

**HOMELESS ALLIANCE FOR THE LOWER SHORE
CONTINUUM OF CARE COMMITTEE
GOVERNANCE CHARTER**

ARTICLE I ORGANIZATION

The name of this Alliance is the **Homeless Alliance for the Lower Shore Continuum of Care (HALS CoC) Committee**; hereinafter referred to as the **HALS CoC**.

ARTICLE II VISION

The HALS CoC envisions a community where residents of Somerset, Wicomico, and Worcester Counties are free from homelessness, and live in safe, stable, and affordable housing

ARTICLE III MISSION

The HALS CoC addresses the needs of individuals and families who are homeless or at risk of homelessness through collaboration, advocacy, and resource development in Somerset, Wicomico, and Worcester Counties.

ARTICLE IV MEMBERSHIP

Membership of the HALS CoC is open to all interested parties/agencies, and consists of any and all public and private (non-profit) agencies/organizations serving the homeless of Somerset, Wicomico and Worcester counties on Maryland's lower eastern shore; homeless and/or formerly homeless individuals; and individual citizens, all of whom;

- (1) Share HALS CoC vision and mission;
- (2) Actively engage in identifying creative solutions and/or funding to further enhance the continuum of care for the homeless;
- (3) Support the efforts of HALS CoC by helping to educate the community about the issue of homelessness.

Each HALS CoC agency is allowed one vote on CoC issues & elections. If an agency has more than one member, only one member may vote on CoC matters. A voting member may designate another representative to attend a meeting and vote in their absence, but this proxy must be provided in writing (letter or email) prior to the start of the HALS CoC meeting.

ARTICLE V MEETINGS

Regular meetings of this coalition shall be held monthly, on the 2nd Thursday of every month from 12:00 noon until 1:30pm. All regular meetings shall be conducted in accordance with “Robert’s Rules of Order”. Regular meeting minutes will be electronically provided to both voting and affiliate members. Sub-Committees will meet as scheduled by the sub-committee chair. Sub-committee reports will be given at monthly HALS CoC meetings.

ARTICLE VI LOCATION

Meetings of the HALS CoC shall be held in a central location – normally the Community Foundation of the Eastern Shore or One Stop Job, both of which are located in Salisbury. The third alternative are the offices of United Way. HALS CoC members will be notified of the new location prior to the meeting.

ARTICLE VII ORGANIZATIONAL YEAR:

The organizational year of the HALS CoC shall begin on the first day of July and end on the last day of June of the following calendar year.

ARTICLE VIII VOTING

Voting shall be conducted verbally or by written ballots based on the wishes of the CoC members present for voting on CoC issues. For member’s agencies with more than one representative, only the designated representative shall vote. For the purposes of conducting HALS CoC official business, a Quorum must be present. The presence of a simple majority (51% of the total voting members) shall constitute a quorum.

ARTICLE IX CONFLICT OF INTEREST & CODE OF CONDUCT

No member of the HALS CoC shall cast a vote on any matter brought before the committee at regular meetings, which would provide direct benefit to that member or to the agency/organization with which the member is affiliated, or where the matter would otherwise give the appearance of a conflict of interest as defined by HUD 24 CFR Part 578.95.

While carrying out the CoC’s mission, all CoC members are expected to conduct the CoC’s business in a consistent and professional manner, adhering to the following principles:

- Perform all activities in compliance with pertinent laws, regulations and CoC policies.

- Participate in and promote high standards of business ethics and integrity.
- Perform all duties accurately and honestly.
- Maintain appropriate levels of confidentiality as it relates to the public, protecting agency and personal identifying information for individuals seeking services of CoC member agencies.
- Conduct business transactions with suppliers, vendors, contractors and other third parties free from offers or solicitations of gifts and favors, or other improper inducements.
- Avoid conflicts of interest, in appearance or fact, in the conduct of all activities. In the event that there are conflicts, CoC members must take prompt, appropriate action to make full disclosure to the Governance Committee.
- Make prudent and effective use of resources, property, and accurate financial reporting.

ARTICLE X DISPUTES

HALS CoC members, who disagree with decisions made by the HALS CoC, may submit a written request to the Governance Committee detailing the basis for their dispute and asking for a review of the decision. The Governance Committee will review all relevant information relating to the initiating the dispute. In the case where the individual’s disagreement is upheld, the HALS CoC Co-chairs shall so inform the full HALS CoC at the earliest possible meeting.

ARTICLE XI COLLABORATIVE AGENT/COC LEAD/HMIS LEAD

The Somerset County Health Department established the Homeless Alliance for the Homeless Continuum of Care and functions as the Collaborative Agent.

The CoC Lead for the Homeless Alliance for the Homeless is Shannon Frey, Administrator at the Somerset County Health Department. She acts as the liaison between the U.S. Department of Housing and Community Development and the Homeless Alliance for the Lower Shore Continuum of Care, providing direction to the CoC on HUD requirements and requesting guidance from HUD on matters of concern to the CoC. The CoC HMIS lead is Greta Rolland, HMIS System Administrator at the Somerset County Health Department. She provides guidance and direction to the CoC on HUD HMIS data requirements and acts as the liaison between the CoC and HUD on HMIS related matters.

The HMIS Lead must comply with the HALS CoC HMIS Policy and Procedures and reports to the CoC Lead. As both the CoC Lead and CoC HMIS Lead are employed by the Somerset County Health Department, there is no need for an MOU. Rather, the HMIS Policy and Procedures outline the responsibilities of the CoC and HMIS lead.

ARTICLE XII LEADERSHIP

The HALS CoC shall be guided by a Governance Committee.

Responsibilities: The Governance Committee members shall be responsible for (1) providing leadership to the HALS CoC; (2) recommending actions to ensure that the adopted Strategic Plan is enacted; (3) creating new strategies to further the mission of the HALS CoC as needed; (4) evaluating the progress of the HALS CoC in addressing its identified goals and objectives, particularly those goals to prevent and end homelessness in order to meet the goals of Opening Doors; (5) setting meeting agendas and (6) ensuring the HALS CoC meets state and federal requirements, particularly those that are HUD CoC and ESG Funded.

Governance Committee Membership: The Governance Committee membership shall consist of (1) two co-chairs who are also serving as co-chairs of the HALS CoC, (2) representative from each CoC funded program (3) a formerly homeless or homeless HALS CoC member, (4) Consolidated Plan lead/representative for one of the two Con Plan jurisdictions in which the HALS CoC participates (5) representative for each ESG sub-grantee (6) staff support, as defined below in Article XIII, or a designated representative for one or more of the above, and (7) representative of each Local Department of Social Services.

Election and Term: Governance Committee co-chairs (HALS CoC co-chairs) and members (subcommittee chairs) shall be elected in the month of July (or the month of the annual retreat) and shall serve for one year.

ARTICLE XIII SUBCOMMITTEES/WORK GROUPS

HALS CoC Committee meetings shall be supplemented by subcommittee meetings. Identified Subcommittees include (1) Strategic Planning/VA Homelessness (2) 10 Year Plan & Ending Chronic Homeless (3) Homeless Management Information System, Point in Time & Coordinated Assessment (4) Monitoring & Ranking and Grant Opportunities (5) Homeless Prevention & Homeless Youth. From time to time the HALS CoC Committee may appoint other subcommittees and ad hoc working groups to address specific concerns, performing duties to accomplish objectives identified through the continuum of care planning process.

Subcommittee Membership: Subcommittee membership shall consist of (1) a chair and (2) members of the HALS CoC assigned to that subcommittee, or who have a specific interest in serving on a particular subcommittee.

Election and Term: Subcommittee chairs shall be elected in the month of July, shall serve for one year, and are selected by subcommittee members.

ARTICLE XIV MONITORING & RANKING RESPONSIBILITIES

ESG and CoC funded projects will be monitored by the Monitoring and Ranking Subcommittee, with assistance of the Governance Committee. On a yearly basis, the HMIS System Administrator prepares reports for the Subcommittee for review to assess the effectiveness of each project to meet CoC and federal goals and to rank for the CoC Application Project Priority. All ESG and CoC funded projects must participate in HMIS and meet utilization goals established by the CoC to meet federal goals.

CoC funded projects are evaluated on goals of maintaining housing stability, income growth, follow a housing first model, obtaining mainstream benefits, bed utilization goals to ensure acceptance of data into AHAR, exits to permanent housing, prioritizing chronically homeless individuals and families for filling vacancies, appropriate funding expenditures and HUD drawdowns, and use of the coordinated assessment system.

ESG funded projects are evaluated to determine use of the coordinated assessment system, meet the CoC bed utilization goals to ensure acceptance of data into AHAR, maintain 90% data quality, increase in income and mainstream resources upon exit, reducing returns to homelessness, success in exits to permanent housing, and success either providing prevention services or rapidly rehousing services to families with children.

ARTICLE XV COORDINATED ASSESSMENT

HALS CoC established a CoC wide Coordinated Assessment System in March 2015 which is a no wrong door model that utilizes a Coordinated Assessment Screening Tool to assess the housing and service needs of homeless or near homeless individuals/families to ensure they are referred to the most appropriate agency to serve their needs. While all homeless agencies participate in Coordinated Assessment, ESG and CoC funded programs are held to a higher standard of compliance in accepting referrals. Complaints of non-compliance by referring agencies should be sent to the HMIS System Administrator for referral to the Governance Committee. The results of the Governance Committee review will be shared with the full CoC. In addition, effective July 1, 2016, HALS CoC implemented CPD-14-012 to prioritize persons experiencing Chronic Homelessness and Other Vulnerable Persons in PSHs, establishing one form for all CoC funded projects, one waiting list and use of Self Sufficiency Outcome Matrix to assess priority/vulnerability needs

ARTICLE XVI STAFFING

The HALS CoC Committee shall be staffed by the Somerset County Health Department, and shall consist of the HALS CoC Lead, the HMIS Lead, and a clerical staff member. Day to day operations of the HALS CoC shall be provided by the Somerset County Health Department with oversight by the Health Officer.

Date Adopted: June 5, 2009

Revised May 8, 2010

Revised March 18, 2013 (name of CoC changed)

Revised September 12, 2013 (membership and voting changed)

Revised 11-7-15 (added monitoring, coordinated assessment, CoC roles, Code of Conduct)

Revised 8-11-16 (modified Membership, Voting, Governance Committee Members, Names of

Subcommittees, Coordinated Assessment

Revised 5-11-17 (modified leadership section of Governance Committee membership)



Craig Stofko
Health Officer
Somerset County Health Department