaskins, City of Surprise</p> <p>Matt Ligouri, City of Goodyear</p> <p>Dana Naimark, Children’s Action Alliance</p> <p>Stephanie Small, City of Avondale</p>	<p>Rachel Brito, MAG</p> <p>Amy St. Peter, MAG</p>
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1. Call to Order

Councilmember Joanne Osborne, City of Goodyear, Chair, called the meeting to order at 10:07 a.m. Introductions ensued.

2. Call to the Audience

An opportunity was provided for members of the public to address the Committee. No comments were made.

### 3. Approval of Consent Agenda

A motion was requested to approve the consent agenda and meeting minutes of January 22, 2014. Councilmember Chris Glover, City of Mesa, Vice Chair, motioned to approve the consent agenda and meeting minutes. Councilmember Michelle Hess, City of Buckeye, seconded the motion. All voted and the motion passed.

### 4. Update on reforms to Children Protective Services

*This item was heard after agenda item number six.*

Chair Osborne welcomed Dana Naimark, Children's Action Alliance, to offer a presentation on recent activity to better support the mission of Child Protective Services. Ms. Naimark recalled that on November 21, 2013, an announcement was made that 6,600 reports of child abuse and neglect had not been investigated and the safety of those children was unknown. In response to this, Governor Brewer formed a "care team" chaired by Charles Flanagan, to research the *Not Investigated* (NI) reports.

A report issued in late January stated the system was completely overwhelmed and the inflow was far greater than what could be handled. Ms. Naimark noted there were many backlogs including the "NI" reports. Subsequently, an executive order was issued by Governor Brewer making Child Protective Services (CPS) a cabinet level agency. This was a temporary measure as this change cannot be done by an executive order. Technically, CPS remains under the Arizona Department of Economic Security (DES). She noted that a small workgroup has been meeting to research legislation to create the new agency.

Ms. Naimark provided an update on the budget noting many debates during the legislative session. She stated some funding was added for staff through a supplemental appropriation in January. The budget will be revisited during a special session with the intent to have the new agency statutorily implemented by July 1.

Ms. Naimark advised that Arizona has had a huge increase in the number of children in foster care over the past five years while most states have had a decrease. A combination of the economic downturn and an increase in the needs of families resulted in CPS becoming the backstop for families in crisis. Ms. Naimark shared a chart reflecting the decrease in state-funded services for children and families and the increase in child neglect reports, the number of children in foster care, and the CPS backlog.

Ms. Naimark clarified the majority of the increase in the CPS reports were not for abuse, but for neglect which is defined as a lack of basic care and supervision for children. Neglect is linked to poverty. Circumstances of neglect include children inappropriately dressed; school absences or late attendance; a lack of regular meals or supervision. She noted the trend in reduced support and services for children and families; the needs of families continuing to increase; and not enough attention given to the infrastructure of CPS to support the growing need. Ms. Naimark expressed hope moving forward with the creation of the new agency but added it will take years to restore and rebuild family support and prevention; to improve the

staffing levels per case load; and to implement a range of services and tools other than foster care.

Ms. Naimark concluded her presentation noting that Children's Action Alliance is a nonprofit, non-partisan, research and advocacy organization that works state-wide on various issues. Councilmember Manny Martinez, City of Glendale, noted his retirement from state government in 1990. He commented on the funding issue, adding that Child Protective Services has lacked the appropriate funding and staffing levels for many years. He expressed hope that the legislature will take the appropriate steps to prioritize the needs of children. Ms. Naimark agreed with Councilmember Martinez adding that funding is a key component along with leadership and best practices.

Councilmember Todd Tande, City of Surprise, inquired what research has been done to identify best practices in other states. He noted Indiana came to the same realization that their system was overcapacity and developed a stand-alone agency to dramatically increase their resources. Ms. Naimark advised research is being done to identify best practice models. She added while Arizona stands alone in the increased number of children in foster care, there are many states facing huge issues and are experiencing similar challenges.

Ms. Naimark responded to concerns about Mr. Flanagan's background in corrections rather than social services. Ms. Naimark shared her personal perception of Mr. Flanagan's understanding of working with children and spoke to his reliance on best practices and evidence; openness to community input; and being goal and outcome oriented.

Chair Osborne commented this topic affects all communities and was of great interest and importance to the Committee. She thanked Ms. Naimark for offering a report to the Committee.

##### 5. Human Services Per Capita Funding Study Draft Findings

Chair Osborne welcomed Amy St. Peter, MAG, to report on the Human Services Per Capita Funding Study draft findings. Ms. St. Peter thanked everyone who provided data for the study and discussed the importance of defining human services in a regional context. She noted studies conducted in past years determined that the definition of human services differs greatly among communities adding to the difficulties of making informed decisions in terms of funding, policy, and for practitioners providing services.

Ms. St. Peter shared a list of services developed in coordination with member agencies to help define human services. The list was reviewed by the MAG Human Services Technical Committee (HSTC) resulting in a few proposed changes. A brief overview was provided noting one key change to categorize transportation separate from other services. Ms. St. Peter advised not all member agencies consider transportation as a human service, yet it remains one of the greatest barriers for older adults to remain active in their community.

The HSTC also recommended sending survey results back to each community with their specific responses highlighted and others listed anonymously. Identified data will only be

shared with the municipality that provided the data. This will allow each community to review their data and provide any updates and/or changes. The objective is for agencies to review how they define human services within a regional context.

Ms. St. Peter noted regional data is not provided in the meeting handouts but advised that the regional per capita average is \$41.22; the median \$13.41. She added that two communities spend more than \$100 per capita; however most spend less than \$50. Ms. St. Peter noted the purpose is not to report on the individual municipality spending levels but to provide a regional context for the study. Additionally, the charts reflect data received from municipalities and also indicate the municipalities that did not respond to the survey. She noted these specific agencies tend to be smaller, rural communities with higher poverty rates. Ms. St. Peter noted the importance of receiving data from all communities to reflect the regional data accurately and provided a summary of the HSTC recommendations:

- Outreach to the communities that have not responded.
- Make proposed changes to the service categories.
- Send draft results to each community.
- Prepare an executive summary of highlights; with any remaining charts in the appendix that were not used in the executive summary.

Ms. St. Peter advised the report will be distributed to member of the HSCC, HSTC and Intergovernmental Representatives. Chair Osborne noted the data is a measurement tool that municipalities can use moving forward. Additionally, it will provide a voice for rural communities and offer a method to identify the needs of the community. Chair Osborne shared transportation survey results for the City of Goodyear that indicated 98 percent of citizens have a vehicle. She noted however, that responses do not address questions on their ability to drive in the future.

Councilmember Todd Tande, City of Surprise, inquired whether the survey accounts for outlying communities within an agency's planning area such as Whitman. Ms. St. Peter advised data for unincorporated areas is reported by Maricopa County. She offered to follow-up with Maricopa County to obtain additional data. Further discussion ensued regarding the Town of Florence and the Town of Maricopa as they are now part of the MAG planning boundaries. Ms. St. Peter advised the Town of Maricopa will be included in further outreach efforts; the Town of Florence responded to the survey request.

Ms. St. Peter advised two additional items recommended by HSTC were to eliminate total expenditures by each community to avoid data being used adversely; and eliminate the chart reflecting percent of 9-1-1 calls that were human services related. Ms. St. Peter noted a low response rate and inconsistencies in the definition of non-emergency human services related calls vs. non-emergency calls that are not human services related.

A motion was requested. Councilmember Hess made a motion to approve analysis, outreach and next steps to finalize the study. Councilmember Tande seconded the motion. All voted and the motion passed.

6. FY 2015 Title VI and Environmental Justice Program

*This item was heard after agenda item number four.*

Chair Osborne welcomed Ms. St. Peter to offer an update on the FY 2015 Title VI and Environmental Justice Program. Ms. St. Peter advised the plan is a requirement of federal funding of which MAG is a sub-recipient. Federal funding is received through various sources including the Arizona Department of Transportation, the Federal Highway Administration, and the Department of Justice. The requirements for the plan changed with implementation of Moving Ahead for Progress in the 21<sup>st</sup> Century Act (MAP-21). Ms. St. Peter advised the plan was already in compliance with most of the MAP-21 regulations therefore a minimal amount of changes were needed to ensure full compliance.

Changes made to the plan included expansion of protections afforded by the Title VI plan to include religion, gender, disability and age; inclusion of the new planning boundaries; updated limited English proficiency plan; the City of Phoenix's new role as the designated recipient for federal funding and Arizona Department of Transportation's (ADOT) modified role; references to bilingual staff and availability of the language line for interpretation; a copy of the complaint form; and a summary to reflect outreach efforts. The plan has been recommended for approval by the MAG Human Services Technical Committee (HSTC), and will proceed through the MAG approval process with the final approved plan being forwarded to ADOT.

A question was raised on whether the purpose of the plan is to apply for federal funding or to be used as a guide by staff. Ms. St. Peter advised the plan outlines how MAG staff will respond to any Title VI concerns. It was noted that the plan differs from those developed by partner agencies in that MAG is strictly a planning agency and does not implement projects. A motion was requested. Councilmember Woods, City of Tempe, made a motion to recommend approval of the draft FY 2015 Title VI and Environmental Justice Program. Councilmember Trinity Donovan, City of Chandler, seconded the motion. All voted and the motion passed unanimously.

7. Greater Phoenix Age-Friendly Network

Chair Osborne welcomed Ms. St. Peter to offer an update on the Greater Phoenix Age-Friendly Network activities. Ms. St. Peter provided an overview of the March 28, 2014, site visit by Grantmakers in Aging (GIA). It was an important opportunity for GIA to see firsthand the work being done by the pilot sites and in the region. Ms. St. Peter thanked the Committee for their support of these efforts.

Ms. St. Peter reviewed the meeting handouts including the press release announcing the City of Glendale as the winner of the Age-Friendly Communities competition and congratulated the cities of Peoria, Scottsdale, Surprise and Tempe as finalists. The community nominations submitted for the competition are available on [www.connect60plus.com](http://www.connect60plus.com).

The Greater Phoenix region was also named one of the best intergenerational communities in the U.S. The award and flag are available for viewing on the second floor conference center

at MAG. Ms. St. Peter provided an overview of the awards event that was held on Capitol Hill in Washington, D.C. on March 25<sup>th</sup>. The Greater Phoenix Age-Friendly Network will be awarded a Desert Peaks award on June 25<sup>th</sup> in the category of Public-Private Partnership.

An overview was provided on the pilot sites. Central Village launched in August and is operating as a Village and a Time Bank with 30 members currently enrolled. They are offering 58 different services and have logged more than 700 hours. Tempe Neighbors Helping Neighbors has hired an Executive Director and is preparing to launch a village soon. In the Northwest Valley, Benevilla and Sun Health are collaborating on Northwest Valley Connect, a membership based transportation program that will begin offering transportation services by July 1, 2014. Ms. St. Peter advised staff will be approaching local and national funders to help continue efforts on these projects.

Ms. St. Peter reported the work of the Greater Phoenix Age-Friendly Network has been embedded at MAG and will continue moving forward. An overview of connect60plus.com was provided highlighting the Transportation Provider Inventory, Champions web page, and Feed Your Mind Webinar series. Ms. St. Peter requested input from the Committee on identifying a high school or college student who would be interested in blogging on the website. She noted the purpose of the work is to connect people of all ages; having a youth blog on the site would help further these efforts.

Chair Osborne discussed the importance of raising awareness of the Greater Phoenix Age-Friendly Network and other great successes by identifying how best to market these resources to the community. She discussed identifying strategies to reach out to the community and suggested marketing information through local Homeowner Associations (HOA) as one option. Councilmember Martinez advised the City of Glendale offers HOA training that could serve as a venue for sharing these resources.

#### 8. Committee Member Human Services Updates

Committee members were offered an opportunity to offer updates. Vice Mayor Frank Scott, City of Avondale, advised Stephanie Small has been appointed as the City of Avondale's Human Services Director.

#### 9. Request for Future Agenda Items

Committee members were given an opportunity to request topics or issues of interest that the HSCC would like to have considered for discussion at a future meeting. The Committee requested a legislative update.

Ms. St. Peter advised that July is now being viewed by MAG as a vacation month. As such, any meeting scheduled in July will be rescheduled to either June or August if appropriate. Staff will survey the Committee to determine the best available date for a future meeting. The meeting adjourned at 11:03 a.m.

**MAG Human Services Coordinating Committee**  
**August 27, 2014**

Consent Agenda Item 3B: MAG Regional Domestic Violence Council

The MAG Regional Domestic Violence Council oversees the Protocol Evaluation Project, which assesses the arrest and prosecution protocols used in responding to domestic violence. In 2011, the project resulted in development of the Misdemeanor Domestic Violence Protocol Model, the first protocol model for responding to misdemeanor domestic violence calls. The project researches local and national promising practices, and develops resources to improve how the criminal justice system addresses domestic violence. The goal is to save lives, hold offenders accountable, and save money by increasing efficiency in the region's response to domestic violence. Recently, MAG has been working with the Maricopa County Attorney's Office to update the Felony Protocol Model as well.

*Domestic Violence Victim Survey*

The Protocol Evaluation Project is gaining momentum and it is vital that victims' perspectives continue to be incorporated into the work. A survey services consultant has been hired to conduct a survey aimed at understanding victim perspectives and experiences of the criminal justice system. A Request for Qualifications (RFQ) was released in April seeking consultants with expertise in qualitative and/or quantitative survey services for up to \$38,465. The Behavior Research Center which conducts research on public opinion, public policy and consumer behavior was chosen to be the Domestic Violence Victim Survey Consultant. The second draft of the survey will be presented to DV Council for approval. The data is expected to begin collection shortly after with results and analysis by the end of 2014.

*Solutions for Safety Training Event*

The Protocol Evaluation Project coordinates a multi-disciplinary effort for assessing current protocols and practices used by law enforcement and prosecutors when responding to domestic violence offenders at the misdemeanor level. However, Maricopa County is working to update the felony level protocol model as well. The project includes evaluating current protocols, building a framework of promising practices, and developing public awareness tools. A part of the Protocol Evaluation Project was the *Solutions for Safety Training Event* where local experts presented on a "Challenges and Solutions Panels" about orders of protections & lethality assessment programs. After the "Challenges and Solutions Panels" were presented to the large group as a whole, attendees broke out into five classrooms for facilitated small group discussions. These discussions were aimed at improving the link between the Misdemeanor and Felony Protocol Models, building stronger relationships between disciplines, and creating greater continuity of care for victims. This event allowed community professional to explore challenges and develop solutions for enhancing the Misdemeanor and Felony Protocol Models, as well as explore how changing policy can change the way we address domestic violence.

There were a total of 137 people who attended this training out of 150 people who registered giving this event a 91 percent attendance rate. Of those 137 people, 56 (41 percent) completed and returned an evaluation. This training had a high turnout of attendees and the small group discussions that ensued from the event were very productive. As a result of the day's training, 84 percent of attendees stated they had a better understanding of local best practices for addressing domestic violence. When asked whether attending the event was a valuable use of their time, 91 percent of attendees indicated that it was a valuable use of their time. When asked about their small group discussion topic, 87 percent of attendees found the discussion topic to be useful and relevant to their work. Also, 89 percent of attendees indicated the he information discussed in the small group discussions helped generate ideas they could share with their organization.

*Protocol Evaluation Project: Brown Bag Trainings*

These trainings are a part of a series coordinated by the Maricopa Association of Governments in partnership with: the Arizona Coalition to End Sexual and Domestic Violence, O'Connor House, Arizona Coalition for Victim Services, Arizona Prosecuting Attorneys' Advisory Council and Arizona Peace Officer Standards and Training Board. Training topics are intended for victim advocates, law enforcement, and/or prosecutors. The goal is to improve coordination, communication, and implementation of domestic violence protocols. There will a Brown Bag training in August, September, October and November.

The August training briefly looked at Post Traumatic Stress (PTS) and Traumatic Brain Injuries (TBI) with the effects these conditions have on partner relationships. The presentation also examined how PTS and TBI can hold the veteran and their partner both emotionally and physically as a Prisoner of War (POW) due to their debilitating effects. The trainer, Tom Gussie currently sits on the Arizona Peace Officer Standards and Training (AZPOST) governing body, as a Subject Matter Expert (SME) in the area of Mental Health, Police Officer Suicide, Post Traumatic Stress, and Excited Delirium. Gussie has been Crisis Intervention Training (CIT) Coordinator since 2004. Gussie completed his second Masters in Counseling culminating with an 18 month internship at the Phoenix Veterans Hospital specializing in Trauma (See below for more information about upcoming trainings).

*Domestic Violence Awareness Month Press Conference*

The Press Conference will be held at the Sandra Day O'Connor College of Law at Arizona State University. The date of the press conference is still to be determined. This event will highlight the importance of the victim's voice in the criminal justice system and support Domestic Violence Awareness Month activities region wide. As a result of this conference victims will give feedback about their experiences with the criminal justice system. This feedback will be used to assess changes to the Regional Domestic Violence Misdemeanor Protocol Model and people will know about and attend activities planned for domestic violence awareness month.

For more information about the Protocol Evaluation Project, please contact Amy St. Peter, Human Services and Special Projects Manager, at [astpeter@azmag.gov](mailto:astpeter@azmag.gov) or (602) 254-6300.

Protocol Evaluation Project: Brown Bag Training Series

Thursday, August 21, 2014 @11:30am-1pm

Mesa Public Safety Training Facility  
3260 N 40th St, Mesa, AZ 85215



**Topic:** P.O.W. Partners of Warriors with **Tom Gussie**, Trauma Counselor, Mesa Police Department

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Wednesday, September 10, 2014 @11:30am-1pm

Maricopa Association of Governments  
302 N. 1st Ave. Ste. 200, Phoenix, AZ 85003



Maricopa County  
Attorney's Office

**Topic:** Evidence-Base Prosecution with **Jon Eliason**,  
Division Chief Major Crimes II, Maricopa County  
Attorney's Office

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Thursday, October 16, 2014 @11:30am-1pm

Phoenix Family Advocacy Center  
2120 N Central Ave, Phoenix, AZ 85004



South Phoenix  
Healthy Start



Maricopa County  
Public Health

**Topic:** Housing for Pregnant and Parenting Victims of  
Domestic Violence with **Lisa Derrick**, Program  
Manager, South Phoenix Healthy Start~ Maricopa  
County Department of Public Health

**\*\*RSVP to Nikki Oxford at [noxford@azmag.gov](mailto:noxford@azmag.gov) or by calling (602) 759-1843!**

*A special thanks to our partners: Arizona Coalition to End Sexual and Domestic Violence, O'Connor House, Arizona Coalition for Victim Services, Arizona Prosecuting Attorneys' Advisory Council and Arizona Peace Officer Standards and Training Board.*

**MAG Human Services Coordinating Committee**  
**August 27, 2014**

Consent Agenda Item 3C: MAG Continuum of Care Regional Committee on Homelessness

*Continuum of Care Governance*

The Continuum of Care Regional Committee on Homelessness is in the process of restructuring the governance of the Continuum. Per the requirement in the federal HEARTH Act, the Continuum of Care (CoC) must have a Governance Charter that outlines the governance structure and responsibilities in the Continuum. In addition, the CoC must include a Board that is the decision-making body for the community on issues related to the Continuum. A Governance Charter was approved in January, 2014 and membership on the newly created CoC Board will be approved on August 25, 2014. Please refer to the attached Governance Charter and membership recommendation for the CoC Board.

*2014 Point-in-Time Homeless Count*

On any given night, there are 5,918 people experiencing homelessness throughout the region. This is according to the annual homeless point-in-time (PIT) estimate. On January 27, 2014, hundreds of volunteers surveyed homeless men and women staying in shelters and sleeping on the street. The purpose of the count is to collect data to provide a one-night snapshot of the number of people who are homeless. The results of the count are summarized in the table below.

<b>2014 Homeless Count Results</b>					
	<b>Sheltered</b>			<b>Unsheltered</b>	
	<b>Emergency</b>	<b>Transitional</b>	<b>Safe Haven</b>	<b>Street</b>	<b>Total</b>
<b>Total Number of Persons</b>	2,558	2,282	25	1,053	5,918
<b>Number of Children (under age 18)</b>	717	1096		6	1,819
<b>Number of Persons (18-24)</b>	209	272	2	118	601
<b>Number of Persons (over age 24)</b>	1,630	909	23	929	3,491
<b>Subpopulations</b>					
<b>Chronically Homeless</b>	76		9	318	403
<b>Homeless Veterans</b>	100	161	1	48	310

The point-in-time Homeless Count, coordinated by MAG with volunteer street count coordinators in the region, is part of a national effort to identify the number of individuals and families experiencing homelessness. The count is part of the application to HUD for homeless assistance funding. The funding provides transitional housing, permanent supportive housing and supportive services to approximately 60 programs in the region.

*Coordinated Assessment*

The Continuum of Care Regional Committee on Homelessness continues to work on implementation of a regional Coordinated Assessment System. The Human Services Campus Welcome Center serves as the access point for homeless singles in Phoenix and the UMOM Family Housing Hub serves as the access point for homeless families with children. More than 3,000 people have been assessed with the regionally adopted common assessment tool. These assessments provide the information necessary to determine which intervention will be the best fit to end homelessness for the individual or family. The importance of having a coordinated system, common assessment procedures and effective methods for matching

individuals or families with the most appropriate resources has gained acceptance as a best practice for communities across the nation and is now a Continuum of Care Program requirement by HUD.

Workgroups of the Continuum of Care are in the process of developing standards of excellence for each intervention type and will be adopting those in September. The Continuum of Care is drafting policies and procedures for the Regional Coordinated Assessment System for implementation by the end of the calendar year. Full implementation will be regional in scope and include coordination in the East and West valley.

For more information about the Continuum of Care Regional Committee on Homelessness, please contact Brande Mead, Human Services Program Manager, at [bmead@azmag.gov](mailto:bmead@azmag.gov) or (602) 254-6300.

Maricopa Association of Governments (MAG)  
Continuum of Care Regional Committee on Homelessness  
**Governance Charter and Operating Policies**

Approved by a unanimous vote of the Continuum of Care on January 27, 2014

**Background**

The MAG Continuum of Care Regional Committee on Homelessness has worked with a diverse array of partners to develop regional solutions to end homelessness. Each year, the expertise of the Committee and community partners has resulted in more people being housed and supported in their quest for stability. Staffed by the Maricopa Association of Governments since 1999, the Continuum of Care has successfully competed well in the national application for funding. Over the years, the HUD funding award has increased and now supports more than 60 homeless assistance programs in 24 different agencies. This award has been an important and consistent source of funding for the community.

In response to the HEARTH Act, changes are being made to improve the efficacy of the Continuum of Care. These changes have been identified and championed by talented partners throughout the region. Thanks to the dedication of the people involved, the Continuum of Care is positioned to continue making a difference in the lives of those who are homeless.

**Purpose of Charter**

This Charter identifies the goals, purpose, composition, responsibilities and governance structure of the MAG Continuum of Care (CoC).

**Goals**

The mission of the Continuum of Care, as defined in the HEARTH Act Interim Rule, is as follows:

- To promote communitywide goals to end homelessness.
- Provide funding to quickly rehouse homeless individuals (including unaccompanied youth) and families while minimizing trauma and dislocation to those persons.
- Promote access to, and effective utilization of, mainstream programs.
- Optimize self-sufficiency among individual and families experiencing homelessness.

The program is composed of transitional housing, permanent supportive housing for disabled persons, permanent housing, supportive services, and the Homeless Management Information System (HMIS).

**Duties of the Continuum of Care**

The three major duties of a Continuum of Care, as defined in the HEARTH Act Interim Rule, are to:

1. Operate the Continuum of Care.
2. Designate an HMIS for the Continuum of Care.
3. Plan for the Continuum of Care.

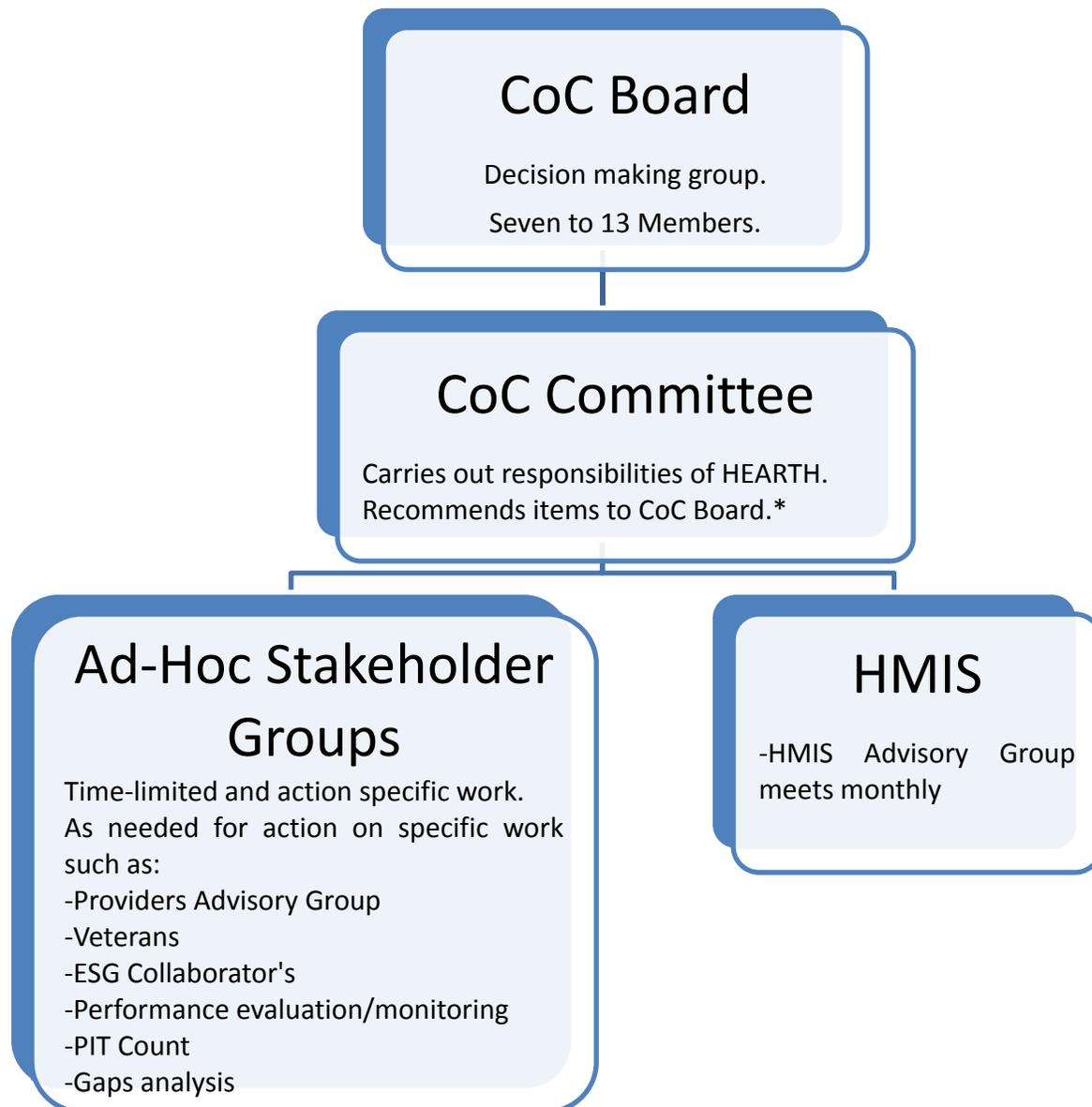
The HEARTH Act Interim Rule also stipulates that, “The U.S. Department of Housing and Urban Development (HUD) has delineated certain operational requirements of each Continuum to help measure a Continuum’s overall performance at reducing homelessness, in addition to tracking of performance on a project-by-project basis. In addition, each Continuum is responsible for establishing and operating a centralized or coordinated assessment system that will provide a comprehensive assessment of the needs of individuals and families for housing and services. HUD has also defined the minimum planning requirements for a Continuum so that it coordinated and implements a system that meets the needs of the homeless population within its geographic area. Continuums are also responsible for preparing and overseeing an application for funds. Continuum will have to establish the funding priorities for its geographic area when submitting an application.”

<p align="center"><b>Operations:</b>  <b>Activities governed by the Continuum of Care Board and carried out by Ad Hoc Working Groups as needed</b></p>	<p align="center"><b>HMIS:</b>  <b>Activities governed by the Continuum of Care Board and carried out by the HMIS Lead Agency</b></p>	<p align="center"><b>Planning:</b>  <b>Activities completed by the Continuum of Care Regional Committee on Homelessness and Ad Hoc Working groups as needed</b></p>
<ul style="list-style-type: none"> <li>• Hold meetings.</li> <li>• Annual invitation to new members.</li> <li>• Adopt and follow a written process.</li> <li>• Appoint Committee, Subcommittee and Working Groups as needed.</li> <li>• Adopt and follow a Governance Charter.</li> <li>• Establish and monitor performance targets and take action on poor performers.</li> <li>• Monitor performance and outcomes of ESG and CoC programs and report to HUD.</li> <li>• Establish and operate a Coordinated Assessment system.</li> <li>• Establish standards for CoC funding, assist and consult with ESG recipients.</li> </ul>	<ul style="list-style-type: none"> <li>• Designate HMIS.</li> <li>• Review, revise, approve privacy, security, and data quality plans.</li> <li>• Ensure participation of recipients and sub-recipients in HMIS.</li> <li>• Ensure HMIS is in compliance with HUD regulations.</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate and operate housing and services system.</li> <li>• Conduct PIT Homeless Count.</li> <li>• Gaps of needs and services.</li> <li>• Provide information for consolidated plans.</li> <li>• Consult with ESG recipients on allocating ESG funding and performance of programs.</li> </ul>

## CoC Governance Structure

The Continuum of Care will have a CoC Board, Continuum of Care Committee, Ad Hoc Stakeholder Groups, and HMIS Groups established to accomplish the responsibilities of the Continuum of Care, as defined in the HEARTH Act Interim Rule and available in the “Responsibilities of the Continuum of Care” section.

The Continuum of Care Regional Committee on Homelessness approved the following CoC governance structure on March 18, 2013. The charter and governance structure will be reviewed every other year and updated as necessary.



\*Needs to include at least one representative from each of the categories listed in the Continuum of Care membership defined by HUD (refer to Continuum of Care membership).

### **Relationship of the Collaborative Applicant to the Continuum of Care**

As the collaborative applicant, the Maricopa Association of Governments will staff the Continuum of Care and related committees and stakeholder groups. The collaborative applicant will receive funding from HUD and other sources as needed to fulfill the responsibilities of staffing the CoC.

In order to fulfill federally designated responsibilities, the collaborative applicant will sign an agreement with HUD and will fulfill the responsibilities outlined in the agreement, including but not limited to the following:

- Monitor and report progress of the project to the CoC and HUD.
- To ensure, to the maximum extent practicable, the inclusion of individuals and families experiencing homelessness in the project.
- To take the educational needs of homeless children into account when families are placed in housing.
- To use the centralized or coordinated assessment system established by the CoC.
- To follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, including the minimum requirements set forth by HUD.

In order to staff the CoC, the collaborative applicant will undertake the following activities to staff the CoC:

- Develop the consolidated funding application to HUD on behalf of the region.
- Prepare agendas and minutes, meeting materials, and communications.
- Maintain records and distribution lists.
- Monitor HUD funded programs.
- Coordinate year round planning activities such as the Annual Homeless Street and Shelter Counts, gaps analysis, and housing inventory.

In order to develop and maintain meaningful partnerships that support the work of the CoC, the collaborative applicant will facilitate partnerships with the following groups and others as needed:

- Support work in the community to end homelessness among veterans through the Veteran's Working Group.
- Collaborate with Emergency Solutions Grant recipients on setting and measuring community wide goals and performance measures.
- Forward advocacy issues to the Arizona Coalition to End Homelessness.
- Work collaboratively with other community stakeholders toward ending homelessness throughout the region.
- Support the work of the Valley of the Sun United Way toward its initiative to end homelessness. This includes but is not limited to the Ending Homelessness Advisory Council, the Funders Collaborative, the Partnership to End Chronic Homelessness, and the Street Outreach Collaborative.

### **Continuum of Care Board**

The role of the Continuum of Care Board is to be the decision-making body for the CoC. Decisions will be made with input from the CoC Committee.

## Membership

The CoC Board membership will be developed and implemented in compliance with requirements from the U.S. Department of Housing and Urban Development (HUD), as defined in the HEARTH Continuum of Care Program Interim Rule released on July 14, 2012. There are three elements within membership including definition of membership structure, selection of members, and ongoing analysis and refinement of membership.

### *Membership Structure*

The first element is defining the membership categories and the number of seats for each category. There will be a minimum of seven seats on the board and a maximum of 13 members. With the exception of provider agencies and the CoC Committee Chair, no agency may have representation on both the Board and the Committee. Membership of the CoC Board will follow the agency within the category below, rather than the individual.

<b>Category</b>	<b>Number of Seats (Maximum)</b>
Formerly Homeless Representative	1
ESG Recipient's Agency Representative	1
Continuum of Care Chair	1
Policy/Advocacy Representative	3
CoC Funded Provider Representative	3
Funder	2
Community Seat	2

### Definition of CoC Board Categories:

- Formerly Homeless Representative: An individual who was at one point homeless.
- Emergency Solutions Grants (ESG) Program Recipient's Agency Representative: HUD defines ESG recipients as state governments, metropolitan cities, urban counties, and U.S. territories that receive ESG funds from HUD and make these funds available to eligible sub recipients, which can be either local government agencies or private nonprofit organizations.
- Continuum of Care Chair: The current Chair of the Continuum of Care Committee serves on the CoC Committee and Board.
- Policy/Advocacy Representative: Individual(s) who represent local government, county or state agency, advocacy or policy-making group, member of the MAG Regional Domestic Violence Council, or other local policy/advocacy group recommended by the Continuum of Care.
- CoC-Funded Provider Representative: An agency that operates a Continuum of Care Program funded homeless assistance program.
- Funder: A local agency that funds homeless services and housing programs in Maricopa County. This could include a philanthropic funder, a municipality, United Way, or other funder recommended by the Continuum of Care.
- Community Seat: Individual(s) who represent the public housing authorities, businesses, faith-based organizations, jails, hospitals, universities, or other community seat as recommended by the Continuum of Care.

The three CoC funded provider seats on the Board will represent one or more of the following homeless subpopulations:

- a) Single individuals
- b) Families with children
- c) Veterans
- d) Persons who are chronically homeless
- e) Persons with HIV/AIDS
- f) Unaccompanied youth
- g) Persons with behavioral health issues
- h) Persons who are victims of domestic violence

### *Membership Selection*

The second element is recruitment and selection of the members for each CoC Board seat. The process to select the CoC Board membership will be transparent, inclusive, and democratic in nature. The CoC Board member selection process will include consideration of geographic balance, representation of homeless subpopulations, and knowledge of the issues pertaining to the Continuum of Care and/or persons experiencing homelessness in the region.

When the board is first being formed, an invitation will be extended by the collaborative applicant to the CoC Committee and stakeholders requesting potential members to submit letters of interest. The collaborative applicant will prepare a list of people who submitted letters of interest with the category(ies) they represent. The collaborative applicant will provide the list with the letters to the Membership Workgroup. The Membership Workgroup will include up to seven people including the Chair and Vice Chair of the CoC, the Planning Subcommittee Chair before the subcommittee is phased out, and up to four other people as identified by the CoC Committee. The Membership Workgroup will review the list and letters and make recommendations to the CoC Committee for the Board membership. The CoC Committee will review recommendations, as well as the list and letters, and vote on five to thirteen people to become members of the Board. Members cannot vote for themselves. The CoC Committee will base the decision on ensuring diverse representation on the board in compliance with the HEARTH Act Interim Rule and local priorities.

Once the first Board has been established, staggered term limits will apply with 33 percent of the board rotating off every year. The initial rotation will begin with one third of the membership serving a two year term, one third serving a three year term, and one third serving a four year term with all members serving staggered three year terms thereafter.

The initial vote of the Committee to identify the first members of the Board will include the length of the first staggered terms. Exceptions may be made to the term limits with approval from the Board if no other members can be found to represent a certain subpopulation.

Once the Board is in place, the collaborative applicant will staff the process to select new members as current members rotate off the Board. This will include an annual invitation to the CoC Committee and stakeholders to submit letters of interest to the Board to fill any vacancies

or to address any new areas identified as priorities for membership. The Board will review the letters and a list including the names of people submitting letters with the category(ies) they represent. The Board will vote on new members to fill the categories.

#### *Ongoing Analysis of Membership*

To address the third element of membership, the CoC Board will review its membership every year in accordance with HUD regulations and to make adjustments as needed to comply with federal and local policies. Changes can be made to the composition of the CoC Board membership if determined necessary to comply with HUD regulations or to meet the goals of the Continuum of Care.

#### Leadership

The current Chair and Vice Chair of the Continuum of Care Committee will serve as the first Co-Chairs of the Board. When the term of the former Chair of the Continuum is finished, the collaborative applicant will invite letters of interest from the Board to serve as the second Co-Chair. When the term of the former Vice Chair of the Continuum is finished, the collaborative applicant will invite letters of interest from the Board to serve as Co-Chair.

One of the Co-Chairs will be an elected official from a town, city, County, or Native American Community within Maricopa County. The second Co-Chair will represent a nonprofit agency or other relevant stakeholder from within the same geography. The second Co-Chair may also be an elected official as long as they fulfill this definition of representation. Representation is not defined as employment with the stakeholder.

The two Co-Chairs will serve staggered two year terms. Initially, one of the two Co-Chairs will serve a four year term and the other will serve a two year term. Thereafter, both Chairs will serve staggered two year terms with the Co-Chairs rotating off at the end of their term.

#### Planned Meetings of Continuum of Care Board and Agendas

The Continuum of Care Board is expected to meet bi-monthly with potential meeting dates in January, March, May, July, September, and November of each year.

The CoC Board will follow open meeting rules. The collaborative applicant will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by the collaborative applicant with input from the Co-Chairs and posted on the collaborative applicant's website. Each agenda will include an opportunity to request future agenda items.

#### Code of Conduct

A CoC Board 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.

#### **Continuum of Care Regional Committee on Homelessness**

The role of the Continuum of Care Committee is to make recommendations to the CoC Board for approval.

### Membership

Membership will include representation for all the categories required by HUD and identified below. One member may represent more than one category. The intent of the membership structure is to be inclusive and representative of the diversity in the region. Membership on the CoC Committee pertains to the agency and not the individual.

### *Membership Structure*

Per HUD regulations, the following categories will be represented on the Continuum of Care Regional Committee on Homelessness:

<b>Category</b>	<b>Number of Seats (Minimum)</b>
Nonprofit homeless assistance providers	1
Victim service providers	1
Faith-based organizations	1
Governments	1
Businesses	1
Advocates	1
Public housing agencies	1
School districts	1
Social service providers	1
Mental health agencies	1
Hospitals	1
Universities	1
Affordable housing developers	1
Law enforcement	1
Organizations that serve veterans	1
Homeless and/or formerly homeless individuals	1

### *Membership Selection*

Initially, the collaborative applicant will invite members of the current CoC Committee and stakeholders to submit letters of interest for membership on the new CoC Committee. The collaborative applicant will prepare a list of the names and categories represented and provide this with the letters to the Membership Working Group. The Membership Workgroup will recommend to the CoC Committee for action an appropriate composition of members to represent all the categories listed. The CoC Committee will approve the membership for the new CoC Committee. HUD CoC Program-funded agencies may, but are not required to, have an on-going seat on the Continuum of care Committee. This seat is not subject to term limits.

### *Ongoing Analysis of Membership*

There will be three year staggered term limits for the CoC Committee members. The initial rotation will begin with one third of the membership serving two year term, one third serving a three year term, and one third serving a four year term with all members serving staggered three year terms thereafter.

Every year, the Membership Workgroup will review the CoC Committee membership and make recommendations for any additions or changes to the CoC Committee membership and committee size.

Annually, the collaborative applicant will solicit letters of interest from prospective members from stakeholders. The CoC will vote on recommendations for new members and changes to give to the Board. The Board will review the recommendations and take action to ensure the CoC Committee membership maintains an inclusive, diverse representation.

#### Leadership

A Chair and Vice Chair representing different categories will serve two year terms. At the end of the second year, the Vice Chair will ascend to the Chair position. The collaborative applicant will solicit letters of interest from the CoC Committee membership and stakeholders to fill the Vice Chair position, as well as the Chair position if the Vice Chair does not ascend. The collaborative applicant will provide a list of the names and the categories they represent to the CoC Committee with the letters of interest. The CoC Committee will vote on recommendations for the Vice Chair, and Chair if needed, to give to the Board. The Board will take action on filling the Vice Chair position, and the Chair position if needed.

#### Planned Meetings of CoC Committee and Agendas

The CoC Committee is expected to meet bi-monthly with potential meeting dates in February, April, June, August, October, and December of each year.

The CoC Committee will follow open meeting rules and the collaborative applicant will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by the collaborative applicant with input from the Chair and Vice Chair and will be posted on the collaborative applicant's website. Each agenda will include an opportunity to request future agenda items.

#### Code of Conduct

A CoC Committee 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.

#### Ad Hoc Stakeholder Groups

The Continuum of Care may establish Ad Hoc Stakeholder Groups or working groups as the committee deems necessary. These groups can be ongoing or time limited and will meet as needed to accomplish the work defined by the Continuum of Care. Ad Hoc Stakeholder Groups may include, but are not limited to:

- Veteran's Working Group
- Coordinated Assessment Work Group
- Coordinated Assessment Planning
- Permanent Housing Work Group
- HEART Planning/HEART Training/HEART Data
- ESG Collaborators

- Ranking and Review Performance Evaluation
- Point-in-Time Count Planning
- Gaps Analysis
- Street Outreach

### **Meeting Minutes**

Proceedings of the CoC Board meetings and the CoC Committee meetings are documented concisely in minutes and posted on the collaborative applicant's website at [www.azmag.gov](http://www.azmag.gov).

### **Quorum**

The CoC Board and the CoC Committee will operate under open meeting law quorum rules. A number equal to a simple majority of the representatives serving on the CoC Board and the CoC Committee shall constitute a quorum for the purpose of taking action on any business at a meeting. Action cannot be taken on any item if there is no quorum present and voting will not occur in such case. Informational items on the agenda may be heard but not discussed.

### **Review of Charter**

The CoC Board will review this charter annually to ensure it remains consistent with the objectives and responsibilities of the CoC in accordance with the HEARTH Act and HUD regulations.

### **Annual Continuum of Care Program Application**

The collaborative applicant will design, operate, and follow a collaborative process for the development of applications and approval of the submission of applications to the U.S. Department of Housing and Urban Development. The CoC Board will establish priorities for funding projects.

### **Homeless Management Information System (HMIS)**

The Continuum of Care is responsible for designating and operating an HMIS and an eligible applicant to manage the HMIS, consistent with the requirements in the HEARTH Act. The HMIS Lead is the eligible applicant designated by the Continuum of Care to carry out the day to day operations of the HMIS.

### **HMIS Background**

The Continuum of Care designated Community Information and Referral (CI&R) as the lead agency for the HMIS in 2002. CI&R will maintain the community's HMIS in compliance with HUD standards and coordinate all related activities including training, maintenance and technical assistance to agencies. Annually, the Continuum of Care will conduct an HMIS survey to assess the effectiveness of the HMIS and provide the results of that survey to the Continuum of Care Board.

The HMIS governing documents, policies, and procedures required by the HEARTH Act will be developed by the HMIS lead agency and approved by the CoC Board in accordance with the HEARTH Act. The groups needed to facilitate HMIS may include but are not limited to the following a HMIS Advisory Group.

### **Point-in-Time Count**

Consistent with HUD requirements, an annual Point-in-Time (PIT) count will be conducted. Participation in the PIT Count Working Group will be open to all interested. The CoC Board will approve the results of the annual PIT count. The CoC Committee will lead coordination efforts to conduct the count with approval by the Board.

### **Other HUD Mandated Activities**

Per HUD regulations, the Continuum of Care will undertake processes to monitor other activities mandated by HUD.

### Feedback on Consolidated Plans

The CoC Board is responsible for providing feedback to the local governments (City/County) that have developed Consolidated Plans. At the direction of the CoC Board, the collaborative applicant will gather the consolidated plans and evaluate the plans based on criteria developed by the CoC Board. The collaborative applicant will report on the outcome of the evaluation for action by the CoC Board. The CoC Board action and feedback will be provided by the collaborative applicant to the responsible unit of local government. This review will occur on an annual basis.

### Coordination and Integration with Emergency Solutions Grant (ESG) Recipients

The CoC Board will consult and coordinate with ESG recipients to maximize resources available to prevent and end homelessness. Per federal guidance, this consultation will include an assessment of the most effective strategies to allocate funding, report on progress made, and evaluate the performance of ESG recipients and sub recipients. The process to conduct this consultation will include the following steps:

- The CoC Board will evaluate the region's needs for emergency shelter, rapid re-housing, and homeless prevention for the different subpopulations within homelessness such as single individuals, families, and veterans.
- The collaborative applicant will convene the local ESG recipients and State recipient to determine how the needs identified by the CoC Board are currently being addressed and what can be done to address the stated needs more effectively. State ESG funding may be targeted to supplement funding available from the local ESG recipients. A plan will be developed collaboratively by the collaborative applicant, local ESG recipients, and state recipient to maximize the resources available to meet the needs identified by the CoC Board.
- The CoC Board will review the plan, provide input, and support the implementation of the plan. Short, medium, and long-term goals may be developed to best meet the region's needs.
- This process will repeat on an annual basis.

### **Standards for Administering Assistance**

The collaborative applicant will assist the CoC Committee to develop standards for administering assistance in keeping with requirements set forth by HUD. The Committee will draft recommendations for review and approval by the Board. Annually, the standards will be

reviewed by the Committee with recommendations to be developed for review and action by the Board.

### **Coordinated Assessment**

In April of 2012, the CoC began a planning process to create a regional Coordinated Assessment System. A Coordinated Assessment Working Group; made up of homeless services providers, funders, and municipalities; was created and charged with making recommendations to the CoC. The goal of the Coordinated Assessment System is to end homelessness quickly and effectively through a housing first approach. The system will be easy to navigate and will include multiple points of access throughout the region.

In August, 2012, the Working Group developed the following guiding principles upon which to build the coordinated approach:

- The assessment and referral process should be client-centric.
- The system must be easy for clients to navigate.
- Establish have multiple points of access.
- Prioritize enrollment based on client need.
- Prioritize “hardest to serve” clients first.
- Focus on ending the client’s homelessness as quickly as possible.
- Balance provider choice in making enrollment decisions with the system’s need to serve all clients.
- Initial Assessments should be as simple as possible.
- Establish accountability amongst assessment workers and providers.
- Make a system that is sustainable.
- Leverage and support existing partnerships and strong partnership.
- Streamline any parallel processes.
- Offer choices which promote self-sufficiency.
- Deliver services that are well coordinated between all staff and agencies.
- Support provider staff with appropriate referrals.
- Ensure availability and access to a broad, flexible array of effective services and supports for consumers and their families that address their multiple needs.
- Provide individualized services in accordance with the unique potentials and needs of each consumer and family.
- Use a Housing First approach.
- Use real-time data to make quick referrals.

In August 2013, the CoC approved the integration of the Service Prioritization Decision Assessment Tool (SPDAT) and the Family SPDAT as the region’s common assessment tool. Use of the SPDAT and Family SPDAT will streamline the referral process and prioritize individuals and families with the highest level of needs. Coordinated Assessment will be implemented in phases. The first phase, beginning in November 2013, will include one access point for singles and one access point for families within the city of Phoenix. The second phase, beginning in July 2014, will include additional access points for singles and families in the east and west

valley as determined by the CoC. The CoC will comply with the HEARTH Act in all aspects of Coordinated Assessment implementation.

**HEARTH Act Compliance**

The Continuum of Care will ensure it meets all aspects of HEARTH Act compliance.

## Membership Workgroup Recommendation – Continuum of Care Board Representatives

August 18, 2014

CoC Board Representative <i>(Recommendation by Membership Workgroup)</i>	Term (2, 3, or 4 years)	Formerly Homeless (1)	ESG Recipient's Agency (1)	Continuum of Care Chair (1)	Policy/Advocacy Representative (3)	CoC-Funded Provider Representative (3)	Funder (2)	Community Seat (2)
Brad Bridwell, Cantwell Anderson	3							<b>X</b>
Moe Gallegos, City of Phoenix	4		<b>X</b>		x		x	
Councilmember Kevin Hartke, City of Chandler	4			<b>X</b>				
Theresa James, City of Tempe	4				<b>X</b>			
Nick Margiotta, City of Phoenix Police Department	4							<b>X</b>
Darlene Newsom, UMOM New Day Center	2					<b>X</b>		
Amy Schwabenlender, Valley of the Sun United Way	2						<b>X</b>	
Councilmember Thelda Williams, City of Phoenix	2				<b>X</b>			
Diana (De De) Yazzie Devine, Native American Connections	3					<b>X</b>		
Pending	3	<b>X</b>						

**X** – Primary representative for this category

x – Secondary representative for this category

**MAG Human Services Coordinating Committee**  
**August 27, 2014**

Consent Agenda item 3D: MAG Elderly and Individuals with Disabilities Transportation Program Ad Hoc Committee

Section 5310 Application Update

MAG staff coordinated the Federal Transit Administration (FTA) FY 2014 Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities grant evaluation process. This included staffing the MAG Ad Hoc Elderly and Persons with Disabilities Transportation Committee (EPDT) tasked with reviewing the 2014 Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities grant applications, hearing presentations from potential applicants, and developing the priority listing of projects for the Phoenix/Mesa Urbanized Area (UZA). The developed priority listing for Section 5310 included requests for four mobility management projects, 28 vehicle requests, and two capital requests for retro fitting vehicles. The 2014 priority listing for Section 5310 New Freedom eligible awards included projects from the City of Glendale, and Valley Metro/RPTA. (Please refer to attachment)

MAG offered the priority listing to the MAG Management Committee for recommendation of approval. The MAG Regional Council unanimously approved the priority listings for the 2014 Section 5310 on May 28, 2014. MAG staff will include the priority listing amendments and administrative modifications to the FY 2014-2018 MAG Transportation Improvement Program and as appropriate, to the 2035 Regional Transportation Plan. MAG staff coordinated the evaluation process for the 2014 Section 5310 small urban and rural UZA grant through the Arizona Department of Transportation (ADOT) in the MAG region. This included staffing the MAG EPDT Committee tasked with reviewing the ADOT Section 5310 grant applications and developing a priority listing of projects. The priority listing included two projects with a request of three vehicles.

Section 5307 Job Access and Reverse Commute Program Update

MAG provided technical support for the 2014 Section 5307 Job Access and Reverse Commute (JARC) Program application process coordinated through the MAG Transit Committee. The Chair and Vice Chair of the MAG EPDT Ad Hoc Committee have been requested to participate in the application evaluation process to ensure the needs of the underserved population are addressed. MAG staffed the evaluation process for the 2014 Section 5307 JARC program with a workgroup from the MAG Transit Committee and the Chair and Vice Chair of the MAG EPDT Ad Hoc Committee. This included coordinating presentations from potential applicants and developing a priority listing of project. The 2014 Section 5307 JARC program priority listing will be forwarded to the MAG Transit Committee for recommendation and then to the MAG Committee process for recommendation of approval. The MAG EPDT Ad Hoc Committee and the MAG Transit Committee will continue to coordinate on the Section 5307 JARC application process

For any questions or further information regarding Human Services Transportation please contact DeDe Gaisthea at [dgaisthea@azmag.gov](mailto:dgaisthea@azmag.gov) or (602) 254-5062.

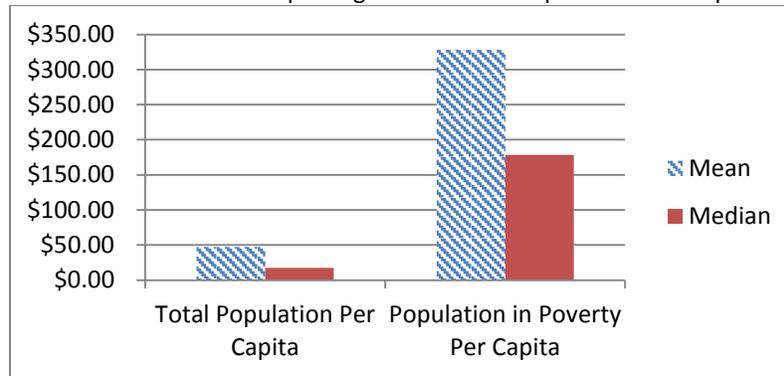
Maricopa Association of Governments  
**Regional Public Sector Human Services per Capita Funding Report**  
Draft August 6, 2014

**Executive Summary**

Throughout the region, there are a myriad of funding decisions that impact what services and amenities are available to residents. Different communities have different needs and priorities. This study was undertaken by the Maricopa Association of Governments (MAG) to better understand how the region defines and funds human services from a public sector perspective. The goal is to offer a regional human services per capita figure that can be used as a tool when making funding decisions. A service list was also developed to illustrate how human services are defined in the region. This tool shared understanding about human services can increase clarity and opportunities for collaboration.

The study is based on FY 2013 human services municipal close-out expenditure data and FY 2013 population estimates for communities in Maricopa County and portions of Pinal County. The regional median per capita expenditure for human services is \$17.49. The regional mean per capita figure, or average, is \$47.42.<sup>1</sup> For the population in poverty, the regional human services per capita mean expenditure figure is \$328.51 and the median expenditure is \$178.20. The difference between the per capita expenditure mean and median indicates municipalities across Maricopa and Pinal County do not all spend similar amounts of funding on human services. This is expected considering the diversity of populations throughout the region. The chart below depicts the regional mean and median figures for human services funding.

Figure One: Regional Mean and Median Per Capita Figures for Total Population and Population in Poverty



Meals are the service most often reported in the FY 2013 close-out expenditures, followed by domestic violence services, and youth programs. In addition, more than half of the surveys received reflected FY 2013 close-out expenditures for transportation, home modifications, Community Action Programs, and services for people experiencing homelessness. For a list of all services reported in FY 2013 close-out expenditures, please refer to Appendix B.

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<sup>1</sup> The mean is higher because it averages all expenditure values from municipalities making it more vulnerable to especially very small or large values called outliers. These outliers pull the mean in their direction. The median is the exact middle value out of all the values and is less vulnerable to outliers. It is important to consider both the mean and median when evaluating data. When the mean is significantly larger or smaller than the median, as in this case, it means some or most of the data points are not alike in value.

In-kind support such as donated office space, materials, and staff time are critical to the vitality of human services programs. Due to inconsistency in how to value and quantify in-kind support, these contributions were not part of this study. This does not diminish the importance of these contributions and the role the public sector can play beyond providing cash support. Some of the region's best innovations engage local governments as incubators that provide significant in-kind support to launch new programs and build community capacity.

Support from other important partners such as philanthropy, corporations, and places of worship are not included in this study. This support is a lifeline to human services. The focus of this study is how the region defines and funds human services. This information can be leveraged when establishing partnerships with an array of community partners. Particularly in multi-disciplinary collaborations, it is essential to understand how each partner defines and funds human services in order to best utilize the contributions of each partner.

For more information on this study and regional human services planning efforts, please contact MAG at (602) 254-6300 or at [humanservices@azmag.gov](mailto:humanservices@azmag.gov).

### **Background**

The Maricopa Association of Governments (MAG) Human Services Coordinating (HSCC) and Human Services Technical Committee (HSTC) developed this report in order to better understand how the region defines and funds human services from a public sector perspective. The benefit of utilizing a diverse response to a wide range of needs can be effective service delivery and outcomes. The challenge of such a diverse response can be lack of clarity and understanding, leading to fragmented and uncoordinated approaches. This report seeks to clarify how human services are defined and directly supported. Direct support is shown by providing services or by contracting with nonprofit agencies or other entities. Indirect support such as in-kind contributions of office space, materials or staff time is not quantified as part of this study. The end product of this study is a regional human services per capita expenditure figure and a shared definition for human services by virtue of the service list. The per capita figure can be used to give a regional context to public sector human services funding.

### **Methodology**

HSCC provided the leadership for the study with technical assistance from HSTC and input from the public. A survey and list of services (Appendix A) was developed with feedback from all three groups. The survey tool was tested by two pilot communities and refined by MAG staff with input from HSCC and HSTC. The survey was administered by MAG staff to the 27 MAG member agencies within Maricopa County and in Pinal County. The Native American Communities were not surveyed due to having dramatically different funding environments.

HSCC and HSTC members collected the data for their respective communities. Intergovernmental representatives or the City/Town Manager completed the survey if the municipality did not have a representative on HSTC or HSCC. Only one survey was received for each municipality. Twenty cities and towns specified which services they fund and FY 2013 close-out expenditure data were collected for 27 cities and towns. The preliminary results were reviewed by the Committee members and member agencies to verify the data.

The per capita figure for total population was calculated by dividing the total FY 2013 human services expenditure (regardless of the funding source) by the total population number. The population in poverty per capita figure was calculated by dividing the total human services expenditure for FY 2013 by

the total number of people with incomes below the federal poverty line. Population data for incorporated municipalities was obtained from the Office of Employment and Population Statistics, Arizona Department of Administration, July 2013 Population Estimates.

Maricopa County completed the survey, but these data were later removed due to concerns about funding overlap with the cities and towns and inconsistent service delivery areas among the various services. The inability to identify a consistent service delivery area for Maricopa County-supported programs meant a per capita figure could not be calculated. As a result, the regional per capita figure does not include the \$56,506,921 spent by Maricopa County on human services. The funding to serve people who live in unincorporated areas and receive services directly from Maricopa County and not from a city or town is not represented in this study.

For the purpose of reporting results, the services were organized into the following categories: youth, adults, housing, people with disabilities, program administration, basic needs, mental health, transportation, and people in crisis. For a full listing of services within each category, please refer to Appendix B.

This study reflects the FY 2013 close-out expenditures and does not take into account increases or decreases before or after this year. As such, the study reflects a moment in time and not a trend. Trend data may be collected and analyzed in the future.

### **Regional per Capita Human Services Figures**

#### *Regional Human Services per Capita Mean and Median Close-Out Expenditures*

Two regional human services per capita figures were developed for the total population and the population with incomes below the federal poverty line as reported by the US Census Bureau. The mean reflects the average of all the reported per capita expenditures. The median reflects the middle per capita expenditure when all figures are ranked from highest to lowest.

The regional human services per capita *mean* expenditure is \$47.42. The mean reflects the diversity of close-out expenditures reported. The regional human services per capita *median* expenditure is \$17.49. The median figure evens out the extreme ends of the spectrum and better reflects what most municipalities spend on human services for each person.

#### *Regional Human Services per Capita Mean and Median Close-Out Expenditures for Population in Poverty*

Some services are available to everyone in the population, although the majority may have eligibility requirements based on criteria such as on income, ability, or age. With this in mind, per capita figures were also determined for the population living in poverty according to the US Census Bureau. These figures were calculated by dividing the total FY 2013 close-out human services expenditures by the total population in poverty. This changed the regional human services per capita mean expenditure to \$328.51 and the median expenditure to \$178.20 for the population in poverty.

### **Conclusion**

This study offers a regional context for decisions regarding to human services funding. The decision to fund or not fund services affects people's access to assistance. Which services are funded reflects the particular needs the needs of the community. Alignment of these priorities, needs, and resources are critical to creating strong communities.

In-kind support was beyond the scope of this study, but it remains an important ingredient to ensuring that the necessary levels of support are available when people need them the most. Donated office space, materials, and staff time are often as valuable as cash funding. Increasingly, the public sector is shifting roles from a primary funder to an incubator of innovations. Many of these innovations provide much needed support to nonprofit agencies and to building capacity in the community. This is an area that should not be overlooked.

Support from philanthropy, individuals, corporations, and other entities are also critical, as well as being beyond the scope of this study. This study may be used to consider how the public sector can partner with these other entities to support human services. A diversity of funding sources can protect human services programs during challenging financial times and changes in the availability of funding. It is common for the public sector to be one of multiple funders. A better understanding of how the public sector defines and funds human services can result in additional opportunities to work more effectively.

This study may serve as a baseline for the region. In the future, the study may be repeated to offer a comparison for how the definition of or support for human services may change. The nature, motivation, and impact of these changes can be assessed. Strategies can be developed as needed in response to the priorities at the time. Future activity will be driven by the MAG Human Services Coordinating Committee and how the study may best fit its needs.

HSCC and HSTC are committed to providing impactful regional solutions in human services. For more information, please contact MAG at (602) 254-6300 or [humanservices@azmag.gov](mailto:humanservices@azmag.gov).

## Appendices

### Appendix A: Human Services Funding Per Capita Survey

<p><b>Overview:</b> Information will be obtained from the county, cities, towns, and Native American Indian communities within the Maricopa Association of Governments region (Maricopa County and portions of Pinal County) regarding funding levels for human services. Please consider all sources of funding, including but not limited to, local governments, state government, federal government, foundation grants, donations, and private sector support. This includes funding used within your agency as well as funding that passes through your agency in the form of grants or contracts, for example, to nonprofit agencies. The agencies receiving the funds do not have to be located within your municipality. When applicable, please include any administrative costs in the line item service budgets. Information will be reported on an aggregate level for the region.</p>
<p><b>Purpose:</b> To provide a tool to better define human services funding within a regional context.</p>
<p><b>Instructions:</b> Please add the FY 2013 close-out expenditure for each service or as a total on the last page. Please consider all sources of funding as noted above. The services are listed as examples of what may be defined as human services. Please add other services you consider to be human services related. Please indicate with "x" for any services funded, directly or indirectly, by your agency.</p>
<p><b>Please note:</b> Only one survey is requested per agency. Please coordinate efforts through the city/town/community manager or your intergovernmental representative. Survey responses may be submitted to <a href="mailto:rbrito@azmag.gov">rbrito@azmag.gov</a> by <b>May 14, 2014</b>.</p>

<b>Agency Name:</b>		
<b>Name and title of person(s) completing survey:</b>		
<b>Contact number:</b>		
<b>Email address:</b>		
<b>Service(s) Provided</b>	<b>Please indicate if this service is funded.</b>	<b>FY 2013 Close-Out Expenditure</b>
Adaptive Aids and Devices		
Adult Day Care/Adult Day Health Care		
Adult Diversion Community Restitution		
Advocacy		
Assessment/Evaluation		
Attendant Care Services		
Bus Tokens/Vouchers		
Case Management		
Cash Assistance		
Child Care		
Children, Youth and Family Supportive Intervention Services		
Clothing		
Community Action Program (Family Service Centers)		
Community Awareness and Information		
Comprehensive Service Delivery		
Contract Management		
Crisis Services		
Domestic Violence Services		
Domestic Violence Shelter		
Early Intervention		
Eligibility Determination		
Emergency Food Box		
Employment Assistance		
Eviction Prevention (rental & home foreclosure)		
Financial Assistance		
Food Administration		
Food Boxes/Food Distribution (Congregate & Home Delivered)		
Habilitation Services		
Head Start Classrooms		
Heat Relief		

Home Buyer Assistance (payment/down payment)		
Home Care: Housekeeping, Homemaker, Chore, Home Health Aide, Personal Care, Respite, Nursing Services		
Home Modification/Adaption/Repair /Renovation/Weatherization		
Homeless Services		
Homeless Shelter and Housing		
Housing Support Services, Fair Housing Referrals		
Housing/Rental Assistance: CDBG, HOME, Section 8		
Information and Referral		
Intake (such as case management)		
Interpreter		
Juvenile Diversion program		
Juvenile Early Intervention Program		
Legal Assistance/Services		
Life Skills Training		
Meals: Congregate and Home Delivered		
Counseling and Mediation		
Mentoring		
Multipurpose Center Operations		
Outreach (to recruit new clients)		
Parent Skills Training		
Peer Counseling		
Prevention		
Program Administration		
Protective Services		
Screening (such as medical)		
Self-Help Group		
Senior Companion Services		
Service Animal Program for Veterans		
Social Development (Socialization and Recreation)		
Staff Development and Training		
Supportive Intervention/Guidance Counseling		
Teen Employment Program		
Transitional Housing		
Transportation		
Utility Assistance		
Volunteer Services		
Youth Medical Assistance		

Youth Programs		
Other Aging Services		
Other: (Please list)		
<b>Total:</b>		
<b>Comments:</b>		

Appendix B: Services Reported in FY 2013 Municipal Close-Out Expenditures

<b>Human Services</b>
<b>Services Specific to Youth</b>
Child Care
Children, Youth and Family Supportive Intervention Services
Early Intervention
Head Start Classrooms
Juvenile Diversion program
Juvenile Early Intervention Program
Teen Employment Program
Youth Medical Assistance
Youth Programs
Youth Afterschool/Sports Programs
<b>Services Specific to Adults</b>
Adult Day Care/Adult Day Health Care
Adult Diversion Community Restitution
Parent Skills Training
Senior Companion Services
Home Care: Housekeeping, Homemaker, Chore, Home Health Aide, Personal Care, Respite, Nursing Services

<b>Services Specific to Housing</b>
Eviction Prevention (rental & home foreclosure)
Home Buyer Assistance (payment/down payment)
Home Modification/Adaption/Repair /Renovation/Weatherization
Housing Support Services, Fair Housing Referrals
Housing/Rental Assistance: CDBG, HOME, Section 8
<b>Services Specific to People with Disabilities</b>
Adaptive Aids and Devices
Habilitation Services
<b>Services Specific to Program Administration</b>
Advocacy
Assessment/Evaluation
Community Action Program (Family Service Centers)
Case Management
Community Awareness and Information
Comprehensive Service Delivery
Contract Management
Eligibility Determination
Food Administration
Information and Referral
Intake (such as case management)
Interpreter
Outreach (to recruit new clients)
Multipurpose Center Operations
Prevention
Program Administration
Screening (such as medical)
Staff Development and Training
Volunteer Services
<b>Services Specific to Basic Needs</b>
Cash Assistance
Clothing
Emergency Food Box

Employment Assistance
Financial Assistance
Food Boxes/Food Distribution (Congregate & Home Delivered)
Heat Relief
Legal Assistance/Services
Life Skills Training
Meals: Congregate and Home Delivered
Social Development (Socialization and Recreation)
Utility Assistance
Adult/Teen Education Services
<b>Services Specific to Mental Health</b>
Counseling and Mediation
Mentoring
Peer Counseling
Self-Help Group
Supportive Intervention/Guidance Counseling
<b>Transportation</b>
Transportation
Bus Tokens/Vouchers
<b>Services Specific to People in Crisis</b>
Crisis Services
Domestic Violence Services
Domestic Violence Shelter
Homeless Services
Homeless Shelter and Housing
Transitional Housing

Appendix C: References

References	
Population Data	Office of Employment & Population Statistics, Arizona Department of Administration, July 2013 Population Estimates <a href="http://azstats.gov/population-estimates.aspx">http://azstats.gov/population-estimates.aspx</a>

Poverty Data	U.S. Census Bureau, 2012 American Community Survey 5-year Estimates
Expenditure Data	Survey of MAG Member Agencies for 2013 Human Services Expenditures and Services Offered
City of Maricopa	July 1, 2013 estimate from the Arizona State Demographer's Office <a href="http://www.azstats.gov">www.azstats.gov</a>
	the Census 2010-2012 American Community Survey 3-Year Estimates

# DRAFT Arizona Age-Friendly Network Overview

## Why

Significant increases in the number of people aged 60 years plus are present throughout the state of Arizona. This represents an opportunity if the talents and time of older adults are fully leveraged. Failure to act can create a crisis if the needs of older adults are not appropriately addressed. Transportation is a critical factor for older adults throughout the state. Developing an Arizona Age-Friendly Network will provide opportunities to better connect older adults with people of all ages by leveraging existing efforts and cultivating community capacity. Discussions with stakeholders statewide are shaping the network and are critical to coordinating a statewide effort that is responsive to local characteristics. This scope of work will evolve as additional feedback is received.

## What

The Arizona Age-Friendly Network will include the following functions:

- Provide technical assistance to communities through data analysis, community outreach, and business plan development to ensure long-term sustainability.
- Connect people to information, resources, and to each other through the project's website, [www.Connect60Plus.com](http://www.Connect60Plus.com).
- Offer trainings through the webinar series, "Feed Your Mind", and an annual conference. In the future, the conference may include opportunities for people to attend online.

## Who

The statewide network will integrate and cross fertilize with foundational efforts undertaken by a number of talented partners. This includes but is not limited to potential partners such as existing nonprofit agencies, AARP Arizona, Area Agencies on Aging, Arizona Caregivers Coalition, Arizona Commission on the Arts, Arizona Community Foundation, Arizona Department of Economic Security, Arizona Department of Health Services, Arizona Grantmakers Forum, Communities for All Ages sites, the councils of governments, the Governor's Council on Aging, and Virginia G. Piper Charitable Trust. National partners include Grantmakers in Aging and the Pfizer Foundation.

## How

One leadership team with representatives from throughout the state will coordinate activity for the network. Local planning teams will drive the activity in each community. Pilot sites will be determined in cooperation with the councils of governments, Area Agencies on Aging, and the Communities for All Ages sites. Subregional meetings in Phoenix, Yuma, Tucson, and Prescott/Flagstaff; monthly conference calls; and an annual statewide meeting will cross fertilize learnings from one community to the next. In addition, all resources will be shared through the [www.Connect60Plus.com](http://www.Connect60Plus.com) website for use throughout the network. An evaluation will be conducted to monitor progress and to identify needed adjustments. Specific recommendations may be added to the state's Aging 2020 Plan.

## When

Representatives for the local planning teams and the statewide leadership team will be identified during the summer of 2014. By the fall, an application will be submitted to Grantmakers in Aging for funding to support the network from October 2014 to July 2015. Ongoing funding will be solicited from other funders as needed. The goal is to develop the network and embed it within ongoing structures such as the councils of governments and Area Agencies on Aging in partnership with multi-disciplinary partners.

## For More Information:

Please contact Amy St. Peter, MAG Human Services and Special Projects Manager at (602) 452-5049 or [astpeter@azmag.gov](mailto:astpeter@azmag.gov). Additional information is available at [www.Connect60Plus.com](http://www.Connect60Plus.com).