

# North Carolina Balance of State Continuum of Care

**Steering Committee Meeting**  
**May 9, 2023**  
**10:30 AM**



**NCCEH**

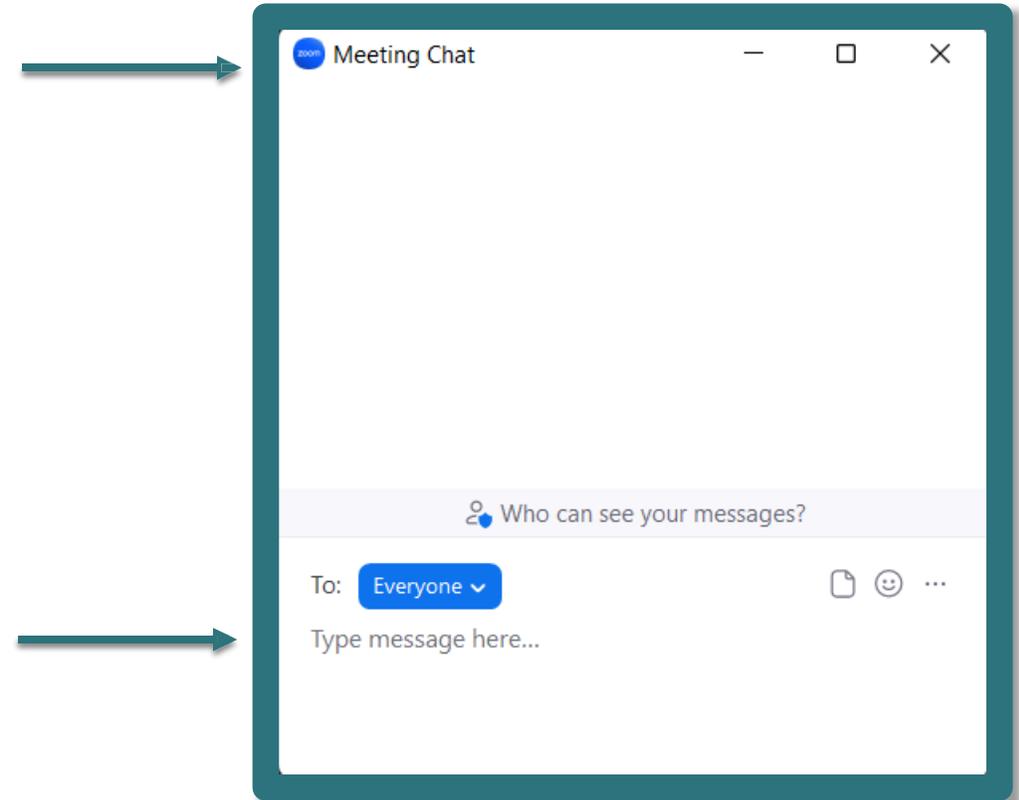
# Welcome

Reminders:

Your line is muted.

We will unmute the line during Q&A pauses.

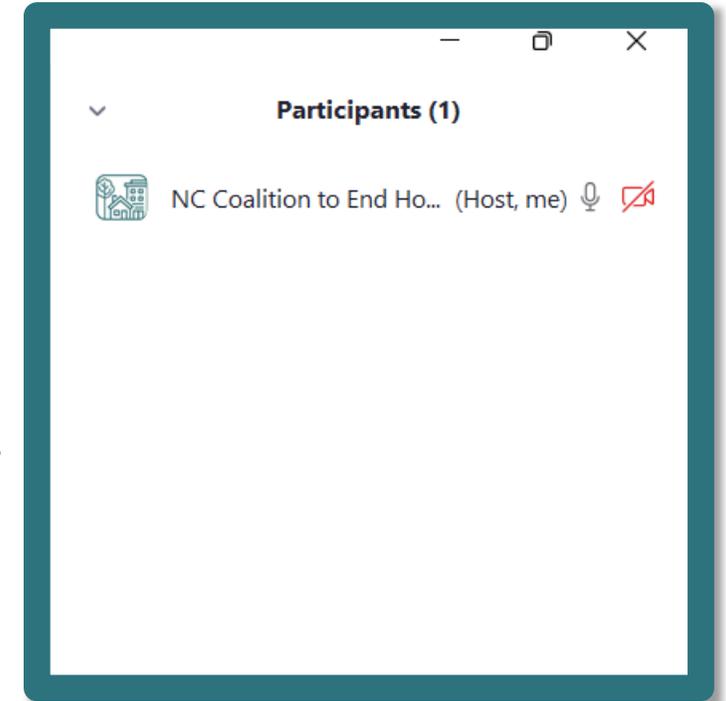
The chat box is available to use anytime.



# Roll Call

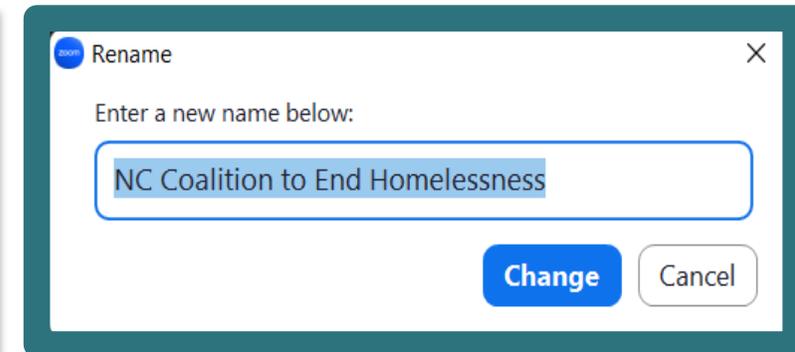
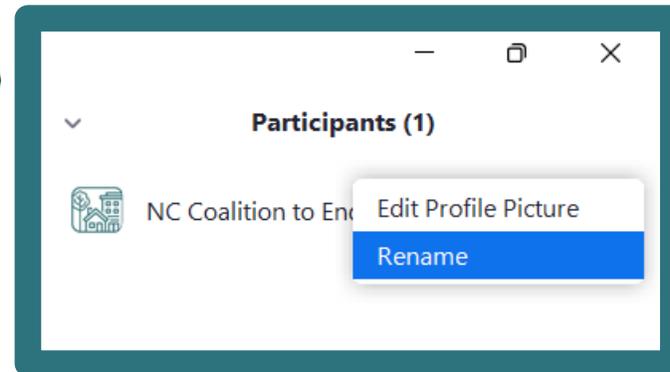
- We will conduct Roll Call for Regional Leads and at-large members to confirm quorum for voting.
- All participants should enter their full names, so we can document their participation in the minutes.

1



*How to change your screen name:*

2





# Agenda

# Agenda

- Consent Agenda
- FY2023 HUD CoC Competition update
- CY2023 Emergency Solutions Grant Competition update
- Unsheltered Access Coordinator update
- Mortality Linkage Research Project overview
- NCCADV Safe at Home presentation
- Upcoming meetings and reminders



# Review & approve consent agenda

Consent agenda:

<https://www.ncceh.org/bos/steeringcommittee/>

- The consent agenda was sent to the Steering Committee prior to the meeting as a part of the Board Packet.
- The consent agenda will be voted on as a whole at the beginning of each meeting.
- Steering Committee members may request to remove an item from the consent agenda for additional discussion.

Changes or discussion?





# FY2023 CoC Program Competition

# FY2023 CoC Program Competition: Project Application Information

New Project Applicant Webinar recording and slides posted:

<https://www.ncceh.org/bos/currentcocapplication/>

**New Project:** [Intent to Apply Form](#)

Mandatory for new projects

Accepted on a rolling basis, non-binding

Deadline is 2 weeks after the release of the Notice of Funding Opportunity (NOFO)



# FY2023 CoC Program Competition: Project Application Information

- **Renewal Projects:** Pre-Competition Scoring and Standard Review is underway

Project submission materials are being reviewed.

Projects that meet all standards will be certified for 3 years (until FY2026 Competition unless changes in Policies and Procedures are made) and informed of that status by June 2<sup>nd</sup>.

Projects that do not meet all standards to be informed and virtual meetings with NC BoS CoC staff will be held between May 25<sup>th</sup> and June 2<sup>nd</sup>. These projects will have the opportunity to re-submit documentation by 6 PM on June 8<sup>th</sup> to potentially achieve 3-year certification starting in FY2024.



# FY2023 CoC Program Competition

## Upcoming Phases of the Competition

Grant Inventory Worksheet (GIW)

Notice of Funding Opportunity (NOFO) – early to mid-summer?



# Funding and Performance Subcommittee: FY2023 CoC Funding Priorities Recommended to Steering Committee

Minor changes made to the CoC Funding Priorities document:

- Dates updated for FY2023

- Name of “No Priority” changed to “Priority 4”

Regional project priorities grid updates:

- Used FY22 CoC awards to update units and funding amounts

- Used 2021 Point-in-Time count data

Draft FY23 CoC Funding Priorities: [FY2023 CoC Funding Priorities - Recommended](#)



# Funding and Performance Subcommittee: FY2023 CoC Funding Priorities Recommended to Steering Committee

Questions?

Motion?





# CY2023 Emergency Solutions Grant Competition

# Total amount available: \$ 2,525,734

NC BoS CoC Region	NC ESG Fair Share	Emergency Services (60% max)	Housing Stability (40% Min)
BoS Region 01	\$126,766	\$76,059	\$50,707
BoS Region 02	\$118,532	\$71,119	\$47,413
BoS Region 03	\$192,152	\$115,291	\$76,861
BoS Region 04	\$169,683	\$101,810	\$67,873
BoS Region 05	\$304,427	\$182,656	\$121,771
BoS Region 06	\$199,659	\$119,795	\$79,864
BoS Region 07	\$366,671	\$220,002	\$146,669
BoS Region 08	\$169,481	\$101,689	\$67,792
BoS Region 09	\$231,348	\$138,809	\$92,539
BoS Region 10	\$236,136	\$141,682	\$94,454
BoS Region 11	\$109,380	\$65,628	\$43,752
BoS Region 12	\$152,211	\$91,327	\$60,884
BoS Region 13	\$149,288	\$89,573	\$59,715



# ESG Competition Timeline

Activity	Due Date
NC BoS CoC Instructions Released	Thursday June 01, 2023
RFA released	Tuesday June 06, 2023
NC Balance of State Webinar for all applicants	Thursday June 22, 2023
NC ESG Office RFA webinar	June 13, 15, and 20
Project Apps due to NCCEH	July 12, 2023
Project Apps Review	July 13 - 28
NCCEH staff selection meeting	August 1, 2023
Project Review Committee Selection Meeting	August 03, 2023
Steering Committee Project Application Recommendation Approval	August 08, 2023
Appeals Due	August 11, 2023
Steering Committee appeals meeting (tentative)	August 15, 2023
Project and Regional Applications Due to NC DHHS	August 21, 2023



# Moving August Steering Committee meeting

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In order to allow for a full and transparent process with application reviews from NCCEH staff and the NC BoS CoC Project Review Committee, The August Steering Committee will need to be moved.

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New date for August Steering Committee meeting, August 08, 2023, from 10:30am – 12:00pm.

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The proposed slate of ESG applications will be presented at this meeting.



# Webinar for Regional Leadership

- A process-oriented webinar will be held on Thursday June 1, 2023, from 2:00pm – 3:30pm.
- This webinar will cover the key components and changes to this year's competition for Regional Leadership.
- A Regional Committee meeting to provide feedback on applicant participation will be required again this year. Plan now and set a meeting on your calendar! Special regional committee meetings will need to happen between 7/14 – 7/27.



# Project Application Instructions

- The project application instructions are being finalized and will be released *ahead* of the RFA.
- The Project Application form, budget form, and supplemental ESG forms will not be available until June 07.
- Between 5/08 and 06/07, agencies can begin preparing by:
  - Becoming familiar with the process and timeline.
  - Planning for the time needed to submit the application by 07/12 deadline.
  - Cleaning HMIS data and practice running an APR
  - Locating agency policies and procedures (including client rules)



# Project Applicant Webinar

- All interested agencies should attend. The webinar will be recorded and available on the NCCEH website.
- Webinar is Thursday, June 22, 2023 from 2:00pm – 3:30pm.
- Website event page: <https://www.ncceh.org/events/1616/>
- Login information:
  - <https://us06web.zoom.us/j/85311572136?pwd=eEtBbG1ySXA4VWVWTEtvR0hxRHJSQT09>
  - Meeting ID: 853 1157 2136
  - Passcode: 720704



# The ESG Office is hosting additional webinars

- All applicant agencies should plan to attend one of the following webinars:
  1. Tuesday, June 13
  2. Thursday, June 15
  3. Tuesday, June 20

Webinar times and registration info to come



# Application deadline to NCCEH is July 12, 2023

- \*Note\* the deadline is on a Wednesday this year.
- All project applications will need to be submitted to Smartsheet.
- The link will be provided in the project applicant instructions.
- Any applications received after 5:00pm on July 12, 2023, are not guaranteed to be reviewed.
- Regional Leads must share this deadline with your networks!!



# Conflict-of-Interest Policy

- Persons attending Steering Committee or Regional Committee meeting representing an agency applying for CY24 ESG Annual Allocation Funding may **not**:
  - Participate in conversation about applicants
  - Facilitate Regional Committee meetings to recommend agencies for funding.
  - Ask questions about the funding proposal for your agency
  - Make a motion related to approving or recommending an agency for funding.
  - Vote on the Regional Prioritization Form or proposed slate of applicants (Steering Committee meeting only)



# Role of Regional Committees

- *Spread the word and start now!!!*
  - Many of the providers in your regions may not hear critical information about application deadlines and material if it does not come from you.
  - Encourage any interested providers to email [bos@ncceh.org](mailto:bos@ncceh.org) and request to be added to our general email list if they are not already.
  - Forward all ESG competition information to your networks, especially the application instructions!
- *Be prepared to answer questions correctly!*
  - Applicants may come to you before asking NCCEH staff.
  - Very important that you have the correct information.
  - If you don't know, don't guess! Direct people to email [bos@ncceh.org](mailto:bos@ncceh.org)





# Unsheltered Access Coordinator Updates

# Unsheltered Access Coordinators

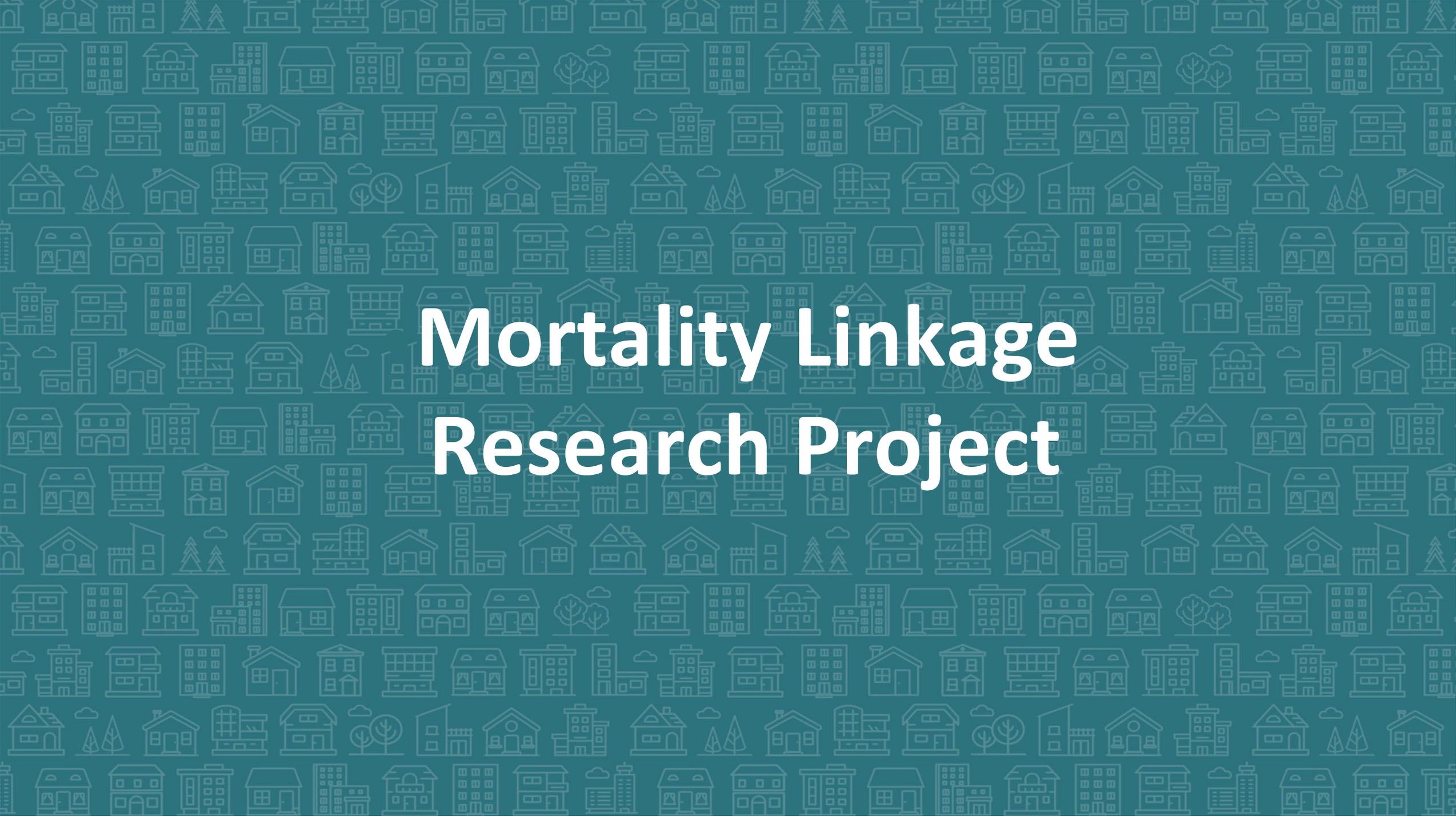
**Reminder: Your goal is to ensure all people living unsheltered connect to services!**

- Build trusting relationships
- Collect contact information for follow-up
- Refer to emergency shelter, when possible
- Assess and refer to coordinated entry
- Connect to services and permanent housing

**Elected term is May – April**

- Please submit Regional UAC information through [Smartsheet](#)
- In-person meeting on June 15, 2023, to provide support to all UACs





# Mortality Linkage Research Project

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# NCCEH HMIS Homelessness Data Linkage

— May 9, 2023 —

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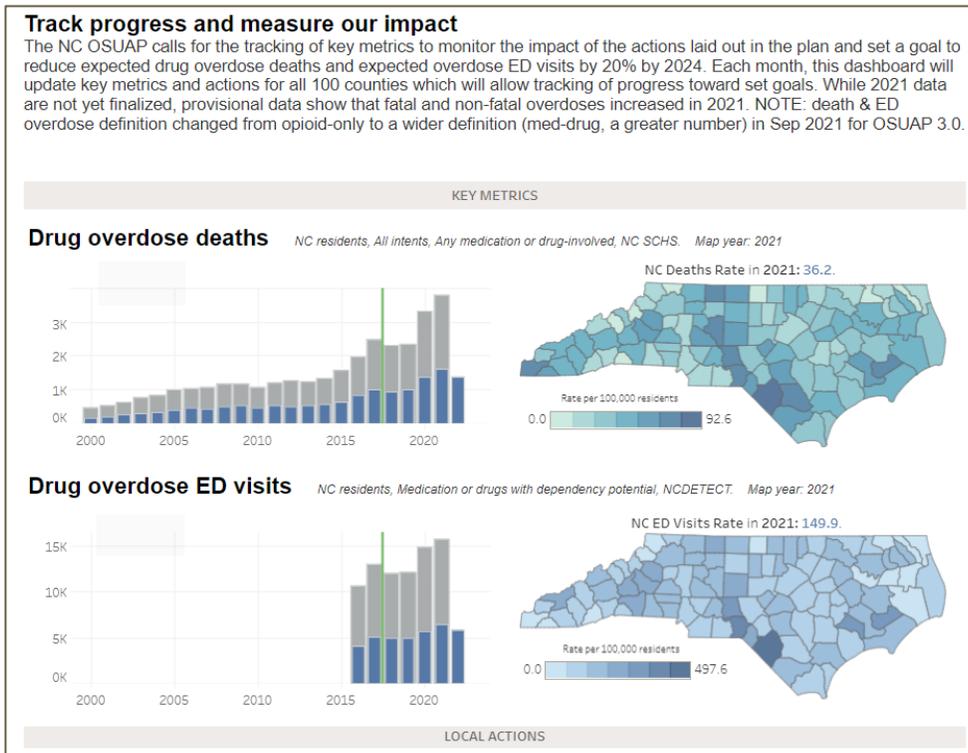
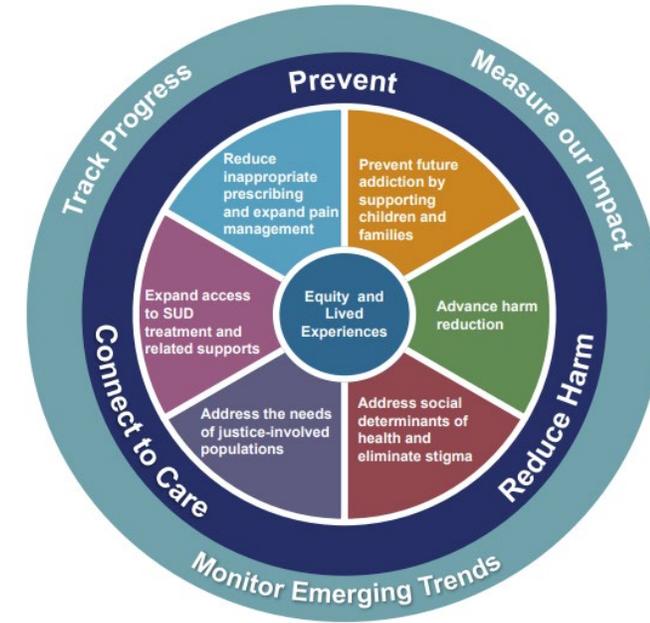
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Mike Dolan Fliss  
[mike.dolan.fliss@unc.edu](mailto:mike.dolan.fliss@unc.edu)  
**Presenting**

Esther Chung  
[echung@unc.edu](mailto:echung@unc.edu)

## Early History - 2018

- Opioid & Substance Use Action Plan - DHHS
  - Goal: “# of people experiencing homelessness”
  - Time & place specific: Monthly, county-specific



	Reduce Supply	Children & Families	Harm Reduction	Non-Medical Drivers	Justice-Involved Pops	Treatment & Recovery	Equity & Lived Exper.	Track Progress
Metrics	Opioid Pills	Foster care b/c SUD	Comm. Naloxone Reversals	Calls for Housing Assistance	Prison Incarcerated Population	Bupe	Med-Drug Deaths by Race/Ethnicity	Med-Drug Deaths
	% Illicit	Plan of Safe Care	Acute Hep C	% Unemployed	LEA Naloxone Reversals	OUD		Med-Drug ED Visits

Local Actions	Dropbox	START	Naloxone Distrib.	Housing First	Pre-Arrest Diversion	Peer-Support Specialists	PWLE Involved	Point-Person
	Fentanyl Test Strips	DSS CRP	Sterile Syringes	Fair Chance Hiring	MAT in Jails	MAT providers	HMP CBOs	DHHS Resources

# Early History

- Conversations with NCCEH and NC @ HMIS.
  - County not possible
  - Dual systems and data governance approaches
- Pause on homelessness as state indicator
  - Monthly 211 calls for housing instead
  - Housing first policies added as “policy” indicator
- Funding from Duke Opioid Collaboratory
  - ~~Link data from systems two together :(~~
  - Link to death certificate records to describe both overdose-specific and all-cause mortality

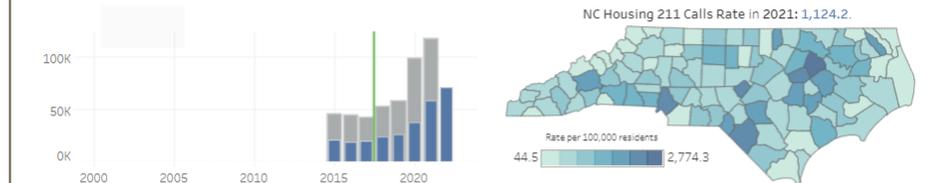
## Address non-medical drivers of health and eliminate stigma

Addressing non-medical drivers of health and eliminating stigma can be a useful strategy in decreasing substance use. This dashboard monitors the number of housing services calls to United Way 211 and the number of people aged 16+ that are unemployed but seeking work. In addition, it also identifies counties implementing promising practices such as Housing First and Fair Chance Hiring. A new COVID housing assistance program (NC HOPE) was started in Oct 2020, leading to a sharp uptick in 211 calls.

### KEY METRICS

#### Calls for housing-related services

United Way 211, New COVID housing program added Oct. 2020. Map year: 2021



#### Unemployed individuals

Ages 16+ unemployed and seeking work, county YTD avail after 2019, BLS.gov. Map year: 2021

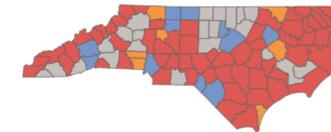


### LOCAL ACTIONS

#### Fair Chance Hiring

NC  
Some (14%)

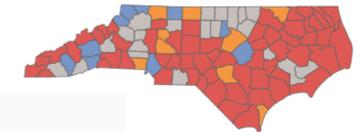
Fair Chance Hiring



#### Housing First

NC  
Some (14%)

Housing First



Questions? Contact us at [SubstanceUseData@dhs.nc.gov](mailto:SubstanceUseData@dhs.nc.gov)  
State of North Carolina - Department of Health and Human Services  
Division of Public Health - Injury and Violence Prevention Branch  
<http://www.ncdhs.gov> • <https://publichealth.nc.gov/> • <https://www.injuryandviolence.ncdhs.gov/>  
Terms of Use: <https://www.nc.gov/terms> | Privacy Policy: <https://www.nc.gov/privacy>



# Methods - Data Sources

## Data Sources

- Death certificate data (N = 553,286) from 2014 to 2019
- HMIS records were obtained from (NCCEH).
  - Person-enrollment records were consolidated (n = 67,329) from NCCEH from 2015 to 2019 into (n = 36,090) distinct person records.
  - Population estimates for 81 counties in the service area were obtained from the US Census American Community Survey.

# Methods - Linkages & Statistical Analyses

## Linkage

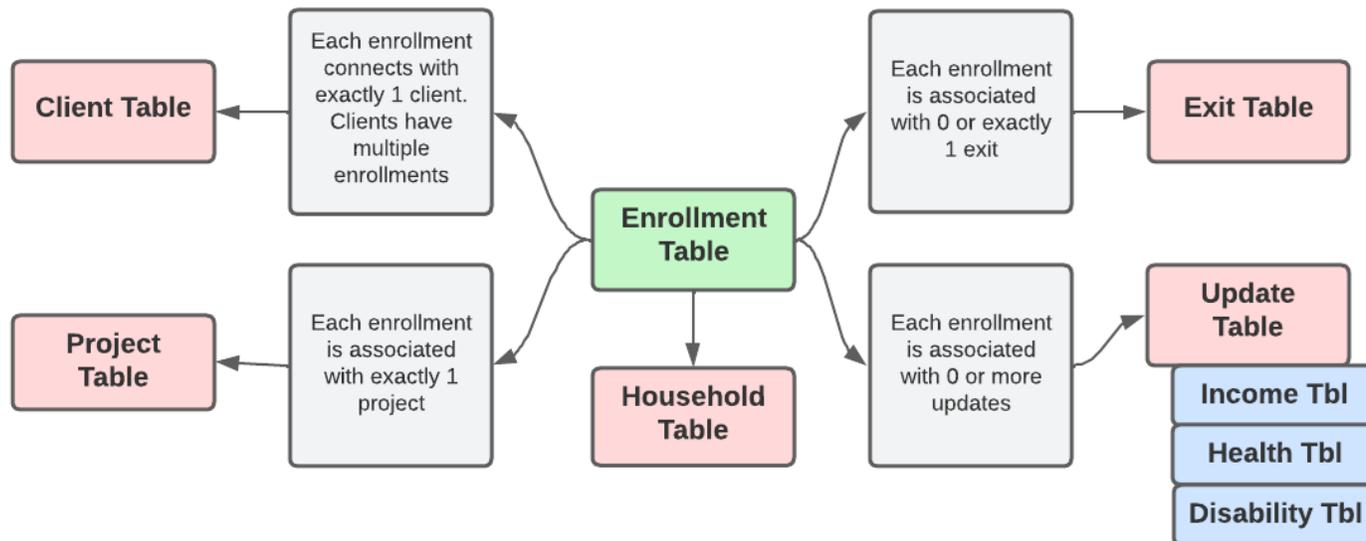
- To link death certificates and HMIS records, we harmonized linkage variables and derived homelessness-related place of death variables.
- We used the fastlink probabilistic linkage package [7].
- Links were 100% hand-reviewed to iteratively improve and ensure linkage quality.

## Statistical Analyses

- Death certificate ACME (Automated Classification of Medical Entry [8]) code frequencies were used to compare all-cause and cause-specific mortality rates of the 81-county North Carolina population using **age-standardized mortality ratios (SMR)** and 95% confidence intervals (CIs).

# Methods - Bit of Detail

- Table joins galore
- Summarized lessons learned in a report
- No SSN from death certificates for linkage
  - (requires DHHS-internal linkage)



Working with NCCEH Data  
as a Researcher



*Initial Draft by  
Mike Dolan Fliss, PhD & Esther Chung, PhD  
UNC Injury Prevention Research Center  
7/25/2022*

# What did we find?

**1953 (5%)** PEH were linked to death certificates.

Using age-adjusted SMRs, PEH had **7.0 times the all-cause mortality rate** of the North Carolina general population (95% CI: 6.7, 7.3).

The **most frequent single cause of death among PEH was a med-drug overdose**, representing 238 (12.2%) deaths (versus 2.0% in the North Carolina population), 13.8 times the North Carolina mortality rate.

Other frequent death causes included **suicide/self-harm** (4.1%, 9 times the rate); **motor vehicle crash/pedestrian injuries** (1.9%, 6 times the rate); and **firearm assault** (1.4%, 10 times the rate). We also found higher rates of **chronic disease mortality**, including **heart disease** (7 times), **liver diseases** (7 times), and **lung cancers** (6 times).

## People Experiencing Homelessness in NC have Increased Mortality, Including High Overdose, Violence, Injury, and Chronic Disease Death Rates

Michael Dolan Fliss, Esther O. Chung, Andrea Carey, Brian K. Alexander

**To the Editor**—In 2020, over half a million Americans experienced homelessness on a given night [1]. Lack of adequate housing is a structural determinant of health associated with negative health effects including infectious diseases, respiratory illnesses, poor mental health, and mortality [2, 3]. Prior research shows higher overall and cause-specific mortality among people experiencing homelessness (PEH) [4], contributing to overall health inequities [5].

The Homelessness Management Information System (HMIS) maintains data on PEH, utilizing federally funded services. During this research period, there were two HMIS implementations in North Carolina: HMIS@NCCEH (81 counties) and NC HMIS (19 counties). Using methods from linkages of recently incarcerated North Carolina individuals [6], we linked HMIS@NCCEH data to five years of death records.

### Methods

#### Data Sources

Death certificate data (N = 553,286) from 2014 to 2019 were obtained from the North Carolina Center for Health Statistics. HMIS data were obtained from the North Carolina Coalition to End Homelessness (NCCEH). Many individuals have multiple or repeating experiences of homelessness; we consolidated (n = 67,329) person-enrollment records from NCCEH from 2015 to 2019 into (n = 36,090) distinct person records. Population estimates for 81 counties in the service area were obtained from the US Census American Community Survey.

#### Linkage

To link death certificates and HMIS records, we harmonized linkage variables and derived homelessness-related place of death variables. We used the *fastlink* probabilistic linkage package [7]. Links were 100% hand-reviewed to iteratively improve and ensure linkage quality.

#### Statistical Analysis

Death certificate ACME (Automated Classification of Medical Entry [8]) code frequencies were used to compare

all-cause and cause-specific mortality rates of the 81-county North Carolina population using age-standardized mortality ratios (SMR) and 95% confidence intervals (CIs).

### Results

1953 (5%) PEH were linked to death certificates. Using age-adjusted SMRs, PEH had 7.0 times the all-cause mortality rate of the North Carolina general population (95% CI: 6.7, 7.3). The most frequent single cause of death among PEH was a med-drug overdose, representing 238 (12.2%) deaths (versus 2.0% in the North Carolina population), 13.8 times the North Carolina mortality rate. Other frequent death causes included suicide/self-harm (4.1%, 9 times the rate); motor vehicle crash/pedestrian injuries (1.9%, 6 times the rate); and firearm assault (1.4%, 10 times the rate). We also found higher rates of chronic disease mortality, including heart disease (7 times), liver diseases (7 times), and lung cancers (6 times).

### Discussion

This study demonstrates higher all-cause and cause-specific mortality rates among PEH than the broader North Carolina population, especially from injury and chronic disease causes. We corroborate other PEH studies that found PEH die from unintentional overdoses [9] and violent deaths [10] at higher rates than housed populations, even as many causes of death are shared between both populations.

Deaths marked pending investigation (R99) were also disparately high (13 times the North Carolina rate). Historically, 40% of these pending codes resolve to be med-drug overdoses [11], suggesting underestimated overdose rates. Non-injury causes of death can still be injury-related: bacterial sepsis can be associated with burns (such as heating with

Electronically published September 21, 2022.

Address correspondence to Michael D. Fliss, UNC Injury Prevention Research Center CB# 7505, 725 M.L.K. Jr Blvd, Chapel Hill, NC 27599-7505 (mike.dolan.fliss@unc.edu).

N C Med J. 2022;83(5):390-391. ©2022 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2022/83519

# What did we find?

Table - unpublished

Cause of Death	NC* Deaths	HMIS Deaths		SMR
	# (%)	Observed # (%)	Expected # (%)	
Total Deaths	351,740 (100.0)	1953 (100.0)	279.4 (100.0)	7.0 (6.7, 7.3)
Med-Drug Overdose	6,955 (2.0)	238 (12.2)	17.2 (6.2)	13.8 (12.1, 15.6)
Heart Disease	42,277 (12.0)	212 (10.9)	30.5 (10.9)	6.9 (6.0, 7.9)
Cancer (Lung)	21,417 (6.1)	102 (5.2)	18.2 (6.5)	5.6 (4.5, 6.7)
Suicide / Self-Harm	5,221 (1.5)	80 (4.1)	9.3 (3.3)	8.6 (6.7, 10.5)
Chronic Lower Respiratory Disease / COPD	21,930 (6.2)	77 (3.9)	13.5 (4.8)	5.7 (4.4, 7.0)
Diabetes	7,274 (2.1)	56 (2.9)	6.6 (2.4)	8.4 (6.2, 10.7)
Alcoholic Liver Disease	2,300 (0.7)	40 (2.0)	4.7 (1.7)	8.6 (5.9, 11.3)
Motor Vehicle Crash / Pedestrian	3,624 (1.0)	38 (1.9)	6 (2.2)	6.3 (4.3, 8.3)
Pending (~40% Overdose in NC)	1,253 (0.4)	29 (1.5)	2.3 (0.8)	12.7 (8.1, 17.3)
Bacterial Sepsis	5,670 (1.6)	29 (1.5)	4.5 (1.6)	6.5 (4.1, 8.8)
Firearm (Assault)	1,481 (0.4)	28 (1.4)	2.9 (1.0)	9.6 (6.1, 13.2)
Liver Cirrhosis	2,770 (0.8)	24 (1.2)	3.5 (1.3)	6.8 (4.1, 9.5)
Cancer (Colon)	4,405 (1.3)	22 (1.1)	3.9 (1.4)	5.6 (3.3, 8.0)
Cancer (Pancreas)	5,147 (1.5)	21 (1.1)	4.6 (1.6)	4.6 (2.6, 6.5)
Heart Disease (Hypertensive)	2,341 (0.7)	19 (1.0)	2.9 (1.0)	6.6 (3.6, 9.5)
Cancer (unspecified)	3,822 (1.1)	18 (0.9)	3.3 (1.2)	5.4 (2.9, 7.9)

\* NC Deaths include 81 county catchment area for NC CEH

# Limitations

- Not statewide
  - 81 counties. NCCEH was a great, close partner
- Pre-COVID-19.
  - Ongoing work is needed to stay current
- Slow...too slow
  - COVID-19 in the middle of the project
  - Data governance legal mire is a constant pain point
- Not stratified
  - E.g., by race-ethnicity, gender, age, CoC/county. Requires enough events / people
- Mortality only
  - Doesn't include morbidity, other lived experiences

# Next Steps

- Current Follow-up Projects
  - Investigating VDRS homelessness variables (housing problems; homeless) - Esther & Mike
  - Creating NC DETECT ED visit homelessness definition - Elliot, Mike, & DPH IVPB
  - Move towards sustainable death linkage (DHHS legal is sloooow)
- Statewide....someday.

**Ideas? Questions?**

**Thanks!**



# NCCADV Safe at Home



**NCCADV**

North Carolina Coalition  
Against Domestic Violence

# Safe at Home

Balance of State CoC DV Rapid Rehousing  
Cassie Rowe, Co-Director of Survivor Wellbeing



# DV and homelessness

- DV is a major cause of homelessness for survivors and their children
- Many survivors are unable to leave abusive partners for fear of losing their housing – so many face the choice between unsafe housing and being unhoused
- Most unhoused women have experienced domestic and sexual violence in their lifetimes
- Housing represents the greatest unmet need among survivors seeking DV services



# The Intersection of Domestic Violence and Homelessness



The two most pressing concerns for survivors of abuse are the need for safe housing and the need for economic resources to maintain safety.<sup>1</sup>



80%  
Experienced DV

A study of homeless women with children found that 80% had previously experienced domestic violence.<sup>2</sup>



57%  
Homelessness was caused by DV

Studies show that as many as 57% of all homeless women report domestic violence as the immediate cause of their homelessness.<sup>3</sup>

## Barriers to Safety: Understanding the Intersection

As a direct result of the power and control dynamics related to their abuse, survivors often face unique barriers to accessing shelter and affordable housing.

### Poor Credit & Ruined Rental Histories



Often caused by abusers running up credit card bills or lying about paying rent, utilities, childcare and other bills. This affects a survivors' ability to pass a landlord background check.

### Lack of Steady Employment



Caused when victims are forced to miss work as a result of violence, or are fired as a result of stalking and harassment that occurs at the workplace.

### Housing Discrimination



The most common cases of this occur when landlords evict victims from housing due to repeated calls to the police or property damage caused by the abuser.

### Loss of Subsidized or Other Affordable Housing



Caused by lease or voucher policy violations committed by the abuser.

This is particularly true for survivors most marginalized in our society and with the least access to resources, including many survivors of color, Native Americans, immigrants, those living in poverty and who are geographically isolated, those with disabilities, and others.



SAFE HOUSING PARTNERSHIPS



# DV Rapid Rehousing

- NCCADV applied for CoC DV RRH funds for several years
- Funded for the first time for FY21 for ~\$2.1 million



# Safe at Home

- Category 4 Homeless – Fleeing DV
- Goal: help unhoused survivors and their families get into safe, affordable, permanent housing as quickly and with as few barriers as possible
- Voluntary Supportive Services
  - Case management, moving costs, utility deposits



# Safe at Home Programs

Region 1: Reach of Macon County

Region 2: Thrive

Region 3: Family Guidance Center

Region 5: Family Services of Davidson County

Region 7: Johnston Lee Harnett Community Action

Region 8: Southeastern Family Violence Center

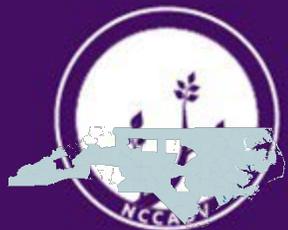
Region 10: Wesley Shelter

Region 12: Center for Family Violence Prevention



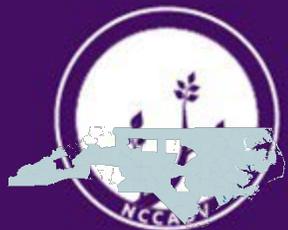
# Challenges

- Even with funding, it has been hard to house survivors
- Lack of affordable housing across the state
- Landlord issues
  - Refusing to sign VAWA lease addendum
  - Resistance to working with rental assistance programs
  - Requiring survivors to provide proof of income to cover rent themselves at outset



# Safe at Home

- NCCADV was awarded renewal funds for the FY22 competition and will continue the program into 2024
- In 2024, NCCADV will have ~\$3 million in DV rapid rehousing funds to be used in the Balance of State
- We will release RFP in June for subrecipients and hope to work with more agencies to cover the Balance of State
- Info session on May 18 at 3pm



# DV Rapid Rehousing

Questions:  
[crowe@nccadv.org](mailto:crowe@nccadv.org)



# Upcoming meetings & reminders

*(Log-in information can be found on agenda)*

- **HMIS System Updates**, *Tuesday, May 9, 10:30 – 11:30 A.M.*
- **Lived Expertise Advisory Council Meeting**, *Thursday, May 11, 11:00 – 12:00 P.M.*
- **Coordinated Entry Council Meeting**, *Monday, May 15, 10:00 – 11:30 A.M.*
- **Monthly HMIS Training: Data Quality Launch Plan**, *Wednesday, May 17, 10:00 – 11:00 A.M.*
- **Local Leadership Response Sharing Call**, *Wednesday, May 17, 1:00 – 2:00 P.M.*
- **Funding and Performance Subcommittee**, *Thursday, May 25, 11:00 A.M. – 12:00 P.M.*



# Next Meeting

Tuesday, June 6, 2023, at 10:30 A.M.

Reach out to us:

(919) 755-4393

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