EveryOne Home
Ending Homelessness
in Alameda County

Alameda County Continuum of Care/
EveryOne Home Governance Charter
Approved by the EveryOne Home Leadership Board 9/29/16

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I. Overview and Purpose

EveryOne Home is a collective impact initiative founded in 2007 to facilitate the implementation of Alameda County, California's plan to end homelessness, known as the *EveryOne Home Plan.* The Plan calls for ending homelessness in Alameda County by 2020, noting the need for engagement of stakeholders well beyond the homeless and housing service delivery system. To that end, the Plan has been adopted by the Alameda County Board of Supervisors, all 14 cities in the county, and over 70 non-profit homeless and housing providers.

The Everyone Home Plan envisions a system of care in Alameda County that ensures that all extremely low-income residents have a safe, supportive and permanent place to call home with services available to help them stay housed and improve the quality of their lives. The vision is ambitious, and possible. We are building a future in which there are sufficient resources, political leadership, and community involvement to erase homelessness as a permanent fixture in our social landscape. The vision focuses on quick access to permanent housing, strength-based consumer relationships, coordination and collaboration with mainstream partners, policy and resource advocacy, and comprehensive community education. We will have arrived when our community has no unsheltered or chronically homeless people, and we are returning as many people to permanent homes each month as lose them. The Plan charges us with achieving this vision by 2020.

This Governance Charter memorializes how stakeholders will govern the collective impact initiative to end homelessness, meet the federally-defined responsibilities of operating a HUD Continuum of Care as found in the Continuum of Care Program Rule at 24 CFR Part 578, direct the work of the backbone organization, and promote partnership and accountability among the various leadership bodies. This Governance Charter replaces two documents previously adopted by the EveryOne Home Leadership Board: first, the "*Leadership Board Governance Policies*" adopted December 4, 2008, and second, the "*Alameda County Continuum of Care Interim Governance Charter*" adopted on August 28, 2014. An organizational chart depicting the relationships amongst the various leadership bodies in the collective impact initiative may be found in **Appendix A**.

II. Definition of Terms

NOTE: Some of the terms used in this Governance Charter are from The Homeless Emergency Assistance and Rapid Transition to Housing Continuum of Care Program Interim Final Rule at 24 CFR Part 578 (the "Interim Rule"). Those terms are denoted with an asterisk (*). Definitions in the Interim Rule can be found at §578.3. *Subpart B-Establishing and Operating a Continuum of* Care of the Interim Rule are may be found in **Appendix B.** The full Interim Rule may be found at HUD CoC Interim Rule.

Additional terms used in this Charter are also noted below.

As used in this Governance Charter:

Backbone Organization means the separate organization and staff that manages the collective impact initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly. EveryOne Home, the organization, is the backbone organization for Alameda County's initiative to end homelessness. It is also the *Continuum of Care Lead* (defined below).

Centralized or coordinated assessment system means a centralized and/or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized and/or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Collaborative applicant means the eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds on behalf of the Continuum.

Collective impact means the 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 communication, and mutually reinforcing activities among all participants. EveryOne Home is the name of the collective impact initiative to end homelessness in Alameda County. Additional information may be found in **Appendix C**.

Continuum of Care and Continuum (CoC) means the group organized to carry out the responsibilities required under Interim Rule. In Alameda County the CoC is part of a collective impact effort to end homelessness. It is 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. The CoC can delegate its responsibilities to a board/council, and organizations including the CoC Lead, the Collaborative Applicant, and the HMIS Lead to act on its behalf in fulfilling these responsibilities. (*text partially from §578.3.)

Continuum of Care Lead (CoC Lead) is the entity designated by the CoC to coordinate its operations and planning functions, including the submission of the CoC funding application. EveryOne Home, the organization, is both the CoC Lead and the backbone organization (as defined above).

Continuum of Care Members are persons who have joined in the collective impact initiative to end homelessness in Alameda County. They are members of EveryOne Home.

Eligible applicant means a private nonprofit organization, State, local government, or instrumentality of State and local government.

Geographic Area identifies the region(s) within a Continuum of Care. Alameda County's CoC encompasses all 14 cities and the unincorporated County.

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 in accordance with the Interim Rule to operate the Continuum's HMIS on its behalf.

HUD Continuum of Care Committee (HUD CoC Committee) is the name given to the board which the Interim Rule requires the CoC establish to act on its behalf. The Continuum of Care Committee of EveryOne Home is a part of the collective impact effort to end homelessness in Alameda County.

Interim Rule means the Continuum of Care Program Rule *24 CFR 578,* published July 31, 2012, which details the requirements for establishing and operating a Continuum of Care. Where needed, this Governance Charter provides citations from the Interim Rule.

Leadership Board means the body leading the EveryOne Home collective impact initiative.

Program participant means an individual (including an unaccompanied youth) or family who is assisted with Continuum of Care program funds.

Project means a group of eligible activities, such as HMIS costs, identified as a project in an application to HUD for Continuum of Care funds and includes a structure (or structures) that is (are) acquired, rehabilitated, constructed, or leased with assistance provided under [the Interim Rule] or with respect to which HUD provides rental assistance or annual payments for operating costs, or supportive services under [the Interim Rule].

Recipient means an applicant that signs a grant agreement with HUD.

Subrecipient means a private nonprofit organization, State, local government, or instrumentality of State or local government that receives a subgrant from the recipient to carry out a project.

III.   Continuum of Care Membership/Collective Impact Initiative

<u>Summary</u>: Continuum of Care members are persons who have joined in the collective impact initiative to end homelessness in Alameda County. They are members of EveryOne Home and provide input and vote as individuals, not as representatives of a particular organization, geography or constituency. Membership meetings and activities are staffed by EveryOne Home organizational staff.

A. Continuum of Care Membership Roles and Responsibilities

The Governance Charter assigns the following roles and responsibilities to the Continuum of Care Membership:

1. Hold a minimum of two meetings per year of the full membership, one of which will be the Annual Meeting.
2. Extend an open public invitation for new members to join. Ensure that an updated membership roster is maintained.
3. Adopt and follow the written process for selecting one (1) member to the EveryOne Home Leadership Board.
4. Adopt and follow the written process for selecting three (3) members of the HUD CoC Committee, who will act on behalf of the Continuum as outlined by this Governance Charter.
5. Hold annual elections to fill vacant seats on the Leadership Board and on the HUD CoC Committee.
6. Update the Leadership Board and HUD CoC Committee selection policies no less than every five years.
7. Ratify the initial Governance Charter and approve the annual updates as developed and recommended by the HUD Continuum of Care Committee and approved by the Leadership Board.
8. Utilize the Governance Charter to delegate certain responsibilities (detailed below) for operating the Continuum of Care, designating and operating an HMIS, and Continuum of Care planning to the HUD Continuum of Care Committee, its sub-committees and workgroups, the Continuum of Care Lead Agency (EveryOne Home), the HMIS Lead and the collaborative applicant.
9. Generate ideas and provide strategic input to Leadership Board, HUD Continuum of Care Committee, other committees, workgroups and staff for the annual work plan; systems

changes and improvements to be explored, designed or implemented; and updates needed to the Governance Charter.

B. Continuum of Care Membership

Membership will be open to any individual interested in and committed to ending homelessness in Alameda County, California. Persons will join, provide input, and vote as individuals, not as representatives of a particular organization, geography or constituency. Persons can attend meetings and provide input, but must become members to vote.

To become a member an individual will complete a brief application (available on-line or on paper) with contact information and the opportunity to indicate their experience/relationship to the collective impact initiative's work (i.e. person with lived experience, advocate, non-profit or local government employee, geographic area of the county, type of organization, local government, etc.). This information will be collected by the Continuum of Care Lead to understand who is joining the Initiative/CoC and where more outreach can be done to ensure all stakeholders have the opportunity to engage.

EveryOne Home, the backbone organization, will maintain and update the roster on an annual basis.

C. Continuum of Care Membership Meetings

The Continuum of Care will host no less than two community meetings for the full membership. One will serve as the Annual Meeting and the second will serve to update the membership on work plan implementation, system change initiatives and system performance. Additional meetings may be convened as needed throughout the year.

During the Annual Meeting, the following actions will be taken:

1. Invite new members to join the Continuum.
2. Hold elections to fill one (1) CoC membership representative seat on the EveryOne Home Leadership Board.
3. Hold elections to fill open CoC membership representative seats on the HUD CoC Committee. Initially elections will be held for all three seats and then staggered so that one seat per year is up for election. If a representative leaves before the end of his/her term that seat will also be filled through election at the annual meeting.
4. Vote on recommended changes to the Governance Charter.
5. Generate ideas and provide strategic input for the Leadership Board and the CoC Committee.

Members who do not attend the annual meeting (described below) will be contacted and asked if they wish to maintain their membership. Persons who do not respond, as well as those members who wish to discontinue their membership, will be removed from the roster. Persons can join or rejoin at any time by filling out the membership form.

D. Membership Voting

Decisions will be passed by the majority present at a meeting.

E. Continuum of Care Membership Committees

Committees and workgroups can be established as needed. Membership and selection process will be determined at the time a workgroup is established.

F. Procedure for Selection of Members to the EveryOne Home Leadership Board and the HUD CoC Committee

Elections for seats on the EveryOne Home Leadership Board and the HUD CoC Committee will be held at the Annual Meeting.

Nominations will be invited through a public notice at least thirty (30) days prior to the Annual Meeting. Candidates for the elected seats (one to the Leadership Board and one of the three to the HUD CoC Committee) can be nominated by other CoC members, board members or themselves. Nominees will complete a brief application from which the EveryOne Home staff will produce a ballot of all nominees. Candidates can be nominated from the floor of the Annual Meeting and the ballot will include a space for write-in candidates. If not already a CoC member at the time of nomination, nominees must join the CoC to be elected to the Leadership Board and the HUD CoC Committee.

Open elected seats will be filled by the top vote getters and results will be tabulated at the Annual Meeting. In the case of a tie, the membership will vote again to determine the electee.

IV.   Leadership Board

Summary: The body leading the EveryOne Home collective impact initiative. It is staffed by EveryOne Home organizational staff.

A. Leadership Board Roles and Responsibilities

The Governance Charter assigns the following responsibilities to the Leadership Board and/or its committees and work groups.

1. Establish, launch and oversee mutually reinforcing strategies to end homelessness in Alameda County.

2. Align the activities of stakeholders through common values, goals, expectations, standards, and performance measures to that end.

3. Develop, adopt and oversee an annual work plan for EveryOne Home the collective impact effort.

4. Collaborate to find resources to fund community-wide initiatives.

5. Establish and oversee operations of a centralized assessment system.

6. Seek strategic input from the Continuum of Care Membership; ensure ongoing communications with members on the status of collective impact efforts. In cases where the Leadership Board determines that the recommendations from the membership are not feasible to pursue, the Leadership Board will provide the membership with an explanation for the basis of that determination through electronic communications and/or through updates at the membership's next scheduled meeting.

7. Approve recommended changes to updates to the Governance Charter developed by the HUD CoC Committee before forwarding to the membership for ratification.

B. Leadership Board Membership

The Leadership Board will include high-level staff members (e.g. agency or department heads or organizational directors) who are also members of the larger Continuum of Care Membership. The Leadership Board will have a range of 17 to 25 members; three (3) appointed by the HUD CoC Committee, one (1) elected directly by the CoC Membership annually, and the remaining members appointed/recruited by the Leadership Board itself

In addition to the four seats representing the Continuum of Care general membership and the HUD CoC Committee, the Leadership Board will have representation from organizations as identified in the Interim Final Rule as well as consumers. The Leadership will designate a nominating committee responsible for recruiting remaining open positions. There will be active recruitment if there are gaps needing to be filled.

The Leadership Board will invite the following entities to appoint representatives to serve:

1. Alameda County Community Development Agency (appointed seat)

2.   Alameda County Health Care Services Agency (appointed seat)

3.   Alameda County Social Services Agency (appointed seat)

4.   City of Berkeley (appointed seat)

5.   City of Oakland (appointed seat)

6.   Veterans Affairs (appointed seat)

The nominating committee will recruit members broadly from, but not limited to, the following stakeholder groups.

- Jurisdictions within Alameda County

- School districts

- Law enforcement

- Housing Authorities

- Persons with lived experience of homelessness

- University or other researcher

- Provider organizations

- Housing developers

- Business, philanthropic and faith leaders

The membership of the Leadership Board is intended to represent the geographic, programmatic, and cultural diversity of the continuum.

It is anticipated that different levels of leadership from the same stakeholder groups will want to participate in the collective impact initiative. Therefore an entity can have representatives participate on separate bodies; for example, an agency may have one person serving as a Leadership Board member while another from that same agency could serve on a committee such as the HUD CoC Committee or the Advocacy Committee.

C. Leadership Board Terms

Terms shall be three years and will be staggered such that approximately one-third the seats shall be filled each year. There are no term limits. In order to establish this system, in calendar year 2016, one-third of the board members will serve a twelve-month term (January-December 2016), one-third will serve a twenty four-month term (January 2016-December 2017), and the remaining third will serve a full three-year term (January 2016-December 2018).Leadership Board Officers

The Leadership Board will have two Co-Chairs to serve as its officers. They will be elected by Board members and serve for a term of one year. They are responsible for facilitating the Leadership Board meetings and Steering Committee meetings. At least one Chair will serve as Chair of the Organizational Health Committee and one as the convener of the full membership meetings.

D. Leadership Board Meetings

Board meetings will happen no fewer than four times per year and will be open to the CoC members should they wish to observe. Only board members can vote at board meetings. EveryOne Home staff will provide public notice of meeting times and locations.

A quorum is established when at least 50% +1 of the membership is in attendance at a Board meeting. Members must attend 75% percent of the meetings annually to be considered members in good standing, which shall be verified by EveryOne Home staff.

E. Leadership Board Voting

For voting matters at the Leadership Board meetings, decisions will be passed by a majority of the members present (50% plus 1).

F. Leadership Board Committees

Committees and workgroups to the Leadership Board will be established as needed. Membership and selection process will be determined at the time a workgroup is established. Committees will determine whether they will be led by a single Chair or Co-chairs. Committee quorums will be established as follows unless otherwise specified in committee's charter: decisions will be passed by the majority present at a meeting when the membership is open otherwise vote carries at 50% + 1 at meetings with appointed memberships.

Vacancies of set membership committees will be filled, upon recommendation of a qualified candidate by the Committee Chair(s) and/or Executive Director, by the affirmative vote of the majority of that committee. A Committee member elected to fill the vacancy shall be elected for the unexpired term of his/her predecessor in office.

A brief description of each committee is below;

Committees with set memberships, meaning they are seated through election or appointment

1. Steering Committee- strategizes on the Leadership Board's work; conducts board meeting planning, coordinates the work between committees and arbitrates whether decisions are being made at the appropriate level of the initiative, i.e. those requiring board action versus those delegated to committees.

2. Organizational Health Committee-oversees the budget staffing and operations of EveryOne Home, the CoC lead agency. Manage the health of EveryOne Home the organization. Provide resource development strategies for the organization. Conduct performance review of the Executive Director.   Provide succession planning for the organization. Coordinate and support the priority activities of EveryOne Home in terms of resources and staffing.

3. HUD Continuum of Care Committee- functions as the Continuum of Care Board required by the Interim Rule to act on behalf of the membership to ensure the CoC responsibilities are fulfilled. Those include; operating a Continuum of Care, operating and HMIS, Continuum of Care planning, and preparing an application for Continuum of Care funds (Interim Rule §578.7 and §578.9**)**

4. Funders Collaborative Committee- collaborate on strategies to effectively secure, distribute and sustain resources for the approved coordinated entry system design and the housing crises resolution system envisioned in Alameda County's plan to end homelessness. Includes braiding funding, coordinating requests for proposals, aligning deliverables and performance benchmarks for system components, i.e. outreach, interim housing, rapid rehousing, housing navigation, etc. when possible.

5. Coordinated Entry System Committee- Oversee the implementation, operations, compliance and quality improvement of the Coordinated Entry System. Includes developing/revising policies practices and tools; convening stakeholders as a learning community for operating an effective system; establishing subcommittees/work groups focused on a sub-population or system component as needed (examples include Operation Vets Home for vets or Outreach Roundtable for street outreach workers).

Committees with open membership, meaning interested persons can join at any time.

6. Advocacy/Policy Committee- develop, comment on and advocate for public policies at state federal and local levels that enhance the initiative's ability to end homelessness, particularly by adding funding resources to the effort.

7. *Performance Management*— This committee reviews system performance, recommends changes in measures and benchmarks, works on integration of HMIS with other data system,

determines and ensures production of systemwide dashboards. Recommends strategies to improve system performance.

V. Steering Committee

Summary: strategizes on the Leadership Board's work; conducts board meeting planning, coordinates the work between committees, and arbitrates whether decisions are being made at the appropriate level of the initiative, i.e. those requiring board action versus those delegated to committees.

A. Steering Committee Roles and Responsibilities

1. Plan Leadership Board meeting agenda and oversee content development
2. Monitor and Coordinate the work of Leadership Board Committees
3. When unclear, arbitrate which decisions will be made at the committee level and which at the Leadership Board level.
4. Evaluate new governance structure prior to ratification by the membership.
5. Recruit new members to the Leadership Board, Organizational Health Committee, and HUD Continuum of Care Committee. Maintain Leadership Board Roster; consider applications submitted for positions to the Leadership Board and HUD Continuum of Care Committee from the CoC membership. Ensure the diverse cultures, geographies, and stakeholder areas of expertise are represented on the Leadership Board.   Implement attendance and term limit policies for the committees for which they exist.

B. Steering Committee Membership

Steering members will include the Leadership Board Co-chairs, who will also chair the Steering Committee plus a Chair and/or designee from each committee. This may include work group and sub-committee chairs as needed and determined by the Steering Committee.

C. Steering Committee Terms

Terms shall be for one (1) year and there are no term limits.

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VI.   Organizational Health Committee

<u>Summary</u>: This committee is responsible for managing the fiscal and operational health of EveryOne Home the backbone and continuum of care lead organization. EveryOne Home is a project of Tides, which serves as EveryOne Home's fiscal agent. Per Tides' requirements, EveryOne Home is required to have an Advisory Board that interfaces with Tides on behalf of the organization. Since January 2009, EveryOne Home's Executive Committee has served in this role. Effective January 2016, the newly-named Organizational Health Committee will serve in this capacity. This committee has the authority to review and approve the organizational budget and executive director performance review.

A. Organizational Health Committee Roles and Responsibilities

1. Oversee the budget staffing and operations of EveryOne Home, the Collective Impact backbone organization and the CoC lead agency.
2. Serve as the advisory board for EveryOne Home as a project of Tides.
3. Manage the health of EveryOne Home the organization.
4. Provide resource development strategies for the organization.
5. Coordinate and support the priority activities of the organization in terms of resources and staffing. Negotiate with the Leadership Board to create a match between priority activities and organizational resources needed to accomplish them.
6. Conduct performance review of the Executive Director.
7. Provide succession planning for the organization.

B. Organizational Health Committee Membership

Summary: The committee is small in size (3-5 members); at least 50% of the members would serve on the Leadership Board to encourage cross-representation from this body to the Leadership Board, but all members of this committee do not necessarily need to serve on the Leadership Board. Individuals who bring some experience and interest in organizational management, financial planning, legal, human resources, etc. would be encouraged to participate. At least one of Leadership Board Co-Chairs will serve on the Organizational Health Committee.

C. Organizational Health Committee Terms

Members of the committee shall be elected annually by the Leadership Board per the recommendation of the nominating committee. Terms shall be for one (1) year and there are no term limits.

VII. HUD Continuum of Care Committee

<u>Summary</u>: This committee functions as the Continuum of Care Board required by the Interim Rule to act on behalf of the membership to ensure the CoC responsibilities are fulfilled. Those include; operating a Continuum of Care, operating and HMIS, Continuum of Care planning, and preparing an application for Continuum of Care funds (Interim Rule §578.7 and §578.9)HUD Continuum of Care Committee Roles and Responsibilities

A. HUD Continuum of Care Committee Roles and Responsibilities

The Governance Charter assigns the following responsibilities to the HUD Continuum of Care Committee:

1. Appoint committees, subcommittees or workgroups pertaining to the responsibilities outlined in the Interim Final Rule.
2. Determines costs of complying with HUD mandates
3. Assume many of responsibilities as outlined in the Interim Final Rule.
4. Develop annual updates to the Governance Charter as needed.
5. Provide guiding principles and strategic direction to the NOFA subcommittee for their use in developing an objective ranking and rating process.
6. Develop recommendations for the Leadership Board to establish/update performance targets; monitor, evaluate, and take action to improve poor performance at both the system and provider levels.
7. Evaluate outcomes of Emergency Solutions Grants (ESG) and CoC projects and report to HUD.
8. Establish and ensure written standards are consistently followed for providing CoC assistance including eligibility for transitional housing and rapid rehousing; the percentage of rent each participant must pay in rapid rehousing; and determining and prioritizing which eligible households will receive permanent supportive housing.
9. In collaboration with EveryOne Home staff, conduct the biennial point-in-time count of homeless persons.
10. Conduct an annual gaps analysis of the homeless needs and services to develop recommendations for the Leadership Board. Establish and affirm priorities for funding projects with CoC funds to be approved by the Leadership Board.
11. Provide information required to complete the Consolidated Plans within the Continuum.
12. Consult with local government ESG recipients on allocation of those funds and on evaluating and reporting performance.
13. Approve methodology for the biennial point in time count.
14. Design, operate and follow a collaborative process for applications to be submitted under the CoC NOFA.

      a.   Approve the submission of the application.
15. Develop, adopt and oversee an annual work plan for the HUD CoC Committee.

The HUD Continuum of Care Committee will delegate a number of these responsibilities to Committees and Workgroups as specified in Section V.C. below.

The HUD Continuum of Care Committee will seek and utilize input from the CoC membership to:

1. Develop and recommend annual updates to the Governance Charter when needed.
2. Generate ideas and provide strategic input for the implementation of an annual work plan.
3. Conduct an annual gaps analysis.
4. Set priorities for funding projects with Continuum of Care funds.

B. HUD Continuum of Care Committee Membership

The HUD CoC Committee is a sub-committee of the Leadership Board, not a standalone group. This group meets the definition of the board required to be established per the Interim Rule at §578.5(b); and must follow conflict of interest policies outlined in the Interim Rule at §578.95(b). This group could have crossover with the Leadership Board in terms of agencies represented, but may be different levels of organizational staff. It is staffed by EveryOne Home and HMIS staff.

The HUD CoC Committee will have nine (9) members including six (6) appointed/recruited positions and three (3) elected by the CoC membership.
- The Leadership Board will seat the six members who are not elected by the CoC membership. Interested parties will be invited to submit a written statement indicating their interest in being considered for the Committee; this shall be considered by the Nominating Committee first, then approved by the Leadership Board.
- The CoC membership will seat the three remaining positions on the Committee pursuant to the written policy noted in Section III.C above.
- Once the nine-member committee is established it will designate three of its members to serve on the Leadership Board for a term of 1 year.

The 9 seats will represent the following entities:

1. Two representatives from Alameda County Departments
2. Two representatives from Cities.

3. Two representatives from homeless assistance providers.
4. Two persons with lived experience.
5. One at-large representative.

C. HUD CoC Committee Terms

Terms shall be for three (3) years. There are no term limits. In order to establish this system in calendar year 2016, one-third of the committee members will serve a twelve-month term (January-December 2016), one-third will serve a twenty four-month term (January 2016-December 2017), and the remaining third will serve a full three-year term (January 2016-December 2018).

D. **Subcommittees to the HUD CoC Committee**

Sub-committees and workgroups will be established as needed Membership and selection process will be determined at the time a workgroup is established. Committee quorums will be established as follows unless otherwise specified in committee's charter: decisions will be passed by the majority present at a meeting when the membership is open otherwise vote carries at 50% + 1 at meetings with appointed memberships.

1. NOFA Sub-Committee develops and oversees the local rating and ranking process for Continuum of Care funding. Approve projects for submission in response to the CoC Notice of Funding Availability (NOFA). Members cannot be employed by or related to someone who is employed by a non-profit or government department who is a recipient of CoC or Emergency Solutions Grants (ESG) funds. Members are selected through an application process and approved by the HUD CoC Committee.
2. HMIS Oversight Sub-committee oversees the operations of the HMIS, which includes ensuring compliance with federal requirements, planning, provider participation, coordination of data resources, data integration either with outside systems or with participating agencies' internal data collection systems, updating policies and procedures, recommendations about the software/vendor, supporting and protecting the rights and privacy of service users; review periodic HUD reports; ensure production of HMIS generated dashboards and reports. Membership is open to any stakeholders and includes EveryOne Home staff, HMIS Lead staff jurisdictional and provider agencies who are HMIS users.

VIII.   Funders Collaborative Committee

Summary: The Funders Collaborateive will implement strategies to effectively secure, distribute and sustain resources for the approved coordinated entry system design and the housing crises resolution system envisioned in Alameda County's plan to end homelessness. Includes braiding funding,

coordinating requests for proposals, aligning deliverables and performance benchmarks for system components, i.e. outreach, interim housing, rapid rehousing, housing navigation, etc. when possible.

A. Funders Collaborative Committee Roles and Responsibilities

1. Explore ways to braid various funding sources for common activities into coordinated RFPs and contracts
2. Implement joint monitoring protocols where possible
3. Implement joint training and technical assistance for providers
4. Determine funding needs and advocate for expanded local, state and federal resources as needed.

B. Funders Collaborative Committee Membership

Membership shall consist of a representative of each county department that funds homeless services, all ESG entitlement grantees, any other cities that fund homeless services and wish to participate.

C. Funders Collaborative Committee Terms

The committee does not have terms or term limits.

IX.   Coordinated Entry System Committee

Summary: This committee will implement and oversee the operations of the Coordinated Entry System. Co-chairs will consist be elected by the Committee

A. Coordinated Entry System Committee Roles and Responsibilities

1. Develop and recommend policies, practices, and tools for the coordinated entry system.
2. Monitor and revise system-wide policies and practices for operating the coordinated entry system to improve operations and support system outcomes.
3. Convene stakeholders as a learning community for operating an effective coordinated entry system.

B. Coordinated Entry System Committee Membership

Membership will include at a minimum, 1-2 current or former users of the CES system, the three county departments funding CES operations (HCSA, HCD, and SSA), city representatives from the

cities in which hubs are located, HMIS and CoC Lead staff, lead agencies for each hub, any county-wide functions (e.g. call center) that are not otherwise represented, and at least one provider that refers to, but does not operate within, a hub.

C. Coordinated Entry System Committee Terms

The committee does not have terms or term limits.

D. Subcommittees to the Coordinated Entry System Committee

Sub-committees and workgroups will be established as needed. Membership and selection process will be determined at the time a workgroup is established. Committee quorums will be established as follows unless otherwise specified in committee's charter: decisions will be passed by the majority present at a meeting when the membership is open otherwise vote carries at 50% + 1 at meetings with appointed memberships. Current workgroups include Home Stretch and Operation Vets Home where membership is open to any stakeholders.

X.   Performance Management Committee

Summary: This committee is open to any interested stakeholders. It reviews system performance on a quarterly basis, recommends changes in measures and benchmarks, works on integration of HMIS with other data system, determines and ensures production of systemwide dashboards. Recommends strategies to improve system performance.

A. Performance Management Committee Roles and Responsibilities

1. Regulary review system performance.
2. Ensure publication of dashboards and other performance reports to keep public informed of progress toward the goal of ending homelessness
3. Recommend changes in performance measures and benmarks.
4. Recommend strategies to improve performance of the system.

B. Performance Management Committee Membership

This committee has an open membership. Interested stakeholders can join at any time. An invitation to join the committee will be issued a minimum of once per year at the annual meeting.

C. Performance Management Committee Terms

The committee does not have terms or term limits.

XI.   Advocacy Committee

Summary: This committee is open to any interested stakeholders. It develops, comments on and advocates for public policies at state federal and local levels that enhance the initiative's ability to end homelessness, particularly by adding funding resources to the effort.

D. Advocacy Committee Roles and Responsibilities

5. Develop an annual advocacy work plan for the Leadership to adopt, including policy development and public education at the local, state and federal levels.
6. Review requests to EveryOne Home to endorse or oppose policies and legislation. Ensure the endorsement policy is followed with regard to items that can be resolved at the Committee level and those requiring a Leadership Board decision.
7. Craft and implement advocacy campaign strategies including outreach to EveryOne Home Stakeholders

E. Advocacy Committee Membership

This committee has an open membership. Interested stakeholders can join at any time. An invitation to join the committee will be issued a minimum of once per year at the annual meeting.

F. Advocacy Committee Terms

The committee does not have terms or term limits.

XII.   Standards for Providing Continuum of Care Assistance

A. General Eligibility for Assistance Policies

This CoC operates using a Housing First approach to delivering services and screening for eligibility. Programs prioritize rapid placement and stabilization in permanent housing. They do not have clinical or income thresholds for entry into their programs.

The CoC has prioritized services for those who are "literally homeless", living in emergency shelters, on the streets and other places not meant for human habitation. The HUD definition of homelessness is included in **Appendix D.**

B. Policies for Determining and Prioritizing which Eligible Households Receive Transitional Housing

These policies are still under development

C. Policies for Determining and Prioritizing which Eligible Households Receive Rapid Rehousing Assistance

These eligibility standards were adopted for Rapid Rehousing funded by Emergency Solutions Grant funding. They were adopted in 2013. Additional funding sources have since become available, and policies are being updated to integrate these sources. The ESG policy manual is included as **Appendix E.**

1. Rapid rehousing provides financial assistance and supportive services to individuals or families that are literally homeless, staying in shelter or transitional housing or on the streets or other places not suitable for human habitation, or exiting institutions and having entered from one of these locations. Eligibility for rapid rehousing includes those fleeing domestic violence who are living in one of the places named above.
2. In keeping with the intentions of the program, rapid rehousing assistance will be used primarily to serve households that are:
   1) Adults or family households able to be rehoused rapidly without anticipation of an ongoing subsidy, with ESG financial assistance anticipated to be of six months or less duration;
   2) Adults or family households able to be rehoused rapidly with an ongoing subsidy from another source anticipated within six months of ESG program participation
   3) Transition-age youth, especially those recently discharged from foster care, who are able to be rehoused rapidly without anticipation of an ongoing subsidy, with ESG assistance of eighteen months or less duration..

D. Policies for Determining Rent Amounts Eligible Households Receiving Rapid Rehousing Assistance Must Pay

These standards for rent amounts were adopted for Rapid Rehousing funded by Emergency Solutions Grant funding. They were adopted in 2013. Additional funding sources have since become available, and policies are being updated to integrate these sources.

1. For rental assistance payments, households with any income are expected to contribute either 50% of their income, or 50% of the rent, whichever is lower. An exception to this rule may be made for persons with disabilities who are anticipated to receive a permanent subsidy within six months of their ESG program enrollment.

2. With supervisor approval, households may be permitted to contribute less toward the rent for a brief period to cover other extraordinary costs. The program may pay the entire rent on behalf of households that have no income.

E. Policies for Determining and Prioritizing which Eligible Households Receive Permanent Supportive Housing

Per the Prioritization Policy adopted by the Leadership Board in January 2015 the following individuals and families are prioritized for all permanent supportive housing, HUD and non-HUD funded. The full policy is attached as **Appendix F.**

1. The household meets the HUD CoC definition for "chronic homelessness" OR the household met the criteria for this definition prior to entering government-funded transitional housing for homeless persons. And,
2. The household is in *at least one* of the *high service need* groups:
     i. Frequent user of other mainstream emergency health and law enforcement, or
     ii. High health risk as verified by clinician or health record, or
     iii. A score of 4 or greater on the TAY Self Assessment Tool, or
     iv. A score of 10 or more on the VISPDAT Assessment Tool.

F. *Other Standards for Providing Assistance*

1.   Families seeking emergency shelter, transitional housing, and permanent housing from the Continuum will not be denied admission to services or required to separate any from other members based on age, sex or gender when entering shelter or housing.

2.   All school aged children residing in Continuum programs will be required to register for school within 5 business days during the school year.

3.   All individuals, families, and youth exiting from Continuum programs to permanent housing, with or without ongoing services, will be encouraged by the current provider to contact them and/or the regional Rapid Rehousing provider should the household's housing become at risk in order to avoid future episodes of homelessness.

4.   Continuum of providers will screen service users for all mainstream benefits to which they may be entitled and assist them in applying for and securing such benefits, including but not limited to health care, income supports and food assistance.

XIII.   Homeless Management Information System (HMIS)

A. Designated HMIS

The Alameda County Continuum of Care will establish and maintain database system that collects and reports on and the universal data elements as required by HUD. The HMIS facilitates effective and

streamlined services to individuals-served as well as creating information that communities can use to determine the use and effectiveness of services.

HMIS is designed and intended to benefit multiple stakeholders, including persons using homeless and/or at-risk of homelessness-targeted services, provider agencies, jurisdictions, other systems of care, funders and the community. Improved knowledge gained from HMIS about various communities with special needs and their service usage aides with providing a more effective and efficient service delivery system. By community partner agreement, the HMIS database operates as a shared system: permission granted by an individual-served allows for all HMIS-entering Covered Homeless Organizations (CHOs) to have viewership of client level data (excluding Case Management tasks).

B. Designated HMIS Lead

The Alameda County Continuum of Care designates the Alameda County Department of Housing and Community Development (HCD) as its HMIS Lead. It administers the HMIS funds provided by Continuum of Care funding as well as the local match.

The Continuum delegates the following responsibilities to the HMIS Lead:

1. Enter into written HMIS Participation Agreements with each Contributing HMIS Organization (CHO) requiring the CHO to comply with federal regulations regarding HMIS and imposing sanctions for failure to comply; and maintain documentation of these agreements.
2. In collaboration with the the HUD COC Committee and the Continuum of Care Lead Agency, EveryOne Home will
    a. Review, revise and approve the policies and plans required by federal regulation;
    b. Create and update the Data Quality Plan;
    c. Coordinate and submit Housing Inventory Chart, and Annual Homeless Assessment Reports; and
    d. Adopt written policies and procedures for the operation of the HMIS that apply to the HMIS Lead, its CHOs, and the Continuum of Care.
3. Oversee the day-to-day operation of HMIS.
4. Provide staffing for HMIS.
5. Provide technical support to participating agencies.
6. Provide training on privacy, and software related issues.
7. Regularly review data quality (monthly) take necessary actions to maintain input of high-quality data from all HMIS-utilizing agencies.
8. In conjunction with EveryOne Home, coordinate and submit the Point in Time Count and CoC funding application.

9. Submit a security plan, an updated data quality plan, and a privacy policy to the Leadership Board for approval within 6 months after the effective date of the HUD final rule establishing the requirements of these plans. The HMIS Lead must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the Continuum membership and the Leadership Board and applicable entities. The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the Leadership Board.

10. Solicits HMIS User feedback – including operational milestones, system functionality and ease of use, and progress. Feedback will come from the following groups that are open to all CHOs:

   The HMIS User Group--will work with the HMIS Lead to:

   1. Provide recommendations on use of software and software enhancements.
   2. Trouble-shoot frequent data quality errors.
   3. Recommend modifications to HMIS staff created reports.

XIV. Process for responding to the Continuum of Care Notice of Funding Availability

A. **The Collaborative Applicant**

The Continuum of Care designates Alameda County Department of Housing and Community Development (HCD) as the Collaborative Applicant for Continuum of Care funding. The Collaborative Applicant will:

1. Review, verify and submit \ the Grants Inventory Worksheet.
2. Register the Continuum of Care.
3. Review the budgets and narratives of all Project Applications and facilitate the submission of all Project Applications after they have been rated, ranked and approved by the NOFA Committee.
4. Work with EveryOne Home to complete the Continuum of Care application, formerly known as Exhibit 1.
5. Approve and assist projects with making amendments to their project budgets and other assistance they may need in working with the local HUD field office.
6. Consult the Continuum of Care Lead Agency regarding negotiations with HUD on behalf of projects.

B. **The Continuum of Care Lead Agency**

EveryOne Home serves as the Continuum of Care Lead Agency and will:

1. Provide staff support to the NOFA Committee and the local rating, ranking and prioritization process for Continuum of Care funds.
2. Facilitate the input of the Continuum membership into establishing priorities and giving feedback on scoring criteria and the application process.
3. In partnership with the Collaborative Applicant complete the Continuum of Care application.
4. Approve all requests for amendments and/or changes to CoC projects that occur outside of the annual renewal process.
5. Staff the HUD Continuum of Care Committee and its sub-committees.

C. **The Continuum of Care NOFA Committee**

As noted above, the NOFA Committee will oversee the local rating and ranking process and approve the projects applications to be submitted for funding. The Committee will:

1. Develop a local application and scoring criteria in compliance with the requirements of the NOFA.
2. Read and score proposals.

3. Approve the final priority list of projects to be included in the CoC application package.
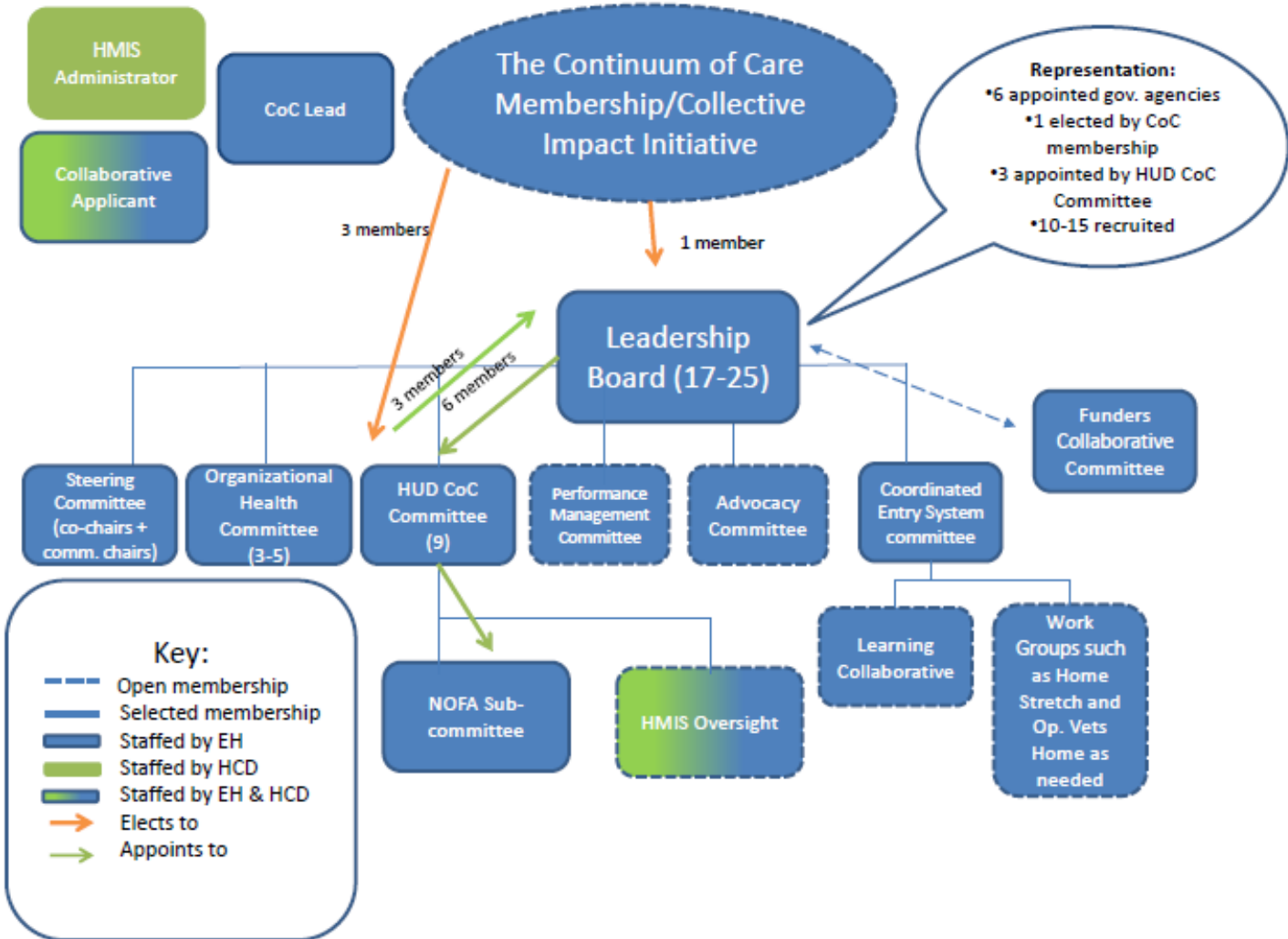

XV. Conflict of Interest Requirements

All Continuum, Leadership Board, and Committee members will abide by §578.95 (Conflicts of Interest) in the Interim Rule. Members of the Organizational Health Committee, Leadership Board and all Selected membership committees will be required annually to sign the Tides Conflict of Interest form. General Continuum Membership, Leadership Board, and all Committee members (both selected and open membership) will disclose potential conflicts when the topics of funding awards or other financial benefits that could be gained or lost by an organization which they represent as an employee, agent, consultant or board member or their spouse represents are under consideration by the group in which they are participating. If a conflict of interest exists, the member(s) will recuse themselves from the discussion and any related votes that take place.

The Continuum desires that it, and those entities to which it has delegated authority, make informed as well as non-conflicted decisions. The annual gaps analysis, eligibility criteria for who gets served by what resources in the Continuum, prioritization of who gets served, performance targets, etc. are best developed and refined with broad stakeholder input. Funded projects and jurisdictions will not be deemed conflicted in discussions on these topics nor in providing input on local priorities for Continuum of Care Funding and refinements the scoring criteria for projects or the application process. The NOFA Committee will evaluate the merits of the input and will make the final determination on the scoring criteria and application process.

As noted above members of the NOFA Committee cannot be an employee, agent and consultant or board member of or married to someone who is, any non-profit or government department that is a recipient or sub-recipient of Continuum of Care Funding. The same restriction applies to the any involvement the CoC

APPENDIX A – Organizational Chart

Alameda County Continuum of Care/EveryOne Home Governance Charter, September 2016

APPENDIX B – Interim Rule

FEDERAL REGISTER

| Vol. 77 | Tuesday, |
| No. 147 | July 31, 2012 |

Part II

Department of Housing and Urban Development

24 CFR Part 578
Homeless Emergency Assistance and Rapid Transition to Housing:
Continuum of Care Program; Interim Final Rule

or annual payments for operating costs, or supportive services under this subtitle.

Recipient means an applicant that signs a grant agreement with HUD.

Safe haven means, for the purpose of defining chronically homeless, supportive housing that meets the following:

(1) Serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services;

(2) Provides 24-hour residence for eligible persons for an unspecified period;

(3) Has an overnight capacity limited to 25 or fewer persons; and

(4) Provides low-demand services and referrals for the residents.

State means each of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Marianas, and the Virgin Islands.

Subrecipient means a private nonprofit organization, State, local government, or instrumentality of State or local government that receives a subgrant from the recipient to carry out a project.

Transitional housing means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

Unified Funding Agency (UFA) means an eligible applicant selected by the Continuum of Care to apply for a grant for the entire Continuum, which has the capacity to carry out the duties in § 578.11(b), which is approved by HUD and to which HUD awards a grant.

Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic vio-

lence transitional housing programs, and other programs.

Subpart B—Establishing and Operating a Continuum of Care

§ 578.5 Establishing the Continuum of Care.

(a) *The Continuum of Care.* Representatives from relevant organizations within a geographic area shall establish a Continuum of Care for the geographic area to carry out the duties of this part. Relevant organizations include nonprofit homeless assistance 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, and organizations that serve veterans and homeless and formerly homeless individuals.

(b) *The board.* The Continuum of Care must establish a board to act on behalf of the Continuum using the process established as a requirement by § 578.7(a)(3) and must comply with the conflict-of-interest requirements at § 578.95(b). The board must:

(1) Be representative of the relevant organizations and of projects serving homeless subpopulations; and

(2) Include at least one homeless or formerly homeless individual.

(c) *Transition.* Continuums of Care shall have 2 years after August 30, 2012 to comply with the requirements of paragraph (b) of this section.

§ 578.7 Responsibilities of the Continuum of Care.

(a) *Operate the Continuum of Care.* The Continuum of Care must:

(1) Hold meetings of the full membership, with published agendas, at least semi-annually;

(2) Make an invitation for new members to join publicly available within the geographic at least annually;

(3) Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years;

(4) Appoint additional committees, subcommittees, or workgroups;

(5) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board;

(6) Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers;

(7) Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;

(8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

(9) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

(i) Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;

(ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;

(iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;

(iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;

(v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and

(vi) Where the Continuum is designated a high-performing community, as described in subpart G of this part, policies and procedures set forth in 24 CFR 576.400(e)(3)(vi), (e)(3)(vii), (e)(3)(viii), and (e)(3)(ix).

(b) *Designating and operating an HMIS.* The Continuum of Care must:

(1) Designate a single Homeless Management Information System (HMIS) for the geographic area;

(2) Designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead;

(3) Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.

(4) Ensure consistent participation of recipients and subrecipients in the HMIS; and

(5) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

(c) *Continuum of Care planning.* The Continuum must develop a plan that includes:

(1) Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:

(i) Outreach, engagement, and assessment;

(ii) Shelter, housing, and supportive services;

(iii) Prevention strategies.

(2) Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:

(i) Homeless persons who are living in a place not designed or ordinarily

used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.

(11) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.

(iii) Other requirements established by HUD by Notice.

(3) Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;

(4) Providing information required to complete the Consolidated Plan(s) within the Continuum's geographic area;

(5) Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum's geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and subrecipients.

§ 578.9 Preparing an application for funds.

(a) The Continuum must:

(1) Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD under § 578.19 of this subpart;

(2) Establish priorities for funding projects in the geographic area;

(3) Determine if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted for the projects within the geographic area;

(i) If more than one application will be submitted, designate an eligible applicant to be the collaborative applicant that will collect and combine the required application information from all applicants and for all projects within the geographic area that the Continuum has selected funding. The collaborative applicant will also apply for Continuum of Care planning activities. If the Continuum is an eligible applicant, it may designate itself;

(ii) If only one application will be submitted, that applicant will be the collaborative applicant and will collect and combine the required application information from all projects within the geographic area that the Continuum has selected for funding and apply for Continuum of Care planning activities;

(b) The Continuum retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the Continuum. This includes approving the Continuum of Care application.

§ 578.11   Unified Funding Agency.

(a) *Becoming a Unified Funding Agency.* To become designated as the Unified Funding Agency (UFA) for a Continuum, a collaborative applicant must be selected by the Continuum to apply to HUD to be designated as the UFA for the Continuum.

(b) *Criteria for designating a UFA.* HUD will consider these criteria when deciding whether to designate a collaborative applicant a UFA:

(1) The Continuum of Care it represents meets the requirements in § 578.7;

(2) The collaborative applicant has financial management systems that meet the standards set forth in 24 CFR 84.21 (for nonprofit organizations) and 24 CFR 85.20 (for States);

(3) The collaborative applicant demonstrates the ability to monitor subrecipients; and

(4) Such other criteria as HUD may establish by NOFA.

(c) *Requirements.* HUD-designated UFAs shall:

(1) Apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area.

(2) Enter into legally binding agreements with subrecipients, and receive and distribute funds to subrecipients for all projects within the geographic area.

(3) Require subrecipients to establish fiscal control and accounting procedures as necessary to assure the proper disbursal of and accounting for federal funds in accordance with the requirements of 24 CFR parts 84 and 85 and corresponding OMB circulars.

(4) Obtain approval of any proposed grant agreement amendments by the

Continuum of Care before submitting a request for an amendment to HUD.

§ 578.13   Remedial action.

(a) If HUD finds that the Continuum of Care for a geographic area does not meet the requirements of the Act or its implementing regulations, or that there is no Continuum for a geographic area, HUD may take remedial action to ensure fair distribution of grant funds within the geographic area. Such measures may include:

(1) Designating a replacement Continuum of Care for the geographic area;

(2) Designating a replacement collaborative applicant for the Continuum's geographic area; and

(3) Accepting applications from other eligible applicants within the Continuum's geographic area.

(b) HUD must provide a 30-day prior written notice to the Continuum and its collaborative applicant and give them an opportunity to respond.

Subpart C—Application and Grant Award Process

§ 578.15   Eligible applicants.

(a) *Who may apply.* Nonprofit organizations, States, local governments, and instrumentalities of State or local governments are eligible to apply for grants.

(b) *Designation by the Continuum of Care.* Eligible applicant(s) must have been designated by the Continuum of Care to submit an application for grant funds under this part. The designation must state whether the Continuum is designating more than one applicant to apply for funds and, if it is, which applicant is being designated as the collaborative applicant. If the Continuum is designating only one applicant to apply for funds, the Continuum must designate that applicant to be the collaborative applicant.

(c) *Exclusion.* For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.

§ 578.17   Overview of application and grant award process.

(a) *Formula.* (1) After enactment of the annual appropriations act for each fiscal year, and issuance of the NOFA, HUD will publish, on its Web site, the Preliminary Pro Rata Need (PPRN) assigned to metropolitan cities, urban counties, and all other counties.

(2) HUD will apply the formula used to determine PPRN established in paragraph (a)(3) of this section, to the amount of funds being made available under the NOFA. That amount is calculated by:

(1) Determining the total amount for the Continuum of Care competition in accordance with section 413 of the Act or as otherwise directed by the annual appropriations act;

(ii) From the amount in paragraph (a)(2)(i) of this section, deducting the amount published in the NOFA as being set aside to provide a bonus to geographic areas for activities that have proven to be effective in reducing homelessness generally or for specific subpopulations listed in the NOFA or achieving homeless prevention and independent living goals established in the NOFA and to meet policy priorities set in the NOFA; and

(iii) Deducting the amount of funding necessary for Continuum of Care planning activities and UFA costs.

(3) PPRN is calculated on the amount determined under paragraph (a)(2) of this section by using the following formula:

(i) Two percent will be allocated among the four insular areas (American Samoa, Guam, the Commonwealth of the Northern Marianas, and the Virgin Islands) on the basis of the ratio of the population of each insular area to the population of all insular areas.

(ii) Seventy-five percent of the remaining amount will be allocated, using the Community Development Block Grant (CDBG) formula, to metropolitan cities and urban counties that have been funded under either the Emergency Shelter Grants or Emergency Solutions Grants programs in any one year since 2004.

(iii) The amount remaining after the allocation under paragraphs (a)(1) and (2) of this section will be allocated, using the CDBG formula, to metropolitan cities and urban counties that have not been funded under the Emergency Solutions Grants program in any year since 2004 and all other counties in the United States and Puerto Rico.

APPENDIX C—Collective Impact Background

Stanford SOCIAL INNOVATION REVIEW

Collective Impact
By John Kania & Mark Kramer

Stanford Social Innovation Review
Winter 2011

Alameda County Continuum of Care/EveryOne Home Governance Charter, September 2016

Collective Impact

Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations.

The scale and complexity of the U.S. public education system has thwarted attempted reforms for decades. Major funders, such as the Annenberg Foundation, Ford Foundation, and Pew Charitable Trusts have abandoned many of their efforts in frustration after acknowledging their lack of progress. Once the global leader—after World War II the United States had the highest high school graduation rate in the world—the country now ranks 18th among the top 24 industrialized nations, with more than 1 million secondary school students dropping out every year. The heroic efforts of countless teachers, administrators, and nonprofits, together with billions of dollars in charitable contributions, may have led to important improvements in individual schools and classrooms, yet system-wide progress has seemed virtually unobtainable.

Against these daunting odds, a remarkable exception seems to be emerging in Cincinnati. Strive, a nonprofit subsidiary of KnowledgeWorks, has brought together local leaders to tackle the student achievement crisis and improve education throughout greater Cincinnati and northern Kentucky. In the four years since the group was launched, Strive partners have improved student success in dozens of key areas across three large public school districts. Despite the recession and budget cuts, 34 of the 53 success indicators that Strive tracks have shown positive trends, including high school graduation rates, fourth-grade reading and math scores, and the number of preschool children prepared for kindergarten.

Why has Strive made progress when so many other efforts have failed? It is because a core group of community leaders decided to abandon their individual agendas in favor of a collective approach to improving student achievement. More than 300 leaders of local organizations agreed to participate, including the heads of influential private and corporate foundations, city government officials, school district representatives, the presidents of eight universities and community colleges, and the executive directors of hundreds of education-related nonprofit and advocacy groups.

These leaders realized that fixing one point on the educational continuum—such as better after-school programs—wouldn't make much difference unless all parts of the continuum improved at the same time. No single organization, however innovative or powerful, could accomplish this alone. Instead, their ambitious mission became to coordinate improvements at *every* stage of a young person's life, from "cradle to career."

Strive didn't try to create a new educational program or attempt to convince donors to spend more money. Instead, through a carefully structured process, Strive focused the entire educational community on a single set of goals, measured in the same way. Participating organizations are grouped into 15 different Student Success Networks (SSNs) by type of activity, such as early childhood education or tutoring. Each SSN has been meeting with coaches and facilitators for two hours every two weeks for the past three years, developing shared performance indicators, discussing their progress, and most important, learning from each other and aligning their efforts to support each other.

Strive, both the organization and the process it helps facilitate, is an example of *collective impact*, the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different. 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 communication, and mutually reinforcing activities among all participants.

Although rare, other successful examples of collective impact are addressing social issues that, like education, require many different players to change their behavior in order to solve a complex problem. In 1993, Marjorie Mayfield Jackson helped found the Elizabeth River Project with a mission of cleaning up the Elizabeth River in southeastern Virginia, which for decades had been a dumping ground for industrial waste. They engaged more than 100 stakeholders, including the city governments of Chesapeake, Norfolk, Portsmouth, and Virginia Beach, Va., the Virginia Department of Environmental Quality, the U.S. Environmental Protection Agency (EPA), the U.S. Navy, and dozens of local businesses, schools, community groups, environmental organizations, and universities, in developing an 18-point plan to restore the watershed. Fifteen years later, more than 1,000 acres of watershed land have been conserved or restored, pollution has been reduced by more than 215 million pounds, concentrations of the most severe carcinogen have been cut sixfold, and water quality has significantly improved. Much remains to be done before the river is fully restored, but already 27 species of fish and oysters are thriving in the restored wetlands, and bald eagles have returned to nest on the shores.

Or consider Shape up Somerville, a citywide effort to reduce and prevent childhood obesity in elementary school children in Somerville, Mass. Led by Christina Economos, an associate professor at Tufts University's Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy, and

funded by the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, Blue Cross Blue Shield of Massachusetts, and United Way of Massachusetts Bay and Merrimack Valley, the program engaged government officials, educators, businesses, nonprofits, and citizens in collectively defining wellness and weight gain prevention practices. Schools agreed to offer healthier foods, teach nutrition, and promote physical activity. Local restaurants received a certification if they served low-fat, high nutritional food. The city organized a farmers' market and provided healthy lifestyle incentives such as reduced-price gym memberships for city employees. Even sidewalks were modified and crosswalks repainted to encourage more children to walk to school. The result was a statistically significant decrease in body mass index among the community's young children between 2002 and 2005.

Even companies are beginning to explore collective impact to tackle social problems. Mars, a manufacturer of chocolate brands such as M&M's, Snickers, and Dove, is working with NGOs, local governments, and even direct competitors to improve the lives of more than 500,000 impoverished cocoa farmers in Cote d'Ivoire, where Mars sources a large portion of its cocoa. Research suggests that better farming practices and improved plant stocks could triple the yield per hectare, dramatically increasing farmer incomes and improving the sustainability of Mars's supply chain. To accomplish this, Mars must enlist the coordinated efforts of multiple organizations: the Cote d'Ivoire government needs to provide more agricultural extension workers, the World Bank needs to finance new roads, and bilateral donors need to support NGOs in improving health care, nutrition, and education in cocoa growing communities. And Mars must find ways to work with its direct competitors on pre-competitive issues to reach farmers outside its supply chain.

These varied examples all have a common theme: that large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations. Evidence of the effectiveness of this approach is still limited, but these examples suggest that substantially greater progress could be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses, and the public were brought together around a common agenda to create collective impact. It doesn't happen often, not because it is impossible, but because it is so rarely attempted. Funders and nonprofits alike overlook the potential for collective impact because they are used to focusing on independent action as the primary vehicle for social change.

ISOLATED IMPACT
Most funders, faced with the task of choosing a few grantees from many applicants, try to ascertain which organizations make the greatest contribution toward solving a social problem. Grantees, in

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turn, compete to be chosen by emphasizing how their individual activities produce the greatest effect. Each organization is judged on its own potential to achieve impact, independent of the numerous other organizations that may also influence the issue. And when a grantee is asked to evaluate the impact of its work, every attempt is made to isolate that grantee's individual influence from all other variables.

In short, the nonprofit sector most frequently operates using an approach that we call *isolated impact*. It is an approach oriented toward finding and funding a solution embodied within a single organization, combined with the hope that the most effective organizations will grow or replicate to extend their impact more widely. Funders search for more effective interventions as if there were a cure for failing schools that only needs to be discovered, in the way that medical cures are discovered in laboratories. As a result, nearly 1.4 million nonprofits try to invent independent solutions to major social problems, often working at odds with each other and exponentially increasing the perceived resources required to make meaningful progress. Recent trends have only reinforced this perspective. The growing interest in venturephilanthropy and social entrepreneurship, for example, has greatly benefited the social sector by identifying and accelerating the growth of many high-performing nonprofits, yet it has also accentuated an emphasis on scaling up a few select organizations as the key to social progress.

Despite the dominance of this approach, there is scant evidence that isolated initiatives are the best way to solve many social problems in today's complex and interdependent world. No single organization is responsible for any major social problem, nor can any single organization cure it. In the field of education, even the most highly respected nonprofits—such as the Harlem Children's Zone, Teach for America, and the Knowledge Is Power Program (KIPP)—have taken decades to reach tens of thousands of children, a remarkable achievement that deserves praise, but one that is three orders of magnitude short of the tens of millions of U.S. children that need help.

The problem with relying on the isolated impact of individual organizations is further compounded by the isolation of the nonprofit sector. Social problems arise from the interplay of governmental and commercial activities, not only from the behavior of social sector organizations. As a result, complex problems can be solved only by cross-sector coalitions that engage those outside the nonprofit sector.

We don't want to imply that all social problems require collective impact. In fact, some problems are best solved by individual organizations. In "Leading Boldly," an article we wrote with Ron Heifetz for the winter 2004 issue of the *Stanford Social Innovation Review*, we described the difference

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between*technical problems* and *adaptive problems*. Some social problems are technical in that the problem is well defined, the answer is known in advance, and one or a few organizations have the ability to implement the solution. Examples include funding college scholarships, building a hospital, or installing inventory controls in a food bank. Adaptive problems, by contrast, are complex, the answer is not known, and even if it were, no single entity has the resources or authority to bring about the necessary change. Reforming public education, restoring wetland environments, and improving community health are all adaptive problems. In these cases, reaching an effective solution requires learning by the stakeholders involved in the problem, who must then change their own behavior in order to create a solution.

Shifting from isolated impact to collective impact is not merely a matter of encouraging more collaboration or public-private partnerships. It requires a systemic approach to social impact that focuses on the relationships between organizations and the progress toward shared objectives. And it requires the creation of a new set of nonprofit management organizations that have the skills and resources to assemble and coordinate the specific elements necessary for collective action to succeed.

THE FIVE CONDITIONS OF COLLECTIVE SUCCESS
Our research shows that successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.

Common Agenda Collective impact requires all participants to have a shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions. Take a close look at any group of funders and nonprofits that believe they are working on the same social issue, and you quickly find that it is often not the same issue at all. Each organization often has a slightly different definition of the problem and the ultimate goal. These differences are easily ignored when organizations work independently on isolated initiatives, yet these differences splinter the efforts and undermine the impact of the field as a whole. Collective impact requires that these differences be discussed and resolved. Every participant need not agree with every other participant on all dimensions of the problem. In fact, disagreements continue to divide participants in all of our examples of collective impact. All participants must agree, however, on the primary goals for the collective impact initiative as a whole. The Elizabeth River Project, for

example, had to find common ground among the different objectives of corporations, governments, community groups, and local citizens in order to establish workable cross-sector initiatives. Funders can play an important role in getting organizations to act in concert. In the case of Strive, rather than fueling hundreds of strategies and nonprofits, many funders have aligned to support Strive's central goals. The Greater Cincinnati Foundation realigned its education goals to be more compatible with Strive, adopting Strive's annual report card as the foundation's own measures for progress in education. Every time an organization applied to Duke Energy for a grant, Duke asked, "Are you part of the [Strive] network?" And when a new funder, the Carol Ann and Ralph V. Haile Jr./U.S. Bank Foundation, expressed interest in education, they were encouraged by virtually every major education leader in Cincinnati to join Strive if they wanted to have an impact in local education.[1]

Shared Measurement Systems Developing a shared measurement system is essential to collective impact. Agreement on a common agenda is illusory without agreement on the ways success will be measured and reported. Collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organizations not only ensures that all efforts remain aligned, it also enables the participants to hold each other accountable and learn from each other's successes and failures.

It may seem impossible to evaluate hundreds of different organizations on the same set of measures. Yet recent advances in Web-based technologies have enabled common systems for reporting performance and measuring outcomes. These systems increase efficiency and reduce cost. They can also improve the quality and credibility of the data collected, increase effectiveness by enabling grantees to learn from each other's performance, and document the progress of the field as a whole.[2]

All of the preschool programs in Strive, for example, have agreed to measure their results on the same criteria and use only evidence-based decision making. Each type of activity requires a different set of measures, but all organizations engaged in the same type of activity report on the same measures. Looking at results across multiple organizations enables the participants to spot patterns, find solutions, and implement them rapidly. The preschool programs discovered that children regress during the summer break before kindergarten. By launching an innovative "summer bridge" session, a technique more often used in middle school, and implementing it simultaneously in all preschool programs, they increased the average kindergarten readiness scores throughout the region by an average of 10 percent in a single year.[3]

Mutually Reinforcing Activities Collective impact initiatives depend on a diverse group of stakeholders working together, not by requiring that all participants do the same thing, but by encouraging each

participant to undertake the specific set of activities at which it excels in a way that supports and is coordinated with the actions of others.

The power of collective action comes not from the sheer number of participants or the uniformity of their efforts, but from the coordination of their differentiated activities through a mutually reinforcing plan of action. Each stakeholder's efforts must fit into an overarching plan if their combined efforts are to succeed. The multiple causes of social problems, and the components of their solutions, are interdependent. They cannot be addressed by uncoordinated actions among isolated organizations.

All participants in the Elizabeth River Project, for example, agreed on the 18-point watershed restoration plan, but each is playing a different role based on its particular capabilities. One group of organizations works on creating grassroots support and engagement among citizens, a second provides peer review and recruitment for industrial participants who voluntarily reduce pollution, and a third coordinates and reviews scientific research.

The 15 SSNs in Strive each undertake different types of activities at different stages of the educational continuum. Strive does not prescribe what practices each of the 300 participating organizations should pursue. Each organization and network is free to chart its own course consistent with the common agenda, and informed by the shared measurement of results.

Continuous Communication Developing trust among nonprofits, corporations, and government agencies is a monumental challenge. Participants need several years of regular meetings to build up enough experience with each other to recognize and appreciate the common motivation behind their different efforts. They need time to see that their own interests will be treated fairly, and that decisions will be made on the basis of objective evidence and the best possible solution to the problem, not to favor the priorities of one organization over another.

Even the process of creating a common vocabulary takes time, and it is an essential prerequisite to developing shared measurement systems. All the collective impact initiatives we have studied held monthly or even biweekly in-person meetings among the organizations' CEO-level leaders. Skipping meetings or sending lower-level delegates was not acceptable. Most of the meetings were supported by external facilitators and followed a structured agenda.

The Strive networks, for example, have been meeting regularly for more than three years. Communication happens between meetings too: Strive uses Web-based tools, such as Google

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Groups, to keep communication flowing among and within the networks. At first, many of the leaders showed up because they hoped that their participation would bring their organizations additional funding, but they soon learned that was not the meetings' purpose. What they discovered instead were the rewards of learning and solving problems together with others who shared their same deep knowledge and passion about the issue.

Backbone Support Organizations Creating and managing collective impact requires a separate organization and staff with a very specific set of skills to serve as the backbone for the entire initiative. Coordination takes time, and none of the participating organizations has any to spare. The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails.

The backbone organization requires a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly. Strive has simplified the initial staffing requirements for a backbone organization to three roles: project manager, data manager, and facilitator.

Collective impact also requires a highly structured process that leads to effective decision making. In the case of Strive, staff worked with General Electric (GE) to adapt for the social sector the Six Sigma process that GE uses for its own continuous quality improvement. The Strive Six Sigma process includes training, tools, and resources that each SSN uses to define its common agenda, shared measures, and plan of action, supported by Strive facilitators to guide the process.
In the best of circumstances, these backbone organizations embody the principles of adaptive leadership: the ability to focus people's attention and create a sense of urgency, the skill to apply pressure to stakeholders without overwhelming them, the competence to frame issues in a way that presents opportunities as well as difficulties, and the strength to mediate conflict among stakeholders.

FUNDING COLLECTIVE IMPACT
Creating a successful collective impact initiative requires a significant financial investment: the time participating organizations must dedicate to the work, the development and monitoring of shared measurement systems, and the staff of the backbone organization needed to lead and support the initiative's ongoing work.

As successful as Strive has been, it has struggled to raise money, confronting funders' reluctance to pay for infrastructure and preference for short-term solutions. Collective impact requires instead that funders support a long-term process of social change without identifying any particular solution in advance. They must be willing to let grantees steer the work and have the patience to stay with an initiative for years, recognizing that social change can come from the gradual improvement of an entire system over time, not just from a single breakthrough by an individual organization.
This requires a fundamental change in how funders see their role, from funding organizations to leading a long-term process of social change. It is no longer enough to fund an innovative solution created by a single nonprofit or to build that organization's capacity. Instead, funders must help create and sustain the collective processes, measurement reporting systems, and community leadership that enable cross-sector coalitions to arise and thrive.

This is a shift that we foreshadowed in both "Leading Boldly" and our more recent article, "Catalytic Philanthropy," in the fall 2009 issue of the *Stanford Social Innovation Review*. In the former, we suggested that the most powerful role for funders to play in addressing adaptive problems is to focus attention on the issue and help to create a process that mobilizes the organizations involved to find a solution themselves. In "Catalytic Philanthropy," we wrote: "Mobilizing and coordinating stakeholders is far messier and slower work than funding a compelling grant request from a single organization. Systemic change, however, ultimately depends on a sustained campaign to increase the capacity and coordination of an entire field." We recommended that funders who want to create large-scale change follow four practices: take responsibility for assembling the elements of a solution; create a movement for change; include solutions from outside the nonprofit sector; and use actionable knowledge to influence behavior and improve performance.

These same four principles are embodied in collective impact initiatives. The organizers of Strive abandoned the conventional approach of funding specific programs at education nonprofits and took responsibility for advancing education reform themselves. They built a movement, engaging hundreds of organizations in a drive toward shared goals. They used tools outside the nonprofit sector, adapting GE's Six Sigma planning process for the social sector. And through the community report card and the biweekly meetings of the SSNs they created actionable knowledge that motivated the community and improved performance among the participants.

Funding collective impact initiatives costs money, but it can be a highly leveraged investment. A backbone organization with a modest annual budget can support a collective impact initiative of

several hundred organizations, magnifying the impact of millions or even billions of dollars in existing funding. Strive, for example, has a $1.5 million annual budget but is coordinating the efforts and increasing the effectiveness of organizations with combined budgets of $7 billion. The social sector, however, has not yet changed its funding practices to enable the shift to collective impact. Until funders are willing to embrace this new approach and invest sufficient resources in the necessary facilitation, coordination, and measurement that enable organizations to work in concert, the requisite infrastructure will not evolve.

FUTURE SHOCK

What might social change look like if funders, nonprofits, government officials, civic leaders, and business executives embraced collective impact? Recent events at Strive provide an exciting indication of what might be possible.

Strive has begun to codify what it has learned so that other communities can achieve collective impact more rapidly. The organization is working with nine other communities to establish similar cradle to career initiatives.[4] Importantly, although Strive is broadening its impact to a national level, the organization is not scaling up its own operations by opening branches in other cities. Instead, Strive is promulgating a flexible process for change, offering each community a set of tools for collective impact, drawn from Strive's experience but adaptable to the community's own needs and resources. As a result, the new communities take true ownership of their own collective impact initiatives, but they don't need to start the process from scratch. Activities such as developing a collective educational reform mission and vision or creating specific community-level educational indicators are expedited through the use of Strive materials and assistance from Strive staff. Processes that took Strive several years to develop are being adapted and modified by other communities in significantly less time.

These nine communities plus Cincinnati have formed a community of practice in which representatives from each effort connect regularly to share what they are learning. Because of the number and diversity of the communities, Strive and its partners can quickly determine what processes are universal and which require adaptation to a local context. As learning accumulates, Strive staff will incorporate new findings into an Internet-based knowledge portal that will be available to any community wishing to create a collective impact initiative based on Strive's model. This exciting evolution of the Strive collective impact initiative is far removed from the isolated impact approach that now dominates the social sector and that inhibits any major effort at comprehensive, large-scale change. If successful, it presages the spread of a new approach that will

enable us to solve today's most serious social problems with the resources we already have at our disposal. It would be a shock to the system. But it's a form of shock therapy that's badly needed.

APPENDIX D – HUD Definition of Homeless

- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided if they were in shelter or a place not meant for human habitation before entering the institution. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were homeless immediately prior to entering that institution.

- People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless. The regulation also describes specific documentation requirements for this category.

- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth (up to age 24) who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.

- People who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence; and lack the resources or support networks to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence.

Alameda County
Priority Home Partnership

Emergency Solutions Grant
Rapid Rehousing and Prevention Assistance
Policies and Procedures Manual

Version 1
February 2013

Eligibility Determination

Program operators must determine that potential participants are eligible for assistance, and document this eligibility, including verifying income and housing status. The Program Application and Eligibility Determination Form contains key questions and documentation requirements.

A copy of the ESG Program Application and Eligibility Determination Form can be found in the Appendix. This document and all supporting documentation should be placed in the Participant's File.

A cover sheet for participant files with a list of all of the program documents can be found here.

Ineligible applicants: If a household is assessed and determined to be ineligible, the program operator must notify the household that they have been determined to be ineligible, provide them with appropriate referrals which should be noted on the application form, and create a client file documenting the assessment process and determination.

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2: Enrollment

Once found eligible, to enroll the head of household must sign the ESG Participation Agreement complete the HMIS ROI and staff must complete an HMIS Standard Intake Form (SIF) for all household members.

A copy of the ESG Program Participation Agreement can be found in the appendix, immediately following the Application form.

The HMIS Release of Information (ROI), and the Standardized Intake Form (SIF) are developed and updated by the InHOUSE staff at Alameda County Housing and Community Development Department, in accordance with HUD regulations. Housing Agency staff must ensure that the forms in use are the most recent ones, as HUD and local requirements change periodically. If you are unsure that the forms are the most recent, email HMIS@acgov.org.

Budget and Housing Stability Plan

The purpose of ESG Prevention and/or Rapid Rehousing assistance is to provide the support necessary to help the household retain or gain housing in the shortest period of time possible. Critical to being able to retain the housing is a budget and a housing plan. The budget is also needed to determine the amount of financial assistance to be provided.

The Housing Stability Plan should be updated as frequently as necessary to reflect changing situations. Once a participant has moved into housing, the housing specialist and participant should prepare a new Housing Stability Plan that emphasizes those steps or actions needed to retain housing.

A Sample Budgeting Worksheet and a sample Housing Stability Plan format can be found in the Appendix of Forms. *ESG-funded programs may use another version of these forms if approved by the recipient.* Be sure to make a copy of the Budget and Housing Plan for the participant and insert a signed copy in the participant's file.

3: Financial Assistance for Housing

Eligible Financial Assistance Expenses

The ESG program has the ability to provide temporary financial assistance to participants on a short or medium-term basis. This assistance may include:

Security Deposits: The housing agency may provide a maximum of two times the monthly rent for a unit as a security deposit to assist a participant to secure housing. At such time as the participant may leave the unit and the landlord return all or part of the deposit to the participant, the participant may retain any balance to use toward a new housing situation.

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Utility Deposits: If, in order to begin utility service, the household must provide a deposit to a utility company, the program may assist with this deposit.

Rental Assistance payments: If the participant cannot currently afford to rent a unit in the community but is reasonably anticipated to have sufficient income, either through employment or benefits, within approximately six months the program may provide a rental subsidy for the participant. Such subsidies will be as low as possible:

- If the participant has an income he/she is expected to contribute at least 50% of his/her income toward the rent, unless the participant is expect to receive a permanent housing subsidy within approximately six months, in which case the participant may pay only 30% of their income. Documentation of the expectation of a permanent subsidy should be included in the file.
- If the participant has no income, the program may subsidize the entire rent for the first three months.

Rental assistance may be conditioned on the participant fulfilling his or her agreements as part of the Housing Stability Plan and is never offered for more than three months at a time. To continue rental assistance after three months, the program must recertify the participant. See Section 6: Three Month Reassessment of Eligibility

Past due rent arrears: If in order for a household to retain their housing they must pay past due rent the program will cover up to three months of rent arrears not to exceed $3,000

Past due utility arrears: In rare cases, the ESG program will provide funding for past due utilities. The program will only provide such funding for prevention clients if failure to do so will result in the loss of utilities and under the terms of the participants lease this would be grounds for eviction. The program will only provide utility arrears assistance to rapid rehousing clients if utility arrears mean that then household will be unable to establish utility service in their new housing.

In addition, ESG funds may be used to cover the costs of rental applications provided this is a fee that is charge by the owner to all applicants.

Determining the Amount of Financial Assistance

The amount of financial assistance is determined by the amount needed to secure the housing and by the amount of contribution the household is able to make toward the housing costs.

For one-time costs, such as security deposits, and rent and utility arrears, the program will pay the entire amount if the household will have less than 50% of income available after paying rent, the household's budget does not contain any disposable income, and the household assets are less than $500.00. If the household has assets greater than $500, and/or the household budget indicates income is available to make a portion of the payment, the household should be required to provide a portion of the deposit and/or arrears. The household's payment may be made through a payment plan with the landlord or utility company if that is possible.

For rental assistance payments, households with any income are expected to contribute either 50% of their income, or 50% of the rent, whichever is lower. An exception to this rule may be made for

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persons with disabilities who are anticipated to receive a permanent subsidy within six months of their ESG program enrollment.

With supervisor approval, households may be permitted to contribute less toward the rent for a brief period to cover other extraordinary costs. The program may pay the entire rent on behalf of households that have no income.

The ESG Financial Assistance Calculation Form can be found in the appendix. The program should complete the form with the participant and the participant should sign it. This calculation needs to be prepared every three months for households receiving medium-term rental assistance.

4: Supportive Services and Connection to Mainstream Resources

Whether covered by ESG funds or other sources, ESG programs are expected to assist clients with housing stability case management and with housing search and placement services as needed.

Housing stability case management includes:
- conducting the official evaluation of eligibility and need, including verifying and documenting eligibility
- counseling
- developing, securing, and coordinating services and assistance in obtaining Federal, state and local benefits
- monitoring and evaluating participant progress;
- providing information and referral to other providers;
- developing an individualized housing plan to permanent housing stability; and
- conducting reevaluations.

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These services *may not exceed* 30 days during the period the program participant is seeking permanent housing, and may be provided for up to a total of 24 months within a 36 month period.

While providing prevention or rapid rehousing financial assistance, the program must ensure that the participant meets with a case manager not less than once per month to assist the participant in ensuring long-term housing stability. Case management should be provided more frequently if needed.

Housing search assistance are those services intended to assist program participants in locating, obtaining, and retaining suitable permanent housing, and are expected to be offered to all participants receiving rapid rehousing assistance or prevention assistance that includes moving to another unit. These include:

- assessment of housing barriers, needs, and preferences;
- development of a plan for locating housing;
- housing search;
- outreach and negotiations with landlords; and
- assistance with submitting rental applications and understanding leases.

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APPENDIX F-- Prioritization for Permanent Supportive Housing Policies

The Alameda County Continuum of Care Council, in accordance with guidance from the U.S. Housing and Urban Development (HUD) Department Office of Community Planning Notice (CPD) CPD-14-012, maintains the following priority preference groups for access to permanent support housing (PSH) opportunities within Alameda County. All households eligible for a given PSH opportunity can apply for PSH or a waiting list for PSH when applications are being received. All CoC-funded PSH opportunities will maintain marketing and tenant selection policies and procedures that have explicit preferences and prioritization for households that meet the criteria established below. The CoC will work toward establishing and maintaining up-to-date copies of the policies and procedures for access to each CoC-funded PSH opportunity. In addition, the CoC will promote the utilization of this prioritization among non-CoC funded PSH and document the use of this approach among other PSH in the County.

The funding sources and target groups among PSH opportunities within Alameda County vary significantly. The priority group described below must also meet the specific requirements of a given PSH opportunity to be considered. For example, a housing unit set aside for persons with HIV/AIDS could not be offered to someone without verification of their HIV/AIDS status. Preference for this unit would be given to someone with verified HIV/AIDS that *also* met the priority group criteria below.

If more than one household is being considered for a PSH housing opportunity AND both households meet the CoC priority group standards for Alameda County, THEN the household that first applied for the opportunity will be selected first. In other words, the date of application will be used to differentiate among households that meet the preference criteria. If other preference criteria are also used for a given housing opportunity, e.g., city preference, these preferences may be used prior to using the date of application to determine the household next offered the opportunity. The preferences and details of selection for a given PSH program will be identified in their marketing and tenant selection policies and procedures.

Alameda County PSH shall give preference to households that meet the following general criteria:

1) The household meets the HUD CoC definition for "chronic homelessness" OR the household met the criteria for this definition prior to entering government-funded transitional housing for formerly homeless persons.
AND
2) The household is in *at least one* of the *high service need* groups defined below.

HUD Chronic Homelessness Definition

The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

(a) An individual who:
   i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
   ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
   iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria above before entering that facility; or

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria above of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

<u>High Service Need Group</u>

To be considered part of the PSH high priority group individuals must be in *at least one* of the groups below. No extra preferences are given for individuals in more than one group.

#1:   In a 12 month period (verified one or more of the following via referrals from designated agencies or administrative data)….

   a) Cherry Hill Detox or Sobering Station admissions (3 or more)
   b) Hospitalization (medical or psychiatric) admissions (3 or more)
   c) Incarcerations (3 or more)
   d) EMS transports (5 or more)
   e) Law enforcement contacts (5 or more)

#2:   High Health Risk (one or more of the following verified by a clinician and/or clinical records)

   a) 60 years of age or older AND one or more chronic health conditions (heart disease, emphysema/COPD, diabetes, asthma, cancer, hepatitis C)
   b) Kidney Disease/End Stage Renal Disease or Dialysis
   c) History of Frostbite, Hypothermia, or Immersion Foot
   d) Liver disease, Cirrhosis, or End-Stage Liver Disease
   e) HIV+/AIDS
   f) Arrhythmia
   g) Seizure Disorder
   h) Schizophrenia or Schizoaffective Disorder
   i) Tri-Morbidity
        a) Mental health, learning, developmental, or other cognitive disability AND
        b) Substance use disorder AND
        c) Chronic health condition (heart disease, emphysema/COPD, diabetes, asthma, cancer, hepatitis C)

#3: TAY (18-25 y/o) with 4 out of 6 "yes" to TAY survey tool (self-report)

   a) Have you ever become homeless because you ran away from your family home?
   b) Have you ever become homeless because you ran away from your group home or foster home?
   c) Have you ever become homeless because there was violence at home between family members?

d) Have you ever become homeless because you had differences in religious beliefs with parents/guardians/caregivers?
e) How old were you when you tried marijuana for the first time (12 or younger is a "Yes" response)?
f) Before your 18th birthday did you spend any time in jail or detention?
g) Have you ever been pregnant or got someone else pregnant?

#4: VI-SPDAT assessment completed and score =10 or more (self-report)

APPENDIX G--Applications for Membership to Continuum; Leadership Board; HUD CoC Committee

Application for Leadership Board/Selected Membership Committees

Name

_____

Phone 1 _____ Phone 2 _____

Address _____

Email _____

Committee(s) you are interested in joining (includes Leadership Board, HUD CoC Committee, Organizational Health Committee, and HUD NOFA Committee) _____

_____

Relevant Experience and/or Employment (may attach a resume) _____

_____

Why are you interested in EveryOne Home? _____

_____

_____

Area of expertise/contribution you feel you can make? _____

_____

_____

Other volunteer commitments_____

_____

Can be completed and returned by email to Elaine de Coligny at info@everyonehome.org or by fax (510) 670-6378.

APPENDIX H—Tides Project Conflict of Interest Policy

TIDES CENTER

P.O. Box 29907 San Francisco, CA 94129-0907

Project Conflict of Interest Policy

For Tides Center project directors, project senior staff, and project advisory board members

The 2001 Enron scandal brought about a decline of public trust in accounting and reporting practices. In response, the federal government passed the Sarbanes-Oxley Act to curb corporate abuses; several of the Act's stipulations also pertain to nonprofits. Following the passage of Sarbanes-Oxley, California enacted the Nonprofit Integrity Act, which, among many requirements, mandates signed conflict of interest statements from key employees and board members. Versions of California's act are being considered by a majority of states across the country.

In 2005, Tides Center's auditors' report to management recommended that each of Tides Center's project directors, key management staff, and advisory board members fill out and sign conflict of interest forms annually. Tides Center adheres to this policy to continue our history of transparency and compliance with government regulations, and to help ensure the protection of all projects.

Conflicts of interest arise whenever the personal or professional interests of a project director or an advisory board member are potentially at odds with the best interests of a nonprofit. These conflicts are common, for example, when a board member performs paid, professional services for an organization, or proposes that a relative or friend be considered for a staff position. Such situations are generally acceptable if the transactions benefit the organization and if the advisory board approves the decisions in an objective and informed manner. Even if they do not meet these standards, such transactions are usually not illegal. They are, however, vulnerable to legal challenges, and to public misunderstanding. Loss of public confidence and a damaged reputation are the most likely results of a poorly managed conflict of interest. Advisory boards should take steps to avoid even the appearance of impropriety.

More difficult conflicts can arise when an advisory board member sits on the board or works for a competing or similarly-focused organization. The advisory board member's organization may apply for funding from the same sources as the project. The "duty of loyalty" for board service requires project advisory board members to place loyalty to the project above other conflicting loyalties. If a project advisory board member works for an organization that is a competitor in some way with the project, this member may not use information gained through that project advisory board role to aid his/her employer. Conflict of interest situations can be difficult to manage, so it is recommended that projects keep this in mind when selecting advisory board members.

Potential conflicts can occur when advisory board members have a direct personal financial interest in a business or economic transaction with a project. Examples include situations where advisory board members:

- buy or sell goods and services to or from the project
- lease property and equipment to or from the project
- receive a gift, grant or other financial benefit from the project
- purchase or sell real estate, securities, or other property to or from the project
- borrow money from the project or receive advances of money

- are board members or employees of a competing or affinity organization of the project
- are primary donors or others supporting the project

Conflicts can also occur when the board member has an indirect relationship to an economic or business transaction, as outlined above. The same transactions as are outlined above fall within this policy if the transaction involves the friends, family members or employees of the advisory board member, or if the advisory board member has a material financial interest in an entity which is involved in the transaction.

Tides Center requires each of our project advisory board members and project directors to agree to the following Conflict of Interest Policy:

- Each project director and advisory board member will complete annually a Conflict of Interest Disclosure Statement annually, and provide updated information whenever a conflict arises, and agree to fully disclose potential conflicts to the Advisory Board and to the Tides Project Advisor when they occur so that advisory board members who are voting on an issue are aware that another member's interests may be affected.
- Advisory board members will be required to withdraw—meaning they should not be part of the discussion nor vote— on decisions that present a potential conflict for him or her.
- The advisory board will establish procedures, such as competitive bids, comparability surveys, or similar due diligence to ensure that the project and Tides Center are receiving fair value in a transaction.
- The advisory board in consultation with Tides Governance Advisor and Project Advisor will determine whether a conflict exists and is material, and in the presence of an existing material conflict, determine whether the contemplated transaction may be authorized as just, fair, and reasonable to the project.
- The advisory board will record in their meeting minutes the potential conflict of interest, and will document that in making a decision they have used the procedures and criteria provided in this policy, and they will forward a copy of the minutes to Tides Center.

Project Name: _____

Tides Center Project Conflict of Interest Disclosure Statement

Please check one box:

☐ Advisory Board Member _____

☐ Project Staff _____

Please check only one box (and please add the Project name):

☐ I have no Conflicts of Interest as defined in the Project Conflict of Interest Policy to report regarding

Project Name
(Check the box, sign and date this statement.)