Virginia Balance of State Continuum of Care Charter  
Approved July 1, 2019

1. Purpose of the Charter
This Charter sets out the composition, roles, responsibilities, and committee structure of the Virginia Balance of State Continuum of Care (CoC). This group serves as the U.S. Department of Housing and Urban Development’s (HUD’s) recognized decision making body for the Continuum of Care rule 24 CFR 578, Subpart B, entitles “Establishing and Operating a Continuum of Care”.

2. Purpose of Continuum of Care

Mission and Goals

Virginia’s Balance of State (BoS) CoC shall align its mission and goals to stay consistent with the HUD Strategic Plan, and the Federal Interagency Homeless Council’s updated plan – “Home Together.” The mission of the BoS CoC is to create an “emergency response system” to permanently house and stabilize homeless and imminently homeless households. This work is accomplished through a collaborative and inclusive community process, and management of resources and services that effectively and efficiently end homelessness in the 73 localities that make up the BoS CoC. To achieve this mission, the CoC will follow the eight required duties HUD has determined as necessary for Establishing and Operating a Continuum of Care.

1. Measure the CoC’s performance in reducing homelessness by looking at the overall performance of the Continuum.
2. Develop and adhere to formal decision making and operating standards for the CoC.
3. Establish and operate a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
4. Develop a specific policy on how CoC’s 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.
   o Addressing how the community ensures the safety and confidentiality of this population, as well as access to homeless housing and service
5. Establish and consistently follow written standards when administering assistance to coordinate service delivery across the geographic area and assist CoC service providers in evaluating the eligibility of individuals and families consistently and administering assistance fairly and methodically.
6. Designate a Homeless Management Information System (HMIS) and an eligible applicant to manage the HMIS, consistent with the requirements.
7. Plan, coordinate, and implement a system for its geographic area to meet the needs of the homeless population and subpopulations within the geographic area to include:
   - A systematic approach for emergency shelters, rapid re-housing, transitional housing, permanent supportive housing, and prevention strategies
   - An annual-point-in-time count of homeless persons within the geographic area, conducting
   - An annual gaps analysis of the homeless needs and services available within the geographic area, providing information necessary to complete the Consolidated Plan(s) within the geographic area, and consulting with State and local government Emergency Solutions Grants program recipients within the Continuum of Care on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and sub-recipients.

8. Prepare and oversee the application for funding by:
   - Establishing priorities for funding projects within the geographic area and determine the number of applications being submitted for funding.
   - Selecting one eligible applicant to be the collaborative applicant (DHCD).

**Aligned with “Home Together” Goals for the BoS CoC include:**

- To end homelessness among Veterans
- To end chronic homelessness among people with disabilities
- To end homelessness among families with children
- To end homelessness among unaccompanied youth
- To end homelessness among all other individuals

To achieve the ultimate goal of ending homelessness, the BoS will develop the capacity to:

- Quickly identify and engage people at risk of and experiencing homelessness.
- Intervene to prevent people from losing their housing and divert people from entering the homelessness services system.
- Provide people with immediate access to shelter and crisis services without barriers to entry if homelessness does occur.
- Quickly connect people experiencing homelessness to housing assistance and services tailored to their unique needs and strengths to help them achieve and maintain stable housing.

3. **Organization and Structure of the Continuum of Care**

The Continuum of Care is comprised of twelve geographically dispersed Local Planning Groups (LPG) and five primary decision-making committees that have various roles and responsibilities.
**Balance of State CoC Membership:**

The voting membership of the 12 Local Planning Groups make up the BoS CoC total membership and are to 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.

Local Planning Groups are required to:

a. Have Governance Policies, a Board, Committees, and Standards that align with the BoS CoC.

   o Written Standards shall be established for all prevention, outreach, shelter, rapid re-housing, transition, supportive services, and permanent supportive housing to include: policies and procedures for evaluating household eligibility; policies and procedures for determining appropriate housing and services; and rental payment standards for rapid re-housing programs.

b. Have open meetings at least every other month, and publish notices of their meeting agendas and minutes

c. Elect BoS CoC Steering and Sub-Committee representatives

d. Complete and provide Point in Time (PIT) and Housing Bed Inventory (HIC) at least annually

e. Submit Annual Performance Reports (APR) to HUD (where applicable)

f. Participate in HMIS (if applicable) and adhere to the BoS’s HMIS Policies and Procedures maintained by Homeward

g. Support the priorities established by the BoS CoC aligning with state and federal policies

**Local Planning Groups**

- Crater area Coalition on Homelessness (CACH)
- Western Piedmont Better Housing Coalition
- Waynesboro/Staunton
- LENOWISCO
- Cumberland Plateau
- HOPE Interagency Council on Homelessness
- New River Valley Housing Partnership
- Foothills Housing Network
- Southside
- Heartland
- Northern Neck/Middle Peninsula Housing Partnership
- Community Partners of the Eastern Shore

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4. Decision-Making Committees’ Roles, Responsibilities, and Members

General Requirements for all Committees

While the decisions for the BoS will be made by the Steering Committee, the work of the Continuum will generally be carried out by committees. Committee members must be voting members of the LPG’s and formally appointed by the LPG’s governing body. Steering Committee members are also able and encouraged to serve on other committees. The DHCD representative will serve as the Chairperson for each committee with another LPG representative (Steering Committee) or expert (sub-committees) serving as Co-Chairs.

- Steering Committee (Governing Body)
- HMIS, Data, and Performance Committee
- Coordinated Assessment System Committee
- Services Coordinating Committee
Monitoring and Selection Committee (Ranking)

A. **Balance of State Steering Committee (Governing Body)** - The CoC Steering Committee is the lead decision-making body and board responsible for planning for the use of the US Department of Housing and Urban Development (HUD) HEARTH CoC resources and coordinating these funds with other relevant resources in the jurisdiction to ensure homelessness is rare, brief, and a one-time occurrence.

**Steering Committee members:** Committee members will serve 2-year terms. There will be no term limits to membership. If a member resigns from the committee, the member is to have the LPG elect a new representative or, if an “expert”, nominate a replacement to the committee whichever, is most applicable.

The committee will have no more than 23 voting members to include:

a. One elected representative from each of the 12 local planning groups
b. One HMIS Admin. representative
c. Minimum two seats and max of four “experts” nominated by and approved the 12 local planning group to represent each of the following sub-populations
   i. Veterans
   ii. Chronic Homeless/Mental Health/Substance Use
   iii. Domestic Violence
   iv. Youth and Families
d. Minimum two seats and max of four “experts” nominated and approved by the 12 local planning group representatives from the following sectors
   i. Corrections
   ii. Employment
   iii. Public Housing agency
   iv. Legal Services
   v. Health Sector
e. One representative with lived experience of homelessness
f. One representative from the DHCD to ensure ESG collaboration
g. One non-voting representative from the lead agency/collaborative applicant, Department of Housing and Community Development (DHCD) to serve as the Chairperson of the Steering Committee.
**Quorum**

Required votes by any BoS committee member may take place in person, over the phone, or via email. To approve any motion, a quorum (51% of members) must participate in the vote.

**Responsibilities include:**

a. Using expertise to providing overall direction and leadership of the process
b. Making all formal decisions of the CoC
c. Strategic planning and goal setting
d. Approving the selection of the Monitoring and Selection Committee
e. Aligning and coordinating CoC and other homeless assistance and mainstream resources
f. Establishing priorities for and making decisions about the allocation of COC resources
g. Monitoring and evaluating both system wide and individual program performance on established goals
h. Receiving reports and recommendations from sub-committees and ad-hoc task groups
i. Guiding the annual CoC Collaborative Application
j. Ensuring that all necessary activities (eg. point-time-count) are being implemented by LPGs
k. Disseminating information to all members of the local planning groups
l. Reviewing agendas and minutes from meetings

**Steering Committee Chair and Co-Chair:**
The CA representative will hold the chairperson position. This position will work with the co-chairperson to establish bi-monthly agendas, establish and annual calendar, and facilitate monthly meetings.

Elected by the BoS Steering Committee, one representative from the LPGs will hold the position of co-chairperson. This position will work with the chair to develop agendas and facilitate meetings in the event the chair is absent from the meeting. In addition, this position will take and distribute minutes.

Members that fail to participate in regularly scheduled meetings (4 out of 6 annually) shall be subject to removal from the Steering Committee by vote of the Committee. If a member is not
able to participate, he/she may designate an alternate. The alternate must be a member of the Local Planning Group for which the member represents.

B. HMIS, Data, and Performance Committee- Co-Chair HMIS Admin. Representative

Responsibilities include:

a. Overall management and training of the HMIS system, including the reviewing and assessment of HMIS policies and procedures annually (participate in Homeward’s Trainings and Work Groups related to BoS HMIS)
b. The development, assessment, and monitoring of performance measures by different program type and CoC as a system.
c. Reviewing the quarterly data quality, point-in-time, and demographic reports
d. The assessment of the roles and responsibilities of the HMIS system, as well as reviewing how the system is working and functioning on a provider level.
e. The organization of the annual Point-in-Time count/Housing Inventory and ensuring data is collected and submitted timely and accurately

C. Uniformed/Coordinated Entry and Assessment System Committee

Responsibilities include:

a. The development of the uniformed/coordinated assessment system
b. Conduct annual evaluations of the uniformed/coordinated assessment system
c. The development of a system to track information collected from the assessments to identify gaps in the BoS
d. Develop advertising and marketing templates for promoting coordinated entry
e. Make recommendations for CE standardizations across the BoS.

D. Services Coordinating Committee

Responsibilities include:

a. The development and annual evaluation of the BoS Common Standards-policies and procedures
b. The assessment of discharge planning including those discharged from corrections, mental health institutions, hospitals, or aging out of foster care
c. The assessment of current gaps in services
d. The engagement and accessing of other mainstream resources (veterans, DV, DSS, etc.)

E. Monitoring and Selection Committee (Ranking Committee)- Nominated by the Steering Committee

Responsibilities include:

a. Annually evaluating the renewal projects
b. The reviewing, scoring, and ranking of new CoC projects that will be submitted during the annual CoC competition
c. The assessment, monitoring, and evaluating of compliance and performance of state funded balance of state projects

F. Ad hoc Work Groups- These committees will be formed on an ad-hoc basis as needed and decided by the Steering Committee

5. DHCD Role and Responsibilities

The Department of Housing and Community Development (DHCD) is the lead support agency (collaborative applicant) providing staff to the various committees and work groups that constitutes the BoS CoC. DHCD performs a variety of necessary functions such as HMIS administration, performance monitoring, engagement and education of stakeholders, and submission of the HUD funding applications.

Specific responsibilities include:

a. Co-staffing of committees
b. Produce planning materials including agendas and minutes
c. Coordinate Needs/Gaps Assessments
d. Collect and report performance data
e. Monitor program performance
f. Coordinate resources, integrate activities and facilitate collaboration
g. Prepare collaborative application for CoC funds (Exhibit 1)
h. Build awareness of CoC related issues
i. Recruit Stakeholders
j. Manage the HMIS grant

6. Homeward Community Information System

DHCD is the primary lead for the Balance of State HMIS system. DHCD will collaborate with Homeward, HMIS sub-recipient, to ensure all HMIS activities are carried out in
accordance with the HEARTH Act. All agencies within the Balance of State must comply
with HMIS requirements for CoC funding as well as all state homeless service funds
(HMIS is a requirement for all non-domestic violence providers accessing these funds.)
HMIS policies and procedures will be reviewed and updated on an annual basis in
accordance with HMIS data standards and HEARTH act.
Current HMIS policies and procedures and other HMIS resource materials can be found here:
http://homewardva.org/hcismenu

Roles and Responsibilities:

Continuum Lead HCIS Continuum Administrator (DHCD) is representatives chosen by a
continuum to manage participation in HCIS.

Continuum Administrators: • Recruit new agencies to expand coverage, • Complete
foundational documents with new partner agencies, • Communicate with partner
agencies, and • Coordinate trainings in conjunction with Homeward.

The Agency Administrator is lead staff for a partner agency on the Homeward
Community Information System and primary point of contact with Homeward.

The Agency Administrator: • Manages the HCIS for the agency, • Assigns licenses to
agency users, • Supports users and resets passwords • Completes and/or maintains
system documents including the Agency Participation Agreement and Business
Associates Agreements, • Updates the agency profile, and • Monitors user compliance
with policies and procedures.

Homeward operates as HCIS Admin. For the BoS CoC.

Homeward maintains appropriate staffing in order to: • Manage the vendor relationship
with Bowman Systems, • Ensure the proper functioning of the system, • Offer technical
support during business hours, • Conduct system training for users and agency
administrators, • Conduct implementation planning with partner agencies, • Monitor
data quality and plan for improvements, • Ensure HIPAA compliance through monitoring
and maintenance of the system, • Develop reports for the use of partner agencies, and •
Monitor problem logs to evaluate the need for additional training.

7. Reporting
   a. Proceedings of all Steering Committee meetings are documented in minutes.
   b. Minutes of all meeting are circulated and approved at the subsequent meeting
c. Resolutions are first put out in draft form (as a “Board Paper”) and, once passed, are recorded in the minutes of meetings or a Resolutions Register.

8. **Conflicts of Interest**
   No member of the Primary Decision Making Group (Steering Committee) shall vote upon or participate in the discussion 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, awarding contracts, and implementing corrective actions. (See attachment A for further details and disclosure)

9. **Review of Charter**
   The Steering Committee will review this charter annually to ensure it remains consistent with the CoC’s objectives and responsibilities.

Attachment A: Disclosure Form and Conflict of Interest Policy
Personal Data

Name:

Current Employer or Business Affiliation:

Position:

Other Business Activities

Please disclose any other employment, business, or financial interest which you or a member of your immediate family may have as an officer, director, trustee, partner, employee, or agent which might give a rise to a possible conflict of interest with the VA BoS.

Charitable or Civic Involvement

Please disclose all official positions which you or any member of your immediate family may have as a director, trustee, or officer of any charitable, civic, or community organization as well as any unofficial roles such as significant donor, volunteer, advocate, or advisor which might give rise to a possible conflict of interest with the VA BoS.

REMINDER: If at any time there is a matter under consideration that may constitute a direct or indirect conflict of interest not listed on this form, it is your obligation to disclose the facts to the Steering Committee.

I do hereby affirm that I have received and read the policy and I will adhere to the document’s, spirit, principles, and practices.

Signature: ____________________________ Date: ____________________

24 CFR 578.95 Conflicts of Interest
(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 steering committee members. No Continuum of Care steering 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 in paragraph (d)(1) of this section, objectivity in performing work with 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 sub-recipient participates in making rent reasonableness determinations under §§578.49(b)(2) and §§578.51(g) and housing quality inspections of property under §§578.75(b) that the recipient, sub-recipient, 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 sub-recipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted under this part, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under this part, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to 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, Governance Charter, Georgia BoS Continuum of Care, Adopted January 28, 2014 17 provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.