

Sonoma County Continuum of Care Governance Charter December 29, 2021

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Preamble

The Sonoma County Continuum of Care is the legislative body which under Federal law has the primary responsibility for addressing homelessness in Sonoma County in collaboration with County government, cities, community-based organizations, faith-based organizations, and the Sonoma County public. It is the system whereby all who want to reach functional zero in homelessness in our region can be part of the community solutions.

Mission

The Sonoma County Continuum of Care addresses the problems of housing and homelessness by having a countywide, community-informed, and person-centered CoC system that is compassionate, inclusive, financially responsible, equitable, coordinated, and outcomes based.

Vision

Our vision for the CoC in Sonoma County is that:

- We have a unified, coordinated, equitable, and integrated system with a clear vision across the community to reduce homelessness.
- The people of our county, via our Continuum of Care, have a system of care in that ensures that all persons experiencing homelessness have a safe, supportive and permanent place to call home.
- The people of our county are collectively building a future in which there are sufficient resources, political leadership, and community involvement to end homelessness as a permanent fixture in our social landscape.
- Our system ensures quick access to permanent housing, stable and increased income for participants, strength-based consumer relationships, effective and financially responsible services and programming, coordination and collaboration with mainstream partners, policy and resource advocacy, and comprehensive community education.
- Our system provides for programming and services in all regions of Sonoma County.
- Supports policies that address the disparity we have experienced in Sonoma County, between community members' financial resources and housing costs.
- Our commitment to equity and inclusion at the Continuum of Care strives to engage all community members, regardless of background, throughout Sonoma County, especially those whose voices have been traditionally marginalized.

The CoC is committed to upstream investments before problems occur, to reduce overall societal costs, including:

- Diverting those at imminent risk of homelessness from entering shelters.
- Engaging and empowering people who are experiencing homelessness, to reclaim their dignity and to regain housing stability.
- Avoiding high criminal justice and hospital costs, and negative health outcomes, with appropriate housing, income, and access to health services.

- Aligning public and private efforts to address the problems we share.

Purpose of this Charter

This Governance Charter and associated Policies and Procedures memorialize how stakeholders meet the federally-defined responsibilities of operating a US Department of Housing and Urban Development (HUD) Continuum of Care as found in the Program Rule at 24 CFR Part 578. As described, HUD empowers and expects the Sonoma Continuum of Care to lead local policy and program development around homelessness. The CoC also determines the Collaborative Applicant (the agency that coordinates the CoC's HUD application, among other things), Homeless Management Information Systems (HMIS) provider, Coordinated Entry operator, and the lead administrative agency.

Stakeholders include:

- people without a home
- Individuals committed to ending homelessness
- Government entities such as the County and municipalities and educational entities
- Nonprofit and for profit service providers
- Communities – including residents and businesses - affected by homelessness
- Federal and State funders

Stakeholders are committed to the broad values of being: person centered, inclusive, equitable, collaborative, integrated, communicative, coordinated, data driven, transparent, accountable, sustainable, proactive, and comprehensive.

The CoC will be guided by a commitment to Diversity, Equity and Inclusion. The CoC will promote equity for communities of color disproportionately affected by homelessness through membership participation and leadership to assure decision-making is conducted with an awareness of the people we serve. This may include methods such as:

- Recruiting organizations representing these communities as CoC members and leaders.
- Training to promote decision-making that reflects awareness of the people we serve.
- Tracking and reporting results by race and ethnicity, minimally with the Point in Time count.
- Considering funding and policy decisions in the context of diversity, equity, and inclusion.

The Continuum of Care supports:

Performance Targets & Monitoring

1. Establish appropriate performance targets by population and program in consultation with the CoC Program Grantee and sub-recipients then:
2. Monitor performance and evaluate outcomes of ESG and other CoC-funded programs
 - a. ESG recipients provide housing and related support services for low-income persons and their households in the entire Continuum of Care Service Area in accordance with

3. The End-user must change the password after initially logging correctly into the database. Never transmit End-user identification and computer-generated passwords together in one email, fax, telephone call, or other means of communication. Passwords and usernames must be transmitted separately (e.g., one portion via email and the other via voice) unless physically handed to the End-user, who must destroy the paper transmission upon successfully entering the HMIS database
4. The End-user creates a unique password between 8 and 16 characters with a minimum of two numbers. The End-user DOES NOT use a password used for other purposes; this password must be unique.
5. Passwords shall not include the End-user name, the HMIS name, or the HMIS Vendor's name.
6. Passwords should not consist entirely of any word found in the common dictionary or any of the above spelled backwards.
7. Password is space and case sensitive.
8. Passwords should be changed every 90 days.
9. End-users must create a new password that is different from the original (expiring) password.
10. Unique Passwords -- User IDs are individual, and passwords are confidential. No individual should ever use or allow the use of a User ID that is not assigned to that individual, and user-specified passwords should never be shared or communicated in any format.
11. Protection of downloaded HMIS files:
 - a. Sonoma County Lead Agency assumes no responsibility for the management, protection, and transmission of client-identifying information stored on local agency computers, agency files, and reports.
 - b. Partner Agency is responsible for any file or report downloaded from HMIS.

Rescind User Access

Partner Agencies will notify the HMIS Coordinator within 24 hours when any user leaves their position or determined no longer needs HMIS access.

User access must be rescinded ASAP when:

When any HMIS user breaches the User Agreement, violates the Governance Policies & Procedures, breaches confidentiality or security, leaves the agency, or otherwise becomes inactive, the Partner Agency HMIS Administrator will deactivate staff User Ids.

The Continuum of Care is empowered to permanently revoke End-user access to HMIS for a breach of security or confidentiality.

Special Considerations

Termination or Extended Leave from Employment:

1. Upon Termination, the Agency Administrator will:
 - a. Delete the End-user immediately.
 - b. Assume all responsibility for deleting their End-users from the HMIS system.
2. Upon extended Leave from employment, the Agency Administrator will:

- a. Lock an End-user within five business days of the beginning of an extended leave period greater than 45 days.
- b. Unlock the End-user upon returning.

Virus Protection

1. Sonoma County CoC HMIS Provider Agencies shall purchase and maintain state-of-the-art, commercially produced virus protection software, which includes automated scanning of files.
2. Social Solutions Group shall maintain state-of-the-art, commercially produced virus protection software for the Sonoma County CoC HMIS server(s).
3. At a minimum, any workstation accessing HMIS shall have antivirus software run the current virus definitions (24 hours) and full-system scans a minimum of once per week.

Firewall

1. Sonoma County CoC HMIS workstations shall maintain secure firewalls to protect against malicious intrusions. The firewall must be a part of a consistent overall Provider Agency security architecture.
2. Social Solutions Group shall maintain secure firewalls for the Sonoma County CoC HMIS servers.

Disaster Recovery

The Disaster Recovery Plan for the Sonoma County HMIS will be conducted by the HMIS software Vendor, Social Solutions.

The Lead Security Officer should maintain ready access to the following information:

1. Contact information – Phone number and email address of the Social Solutions contact responsible for recovering the agency's data after a disaster.
2. Agency responsibilities – A thorough understanding of the Agency's role in facilitating recovery from a disaster.

The HMIS Coordinator(s) should be aware of and trained to complete any tasks or procedures for which they are responsible in the event of a disaster.

The HMIS Coordinator(s) must have a plan for restoring local computing capabilities and internet connectivity for the HMIS Coordinator(s)'s facilities.

Security Audits

The Contributory HMIS Organization (CHO) Security Officer/Participating Agency Security Officer is responsible for preventing degradation of the HMIS resulting from viruses, intrusion, or other factors within the Agency's control.

The participating Agency Security Officer is responsible for preventing inadvertent release of confidential client-specific information through physical, electronic, or visual access to the workstation.

Each participating Agency Security Officer is responsible for ensuring their agency meets the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Partner Agencies will conduct a thorough review of internal policies and procedures regarding HMIS.

To promote the security of HMIS and the confidentiality of the data contained therein, access to HMIS will be available via a secure network.

End-users shall commit to abide by the governing principles.

Ongoing Monitoring

Agency Administrators conduct a security audit for all workstations that will use HMIS at least quarterly; this includes ensuring computers are protected by firewall and antivirus software.

The Agency Security Officers are responsible for managing the selection, development, implementation, and maintenance of security measures to protect HMIS information within their agency. At least quarterly, the Agency Security Officer will use the Compliance Certification Checklist to audit their workstations in the Agency. Should any Compliance Certification Checklist contain one or more findings, the finding will need to be resolved within seven days. The Agency Security Officer must turn in a copy of the Compliance Certification Checklist to the HMIS Lead Agency annually.

The HMIS Coordinator will visit each agency annually to evaluate each workstation's security using the Compliance Certification Checklist. Workstations will be assessed for noncompliance with standards or any element of Sonoma County's HMIS Policies and Procedures. The HMIS Coordinator will note these on the Compliance Certification Checklist and will work with the Agency Administrator to resolve the action item(s) within 30 days.

Enforcement Policies

CONFLICT RESOLUTION: Agency level conflicts will be handled through an escalating peer-review process:

1. Affected agencies will make every attempt to resolve conflicts as they occur. The County and/or the Partner Agency may annotate their concerns in writing as appropriate.
2. Unresolved conflicts between the Community Development Commission and a Partner Agency will be noted in writing and forwarded to the Community Development Commission's Ending Homelessness Manager. In the event of an impasse, members of the Data Committee will be notified within ten working days of the impasse declaration. Either party may declare an impasse.
3. The Community Development Commission's Ending Homelessness Manager will review the written grievance and will make every attempt to resolve the matter within 30 days of review. Resolution of the conflict will be in writing and signed by all relevant parties.
4. Unresolved conflicts will be forwarded to the Community Development Commission's Assistant Director for further guidance and action.
5. Any recommendation regarding termination of a Partner Agency from Sonoma County's HMIS will be forwarded to the Community Development Commission's Assistant Director for consideration and possible action.

6. All decisions of the Community Development Commission's Assistant Director are final.
 - a. Conflicts between or among Partner Agencies may require mediation by the Data Committee and/or HMIS Coordinator. Resolution of the conflict may be annotated in writing and signed by all relevant parties as appropriate.

HMIS Privacy Plan

These privacy policies establish limitations on the collection, purpose, and use of data. It defines allowable uses and disclosures, including standards for openness, access, correction, and accountability. Sonoma County's HMIS System focuses on enabling collaboration between partner agencies and supports an open data sharing structure. Demographic information may flow from partner agency to partner agency easily. Other HUD program-specific fields only flow once clients are enrolled in the new program if they were already part of the program. The policies provide protections for victims of domestic violence, dating violence, sexual assault, and stalking.

The HMIS Lead Agency is responsible for monitoring the partner agencies to ensure compliance with the Privacy Plan policies. The HMIS Coordinator will work with agencies not adhering to the Privacy Plan and provide corrective measures for noncompliance.

Client Notification & Client Consent

1. Partner Agency MUST
 - a. Provide participant consent form(s) as required by the Partner Agency, state, and/or federal laws and the HMIS standards **prior** to entering client information into the HMIS database.
 - b. Provide, in its original form or modified for the specific agency, the HMIS Client Release of Information for the Homeless Management Information System to permit the sharing of confidential client information to other HMIS Provider Agencies. Other non-HMIS inter-agency agreements do not cover the sharing of HMIS data.
 - c. A client signed Release of Information constitutes **informed** consent. The burden rests with the Partner Agency End-user or intake counselor to inform the client about the purpose and function of HMIS data before asking for consent.
 - i. Any client receiving homeless services must fill out the Release of Information
 - ii. Any client participating in Coordinated Entry must fill out the CES Release of Information
 - iii. If clients do not feel comfortable providing their personal information into the HMIS, an option to choose an anonymous enrollment is provided. A signature will still be required, but the hard copy release will be stored with the agency outside of the HMIS system.
 - d. As part of informed consent, a privacy notice must be posted in the intake area explaining:
 - i. the reasons for collecting the data,
 - ii. the client's rights with regards to data collection, and
 - iii. any potential future uses of the data.
 - e. The agency must also make available the relevant Governance Policies & Procedures and a list of agencies participating in Sonoma County's HMIS Project.

- f. Be aware of specific protections afforded under Federal Law for persons receiving certain types of services such as domestic violence services, HIV or AIDS treatment, substance abuse services, or mental health services.
- g. Offer the client the opportunity to input and share additional client information with other Provider Agencies beyond basic identifying data and non-confidential service information.
- h. Obtain client consent for additional client information and communicate what information will be shared and with whom.
- i. Partner Agency End-users must obtain a new signed ROI and enter it into HMIS at project entry, or if the client's original release has expired; ROIs expire every two years.
- j. Data may be collected and entered into HMIS only when that data is expected to be useful for organizing, providing, or evaluating the delivery of housing or housing-related services.
- k. Data used for research or policy evaluation will be shared only after the data has been thoroughly de-identified; this includes removing names, contact information, and removing descriptions or combinations of characteristics that could be used to identify a person.
- l. Provide verbal explanation of Sonoma County CoC HMIS and arrange for, when possible, a qualified interpreter or translator for a client not literate in English or having difficulty understanding the consent form(s).
- m. End-users are prepared to explain (to the client) security measures used to maintain confidentiality.
- n. Participants' have the right to be entered as an anonymous client or as a restricted client. If the client denies authorization to share basic identifying information or non-confidential service data, follow the Anonymous Enrollment Document's steps.
- o. Prior to the release of any client information beyond the basic client profile, obtain from the client a signed release of information form that meets the Provider Agency's standard for the release of medical, financial and/or any other information regarding the client.
- p. Place all Client Release of Information forms in an onsite filing system for required recordkeeping standards and periodic audits.
- q. Retain all Client Release of Information forms for seven years upon expiration.
- r. Enter all minimum data required by the HMIS. Client data, including client identifiable and confidential information, may be restricted to other Provider Agencies. Each Agency Executive Director is responsible for their agency's internal compliance with the HUD HMIS Data Standards.

Provider Agency's Client Rights

A client has the right to:

1. Decline to enter their record into the HMIS database.
2. Authorize the sharing of personal information to other HMIS Provider Agencies.

3. Determine what type of information will be shared and with whom (other HMIS Provider Agencies).
4. Request entrance into the database as an anonymous client or a restricted client.
5. Rescind acknowledgment and consent for the entry of future information and further participation.

Specific Client Notification for Victims of Domestic Violence

Victim service providers may not directly enter or provide client-level data to HMIS. Instead, a victim service provider, which is defined as a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault or stalking, must use a comparable database that collects client-level data over time and generates unduplicated aggregate reports based on the data. Legal service providers may also elect to use a comparable database if it is necessary to protect attorney-client privileges. Victim Service Providers (VSP) in Sonoma County that receive funding requiring HMIS Data Entry utilize a comparable HMIS Data system to comply with requirements. VSPs have contracted with Social Solutions to provide their own copy of HMIS System. The system's use is restricted only to those employees with authority to view the data within the Victim Service Providers comparable HMIS system. Considering that ETO is the same system being used as the HMIS for Sonoma County, it is considered HUD compliant.

HMIS Privacy Compliance & Grievance Policy

Release and Disclosure of Client Data Policies

It is the primary governing principle of the Sonoma County HMIS that HMIS is intended to serve and protect the community's clients. Policies enacted to protect private client information are as follows.

1. Clients shall be given a print out of all HMIS data relating to them upon written request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
2. A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
3. A log of all external releases or disclosures must be maintained for seven years and made available to the client upon written request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
4. Aggregate data that does not contain any client-specific data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of the informed consent procedure.
5. Clients will be understood to be the owners of their own data. Each individual will have the right to grant informed consent, limit data sharing, or revoke consent related to his/her Protected Personal Information at any time.
6. The community will encourage broad HMIS participation by human services agencies. HMIS End-users are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Resistance to Outside Disclosures

If an outside entity, such as a Court or law enforcement authority, attempts to access client-specific data, the outside entity will be politely but firmly instructed that the data is confidential and cannot be released without (i) a valid warrant, or (ii) the client's express consent. The client and/or the client's caseworker will then be informed of the attempted access so that the client can take any appropriate steps to resist any further attempts by outside parties to access their private information. No client-specific data will be released or shared outside of the Partner Agencies unless the client gives specific written permission or unless withholding that information would be illegal. Services may NOT be denied if the client refuses to sign Client Informed Consent and Release of Information Authorization or declines to state any information, but this may limit eligibility for certain programs in the Coordinated Entry System (e.g., permanent supportive housing).

Unauthorized Release of information

In emergency situations, i.e., security breach and/or imminent danger to the database, the HMIS Coordinator and the Ending Homelessness Manager have the final authority for the impending action for unauthorized releases of information.

In all other cases, the HMIS Coordinator implements a course of action outlined in the HMIS Partnership Violations and Termination – Data Transfer Policies sequence of procedures.

HMIS Data Quality Standards

Data Quality is the term that refers to the reliability, validity, and comprehensiveness of client-level data collected in HMIS. Good data quality represents reliable and valid data on persons accessing the homeless assistance system. With a strong data quality plan, multiple reports such as HUD Annual Performance Report (APR), Longitudinal System Analysis Report (LSA), and the Systems Performance Measure Report (SPMs) will be more accurate, and the HMIS coordinator will spend less time fixing errors. There are four main components to establish good data quality: timeliness, completeness, accuracy, and consistency. Data Quality Standards are established, monitored, and updated annually by the HMIS Lead Agency.

Appendix A: Terms, Definitions, and Acronyms

- **Continuum of Care Board** is the governing board established to act on behalf of the Continuum of Care using the process established as a requirement by C.F.R. §578.7(a)(3) and in compliance with the conflict-of-interest requirements at §578.95(b).
- **CoC Program Grantee (Recipient)** The CoC Program Grantee is the “recipient” as used by HUD and means an applicant that signs a grant agreement with HUD.
- **Collaborative applicant** means the eligible applicant that has been designated by the CoC to submit the annual CoC Consolidated Application for funding on behalf of the CoC. In addition, the Collaborative Applicant is the only entity that can apply for a grant for Continuum of Care planning funds on behalf of the Continuum of Care. This Charter designates the Sonoma County Community Development Commission as the Collaborative Applicant for the Continuum of Care.
- The **Continuum of Care (CoC)** means the group organized to carry out the responsibilities required by the HUD CoC Program, composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments,

businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

- **Homeless Management Information System (HMIS)** means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.
- **HMIS Lead** means the entity designated by the Continuum of Care to operate the Continuum of Care’s HMIS on its behalf. This Charter designates the Sonoma County Community Development Commission as the HMIS Lead for the Continuum of Care.
- **Covered Homeless Organization (CHO)** Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses or processes data on homeless clients for an HMIS.
- The **10-Year Homeless Action Plan** is Sonoma County’s strategic plan to prevent, reduce and end homelessness as implemented by the Continuum of Care.
 - **CoC** – Continuum of Care
 - **ESG** – Emergency Solutions Grants
 - **HEARTH Act** – The Homeless Emergency And Rapid Transition to Housing Act of 2009
 - **HMIS** – Homeless Management Information System
 - **HUD** – The United States Department of Housing and Urban Development
 - **MOU** – Memorandum of Understanding
 - **NOFA** – Notice of Funding Availability
 - **NOFO** – Notice of Funding Opportunity
 - **SCCDC** – Sonoma County Community Development Commission

Appendix B: Board Protocols

1. Any information (including that provided with written documents, at meetings, e-mails, or phone) shared outside of a Board meeting by staff with one Board member shall be shared with all Board members as soon as is practical, and no later than 24 hours or one working day after the material was first distributed to a Board member. Exceptions include communications with the Board Chair and Vice Chair on matters regarding setting Board agendas, and materials share with Committee members relevant primarily to that Committee’s scope.
2. Meetings will be scheduled at the convenience of all Board members equally, and account for the availability of sufficient staff support. The Board will establish a regular meeting schedule prior to or at the first meeting of each calendar year. Additional meetings may be scheduled with the approval of the Board, or in the absence of a Board meeting by the Chair and Vice Chair.
3. Committee meetings will be scheduled at the convenience of all Committee members equally, and account for the availability of sufficient staff support.
4. Each agenda will have a section toward the end entitled “Board member questions, comments, and requests.”

5. The minutes of Board and Committee meetings shall be Action Minutes (versus verbatim minutes) and will include, but not be limited to, all actions taken, including those by formal vote, other direction provided to staff, commitments made by staff or Board members, and statements which Board members request be included for the record. If minutes are recorded, they will include the time at which consideration of each agenda item began. Staff to the CoC Board will take the minutes.
6. Meeting agendas and materials will be distributed electronically to Board members and Continuum of Care members, and posted on the CoC website, at least 72 working hours (excluding weekends and holidays) prior to the meeting start time. Agenda items will typically have a report or other material prepared in advance by staff. Supplemental documents may be distributed to Board members prior to Board meetings (and shared at Board meetings with the public) and added to the website when required by circumstances, but this should not be a regular practice. If materials are presented at meetings and not in advance, they will be made accessible to the public as soon as is practical. Exceptions for providing materials in advance will be made for special meetings, with noticing requirements consistent with the Brown Act. These requirements shall not preclude earlier distribution and posting of materials for Board meetings.
7. If one-third or more of Board members present at a meeting ask for an item to be added to a future agenda it will be added at one of the next two meetings, or another date if agreeable to the Board members making the request. Board members are encouraged to consult with staff as to the availability of staff's time and resources to include background information, when such information is desired. No more than one agenda item per meeting will be added by this mechanism.
8. Any proxy requirement for Board meetings shall extend to Committee meetings.
9. All contracts funded by the CoC with providers will require consistency with the protocols and practices in the jurisdictions in which the contractors operate as long as such protocols and practices would not cause the provider to become out of compliance with grant/funding regulations.
10. The Board has the authority to choose its legal counsel, and may, following majority Board approval, direct work by counsel within the CoC's budget for legal services. Individual members of the Board may not direct legal counsel's work or time incurred.
11. Staff shall prepare and the Board shall review an annual administrative budget for the CoC by May of each year for the following fiscal year. The budget shall include all sources of revenue including but not necessarily limited to HUD allocations for administrative and other purposes such as HMIS; administrative funds received from funding allocations, grants or donations, and direct financial support from any local government entity. The budget shall also include all categories of CoC expenditures, including but not necessarily limited to staff, overhead expenses charged by the Collaborative Applicant or HMIS Provider, services such as contracts and legal fees (which shall be provided by contractor), and other operating expenses.

Appendix C: Coordinated Entry Policies and Procedures

The Sonoma County Coordinated Entry System Policies and Procedures are available online. Use the following link to access the information (section “Instructions for Providers”):

<https://sonomacounty.ca.gov/CDC/Homeless-Services/Providers/>



Sonoma County Continuum of Care (CoC) Board
2022 Nomination Form

Name of Nominee: _____ Agency: _____

Telephone: _____ Email: _____

Geographical Area or Subpopulation(s) Represented: _____

Other reasons the nominee should be considered for the CoC Board: _____

Please fill out this section only if you are nominating someone other than yourself. Please ensure you forward the Statement of Interest form to the individual you are nominating for completion.

Name of Nominator: _____ Agency: _____

Contact Information: _____ Signature of Nominator: _____

Vacant Seats for Election

1 Second Provider: One representative of a homeless services provider different than the one with an appointed seat, as elected by CoC voting members

1 Licensed Health Care Organization: One representative from a licensed health care organization, as elected by CoC voting members.

2 At Large: at large seats as selected by voting CoC members; the candidates need not be CoC members themselves.

Lived Experience: individual currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election, as elected by the Lived Experience and Planning body if functioning (as determined by the Board) or if not then by the CoC voting membership.

Candidates may run for no more than two seats. Should a candidate run for two seats, one of them must be an at-large position.

Please select which seat(s) the individual is being nominated for:

- Provider
- Licensed Health Care Organization
- At Large
- Lived Experience

Nominations and Statement of Interest must be received by 5:00 pm on February 23, 2022

Signed forms may be scanned and emailed to Karissa.White@sonoma-county.org or delivered to Sonoma County Continuum of Care, c/o Sonoma County Community Development Commission, 1440 Guerneville Road, Santa Rosa CA 95403. The information on the statement of interest is to be filled out by the nominee. This information will be shared publicly and personal contact information will be redacted. Self-nominations are permitted.



Sonoma County Continuum of Care Board 2022 Elections

January 03, 2022

TO: Continuum of Care Board and Continuum of Care Members

FROM: Karissa White, Continuum of Care Coordinator

RE: Elections to the Continuum of Care Board

Overview

This memo describes the process for choosing elected representatives to the Continuum of Care (CoC) Board at the March 2nd, 2022 CoC Quarterly Membership meeting and includes a description of the Sonoma County Continuum of Care, a list of seats up for election, a Nomination Form, and a Statement of Interest form.

The Sonoma County Continuum of Care Governance Charter describes the makeup of the CoC Board, who is eligible to vote, and who may be nominated to serve on the CoC Board. This memo describes the Elections process for 2022, please read it carefully.

The Continuum of Care Board is the decision-making body of the Sonoma County Continuum of Care. Its meetings are open to the public and anyone may speak, but the charter governance establishes voting seats. The 17-member Board currently has five seats up for election.

Sonoma County Continuum of Care

Mission

The Sonoma County Continuum of Care addresses the problems of housing and homelessness by having a countywide, community-informed, and person-centered CoC system that is compassionate, inclusive, financially responsible, equitable, coordinated, and outcomes based.

Vision

Our vision for the CoC in Sonoma County is that:

- We have a unified, coordinated, equitable, and integrated system with a clear vision across the community to reduce homelessness.
- The people of our county, via our Continuum of Care, have a system of care in that ensures that all persons experiencing homelessness have a safe, supportive and permanent place to call home.
- The people of our county are collectively building a future in which there are sufficient resources, political leadership, and community involvement to end homelessness as a permanent fixture in our social landscape.
- Our system ensures quick access to permanent housing, stable and increased income for participants, strength-based consumer relationships, effective and financially responsible

services and programing, coordination and collaboration with mainstream partners, policy and resource advocacy, and comprehensive community education.

- Our system provides for programming and services in all regions of Sonoma County.
- Supports policies that address the disparity we have experienced in Sonoma County, between community members’ financial resources and housing costs.
- Our commitment to equity and inclusion at the Continuum of Care strives to engage all community members, regardless of background, throughout Sonoma County, especially those whose voices have been traditionally marginalized.

The CoC is committed to upstream investments before problems occur, to reduce overall societal costs, including:

- Diverting those at imminent risk of homelessness from entering shelters;
- Engaging and empowering people who are experiencing homelessness, to reclaim their dignity and to regain housing stability;
- Avoiding high criminal justice and hospital costs, and negative health outcomes, with appropriate housing, income, and access to health services.
- Aligning public and private efforts to address the problems we share.

Nominations

Nominations are hereby invited for five (5) seats to be chosen by eligible CoC voters at the [CoC Quarterly Membership](#) meeting on **March 2, 2022, from 1:00pm – 4:00pm**. If you are an individual being nominated, please reserve this time on your calendar to ensure you are able to attend the meeting for elections.

For each category of elected seat, the nominee receiving the highest number of votes will be elected to a full two-year term. There are no term limits and indefinite reelection is allowed, provided the person is still eligible for that category of elected seat. CoC Board meetings are scheduled monthly (2022 dates to be determined). With occasional cancellations and special meetings, the time commitment is normally about 12-18 meetings per year and approximately three to five hours at length.

Seats Available for Election (March 2, 2022)

Five (5) seats are available:

- **One (1) Second Provider:** One representative of a homeless services provider different than the one with an appointed seat, as elected by CoC voting members
- **One (1) Licensed Health Care Organization:** One representative from a licensed health care organization, as elected by CoC voting members.
- **Two (2) At Large:** at large seats as selected by voting CoC members; the candidates need not be CoC members themselves.
- **One (1) Lived Experience:** adult individual currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election, as elected by the Lived Experience and Planning body if functioning (as determined by the Board) or if not then by the CoC voting membership.

Candidates may run for no more than two seats. Should a candidate run for two seats, one of them must be an at-large position.

Under the CoC Governance Charter, nominees are not required to have voting rights, or even to have been regular participants in CoC activities, if they provide the needed representation for the designated seat. Attached to this memo is a Nomination and Statement of Interest forms for this purpose.

Nominations and Statement of Interest forms will be accepted until February 23rd at 5pm.

In making nominations, please consider geographic representation, representation of various homeless sub-populations, and diversity—including the criminal justice system, housing development or property management, business interests, private hospitals or health agencies. Newly elected members will receive an email notification on March 3rd for scheduling of the new CoC Board meetings.

Who Can Vote?

CoC voting membership has been established as follows:

With the recent changes to the Sonoma County Continuum of Care Governance Charter, only one individual on behalf of a Sonoma County organization can apply to vote. Applications are currently being accepted, for more information please visit our website at:

<https://sonomacounty.ca.gov/CDC/Homeless-Services/Continuum-of-Care/News/Sonoma-County-Continuum-of-Care-Membership-Open-Applications/>

The revised Sonoma County Continuum of Care Governance Charter can be found on our website using the following link: <https://sonomacounty.ca.gov/CDC/Homeless-Services/Continuum-of-Care/Compliance/>

While CoC Membership applications remain open all year long, if you are an organization that wishes to vote in the 2022 Continuum of Care Board election, the **deadline to submit your application for Voting Membership is on February 17, 2022.**

Nomination and Statement of Interest Form Notes

The Nomination and Statement of Interest forms will be posted on our website and noticed through the CoC Listserv. Personal contact information will be redacted for privacy.

If you are nominating someone other than yourself, please forward the Statement of Interest form to the individual being nominated for completion. Both forms are due by February 23rd at 5:00pm. If you have any questions, please send them to the Continuum of Care Coordinator Karissa White at Karissa.White@sonoma-county.org or 707-565-1884.