**San Diego Continuum of Care**

**Advisory Board**

**Governance Charter Operational Responsibilities and Authorities**

## Version 8.0

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# Introduction

The purpose of the San Diego Continuum of Care Advisory Board’s Governance Charter (Charter) is to describe the structure, composition, roles, responsibilities and committee formation of the organization. On an annual basis, the Charter will be updated allowing for the San Diego Continuum of Care Advisory Board (Advisory Board) response to environmental, regulatory, and strategic issues.

In 2009, the U.S. Department of Housing and Urban Development (HUD) enacted the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) that established a Continuum of Care (CoC) program to address homelessness and created specific rules, regulations and procedures to be competitive for federal dollars. The HEARTH Act also includes a provision to establish a "governance structure" that ensures an opportunity for all stakeholders to be included and participate in the CoC program. Subsequently HUD released the 2012 Interim Rule detailing the requirements for CoC implementation of HEARTH.1

Serving as the San Diego City and County CoC 601, the RTFH develops strategic policy and serves as San Diego City and County’s Continuum of Care as defined in Section 578.5 of the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) published in July 2012.

The CoC is the central collective impact organization addressing homelessness in San Diego through the coordination of resources; evaluation of the crisis response system; and the development of strategies and implementation of best practices for dramatically reducing and ending homelessness*.* The Advisory Board is responsible for:

* + - * + Advocating for policies and essential services that promote fair housing, client well- being, and rights/protections under the law;
        + Promoting a community‐wide commitment to the goal of ending homelessness;
        + Providing funding for efforts to quickly re‐house individuals, youth, and families who are homeless, which minimizes the trauma and dislocation caused by homelessness;
        + Promoting access to and integration with mainstream programs and resources; and
        + Optimizing self‐sufficiency among individuals, youth, and families experiencing homelessness.

# Overview

This Charter memorializes the purpose of the collective impact initiative to end homelessness using the federally-defined CoC responsibilities, outlines the primary work of the Advisory Board, and promotes partnership among the various leadership bodies. An organizational chart of the CoC Advisory Board may be found in Appendix E.

1 24 CFR 578 HUD Interim Rule, CoC Program, effective August 30, 2012

## Mission

The mission of the Advisory Board is to engage stakeholders in a community-based process that works to end homelessness for all individuals, youth, and families throughout the San Diego County region, address the underlying causes of homelessness, and to lessen the negative impact of homelessness on individuals, youth, families and communities.

## Geographic Boundaries

The Continuum of Care includes the entire geographic boundaries of San Diego county, including all cities and unincorporated communities. These boundaries contain other HUD designated program components, including Housing Authorities, HUD geocode areas, local Emergency Solutions Grant (ESG) Areas, communities eligible for State ESG funds, as well federally designated Community Development Block Grant (CDBG) entitlement areas, Housing Opportunities for Persons With AIDS (HOPWA), HOME Investment Partnerships Program (HOME), and U.S. Department of Veterans Affairs (VA) service areas. This geography is referred as the San Diego Region (Region). Various subdivisions are recognized within the Region such as Central, East, South, North Inland, and North Coastal areas.

## Emergency Solutions Grant Entitlement Areas

Emergency Solutions Grant (ESG) funds are awarded to the San Diego ESG entitlement areas by HUD for the purpose of providing Essential Services, Shelter Operations, and assistance to persons who are homeless or at-risk of being homeless in the Region. The Continuum of Care directly participates with jurisdictions that receive ESG funds. In each case, the Continuum of Care consults with the jurisdiction to develop cooperative plans and strategies that leverage ESG and other resources to provide emergency shelter, prevention, and rapid re-housing services.

The Continuum of Care and ESG entitlement areas are responsible for reporting and evaluating the performance of ESG program recipients and sub-recipients. In response, the Continuum of Care has prepared an ESG Guide that includes information about the responsibilities of the Continuum of Care and ESG area, HUD regulations, cross-jurisdiction strategies, and policy statements.

Because the Guide is updated periodically, the most recent Guide is incorporated in its entirety in the Charter by reference here.

# Assumptions/Constraints/Risks

## Assumptions

For the purpose of this Charter, the Advisory Board is maintaining the structure that was in place prior to 2017, and re-instituted in 2019.

## Constraints

Implementation of this Charter is reliant on volunteer participation from members of the community and continued funding from HUD and other sources such as those providing match and leverage to Continuum of Care programs.

## Risks

Should no stakeholders agree to participate in the Continuum of Care, the Region may not meet HUD HEARTH regulations. Non-compliance with federal regulations could result in reputational damage to Continuum of Care, as well as jeopardize current and future funding. It is the responsibility of RTFH, as the lead coordinating group, inclusive of the Homeless Management Information System Lead Agency and Collaborative Applicant, to ensure the effective implementation of the Charter.

# Purpose & Responsibilities

## Purpose

The purpose of the Continuum of Care’s Advisory Board is to assist in the coordination, development, and evaluation of services and housing for populations at-risk of and experiencing homelessness through planning, education and advocacy. To achieve this purpose, the Advisory Board will:

* + - Create a system for coordinated assessment and housing prioritization for the most chronic and vulnerable homeless individuals, youth, and families;
    - Reinforce a Housing First philosophy for all homeless housing and service providers;
    - Increase access to permanent housing through various means including rapid re- housing, permanent supportive housing, and other viable forms of permanent housing;
    - Evaluate performance of services within the Region through data collection, analysis, and monitoring;
    - Plan for and conduct an annual Point-In-Time Count (PITC) of persons experiencing homelessness within the Region;
    - Create capacity in communities throughout the Region to take ownership of and incorporate evidence-based practices to end homelessness;
    - Develop plans to fulfill the mission of ending homelessness for all individuals, youth, and families throughout the Region; and
    - Advocate on issues related to homelessness and for resources to support ending homelessness throughout San Diego

## Roles & Responsibilities

The Continuum of Care is, at minimum, responsible for all duties assigned by HUD under the CoC Program. This section defines the basic roles, responsibilities, and committee structures required for operation of the Continuum of Care Advisory Board. Appendix G provides a detailed overview of the Advisory Board’s roles and responsibilities.

## Full Membership

The Continuum of Care garners community-wide commitment to ending and preventing homelessness by engaging stakeholders in all parts of the Region. In addition to the entities identified by HEARTH as required to participate in the Advisory Board, the Full Membership includes a variety of community partners to the extent they are invested in ending homelessness and present in the Region. Examples of additional stakeholders include private foundations, philanthropists, employment development, and health service organizations. Members can be individuals or representatives of organizations.

It is the responsibility of the **Continuum of Care’s Full Membership (FM)** to:

* + - Establish an Advisory Board to act on behalf of the Continuum of Care. This Advisory Board must be representative of the relevant organizations and projects serving homeless sub-populations and include at least two homeless or formerly homeless individuals;
    - Adopt and follow a written process for selection of Advisory Board Members and review this process at least once every five years;
    - Elect Homeless Service Provider seats annually;
    - Ratify full slate of Advisory Board Members annually;
    - Participate on Advisory Board Committees;
    - Follow and annually ratify a Governance Charter;
    - Attend meetings of the FM, with published agendas, at least twice per year;
    - Facilitate sharing of provider expertise and intervention strategies through Learning Collaboratives, as needed; and
    - Inform and support the development of regional plans.

## Advisory Board

The Advisory Board is representative of the relevant organizations and projects serving people experiencing homelessness within the Region, including at least two individuals who are currently experiencing homelessness or have previously experienced homelessness. This cross-sector representative Advisory Board enhances the Region’s capacity to coordinate and leverage resources from various sectors and carry-out its responsibilities. The Advisory Board’s members shall represent the sub-populations included in Appendix F. Per HUD direction, one Advisory Board member may represent the interests of more than one homeless subpopulation, and the Advisory Board must represent all subpopulations within the Continuum of Care to the extent that someone is available and willing to represent that subpopulation on the Advisory Board.

It is the responsibility of the **Advisory Board** to:

* + - Select Board Members annually and fill vacancies as needed;
    - Establish policies for Continuum of Care operations including but not limited to written standards for providing homeless assistance, code of conduct that includes conflict of interest, recusal, and terms of assistance;
    - Ensure the Advisory Board’s obligations and responsibilities are performed successfully, whether conducted directly by the Advisory Board or delegated/assigned to other entities;
    - Establish plans for reducing and ending homelessness in the Region:
      * Set regional goals and priorities for ending homelessness, including but not limited to HUD CoC and ESG targets;
      * Use data to inform planning processes, decisions, setting appropriate system level and program level performance and local and regional goals;
      * Ensure relevant organizations, funders, and projects serving homeless sub-populations are represented in planning and decision-making; and
      * Build community awareness and collaboration inclusive of the needs of all homeless populations for housing.
    - Review, update, and approve annual Charter.
    - Issue an annual report of homelessness in the region.
    - Designate through an MOU a CoC Lead Agency to act as the Collaborative Applicant and Administrative Entity, a single Homeless Management Information System (HMIS) lead agency to operate the regional HMIS, and a Coordinated Entry System (CES) lead agency.
    - Establish priorities for funding for the region and competitive annual HUD NOFA:
      * Authorize grant applications, raise and allocate funds, and approve sustainability plans.

With regard to CoC matters, the Advisory Board should hold at least four (4) open and public meetings per year, and should endeavor to operate in an open and transparent manner to the extent practicable.

## Advisory Board Officers

The Advisory Board shall have the following Board Officers:

* + - The **Chair** is responsible for facilitating the Advisory Board meetings and all duties incident to the Office of the Chair and such other duties as may be prescribed by the Advisory Board from time to time. The Chair is additionally responsible to define and update the Management and Operations MOU, and to sign it on behalf of the Continuum of Care.
    - The **Vice-Chair** shall perform all duties of the Chair in the event that the Chair is absent or unavailable. When so acting, the Vice-Chair shall have all powers of and be subject to all restrictions on the Chair. The Vice-Chair shall have such other powers and perform such other duties as the Board or this Charter may require.
    - The 2nd Vice Chair (or Immediate Past Chair), shall perform all duties of the Chair and Vice-Chair in the event that both are unavailable. When so acting, the 2nd Vice-Chair (or Immediate Past Chair) shall have all powers of, and be subject to, all restrictions on the Chair. The 2nd Vice-Chair (or Immediate Past Chair) shall have such other powers and perform such other duties as the Board or this Charter may require.
    - Person with Lived Experience who shall have been elected to the CoC Advisory Board in one of the Lived Experience seats
    - Service Provider Representative who shall have been elected to the CoC Advisory Board in one of the Service Provider seats

The Advisory Board’s Governance Advisory Committee shall nominate Board Officers, to be approved by the full Advisory Board. Board Officers shall serve two-year terms to coincide with their Advisory Board member terms.

## Advisory Board Executive Committee

The Executive Committee is comprised of the Advisory Board Officers (Chair, Vice Chair, 2nd Vice Chair (or Immediate Past Chair), Person with Lived Experience, and Service Provider Representative), Chairs of Standing Committees, and the CoC Lead Agency CEO (as an Ex officio member). The Advisory Board’s Executive Committee is a mechanism to engage, within the limits set by Advisory Board policy and the Charter, in decision making, oversight, and communication on important Continuum of Care matters.

The Executive Committee has meetings during the year separate from the Advisory Board and are convened as needed by the Chair. The Executive Committee's actions are reported not later than the next meeting of the Advisory Board. The **Executive Committee** has the responsibility to:

* Act for the Advisory Board and make decisions on matters which:
  + Require action before the next Advisory Board meeting;
  + Have been specifically delegated by the Advisory Board to the Executive Committee; and
  + Approve the CoC Advisory Board’s agendas
* Act for the Advisory Board in the administration of established policies and programs, and make recommendations to the Advisory Board with respect to matters of policy and operations.

## Advisory Board Committees

The Advisory Board established Committees to provide advice on its primary activities, key issues or community initiatives.

Each committee shall include two (2) or more Advisory Board members, and may include non- Board members. The Chair of each Committee shall be a current CoC Advisory Board member. Appointments to committees shall be made following the Committee Chair’s approval of the Committee Application. Appointments shall be ultimately approved by the Advisory Board Chair and the RTFH CEO. On an annual basis, committee members shall be required to confirm their interest in continuing as an active member with the Committee Chair, including regular attendance and participation at committee meetings and activities.

At the beginning of each Calendar Year, each committee will elect a Committee Chair to facilitate committee meetings and shall exercise and perform such other powers and duties as the Advisory Board may assign from time to time. A Vice Chair may also be elected annually to fulfill the duties of the Chair if absent or unavailable.

***Evaluation Advisory Committee:***

The Evaluation Advisory Committee is responsible for advising the CoC Advisory Board on the performance and recommended improvements to the Continuum of Care, the review and recommendation of Community Standards, and monitoring progress toward the achievement of goals as identified in the *Regional Community Plan to Prevent and End Homelessness*. This is completed through a review of performance data obtained from various sources. The Evaluation Advisory Committee includes two sub-committees, the Data Sub-Committee and the Rating & Ranking Sub-Committee, and recommendations from the sub-committees are approved by the Evaluation Advisory Committee prior to being brought forward to the CoC Advisory Board. Rating & Ranking Sub-Committee, and are prohibited from any discussion within the Evaluation Advisory Committee of recommendations generated from the Rating & Ranking Committee.The responsibilities of the sub-committees are below:

Data Sub-Committee

* + Conduct an annual analysis including gaps of homeless systems needs and services available within the Region.
  + Monitor the effectiveness of CES

Rating & Ranking Sub-Committee

* Support of the HUD NOFA competitive process and collaborative application

***Veteran’s Consortium:*** The purpose of this group will be to continue to provide regional leadership on the issue of Veteran homelessness, review data and address challenges, and coordinate the effort to end Veteran homelessness across San Diego County. The committee aligns its work with the strategies within the United States Interagency Council on Homelessness's Federal Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness. These include identifying all Veterans experiencing homelessness, providing shelter immediately to any Veteran experiencing unsheltered homelessness who wants it, providing service-intensive transitional housing only in limited instances, building capacity to quickly move Veterans into permanent housing, and addressing Veterans who are at-risk of homelessness. The committee also coordinates efforts with the CoC's involvement and activities within the national Built for Zero initiative with Community Solutions focused on measuring an end state on Veteran homelessness across the CoC.

***Governance Advisory Committee:*** The committee evaluates and recommends changes to improve the Continuum of Care’s structure and ensure it is meeting the mission. The Governance Advisory Committee reviews Advisory Board member nominations and provides recommendations to the Advisory Board; annually reviews the Charter and provides recommendations to the Advisory Board and FM; and reviews Board policies and makes recommendations to the Advisory Board.

**4.2.6 Ad Hoc Committees:**Periodically, the Advisory Board needs to complete specific, time limited tasks in order to comply with regulatory demands or to advance its goals and objectives. At the request of the Advisory Board, a temporary Ad Hoc Committee may be formed to complete the identified task or address a specific need identified by the Advisory Board. These groups perform specific functions associated with completion of the task and are guided by and report to one of the established Continuum of Care groups which may include the Advisory Board or a Committee. As of the Spring of 2022, the following Ad-Hoc Committees have been established:

***Youth Action Board (YAB)*** was formed in 2016 and adopted into the CoC in 2019 to advise the CoC on policies related to preventing and ending youth homelessness and to ensure a continuous youth voice within the CoC to support the Youth Homelessness Demonstration Program (YHDP) and the San Diego County Coordinated Community Plan to Prevent and End Homelessness (CCP).

***Ad Hoc Committee on Addressing Homelessness Among Black San Diegans*** was formed in 2020. According to the 2020 Point-In-Time count, Black persons accounted for 21% of the unsheltered population and 30% of the sheltered population, while only accounting for 5.5% of the general population in San Diego County. The purpose of the Ad Hoc Committee is to explore the factors contributing to disparities among Black persons experiencing homelessness, listen and engage in extensive public dialogue with community stakeholders, and to develop a series of recommendations that the CoC can take to better address the impacts of systemic racism and its effects within the homeless crisis response system.

***Health and Homelessness Ad-Hoc Committee*** was formed in 2021 to address issues related to the interaction of health and homelessness and further integrate best practices among housing, social service and health providers that benefit people who are unsheltered. The Committee is specifically working on identifying mechanisms to streamline housing and care coordination, enhancing cross-sector communication and referral pathways, identifying opportunities to expand data sharing between the health and homeless systems, and identifying opportunities through CalAIM to further integrate the health and homeless community.

***Aging and Homelessness Ad-Hoc Committee*** was formed in 2021 to address the unique needs of older adults experiencing homelessness, and have focused their efforts on identifying accessible shelter options, the promotion of shallow subsidies and flexible funding opportunities, establishing regional training for homeless service providers on best practices in working with older adults, and fostering employment opportunities for those who are able to enter the workforce.

**4.2.7 Management and Operations – CoC Lead Agency MOU:**

The Designated CoC Lead Agency management and staff provide infrastructure support to the

Advisory Board, Full Membership and Committees. The CoC Lead Agency CEO is responsible

for the direct management of staff and execution of the MOU, and the Advisory Board Chair

is responsible to define, update, and sign the MOU on behalf of the Continuum of Care. The Vice Chair may fulfill any of these functions in the event that the Chair is absent or unavailable.

Examples of areas addressed in the MOU of the Management and Operations contracted responsibilities include but are not limited to:

* Provide leadership and guidance on regional homelessness issues
* Collaborative Applicant
* HMIS Lead
* CES Administration & Oversight
* Performance Monitoring and Evaluation
* Point-in-Time Count Coordination
* Full Membership Coordination
* Support to Board, Executive Officers, and Committees
* Website & Document Portal Management
* General Point-of-Contact
* Facilitate Communities of Practice, Learning Collaboratives and TA to programs
* Conduct Community Outreach & Education
* Develop Data Dashboards
* Compile and submission of all required reports for the CoC which include but are not limited to; PITC, HIC, LSA, and HUD performance measures
* Publish Written Standards
* Provide training on Evidence Based Best Practices and Emerging Promising Practices
* Function as the Point of Contact for CoC
* Serve as the State of California Administrative Entity for state funds directed to CoC
* Provide subject matter expertise of homeless policies, practices and regulations

# Appendix A: Record of Changes

The Advisory Board Governance Charter will be updated annually. The table below is used to provide the version number, the date of the version, the author/owner of the version, and a brief description of the reason for creating the revised version should any changes be made.

**Table 1: Record of Changes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version Number** | **Date** | **Author/Owner** | | **Description of Change** |
| 1.0 | 4/28/15 | | RCCC | Administrative changes |
| 2.0 | 3/28/16 | | N&S Charter Sub- Committee | New format, condensed verbiage, added by-laws, governance structure modification |
| 3.0 | 5/4/2017 | | N&S Committee | Changes to align with merging of RCCC & RTFH |
| 4.0 | 5/11/2018 | | N&S Committee | Administrative changes |
| 5.0 | 6/27/2019 | | Governance Advisory Committee | Administrative changes |
| 6.0 | 6/15/2020 | | Governance Advisory Committee | Administrative changes |
| 7.0 | 5/13/21 | | Governance Advisory Committee | Changes to align with bifurcation of the Continuum of Care Advisory Board and the CoC Lead Agency Board of Directors; increased number of people with lived experience from two to three; added Veteran’s Consortium as a Standing Committee; Administrative changes |
| 8.0 | Pending | | Governance Advisory Committee | Administrative changes, replacement of the Advisory Board Secretary with a 2nd Vice Chair (or Immediate Past Chair), and added a Person with Lived Experience and a Service Provider Representative to the Executive Committee, updated the roles of the Evaluation Advisory Committee, expansion of Ad Hoc Committee descriptions, and made adjustments to the Advisory Board seats |

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| **Acronym** | **Literal Translation** |
| **CA** | Collaborative Applicant |
| **CES** | Coordinated Entry System |
| **CDBG** | Community Development Block Grant |
| **CoC** | Continuum of Care |
| **ESG** | Emergency Solutions Grant |
| **FM** | Full Membership |
| **HEARTH** | Homeless Emergency Assistance and Rapid Transition to Housing Act |
| **HIC** | Housing Inventory Count |
| **HMIS** | Homeless Management Information System |
| **HOME** | HOME Investment Partnerships Program |
| **HOPWA** | Housing Opportunities for Persons With AIDS |
| **HUD** | U.S. Department of Housing & Urban Development |
| **IC** | Intergovernmental Council |
| **IO** | Infrastructure Organization |
| **LSA** | Longitudinal System Analysis |
| **MOU** | Memorandum of Understanding |
| **N&S** | Nominations & Selection Advisory Committee – renamed Governance Advisory Committee (2018) |
| **NOFA** | Notice of Funding Availability |
| **PITC** | Point-in-Time Count |
| **RCCC** | Regional Continuum of Care Council |
| **SPM** | System Performance Measures |
| **VA** | U.S. Department of Veterans Affairs |

**Appendix C: Glossary**

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Collaborative Applicant | The Collaborative Applicant is the entity that submits the annual CoC Consolidated Application for funding and is charged with collecting and combining the application information from all applicants for all projects within the RTFH's geographic area. |
| Collective Impact | Commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communications, and mutually reinforcing activities among all participants. |
| Community Development Block Grant (CDBG) | CDBG, one of the longest-running programs of the U.S. Department of Housing and Urban Development, funds local community development activities such as affordable housing, anti-poverty programs, and infrastructure development. |
| Consolidated Plan | The Consolidated Plan is designed to help states and local jurisdictions to assess their affordable housing and community development needs and market conditions, and to make data- driven, place-based investment decisions. The consolidated planning process serves as the framework for a community- wide dialogue to identify housing and community development priorities that align and focus funding from the CPD formula block grant programs: CDBG, HOME, ESG, and HOPWA. The Consolidated Plan is carried out through Annual Action Plans, which provide a concise summary of the actions, activities, and the specific federal and non-federal resources that will be used each year to address the priority needs and specific goals identified by the Consolidated Plan. Grantees report on accomplishments and progress toward Consolidated Plan goals in the Consolidated Annual Performance and Evaluation Report (CAPER). |
| Continuum of Care (CoC) | A CoC is a regional or local planning body that coordinates housing and services funding for homeless families and individuals. |
| Continuum of Care  Advisory Board | The CoC Advisory Board is a cross-sector stakeholder group established to develop strategic policy as well as coordinate resources needed to effectively address homelessness. |
| Continuum of Care Lead Agency | The CoC Lead Agency is responsible for operationalizing the requirements identified through HUD, and is currently fulfilled by the Regional Task Force on the Homeless. |

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Continuum of Care Member | CoC members can be an individual, agency and/or department within a political subdivision who are concerned with and/or providing services to the various homeless sub- populations furthering the direction of the CoC. An agency and/or department with more than one individual representing that organization will be recognized as one member. |
| Continuum of Care Individual Member | CoC individual membership is designed for those interested in and committed to ending homelessness, including consumers, students, educators, San Diego residents, and others. Individuals who care about the quality of services provided to persons experiencing homelessness, who want to ensure they are meeting their needs to the greatest extent possible are individual CoC members. |
| Continuum of Care Organizational Member | CoC Organizational Membership is open to organizations, corporations and agencies interested in supporting the CoC’s commitment to ending homelessness. |
| Coordinated Entry System (CES) | CES is a system designed to coordinate program participant intake, assessment, and provision of referrals for housing placement. The system covers the Region, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. |
| Emergency Solutions Grant (ESG) | The ESG program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families/individuals from becoming homeless. |
| Geo Code Area | A particular geographic location identified with a six-digit number by HUD and used for annual allocation of funds. The characterization is based on population statistics such as the average age or income of its inhabitants. |
| Geographic Boundaries | Includes all geography within the County of San Diego, including (un)incorporated cities and areas. |
| Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 | On May 20, 2009, President Obama signed the HEARTH Act of 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including a consolidation of HUD's competitive grant programs. |
| HOME Investment Partnerships Program (HOME) | HOME is a type of United States federal assistance provided by HUD to States in order to provide decent and affordable housing, particularly housing for low- and very low-income Americans. |
| Homeless Management Information System (HMIS) | HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. |
| Homeless Management Information System (HMIS) Lead | Entity designated by the CoC in accordance with HEARTH to operate HMIS. |

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Housing Opportunities for Persons with AIDS (HOPWA) | To help take care of the housing needs of low-income people who are living with HIV/AIDS and their families. |
| Housing Authority | A housing authority is generally a governmental body that governs some aspect of a region’s housing, often providing low rent or free apartments to qualified residents. |
| Housing First | Housing First is a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. |
| Memorandum of Understanding (MOU) | An MOU is a formal agreement between two or more parties. Companies and organizations can use MOUs to establish official partnerships. MOUs are not legally binding but they carry a degree of seriousness and mutual respect. |
| Permanent Supportive Housing (PSH) | PSH is a program that helps eligible people find a permanent home and also get local mental health services but only if and when they need that help. |
| Point-in-Time Count (PITC) | The PITC is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that CoCs conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night and unsheltered at least biennially. |
| Prevention Programs | Homeless Prevention Programs provide rental assistance, utility assistance and supportive services directly related to the prevention of homelessness to eligible individuals and families who are in danger of eviction, foreclosure or homelessness. |
| Rapid Re-Housing (RRH) | RRH is an intervention, informed by a Housing First approach that is a critical part of a community’s effective homeless crisis response system. It quickly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. |
| Recipient | An eligible entity that signs a grant agreement for a specified funding source. |
| Sub-population (homeless) | For the purpose of the Charter, sub-populations are referring to categories of individuals with related, yet distinct, needs that can be addressed through a CoC. Representation of sub- populations as required by HEARTH must be reflected on the Board. |
| Sub-recipient | Eligible entity that receives a sub-grant from the recipient to carry-out a project. |
| U.S. Department of Housing & Urban Development (HUD) | A U.S. Government agency created in 1965 to support community development and increase home ownership. |
| U.S. Department of Veterans Affairs (VA) | The VA is a government-run military veteran benefit system with Cabinet-level status. |

# Appendix D: Referenced Documents

This table summarizes the relationship of the Charter to other relevant documents. Identifying information for all documents used to arrive at and/or referenced within this document are provided (e.g., related and/or companion documents, prerequisite documents, relevant technical documentation, etc.).

**Table 4: Referenced Documents**

|  |  |  |
| --- | --- | --- |
| **Document Name** | **Document Location and/or URL** | **Issuance** |
| Continuum of Care Duties | <https://files.hudexchange.info/resources/documents/CoC-Duties-Establishing-and-Operating-a-CoC-Slides.pdf> | NA |
| ESG Guide | <https://www.hudexchange.info/resource/5740/homelessness-programs-toolkit-for-state-esg-recipients/> | August 2018 |
| HEARTH Act | <https://www.hudexchange.info/resource/1717/s-896-hearth-act/> | May 2009 |
| HUD Interim Rule | <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/> | July 2012 |
| Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System | <https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/> | January 2017 |

**Appendix E:**

**Appendix E:**

**CoC Advisory Board Organizational Chart**

**CoC Advisory Board**

**Standing Committees**

Ad Hoc Committee to Address Homelessness Among Black San Diegans

Aging and Homelessness Ad Hoc Committee

Health and Homelessness Ad Hoc Committee

Youth Advisory Board

Governance Advisory Committee

Evaluation Advisory Committee

Veteran’s Consortium

**CoC Ad Hoc Committees**

**Executive Committee**

**Appendix F: Continuum of Care Advisory Board Structure**







**Appendix F:**

**Continuum of Care Advisory Board Structure**

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| **Populations Experiencing Homelessness Represented through the**  **Continuum of Care Advisory Board** | | |
| Black, Indigenous and People of Color ∞ Unaccompanied Youth and Transitional Aged Youth∞ Older Adults ∞ Veterans ∞ Chronically Homeless ∞ LGBTQ+ Populations ∞ People Impacted by the Justice System ∞ Families with Children ∞ Unaccompanied Women ∞ People Fleeing Domestic Violence, Human Trafficking and/or Sexual Assault ∞ People with Substance Use Disorders and/or People with a Mental Illness ∞ People with HIV/AIDS and/or Other Chronic Health Conditions | | |
| **Sector Representation** | | **Representative’s Role** |
| **APPOINTED SEATS** | | |
|  | County of San Diego Board of Supervisors | Coordinate County efforts with those of the overall Continuum of Care. |
| San Diego City Councilmember | Coordinate City of San Diego efforts with those of the overall Continuum of Care. |
| County Health and Human Services Agency | Coordinate efforts of all health and human services providers. |
| Public Housing Authority:  County of San Diego Department of Housing & Community Development | Coordinate efforts across all public housing authorities within the Region. |
| Public Housing Authority:  San Diego Housing Commission |
| CDBG Consolidated Plan Jurisdiction | Coordinate efforts across the Jurisdictions represented through CDBG Consolidated Plans. |
| U.S. Department of Veterans Affairs | Coordinate efforts of all homeless Veterans providers. |
| San Diego Workforce Partnership | Coordinate efforts of all employment agencies and workforce development services providers. |
| CoC Lead Agency CEO or designee (ex-officio member) | Implement the MOU agreement with the Advisory Board as the CoC Lead Agency and supporting all CoC directives. |
| **COMMUNITY STAKEHOLDER SEATS** | | |
| Community Stakeholders | Homeless / Formerly Homeless (2) | Represent people who are currently or formerly experiencing homelessness. |
| Homeless Service Providers: General, Central, East, North Coastal, North Inland, and South Regions (6) | Coordinate efforts with all service providers in the designated region. |

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| **Sector Representation** | | **Representative’s Role** |
|  | **FLEXIBLE COMMUNITY STAKEHOLDER SEATS**  **There are 14 flexible seats, however preference is given for representation from the following sectors identified below** | |
| Affordable Housing Developer | Represent regional efforts to expand the availability of affordable housing |
| Education | Coordinate efforts with all education organizations. |
| Health | Coordinate efforts with health and behavioral health providers. |
| Law Enforcement | Coordinate efforts with all other public law enforcement agencies within the Region. |
|  | Justice | Coordinate efforts across the criminal legal system, including community supervision |
|  | Business | Coordinate efforts with business organizations throughout the region. Preference given to affordable housing developers. |
| Funder | Represent opportunities to leverage funding to support the homeless crisis response system. |
| Faith Community | Coordinate efforts of all faith-based organizations. |
| Homeless Advocate | Represent the needs of individuals and families experiencing homelessness and advocate on their behalf. |
|  | Technology/Communication | Coordinate regional efforts to integrate information and streamline communication to assist people who are homeless |

**Appendix F:**

**Continuum of Care Advisory Board Structure**

(continued)

**Appendix G: Continuum of Care Roles & Responsibilities**

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| **Responsibility** | **Required Activity** | **Responsible Stakeholder(s):** |
| **Operate the Continuum of Care** | Hold meetings of the FM, with published agendas, at least twice per year. One meeting will be the Annual Meeting. | CoC Lead Agency Staff |
| Publicly invite new members to join within the geographic area at least annually. Ensure an updated membership roster is maintained. | Advisory Board  CoC Lead Agency Staff |
| Adopt and follow a written process to select an Advisory Board and its members to act on behalf of Continuum of Care. The process must be reviewed, updated, and approved by the Board and FM at least once every 5 years. | Advisory Board Full Membership  Governance Advisory Committee  CoC Lead Agency Staff |
| Appoint additional committees, subcommittees, or workgroups. | Advisory Board |
| Participate in Committees, additional committees, subcommittees, or workgroups. | Advisory Board Full Membership  CoC Lead Agency Staff |
| Develop, follow, and update annually a Charter, which will comply with HEARTH and all other applicable regulations. | Advisory Board Full Membership  Governance Advisory Committee  CoC Lead Agency Staff |
| Establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers. This includes ESG and CoC funded programs. | Advisory Board  CoC Lead Agency Staff |
| Establish and operate a CES system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. | Advisory Board |
|  | Establish Community Standards for providing homeless assistance inclusive of CoC and ESG programs. | Advisory Board Evaluation Advisory Committee  CoC Lead Agency Staff |
| Designate a single HMIS for the Region. | Advisory Board  CoC Lead Agency Staff |
| Direct and evaluate performance of MOU with CoC Lead Agency. | Advisory Board |
| Provide support to the Board, Executive Officers, and Committees. In addition, manage the Website & Document Portal and serve as the Continuum of Care’s general Point of Contact as directed by the Advisory Board. Conduct community outreach and engagement as appropriate. | CoC Lead Agency Staff |

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|  | Review Continuum of Care activities and act on behalf of the Advisory Board as designated by the Advisory Board. | Executive Committee |
| Designating and operating an HMIS | Designate an eligible agency to manage the Continuum of Care’s HMIS, which will be known as the HMIS Lead. | Advisory Board |
| Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS. | CoC Lead Agency Staff Evaluation Advisory Committee |
| Ensure consistent participation of recipients and sub-recipients in the HMIS. | CoC Lead Agency Staff |
| Ensure the HMIS is administered in compliance with requirements prescribed by HUD. | CoC Lead Agency Staff Evaluation Advisory Committee |
| Continuum of Care planning | Coordinate the implementation of a housing and service system within the Region that meets the needs of homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:   * Outreach, engagement, and assessment; * Shelter, housing, and supportive services; and * Prevention strategies. | Advisory Board  CoC Lead Agency Staff |
| Planning for and conducting, at least biennially, a PITC of homeless persons within the Region. | CoC Lead Agency Staff |
|  | Establish plans for ending homelessness in the Region. | Advisory Board  CoC Lead Agency Staff |
|  | Conduct an annual analysis including gaps of homeless systems needs and services available within the Region. | Evaluation Advisory Committee  CoC Lead Agency Staff |
|  | Provide information required to complete the Consolidated Plan(s) within the Region. | CoC Lead Agency Staff |
|  | Consult with ESG program recipients within the Region on the plan for allocating ESG funds | CoC Lead Agency Staff |
|  | Identify and apply for competitive homeless-related federal, state, and local grants, as appropriate. | Advisory Board  CoC Lead Agency Staff |
|  | Facilitate Learning Collaboratives to help assure the use of evidence-based programs and other innovations with fidelity and benefit to consumers. | FM  CoC Lead Agency Staff |
|  | Issue annual report of homelessness in the region. | Advisory Board  CoC Lead Agency Staff |
|  | Develop, as appropriate, and review solicitation responses for the RTFH and provide recommendations to the Board. | RTFH Staff |
|  | Actively engage with RTFH stakeholders. | Advisory Board RTFH Staff |

# Appendix H: Approvals

The undersigned acknowledge they have reviewed the Charter and agree with the information presented within this document. Changes to this Charter will be coordinated with, and approved by, the undersigned, or their designated representatives.

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| Signature: | Date: |
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