

Sonoma County Continuum of Care Governance Charter April 26, 2023

Contents

Preamble	4
Mission	4
Vision.....	4
Purpose of this Charter	5
Stakeholders include:.....	5
The Continuum of Care supports:	5
Continuum of Care Membership & Voting Rights	7
CoC Membership Meetings	8
The Continuum of Care Board.....	8
CoC Board Roles and Responsibilities	8
Board Composition and Terms.....	9
Board Officers and Terms	11
Board Vacancy, Removal & Resignation	11
Meetings and Action.....	12
Board Staffing.....	12
Committees	13
Continuum of Care Policies	13
Non-Discrimination.....	13
Eligibility for Children and Youth Educational Services.....	14
Conflict of Interest and Recusal.....	14
Annual Document Review & Amendments.....	14
Administrative Agencies	14
Lead Agency.....	14
Collaborative Applicant	15
Homeless Management Information System (HMIS) Lead	15
Identifying an HMIS Lead.....	15
Sonoma County HMIS Lead.....	16
HMIS End User Agreements, HMIS Participation Agreements and Fees.....	17

HMIS Fees.....	17
HMIS Vendor Selection	18
HMIS Data Committee	18
Coordinated Entry Advisory Committee	19
HMIS Security Plan	19
Hardware, Connectivity, and Security	19
Workstation Access Restrictions	19
Agency Workstation Minimum requirements:.....	19
End-user Requirements	20
Workforce Access Restrictions	20
Establishing End-user Access.....	20
End User’s Access Levels.....	21
Data Access & Password Policies	21
Rescind User Access.....	21
Special Considerations	22
Virus Protection	22
Firewall.....	22
Disaster Recovery.....	22
Security Audits.....	23
Ongoing Monitoring	23
Enforcement Policies	23
HMIS Privacy Plan.....	24
Client Notification & Client Consent.....	24
Provider Agency’s Client Rights.....	26
Specific Client Notification for Victims of Domestic Violence	26
HMIS Privacy Compliance & Grievance Policy	26
Release and Disclosure of Client Data Policies	26
Resistance to Outside Disclosures.....	27
Unauthorized Release of information.....	27
HMIS Data Quality Standards.....	27
Appendix A: Terms, Definitions, and Acronyms	27
Appendix B: Board Protocols.....	28
Appendix C: Coordinated Entry Policies and Procedures	30

HMIS Fees	17
HMIS Vendor Selection	18
HMIS Data Committee	18
Coordinated Entry Advisory Committee	18
HMIS Security Plan	19
Hardware, Connectivity, and Security.....	19
Workstation Access Restrictions.....	19
Agency Workstation Minimum requirements.....	19
End-user Requirements.....	19
Workforce Access Restrictions.....	19
Establishing End-user Access.....	20
End User’s Access Levels	20
Data Access & Password Policies	20
Rescind User Access.....	21
Special Considerations.....	21
Virus Protection.....	22
Firewall.....	22
Disaster Recovery.....	22
Security Audits	22
Ongoing Monitoring	23
Enforcement Policies	23
HMIS Privacy Plan.....	24
Client Notification & Client Consent.....	24
Provider Agency’s Client Rights.....	25
Specific Client Notification for Victims of Domestic Violence	26
HMIS Privacy Compliance & Grievance Policy	26
Release and Disclosure of Client Data Policies.....	26
Resistance to Outside Disclosures	27
Unauthorized Release of information.....	27
HMIS Data Quality Standards.....	27
Appendix A: Terms, Definitions, and Acronyms	27

Appendix B: Board Protocols..... 28
Appendix C: Coordinated Entry Policies and Procedures 30

Preamble

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

Mission

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

Vision

Our vision for the CoC in Sonoma County is that:

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

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

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

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

Purpose of this Charter

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

Stakeholders include:

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

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

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

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

The Continuum of Care supports:

Performance Targets & Monitoring

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

- (“CA ESG”) Program regulations.
3. Improve performance in reducing homelessness
 - a. Ensure compliance with federal regulations and steward public resources to ensure they are retained in Sonoma County
 - b. Report to the U.S. Department of Housing and Urban Development (HUD) as required/requested
 4. Coordinated Entry (CE) and Assessment
 - a. Establish and operate a coordinated entry and assessment system in consultation with ESG fund recipients
 - b. CE Polices and Procedures: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/for-providers/sonoma-county-coordinated-entry>
 5. Written Standards
 - a. Establish and follow written standards for providing CoC assistance in consultation with ESG fund recipients
 - b. Written Standards: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/continuum-of-care/coc-governance-and-compliance>
 6. Homeless Management Information System (HMIS)
 - a. Designate a single HMIS for the Sonoma County geographic area and designate an eligible applicant to manage it.
 - b. Review, revise, and approve privacy, security, and data quality plans
 - c. Ensure consistent participation of the CoC Program Grantee and sub-recipients in HMIS
 - d. Ensure that the HMIS is administered in compliance with HUD requirements
 - e. HMIS Polices and Procedures: <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/for-providers/sonoma-county-hmis>
 7. Planning
 - a. In the context of the 10-Year Homeless Action Plan, (a) compile information on the status of and changes in Sonoma County homeless housing and service needs; (b) obtain information on activities, programs, policies and evidence of outcomes elsewhere; (c) revise CoC funding and programs in light of this information.
 - b. Coordinate implementation of a housing and service system
 - c. Conduct a point-in-time count of homeless persons that meets HUD's requirements, at least every 2 years
 - d. Conduct an annual gaps analysis of homelessness needs and services
 - e. Provide information required to complete the Consolidated Plan(s)
 - f. The Lead Agency and HMIS Lead will establish appropriate performance targets by population and program in consultation with the CoC and ESG Program Grantee and sub-recipients.
 - g. Monitor performance and evaluate outcomes of the following programs: Emergency Solutions Grant (ESG), Continuum of Care (CoC), Homeless Emergency Aid Program (HEAP), California Emergency Solutions and Housing (CESH), and all programs funded by local government.

8. Application for CoC Program Funds:
 - a. Design, operate and follow a collaborative, fair, and transparent process for developing applications and approving submission of applications in response to a CoC Program Notice of Funding Opportunity (NOFO).
 - b. Establish priorities for funding projects
 - c. Determine if one or more applications will be submitted
 - d. If more than one, designate the Collaborative Applicant
 - e. If only one, the applicant is the Collaborative Applicant
 - f. Rank multiple applications if required by HUD

Continuum of Care Membership & Voting Rights

Anyone or any entity committed to the prevention and ending of homelessness is welcome in the Continuum of Care; there are participating members and voting members as described below. Participating Members include any individuals or organizations who participate in and support the Continuum of Care or actively address homelessness in Sonoma County and will honor codes of conduct and confidentiality requirements, including:

1. Nonprofit homeless service providers
2. Prevention service providers
3. Victim service providers
4. Disaster planning and prevention agencies
5. Faith-based organizations
6. Funders
7. Governments
8. Businesses
9. Advocates
10. Public housing agencies
11. School districts
12. Social service providers
13. Medical professionals
14. Mental health agencies
15. Hospitals
16. Universities
17. Affordable housing developers
18. Law enforcement
19. Organizations that serve homeless and formerly homeless veterans
20. Homeless and formerly homeless persons

Organizations located in Sonoma County will be granted voting rights upon receipt of an application, at the discretion of the CoC Board, based on material contributions or commitment to supporting the vision of the CoC. Applicants may be required to demonstrate that they have a Sonoma County location. Applications shall state the reasons for their request including their role and contributions to meeting the CoC's vision. Such requests will be considered by the Board prior to any election so long as received before the agenda where these decisions are made is posted. Once approved as

members, organizations are not required to re-apply annually.

Staff of the Collaborative Applicant, Lead Agency, or HMIS Lead are not eligible to vote.

The County of Sonoma, all cities and school districts, and any other body reporting to an elected governing board in Sonoma County will be limited to one vote per governing board. Thus, the County and cities, which are also governing bodies for other purposes, shall not have additional votes for those roles.

The CoC Staff will maintain eligibility lists and make them available prior to all elections.

The CoC staff will work with Board members to invite potential new members – both participating members and voting members – to join the Continuum of Care. This should occur at least each Fall, in advance in the membership meeting at which elections to the Board will be held. Invitations should include organizations representing communities of color disproportionately affected by homelessness.

CoC Membership Meetings

1. Frequency: The CoC will hold full membership meetings quarterly at a time and location that is accessible to homeless participants and to those with mobility disabilities.
2. Open Meeting: Meetings of the CoC will be open to any interested person.
3. Agendas: Staff will disseminate agendas at least three business days in advance of the meeting through electronic mailing lists, on the CoC website, and on other websites as appropriate. Staff will also keep minutes of these meetings.

The Continuum of Care Board

CoC Board Roles and Responsibilities

1. The Continuum of Care Board determines policy and acts as the CoC's decision-making group.
2. The Board manages the CoC Program in Sonoma County, including ranking proposals for submission to HUD under the annual NOFO. With staff support, the Board coordinates and reviews the HUD CoC grant application process for the CoC. This includes defining community priorities and reviewing CoC Program applications for approval. The Board acts on behalf of the CoC and ensures that the CoC:
 - a. Scans the environment for best practices and innovations
 - b. Assesses the CoC for gaps, overlaps, duplication, strategic conflicts, etc.
 - c. Coordinates quarterly CoC meetings with published agendas

In addition, the Board is responsible for:

- d. Overseeing the designated Collaborative Applicant to fulfill major duties of the Continuum of Care
- e. Monitoring implementation of the Sonoma County 5 Year Strategic Plan
- f. 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 Board at least once every 5 years.
- g. Overseeing planning
- h. Setting CoC priorities

- i. Actively seeking participation from organizations listed above that are eligible for membership
 - j. Ensuring transparent governance within the Continuum of Care and monitoring potential conflicts of interest
 - k. Delegating activities to and overseeing committees
 - l. Designating the HMIS Lead to manage the HMIS system in Sonoma County and entering into the HMIS Lead agreement with the HMIS Lead.
 - m. Ensuring consultation of ESG recipients throughout planning and implementation of Continuum of Care activities.
 - n. Taking a holistic view of all funding to address homelessness in Sonoma County in its decisions, and offering recommendations on funding decisions by other bodies as it deems appropriate.
3. Only the Board may designate an individual or entity to speak for the Continuum of Care or its components.
- a. With the exception of removal policies in this Charter, any grievance related to the Continuum of Care or CoC Program will follow HUD policies and contracts.
4. Individual Members: Individuals serving on the Board must:
- a. Commit to preventing and ending homelessness
 - b. Attend meetings of the Board meetings
 - c. Participate as an active member of the Continuum of Care
 - d. Seek out input from the peers, industry, and/or population he/she represents
 - e. Bring that input to Board deliberations, while remaining attentive to un-represented views
 - f. Communicate Board work to the peers, industry, and/or population he/she represents
 - g. Adhere to all Governance Charter policies

Board Composition and Terms

1. Board Composition: The Board shall have seventeen voting members, including nine appointed seats:
- a. One representative from the City of Santa Rosa, designated by the City Council.
 - b. One representative from the City of Petaluma, designated by the City Council.
 - c. One representative from the Sonoma County Board of Supervisors, appointed by that Board.
 - d. One senior management representative of a department within the County of Sonoma that has a direct connection to the homelessness system of care as selected by the County Administrator. The representative may not be in the same Department nor have any reporting relationship to a County Department serving as the Lead Agency, Collaborative Applicant, or HMIS Lead.”
 - e. One representative from the northern region of the County, including Cloverdale, Healdsburg, and Windsor, selected by the City/Town Councils of those cities.
 - f. One representative from the Sonoma Valley, including the City of Sonoma, selected by the Sonoma City Council.
 - g. One representative from the western region of the County, including Sebastopol and Guerneville, selected by the Sebastopol City Council.
 - h. One representative from Rohnert Park and Cotati, selected by the City Councils of those

two cities.

- i. One representative of the largest homeless services agency, as measured by total number of shelter, transitional housing and permanent housing beds cataloged in the current CoC Housing Inventory.

All appointing bodies may select an alternate to represent the appointee.

Eight elected seats including:

- j. One representative of a homeless services provider different than the one with an appointed seat, as elected by CoC voting members.
- k. One representative from a licensed health care organization, as elected by CoC voting members.
- l. One individual currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election, as elected by the Lived Experience and Planning body if functioning (as determined by the Board) or if not then by the CoC voting membership.
- m. One individual representing homeless transitional age youth (age 18-24 at the time of election) currently experiencing homelessness or who has experienced homelessness within five years (at the time of election) prior to the Board election, as elected by the Youth Action Board if functioning (as determined by the Board) or if not then by the CoC voting membership.
- n. One homeless advocate or representative of a homeless advocacy organization, as elected by CoC voting members.
- o. Three at large seats as selected by voting CoC members; the candidates need not be members themselves.

Terms for elected members will be two years and staggered.

Appointing authorities and voting members will be asked to consider these factors in voting for the “at-large” seats:

1. Geographic representation;
2. Diversity of representation, including the criminal justice system, housing development or property management, business interests, and private hospitals or health agencies;
3. Representation of the people we serve, including sub-populations of people experiencing homelessness and communities of color disproportionately affected by homelessness.

No term limits shall be set for Board membership, and indefinite re-election is permissible. Board Member Elections

1. Process: Elections shall take place annually at the last membership meeting of the calendar year.
 - a. Staff to the CoC Board shall determine a preliminary list of members eligible to vote, based on requirements for voting members. The resulting list of voting members shall be published through the CoC’s electronic mailing lists and website.
 - b. Challenges may be made regarding members eligible to vote as well as applications for CoC Voting Member status. The CoC Board shall consider voting eligibility for any

applications and challenges received, at its meeting immediately prior to annual elections.

- c. Eligible voting organizations must have their voting contact confirmed with the Sonoma County Department of Health Services one week prior to the election.
- d. Nominations for open seats shall be solicited for a period of approximately four weeks prior to the annual election. Nomination forms must be received by the Sonoma County Department of Health Services by the close of business 14 calendar days preceding the election. Self-nomination is permissible. The list of candidates and their applications will be published via the CoC website at least three working days before the election.
- e. Candidates may run for no more than two seats. Should a candidate run for two seats, one of them must be an at-large position.
- f. Ballots shall be distributed to a representative of voting organizations in person at the meeting or through other means if the election is held virtually or in a hybrid fashion. Once marked, the ballots will be collected by Board members holding appointed seats, and tallied by them.
- g. If an equal number of votes are received, a run-off vote will be taken. If a tie vote remains, the Board chair (or proxy) will randomly select the winning candidate.
- h. CoC staff will announce the winners of the election at the membership meeting, and post the full results as soon as is practical on the CoC's website.

Board Officers and Terms

1. Officers: Seated Board members shall select by a simple majority vote a Chair and Vice Chair for one-year terms at the first meeting of the Board each calendar year.
2. The Chair conducts CoC Board meetings. The Vice Chair serves in the Chair's absence. The Chair and Vice Chair may be any member of the CoC Board.
3. Terms: Officers shall serve for one-year terms.
4. Term limits: There will be no term limits; indefinite re-election is permissible.

Board Vacancy, Removal & Resignation

1. Vacancy: In the event of a vacancy of an elected member, the members of the CoC Board will elect a successor to hold the seat for the remainder of the vacated seats term. In the event of a vacancy of the Chair, the Vice Chair will serve as Chair. In the event of a vacancy of the Vice Chair, the CoC Board shall elect an interim Vice-Chair to complete the term.
2. Employment Transition: In the event an elected member leaves their job, the seat follows the elected board member for the remainder of their term. Specific elected board seats (Homeless Service Provider, Licensed Health Care Organization, Homeless Advocacy Organization) will need to still qualify for the assigned designation (i.e. the person must still work in that field) and the transition will need to be approved by the CoC Board.
3. Removal— Members of the CoC Board may remove a CoC Board member who is absent (and does not send a proxy) for three (3) regularly scheduled Board meetings in a calendar year.
 - a. CoC Board members may also be removed by a 3/4 vote of the Board for cause including but not limited to:
 - i. Failure to perform Board member duties
 - ii. Failure to comply with this Charter and/or applicable policies

- iii. Engaging in conduct that constitutes a conflict of interest
Such seats will then be filled through the process described above under vacancies.
- 4. Resignation: Any member of the CoC Board may resign at any time by giving written or verbal notice to the Chair or Continuum of Care Coordinator. Any such resignations will take effect at the time specified within the written notice or if the time is not specified, by the written or verbal acceptance by the CoC Board Chair.
- 5. Board Training: Within 90 days of joining the CoC Board for the first time, a Board member is expected to complete the following training when made available by the CoC staff in a recorded medium. Those Board members who have completed training on topics through other means (such as serving on an elected body) are not expected to take training offered through the CoC. Topics include:
 - a. Brief history of the Sonoma County CoC
 - b. Roles and responsibilities of a CoC Board member
 - c. CoC Conflict of Interest Policy
 - d. Ethics
 - e. Brown Act
 - f. Rosenberg's Rules of Order
 - g. HUD objectives and requirements
 - h. Funding and fiscal responsibilities of the Board
 - i. Sexual Harassment prevention
 - j. Current state of homelessness in Sonoma County

Meetings and Action

1. Frequency: Meetings will take place not less than six (6) times per year.
2. Open Meeting: Meetings of the CoC Board will be open to the public.
3. Agendas will be developed by staff in consultation with the Board Chair and/or Vice Chair.
4. Quorum: For purposes of voting on Board matters, a quorum is defined as a majority of seated members of the Board present either in person or via telephone or Internet connection. Currently vacant seats do not count in the quorum calculation.
5. Decision-making: The CoC Board's primary method of decision-making shall be a working consensus. For decisions involving funding, and those for which a timely decision cannot be made through a consensus process, decisions will be made by a simple majority vote. In these cases, yeas, nays, and abstentions will be recorded in the minutes.
 - a. For issues on which the Board is advocating a position, a 2/3 vote is required.
6. Voting: Only seated members or their named alternates or proxies may vote on items before the Board.
7. Proxy: Should a seated member or alternate be unable to attend a Board meeting, the member or alternate may assign a proxy notifying the Chair and staff prior to the meeting.
8. Action between Meetings: Actions may be taken by CoC Staff or Board officers out of necessity due to time constraints. The Board as a whole shall be provided with an explanation of the circumstances that prompted such action. Actions between meetings must be explained to the Board as a whole at the following regular meeting.

Board Staffing

1. The Sonoma County Department of Health Services (DHS) staffs the Board. Staff

responsibilities include assisting the Board in meeting all of its responsibilities. The DHS will be the custodian of all Continuum of Care, Board and committee documentation and records.

See Appendix B for further information on protocols for the Board and Committees.

Committees

The Board may establish and abolish committees at its discretion. The committees' duration (which can be indefinite) shall be set by the Board at the time of their formation or be until the next revision of this Charter. The Board will consider the following factors and others it deems appropriate in establishing and abolishing committees:

1. Committee membership. For newly established committees, Board Chair & Vice Chair will select the initial committee members and the recommended committee composition is approved by the CoC Board.
2. Members of the committee may remove a committee member who is absent (and does not send a proxy) for three (3) regularly scheduled committee meetings in a calendar year.
3. Committee vacancies will be referred to the Board Chair and Vice Chair to select a replacement. The Committee may recommend a replacement.
4. Committee Chairs
5. Procedural requirements including taking of minutes and reporting to the Board
6. Availability of staff to provide support

Continuum of Care Policies

Non-Discrimination

The members, officers, committee members, contractors and services of the Continuum of Care will be selected and offered entirely on a nondiscriminatory basis with respect to race; color; national origin or citizenship status; age; disability (physical or mental); religion; sex; sexual orientation or identity; genetic information; HIV or AIDS; medical conditions; political activities or affiliations; military or veteran status; status as a victim of domestic violence, assault or stalking; or any other federal, state or locally protected group.

Providers of the Continuum of Care are required to adhere to HUD's Equal Access Final Rule (EARFR) and HUD's Gender Identity Final Rule (GIFR). Through the final rules, HUD ensures equal access to individuals in accordance with their gender identity in programs and shelter funded under programs administered by HUD's Office of Community Planning and Development (CPD). HUD's housing programs are open to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status.

If Continuum of Care projects are out of compliance with the CoC's anti-discrimination policies, the Continuum of Care Lead Agency shall take corrective action. Non-discrimination policy violations include any violation of HUD's EARFR & GIFR, provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, or Titles II and III of the Americans w/ Disabilities Act. The Lead Agency shall report to the CoC Board the violation(s) and recommended a Corrective Action Plan. The CoC Lead Agency shall also notify the findings to State and/or Federal representatives to work on a resolution when *necessary*.

Eligibility for Children and Youth Educational Services

Providers of the Continuum of Care shall adopt policies and procedures to inform individuals and families experiencing homelessness of their eligibility for educational services.

Conflict of Interest and Recusal

1. All members of the CoC shall abide by the conflict of interest guidelines in the Continuum of Care Interim Rule at [24 CFR 578.95](#) Conflict of Interest, notably:
2. No member of the CoC Board or relevant Committee may participate in or influence discussion or resulting decisions concerning the award of a grant or other financial benefits in which they or any member of their immediate family (such as parent, sibling, child, niece/nephew, or person with whom they cohabit) has a personal financial interest.
3. No member of the CoC Board or relevant Committee shall vote upon or participate in the discussion – including as a member of the public - of any matter which shall have a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding allocations, awarding contracts and implementing correction actions. Other representatives of Board members' organizations may participate in these discussions.
 - a. For Board members from government bodies, this applies to Board members employed by the department or division receiving funds, other departments or divisions, and members of the governing body including a city or the County).
4. All members of the CoC Board will sign a Conflict of Interest statement at the beginning of every term. Members who find themselves faced with a potential conflict between their business, organizational or private interests and their CoC responsibilities shall avoid conflict of interest during the decision-making process by following these guidelines:
 - a. Disclose any actual or potential conflicts of interest in advance of the meeting to the Board Chair or Vice-Chair.
 - b. Publicly disclose conflicts of interest at relevant CoC meetings.
 - c. Recuse himself or herself at any time from involvement in any decision or discussion in which they believe he or she may have a conflict of interest

Annual Document Review & Amendments

The Board will review this Charter annually to ensure it remains consistent with HUD's CoC Program requirements as well as Continuum of Care objectives and responsibilities. The CoC Lead and the HMIS Lead Agency are responsible for annual revisions to the Charter. The CoC Board is responsible for the final annual adoption of the Charter.

The Continuum of Care Board will have the power to adopt, amend, or repeal the provisions of this Governance Charter by a simple majority of the Board.

Administrative Agencies

Lead Agency

The Sonoma County Continuum of Care Board will appoint a Lead Agency that will provide meeting support for the Board, and all other committees. The Lead Agency is responsible for scheduling meetings, developing agendas, issuing meeting materials and posting all relevant documents to Continuum of Care website. All responsibilities are documented in the Continuum of Care Lead Agency

Memorandum of Understanding.

The designation of the Lead Agency is valid for a maximum of two (2) years and will be renewed automatically every year thereafter. Either party, the Continuum of Care or the Lead Agency, may terminate the MOU at a date prior to the renewal date specified in the MOU by giving 180 days written notice to the other party. The termination shall be effective on the date specified in the notice of termination.

At the time of the relevant amendment to this charter, the designated Lead Agency is the Homelessness Services Division within the Sonoma County Department of Health Services.

Collaborative Applicant

The Continuum of Care must designate a legal entity who is also a Continuum of Care Program eligible applicant to serve as the Collaborative Applicant. The Collaborative Applicant is responsible for collecting and combining the required application information from all Continuum of Care Program funded projects within the geographic area. The Collaborative Applicant is also responsible for submitting the annual application to HUD for Continuum of Care Program funding and to apply for Continuum of Care Planning dollars. These and any additional responsibilities are documented in the Continuum of Care Collaborative Applicant Memorandum of Understanding.

The designation of the Lead Agency is valid for a maximum of two (2) years and will be renewed automatically every year thereafter. Either party, the Continuum of Care or the Collaborative Applicant, may terminate the MOU at a date prior to the renewal date specified in the MOU by giving 180 days written notice to the other party. The termination shall be effective on the date specified in the notice of termination.

Before the submission of the annual application to HUD for Continuum of Care Program funding, the Collaborative Applicant must submit a final draft of the application to Sonoma County Continuum of Care Board for approval. Depending on the timing of the submission to HUD, the Sonoma County Continuum of Care Board and Collaborative Applicant will create a timeline for submission to the Continuum of Care.

At the time of the relevant amendment to this charter, the designated Lead Agency is the Homelessness Services Division within the Sonoma County Department of Health Services.

Homeless Management Information System (HMIS) Lead

Identifying an HMIS Lead

1. The Sonoma County Continuum of Care Board designates the HMIS Lead. The Sonoma County Department of Health Services is the current Homeless Management Information System (HMIS) Lead, until and unless the Sonoma County Continuum of Care Board designates another HMIS lead agency.
2. The Sonoma County CoC Board must ensure that the HMIS Lead Agency is operating in compliance with current HUD HMIS Regulations and other applicable laws. The CoC Board and HMIS Lead agree to update HMIS operational documents and HMIS policies and procedures in

order to comply with any updates to HMIS standards established in notices or other guidance, within the HUD- specified timeframe for such changes.

3. The HMIS Data Committee shall conduct annual evaluations of the HMIS Lead’s performance.
4. Every five years the CoC Board reviews annual evaluations and any corresponding corrective actions. Upon conducting this review if any areas of concerns are found to be not addressed, the CoC Board will vote on whether the HMIS Lead Agency is in compliance with pertinent regulations and CoC Board expectations. Additionally, the Board shall consider if the HMIS lead has taken appropriate corrective actions to improve any areas of concerns.
 - a. The timeline for the five year review will begin upon approval of the HMIS Evaluation Plan by the Data Committee and the CoC Board, and is expected to begin in 2021.
5. If the CoC Board finds that the HMIS Lead has not taken acceptable measures to improve on areas of concern outlined by the Data Committee, the CoC Board may vote to develop a timeline for corrective actions or vote to assign a new HMIS Lead Agency.
6. If the CoC Board votes to assign a new HMIS Lead, the Board shall direct the Lead Agency and the Data Committee to conduct a Request For Interested (RFI) parties and corresponding Request For Qualifications (RFQ) process to solicit and select a HMIS Lead.
 - a. In partnership with the HMIS Data Committee, this RFI/RFQ process will be conducted by CoC Lead Agency.
 - b. Upon receiving and reviewing received qualification proposals, the Lead Agency and the HMIS Data Committee shall make recommendations for the CoC Board for a final vote to select the new HMIS Lead.

Sonoma County HMIS Lead

1. As the HMIS Lead, the Sonoma County Department of Health Services ensures that all HMIS activities are carried out in accordance with the HEARTH Act of 2009 and the relevant HMIS Data Standards.
2. The HMIS Lead must develop new HMIS policies and procedures annually to remain in compliance with changes in Coordinated Entry Guidance, HMIS Data Standards, the HEARTH Act of 2009, and any new regulations. Additionally, the HMIS Lead Agency must review and update existing Documents including the Privacy Plan, Data Quality Plan, Security Plan, Governance Charter & Policies and Procedures at least annually, ensuring compliance with any new federal, state or local regulations. While the final responsibility resides with the HMIS Lead Agency, Sonoma County divides the duties between 3 parties:
 - a. The HMIS Lead Agency is responsible for updates to the HMIS Policies and Procedures and the creation of or any revisions to existing documents for HMIS in compliance with new regulations and system changes.
 - b. The HMIS Data Committee will review, provide feedback and approve any HMIS procedural and/or document changes.
 - c. The Sonoma County CoC Board will have final approval of annual revisions to the HMIS Policies and Procedures.
3. The HMIS Lead will monitor Covered Homeless Organizations (CHO) participating in the HMIS system for compliance with the Sonoma County HMIS Policies and Procedures, Privacy Plan, Security Plan, and HMIS Data Standards.
 - a. Sonoma County HMIS Policies and Procedures/forms:
<https://sonomacounty.ca.gov/health-and-human-services/health->

1. HMIS fees are based on two factors and are calculated using a formula that factors in number of user licenses, and data quality error rates. The formula and document used to calculate these fees shall be shared with the HMIS Data Committee for review and approval prior to billing.
 - a. Fees are assessed annually at the beginning of each fiscal year.
 - b. CHOs may attend Data Committee meetings and provide feedback on the proposed HMIS fee formula proposal.

Example:

Total fees collected/HMIS match requirement = 25% of CoC HMIS funds. (\$81,789 in 2021)

Participation fees are broken into the following categories, with each provider paying a percentage (%) of each categories total.

Number of Users - 50% of the total (varies for each provider)

Data Error Rate - 50% of the total (varies for each provider)

2. Participation fees are charged to CHOs via the HMIS Lead Agency and are billed to each Partner Agency on an annual basis.

HMIS Vendor Selection

The Sonoma County Continuum of Care currently uses the Efforts to Outcomes HMIS data base with Social Solutions. Social Solutions is contracted with the Lead Agency, Sonoma County Community Development Commission, until the end of fiscal year 2023 which is approximately \$185,000 per year. With the transition of the New Lead Agency, the Social Solutions Agreement shall be under the Sonoma County Department of Health Services as of July 1, 2023, through 2024.

The Sonoma County CoC has only changed HMIS vendors once and the decision was with the lead agency. However, should the vendor be changed again, the Lead Agency will consult with both the Sonoma County CoC Board and the local Board of Supervisors, both of which contribute funds to support HMIS.

HMIS Data Committee

Staffed by the HMIS Lead Agency, this group is responsible for advising the Sonoma County Continuum of Care Board on issues regarding Sonoma County's web-based Homeless Management Information System (HMIS), developing and maintaining the dashboard of metrics to achieve the vision of zero functional homelessness, and alerting the CoC Board of providers whose data jeopardizes the overall system. This group also advises the CoC Board on issues related to the Annual Homeless Assessment Report (AHAR) to Congress, regular Homeless Counts (required every two years—preferred annually), biannual estimate of housing needs or gaps analysis, and the annual inventory of homeless-dedicated housing (Housing Inventory Chart). This group approves annual

policies and procedures for HMIS, updates to existing HMIS documents per regulation changes, as well as oversight of monthly public-facing data dashboards. This group also approves aligned definitions for each program type funded in Sonoma County in terms of desired outcomes, to assist the CoC Board in developing appropriate measures for rewarding system providers that meet or exceed expectations and sanctioning system providers that do not adhere to requirements or meet expectations. This group will also recommend training and technical assistance to build the capacity of service providers.

Coordinated Entry Advisory Committee

Staffed by the Lead Agency and HMIS Lead Agency, this group advises the CoC Board on ways to continue the successful work that has already been started in Sonoma County to ensure that Sonoma County CoC is compliant with federal and state requirements, and that a countywide Coordinated Entry system is in place that is effective and responsive to real-time community needs. This group also advises the CoC Board on strategies for ensuring that service providers are implementing Housing First principles and makes recommendations for providing training and technical assistance to help service providers become compliant with CE and Housing First system requirements in partnership. This group also consults with recipients of Emergency Solutions Grant program funds to inform the advice it would provide to the CoC Board on developing a policy to guide the county's Coordinated Entry System, in accordance with HUD regulations, that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. Finally, the CE Advisory Committee recommends training and technical assistance to build the capacity of service providers.

HMIS Security Plan

Hardware, Connectivity, and Security

Malicious codes, delivered through various means, are designed to delete, scramble End-user files/ programs and/or disable specific computer functions. At times a malicious code slows down a computer--- a mere inconvenience; other times, a malicious code causes an entire system shut down.

Since the computer industry progresses rapidly, each Provider Agency must keep current on protective procedures by consulting with computer system experts periodically for the latest in malicious code preventative measures.

Each HMIS Partner Agency must have at least one HMIS Security Officer at all times. This HMIS Security Officer is responsible for preventing degradation of the HMIS resulting in viruses, intrusions, or other factors within the agency's control and the inadvertent release of confidential client-specific information through physical, electronic, or visual access to the workstation. The HMIS Security Officer must meet all the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards.

Workstation Access Restrictions

Agency Workstation Minimum requirements:

Computer workstations must be connected to the internet to access HMIS.

Recommended Internet connection: Wired, or Secure Wireless connection

Recommended Browsers: Social Solution's ETO HMIS works best with the latest version of Internet Explorer and must have an antivirus with the latest virus definitions.

Access to the HMIS database should only be from pre-determined work terminals. HMIS should only be accessed through secure workstations and prohibited on public workstations (libraries, cafes, etc.).

End-user Requirements

1. Log-off the HMIS database and close the Internet browser before leaving a work terminal.
2. Log-off the HMIS database and close the Internet browser prior to surfing the Internet.
3. Never leave an open HMIS database screen unattended.
4. Passwords must not be saved on the computer or posted near the workstation.
5. Immediately notify the designated Agency Administrator or the HMIS Coordinator of any suspected security breach.
6. Printer location – Documents printed from HMIS must be sent to a printer in a secure location where only authorized persons have access.
7. PC Access (visual) — Non-authorized persons should not be able to see an HMIS workstation screen. Monitors should be turned away from the public or other unauthorized Partner Agency staff members or volunteers and utilize visibility filters to protect client privacy.

Workforce Access Restrictions

Each participating agency must conduct a criminal background check on each of its Partner Agency HMIS Administrators and Security officers at its own expense. The Partner Agency's Executive Director will evaluate the results of the criminal background checks for any concerns. To protect the security and integrity of the HMIS system and safeguard the personal information contained therein, the Partner Agency's Executive Director must consider the results of the background check on a case-by-case basis.

1. An individual whose background raises concerns about whether s/he may sufficiently be relied upon to help the HMIS Lead Agency achieve this goal may not initially be given administrative-level access to HMIS.
2. An individual whose background raises concerns about whether s/he may sufficiently be relied upon to help the HMIS Lead Agency achieve this goal may be enrolled as an HMIS End-user. After at least one year, if the individual demonstrates through proper and safe use of HMIS that the individual is reliable and trustworthy, they may apply to become a Technical Administrator.
3. The results of the background check must be retained in the subject's personnel file by the Technical Administrator.
4. A background check may be conducted only once for each person unless otherwise required.

Establishing End-user Access

Licenses are given to prospective End-users only after they:

1. Complete HMIS New User Orientation, which includes the Security and Ethics Training.
2. Reads and understand the HMIS Policies and Procedures.
3. Reads and agrees to abide by the HMIS Agency Partnership Agreement.

4. User must agree to comply with HMIS confidentiality practices.
5. Reads, understands, and signs the HMIS End User Code of Ethics user agreement.
6. The HMIS Lead/Agency Admin will keep all documents of the completed Agreement.
7. The End-user will be issued a unique User ID and password, which may not be transferred to one another. Instead, the Partner Agency will request an additional HMIS license, and if one is available, be issued a new User ID.
8. The User IDs access level is granted based upon the End-user's job description.
9. When an Agency Administrator determines a change to be made to user's access, s/he will notify the HMIS Lead.

End User's Access Levels

Five access levels exist in the HMIS system. Each level reflects the End-user's access to client-level records. Only agency staff who need access to the HMIS database for client data entry qualify for an End-user license. The level determines the type of information the End-user visualizes. For detailed information on access levels, please review the Sonoma County HMIS Policies and Procedures.

Data Access & Password Policies

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

Rescind User Access

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

User access must be rescinded ASAP when:

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

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

Special Considerations

Termination or Extended Leave from Employment:

1. Upon Termination, the Agency Administrator will:
 - a. Delete the End-user immediately.
 - b. Assume all responsibility for deleting their End-users from the HMIS system.
 - c. Upon extended Leave from employment, the Agency Administrator will:
 - (i) Lock an End-user within five business days of the beginning of an extended leave period greater than 45 days.
 - (ii) Unlock the End-user upon returning.

Virus Protection

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

Firewall

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

Disaster Recovery

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

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

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

recovery from a disaster.

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

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

Security Audits

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

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

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

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

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

Ongoing Monitoring

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

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

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

Enforcement Policies

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

1. Affected agencies will make every attempt to resolve conflicts as they occur. The County

and/or the Partner Agency may annotate their concerns in writing as appropriate.

2. Unresolved conflicts between the Sonoma County Department of Health Services and a Partner Agency will be noted in writing and forwarded to the Sonoma County Department of Health Services' Ending Homelessness Manager. In the event of an impasse, members of the Data Committee will be notified within ten working days of the impasse declaration. Either party may declare an impasse.
3. The Sonoma County Department of Health Services' Ending Homelessness Manager will review the written grievance and will make every attempt to resolve the matter within 30 days of review. Resolution of the conflict will be in writing and signed by all relevant parties.
4. Unresolved conflicts will be forwarded to the Sonoma County Department of Health Services' Assistant Director for further guidance and action.
5. Any recommendation regarding termination of a Partner Agency from Sonoma County's HMIS will be forwarded to the Sonoma County Department of Health Services' Assistant Director for consideration and possible action.
6. All decisions of the Sonoma County Department of Health Services' Assistant Director are final.
 - a. Conflicts between or among Partner Agencies may require mediation by the Data Committee and/or HMIS Coordinator. Resolution of the conflict may be annotated in writing and signed by all relevant parties as appropriate.

HMIS Privacy Plan

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

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

Client Notification & Client Consent

1. Partner Agency MUST
 - a. Provide participant consent form(s) as required by the Partner Agency, state, and/or federal laws and the HMIS standards **prior** to entering client information into the HMIS database.
 - b. Provide, in its original form or modified for the specific agency, the HMIS Client Release of Information for the Homeless Management Information System to permit the sharing of confidential client information to other HMIS Provider Agencies. Other non-HMIS inter-agency agreements do not cover the sharing of HMIS data.
 - c. A client signed Release of Information constitutes **informed** consent. The burden rests with the Partner Agency End-user or intake counselor to inform the client about the purpose and function of HMIS data before asking for consent.

- i. Any client receiving homeless services must fill out the Release of Information
 - ii. Any client participating in Coordinated Entry must fill out the CES Release of Information
 - iii. If clients do not feel comfortable providing their personal information into the HMIS, an option to choose an anonymous enrollment is provided. A signature will still be required, but the hard copy release will be stored with the agency outside of the HMIS system.
- d. As part of informed consent, a privacy notice must be posted in the intake area explaining:
 - i. the reasons for collecting the data,
 - ii. the client's rights with regards to data collection, and
 - iii. any potential future uses of the data.
- e. The agency must also make available the relevant Governance Policies & Procedures and a list of agencies participating in Sonoma County's HMIS Project.
- f. Be aware of specific protections afforded under Federal Law for persons receiving certain types of services such as domestic violence services, HIV or AIDS treatment, substance abuse services, or mental health services.
- g. Offer the client the opportunity to input and share additional client information with other Provider Agencies beyond basic identifying data and non-confidential service information.
- h. Obtain client consent for additional client information and communicate what information will be shared and with whom.
- i. Partner Agency End-users must obtain a new signed ROI and enter it into HMIS at project entry, or if the client's original release has expired; ROIs expire every two years.
- j. Data may be collected and entered into HMIS only when that data is expected to be useful for organizing, providing, or evaluating the delivery of housing or housing-related services.
- k. Data used for research or policy evaluation will be shared only after the data has been thoroughly de-identified; this includes removing names, contact information, and removing descriptions or combinations of characteristics that could be used to identify a person.
- l. Provide verbal explanation of Sonoma County CoC HMIS and arrange for, when possible, a qualified interpreter or translator for a client not literate in English or having difficulty understanding the consent form(s).
- m. End-users are prepared to explain (to the client) security measures used to maintain confidentiality.
- n. Participants' have the right to be entered as an anonymous client or as a restricted client. If the client denies authorization to share basic identifying information or non-confidential service data, follow the Anonymous Enrollment Document's steps.
- o. Prior to the release of any client information beyond the basic client profile, obtain from the client a signed release of information form that meets the Provider Agency's standard for the release of medical, financial and/or any other information regarding the client.
- p. Place all Client Release of Information forms in an onsite filing system for required

- recordkeeping standards and periodic audits.
- q. Retain all Client Release of Information forms for seven years upon expiration.
 - r. Enter all minimum data required by the HMIS. Client data, including client identifiable and confidential information, may be restricted to other Provider Agencies. Each Agency Executive Director is responsible for their agency's internal compliance with the HUD HMIS Data Standards.

Provider Agency's Client Rights

A client has the right to:

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

Specific Client Notification for Victims of Domestic Violence

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

HMIS Privacy Compliance & Grievance Policy

Release and Disclosure of Client Data Policies

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

1. Clients shall be given a printout of all HMIS data relating to them upon written request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
2. A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon request within ten working days from the time the request is received. Written requests will be date/time stamped immediately upon receipt.
3. A log of all external releases or disclosures must be maintained for seven years and made available to the client upon written request within ten working days from the time the request

- is received. Written requests will be date/time stamped immediately upon receipt.
4. Aggregate data that does not contain any client-specific data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of the informed consent procedure.
 5. Clients will be understood to be the owners of their own data. Each individual will have the right to grant informed consent, limit data sharing, or revoke consent related to his/her Protected Personal Information at any time.
 6. The community will encourage broad HMIS participation by human services agencies. HMIS End-users are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Resistance to Outside Disclosures

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

Unauthorized Release of information

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

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

HMIS Data Quality Standards

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

Appendix A: Terms, Definitions, and Acronyms

- **Continuum of Care Board** is the governing board established to act on behalf of the Continuum of Care using the process established as a requirement by C.F.R. §578.7(a)(3) and in compliance with

the conflict-of-interest requirements at §578.95(b).

- **CoC Program Grantee (Recipient)** The CoC Program Grantee is the “recipient” as used by HUD and means an applicant that signs a grant agreement with HUD.
- **Collaborative Applicant** means the eligible applicant that has been designated by the CoC to submit the annual CoC Consolidated Application for funding on behalf of the CoC. In addition, the Collaborative Applicant is the only entity that can apply for a grant for Continuum of Care planning funds on behalf of the Continuum of Care. This Charter designates the Sonoma County Department of Health Services as the Collaborative Applicant for the Continuum of Care.
- The **Continuum of Care (CoC)** means the group organized to carry out the responsibilities required by the HUD CoC Program, composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.
- **Homeless Management Information System (HMIS)** means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.
- **HMIS Lead** means the entity designated by the Continuum of Care to operate the Continuum of Care’s HMIS on its behalf. This Charter designates the Sonoma County Department of Health Services as the HMIS Lead for the Continuum of Care.
- **Covered Homeless Organization (CHO)** Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses or processes data on homeless clients for an HMIS.
- The **10-Year Homeless Action Plan** is Sonoma County’s strategic plan to prevent, reduce and end homelessness as implemented by the Continuum of Care.
 - **CoC** – Continuum of Care
 - **DHS**-Sonoma County Department of Health Services
 - **ESG** – Emergency Solutions Grants
 - **HEARTH Act** – The Homeless Emergency And Rapid Transition to Housing Act of 2009
 - **HMIS** – Homeless Management Information System
 - **HUD** – The United States Department of Housing and Urban Development
 - **MOU** – Memorandum of Understanding
 - **NOFA** – Notice of Funding Availability
 - **NOFO** – Notice of Funding Opportunity
 - **SCCDC** – Sonoma County Community Development Commission

Appendix B: Board Protocols

1. Any information (including that provided with written documents, at meetings, e-mails, or phone) shared outside of a Board meeting by staff with one Board member shall be shared with all Board members as soon as is practical, and no later than 24 hours or one working day after the material was first distributed to a Board member. Exceptions include communications with the Board Chair and Vice Chair on matters regarding setting Board agendas, and materials share with Committee members relevant primarily to that

Committee's scope.

2. Meetings will be scheduled at the convenience of all Board members equally, and account for the availability of sufficient staff support. The Board will establish a regular meeting schedule prior to or at the first meeting of each calendar year. Additional meetings may be scheduled with the approval of the Board, or in the absence of a Board meeting by the Chair and Vice Chair.
3. Committee meetings will be scheduled at the convenience of all Committee members equally, and account for the availability of sufficient staff support.
4. Each agenda will have a section toward the end entitled "Board member questions, comments, and requests."
5. The minutes of Board and Committee meetings shall be Action Minutes (versus verbatim minutes) and will include, but not be limited to, all actions taken, including those by formal vote, other direction provided to staff, commitments made by staff or Board members, and statements which Board members request be included for the record. If minutes are recorded, they will include the time at which consideration of each agenda item began. Staff to the CoC Board will take the minutes.
6. Meeting agendas and materials will be distributed electronically to Board members and Continuum of Care members, and posted on the CoC website, at least 72 working hours (excluding weekends and holidays) prior to the meeting start time. Agenda items will typically have a report or other material prepared in advance by staff. Supplemental documents may be distributed to Board members prior to Board meetings (and shared at Board meetings with the public) and added to the website when required by circumstances, but this should not be a regular practice. If materials are presented at meetings and not in advance, they will be made accessible to the public as soon as is practical. Exceptions for providing materials in advance will be made for special meetings, with noticing requirements consistent with the Brown Act. These requirements shall not preclude earlier distribution and posting of materials for Board meetings.
7. If one-third or more of Board members present at a meeting ask for an item to be added to a future agenda it will be added at one of the next two meetings, or another date if agreeable to the Board members making the request. Board members are encouraged to consult with staff as to the availability of staff's time and resources to include background information, when such information is desired. No more than one agenda item per meeting will be added by this mechanism.
8. Any proxy requirement for Board meetings shall extend to Committee meetings.
9. All contracts funded by the CoC with providers will require consistency with the protocols and practices in the jurisdictions in which the contractors operate as long as such protocols and practices would not cause the provider to become out of compliance with grant/funding regulations.
10. The Board has the authority to choose its legal counsel, and may, following majority Board approval, direct work by counsel within the CoC's budget for legal services. Individual members of the Board may not direct legal counsel's work or time incurred.
11. Staff shall prepare and the Board shall review an annual administrative budget for the CoC by

May of each year for the following fiscal year. The budget shall include all sources of revenue including but not necessarily limited to HUD allocations for administrative and other purposes such as HMIS; administrative funds received from funding allocations, grants or donations, and direct financial support from any local government entity. The budget shall also include all categories of CoC expenditures, including but not necessarily limited to staff, overhead expenses charged by the Collaborative Applicant or HMIS Provider, services such as contracts and legal fees (which shall be provided by contractor), and other operating expenses.

Appendix C: Coordinated Entry Policies and Procedures

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

https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/homelessness-services/for-providers/sonoma-county-coordinated-entry_