

Maricopa Association of Governments Continuum of Care

Governance Charter and Operating Policies

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Maricopa Association of Governments (MAG) Continuum of Care

Governance Charter and Operating Policies

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MAG Continuum of Care Regional Committee on Homelessness

Purpose of Charter

This Charter identifies the goals, purpose, composition, responsibilities and governance structure of the Maricopa Association of Governments (MAG) Continuum of Care.

Collaborative Applicant

MAG is the Collaborative Applicant for the Continuum of Care in the Maricopa County region. MAG is a Council of Governments that serves as the regional agency for the metropolitan Phoenix area. When MAG was formed in 1967, the elected officials recognized the need for long-range planning and policy development on a regional scale. They realized that many issues such as human services affected residents beyond the borders of their individual jurisdictions.

MAG was founded in the spirit of cooperation. MAG members believe that by uniting, they can solve common problems, take an active role in long-range regional issues and address concerns that affect all of the communities. MAG became the lead agency for the Continuum of Care in 1999 as a regional approach was needed to address the complex and widespread nature of homelessness in the region. MAG provides staffing for the Continuum of Care as well as agency-wide support in data, resources, and tools.

Goals

The mission of the MAG Continuum of Care, as defined in the HEARTH Act Interim Rule, is to promote communitywide goals to end homelessness; provide funding to quickly rehouse homeless individuals (including unaccompanied youth) and families while minimizing trauma and dislocation to those persons; promote access to, and effective utilization of, mainstream programs; and optimize self-sufficiency among individual and families experiencing homelessness. The program is composed of transitional housing, permanent supportive housing for disabled persons, permanent housing, supportive services, and HMIS.

Purpose of the Continuum of Care

The purpose of the Continuum of Care, as defined in the HEARTH Act Interim Rule, is to “promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.”

Duties of the Continuum of Care

The three major duties of a Continuum of Care, as defined in the HEARTH Act Interim Rule, are to: “(1) operate the Continuum of Care, (2) designate an HMIS for the Continuum of Care, and (3) plan for the Continuum of Care. The U.S. Department of Housing and Urban Development (HUD) has delineated certain operational requirements of each Continuum to help measure a Continuum’s overall performance at reducing homelessness, in addition to tracking of performance on a project-by-project basis. In addition, each Continuum is responsible for establishing and operating a centralized or coordinated assessment system that will provide a comprehensive assessment of the needs of individuals and families for housing and services. HUD has also defined the minimum planning requirements for a Continuum so that it coordinated and implements a system that meets the needs of the homeless population within its geographic area. Continuums are also responsible for preparing and overseeing an application for funds. Continuum will have to establish the funding priorities for its geographic area when submitting an application.”

Responsibilities of the Continuum of Care (CoC)

The CoC primary responsibilities under the HEARTH Act include the following:

- Operating the CoC
- Designating and operating an HMIS
- CoC planning

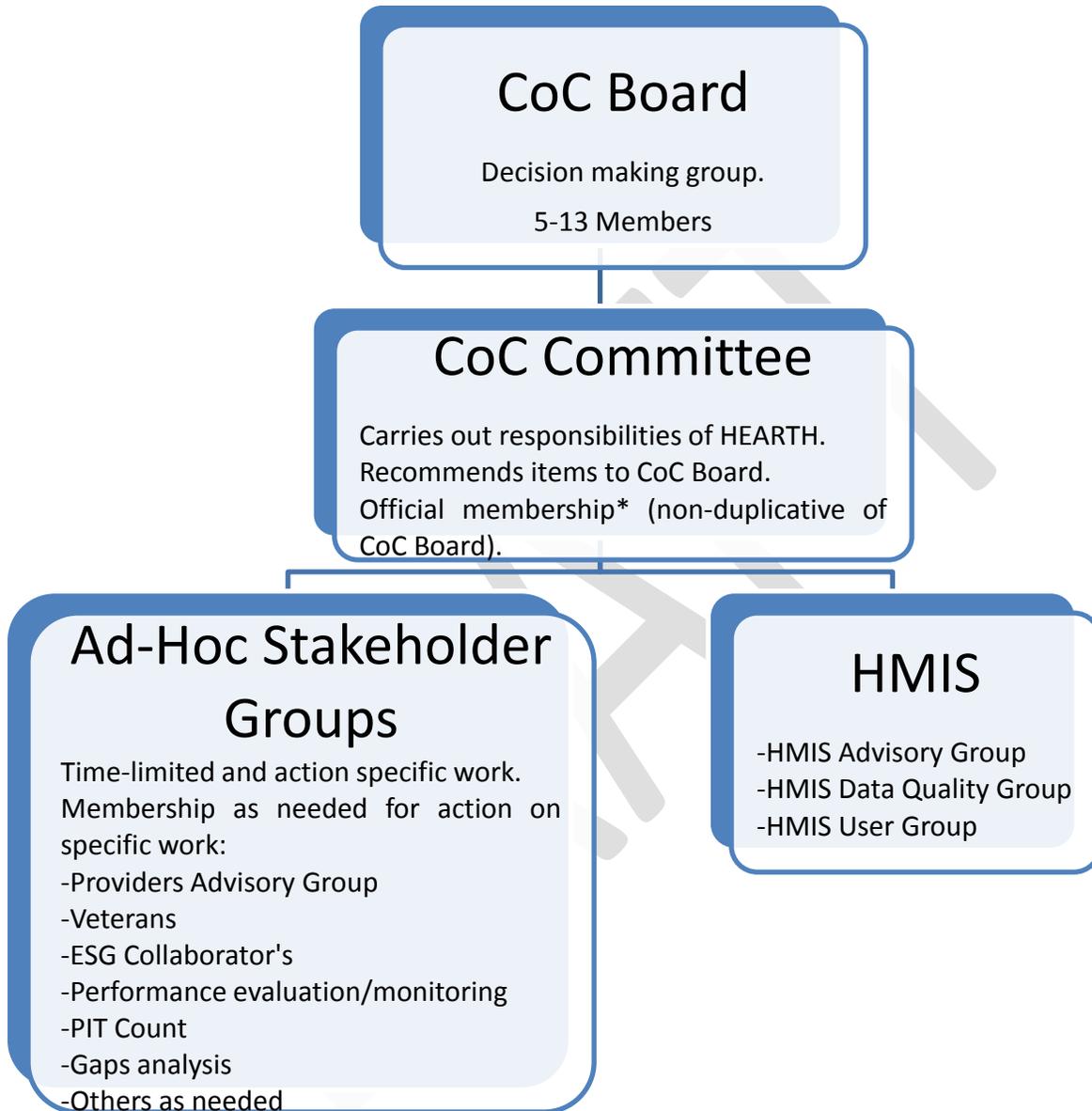
| Operations: Activities governed by the Continuum of Care Board and carried out by Ad Hoc Working Groups as needed | HMIS: Activities governed by the Continuum of Care Board and carried out by the HMIS Lead Agency | Planning: Activities completed by the Continuum of Care Regional Committee on Homelessness and Ad Hoc Working groups as needed |
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| <ul style="list-style-type: none"> • Hold meetings • Annual invitation to new members • Adopt and follow a written process • Appoint Committee, Subcommittee and Working Groups as needed • Adopt and follow a Governance Charter • Establish and monitor | <ul style="list-style-type: none"> • Designate HMIS • Review, revise, approve privacy, security, and data quality plans • Ensure participation of recipients and sub-recipients in HMIS • Ensure HMIS is in compliance with HUD regulations | <ul style="list-style-type: none"> • Coordinate and operate housing and services system • Conduct PIT Homeless Count • Gaps of needs and services • Provide information for consolidated plans • Consult with ESG recipients on allocating ESG |

| | | |
|---|--|--|
| <p>performance targets and take action on poor performers</p> <ul style="list-style-type: none">• Monitor performance and outcomes of ESG and CoC programs and report to HUD• Establish and operate a Coordinated Assessment system• Establish standards for CoC funding, assist with and consult with ESG recipients | | <p>funding and performance of programs</p> |
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CoC Governance Structure

The Continuum of Care Regional Committee on Homelessness approved the following CoC governance structure on March 18, 2013. The charter and governance structure will be reviewed on an annual basis and updated as necessary.



*Needs to include at least one representative from each of the categories listed in the Continuum of Care membership defined by HUD (refer to Continuum of Care membership below).

Membership Composition Continuum of Care Board

The CoC Board membership will be developed and implemented in compliance with HUD requirements, as defined in the HEARTH Continuum of Care Program Interim Rule released on July 14, 2012. The process for developing the membership of the Continuum of Care will take place in three phases. The first phase is defining the membership categories and the number of seats for each category. The second phase will be recruitment and selection of the members for each CoC Board seat. Phase three will be on-going analysis of membership.

The CoC Board will review its membership in accordance with HUD regulations and make adjustments as needed to comply with federal and local policies. Changes can be made to the composition of the CoC Board membership if determined necessary to comply with HUD regulations or to meet the goals of the Continuum of Care. The CoC Board will meet regularly and will act as the decision-making group on behalf of the Continuum of Care. The Continuum of Care Committee will make recommendations to the CoC Board for approval.

Membership of the CoC Board will follow the agency within the category below, rather than the individual. The process to select the CoC Board membership will be transparent, inclusive, and democratic in nature. Up to thirteen members will serve on the CoC Board. The CoC Board member selection process will include consideration of geographic balance, representation of homeless subpopulations, and knowledge of the issues pertaining to the Continuum of Care and/or persons experiencing homelessness in the region. Homeless subpopulations to be represented by one or multiple agency (ies) include:

- a) Single individuals
- b) Families with children
- c) Veterans
- d) Persons who are chronically homeless
- e) Persons with HIV/AIDS
- f) Unaccompanied youth
- g) Persons with behavioral health issues
- h) Persons who are victims of domestic violence

CoC Board Categories

| Category | Number of Seats (Maximum) |
|---------------------------------------|---------------------------|
| Formerly Homeless Representative | 1 |
| ESG Recipient's Agency Representative | 1 |
| Continuum of Care Chair | 1 |
| Policy/Advocacy Representative | 3 |
| CoC Funded Provider Representative | 3 |
| Funder | 2 |
| Community Seat | 2 |

Definition of CoC Board Categories:

Formerly Homeless Representative – An individual who was at one point homeless.

Emergency Solutions Grants (ESG) Program Recipient's Agency Representative – HUD defines ESG recipients as state governments, metropolitan cities, urban counties, and U.S. territories that receive ESG funds from HUD and make these funds available to eligible sub recipients, which can be either local government agencies or private nonprofit organizations.

Continuum of Care Chair – The MAG Executive Committee appointed Chair of the Continuum of Care.

Policy/Advocacy Representative – Individual(s) who represent a state agency, advocacy or policy-making group, member of the MAG Regional Domestic Violence Council, or other local policy/advocacy group recommended by the Continuum of Care.

CoC-Funded Provider Representative – An agency that operates a Continuum of Care Program funded homeless assistance program.

Funder – A local agency that funds homeless services and housing programs in Maricopa County. This could include a philanthropic funder, a municipality, United Way, or other funder recommended by the Continuum of Care.

Community Seat – Individual(s) who represent the public housing authorities, businesses, faith-based organizations, jails, hospitals, universities, or other community seat as recommended by the Continuum of Care.

CoC Board Member Selection Process

The Continuum of Care Regional Committee on Homelessness will accept nominations from individuals interested in serving on the CoC Board. The Continuum of Care Regional Committee will review the nominations, vote for members via electronic survey, and make recommendations to the MAG Regional Council Chair for approval. If nominations are not received for each CoC Board Category, the Continuum of Care Chair and Vice Chair will recruit members to serve representing those positions.

Selecting CoC Board members and a review of the process for selecting CoC Board members will occur at least every five years.

The Continuum of Care will have a CoC Board, Continuum of Care Committee, Ad Hoc Stakeholder Groups, and HMIS Groups established to accomplish the responsibilities of the Continuum of Care, as defined in the HEARTH Act Interim Rule.

Planned Meetings of Continuum of Care Board

The Continuum of Care Board is expected to meet quarterly in January, April, July, and October of each year, under open meeting law. The Continuum of Care Board will follow open meeting rules and MAG staff will give notice of each meeting at least 24 hours prior to the holding of such meeting. Meeting agendas and materials will be posted on MAG's website.

Conflict of Interest

A CoC Board member must disclose personal, professional, and business relationships when making decisions and taking action on items. If there is a conflict of interest, the member must recuse herself or himself from voting on or taking action on that item.

Continuum of Care Regional Committee on Homelessness Membership (defined by HUD Regulations)

The following categories will be represented on the Continuum of Care Regional Committee on Homelessness:

| Category | Number of Seats (Minimum) |
|---|---------------------------|
| Nonprofit homeless assistance providers | 1 |
| Victim service providers | 1 |
| Faith-based organizations | 1 |
| Governments | 1 |
| Businesses | 1 |
| Advocates | 1 |
| Public housing agencies | 1 |
| School districts | 1 |
| Social service providers | 1 |
| Mental health agencies | 1 |
| Hospitals | 1 |
| Universities | 1 |
| Affordable housing developers | 1 |
| Law enforcement | 1 |
| Organizations that serve veterans | 1 |
| Homeless and/or formerly homeless individuals | 1 |

The Continuum of Care Board, Continuum of Care Regional Committee on Homelessness, or designated Workgroups will be responsible for completing the Continuum of Care responsibilities, as defined in the HEARTH Act. (Defined under the "Responsibilities of the Continuum of Care" section.)

Planned Meetings of Continuum of Care Regional Committee on Homelessness

The Continuum of Care Regional Committee on Homelessness is expected to meet bi-monthly in January, March, May, July, September, and November of each year, under open meeting law. The Continuum of Care Regional Committee on Homelessness will follow open meeting rules and MAG staff will give notice of each meeting at least 24 hours prior to the holding of such meeting and posting the meeting agenda and materials on MAG's website.

Ad Hoc Stakeholder Groups

The Continuum of Care may establish Ad Hoc Stakeholder Groups or working groups as the committee deems necessary. These groups can be ongoing or time limited and will meet as needed to accomplish the work defined by the Continuum of Care. Ad Hoc Stakeholder Groups include, but are not limited to:

- Veteran's Working Group
- Coordinated Assessment Work Group
- Coordinated Assessment Planning
- Permanent Housing Work Group
- HEART Planning/HEART Training/HEART Data
- ESG Collaborators
- Ranking and Review Performance Evaluation
- Point-in-Time Count Planning
- Gaps Analysis
- Street Outreach

Planned Meetings of Ad Hoc Stakeholder Groups

Ad Hoc Stakeholder Groups will meet on-going or as needed as deemed necessary by the Continuum of Care.

Meeting Minutes

Proceedings of the CoC Board meetings and the Continuum of Care Regional Committee on Homelessness are documented in minutes and posted on the Maricopa Association of Governments website at www.azmag.gov.

Quorum

The Continuum of Care Board and the Continuum of Care Regional Committee on Homelessness will operate under open meeting law quorum rules. A number equal to a majority of the representatives serving on the Continuum of Care Board and the Continuum of Care Regional Committee on Homelessness shall constitute a quorum for the purpose of taking

action on any business at a meeting. Action cannot be taken on any item if there is no quorum present and voting will not occur in such case.

Review of Charter

The CoC Board will review this charter annually to ensure it remains consistent with the objectives and responsibilities of the CoC in accordance with the HEARTH Act and HUD regulations.

Annual Continuum of Care Program Application

The Continuum of Care Collaborative Applicant (Maricopa Association of Governments) will design, operate, and follow a collaborative process for the development of applications and approval of the submission of applications to the U.S. Department of Housing and Urban Development. The Continuum of Care Board will establish priorities for funding projects.

Homeless Management Information System (HMIS)

The Continuum of Care is responsible for designating and operating an HMIS and an eligible applicant to manage the HMIS, consistent with the requirements in the HEARTH Act. The HMIS Lead is the eligible applicant designated by the Continuum of Care to carry out the day to day operations of the HMIS. The Continuum of Care designated Community Information and Referral (CI&R) as the lead agency for the HMIS in 2002.

CI&R will maintain the community's HMIS in compliance with HUD standards and coordinate all related activities including training, maintenance and technical assistance to agencies. Annually, the Continuum of Care will conduct an HMIS survey to assess the effectiveness of the HMIS and provide the results of that survey to the Continuum of Care Board.

Groups of the HMIS will include:

- HMIS Advisory Group
- HMIS Data Quality Group
- HMIS User Group

Point-in-Time Count

Consistent with HUD requirements, an annual Point-in-Time (PIT) count will be conducted. Participation in the PIT Count Working Group will be open to all interested. The Continuum of Care Board will approve the results of the annual PIT count and the Continuum of Care Regional Committee on Homelessness will lead coordination efforts to conduct the count.

Other HUD Mandated Activities

- The Continuum of Care Board will provide feedback to the local government (City/County) on their Consolidated Plan.
- The Continuum of Care Board will provide feedback to the local government (City/County) regarding Emergency Solutions Grant (ESG) funding:
 - Determining how to allocate the ESG funding for eligible activities
 - Developing the performance standards
 - Evaluating outcomes

HEARTH Act Compliance

The Continuum of Care will ensure it meets all aspects of HEARTH Act compliance including but not limited to:

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| The collaborative applicant documenting and collecting evidence that the CoC board meets the requirements of 24 CFR §578.5(b)? |
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| The collaborative applicant documenting and collecting evidence that the CoC has been established and operated as set forth in Subpart B of the CoC regulations, including published agendas and meeting minutes, an approved governance charter that is reviewed and updated annually, a written process for selecting a board that is reviewed and updated at least once every five years, evidence required for designating a single HMIS for the CoC, and monitoring reports of recipients and subrecipients? |
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| The collaborative applicant documenting and collecting evidence that the CoC has prepared the application for funds as set forth in 24 CFR §578.9, including the designation of the eligible applicant to be the collaborative applicant? |
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