

**Detroit CoC Governance Charter Public Comments and CoC Board Response**

Public Comment or GC Change	CoC Board Response
Comments Regarding "Establishing the Detroit Continuum of Care Committees" Section (Page 13-14).	
<p>1. “The remaining committees not red-lined in this section provide limited opportunity for the CoC general membership to get involved. How will the CoC facilitate connecting former committee members to opportunities to get involved with similar collaborative bodies?”</p>	<p>A supplemental roadmap of committees will be created that outlines remaining committees, responsibilities, and membership. Contact information will be provided to assist those interested in getting connected with remaining committees.</p>
<p>2. “The charter does not outline who will absorb the responsibilities and oversight previously managed by the CoC Data Committee (aka HMIS Steering Committee), Development and Communications Committee, Housing Resource Committee, CoC General Membership Committee, Strategic Planning Committee, or Collaborative Applicant, CoC Lead Agency, and HMIS Lead Accountability and Oversight Committee. Are new CoC bodies being proposed to absorb these duties? Or will the remaining committees have revised roles that are to be released an in subsequent iteration of the charter?”</p>	<p>The work is either being absorbed by another committee or by the staff of the CoC lead, the HMIS lead, and/or the Collaborative Applicant lead. In some cases, committees are being removed due to inactivity and therefore do not have duties to be absorbed.</p> <p>The committees removed due to inactivity are as follows:</p> <ul style="list-style-type: none"> <li>• Development and Communications</li> <li>• Strategic Planning</li> </ul> <p>The redistributed roles are as follows:</p> <ul style="list-style-type: none"> <li>• HMIS Steering Committee → HMIS Lead Agency (HAND)</li> <li>• General Membership Committee → Executive Committee</li> </ul>

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	<p>The following committees are still being discussed by the Executive Committee to determine role redistribution:</p> <ul style="list-style-type: none"> <li>• Housing Resource Committee</li> </ul> <p>The charter will be updated to reflect the expanded roles of the aforementioned bodies.</p>
<p>3. “This section of the governance charter does not clearly describe all of the committees and subcommittees as has been proposed to the CoC board. It is recommended that the language in this section more clearly align with the proposed committee/sub-committee structure.”</p>	<p>The charter will be updated to include the following committees and subcommittees:</p> <p>Under Board Committees:</p> <ul style="list-style-type: none"> <li>• Executive Committee</li> <li>• New Projects (subcommittee under V&amp;FP)</li> <li>• Appeals (Subcommittee under V&amp;FP)</li> </ul> <p>Under Detroit CoC Committees:</p> <ul style="list-style-type: none"> <li>• Veterans By Name List (subcommittee under Veteran Committee)</li> <li>• PSH Consult (Subcommittee under CAM Governance Committee OR PSH Workgroup)</li> </ul> <p>Further, a supplement document will be provided that details all committees, subcommittees, and workgroups.</p>

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<p>4. “the proposed revised committee structure has the PSH Consult Sub-Committee being a sub-committee of the CAM Governance Committee, with the PSH Consult group reporting to the CAM Governance Committee. It is not clear why this structure is proposed, as the PSH consult group currently does meet regularly, but does not report to the CAM governance committee. With this proposed revised structure, is it expected that the PSH consult group begin reporting to the CAM Gov committee? If so what are these reporting expectations?</p> <p>Secondly, the PSH consult group that currently meets regularly discusses specific client cases in a case consult format. The participants in the PSH consult group may vary from meeting – to – meeting based on the client cases that need review and consultation. Historically, the PSH consult group was as part of the PSH match meetings. It is unclear why this consult group would be considered a sub-committee of the CAM Governance. It seems to make more sense as a sub-committee of the PSH workgroup.”</p>	<p>The Executive Committee conferred with the following committees: CAM Governance, PSH Consult, and PSH Workgroup. We were informed that the PSH Consult Group has been functioning under the CAM Governance Committee and would prefer to continue to do so.</p>
<p>5. “This section does not clearly identify all of the provider workgroups (ES, TH, RRH, PSH, Outreach) that have been proposed. This should be more clearly described.</p> <p>Additionally, the governance charter should more clearly describe the membership structure of these provider workgroups. For example, will these workgroups be open to anyone? Will each provider of that type be expected to have at least once representative on the workgroup? A combination of both? Also to consider is that the CoC currently has CAM Liaisons in place, which was intended to help hold providers accountable for participation on the workgroup and to help ensure communication from the workgroup back to the agency.”</p>	<p>As stated in response to comment 3, a supplemental document will be created that lists all committees, subcommittees, and workgroups.</p> <p>The board will be working on formalizing membership structures of any groups not specifically defined in the Governance Charter.</p>

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Comments Regarding "Establishing the Detroit Continuum of Care Committees: Committee Membership" Section, (Page 14).	
<p>6. "It's not clear how committee membership is open to any CoC member. CoC members are often encouraged to get involved by joining a committee; however, I'm concerned that with the proposed revised committee structure, we are not allowing a clear pathway for that involvement. When reviewing the proposed committee structure, it's difficult to see where a person in the CoC could easily plug in and contribute in a meaningful way, because the non-board committees are either: 1) sector-specific workgroups which (to my understanding) are populated specifically by a chosen agency representative that has a project in that sector; or 2) a committee with a already-defined membership structure, such as the Performance &amp; Evaluation or CAM Gov committee; or 3) are population-specific committees targeting youth, veterans, or the chronically homeless. The population-specific committees currently seem to be the only place for folks in the Continuum of be a part of. Perhaps we can consider more clearly defining different roles on the committee. Such as, some committee members have a decision-making role and other members (those folks from the CoC who want to be involved) have participating/advising/contributing (but not decision-making) roles."</p>	<p>The board will be working on more clearly defining membership and working with various groups to garner input and feedback on formalizing the structure. The board will be looking for new ways for general membership to get involved.</p>
Additional Comments	
<p>7. "The HMIS Steering committee is noted to have several responsibilities on pages 18 and 19 including those associated with measuring system performance, developing the HMIS privacy, security, and data quality plans, planning and conducting the PIT, but is crossed on page 13. Are the entities listed as partnering on these responsibilities prepared to fully absorb the duties outlined in our governance charter?"</p>	<p>As part of the MOU between HAND, as the HMIS Lead Agency, and the CoC Board, the HMIS lead agency will be absorbing these duties.</p>