

Sonoma County Continuum of Care Governance Charter

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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

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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.

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

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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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.

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

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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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.

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. 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 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. This Charter designates the Sonoma County Community Development Commission as the HMIS Lead for the Continuum of Care.

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- **Covered Homeless Organization (CHO)** Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses or processes data on homeless clients for an HMIS.
- **CoC Coordination** is the coordination hub responsible for:
 - (a) Providing logistical support for Continuum of Care responsibilities as in Interim Rule – 24 CFR §578.7
 - (b) Convening and facilitating the CoC Board and key working groups
 - (c) Monitoring strategic coherence across CoC activities and planning
 - (d) Coordinating communication within the Continuum of Care
 - (e) Managing collective data systems and information distribution
 - (f) Mobilizing planning efforts that frame future 10-year Plan Updates, related community-wide plans and their revision
 - (g) Stewarding resources for collective impact
 - (h) 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. 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.

Overview of Continuum of Care Structure:

The Structure of the Continuum of Care is reproduced on the next page.

As defined in this Charter:

- ii) The **Sonoma County Continuum of Care** is the collaborative body implementing homeless prevention and intervention strategies

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- iii) 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.
- iv) **Committees, working groups and aligned efforts** are responsible for specific activities and strategies, overseen by and reporting to the Board.
- v) 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.
- vi) As **HMIS Lead**, the Sonoma County Community Development Commission operates the Continuum of Care's data system, reporting to the Board.
- vii) A **CoC Program Grantee** is an official recipient of CoC Program funds and works closely with the Board.

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HUD Entitlement Jurisdictions:
 (City of Santa Rosa, City of
 Petaluma, &
 Urban County JPA)

County Seats:
 Health Services,
 Human Services

Appointed
 Homeless Service
 Providers

Elected Seats:

- Homeless Services Providers
- Homeless Consumers
- Health providers
- Law Enforcement
- Private Funders, etc.

STAFFING
 (So. Co. Community
 Development
 Commission)
 Planning &
 Coordination;
 HMIS Lead Agency

**CoC
Board**

**Continuum
of Care
Membership**

Homeless
 Veterans
 Committe

Workforce
 Dev.
 Committe

Best
 Practices
 and Integ.
 Health

Homeles
 s Youth
 Task

Housing
 Location
 and
 Placement

Coordinat
 ed Entry
 Advisory
 Committe

Complianc
 e Work
 Groups

Evaluatio
 n
 Committe

Aligned
 Efforts

- Program Standards Groups:**
- Homeless Prevention
 - Emergency Shelter
 - Transitional Housing
 - Rapid Re-Housing
 - Permanent Supportive Housing (& others to come)

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The Continuum of Care

Continuum of Care Mission, Purpose & Responsibilities

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

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.

Responsibilities: The Continuum of Care is obliged to support:

Performance Targets & Monitoring

- i) Establish appropriate performance targets by population and program in consultation with the CoC Program Grantee and sub-recipients then:
- ii) 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 (CDC) ESG-funded programs is led by CDC monitoring staff with the participation of the CoC Coordinator. Monitoring letters are reviewed by CoC staff and management of the ESG recipient's Homeless & Community Services Team.

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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.

- ii) Coordinate implementation of a housing and service system
- iii) Conduct a point-in-time count of homeless persons that meets HUD's requirements, at least every 2 years
- iv) Conduct an annual gaps analysis of homelessness needs and services
- v) Provide information required to complete the Consolidated Plan(s)
- vi) The Lead Agency and HMIS Lead will establish appropriate performance targets by population and program in consultation with the CoC and ESG Program Grantee and sub-recipients.
- vii) Monitor performance and evaluate outcomes of the following programs: Emergency Solutions Grant (ESG), Continuum of Care (CoC), Homeless Emergency Aid Program (HEAP), California Emergency Solutions and Housing (CESH), and other programs funded by local government and private entities.³
- viii) 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

viii) Application for CoC Program Funds

- i) 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).
- ii) Establish priorities for funding projects
- iii) 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
- iv) Rank multiple applications if required by HUD

³ As new funding initiatives are established by federal, state, and local government as well as private philanthropy, the list of programs whose performance is monitored by Sonoma County CoC will grow.

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- v) 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.

The Continuum of Care Board

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:
 - a) Scans the environment for best practices and innovations
 - b) Assesses the CoC for gaps, overlaps, duplication, strategic conflicts, etc.
 - c) 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
- 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

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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) Limited Authority

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

1) It does not have, and cannot have, assets or liabilities;

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- 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

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.

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Board Member Elections

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

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- (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.

Board Officers and Terms

- 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.

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

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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
 - (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.

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.

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- 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 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.
- 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.

Board Staffing

- 10) The Sonoma County Community Development Commission (SCCDC) staffs the Board.
- 11) The SCCDC's designated CoC Coordination staff members are responsible for:
 - (a) Recording minutes for the Board and
 - (b) Ensuring Board members receive 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.

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Committees, Working Groups and Aligned Efforts

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.

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.

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 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.

Committee Leadership

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

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

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- 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.

Continuum of Care Policies

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.

Non-Discrimination

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.

Appendices

Appendix 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

Appendix B: Continuum of Care Program Policies and Procedures

- i) 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.
- ii) **Written standards for administering assistance** (Program standards to be attached as they are finalized).

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 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.

Appendix E: Collaboration with Coordinated Entry (Prioritization as of 9/27/18)

The Continuum of Care’s Coordinated Entry Policies and Procedures 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. For more information on the Coordinated Entry System, please review the Sonoma County Coordinated Entry Policies and Procedures located on our website. The Prioritization Matrix is below:

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			

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	6 mos.–1 Yr.	X	X	X	X	X
4 – RRH/Diversion	1–4	Any	X	X	X		
5 – Diversion	0–4	Any					

TRANSITIONAL AGE YOUTH (TAY) PRIORITIZATION MATRIX

Priority / Referral Placement	TAY VI-SPDAT Score	Length of time w/o stable housing	Frequent PD/Fire/ER (2+ 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	6 mos.–1 Yr.	X	X	X	X
4 – RRH/ES /Diversion	1–4	Any	X	X		
5 – ES/Diversion	0–4	Any				