

Sonoma County Continuum of Care Governance Charter

PREAMBLE

Through passage of the McKinney Act in the late 1980's, the US Department of Housing & Urban Development (HUD) began providing funding directly to community-based organizations for Targeted Homeless Assistance. Because mass homelessness was new, not understood, and considered a temporary phenomenon, HUD's Targeted Homeless Assistance was implemented without going through a lengthy regulation development process via several distinct funding streams and contracts with individual nonprofit agencies.

As the epidemic of mass homelessness grew through the following decade, HUD incurred an unsustainable burden of administering hundreds, then thousands, of individual contracts with local agencies in a wholly uncoordinated fashion. In the late 1990s, HUD initiated the concept of a local "Continuum of Care" system and began requiring, as a threshold funding requirement, that communities organize a Continuum of Care as the central collaborative planning body and as the gatekeeper for new and renewal applications.

The building blocks for these consortia were HUD entitlement jurisdictions, urbanized areas that receive HUD-administered Community Development Block Grant (CDBG) funding annually on a formula basis. The three entitlement jurisdictions in Sonoma County, the City of Santa Rosa, the City of Petaluma, and the "Urban County", which represents the unincorporated areas of the County and the remaining seven incorporated jurisdictions through a long-standing Joint Powers Agreement (JPA), informally joined together in 1997 to create the Sonoma County Continuum of Care (CoC). The Sonoma County Community Development Commission (SCCDC) lent staff for administrative support; and later in 2003, the 3 jurisdictions began jointly funding a contractor to coordinate the growing CoC planning process and produce the required collaborative funding application and meet expanding HUD funding requirements.

As HUD grappled with the intractable nature of homelessness entering the 2000s and the fragmented homeless service system throughout the nation, the agency added more threshold requirements to document the impact of its Targeted Homeless Assistance program for Congress. A biennial Point-in-Time Homeless Count (in the last 10 days of January) was required beginning in 2005, and a web-based client information management system was required beginning in 2006. Without a set of regulations to back up these developing and useful requirements, they were generally introduced as administrative elements of each year's Notice of Funding Availability—often through the addition of competitive points for compliance with new mandates. For example, after several years in which increasing competitive points were available for developing a "10-Year Plan to End Chronic Homelessness," the Sonoma County complied by adopting its initial 10-Year Plan in early 2007.

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HUD worked together with the national advocacy community in the drafting of the HEARTH Act of 2009, which reauthorized and reshaped the McKinney Act to streamline its Targeted Homeless Assistance and incorporate national best practices into HUD’s funding and provided a regulatory framework for the federal funding. The first result of the HEARTH Act was the development of the first federal strategic plan to prevent and end homelessness in 2010, titled *Opening Doors*. This was followed by the release in 2011 and 2012 of regulations that streamlined the operation of CoCs and other federal homeless assistance, and regulated new funding for research-backed strategies such as Rapid Re-Housing. A key feature of HEARTH is the opportunity for CoCs to apply for a new Unified Funding Agency status; this would enable HUD to deputize local agencies to administer its funds like other block grants. This feature is not yet adequately funded, but we anticipate the Sonoma County CoC will one day apply for this status.¹

HUD explicitly empowers and expects the CoC to lead local policy and program development around homelessness. At this writing, the Sonoma County Continuum of Care now engages more than 200 people from over 60 organizations in collaborative planning and project development, hosted by the SCCDC. Increasing local and federal reliance on the CoC to lead policy development around homelessness (not to mention the need to retain competitiveness for funding) have required increased staffing; therefore, in late 2013 the Coordinator function was combined with other funds to create a regular position housed within SCCDC, dedicated largely to the Continuum of Care. As described in the CoC Charter that follows, the CoC functions as a “joint powers collaborative” with funding from all three jurisdictions. The SCCDC contributes staffing, data management, and other services.

Within the Sonoma County CoC, local government, service providers, and community activists approach homelessness and homeless services with a “collective impact” focus, to develop collaborative strategies for reducing homelessness and addressing the needs of many varied homeless sub-populations.

¹ For more information on regulatory authority, see Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, <https://www.hudexchange.info/homelessness-assistance/hearth-act/>; Continuum of Care (CoC) Interim Rule, <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>; and Emergency Solutions Grants (ESG) Program and Consolidated Plan Conforming Amendments, https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf.

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1) Overview

Purpose of this Charter: This charter describes and establishes the structure of the Sonoma County Continuum of Care (CoC), in order to comply with CFR § 578, the Continuum of Care Program Interim Rule.² Thus this charter provides an organizational structure that will govern operations of the Continuum of Care, whose responsibilities include reviewing and submitting annual collaborative applications for federal Continuum of Care funding.

This document also describes how hundreds of individuals and dozens of agencies are collaborating to provide **solutions** and **leadership** in ending homelessness in Sonoma County. The Continuum of Care is the lead entity committed to implementing Sonoma County’s 10-Year Homeless Action Plan, the CoC’s strategic plan. The CoC is committed to Upstream principles, such as:

- Diverting those at imminent risk of homelessness from entering shelters;
- Engaging and empowering people who are experiencing homelessness, to reclaim their dignity and resolve homeless episodes before they adopt a “culture” of homelessness;
- Avoiding high criminal justice and hospital costs, and negative health outcomes, with appropriate housing, income, and access to health services.

As the central collaborative body advancing strategies to end homelessness, the CoC seeks to engage with all local and regional, private and public initiatives, acting as a clearinghouse towards aligning and maximizing the effectiveness of these efforts. The CoC is committed to implementing best practices and stewarding scarce public resources in such a way that ensures Sonoma County is able to retain those resources. Additionally, the CoC is supportive of policies that address the disparity we experience in Sonoma County, between community members’ financial resources and housing cost.

a) **Contents:** The sections of this Charter are as follows:

Preamble

p. 1

² The US Department of Housing and Urban Development (HUD) has established standards for operating and managing a Continuum of Care for two main reasons: first, HUD is required to measure the Continuum of Care’s performance in reducing homelessness by looking at the overall performance of the Continuum; and second, because HUD is now funding Continuums of Care for some planning costs, HUD now requires formal decision-making and operating standards for the Continuum of Care.

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(e) Coordinated Intake Policies and Procedures	
(f) Policy on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing	

b) Terms & Definitions

- **Continuum of Care Board** is the governing board established to act on behalf of the Continuum of Care using the process established as a requirement by C.F.R. §578.7(a)(3) and in compliance with the conflict-of-interest requirements at §578.95(b).
- **CoC Program Grantee (Recipient)** The CoC Program Grantee is the “recipient” as used by HUD and means an applicant that signs a grant agreement with HUD.
- **Collaborative applicant** means the eligible applicant that has been designated by the CoC to submit the annual CoC Consolidated Application for funding on behalf of the CoC. In addition, the Collaborative Applicant is the only entity that can apply for a grant for Continuum of Care planning funds on behalf of the Continuum of Care. Section VI of this Charter designates the Sonoma County Community Development Commission as the Collaborative Applicant for the Continuum of Care.
- The **Continuum of Care (CoC)** means the group organized to carry out the responsibilities required by the HUD CoC Program, composed of representatives of organizations, including

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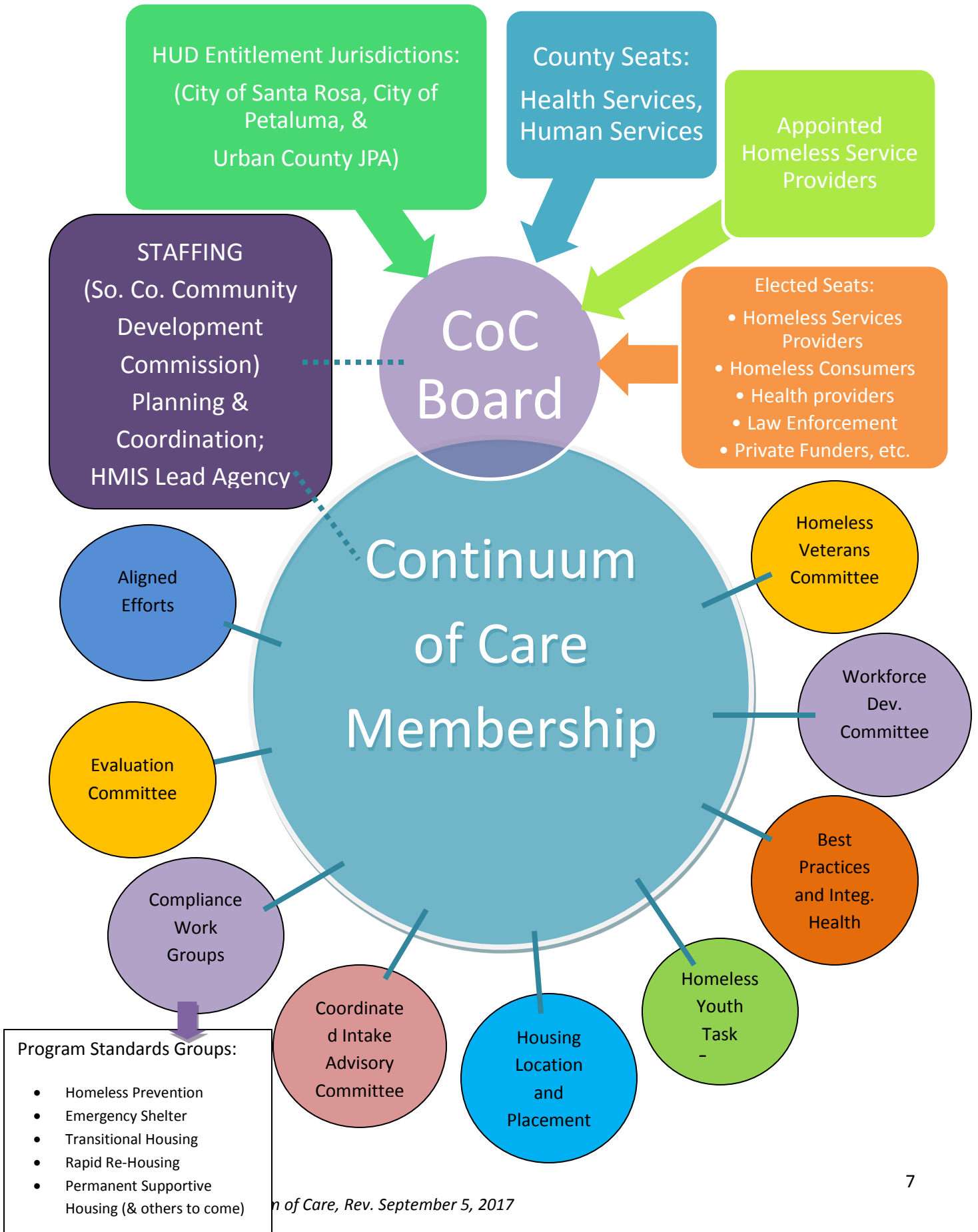
nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

- **Homeless Management Information System (HMIS)** means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.
- **HMIS Lead** means the entity designated by the Continuum of Care to operate the Continuum of Care’s HMIS on its behalf. Section 6 of this Charter designates the Sonoma County Community Development Commission as the HMIS Lead for the Continuum of Care.
- **CoC Coordination** is the coordination hub responsible for:
 - (1) Providing logistical support for Continuum of Care responsibilities as in Interim Rule – 24 CFR §578.7
 - (2) Convening and facilitating the CoC Board and key working groups
 - (3) Monitoring strategic coherence across CoC activities and planning
 - (4) Coordinating communication within the Continuum of Care
 - (5) Managing collective data systems and information distribution
 - (6) Mobilizing planning efforts that frame future 10-year Plan Updates, related community-wide plans and their revision
 - (7) Stewarding resources for collective impact
 - (8) As such, CoC Coordination Staff is not a “lead” entity, but rather performs the roles of advocate, planning consultant, project manager and logistics staff – though it is always free to delegate elements of its responsibility to appropriate Continuum of Care participants and/or contracted support. Section 6 of this Charter designates the Sonoma County Community Development Commission as the Coordination Staff for the Continuum of Care.
- The **10-Year Homeless Action Plan** is Sonoma County’s strategic plan to prevent, reduce and end homelessness as implemented by the Continuum of Care.

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- c) **Overview of Continuum of Care Structure:** The Structure of the Continuum of Care is reproduced on the next page.
- d) As defined in this Charter:
 - i) The **Sonoma County Continuum of Care** is the collaborative body implementing homeless prevention and intervention strategies
 - ii) The **Sonoma County Community Development Commission** provides an infrastructure to support the work of the Continuum of Care as a body. The CoC Board acts on behalf of the Continuum of Care to maintain momentum and oversight.
 - iii) **Committees, working groups and aligned efforts** are responsible for specific activities and strategies, overseen by and reporting to the Board
 - iv) As **Collaborative Applicant**, the Sonoma County Community Development Commission submits the CoC's Consolidated Application to HUD and applies for HUD's CoC Planning Funds, reporting to the Board
 - v) As **HMIS Lead**, the Sonoma County Community Development Commission operates the Continuum of Care's data system, reporting to the Board
 - vi) A **CoC Program Grantee** is an official recipient of CoC Program funds and works closely with the Board

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2) The Continuum of Care

a) Continuum of Care Mission, Purpose & Responsibilities

- i) **Mission:** The Sonoma County Continuum of Care (CoC) engages community leaders and organizations in preventing and ending homelessness in Sonoma County.

b) Purpose: The Continuum of Care embodies three concepts:

- i) A **Working Coalition** that brings all stakeholders together in a structured way, to end homelessness in Sonoma County. This coalition is committed to seeing that the 10-Year Homeless Action Plan is implemented with integrity and excellence.
- ii) A **System of Housing & Services:** The system of housing and service entities provides a broad range of homelessness prevention and intervention services supporting one another in assisting individuals and families to move to stable housing. It incorporates outreach, engagement, assessment, prevention, shelter, housing, and services to support and sustain self-sufficiency.
- iii) The **HUD Program-Defined Continuum of Care:** This community planning body works to prevent and end homelessness. It organizes and delivers housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency.

c) Responsibilities: The Continuum of Care is obliged to support:

- i) Performance Targets & Monitoring
 - (1) Establish appropriate performance targets by population and program in consultation with the CoC Program Grantee and sub-recipients then:
 - (2) Monitor performance and evaluate outcomes of ESG and CoC programs
 - (a) Monitoring Policies and Procedures:
 - (i) Monitoring of performance and outcomes of the Community Development Commission ESG-funded programs will be led by CDC monitoring staff with the participation of the CoC Coordinator. Monitoring letters will be reviewed by CoC staff and management of the ESG recipient's Homeless & Community Services Team.
 - (ii) As of this writing the State of California ESG program is being revised; draft regulations have been released and are under review. One result of this review

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will be policies and procedures by which the CoC will monitor performance and outcomes of ESG-funded projects from the State program.

- (3) Develop a process for identifying means to improve performance in reducing homelessness and providing services ,and recommending actions based on that process
- (4) Ensure compliance with federal regulations and steward public resources so as to ensure they are retained in Sonoma County
- (5) Report to HUD as required/requested

ii) Coordinated Intake and Assessment

- (1) Establish and operate a coordinated intake and assessment system in consultation with ESG fund recipients

iii) Written Standards

- (1) Establish and follow written standards for providing CoC assistance in consultation with ESG fund recipients

iv) HMIS

- (1) Designate a single HMIS for the Sonoma County geographic area and designate an eligible applicant to manage it
- (2) Review, revise, and approve privacy, security, and data quality plans
- (3) Ensure consistent participation of the CoC Program Grantee and sub-recipients in HMIS
- (4) Ensure that the HMIS is administered in compliance with HUD requirements

v) Planning

- (1) In the context of the 10-Year Homeless Action Plan, (a) compile information on the status of and changes in Sonoma County homeless housing and service needs; (b) obtain current information on activities, programs, policies and evidence of resulting outcomes elsewhere; (c) revise the elements of CoC housing and service actions to maintain priorities in light of this information
- (2) Coordinate implementation of a housing and service system
- (3) Conduct a point-in-time count of homeless persons that meets HUD's requirements, at least every 2 years
- (4) Conduct an annual gaps analysis of homelessness needs and services
- (5) Provide information required to complete the Consolidated Plan(s)

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- (6) Consult with state and local ESG recipients in the geographic area on the plan for allocating ESG funds and evaluate and report on performance of ESG programs
- (7) Consult and communicate with other local and regional, private and public initiatives towards ending homelessness so as to support alignment and maximize effectiveness of all such efforts

vi) Application for CoC Program Funds

- (1) Design, operate and follow a collaborative, fair, and transparent process for developing applications and approving submission of applications in response to a CoC Program Notice of Funding Availability (NOFA)
- (2) Establish priorities for funding projects
- (3) Determine if one or more applications will be submitted
 - (a) If more than one, designate the Collaborative Applicant
 - (b) If only one, the applicant is the Collaborative Applicant
- (4) Rank multiple applications if required by HUD

d) Continuum of Care Membership Composition & Voting Rights

- i) Composition: The Continuum of Care is composed of** the following to the extent they are represented within the geographic area of Sonoma County, California, and are available to participate, and support the mission and goals of the Continuum of Care and will act in good faith.
 - (1) Nonprofit homeless service providers
 - (2) Prevention service providers
 - (3) Victim service providers
 - (4) Disaster planning and prevention agencies
 - (5) Faith-based organizations
 - (6) Funders
 - (7) Governments
 - (8) Businesses
 - (9) Advocates
 - (10) Public housing agencies
 - (11) School districts

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- (12) Social service providers
- (13) Medical professionals
- (14) Mental health agencies
- (15) Hospitals
- (16) Universities
- (17) Affordable housing developers
- (18) Law enforcement
- (19) Organizations that serve homeless and formerly homeless veterans
- (20) Homeless and formerly homeless persons
- (21) Representatives from the following:
 - (a) A Collaborative Applicant
 - (b) A CoC Program Grantee
 - (c) A Consolidated Plan Entity
 - (d) An ESG Grantee
 - (e) An HMIS Lead
 - (f) A CoC Coordination Staff
- ii) Anyone or any entity committed to the prevention and ending of homelessness is welcome in the Continuum of Care.
- iii) **Participating Members include** any of the above who are able to annually certify they will materially participate in and support the Continuum of Care, and will honor codes of conduct and confidentiality requirements in use by the Continuum of Care. CoC Participating Members will be included on CoC letterhead and for policy, advocacy, public relations and communication purposes, without limitation.
- iv) **Voting Members:** Participating Members are also voting members, able to vote for Board candidates and on other matters as needed, provided they meet one of the following requirements each annual period:
 - (1) Attend 50% or more of working subcommittees of the C of C and more than half of the general membership meetings, or
 - (2) Request and are granted Voting Member standing by the Board. The Board has the discretion to approve such requests when applicants meet the following guidelines:

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- (a) The request was submitted in a complete and timely fashion following procedures promulgated by the CoC Coordinator for this purpose, and
 - (b) The person/agency has made what the Board considers to be sufficient material contributions to advance the goals of the CoC through special projects or initiatives.
- (3) The CoC Coordination Staff will maintain eligibility lists and make them available prior to all elections by the full CoC membership.

e) **CoC Membership Meetings**

- i) **Frequency:** The CoC will hold full membership meetings quarterly at a time and location determined by the Board. The Board will select a meeting location that is accessible to homeless participants and to those with mobility disabilities.
- ii) **Open Meeting:** Meetings of the CoC will be open to any interested person.
- iii) **Agendas:** The Board will disseminate agendas at least 7 days in advance of the meeting. Agendas will be disseminated through electronic mailing lists, on the CoC website, and on other websites as appropriate.
- iv) **Voting:** Each voting member must be present to vote on CoC matters. Votes will be by voice or ballot at the will of the majority of those in attendance. No member may vote on any item that presents a real or perceived conflict-of-interest.
- v) **Proxy Voting:** The eligible agency's executive director must cast the agency's vote, unless he/she designates an alternate voter in advance to cast the vote on the agency's behalf. Because some nonprofits and the city/county departments do not have executive directors, and because in some years individuals meet the threshold meeting attendance level but are not affiliated with a nonprofit or city/county department, the following guidelines are adopted to determine who may vote for an agency:
 - (1) If an eligible nonprofit has an executive director, the executive director must vote or designate a proxy to vote on behalf of the agency.
 - (2) If an eligible nonprofit does not have an executive director but does have a board of directors, the board president must vote or designate a proxy to vote on behalf of the agency.

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- (3) For eligible city or county departments and divisions, the department head must vote or designate a proxy to vote on behalf of the department.
- (4) If an individual attended the requisite number of meetings and is not affiliated with a city/county department or a nonprofit organization, , the individual may vote on their own behalf.
- (5) An eligible voting agency's executive director, board president or department head must submit the agency's ballot in person at the CoC membership meeting in which elections are held, unless a proxy voter is designated in advance. To designate a proxy voter, the appropriate person must submit a Proxy Voter form to CoC Coordination Staff by the annual designated deadline.

3) The Continuum of Care Board

a) CoC Board Roles and Responsibilities

- i) The Continuum of Care Board is the governing body that determines policy and acts as the CoC's decision-making group.
- ii) The Board is the designated entity for managing the CoC Program process in Sonoma County, including ranking proposals for submission to HUD under the annual NOFA. With staff support, the Board coordinates and reviews the HUD CoC grant application process for the CoC. This includes defining community priorities and reviewing CoC Program applications for approval. The Board acts on behalf of the CoC and ensures that the CoC:
 - Scans the environment for best practices and innovations
 - Assesses the CoC for gaps, overlaps, duplication, strategic conflicts, etc.
 - Coordinates quarterly CoC meetings.

In addition, the Board is responsible for:

- (a) Working closely with the designated Collaborative Applicant to fulfill major duties of the Continuum of Care
- (b) Monitoring implementation of the 10-Year Homeless Action Plan and ongoing alignment with vision, goals and strategies

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- (c) Overseeing periodic planning and annual plan revisions
 - (d) Making recommendations to the CoC about priorities and formal/informal relationships
 - (e) Actively seeking participation from each group listed below for the CoC and its committees
 - (f) Actively seeking participation from each group listed below for the CoC and its committees
 - Nonprofit homeless providers
 - Victim service providers
 - Faith-based organizations
 - Governments
 - Businesses
 - Advocates
 - Public housing agencies
 - School districts
 - Social service providers
 - Mental health agencies and substance abuse providers
 - Hospitals, health care institutions and practitioners
 - Universities
 - Affordable housing developers
 - Law enforcement
 - Organization that serve homeless and formerly homeless veterans
 - Homeless and formerly homeless persons
 - (g) Ensuring transparent governance within the Continuum of Care and monitoring potential conflicts of interest
 - (h) Delegating activities to and overseeing committees, working groups and aligned efforts
 - (i) Designating the HMIS Lead to manage the HMIS system in Sonoma County.
 - (j) Ensuring consultation of ESG recipients throughout planning and implementation of Continuum of Care activities.
- iii) a) Limited Authority

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The Continuum of Care is not a formal organization. As such:

- (1) It does not have, and cannot have, assets or liabilities;
- (2) It cannot indemnify member or participant action; and
- (3) No member of the Continuum of Care, Board or its committees may contract, incur debt, or otherwise create an enforceable obligation for the Continuum of Care, Board or its committees.
- (4) Only the Board may designate an individual or entity to speak for the Continuum of Care or its components.
- (5) With the exception of removal policies in this Charter, any grievance related to the Continuum of Care or CoC Program will follow HUD policies and contracts.

iv) Individual Members: Individuals serving on the Board must:

- (1) Commit to preventing and ending homelessness
- (2) Attend meetings of the Board and Quarterly CoC Membership meetings
- (3) Participate as an active member of the Continuum of Care
- (4) Seek out input from the peers, industry, and/or population he/she represents
- (5) Bring that input to Board deliberations, while remaining attentive to un-represented views
- (6) Communicate Board work to the peers, industry, and/or population he/she represents
- (7) Adhere to all Governance Charter policies

v) Board Meetings, Composition, and Terms

- (1) The Board shall meet not less than six times per year.
- (2) Board Voting Members Composition: The total number of designated voting seats shall be fifteen.
 - (a) The HUD entitlement jurisdictions of Santa Rosa, Petaluma, and the Sonoma County Urban County shall each appoint one representative.
 - (b) One seat shall be filled by a senior management representative of the Sonoma County Department of Health Services
 - (c) One seat shall be filled by a senior management representative of the Sonoma County Department of Human Services.

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- (d) Two seats will be filled by representatives of the two largest homeless services agencies, as measured by total number of shelter, transitional housing and permanent housing beds cataloged in the current CoC Housing Inventory. The Executive Directors of these two agencies will appoint themselves or a qualified senior manager as designee to serve. If these seats are not filled for any reason, they will revert to at-large seats consistent with Section (h) below.
 - (e) Two seats shall be filled by individuals who are currently experiencing homelessness or who have recently experienced homelessness. At least one of these seats shall be filled by an individual representing homeless transitional age youth (age 18-24). Persons representing the homeless population will have homeless experience within the last 2 years.
 - (f) One seat shall be filled by a representative of a local, private-sector homeless, health or human services funder.
 - (g) One seat shall be filled by a representative of a homeless advocacy organization.
 - (h) Four “at-large” seats shall be filled by a majority vote of recognized CoC members. Nominees need not be recognized CoC members.
- (3) Voting members will be asked to give consideration to these factors in casting votes for the “at-large” seats:
- (a) Geographic representation;
 - (b) Homeless sub-population representation;
 - (c) Diversity of representation, including the criminal justice system, housing development or property management, business interests, private hospitals or health agencies.
- (4) No term limits shall be set for Board membership, and indefinite re-election is permissible.

vi) Board Member Elections

- (1) Process:** Elections shall take place annually, in person at a quarterly membership meeting.

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- (a) Staff to the CoC Board, Sonoma County Community Development Commission staff shall determine a preliminary list of members eligible to vote, based on attendance records from quarterly meetings, committees and other CoC working groups. The resulting list of voting members shall be published through the CoC's electronic mailing lists and website.
- (b) Challenges may be made regarding inadvertent exclusion of members eligible to vote as well as petitions for CoC Voting Member status for other reasons. The CoC Board shall consider voting eligibility for any petitions received, at its meeting immediately prior to annual elections.
- (c) Nominations for open seats shall be solicited for a period of approximately six (6) weeks prior to the annual election. Nomination forms must be received at the Sonoma County Community Development Commission by the close of business on the Friday preceding the election. Self-nomination is permissible. The list of candidates will be published electronically via the CoC website at least 3 days before the election.
- (d) Ballots shall be distributed to voting members in person at the quarterly meeting. Voting members can delegate their votes by proxy provided written, signed proxy assignment forms are delivered to the CoC Coordinator prior to the published submission deadline. Once marked, the ballots will be collected by Board members holding appointed seats, and tallied by them.
- (e) For each category of elected seat, the nominee receiving the highest number of votes will be elected to a full two-year term. Should one-year seats be open, the person receiving the second highest number of votes will be elected to a one-year term.
- (f) If an equal number of votes are received the following rules will be used to break a tie:

As soon as the tie is discovered, a run-off vote will be taken. If the total number of ballots issued is an even number, the Board chair (or proxy) will not vote, assuring an odd number of ballots and therefore, no possibility of a tie. If the Chair (or proxy) is not present, the most senior member of the Board will forego voting to assure an odd number of ballots.

vii) Board Officers and Terms

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- (1) **Officers:** Seated Board members shall select by a simple majority vote a Chair and Co-Chair for one-year terms.
 - (a) The Chair conducts CoC Board meetings. The Chair of the CoC Board may only be filled by a representative of one of the entitlement jurisdictions, a private funder, or an individual from an organization that does not receive Continuum of Care funding.
 - (b) The Vice Chair serves in the Chair's absence. The Vice Chair may be any member of the CoC Board.
- (2) **Terms:** Officers shall serve for one-year terms.
- (3) **Term limits:** There will be no term limits; indefinite re-election is permissible.

viii) Board Vacancy, Removal & Resignation

- (1) **Vacancy:** In the event of a vacancy of an elected member, the members of the CoC Board will elect a successor to hold the seat for the remainder of the term of the person vacating the seat. At the end of the term, a regular election will be held as described in this Charter. In the event of a vacancy of the Chair, the jurisdiction of that representative will appoint an Interim Representative. The Vice Chair will serve as Interim Chair until the next CoC Board meeting. At that Board Meeting, the CoC Board will elect an Interim Chair from one of the three entitlement jurisdictions to serve as Chair for the duration of the calendar year. The CoC Board will elect a Chair for a one year term in January of the following calendar year. In the event of a vacancy of the Vice Chair, the CoC Board shall elect an interim Vice-Chair to complete the term.
- (2) **Removal** – Members of the CoC Board may remove a CoC Board member who is absent for three (3) regularly scheduled Board meetings, or if they attend fewer than 75% of regularly scheduled meetings in any twelve-month period.
 - (a) CoC Board members may also be removed by a 3/4 vote of the Board then-seated for cause including but not limited to:
 - (i) Failure to perform Board member duties
 - (ii) Failure to comply with this Charter and/or applicable policies

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(iii) Engaging in conduct that constitutes a conflict of interest

(iv) Such seats will then be filled through the process described above under vacancies.

(3) **Resignation:** Any member of the CoC Board may resign at any time by giving written or verbal notice to the Chair or Continuum of Care Coordinator. Any such resignations will take effect at the time specified within the written notice or if the time is not specified, by the written or verbal acceptance by the CoC Board Chair.

ix) Meetings and Action

(1) **Frequency:** Meetings will take place not less than six (6) times per year.

(2) **Open Meeting:** Meetings of the CoC Board are open to the public.

(3) **Agendas** will be developed by staff in consultation with the Board Chair and/or Co-chair and posted via electronic email lists and the CoC website the week prior to any meeting.

(4) **Notice** of any regular meeting of the CoC Board will be posted at least three (3) days prior to the meeting.

(5) **Quorum:** For purposes of voting on Board matters, a quorum is defined as a majority of seated members of the Board present either in person or via telephone or Internet connection. Currently vacant seats do not count in the quorum calculation.

(6) **Decision-making:** The CoC Board's primary method of decision-making shall be a working consensus. For decisions involving funding, and those for which a timely decision cannot be made through a consensus process, decisions will be made by a simple majority vote. In these cases, yeas, nays, and abstentions will be recorded in the minutes.

(a) For advocacy issues, a working consensus is required; the consensus cannot be overridden by majority vote.

(7) **Voting:** Anyone attending a CoC Board meeting may speak to the issue within the limits of the conflict of interest policy in 5(a) below, but only seated members or their named proxies may vote on items before the Board.

(8) **Proxy:** Should a seated member be unable to attend a Board meeting, the member may assign a proxy by submitting a written request to the Chair prior to the meeting.

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(9) **Action between Meetings:** Actions may be taken by CoC Staff or Board officers out of necessity due to time constraints. The Board as a whole shall be provided with an explanation of the circumstances that prompted such action. Actions between meetings must be ratified by the Board as a whole at the following regular meeting.

x) **Board Staffing**

(1) The Sonoma County Community Development Commission (SCCDC) staffs the Board.

(2) The SCCDC's designated CoC Coordination staff members are responsible for:

(a) Recording minutes for the Board and

(b) Ensuring Board members receive all necessary information in the field and changes at the federal level that may influence or impact the CoC.

(c) Staff may participate in discussion but may not vote.

4) **Committees, Working Groups and Aligned Efforts**

a) **Purpose:** The CoC committees and working groups are the action planning agents of the system. In these bodies, strategies are developed expanded into scheduled work plans. These groups may also be responsible for developing strategies or exploring options to solve particular concerns.

b) **Formation and Composition**

i) **Formation:** Committees will be formed by the Board to address policies, circumstances and standards under the CoC's strategic plan. CoC time-limited *ad hoc* working groups may be formed and given specific responsibilities as needed by the Board, to address specific projects or concerns. All committee responsibilities apply to ad hoc groups as well.

ii) **Membership:** Committee membership may include any interested party. Committees will report to the CoC Board, and each Committee will aim to include at least one (1) member from the CoC Board or a CoC staff member. Each committee will set its number and recruit members from the CoC and larger community.

c) **Aligned Efforts:** Projects, programs or groups originating outside the CoC which align with the CoC's strategic plan, are requested to submit a Resolution of Alignment with the CoC and the 10-Year Homeless Action Plan. The Resolution shall include an executive summary describing the effort's connection to the 10-Year Homeless Action plan. Aligned Efforts will be required to

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adhere to CoC policies and protocols (see Section 5 below) and to make periodic reports to the CoC Board on their 10-year plan-aligned projects.

d) **Committee Leadership**

i) A chair or co-chairs, as selected from within the committee, will coordinate each committee.

e) **Other Committee Roles and Responsibilities:** Each committee will be responsible for:

i) Recruiting its members

ii) Selecting a chair or co-chairs

iii) Establishing its policies and procedures, and providing them to the CoC Board and Staff

iv) Recording its minutes and attendance, and providing them to CoC Staff

v) Ensuring transparency of its process and meetings

vi) Responding to inquiries and requests by the CoC Board in their area of responsibility.

5) **Continuum of Care Policies**

b) **Conflict of Interest and Recusal**

i) No member of the CoC will participate in the review, ranking, selection or award of any grant funds in which they have a financial interest, or in which any member of their immediate family (such as parent, sibling, child, niece/nephew, or person with whom they cohabit) has a financial interest.

ii) No member of the CoC Board shall vote upon or participate in the discussion of any matter which shall have a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding, awarding contracts and implementing correction actions.

iii) Members of the CoC will disclose potential conflicts of interest that they may have regarding any matters that come before the CoC in full session, the Board or a committee.

iv) Members will recuse themselves from any matter in which they may have a conflict of interest, abstaining from voting on the matter.

c) **Non-Discrimination**

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- i) The members, officers, committee members and contractors of the Continuum of Care will be selected entirely on a nondiscriminatory basis with respect to race; color; national origin or citizenship status; age; disability (physical or mental); religion; sex; sexual orientation or identity; genetic information; HIV or AIDS; medical conditions; political activities or affiliations; military or veteran status; status as a victim of domestic violence, assault or stalking; or any other federal, state or locally protected group.
 - d) **Committee Policies & Procedures**
 - i) Committees will establish their own policies and procedures, consistent with this Charter, and provide them to the Board and SCCDC's Continuum of Care staff for review.
- 6) **Administrative Agencies**
- a) **HUD-Designated "Collaborative Applicant "**
 - i) The Sonoma County Community Development Commission has been designated as Collaborative Applicant for the Continuum of Care.
 - ii) For the purposes of the annual HUD NOFA application and the management of CoC Program planning grants, the Collaborative Applicant must also be a grant recipient.
 - iii) The Collaborative Applicant is the only entity that may
 - (1) Submit the CoC Consolidated Application to HUD
 - (2) Apply for grants from HUD on behalf of the Continuum of Care.
 - (3) Apply for and receive CoC Program planning funds on behalf of the Continuum of Care.
 - b) **HMIS Lead**
 - iii) The Sonoma County Community Development Commission (SCCDC) has been designated as the Continuum of Care HMIS Lead. SCCDC, thus, ensures all HMIS activities are carried out in accordance with the HEARTH Act.
 - iv) HMIS Lead roles outlined in the definitions of this Charter and its MOU are incorporated into this Charter.
 - v) HMIS policies and procedures will be reviewed and updated on not less than an annual basis in accordance with HMIS data standards and HEARTH Act. The policies and procedures can be accessed through designated SCCDC staff and the Continuum of Care website.
 - c) **CoC Coordination**

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- i) The Sonoma County Community Development Commission shall employ a Continuum of Care Coordinator, and additional support staff as funding permits, to provide coordination services for the Continuum of Care.
- ii) CoC Coordination roles outlined in the definitions of this Charter and its MOU are incorporated into this Charter.
- iii) The CoC Coordination staff has the capacity and skills to coordinate Continuum of Care members as well as its Board and committees as they implement the 10-Year Plan.

7) **General Provisions**

a) **Operating Year**

- i) The operating year of the Continuum of Care will commence on January 1st of each calendar year and end on the 31st day of December of said calendar year.

b) **Annual Document Review**

- i) The Board will review this Charter annually to ensure it remains consistent with HUD's COC Program requirements as well as Continuum of Care objectives and responsibilities.

c) **Record Keeping**

- i) The Continuum of Care Coordinator submits a draft agenda for all CoC Membership Meetings to the CoC Board for approval no less than two weeks prior the membership meetings. The full Board approves the agenda by a majority vote.
- ii) The Continuum of Care Coordinator meets with the CoC Board Chair and Vice Chair two weeks prior to all Board Meetings to set the agenda for monthly Board meetings.
- iii) Proceedings of all Continuum of Care, Board and committee meetings are documented in minutes.
- iv) Minutes of meetings are circulated to members of the relevant body and posted on the Continuum of Care website and other relevant internet sites.
- v) Designated staff members of the Sonoma County Community Development Commission are responsible for recording minutes for quarterly meetings of the Continuum of Care and for Board meetings
- vi) Committees are responsible for recording their own minutes, and providing them to the Sonoma County Community Development Commission for record keeping

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vii) The Sonoma County Community Development Commission will be the custodian of all Continuum of Care, Board and committee documentation and records.

d) **Amendments**

i) The members of the Continuum of Care Board will have the power to adopt, amend, or repeal the provisions of this Governance Charter by a simple majority of the Board members present at any meeting where such proposed action has been described in the notice of the meeting.

Approved and adopted the 27th day of October, 2015. This Charter replaces the initial charter approved on August 26th, 2014. I, the undersigned, hereby certify that the foregoing Governance Charter was duly adopted by the Sonoma County Continuum of Care Board:

Following Roll Call Vote: Ayes: 7

 Nos: 0

 Absent: 4

Sue Castellucci, Continuum of Care Board Chair

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8) Appendices

a) Acronyms

- **CoC** – Continuum of Care
- **ESG** – Emergency Solutions Grants
- **HEARTH Act** – The Homeless Emergency And Rapid Transition to Housing Act of 2009
- **HMIS** – Homeless Management Information System
- **HUD** – The United States Department of Housing and Urban Development
- **MOU** – Memorandum of Understanding
- **NOFA** – Notice of Funding Availability
- **SCCDC** – Sonoma County Community Development Commission

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b) Joint Powers Agreement

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c) MOUs

- i) SCCDC-CoC MOU as Collaborative Applicant, “Support Entity” and HMIS lead**

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Continuum of Care Program Policies and Procedures:

- ii) CoC policies and procedures in effect prior to this Charter:
 - (1) **Homeless Children:** All school-aged children must attend school, unless they are ill. All children should be observed and screened for appropriate development. Referrals should be made for additional services needed, provided on site if possible. Parent Education should be provided, on site if possible. Agencies serving families with children should contact the home school district's School Homeless Liaison and facilitate arrangements to keep the child in the most appropriate school setting, including transportation arrangements. Exceptions can be made where the family's safety needs or the parents' treatment for chemical dependency makes retaining the child in the home school impossible. Children's educational needs should be a primary consideration in placing families in housing, especially if the child has special needs and is accessing needed services in school. These policies were adopted by the CoC Steering Committee on October 26, 2010.
- iii) **Written standards for administering assistance** (Program standards to be attached as they are finalized).

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iv) **Standards for Making Cuts:** To create a pool of reallocated funds from which to create new projects, the Sonoma County Continuum of Care conducts an annual Renewal Project Evaluation Process to make voluntary and involuntary cuts prior to the annual CoC application period. Voluntary cuts may be made during the NOFA period if new opportunities emerge.

(a) Reallocation via Renewal Project Evaluations

- (i) The Evaluation Committee prioritizes renewal projects for the CoC application, and identifies projects with capacity concerns for corrective action and technical assistance. Evaluation Committee members are drawn from funders, non-applicant Board members, and other knowledgeable impartial community members.
- (ii) **Scoring** is based on unmet housing need, alignment with 10-year plan goals, performance on HUD measurements, and grant management. The CoC Coordinator shall provide a preliminary set of scores to the Evaluation Committee. The Evaluation Committee will review preliminary scores and conduct a risk assessment to guide evaluation.
 - 1. The Evaluation Committee has also reviewed each project's continued eligibility under the CoC Interim Rule. If eligibility concerns emerge, these are discussed with the grantee even if the project scores above the threshold for unconditional renewal.
- (iii) **Unconditional and Conditional Renewal:** A threshold for unconditional renewal is set at 75% of top score; projects scoring above the line are scheduled for monitoring visits only. Projects scoring below that line are invited to a meeting of the full Evaluation Committee to discuss the challenges faced by the project and design a Corrective Action Plan. Known problems are described in the invitation and applicants are asked to address them and bring any other concerns to the Committee's attention; under-spent contracts and other issues are noted for discussion and possible follow-up.
- (iv) **Interviews:** Applicants and the Evaluation Committee together identify areas of improvement and what resources are needed to help the project improve its performance. Grantees have the opportunity to provide new information that sometimes raises their score above the unconditional renewal threshold. Through a

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summary letter recording the conversation and follow-up communications, over the course of 4-6 weeks each applicant is guided through a process of determining whether to submit additional documentation to revise scoring, undertake Corrective Action or to voluntarily release the project funding for reallocation.

- (v) **Involuntary Reallocation:** If corrective action plans and technical assistance are unsuccessful in improving project performance to the expected level over several years, or in particularly egregious cases (for example, serious concerns about grant management), the Committee may recommend reallocating funds without further corrective action.
- (vi) **Documentation of Process:** The Committee's work is followed by a full report to the CoC Board, which reviews its work both in process and at the end of the designated period to develop Corrective Action Plans. The CoC Board makes the final decision regarding renewal with or without conditions vs. reallocation.
- (b) Reallocation based on opportunities identified during the NOFA Period:**
 - (i) If the annual NOFA indicates further ways to maximize Annual Renewal Demand, renewal grantees are polled with a Renewal Intent to Apply Questionnaire, to confirm that they intend to apply for the full approved amount, or to indicate they are open to a reduction. Continuing discussion takes place with those agencies to ensure the reduction is in the best interest of program participants, grantees, and the Continuum of Care.
 - (ii) All cuts at this phase are voluntary. Reasons for late voluntary cuts may include, but are not limited to:
 1. Remediating concerns about difficulties spending down grants or a history of underutilized funding by making a smaller request.
 2. Changes of agency operational strategy, e.g., an agency releasing its transitional housing grants in favor of permanent supportive housing.
 3. Unanticipated challenges in program operations.

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v) **Standards for New Project Selection:**

- (1) **Local Request for Proposals (RFP):** The CoC is responsible for selection and prioritization of all submitted projects. Therefore, after review of the annual CoC NOFA and completion of annual renewal evaluations, a local Request for Proposals shall be issued. The RFP will contain information about funding available for new projects and any special instructions about priorities, tiered funding requests, federal rules governing use of funds available, a local application timeline, and other helpful information.
- (a) **Submission in e-snaps:** Due to the typically limited timeline, all applications for new funding shall be made in the e-snaps electronic submission system and submitted to the CoC by a deadline stated in the RFP. The RFP may also include supplemental questionnaires for use in local scoring or to gather information needed for the consolidated application.
- (b) A **Bidder's Conference** for new projects will address Continuum of Care funding regulations and options for using available funds. Technical assistance sessions shall be provided to assist both seasoned and new applicants to complete the electronic submission.
- (c) **Scoring criteria:** The RFP will include scoring criteria that reflect the priorities of the current NOFA. Scoring criteria will be developed by CoC Staff and brought to the CoC Board for review and approval as long as this process does not present serious challenges to meeting CoC competition deadlines. Should such timeline challenges be presented by the competition timing, scoring criteria will be developed by CoC staff in consultation with Board officers per section 3)viii(9), Action Between Meetings, above. The scoring schema will be designed to best support the overall CoC submission, to maximize the chances of all submitted projects being awarded.
- (i) Budget & Cost Effectiveness and Organizational Capacity & Experience sections will incorporate scoring elements such as a calculation of the cost of a positive outcome, other resources leveraged by the CoC award, HMIS Data Quality & Utilization, and Past Project Performance.

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- (ii) Applicants that submitted agency capacity documentation for evaluation of CoC renewal projects will be excused from resubmitting materials from that process. Applicants new to the CoC process will need to submit all documents listed in the RFP.

- (d) **Rating & Ranking:** New projects shall be scored by an impartial Rating & Ranking Committee, consisting of at least three (3) non-applicant Continuum of Care Board members or standing members of the CoC Evaluation Committee. Because the competition timeline typically does not accommodate bringing the Rating & Ranking Committee's decision to the Board in a timely way, CoC Staff will make every reasonable effort to ensure a majority of impartial Board members are able to serve on the Rating & Ranking Committee. While the Rating & Ranking Committee will score projects, the group will aim to reach a working consensus, so that a consensus decision by a majority of impartial Board members may stand as a decision of the CoC Board.

- (e) **Announcements:** Selected projects will be announced through the CoC website by a deadline specified in the RFP. Letters will be sent to all applicants by the same deadline, to communicate whether projects are accepted or rejected, their priority placement, and the reasons for these determinations.

- (f) **Appeals:** Due to necessary technical review, rating and ranking, and the extremely short timeline before final submission, the Rating & Ranking Committee's selection of projects to be included in the Sonoma County Consolidated CoC application will be final. Consistent with HUD rules, an organization may appeal the Rating & Ranking Committee's decision not to include it in the Sonoma County Consolidated CoC application and submit a solo application to HUD, if that application is submitted by the competition deadline. Applicants appealing this decision may seek technical assistance for solo application via the CoC Competition web page and the www.onecpd.info Ask A Question function. If HUD finds that the solo applicant was not permitted to participate in the Continuum of Care process in a reasonable manner, then HUD may award the grant to that solo applicant and may direct the

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CoC to take remedial steps to ensure reasonable participation in the future. HUD may also reduce the consolidated award to the Sonoma County CoC.

Coordinated Intake Policies and Procedures

PURPOSE:

The purpose of this procedure is to outline the steps involved in the Screening and Assessment Procedure for the Coordinated Intake (CI) Program.

SCOPE:

This procedure applies to all program participants enrolled in the Coordinated Intake Program.

POLICY:

Pre-Screening:

Coordinated Intake can be accessed in the following three ways:

- Via phone system operated by 2-1-1*
- Walk-in to one of several geographical locations (Including CI Hub located at 465 A Street, Santa Rosa, CA 95401)**
- Appointment (in-person or telephone) with Mobile Intake Assistant
- Drop-in hours at various agencies throughout Sonoma County

Pre-screening entity will ensure that participant and/or family meet HUD's Federal Definition of Homelessness (see attachment).

Screening

1. Once homeless status is established as meeting HUD's definition, entity will complete the following steps:
 - a. Perform "Search/Enroll Participant" OR "Add New Household" (if the participant is not currently in HMIS/ETO)
 - b. Update Participant ETO demographics (head of household only)
 - c. Administer Vulnerability Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screening assessment
 - d. Complete Periodic Income Update
 - e. Collect Release of Information (physical copy or voice signature, depending on entity)

Assessment:

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1. Once the pre-screening and screening process has been completed by one of the means stated above, clients will be scheduled for a more comprehensive assessment using the full SPDAT (Service Prioritization and Decision Assistance Tool) by trained Coordinated Intake Staff.
2. Coordinated Intake Staff will collect Documentation of Homeless Status from family/participant
3. Upon completion of the SPDAT and collection of Homeless Status, participant/family will be placed on the appropriate waiting list, based on SPDAT score:

Scoring for Families:

Program Type	SPDAT SCORE
Emergency Shelter	0-26
Rapid Rehousing	0-26
Transitional Housing	27-53
Permanent Supportive Housing	54-80

Scoring for Individuals:

Program Type	SPDAT SCORE
Emergency Shelter	1-19
Rapid Rehousing	1-19
Transitional Housing	20-35
Permanent Supportive Housing	36-60

*(CI Staff will check the ETO WEBi report entitled "1-Sono – 0850 – Coordinated Intake Program Detail (VI-SPDAT Families)" daily for the most recent enrollments into the CI program by 211 and/or other service providers)

**Availability depends on availability of trained staff accessible at time of walk-in

Related Forms:

Pre-Screening Sheet

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VI-SPDAT (Individuals)

VI-SPDAT (Families)

SPDAT Matrix Prompts

SPDAT Score Sheet

F-SPDAT Matrix Prompts

F-SPDAT Score Sheet

CI Contract for Families

CI Contract for Individuals

PURPOSE:

The purpose of this procedure is to provide guidance for documenting Homeless and Chronic Homeless Status for participants in Coordinated Intake Programs in compliance with Housing and Urban Development (HUD) guidelines.

SCOPE:

This procedure applies to all program participants enrolled in the Coordinated Intake Program.

POLICY:

Prior to referring CI participants to shelter or housing, CI Staff will ensure that each participant file includes proper documentation of Chronically Homeless or Homeless Status.

HOMELESS STATUS

Definition:

See attachment: Sonoma County Continuum of Care's "Homeless Definition: Criteria for Defining Homelessness"

Documentation:

See attachment: Sonoma County Continuum of Care's "Homeless Definition: Recordkeeping Requirements"

CHRONIC HOMELESS STATUS

Definition:

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HUD defines Chronic Homelessness as a person who:

- 1) Has been continually Homeless for a year or more
 - a. HUD defines “homeless” as a person sleeping in a place not meant for human habitation (e.g. living on the streets for example) OR living in a homeless emergency shelter.*
- 2) Has had four (4) episodes of homelessness in the last three (3) years.
 - a. HUD defines “homelessness” as sleeping in a place not meant for human habitation (e.g. living on the streets for example) OR living in a homeless emergency shelter.*

*Transitional Housing is NOT considered homeless emergency shelter for the purposes of documenting chronically homeless status

Documentation: See Chronically Homeless Qualification Checklist & applicable documentation per checklist

Related Forms:

Homeless Definition _Recordkeeping Requirements

Chronically Homeless Qualification Checklist

Chronically Homeless Third Party Verification Sheet (2 pages)

Chronically Homeless Self-Statement Certification

Chronically Homeless History Summary Sheet

Provider PSH Disability Letter

PURPOSE:

The purpose of this procedure is to provide guidance on adding to and prioritizing participants/families on the Housed Wait List(s) within the Coordinated Intake (CI) Program.

SCOPE:

This procedure applies to all program participants’ enrolled in the Coordinated Intake Program.

POLICY:

Adding to Wait List:

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1. CI Staff will check the ETO WEBi report entitled “1-Sono – 0850 – Coordinated Intake Program Detail (VI-SPDAT Families)” daily for the most recent enrollments into the CI program by 211 and/or other service providers
2. CI Staff will call participant and verify they meet the Federal Definition of Homelessness, per HUD’s guidelines: (See Sonoma County Continuum of Care’s “Homeless Definition” attachment)
 - a. If client meets Federal Definition of Homelessness, they will proceed to next step
 - b. If client does not meet Federal Definition of Homelessness, they will be referred to other services and dismissed from the CI program (See CI Dismissal Procedure)
3. CE Staff will schedule and complete the Service Prioritization and Decision Assistance Tool (SPDAT) assessment with the participant/family.
4. Based on the results of the SPDAT assessment, participant/family will be placed on most appropriate Housed Wait List:

Scoring for Families:

Program Type	SPDAT SCORE
Emergency Shelter	0-26
Rapid Rehousing	0-26
Transitional Housing	27-53
Permanent Supportive Housing	54-80

Scoring for Individuals:

Program Type	SPDAT SCORE
Emergency Shelter	1-19
Rapid Rehousing	1-19
Transitional Housing	20-35
Permanent Supportive Housing	36-60

5. While on the Housed Wait List, clients will receive Case Management including service referrals necessary to initiate/progress the housing process prior to entering a shelter or housing placement.

Wait List Priority:

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1. Four separate waitlists will be maintained, one for Emergency Shelter (ES), one for Rapid Rehousing, one for Transitional Housing (TH), and lastly, one for Permanent Supportive Housing (PSH).
2. Participants/families will be placed on appropriate wait lists depending on SPDAT score (see tables above).
3. Housed Wait Lists are prioritized by the following:
 - a. SPDAT Score
 - b. Date of enrollment into CI Program
4. If participant or family is not accepted for placement, the participant/family will remain on the wait list at their previous position and will continue to receive case management until an appropriate placement is found.

PURPOSE:

The purpose of this procedure is to provide a means of mass communication to participants enrolled in the Coordinated Intake (CI) program.

SCOPE:

This procedure applies to all program participants enrolled in the Coordinated Intake Program.

POLICY:

ETO Engage is an application within ETO that allows for mass communication to enrolled participants via:

- Email
- Phone message (automated voice or real voice)
- Text (to Mobile)

ETO Engage is a tool best utilized at times when mass communication is needed and most regularly in the following situations:

- 1) When there are multiple program enrollments completed by 211 and participants/families need to be contacted initially to be advised of next steps
- 2) When an update of housing status is needed in order to purge waiting list

Contact information that is linked into the ETO Engage Program must be accessible by all CI Staff Members, therefore, no personal staff contact information should be linked with ETO Engage.

To this end, the following contact information is linked to the ETO Engage Application, and all CI Staff has access to these means of communication:

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Google Voice: (707) 939-5127

Password: 7712

Email: sonocoCI@gmail.com

Password: nowrongdoor

PURPOSE:

The purpose of this procedure is to provide guidance for providing Case Management services to families participating in the Coordinated Intake (CI) Program.

SCOPE:

This procedure applies to all program participants enrolled in the Coordinated Intake Program.

POLICY:

1. All families enrolled in the CI Program who have completed the screening process will complete a deeper assessment using the Service Prioritization Decisions Assistance Tool (SPDAT) by the CI Case Manager.
2. After the completion of the SPDAT, the CI Case Manager will introduce an Individual Opportunity Plan (IOP) with a list of general tasks to be completed while the family is waiting for shelter or housing placement.
 - a. The items listed on the IOP are general in nature.
 - b. The items listed are considered to be the minimal tasks required to help the family move toward housing stability.
3. The IOP is offered to every family at the time of the SPDAT assessment and includes the following items:
 - a. Complete Burbank Housing Pre-Application
 - b. Attain copies of each family member's Social Security Card
 - c. Obtain CA ID if needed
 - d. Sign up for CalFresh/SNAP/Food Stamps
 - e. Sign up for general assistance if applicable (TANF/GA/SonomaWorks/CalWorks)
4. Although all families are given the IOP, participation in ongoing Family Case Management in CI is on a voluntary basis.

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5. If the family does not choose to engage in the formal Family Case Management process while on the Housed Wait List, they may be provided with service referrals at their request or as deemed necessary by the CI Case Manager.
6. CI Case Manager will document all interactions with family utilizing “Sono – ESG Street Outreach” case note TouchPoint in ETO/HMIS.

Related Forms:

Initial Individual Opportunity Plan

PURPOSE:

The purpose of this procedure is to provide guidance for referring participants to Enterprise Bed opening within ETO/HMIS.

SCOPE:

This procedure applies to all program participants enrolled in the Coordinated Intake Program.

POLICY:

1. CI staff checks for programs’ bed openings daily, utilizing the “1-Sono - 0810 - Coordinated Intake Empty Enterprise Beds” WEBi Report in ETO (Efforts to Outcomes) and identifies an open bed to be filled by CI participant.
2. CI Staff will review “Entities” information to determine the eligibility requirements for specific program with bed opening.
3. CI Staff will review wait list to determine which participant and/or families may qualify for the opening based on the following:
 - a. Highest Service Prioritization Decision Assistance Tool (SPDAT) score
 - b. CI enrollment date (oldest dated placed first)
 - c. Eligibility criteria of provider
 - d. Family size/makeup (when applicable)
4. CI Staff will contact eligible participant/family and advise them of opening. If, after three (3) attempts, the participant/family does not return the call of CI staff, the participant/family will be dismissed from the CI program (See CI Dismissal Procedure). The CI staff will then contact the next eligible participant/family.

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5. CI Staff will make referral to appropriate program in Efforts to Outcomes (ETO) HMIS following instructions in “Sonoma County Continuum of Care: Efforts to Outcomes (ETO) HMIS Procedures for Coordinated Intake” (See attachment)
6. The program type will dictate the amount of time the agency receiving referral has to respond to referral (ES – 24 hours; TH – 21 days; RRH - _____ hours/days; PSH - _____ hours/days)
7. Once the agency receiving the referral has completed their screening process and a determination has been made, the referral agency shall indicate the following from the “CI Referrals & Services” → “View Incoming Referrals” Queue:
 - A. **Accept Referral:** Participant/Family has been deemed appropriate for program
 - B. **Deny Referral:** Participant/Family has been deemed inappropriate for program
8. Referral agency will utilize ETO “Messages” tab to notify CI Staff of whether or not the referral has been accepted or denied
 - A. All referral denials will trigger CI Case Conference (See Service Provider Assignment Latitude—CI and CI Case Conference Procedure)
 - B. When the referral is accepted, CI Staff will notify Participant/Family of next steps
9. Participant/Family will be dismissed from CI Program (see CI Dismissal Procedure)

PURPOSE:

The purpose of this procedure give service providers both the ability to accept and deny a family/individual assigned by Coordinated Intake. Even with a standardized pre-screening, assessment and assignment process it is recognized that there may be occasions when the assignment may not be the best fit for a particular service provider for various reasons (i.e. unknown eligibility requirement, program change, a new suspension from services, etc.).

SCOPE:

This procedure applies to all program service providers participating in the Coordinated Intake Program.

POLICY:

1. Providers will give Coordinated Intake (CI) all required eligibility requirements needed for Intake. In order for CI to make the most appropriate matches, providers are required to contact CI when eligibility requirements, service entities, or programs change.
2. CI staff checks for programs’ bed openings daily, utilizing the “1-Sono - 0810 - Coordinated Intake Empty Enterprise Beds” WEBi Report in ETO (Efforts to Outcomes)
3. CI Staff will review “CI Entity” information to determine the eligibility requirements for specific program with bed opening
4. CI Staff will send referral via ETO to service provider.

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5. Providers have up to 24 hours to officially accept or deny a referral. If a referral is denied, it will trigger an Assignment Case Conference

Assignment Case Conference

Assignment Case Conferenceng allows providers to be engaged in the admission process, but also creates a sense of system-wide accountability for meeting the needs of each family/individual served through CI.

If a family/individual is denied, they will be placed back on the waitlist. All assignments that are refused will trigger an assignment case conference meeting between CI. staff, the provider, and the family/individual.

A case conference will occur the same day as the rejection, unless same day scheduling is unachievable. Case conference can occur face-to-face or over the phone to determine alternative housing and/or shelter strategies.

PURPOSE:

The purpose of this procedure is to allow providers to be engaged in the admission process, but also creates a sense of system-wide accountability for meeting the needs of each family/individual served through Coordinated Intake (CI).

SCOPE:

This procedure applies to all program participants enrolled in the Coordinated Intake Program.

POLICY:

Participant Placement:

1. If a family/individual is denied placement to an agency referred by CI, they will be placed back on the waitlist pending a more appropriate placement by CI Staff.
2. Case conference can occur face-to-face or over the phone to determine alternative housing and/or shelter strategies.

Agency Collaboration:

1. If a family/individual is denied placement to an agency referred by CI, they will be placed back on the waitlist pending a more appropriate placement by CI Staff.
2. All assignments that are refused will trigger an assignment case conference meeting between CI staff and the provider to determine the reasoning behind the rejection to help inform future referrals.

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- a. An assignment case conference will occur the same day as the rejection, unless same day scheduling is unachievable.

PURPOSE:

The purpose of this procedure is to ensure that clients have the opportunity to turn down an assignment that poses a specific concern (i.e. health, safety, hardship, etc.) while maintaining efficiency and discouraging denials based on other factors.

SCOPE:

This procedure applies to all program participants enrolled in the Coordinated Intake Program.

POLICY:

1. When Coordinated Intake (CI) matches a shelter/housing opening with the next family/individual on the waitlist, CI will “assign” that family/individual to a specific shelter site or housing unit based on need, requirements and eligibility.
2. After the provider has “accepted” the family/individual, it is expected that the family/individual accept the assignment and go into the program they were “assigned” and accepted to.
3. If the client chooses not to accept the assignment, they will be asked to provide the reason in writing (see Grievance Procedure).
4. If the reason relates to an identified health and/or safety concern, or a specific program requirement that cannot be met, or creates a substantial hardship, the family/individual will be returned to the waitlist until a more suitable assignment option is available.

Example of Health and/or Safety:

“The program is located at [Address] which is less than two miles from my abuser who resides at [Address].”

Example of Program Requirement:

“The program requires that participants maintain sobriety. I am addicted to alcohol and unable to agree to or meet a sobriety requirement”

Example of a Substantial Hardship:

“My children are currently enrolled in [School Name], this placement will require my children to transfer schools mid-year”

5. After three (3) such denials, the family/individual’s circumstances will be evaluated and potentially re-assessed by CI staff to determine if the family/individual should be (a) returned to the waitlist, (b) inserted at the bottom of the waitlist, or (c) removed from the waitlist.
6. If a family/individual refuses an assignment and does not identify a specific health/safety concern, or a specific program requirement cannot be met, a specific reason for substantial

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hardship, the circumstances will be evaluated differently and could result in a conversation between referral program staff, CI staff, and the family/individual; being moved to the bottom of the waitlist; or being removed completely from the waitlist.

Example of not meeting a Health and/or Safety concern:

“The program is located in [Neighborhood], I don’t like that neighborhood, I have heard that it is unsafe.”

Example of not meeting a specific Program Requirement:

“The program requires my children to attend school, I refuse to enroll my children in public school.”

Example of not meeting a specific Substantial Hardship:

“Another resident at the program makes inappropriate comments to me, I refuse to attend this program while that individual is also a resident.”

7. All assignment refusals are evaluated on a case-by-case basis. In circumstances where the family/individual is removed from the waitlist, they are eligible to be re-assessed and get back on the waitlist based on need and eligibility requirements the following business day.

Shelter Approval / Denial

In the event a shelter denies a referral, see CI Service Provider Assignment Latitude procedure.

PURPOSE:

The purpose of this procedure is to provide guidance on dismissing participants from the Coordinated Intake (CI) Program.

SCOPE:

This procedure applies to all program participants enrolled in the Coordinated Intake Program.

POLICY:

1. Clients will be dismissed from the CI program for the following reasons:
 - a. Other – Did not meet homeless definition
 - b. Other – Declined Emergency Shelter Placement
 - c. Other – No contact info/phone disconnected
 - d. Other – Disappeared after 3 attempts to contact
 - e. Other – Failed to provide homeless documentation
 - f. Other – Lost or no custody of child(ren)

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- g. Other – Ended outreach campaign
 - h. Placement – Emergency Shelter
 - i. Placement – Hotel or Motel paid by agency
 - j. Placement – Hotel or Motel paid by participant
 - k. Placement – Housing obtained but unidentified
 - l. Placement – Permanent Supportive Housing
 - m. Placement – Rapid Rehousing
 - n. Placement – Transitional Housing
2. CI Staff will dismiss participants per procedure stated in “Sonoma County Continuum of Care: Efforts to Outcomes (ETO) HMIS Procedures for Coordinated Intake” (See attachment)

PURPOSE:

The purpose of this procedure is to contribute to transparency and give guidance and opportunity to participating providers on communicating feedback and quality improvement of assignments, case conferencing, sharing data, etc.

SCOPE:

This procedure applies to all agencies working with the Coordinated Intake (CI) provider.

POLICY:

The Provider Communication Procedure is to facilitate open and honest communication, promote a culture of continuous improvement, and a willingness to learn and change by all participating providers as (CI) evolves.

Shelter/Housing Eligibility Requirement

- Providers will be asked to initially complete an entity survey to be uploaded in ETO to determine key eligibility and subpopulations criteria for each shelter/housing site.
- The provider will participate in follow-up one-on-one meetings or conference calls to clarify program entrance requirements.
- The provider will inform CI staff if eligibility or sub-population criteria changes.
- Providers will be required to update CI when there is a change in their program eligibility requirements to ensure appropriate assignments.

Case Conferencing / Quality Improvement Meetings

- All participating providers will be encouraged to participate in regularly scheduled case conferencing & Quality Improvement meetings to address issues and stay current on system developments.
- Meetings will be designed to obtain provider input on system effectiveness and areas of improvement; this includes check-ins around access to services, assignments to providers, and data sharing.

Reporting Bed / Housing Openings

- Providers will be required to update real time bed openings to CI staff through HMIS.

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Coordinated Intake Advisory Group

- The Coordinated Intake Advisory Group will include all interested stakeholders from all providers participating in CI; the group will help inform the policies and procedures of CI and improve collaboration between participating entities.

CI Policy & Procedure Revisions

- All Coordinated Intake polies and procedures will be reviewed and approved by the Continuum of Care Governing Board.

Reporting Outcomes

- Based on the monitoring and evaluation established by the CDC / COC board, regular reports on system outcomes and effectiveness will be shared with providers.

To engage and manage partnerships outside of the Sonoma County Continuum of Care, CI will hold additional meetings with individual agencies as needed to support and grow the effectiveness of the collaboration.

This Provider Communication plan will be revisited and revised as needed to best meet the needs of the CI project and to adapt to a county-wide inclusive coordinated assessment system.

PURPOSE:

The purpose of this procedure is to outline the procedure for the evaluation of the Coordinated Intake (CI) Program by service providers and participants.

SCOPE:

This procedure applies to all program participants enrolled in the Coordinated Intake Program, as well as partnering homeless service providers.

POLICY:

Catholic Charities, as the Coordinated Intake operator will conduct regular evaluation of the CI program. The expectations of CI, as outlined by the Coordinated Intake Task Force, are as follows:

- a. Better match people experiencing homelessness to the most appropriate services in a timely manner
 - b. Make better use of local resources
 - c. Relieve case managers at partnering agencies of the intake and assessment role
 - d. Deliver more beneficial case management services to move participants toward permanent housing placements
2. Official evaluation of the CI Program will include the following documentation and performance measures:
- a. Number of screenings conducted, and success of outreach to homeless individuals and families (HEARTH Performance Measure)*
 - b. Client Satisfaction

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- c. Persons with unmet needs related to physical disability, developmental disability, chronic health, HIV/AIDS, mental health or substance abuse.
 - d. Reduce the length of time the individuals and families are homeless (HEARTH Performance Measure)
3. Surveys of service providers and participants will be used to gauge the effectiveness of the CI program and their overall satisfaction with the program.
4. Program Management measures will be collected to assist with fine tuning the program, including:
 - a. Days from initial screening to full assessment
 - b. Number of referrals
 - c. Number of accepted referrals
 - d. Days on waiting list prior to housing placement
 - e. Number of referrals back to case conference

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Sonoma County Continuum of Care Written Standards on Notice of Priority for Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

The Sonoma County Continuum of Care has set a system-wide priority on chronically homeless individuals and families via Coordinated Entry. In 2015, Coordinated Entry began in a pilot phase targeting homeless families with children and chronically homeless individuals who are the least likely to engage in services and are contacted through the primary outreach team in the CoC's geography, the Homeless Outreach Services Team (HOST). In September 2017, Coordinated Entry began expanding system-wide with priority placed on chronically homeless individuals and families for permanent supportive housing in a Housing First Approach. Full implementation will be complete before the HUD-mandated deadline of January 23, 2018.

Single adults, families, and transition-aged youth experiencing homelessness are screened, and prioritized according to vulnerability based on scores from the VI-SPDAT and where possible, the full SPDAT. Those with the *highest scores* are prioritized for permanent supportive housing. Unsheltered individuals are placed via the VI-SPDAT in order to get people inside first.

On September 5, 2017, the Continuum of Care Board formally revised its written standards to fully conform with Notice CPD-16-11 from HUD, "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing" for all CoC funded projects. Agencies receiving other federal funding are strongly encouraged to adopt these standards. The following guidelines will be utilized for all CoC funded projects in these revised standards in a manner consistent with each project's current grant agreements. Currently, the CoC operates only the Permanent Supportive Housing, Planning, HMIS, and Supportive Services Only (Coordinated Entry) system components. Additional policies for all component types are available in Program Standards documents on the CoC Website at:

<http://sonoma-county-continuum-of-care.wikispaces.com/System-wide+Program+Standards>

These written standards are incorporated into the CoC's Governance Charter on pages 48-50 and include guidance in administering CoC-funded assistance in the following areas:

- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance
- Policies and procedures for determining which eligible individuals and families will receive CoC rapid re-housing assistance
- Policies and procedures for prioritization for Coordinated Entry for rapid re-housing and permanent supportive housing assistance

Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

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For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority will be followed:

- a.) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of his definition for chronically homeless, of the family as having severe service needs).

- b.) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.** A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
 - ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

- c.) Third Priority – Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of the household as defined in 24 CFR 578.3 for whom both the following are true:**
 - i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
 - ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

- d.) Fourth Priority - All Other Chronically Homeless Individuals and Families.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:
 - i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least four

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separate occasions in the last 3 years, where the cumulative total length of the 4 occasions is less than 12 months; and

ii. The CoC or CoC Program has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph 1) of the definition for chronically homeless, of the family as having severe service needs.

Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

For CoC-Program-funded PSH projects, the following priorities will be followed for non-dedicated and non-prioritized PSH beds. Chronically homeless individuals and families will be offered housing first for available beds in CoC funded PSH projects:

a.) First Priority – Homeless Individuals and Families with a Disability with the Most Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs.

b.) Second Priority – Homeless Individuals and Families with a Disability with A Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

c.) Third Priority – Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters Without Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

d.) Fourth Priority – Homeless Individuals and Families with a Disability Coming from Transitional Housing

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also

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includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

Collaboration with Coordinated Entry (Draft Prioritization as of 9/18/17)

The Continuum of Care’s draft policies on Coordinated Entry also define prioritization for Coordinated Entry and Permanent Supportive Housing based on vulnerability (as assessed by the VI-SPDAT tool) and length of time homeless. The Prioritization Matrix is below:

Single Adults

SINGLE ADULT PRIORITIZATION MATRIX					
Priority / Referral Placement	VI-SPDAT Score	Length of Homelessness	Disabling Condition (per HUD)	Literally Unsheltered	Frequent PD/Fire/ER (4+ in 6 mo.'s)
1 – PSH	9+	2 + Yrs.	X	X	X
2 - RRH/PSH	4-8	2 + Yrs.	X	X	X
3 – RRH	1-4	1-2 Yrs.	X	X	X
4 - RRH/Diversion	1-4	Any	X	X	X
5 – Diversion	0-4	Any			

Families

FAMILY PRIORITIZATION MATRIX							
Priority / Referral Placement	Family VI-SPDAT Score	Length of Homelessness	Disabling Condition (per HUD)	Literally Unsheltered	Frequent PD/Fire/ER (4+ in 6 mo's)	Family Instability	H. of H. w/Young Children (0-5 Yrs.)
1 – PSH	9+	1 + Yrs.	X	X	X	X	X
2 - RRH/PSH	4-8	1 + Yrs.	X	X	X	X	X
3 – RRH	1-4	6mo.-1 Yr.	X	X	X	X	X
4 - RRH/Diversion	1-4	Any	X	X	X		
5 – Diversion	0-4	Any					

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Transition Aged Youth

TRANSITIONAL AGE YOUTH (TAY) PRIORITIZATION MATRIX						
Priority / Referral Placement	TAY VI-SPDAT Score	Length of time w/o stable housing	Frequent PD/Fire/ER (4+ in 6 mo.'s)	Literally Unsheltered	Self-Care (not met)	Social-relationships (lacking 3+)
1 – PSH	9+	1 + Yrs.	X	X	X	X
2 - RRH/PSH	4-8	1 + Yrs.	X	X	X	X
3 – RRH	1-4	6mo.'s-1 Yr.	X	X	X	X
4 - RRH/Diversion	1-4	Any	X	X		
5 – Diversion	0-4	Any				