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## **Overview**

In accordance with the Interim Rule of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, the Housing and Urban Development (HUD) designated CA-520, known as the Merced City and County Continuum of Care, as required by the Interim Rule has developed, and will update annually a governance charter, which will include all procedure and policies needed to comply with Code of Federal regulations Title 24 – Housing and Urban Development Part 578 Continuum of Care Program, and with Homeless Management Information System (HMIS) requirements as prescribed by HUD.

## **Article 1 – Name and Geographic Boundaries**

The legal name of the organization is Merced City and County Continuum of Care, hereinafter referred to as the Merced CoC. The Merced CoC is responsible for the area that the U.S. Department of HUD has designated as “CA-520 Merced City and County CoC.” This designation corresponds to the boundaries of the County of Merced and includes all incorporated and unincorporated areas.

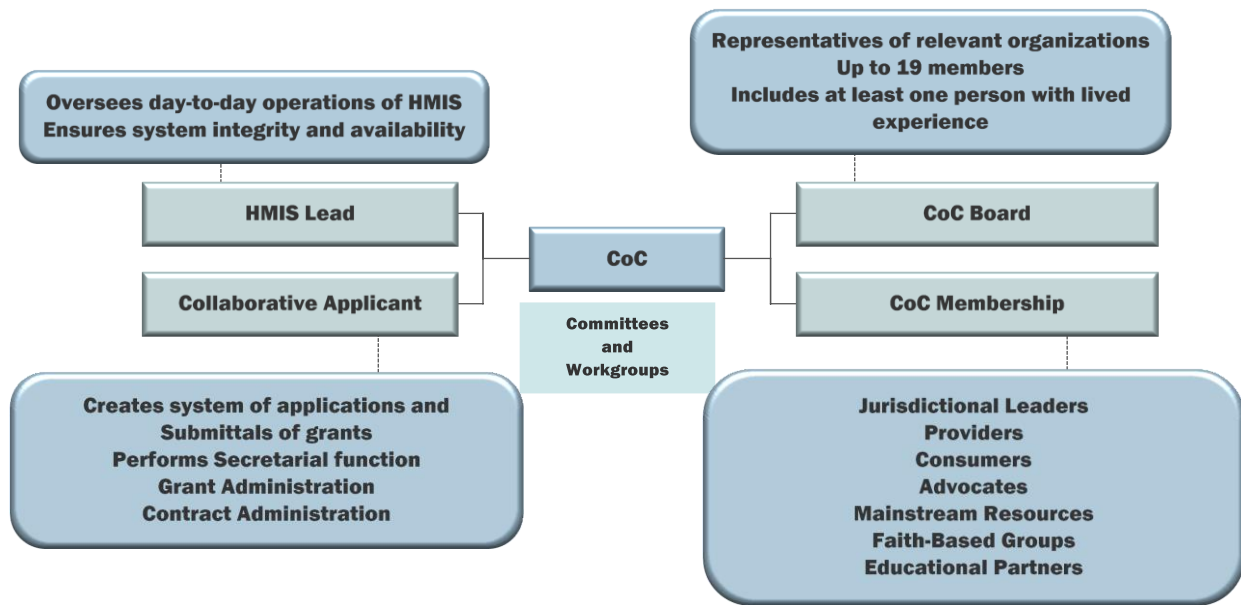
## **Article 2 – Purpose**

The Merced CoC serves as the HUD-designated primary decision-making group whose principal purpose and scope is to implement the Continuum of Care program which is authorized by subtitle C of the title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389). As defined by HUD, a Continuum of Care (CoC) is the group organized to carry out the responsibilities prescribed in the [CoC Program Interim Rule](#) for a defined geographic area. A CoC should be 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.

Responsibilities of a CoC include operating the CoC, designating and operating an HMIS, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness there), and designing and implementing the process associated with applying for CoC Program funds.

### Article 3 – Organizational Structure

The Merced CoC shall be composed of four main bodies: the CoC General Membership, the CoC Board, the Collaborative Applicant, and the HMIS Administrator/Lead Agency; as well as designated committees and work-groups created by the Merced CoC. The chart below illustrates the relationship between these bodies and the community-at-large.



### Article 4 – General Membership

General Members include Representatives from relevant organizations within a geographic area to operate a Continuum of Care (CoC) for the geographic area. 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. General Members will be made up of individuals and organizations residing within the CoC geographic area, organizations

who serve homeless populations and must include persons experiencing homelessness, and persons formerly experiencing homelessness, to the extent these groups are represented within the geographic area and are available to participate.

#### **4.1 – Organizational Representatives**

Relevant organizations are those services providers which serve homeless subpopulations within the designated geographic service area. These include, but are not limited to:

- Nonprofit homeless assistance providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies and substance abuse providers
- Hospitals, health care institutions, and practitioners
- Universities
- Affordable housing developers
- Law enforcement
- Organizations that serve homeless and formerly homeless veterans
- Substance abuse recovery providers
- Youth services
- Employment services
- Neighborhood associations
- Civic organizations
- Cultural or ethnic services
- Agencies serving survivors of human trafficking
- CDBG/HOME/ESG entitlement jurisdictions
- Disability advocates

- Disability service organizations
- EMS/Crisis Response Teams
- Lesbian, Gay, Bisexual, Transgender (LGBT) advocates
- LGBT service organization
- Persons with Lived Experience

There may be an unrestricted number of General Members.

#### **4.2 – Membership**

Any interested member from a relevant organization or the community-at-large within the geographic services area may request to become a member of the Merced CoC upon attending one meeting and submitting a membership request to the Collaborative Applicant for placement on the agenda at the next regularly scheduled general membership meeting for approval. A simple majority of 50%+ 1 of the General membership in attendance at a meeting, must be achieved in order to be granted membership on the Merced CoC. Newly elected representatives will be seated and granted immediate voting rights.

#### **4.3 – Good Standing and Voting Rights**

In order to maintain voting rights, members will be required to submit an annual voting authorization form. Voting Authorization Forms are due within 30 days of being granted membership rights and within the month of December of each year thereafter to maintain good standing.

#### **4.4 – Public Invitation to participate with the Merced CoC**

A public invitation within the geographic area for new members to join will be extended at least annually in accordance with the updated (2017) CoC Program Interim Rule, as described in 24 CFR §587.7 Responsibilities of the Continuum of Care.

#### **4.5 – Term Limits**

There are no term limits for Merced CoC general membership.

#### **4.6 – Termination of Membership for Cause**

Membership to the Merced CoC may be terminated upon a 2/3 vote of the CoC general membership during any scheduled meeting, with proper notice per Article 6.1, for violations of standards of conduct or failure to maintain membership in good standings.

#### **4.7 – Voting**

If a general membership vote is necessary, all votes may be by voice, hand, roll call, electronic, or paper ballot at the will of the majority in attendance. No member may vote on any item which presents a real or perceived conflict-of-interest. Only one representative from each organization may vote on behalf of that organization. All votes must meet agenda noticing requirements in Article 6.1. Votes will be decided by a simple majority of those voting, with the exception of Charter changes which will require a two-thirds voter approval.

A general membership vote shall occur for the following issues:

- Adding or removing members from the Merced CoC
- Membership on the Merced CoC Board
- Changes to the Charter
- Changes to the Regional Plan to Address Homelessness

Each General Member shall have one vote and each organization represented may only have one General Member representative vote.

#### **4.8 – Conflict of Interest**

Members must comply with the conflict of interest and recusal process found in Appendix B: Conflict of Interest which is 24 CFR §578.95 Conflicts of Interest in the Interim Rule of the HEARTH Act of 2009.

#### **4.9 – Designated Member Representative(s)**

Upon acceptance as a member of the Merced CoC, all relevant organizations shall submit a list of no more than three individuals using the Voting Authorization Form, in precedence order, who shall have general membership voting rights for that organization. The use of proxies is not allowed for Merced CoC members.

#### **4.10 – Standards of Conduct**

CoC members are expected to carry out the mandate of the CoC to the best of their ability, and to maintain the highest standards of integrity for communications and actions with other CoC representatives, the CoC Board, service recipients, service providers, and members of the public.



Members of the CoC are expected to conduct themselves with courtesy and respect, without harassment, physical, or verbal abuse. Personal relationships should not result in special considerations, including bias or favoritism that influence the performance of their official duties in a manner contrary to the interest of the CoC. Members are expected to exercise adequate accountability over matters for which they are individually responsible.

## **Article 5 – Merced CoC Board**

### **5.1 – Authority**

The Merced CoC Board is the governing Board established to act on behalf of the CoC membership using the process established as a requirement by 24 C.F.R. 578.7(a)(3) and in compliance with the conflict – of-interest requirements at 24 CFR §578.95(b). The Board is the designated entity for implementing HEARTH Act Interim Rule in the HUD designated Merced CoC.

### **5.2 – Responsibility**

In furtherance of the above mandate, the Merced CoC Board is responsible for:

Coordinating and reviewing the HUD grant application process for the CoC, ranking proposals for submission to HUD under the annual Notice of Funding Availability (NOFA) or Notice of Funding Opportunity (NOFO), and recommending Emergency Solutions Grants (ESG) applications for submission to Housing and Community Development (HCD). This process includes defining community priorities and reviewing CoC Program applications. The Board acts on behalf of the CoC and ensures the CoC is acting in accordance with 24 CFR §578.1 Purpose and Scope of the Interim Rule of the HEARTH Act of 2009.

Working closely with the designated Collaborative Applicant to fulfill responsibilities of the Continuum of Care as detailed in 24 CFR §578.7 and 24 CFR §578.9 of the HEARTH Act of 2009 Interim Rule (see Appendix A for complete list). Duties include but are not limited to the following:

- Reviewing the monitoring of HUD CoC and ESG grantees;
- Monitoring implementations of the 10-Year Homeless Action Plan and ongoing alignment with community-wide vision, goals and strategies;
- Overseeing planning and any necessary plan revisions within the CoC service area;

- Actively recruiting participation from relevant organizations within the geographic area for CoC membership and its committees at least annually;
- Ensuring transparent governance and monitoring potential conflicts of interest;
- Delegating activities to and overseeing committees, working groups, and the alignment of a community-wide effort to end homelessness;
- Designating the HMIS Lead to manage the HMIS system in Merced County;
- Ensuring consultation of ESG recipients throughout planning and implementation of CoC activities;
- Identifying and approving the Collaborative Applicant;
- Conducting the annual point-in-time survey;
- Other duties as designated to CoCs by State or Federal Regulations.

### **5.3 – Formation of the Board**

The Merced CoC has established a Board of up to 19 members to act on its behalf using the process established as a requirement by 24 CFR §578.7(a)(3) and complying with the conflict-of-interest requirements at 24 CFR §578.95(b). The Board must:

- Be representative of the relevant organizations and of projects serving the homeless subpopulations; and composed from the CoC general membership.
- Include at least one person experiencing homelessness or a person formerly experiencing homelessness.

Board members must be able to meet all standards established by HUD Interim Rule 578.95 regarding conflict of interest.

### **5.4 – Election**

New Board members or Board members seeking new terms, will be nominated and elected, by general membership vote, by a simple majority (50% + 1) of those general members in attendance at a meeting and will be granted immediate voting rights.

### **5.5 – Terms**

CoC Board members will hold office for a term of two years. Efforts should be made to ensure that the homeless subpopulations, represented by a particular board seat, continue to be represented by

person(s) replacing the outgoing member of that seat. Board members may serve unlimited terms provided members maintain compliance with all other provisions of this governance charter

### **5.6 – Vacancies**

Vacancies among the Board may be filled by a vote of the simple majority (50% + 1) of Merced CoC general membership at any meeting where a quorum has been established.

### **5.7 – Resignation from the Merced CoC Board and Elections to Fill Vacancies**

A Board member who desires to resign from office must inform the Collaborative Applicant by written or verbal communication. The notice of resignation will take into effect at the next scheduled meeting and brought as an information item at the next regularly scheduled Merced CoC meeting.

### **5.8 – Standards of Conduct**

Board members are expected to carry out the mandate of CoC to the best of their ability, and to maintain the highest standards of integrity for actions with other members of the Board, CoC representatives, service recipients, service providers, and members of the public.

Members of the Board are expected to conduct themselves with courtesy and respect, without harassment, physical, or verbal abuse. Personal relationships should not result in special considerations, including bias or favoritism that influence the performance of their official duties in a manner contrary to the interest of the broader CoC. Board members are expected to exercise adequate accountability over matters for which they are individually responsible.

The members of the Board are entrusted with specific responsibilities related to use of public funds invested in addressing a serious community concern, homelessness. Members are expected to observe the highest standards of ethical conduct in the execution of these responsibilities.

Board members must assure that the resources entrusted to them are used for conducting official business only. Members of the Board must abide by the Conflict of Interest Policies established for board operations.

Board members have a responsibility to protect any confidential information provided to, or generated by, the activities of the Board. Board members shall not use confidential information for any purpose or disclose such information to any third party, except as necessary to perform their duties and responsibilities as members of the Board.

Members of the Board shall refrain from making public comments or speaking to the media on behalf of the Board, unless the Board has empowered them to speak on the group's behalf. When making public statements or speaking to the media on issues related to homelessness, members of the Board shall make clear whether they are speaking in their own names or on behalf of the Board.

When an allegation of misconduct is received by the Board, an Ethics Review Committee will be assembled. This committee may not exceed seven members, must include a minimum of two persons from the CoC general membership, and no member of the committee can have exhibited any partiality or participation regarding the alleged misconduct. The Committee shall conduct a review of the matter and make a recommendation to the Board for resolution. The Board shall not be bound by the recommendation. If requested by a majority, the Committee may also give guidance to the Board concerning other aspects of conduct, including actions of staff, consultants, or other persons charged with implementation of duties relative to the responsibilities of the Board.

## **5.9 – Board Officers**

The officers of the Merced CoC Board consist of a Chair, a Vice-Chair, and a Secretary.

The Chair is responsible for scheduling and setting the agenda and conducting the Board meeting, in consultation with members of the Board, and will give all notices required by law, or by this Governance Charter, when necessary.

The Vice-Chair will perform responsibilities of the Chair when Chair is absent.

The Secretary will keep or cause to be kept, accurate records of the acts and proceedings of all meetings including the names of those in attendance. The Secretary will have general charge of Merced CoC records and will keep, or cause to be kept, all such records at the principal office of the Merced CoC.

The Secretary will chair meetings in the case of the absence both the Chair and the Vice-Chair.

Board officers will be nominated and elected by the Board at least annually and scheduled for voting at the next regularly scheduled general membership meeting. Newly elected representatives will be seated and granted immediate voting rights

## **5.10 – Voting**

All votes by the Board may be by voice, hand, roll-call, electronic or paper ballot at the will of the majority of the Board members in attendance. Votes will meet noticing requirements in Article 6.1. Votes will be decided by a simple majority (50%+1) of those voting.

## **5.11 – Compensation**

There shall be no compensation for any CoC Board member as a result of their services provided in association with the CoC

## **Article 6 – Meetings**

### **6.1 – Meetings**

The Merced CoC Board will hold meetings of the full general membership, with published agendas, at least semi-annually. Agendas for meetings, including identification of any item requiring a Board or general membership vote will be published at least two working days prior to the Board meeting.

General members may attend all meetings convened by the Board with the following exceptions: The Board may convene meetings of the Board members only for purposes including strategic planning retreats, and consideration of matters related to preparation for application for funding.

### **6.2 – Quorum**

A number equal to a simple majority (50%+1) of the General Membership in attendance at a meeting of the Merced CoC will constitute a quorum for the transaction of business at any meeting in which a general membership vote occurs.

Quorum for Board votes will require a majority (above 50%) of serving Board members.

### **6.3 – Electronic Voting Provision**

An electronic vote may be called for by the Merced CoC Board Chair, Collaborative Applicant, or HMIS Administrator if action is required by either the Merced CoC general membership or Board with no less than 72 hours noticing and allowing 24 hours to cast votes. All votes will be made to the Collaborative Applicant with the results being made public in two business days.

#### **6.4 – Parliamentary Procedure**

Any question concerning parliamentary procedure at meetings shall be determined by the Chair in reference to Robert’s Rules of Order providing those conform with the adopted Governance Charter.

#### **6.5 – Special and Emergency Meetings**

Special meetings of the CoC Board may be requested and notice provided by e-mail to each member at least 48 hours prior to the meeting. Special and emergency meetings of the Board may be called at any time by the Chair of the Board and one other member, upon the request of five (or more) members, or by the Collaborative Applicant.

#### **Article 7 – Continuum of Care Legal Entity (Collaborative Applicant)**

The Merced CoC legal entity will be appointed by vote of the CoC Board and known as the “Collaborative Applicant.” The Collaborative Applicant will submit grants on behalf of the Merced CoC, as well as provide administrative assistance to the Merced CoC. The Collaborative Applicant will ensure HUD grant application submissions are in compliance with 24 CFR §578.9 Preparing an Application for Funds, which states:

The CoC must:

- 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
- Establish priorities for funding projects in the geographic area;
- 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;
- 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;
- 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;

- The CoC 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.
- The Collaborative Applicant will provide all other administrative support as required by the CoC Board.

### **Article 8 – HMIS Lead Agency**

The Merced CoC will appoint a lead Agency who is responsible for administering the Merced HMIS program and which has the responsibility to establish, support, and manage HMIS in a manner that will meet HUD’s standards for data quality, privacy, security, and other requirements for organizations participating in HMIS. Responsibilities include:

- Oversees the day-to-day administration of the HMIS system.
- Provides staffing for operation HMIS.
- Provides technical support to participating agencies.
- Ensures system integrity and availability.
- Provides training on software and related issues.
- Ensures HMIS software is capable of producing required reports, including summary reports of unduplicated client records.
- Ensures participation in Annual Homeless Assessment Report (AHAR) and submission of usable data
- Ensures participation and reviews accuracy of data in the annual Housing Inventory Chart (HIC) and submission of usable data
- Ensures participation and reviews accuracy of data for the annual Point-In-Time (PIT) count.
- Ensures compliance with all applicable federal and state laws regarding protection of client privacy and confidentiality regulations.
- Executes Participation Agreements with each contributing HMIS organization and ensures that each HMIS user has signed a HMIS User Agreement.

- Ensures and maintains written agreements with participating agencies who share client level data that describes the level of data element or program information sharing among the data sharing HMIS agencies.
- Provides information on HMIS agency performance for CoC annual ranking.

## **Article 9 – Continuum of Care Committees**

### **9.1 - Appointment to Committees**

The Merced CoC Board will appoint committee, subcommittees, or working groups when necessary. Such entities may include, but not be limited to, the following:

- HMIS committee
- Sustainability Committee
- Coordinated Entry System Committee
- Youth Committee
- Faith Committee
- Planning and Development Committee
- Health

### **9.2 – Committee Operations**

- Committees should meet at least four times a year.
- Committee chairs and vice chairs will be appointed by the CoC Board.
- At all committee meetings, business items may be decided by arriving at a consensus.
- The use of proxies for committees is not allowed.
- Standards of Conduct for CoC committee members will be the same as detailed in the above Standards of Conduct for general membership.

## **Article 10 – Provisions to Amend Governance Charter**

The governance charter may be amended upon a two-thirds majority of all general members present during a scheduled meeting in which quorum is achieved and the item is agendaized per Article 6.1.



## Appendix A – Subpart B of the Interim Rule

### Subpart B – Establishing and Operating a Continuum of Care

#### 24 CFR §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 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 24 CFR §578.7(a)(3) and must comply with the conflict-of-interest requirements at 24 CFR §578.95(b). The board must:
  - (1) Be representative of the relevant organizations and of projects serving homeless subpopulations; and
  - (2) Include a least one homeless or formerly homeless individual.
- (c) Transition. Continuum of Care shall have 2 years [from August 30,2012] to comply with the requirements of paragraph(b) of this section.

#### 24 CFR §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 Grant program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides 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 the 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 Gm policies and procedures set forth in 24 CFR 576.400 (e) (vi), (e) (vii), (e)(viii), and (e) (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.
    - (ii) 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 gap 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.

- (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 24 CFR §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;
    - (i) If more than one application will be submitted, designate an eligible applicant to be the collaborative applicant that will collect and combine the reburied 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.

## Appendix B – Conflict of Interest

### 24 CFR §578.95 Conflicts of Interest (of the Interim rule of the HEARTH Act of 2009)

- (a) Procurement. For the procurement of property (goods, supplies, or equipment) and services, the recipient and its subrecipients must comply with the codes of conduct and conflict-of-interest requirements under 24 CFR 85.36 (for governments) and 24 CFR 84.42 (for private nonprofit organizations).
- (b) Continuum of Care board members. No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.
- (c) Organizational conflict. An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when a covered person's, as a paragraph (d)(1) of this section, objectivity in performing work with the respect to any activity assisted under this part is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or subrecipient participates in making rent reasonableness determinations under 24 CFR §578.49 (b)(2) and 24 CFR §578.51(g) and housing quality inspections of property under 24 CFR §578.75z9b) that the recipient, subrecipient, or related entity owns.
- (d) Other conflicts. For all other transactions and activities, the following restrictions apply:
  - (1) No covered person, meaning a person who is an employee, agent, consultant, officer or elected or appointed official of the recipient or its subrecipients and who exercises or has exercised any functions or responsibilities which respect to activities assisted under part, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under his part, may obtain a financial interest or benefit from an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period following his or her tenure.

- (2) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria in paragraph (d)(2)(ii) of this section, provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.
- (i) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:
    - (A) Disclosure of the nature of the conflict, accompanied by a written assurance, if the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy; and
    - (B) An opinion of the recipient's attorney that the interest of which the exception is sought would not violate State or local law, or if the subrecipient is a private nonprofit organization, the exception would not violate the organization's internal policies.
  - (ii) Factors to be considered or exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the threshold requirements under paragraph (c)(3)(i) of this section, HUD must conclude that the exception will serve to further the purposes of the Continuum of Care program and the effective and efficient administration of the recipient's or subrecipients project, taking into account the cumulative effect of the following factors, as applicable:
    - (A) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;
    - (B) Whether an opportunity was provided for open competitive bidding or negotiation;
    - (C) Whether the affected person has withdrawn from his or her functions, responsibilities, or the decision-making process with respect to the specific activity in question;
    - (D) Whether the interest or benefit was present before the affected person was in the position described in paragraph (c)(1) of this section

- (E) Whether undue hardship will result to the recipient, the subrecipient, or the person affected, when weighed against the public interest served by avoiding the prohibited conflict;
- (F) Whether the person affected is a member of a group or class of persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; and
- (G) Any other relevant considerations.

## **Appendix C- Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking**

Merced City and County Continuum of Care (CA-520)

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

### **Emergency Transfers**

**Merced City and County Continuum of Care (CA-520)** is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),<sup>1</sup> The Housing Provider (HP) allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The ability of HP to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees **Merced City and County Continuum of Care (CA-520)** is in compliance with VAWA.

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<sup>1</sup> Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.



### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify HP's management office and submit a written request for a transfer to **[HP to insert location]**. HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

### **Confidentiality**

HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is

provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

### **Emergency Transfer Timing and Availability**

HP cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HP will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HP has no safe and available units for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

### **Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

And Valley Crisis Center:

Merced Office 1960 P Street Merced, CA 95340 Cross Street is 20<sup>th</sup>

Los Banos Office 545 J Street Los Banos, CA 93635 In the Police Annex

## **Appendix D: Glossary/Definitions**

### Terms and Definitions

#### **ADHC**

An adult healthcare center that is an outside agency with medical staff (for example, *Living Well* program).

#### **Affordable Housing**

Housing costing no more than 30% of a household's gross monthly income, according to the U.S. of Housing and Urban Development.

#### **Board and Care**

Program for the disabled or elderly which provides residential care, including housing, meals, and physical needs.

#### **Broker Fees and/or Landlord incentives**

A special category of funding that may be available in various forms and amounts, depending on grant/fund rules and regulations.

#### **Community stewardship**

Provision of service donation and stewardship (e.g. Merced Rescue Mission clients move furniture; Healthy House donates interpreting services, etc.)

#### **Case Management:**

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs, utilizing an unconditional holistic approach. The case manager could be implementing a backwards plan (working on what the participant wants to accomplish first), incorporating motivational interviewing techniques (e.g. asking open ended questions), and moving the participant through the trans theoretical model by eliciting change talk. Case management should involve a whole person care team with advocacy.

### **Chronically Homeless (Per HUD Final Rule: Amends 24 CFR 91.5 and 24 CFR 578.3)**

An individual is defined by HUD as “Chronically Homeless” if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). To be defined as chronically homeless, a person must be living on the street or in a homeless emergency shelter at the time of eligibility determination. The definition does not include those currently in transitional housing. Persons coming from transitional housing are not considered chronically homeless (the exception to this is explained later in the document labeled Dedicated PLUS).

### **Continuum of Care (CoC)**

The Continuum of Care (CoC) program promotes community-wide commitment to the goal of ending homelessness. The program provides funding for efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. The program promotes access to and effects utilization of mainstream programs by homeless individuals and families. The program optimizes self-sufficiency among individuals and families experiencing homelessness.

### **Episodically Homeless**

Someone is Episodically Homeless when they experience recurrent problems with housing, often due to seasonal/minimum-wage income jobs or sporadic domestic situations, which affect stable housing. Category I Homelessness definition by HUD applies.

### **Family reunification**

Initiative to repair relationships with family members.

### **Harm Reduction**

Harm Reduction refers to a range of public health policies designed to lessen the negative social and/or physical consequences associated with addressing various human behaviors, both legal and illegal.

### **IHSS**

Human Services Agency program for in-home supportive services. The IHSS Program will pay for services that you are unable to do for yourself, so that you can remain safely in your own home. IHSS is considered an alternative to out-of-home care, such as nursing home or *board and care* facilities. The

types of services that are available through IHSS include housecleaning, meal preparation, laundry, grocery shopping, personal care services (e.g. bowel and bladder care, bathing, grooming, and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired. Eligibility for this program is determined through assessment by a social worker. To be eligible, an adult must also be over 65 years of age, or disabled, or blind, and meet income and resource limits for the program. Disabled children may also be eligible for IHSS.

### **Housing First**

An approach to ending homelessness that centers on providing permanent housing first and then addressing the problems which contributed to the homelessness of the individual client (for example, mental illness or substance abuse). It was pioneered by Dr. Sam Tsemberis from Pathways to Housing in New York City.

### **HUD**

Federal Agency: Housing and Urban Development

### **HUD-VASH**

A voucher program through the Veterans Administration that provides permanent housing for eligible homeless veterans who are either single or have families.

### **Language and Cultural Access**

The provision of culturally and linguistically responsive services to clients (e.g. interpreting, translation, and trans-adaptation of messages).

### **Low Barrier**

Best practices to reduce barriers to entry that may include, but are not limited to, the following: the presence of partners if it is not a population specific site (e.g. for survivors of domestic violence or sexual assault); specific needs of women or youth; accommodating pets and/or the storage of possessions; and any other policies that unnecessarily promote exclusion rather than inclusion in programs and/or facilities.

### **Olmstead Decision**

A United States Supreme Court case regarding discrimination against people with mental disabilities. The Supreme Court held that, under the Americans with Disabilities Act, individuals with mental disabilities have the right to live in the community rather than in institutions.

### **Peer support specialist**

A person with lived experience who supports those who struggle with mental health, psychological trauma, or substance-abuse. Their personal experience of these challenges provides peer support specialists with expertise that professional training cannot.

### **Permanent Supportive Housing (HUD Definition)**

Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and [supportive services are provided](#) to assist households with at least one member (adult or child) with a disability in achieving housing stability.

### **Rapid Rehousing (HUD Definition)**

Rapid rehousing is a form of permanent housing that is short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as set forth in 24 CFR 578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.

### **Recuperative Care (As defined by National Institute for Medical Respite Care)**

Post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the street or in shelter, but who do not require hospital level care. Short-term residential care that allows people an opportunity to rest, recover, and heal in a safe environment while also accessing clinical care and support services. Recuperative Care is provided to hospital patients who no longer need inpatient care but are too ill to return to homelessness, or would otherwise be referred back to nursing facilities. The terms “medical respite care” and “recuperative care” are used interchangeably to describe the same service. “Recuperative Care” is defined by the Health Resources and Services Administration as “short- term care and case management provided to individuals recovering from an acute illness or injury that generally does not necessitate hospitalization, but would be exacerbated by their living conditions (e.g., street, shelter or other unsuitable places).” The Respite

Care Providers' Network adopted the term "medical respite care" on the grounds that it is more encompassing than the literal meaning of the term "recuperative."

**Room and Board**

Rental from a property owner which includes Room for rent and "Board" (meal(s) provided). Client may pay rent or perform service in exchange for rent.

**Sober living**

Transition from Substance Use Disorder to a residential program. For example, client goes to structured program living environment such as a halfway house. Client often pays or performs work as a condition for being there.

**SUD residential**

Structured programs for Substance Use Disorders. Examples include: Hope for Men and Women, Tranquility House, etc.