

Maricopa Association of Governments (MAG)
Continuum of Care Regional Committee on Homelessness
Governance Charter and Operating Policies

Approved by a unanimous vote of the Continuum of Care on January 27, 2014

Background

The MAG Continuum of Care Regional Committee on Homelessness has worked with a diverse array of partners to develop regional solutions to end homelessness. Each year, the expertise of the Committee and community partners has resulted in more people being housed and supported in their quest for stability. Staffed by the Maricopa Association of Governments since 1999, the Continuum of Care has successfully competed well in the national application for funding. Over the years, the HUD funding award has increased and now supports more than 60 homeless assistance programs in 24 different agencies. This award has been an important and consistent source of funding for the community.

In response to the HEARTH Act, changes are being made to improve the efficacy of the Continuum of Care. These changes have been identified and championed by talented partners throughout the region. Thanks to the dedication of the people involved, the Continuum of Care is positioned to continue making a difference in the lives of those who are homeless.

Purpose of Charter

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

Goals

The mission of the Continuum of Care, as defined in the HEARTH Act Interim Rule, is as follows:

- 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.
- 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 the Homeless Management Information System (HMIS).

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.
3. Plan for the Continuum of Care.

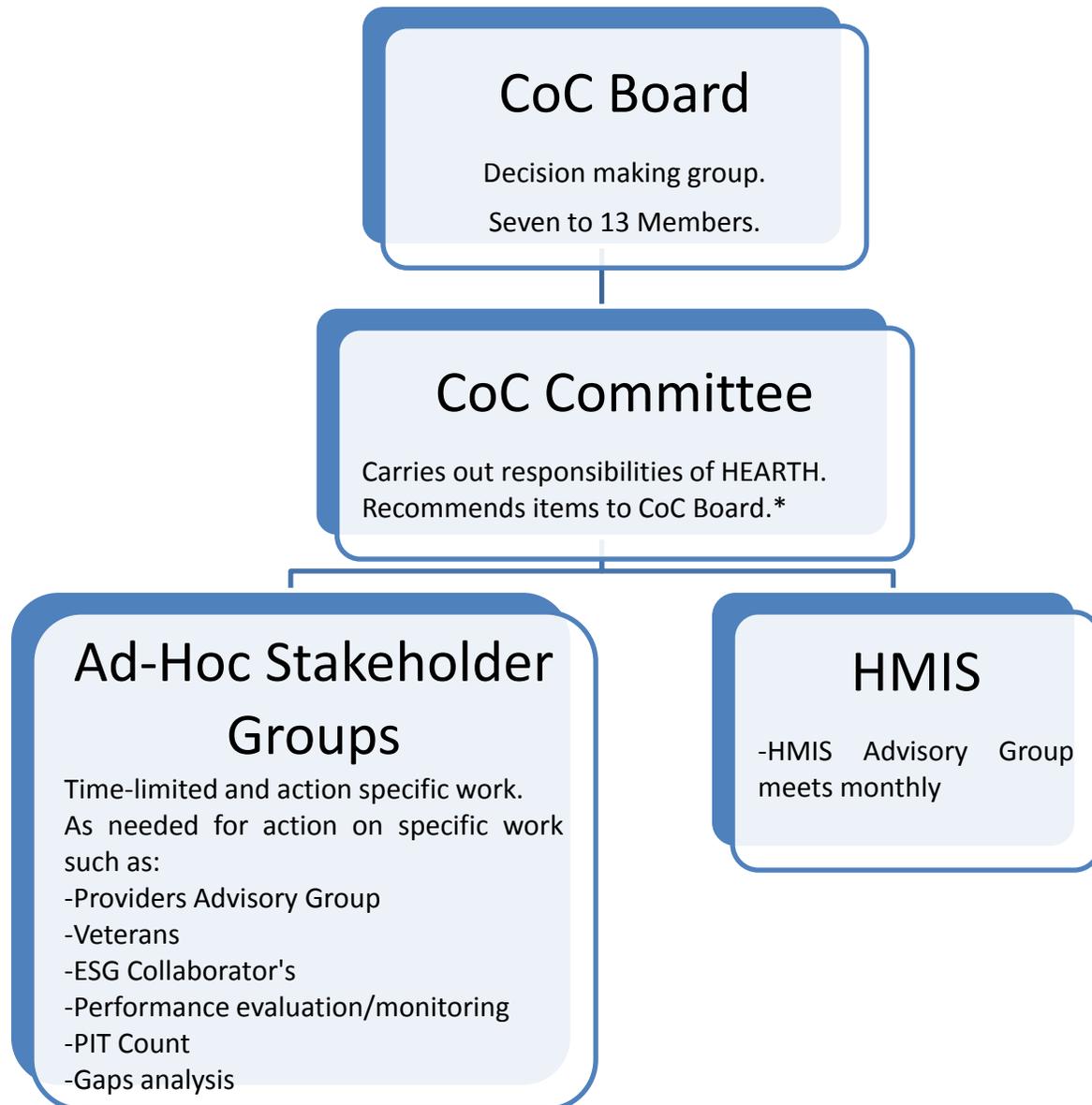
The HEARTH Act Interim Rule also stipulates that, “The U.S. Department of Housing and Urban Development (HUD) has delineated certain operational requirements of each Continuum to help measure a Continuum’s overall performance at reducing homelessness, in addition to tracking of performance on a project-by-project 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.”

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
<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 performance targets and take action on poor performers. • 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 and consult with ESG recipients. 	<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 funding and performance of programs.

CoC Governance Structure

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 and available in the “Responsibilities of the Continuum of Care” section.

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 every other year 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).

Relationship of the Collaborative Applicant to the Continuum of Care

As the collaborative applicant, the Maricopa Association of Governments will staff the Continuum of Care and related committees and stakeholder groups. The collaborative applicant will receive funding from HUD and other sources as needed to fulfill the responsibilities of staffing the CoC.

In order to fulfill federally designated responsibilities, the collaborative applicant will sign an agreement with HUD and will fulfill the responsibilities outlined in the agreement, including but not limited to the following:

- Monitor and report progress of the project to the CoC and HUD.
- To ensure, to the maximum extent practicable, the inclusion of individuals and families experiencing homelessness in the project.
- To take the educational needs of homeless children into account when families are placed in housing.
- To use the centralized or coordinated assessment system established by the CoC.
- To follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, including the minimum requirements set forth by HUD.

In order to staff the CoC, the collaborative applicant will undertake the following activities to staff the CoC:

- Develop the consolidated funding application to HUD on behalf of the region.
- Prepare agendas and minutes, meeting materials, and communications.
- Maintain records and distribution lists.
- Monitor HUD funded programs.
- Coordinate year round planning activities such as the Annual Homeless Street and Shelter Counts, gaps analysis, and housing inventory.

In order to develop and maintain meaningful partnerships that support the work of the CoC, the collaborative applicant will facilitate partnerships with the following groups and others as needed:

- Support work in the community to end homelessness among veterans through the Veteran's Working Group.
- Collaborate with Emergency Solutions Grant recipients on setting and measuring community wide goals and performance measures.
- Forward advocacy issues to the Arizona Coalition to End Homelessness.
- Work collaboratively with other community stakeholders toward ending homelessness throughout the region.
- Support the work of the Valley of the Sun United Way toward its initiative to end homelessness. This includes but is not limited to the Ending Homelessness Advisory Council, the Funders Collaborative, the Partnership to End Chronic Homelessness, and the Street Outreach Collaborative.

Continuum of Care Board

The role of the Continuum of Care Board is to be the decision-making body for the CoC. Decisions will be made with input from the CoC Committee.

Membership

The CoC Board membership will be developed and implemented in compliance with requirements from the U.S. Department of Housing and Urban Development (HUD), as defined in the HEARTH Continuum of Care Program Interim Rule released on July 14, 2012. There are three elements within membership including definition of membership structure, selection of members, and ongoing analysis and refinement of membership.

Membership Structure

The first element is defining the membership categories and the number of seats for each category. There will be a minimum of seven seats on the board and a maximum of 13 members. With the exception of provider agencies and the CoC Committee Chair, no agency may have representation on both the Board and the Committee. Membership of the CoC Board will follow the agency within the category below, rather than the individual.

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 current Chair of the Continuum of Care Committee serves on the CoC Committee and Board.
- Policy/Advocacy Representative: Individual(s) who represent local government, county or 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.

The three CoC funded provider seats on the Board will represent one or more of the following homeless subpopulations:

- 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

Membership Selection

The second element is recruitment and selection of the members for each CoC Board seat. The process to select the CoC Board membership will be transparent, inclusive, and democratic in nature. 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.

When the board is first being formed, an invitation will be extended by the collaborative applicant to the CoC Committee and stakeholders requesting potential members to submit letters of interest. The collaborative applicant will prepare a list of people who submitted letters of interest with the category(ies) they represent. The collaborative applicant will provide the list with the letters to the Membership Workgroup. The Membership Workgroup will include up to seven people including the Chair and Vice Chair of the CoC, the Planning Subcommittee Chair before the subcommittee is phased out, and up to four other people as identified by the CoC Committee. The Membership Workgroup will review the list and letters and make recommendations to the CoC Committee for the Board membership. The CoC Committee will review recommendations, as well as the list and letters, and vote on five to thirteen people to become members of the Board. Members cannot vote for themselves. The CoC Committee will base the decision on ensuring diverse representation on the board in compliance with the HEARTH Act Interim Rule and local priorities.

Once the first Board has been established, staggered term limits will apply with 33 percent of the board rotating off every year. The initial rotation will begin with one third of the membership serving a two year term, one third serving a three year term, and one third serving a four year term with all members serving staggered three year terms thereafter.

The initial vote of the Committee to identify the first members of the Board will include the length of the first staggered terms. Exceptions may be made to the term limits with approval from the Board if no other members can be found to represent a certain subpopulation.

Once the Board is in place, the collaborative applicant will staff the process to select new members as current members rotate off the Board. This will include an annual invitation to the CoC Committee and stakeholders to submit letters of interest to the Board to fill any vacancies or to address any new areas identified as priorities for membership. The Board will review the letters and a list including the names of people submitting letters with the category(ies) they represent. The Board will vote on new members to fill the categories.

Ongoing Analysis of Membership

To address the third element of membership, the CoC Board will review its membership every year in accordance with HUD regulations and to 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.

Leadership

The current Chair and Vice Chair of the Continuum of Care Committee will serve as the first Co-Chairs of the Board. When the term of the former Chair of the Continuum is finished, the collaborative applicant will invite letters of interest from the Board to serve as the second Co-Chair. When the term of the former Vice Chair of the Continuum is finished, the collaborative applicant will invite letters of interest from the Board to serve as Co-Chair.

One of the Co-Chairs will be an elected official from a town, city, County, or Native American Community within Maricopa County. The second Co-Chair will represent a nonprofit agency or other relevant stakeholder from within the same geography. The second Co-Chair may also be an elected official as long as they fulfill this definition of representation. Representation is not defined as employment with the stakeholder.

The two Co-Chairs will serve staggered two year terms. Initially, one of the two Co-Chairs will serve a four year term and the other will serve a two year term. Thereafter, both Chairs will serve staggered two year terms with the Co-Chairs rotating off at the end of their term.

Planned Meetings of Continuum of Care Board and Agendas

The Continuum of Care Board is expected to meet bi-monthly with potential meeting dates in January, March, May, July, September, and November of each year.

The CoC Board will follow open meeting rules. The collaborative applicant will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by the collaborative applicant with input from the Co-Chairs and posted on the collaborative applicant's website. Each agenda will include an opportunity to request future agenda items.

Code of Conduct

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

The role of the Continuum of Care Committee is to make recommendations to the CoC Board for approval.

Membership

Membership will include representation for all the categories required by HUD and identified below. One member may represent more than one category. The intent of the membership

structure is to be inclusive and representative of the diversity in the region. Membership on the CoC Committee pertains to the agency and not the individual.

Membership Structure

Per 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

Membership Selection

Initially, the collaborative applicant will invite members of the current CoC Committee and stakeholders to submit letters of interest for membership on the new CoC Committee. The collaborative applicant will prepare a list of the names and categories represented and provide this with the letters to the Membership Working Group. The Membership Working Group will recommend to the CoC Committee for action an appropriate composition of members to represent all the categories listed. The CoC Committee will approve the membership for the new CoC Committee. HUD CoC Program-funded agencies may, but are not required to, have an on-going seat on the Continuum of care Committee. This seat is not subject to term limits.

Ongoing Analysis of Membership

There will be three year staggered term limits for the CoC Committee members. The initial rotation will begin with one third of the membership serving two year term, one third serving a three year term, and one third serving a four year term with all members serving staggered three year terms thereafter.

Every year, the Membership Working Group will review the CoC Committee membership and make recommendations for any additions or changes to the CoC Committee membership and committee size.

Annually, the collaborative applicant will solicit letters of interest from prospective members from stakeholders. The CoC will vote on recommendations for new members and changes to give to the Board. The Board will review the recommendations and take action to ensure the CoC Committee membership maintains an inclusive, diverse representation.

Leadership

A Chair and Vice Chair representing different categories will serve two year terms. At the end of the second year, the Vice Chair will ascend to the Chair position. The collaborative applicant will solicit letters of interest from the CoC Committee membership and stakeholders to fill the Vice Chair position, as well as the Chair position if the Vice Chair does not ascend. The collaborative applicant will provide a list of the names and the categories they represent to the CoC Committee with the letters of interest. The CoC Committee will vote on recommendations for the Vice Chair, and Chair if needed, to give to the Board. The Board will take action on filling the Vice Chair position, and the Chair position if needed.

Planned Meetings of CoC Committee and Agendas

The CoC Committee is expected to meet bi-monthly with potential meeting dates in February, April, June, August, October, and December of each year.

The CoC Committee will follow open meeting rules and the collaborative applicant will give notice of each meeting at least 72 hours prior to the meeting. Formal meeting agendas and materials will be developed by the collaborative applicant with input from the Chair and Vice Chair and will be posted on the collaborative applicant's website. Each agenda will include an opportunity to request future agenda items.

Code of Conduct

A CoC Committee 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.

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 may 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

Meeting Minutes

Proceedings of the CoC Board meetings and the CoC Committee meetings are documented concisely in minutes and posted on the collaborative applicant's website at www.azmag.gov.

Quorum

The CoC Board and the CoC Committee will operate under open meeting law quorum rules. A number equal to a simple majority of the representatives serving on the CoC Board and the CoC Committee 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. Informational items on the agenda may be heard but not discussed.

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 collaborative applicant 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 CoC 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.

HMIS Background

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.

The HMIS governing documents, policies, and procedures required by the HEARTH Act will be developed by the HMIS lead agency and approved by the CoC Board in accordance with the HEARTH Act. The groups needed to facilitate HMIS may include but are not limited to the following a HMIS Advisory 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 CoC Board will approve the results of the annual PIT count. The CoC Committee will lead coordination efforts to conduct the count with approval by the Board.

Other HUD Mandated Activities

Per HUD regulations, the Continuum of Care will undertake processes to monitor other activities mandated by HUD.

Feedback on Consolidated Plans

The CoC Board is responsible for providing feedback to the local governments (City/County) that have developed Consolidated Plans. At the direction of the CoC Board, the collaborative applicant will gather the consolidated plans and evaluate the plans based on criteria developed by the CoC Board. The collaborative applicant will report on the outcome of the evaluation for action by the CoC Board. The CoC Board action and feedback will be provided by the collaborative applicant to the responsible unit of local government. This review will occur on an annual basis.

Coordination and Integration with Emergency Solutions Grant (ESG) Recipients

The CoC Board will consult and coordinate with ESG recipients to maximize resources available to prevent and end homelessness. Per federal guidance, this consultation will include an assessment of the most effective strategies to allocate funding, report on progress made, and evaluate the performance of ESG recipients and sub recipients. The process to conduct this consultation will include the following steps:

- The CoC Board will evaluate the region's needs for emergency shelter, rapid re-housing, and homeless prevention for the different subpopulations within homelessness such as single individuals, families, and veterans.
- The collaborative applicant will convene the local ESG recipients and State recipient to determine how the needs identified by the CoC Board are currently being addressed and what can be done to address the stated needs more effectively. State ESG funding may be targeted to supplement funding available from the local ESG recipients. A plan will be developed collaboratively by the collaborative applicant, local ESG recipients, and state recipient to maximize the resources available to meet the needs identified by the CoC Board.
- The CoC Board will review the plan, provide input, and support the implementation of the plan. Short, medium, and long-term goals may be developed to best meet the region's needs.
- This process will repeat on an annual basis.

Standards for Administering Assistance

The collaborative applicant will assist the CoC Committee to develop standards for administering assistance in keeping with requirements set forth by HUD. The Committee will draft recommendations for review and approval by the Board. Annually, the standards will be reviewed by the Committee with recommendations to be developed for review and action by the Board.

Coordinated Assessment

In April of 2012, the CoC began a planning process to create a regional Coordinated Assessment System. A Coordinated Assessment Working Group; made up of homeless services providers, funders, and municipalities; was created and charged with making recommendations to the

CoC. The goal of the Coordinated Assessment System is to end homelessness quickly and effectively through a housing first approach. The system will be easy to navigate and will include multiple points of access throughout the region.

In August, 2012, the Working Group developed the following guiding principles upon which to build the coordinated approach:

- The assessment and referral process should be client-centric.
- The system must be easy for clients to navigate.
- Establish have multiple points of access.
- Prioritize enrollment based on client need.
- Prioritize “hardest to serve” clients first.
- Focus on ending the client’s homelessness as quickly as possible.
- Balance provider choice in making enrollment decisions with the system’s need to serve all clients.
- Initial Assessments should be as simple as possible.
- Establish accountability amongst assessment workers and providers.
- Make a system that is sustainable.
- Leverage and support existing partnerships and strong partnership.
- Streamline any parallel processes.
- Offer choices which promote self-sufficiency.
- Deliver services that are well coordinated between all staff and agencies.
- Support provider staff with appropriate referrals.
- Ensure availability and access to a broad, flexible array of effective services and supports for consumers and their families that address their multiple needs.
- Provide individualized services in accordance with the unique potentials and needs of each consumer and family.
- Use a Housing First approach.
- Use real-time data to make quick referrals.

In August 2013, the CoC approved the integration of the Service Prioritization Decision Assessment Tool (SPDAT) and the Family SPDAT as the region’s common assessment tool. Use of the SPDAT and Family SPDAT will streamline the referral process and prioritize individuals and families with the highest level of needs. Coordinated Assessment will be implemented in phases. The first phase, beginning in November 2013, will include one access point for singles and one access point for families within the city of Phoenix. The second phase, beginning in July 2014, will include additional access points for singles and families in the east and west valley as determined by the CoC. The CoC will comply with the HEARTH Act in all aspects of Coordinated Assessment implementation.

HEARTH Act Compliance

The Continuum of Care will ensure it meets all aspects of HEARTH Act compliance.

