



SAN DIEGO
Regional Task Force
on the Homeless

San Diego Continuum of Care Advisory Board

Governance Charter

Operational Responsibilities and Authorities

Version 7.0

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1. 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.¹ 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, 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 and families who are homeless, which minimizes the trauma and dislocation caused by homelessness;
- Promoting access to and effective use of mainstream programs and resources; and
- Optimizing self-sufficiency among individuals and families experiencing homelessness.³

2. Overview

Until 2017, the Regional Continuum of Care Council (RCCC) was an unincorporated association as defined under Section 18035 of the California Corporations Code. In 2017, the RCCC merged into and transferred its functions to the Regional Task Force on the Homeless, Inc. (RTFH). The RTFH subsequently outgrew this structure and its dual roles as both a nonprofit and a CoC meeting HUD's requirements, and reverted to its former structure as an unincorporated association in October 2020, under the name of the Continuum of Care Advisory Board.

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

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.⁴ An organizational chart of the CoC Advisory Board may be found in Appendix E.

2.1 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.

2.2 Geographic Boundaries

The Continuum of Care includes the total geography within the County of San Diego, including all (un)incorporated cities and areas. 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.

2.3 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.

3. Assumptions/Constraints/Risks

3.1 Assumptions

For the purpose of this Charter, the Advisory Board is returning to its pre-2017 structure.

3.2 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.

3.3 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.

4. Purpose & Responsibilities

4.1 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 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;⁵
- 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

⁵ West Virginia Balance of State Governance Charter.

⁶ HUD identifies three major areas of responsibility for a CoC: operating a CoC; designing and operating a Homeless Management Information System, conducting a bi-annual Point in Time Count, operating a Coordinated Entry System, and ensuring CoC planning.

4.2 Roles & Responsibilities

The Continuum of Care is, at minimum, responsible for all duties assigned by HUD under the CoC Program.⁶ 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.

4.2.1 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.

4.2.2 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 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.

4.2.3 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 **Secretary** shall keep, or cause to be kept, at the principal office or such other place as the Advisory Board may order, a book of minutes of all meetings of the Board and its committees, with the time and place of holding, whether regular or special, and if special, how authorized, the notice thereof given, the names of those present and absent, and the proceedings thereof. The Secretary shall keep the Charter, as amended to date, and a register showing the names of all Advisory Board members and their respective contact information. The Secretary shall notice all meetings of the Board and any committees thereof required by this Charter, and shall distribute the minutes of meetings of the Board to all Directors promptly after the meetings. The Secretary shall see that all reports, statements and other documents required by the Charter and the Continuum of Care are properly kept or filed. In general, the Secretary shall have such other powers and perform such other duties as may be prescribed from time to time by the Board.

The Advisory Board's Executive 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.

4.2.4 Advisory Board Executive Committee

The Executive Committee provides a mechanism for Advisory Board leaders (Chair, Vice Chair, Secretary, Chairs of Standing Committees, and the CoC Lead Agency CEO as an Ex officio member) 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
 - Affect the budget and require immediate action.
- Evaluate and make recommendations on financial policies, goals, and budgets.
- 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.

4.2.5 Advisory Board Committees

The Advisory Board established Committees to provide advice on its primary activities, key issues or community initiatives. The following Committees are established as Standing Committees incorporating members of the FM and may only be disbanded by a change to the Charter.

Each committee shall include two (2) or more Advisory Board members, and may include non-Board members. Appointments to committees of the Advisory Board shall be approved or designated by the Advisory Board Chair. Annually, each committee will elect a Committee Chair to facilitate committee meetings and shall exercise and perform such other powers and duties as the 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. Committee's are authorized to complete activities as designated in the Charter and those that are requested by the Advisory Board, except no committee may:

- Fill vacancies on the Board or any committee of the Board;
- Amend or repeal the Charter or adopt a new Charter;
- Create any other committees of the Board or appoint the members of committees of the Board.

The Committees are as follows:

Evaluation Advisory Committee: Responsible for monitoring, evaluating and recommending improvements to enhance the Continuum of Care (CoC) and Member Organization performance. Agencies receiving CoC funding are unable to participate in the annual rating and ranking process for HUD CoC funds.

The Evaluation Advisory Committee is responsible for advising on the Homeless system of care which includes;

- CES regional support and effectiveness
- HMIS data system and/or other relevant data and systems
- Support of the HUD NOFA competitive process and collaborative application
- Regional Homeless System performance measures and metrics
- Review of Longitudinal System Analysis (LSA), Stella Performance Measures (SPM), Point in Time Count (PITC) and Housing Inventory Count (HIC)
- Review of HUD CoC and ESG program monitoring and grievances of any corrective action or final funding recommendations of any competitive process the Advisory Board may be party to; and
- Make recommendations to the Advisory Board for changes in CES or HMIS systems that require Advisory Board and/or FM approval

- Report out to the Advisory Board at least annually
- Create a strategic annual plan with the CoC Lead Agency staff to calendar activities and areas of focus for the committee.

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 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.

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. For example, the Youth Action Board (YAB) was formed in 2016 and ensures that the Youth Housing Demonstration Program (YHDP) and the San Diego Coordinated Community Plan (CCP) to Prevent and End Youth Homelessness have a continuous youth voice at the CoC.

4.2.6 Intergovernmental Council

In order to engage key government representatives in the effort to end homelessness, the Advisory Board formed an Intergovernmental Council (IC). The purpose of the IC is to promote and coordinate local government activities to assist homeless persons. The IC consists of current public officials representing various levels of government such as cities, county, state, and federal. The positions of Chairperson and Vice Chairperson are elected and rotate among the represented agencies on an annual basis.

The **IC** has various duties, including:

- Fill the two Elected Official seats on the Board;
- Meet regularly and serve in an advisory role to the Advisory Board; and
- Review local activities and programs assisting people experiencing homelessness to ensure alignment with Continuum of Care policy and plans such as CES participation.

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	10/01/2020	Governance Advisory Committee	Changes to align with bifurcation of the Continuum of Care Advisory Board and the CoC Lead Agency Board of Directors; Administrative changes

Appendix B: Acronyms

Table 2: 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

Table 3: 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

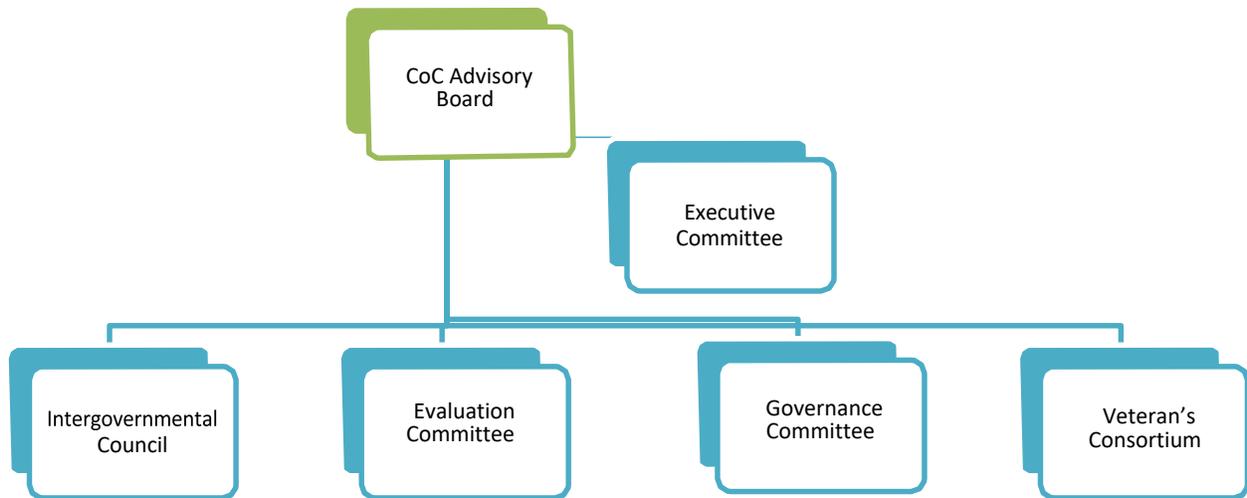
This table summarizes the relationship of the Charter to other relevant documents. Identifying information for all documents used to arrive at and/or referenced within this document are provided (e.g., related and/or companion documents, prerequisite documents, relevant technical documentation, etc.).

Table 4: Referenced Documents

Document Name	Document Location and/or URL	Issuance
Alameda County CoC/ EveryOne Home Governance Charter	http://everyonehome.org/wp-content/uploads/2016/02/CoCs-Governance-Charter.pdf	June 2015
Continuum of Care Duties	https://www.hudexchange.info/resources/documents/CoC-Duties-Establishing-and-Operating-a-CoC-Slides.pdf	NA
ESG Guide	TBD	TBD
HEARTH Act	https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf	May 2009
HUD Interim Rule	https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf	August 2012
Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System	https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf	January 2017
Southern Nevada Homelessness CoC Governance Structure	http://www.helphopehome.org/	August 2014
West Virginia Balance of State CoC Charter	Drop Box (will update with URL once finalized)	October 2015

Appendix E: Organizational Chart

Table 5: Continuum of Care Advisory Board Organizational Chart



Appendix F: Continuum of Care Advisory Board Structure

Table 6: Continuum of Care Advisory Board Structure

Board Structure		Sub-Population Representation	Organizational Representative
<i>Appointed Seats</i>	County Health and Human Services Agency	Homeless Families with children Unaccompanied youth (UY) Seniors Veterans Chronic homeless Substance abuse Co-Occurring Disorders Victims of domestic violence Seriously mentally ill Transition Age Youth (TAY) HIV/AIDS Human trafficking Unaccompanied women	Charged with coordinating efforts of all health and human services providers.
	CoC Lead Agency CEO or designee (ex-officio member)		Charged with executing the MOU agreement with the Advisory Board as the CoC Lead Agency and supporting all CoC directives
	Public Housing Authority: County of San Diego Department of Housing and Community Development		Charged with coordinating efforts with all other public housing authorities within the Region.
	Public Housing Authority: San Diego Housing Commission		
	San Diego Workforce Partnership		Charged with coordinating efforts of all employment agencies and workforce development services providers.
	U.S. Department of Veterans Affairs		Charged with coordinating efforts of all homeless Veterans providers.
<i>Community Stakeholders</i>	Homeless / Formerly Homeless	Charged with representing all homeless individuals or formerly homeless individuals.	
	Homeless Service Provider – General, Central, East, North Coastal, North Inland, and South Bay Regions (6)	Charged with coordinating efforts with all service providers in the designated region. Preference given to emerging needs and regions under the General Homeless Service Provider seat.	
	Education	Charged with coordinating efforts with all education organizations.	
	Health (3)	Charged with coordinating efforts with health and behavioral health providers, Preference for at least one seat given to consumers/individuals with lived experience.	

	Law Enforcement / Justice System		Charged with coordinating efforts with all other public law enforcement agencies within the Region.
	Business (3)		Charged with coordinating efforts with all business organizations. Preference given to affordable housing developers.
	Elected Official (2)		Charged with coordinating efforts with all jurisdictions within the Region.
	Funder (2)		Charged with coordinating efforts of philanthropy.
	Faith Community		Charged with coordinating efforts of all faith-based organizations.
	Technology Business		Charged with coordinating efforts of all technology organizations.
	Homeless Advocate		Charged with advocating on behalf of persons experiencing homelessness.
	Flexible (4)		Charged with coordinating efforts in their sectors. Preference given to consumers/individuals with lived experience.

Appendix G: Continuum of Care Roles & Responsibilities

Table 6: Continuum of Care Roles & Responsibilities

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 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 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 Evaluation Advisory Committee 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 Evaluation Advisory Committee
	Establish and consistently follow written standards and policies 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

	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: <ul style="list-style-type: none"> • Outreach, engagement, and assessment; • Shelter, housing, and supportive services; and • Prevention strategies. 	Advisory Board Evaluation Advisory Committee 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 as well as reporting on and evaluating the performance of ESG program recipients and sub-recipients.	Evaluation Advisory Committee 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.	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.

Signature: _____ Date:

Print Name: _____

Title: _____

Role: _____

Signature: _____ Date:

Print Name: _____

Title: _____

Role: _____

Signature: _____ Date:

Print Name: _____

Title: _____

Role: _____